

## Madagascar

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### Executive Summary

This past year, 2015, was another eventful year for Madagascar, given the frequency of natural disasters and continuing political fragility in the country. Severe flooding in the capital and the Western coastal areas following cyclones and heavy rains displaced 39,000 people, while the chronically dry south experienced a particularly severe drought affecting acute malnutrition levels – each requiring emergency responses. On the governance front, the year witnessed a Government re-shuffle, parliamentary presidential impeachment and cabinet dismissal motions, and the first mayoral and senatorial elections in eight years.

The 2015–2019 Country Programme provided an opportunity to align with the Strategic Plan and to contribute to the new National Development Plan. UNICEF managed the multiplicity of context risks while also struggling with internal challenges due to significant Country Programme Management Plan (CPMP) changes and extensive senior management turnover. To inform advocacy for the plight of the country's 22 million people, 92 per cent of whom live under US\$2 a day, a Multiple Overlapping Deprivation Analysis was conducted, which revealed the extent and depth of the deficits that children suffer from in the extreme poverty context. In collaboration with the World Bank and the Ministry of Finance, UNICEF conducted health and education Public Expenditure Reviews. As part of UNICEF's sector-lead role and to strategically position children and the social sectors on the planned Donors Round Table agenda, UNICEF commissioned Investment Case Studies on education, nutrition, water and sanitation, and social protection.

In response to a polio outbreak involving 11 confirmed vaccine-derived polio cases across the country, UNICEF, the World Health Organization and the Global Polio Eradication Initiative partners supported the Ministry of Public Health in mounting five National Polio Immunization campaigns targeting 11 million children 0–15 years old during the last three campaign rounds. In order to address challenges in access to children living in hard-to-reach locations and extremely difficult circumstances, special strategies included (1) a mapping exercise of unreached children; (2) broadened advocacy and mobilization efforts via expanded partnership; (3) reinforcing of campaign microplanning based on experience from UNICEF's routine immunization equity planning approach; and (4) broadening of the vaccination strategy beyond door-to-door to schools, markets, institutions, etc.

Following the 2014 sustainability study, efforts focused on building the Government's capacity to generate evidence on the sustainability status of water schemes, including building the technical capacity of ministry counterparts on research methodology and application, together with the National Statistics Office in all 22 regions. As a result, with support from UNICEF and other key partners such as Water Aid, Ministry of Water, Hygiene and Sanitation (MoWHS) developed a Sustainable Service Delivery Strategy and began the development of a sector-wide approach to improve sector coordination and alignment of sector partners.

In efforts to tackle malnutrition, UNICEF maintained its support to interventions to improve infant and young child feeding and maternal nutrition, delivered through health facilities and

community nutrition sites in six focus regions. Two rounds of Mother and Child Health Weeks were conducted, reaching more than 97 per cent with vitamin A and deworming, and screening 1.1 million children for severe acute undernutrition. To address acute malnutrition, especially in the cyclical drought situation in the south, staff training, therapeutic food and essential medicines were provided to more than 600 facilities. In total, 13,832 cases of SAM were treated.

Following the access focus during the crisis years, the new Country Programme is emphasizing quality, yet counterpart capacities to deliver on quality education are extremely limited. Teacher capacity-building efforts aimed at improving education service delivery were accelerated and more than 16,000 community teachers (25 per cent of all community teachers) participated in an accelerated training programme which enhanced their teaching skills and gave them the capacity to deliver effectively on the national curriculum.

Some 6,729 victims of violence and exploitation accessed services through the regional Child Protection Networks in five targeted regions. The first national One Stop Centre provided integrated care to more than 500 victims during the first six months of activity. The approach is currently being extended to six provinces under a joint task force composed of Ministry of Health, Police, and Ministry of Population representatives.

Following successful advocacy to prioritize social protection in the National Development Plan, a UNICEF-commissioned assessment of the existing legal framework pertaining to social protection informed the development of a first-ever Government social protection strategy and related social protection policy with support from UNICEF and the World Bank. UNICEF and the World Bank will jointly support the roll-out of social protection measures in 2016.

## Humanitarian Assistance

UNICEF Madagascar supported several emergency responses and provided humanitarian assistance related to floods after tropical storms, malnourished children due to a drought in the south of the country, and a polio outbreak.

In January/February, tropical storms Chedza and Fundi caused severe flooding in the capital city of Antananarivo, the central highlands and the coastal areas of the regions of Menabe in the west and Atsimo Atsinanana, Fitovinany and Vatovavy in the east. Some 39,000 victims were identified in February, including 28,000 in the capital over 80 sites. Some inhabitants were able to return to their homes by the end of March, but 4,000 people in the capital are still exposed to risks of landslides.

In coordination with the Government and as lead of three emergency clusters, UNICEF responded to the flood emergency using Regular Resources and funds from the United Kingdom's Department for International Development. The funds were used for:

- Installation of 420 temporary schools and distribution of 472 School in a Box kits for 7,640 children;
- Providing access to safe water for 63,075 people, among them 7,640 schoolchildren;
- Sending Integrated Emergency Health Kits to facilities, covering 40,000 beneficiaries;
- Support, including psychosocial support, to 250 children who benefited from child-friendly spaces; and
- Implementation of pilot projects on direct cash and voucher transfers, in collaboration with the non-governmental organization CRS and the private sector (Telma Foundation), benefiting 1,950 families.

With financial support from the United Nations Central Emergency Response Fund and the European Commission's Humanitarian Aid and Civil Protection Department, the Nutrition cluster, under UNICEF's leadership, targeted severely acute malnourished children younger than 59 months old by responding to a drought in the southern region starting in March. After screening seven districts, 15,220 cases of severe acute malnutrition (SAM) were identified. The capacities of 4,002 community workers were built to detect cases of severe malnutrition. Funds were provided to the district health centres to assure distribution of supplies to remote areas. UNICEF also contributed to improve supervision and monitoring by training staff on nutrition surveillance systems, data collection and analysis. As of October, 9,845 cases of SAM (63 per cent of the total expected caseload) were reached with treatment. Water, sanitation and hygiene (WASH) activities in support of Nutrition consisted of the purchase and distribution of ceramic filters, hand-washing devices and soaps. The 1,800 households who were assisted (9,000 persons) included 5,400 children.

Since October 2014, 11 vaccine-derived polio cases have been reported nationwide. Starting in December 2014, UNICEF worked with the World Health Organization (WHO) and other partners to support the Ministry of Health (MoH) in the organization of six vaccination campaigns. In April and August 2015, national vaccination campaigns targeted all children under the age of 5. After two children older than 5 contracted polio in June 2015, the national vaccination campaigns in September, October and November targeted all children (11 million) under 15 years of age. UNICEF, in collaboration with WHO, the United States Agency for International Development, Rotary International, non-governmental organizations (NGOs) and civil society supported the Government in national campaign implementation aimed at interrupting the transmission of poliovirus, and helped to vaccinate 10.3 million children.

Other results included:

- Advocacy activities were carried out to ensure national leadership and ownership of the response to polio. This included the participation of the President, Ministers, Parliamentarians, mayors, and other local authorities and celebrities in campaign launches, as well as advocacy meetings in all 112 districts carried out with a large variety of stakeholders.
- Specific strategies and activities were conducted to reach children who have never been or who have not been sufficiently vaccinated, such as children in remote areas or in difficult social situations, including street children, children who work, and those who live in insecure areas or are in prison.
- Mass media, such as television and radio spots, were produced and disseminated throughout the country, and more than 480,000 posters were printed for the September and October campaigns.
- For every campaign, more than 20,000 mobilizers carried out awareness-raising activities through house-to-house visits and in popular locations such as markets and water points.
- As the target group of the campaign was children up to 15 years of age, a particular approach was applied to engage adolescents. UNICEF provided support to the Ministry of Youth to train young peer educators to raise awareness in and outside their clubs.
- Furthermore, UNICEF supported cold chain logistics through the procurement of a 20m<sup>3</sup> cold room to centralize vaccines and 10,000 vaccine carriers for vaccination teams.

While 10.3 million children were vaccinated as a result of concerted advocacy, social mobilization, vaccination and monitoring efforts, of concern are the remaining missing children who were not reached through the campaigns, and who will require special attention in 2016.

## Mid-Term Review of the Strategic Plan

UNICEF Madagascar started a new Country Programme in March 2015.

## Summary Notes and Acronyms

ANC – antenatal care  
ARV – antiretroviral  
ATR – Regional Technical Assistant (Assistant Technique Régional)  
BNGRC – Bureau National de Gestion des Risques et des Catastrophes  
CEDAW – Convention on the Elimination of all Forms of Discrimination Against Women  
c-IMCI – (community-) Integrated Management of Childhood Illnesses  
CHW – Community Health Worker  
CISCO – Circonscription Scolaire  
CLTS – Community-Led Total Sanitation  
CMT – Country Management Team  
CNS – Compte National de Santé  
CONFENEM – Conférence des ministres de l'Education des Etats et gouvernements de la Francophonie  
CPMP – Country Programme Management Plan  
CPN – Child Protection Network  
CPRS – Contrat Programme de Réussite Scolaire  
CRBP – Child Rights and Business Principles  
CSB – Centre de Santé de Base  
CSU – Couverture Santé Universelle  
CUA – Communauté Urbaine d'Antananarivo  
DCT – Direct Cash Transfer  
DFID – Department for International Development (United Kingdom)  
DHS – Demographic and Health Survey  
DPT3 – diphtheria/pertussis/tetanus vaccine  
DREN – Direction Régionale de l'Education Nationale  
DRSP – Direction Régional de la Santé Publique  
ECD – early childhood development  
EFP – Essential Family Practice  
EMIS – Education Management Information System  
EPI – Expanded Programme on Immunization  
EPR – emergency preparedness and response  
ERM – Enterprise Risk Management  
ESP – Education Sector Plan  
EU – European Union  
EVM – Evaluation of Vaccine Management  
FANOME – Fonds d'approvisionnement Non-Stop aux Médicaments Essentiels  
FE – Fonds d'Equité  
FID – Fonds d'intervention pour le développement  
FRAM – Fikambanan'ny ray aman-drenin'ny Mpianatra (Association of Students' Parents)  
GPE – Global Partnership for Education  
HACT – Harmonized Approach to Cash Transfers  
HIS – Health Information System  
ICT – information and communication technology  
IESP – Interim Education Sector Plan  
IMEP – Integrated Monitoring, Evaluation and Research Plan  
INSTAT – Institut National de la Statistique

IWRM – Integrated Water Resource Management  
IYCF – Infant and Young Child Feeding  
LLIN – long-lasting insecticidal nets  
MCHW – Mother and Child Health Week  
MoEN – Ministry of National Education  
MNP – micronutrient powder  
MODA – Multiple Overlapping Deprivation Analysis  
MoH – Ministry of Health  
MoID – Ministry of Interior and Decentralization  
MoPH – Ministry of Public Health  
MoWHS – Ministry of Water, Hygiene and Sanitation  
MPPSPF – Ministry of Population, Social Protection and Women’s Promotion  
MSF – Médecins Sans Frontières  
NDP – National Development Plan  
NGO – non-governmental organization  
ONN – Office Nationale de la Nutrition  
OR – Other Resources  
PASEC – Programme d’Analyse des Systemes Educatifs des Pays de la CONFENEM  
PASSOBA – Programme d’Appui aux Services Sociaux de Base  
PER – Performance Evaluation Report  
RAM – Results Assessment Module  
RBF – Results-Based Financing  
RFI – Radio French Internationale  
RO – Regional Office  
RR – Regular Resources  
RUTF – Ready-to-Use Therapeutic Food  
SAM – severe acute malnutrition  
SDG – Sustainable Development Goal  
SWAp – sector-wide approach  
UNDSS – United Nations Department for Security and Safety  
UNESCO – United Nations Educational, Scientific and Cultural Organization  
UNFPA – United Nations Population Fund  
USAID – United States Agency for International Development  
WASH – water, sanitation and hygiene  
WHO – World Health Organization

## Capacity Development

Following the 2014 sustainability study, 2015 efforts focused on building the Government’s capacity to generate evidence on the sustainability status of water schemes. This included building the technical capacity of ministry counterparts on research planning, sampling, data collection and analysis, together with the National Statistics Office in all 22 regions. Counterparts were introduced to new technologies using smartphones in data collection to gain a better understanding about sustainability of water schemes and open defecation-free (ODF) status in rural areas. Capacity-building efforts further focused on increasing government capacity to translate key research findings and the main sector challenges into a strategy to improve sustainability levels as well as sector performance. As a result, with support from UNICEF and other key partners such as Water Aid, MoWHS developed a Sustainable Service Delivery Strategy and began the development of a sector-wide approach (SWAp) to improve sector coordination and alignment of partners to the main sector priorities.

Following the basic service provision approach to facilitate access during the crisis years, the new UNICEF programme is placing stronger emphasis on quality, yet counterpart capacities to deliver on quality education are extremely limited. To strengthen effective management and planning capacities among government counterparts, technical education officers have been embedded in all regional education authorities countrywide, providing hands-on training support. Teacher capacity-building efforts aimed at improving education service delivery were accelerated in 2015, and more than 16,000 community teachers (25 per cent of all community teachers) participated in an accelerated training programme which enhanced their teaching skills and gave them the capacity to deliver effectively on the national curriculum. The capacity of civil society organizations to engage effectively in policy dialogue and sector coordination was also elevated through the establishment of the National Coalition and Forum of Civil Society Organizations for Education for All in Madagascar.

### **Evidence Generation, Policy Dialogue and Advocacy**

UNICEF carried out a range of studies, reviews and research to inform policy advocacy and resource allocations for children, including:

A Multiple Overlapping Deprivation Analysis (MODA) revealed the extent and depth of the multiple deprivations that children suffer in the extreme poverty context of Madagascar. A study on fuel subsidies was commissioned to help the Government identify resources to finance the social sectors in the narrow fiscal space available in Madagascar. In collaboration with the World Bank and the Ministry of Finance, UNICEF conducted public expenditure reviews of the health and education sectors. The analysis provided essential information pertaining to the efficiency, effectiveness and equitability of public expenditure and will feed into a broader public finance for children agenda in 2016.

As the Government has for the first time included social protection as a priority in the National Development Plan, UNICEF commissioned an assessment of the existing legal framework pertaining to social protection, which informed the development of a Government social protection strategy and related social protection policy with support from UNICEF and the World Bank. Both were launched in September. A pilot cash transfer programme jointly supported by UNICEF and the World Bank served as the platform for a new nationwide programme being established with funding from the World Bank. UNICEF's support in alliance with the World Bank will be key to ensuring the roll-out of the national strategy.

As part of UNICEF's sector lead role in education; nutrition; water, sanitation and hygiene (WASH); and social protection, and to strategically position children and the related social sectors on top of the agenda of the upcoming Donors and Investors Round Table, UNICEF commissioned investment case studies on education, nutrition, water and sanitation and social protection. The investment case studies served to inform sectoral strategic fund-raising documents prepared for Government dialogue and UNICEF advocacy ahead of the upcoming Donor Round Table.

### **Partnerships**

In response to the polio outbreak, UNICEF expanded and diversified partnerships to ensure full mobilization and more effective vaccination campaigns to reach every child. Beyond the Ministry of Health (MoH), the World Health Organization (WHO), the United States Agency for International Development (USAID) and Rotary International, UNICEF mobilized a range of central and local Government counterparts, donors, civil society organizations, the private

sector, religious leaders, media and celebrities. The partnership with the Ministry of Youth served to mobilize its countrywide network of youth clubs and peer educators, ensuring outreach and participation of adolescents once the campaign target included children up to 15 years old.

The Ministry of Public Health released a decree to declare a national emergency on the epidemic of polio-making vaccination compulsory for all children living in Madagascar. The Ministry of National Education (MoEN) committed to facilitate vaccination in all public schools, the Ministry of Water, Hygiene and Sanitation ensured linkages with hygiene and polio interventions, and the Ministry of Communication engaged a network of 177 public and private radio and television stations in all regions. The Ministry of Interior issued a decree to mobilize local authorities to coordinate local mobilization efforts.

UNICEF also partnered with civil society organizations with expertise to reach previously unreached children. A partnership with 287 health non-governmental organizations (NGOs) under the Catholic Relief Services umbrella reached out to remote areas. For population groups living in socially difficult situations (street and working children), UNICEF partnered with a network of 20 local NGOs. Edutainment partnerships were introduced to address campaign fatigue and rumours: the international theatre NGO Zara Aina set up street theatres, and famous singers gave concerts in main cities, mobilizing adolescents and parents around polio vaccinations. More than 20,000 community agents carried out house-to-house visits and group discussions; and 114 media professionals from community radio and television, as well as 20 journalists from the main newspapers and 27 youth peer educators in urban youth clubs were mobilized.

## External Communication and Public Advocacy

Child rights issues were highlighted in the public domain through media work, including national and international press field visits, press releases and special press events, which resulted in substantial press coverage of 500 articles in 2015, as well as numerous radio and television pieces and online articles.

Due to the appearance of new cases of polio in October 2014 and the first quarter of 2015, major efforts were undertaken to highlight weak routine immunization in the country. In close collaboration with the Ministry of Public Health (MoPH) and WHO, UNICEF carried out a broad-based advocacy and communication campaign targeting all levels of society, with a special focus on communities in difficult-to-reach areas through a combination of media and key opinion leaders (local officials, religious leaders, civil society partners, etc.) to support the polio immunization campaigns nationwide, contributing to the vaccination of 10.3 million children.

As part of UNICEF Madagascar's advocacy efforts to highlight the alarming stunting situation (47 per cent) in the country, a special media visit with representatives from the BBC, *The Daily Maverick*, Radio France Internationale (RFI) and *The Guardian* was organized which resulted in substantial international media coverage about the situation of children in Madagascar and, more specifically, the stunting realities. In reaction to these articles, Al Jazeera featured the silent problem of stunting in Madagascar on its interactive television show, 'The Stream'.

Two important external visits supported the advocacy work to promote Malagasy children's rights: UNICEF Goodwill Ambassador Nana Mouskouri's visit to programmes for children in the capital, and, nearby, rural community was covered by international media.

In April, the Country Office hosted a UNICEF Executive Board delegation that included visits to programmes for children in the capital and the eastern coast of the country. The delegation also met with high-level government officials and reported back to the UNICEF Executive Board on the situation in Madagascar.

### **South-South Cooperation and Triangular Cooperation**

In 2015, UNICEF Madagascar facilitated experience sharing, knowledge exchange, and the establishment of peer support mechanisms among a network of three Francophone countries from Eastern and Southern Africa (Burundi, Comoros, Madagascar) that were concomitantly engaged in intensive education-sector planning exercises. In collaboration with the Global Partnership for Education (GPE), an initial workshop was convened with government representatives from the three countries in May 2015 to identify good practices from countries' experiences, as well as common needs and opportunities for mutualizing resources and support mobilized by partners towards education-sector planning processes. As a result, a training workshop on sector analysis and preparations of education-sector plans were organized jointly for the three countries in November 2015 in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), and involving government representatives and other members from local education groups including development partners and civil society.

The initiative has also led thus far to the establishment of a peer-review mechanism among the three countries to review in due time the products of their respective sector analysis and planning exercises, and of a quality assurance modality involving UNESCO, UNICEF, the GPE and the World Bank. This initiative is particularly innovative for the three participating countries considering that Ministries of Education are being supported and capacitated to conduct sector analysis and planning exercises more autonomously, with less reliance on external technical assistance, yet making provision for an external quality assurance mechanism.

### **Identification and Promotion of Innovation**

The 2015 cyclone and rainy season resulted in severe flooding of the capital and other parts of the country during the first few months of 2015. Given that the immediate needs of affected populations concerned the replenishment of essential items lost in the flooding, a traditional cluster response was not the obvious approach, especially in areas where goods remained accessible beyond the floods. UNICEF therefore introduced a pilot emergency cash initiative, an approach which had previously not been applied in Madagascar.

This cash voucher system was implemented together with the NGO Catholic Relief Services in the Vatovavy Fitovinany region, targeting 1,500 families affected by the floods. It enabled them to quickly replace essential items lost using cash vouchers, while empowering them to make choices depending on their personal needs and priorities. A family with three to four children received a cash voucher valued at MGA 40,000 (US\$12). Depending on their needs, families bought storage facilities for drinking water, cooking pots and cutlery or blankets. A large number of beneficiaries expressed their satisfaction with this modality of intervention.

One of the major challenges faced in Antananarivo was the unprecedented degree of floods that resulted in the need to quickly extend those sites to other areas and set up the same system for assuring safe water for drinking. This was addressed through a collaboration with Antananarivo authorities to identify new sites and quickly make provisions for the piped water distribution to the affected displaced people through the card system. UNICEF, in collaboration with the city government, installed 19 water points in strategic areas close to displacement sites to allow

displaced people affected by the flooding to access safe drinking water through a water voucher system.

### Support to Integration and Cross-Sectoral Linkages

Given the great cultural diversity due to Madagascar's migrant origins, the customary adherence to a multitude of societal 'taboos', many of which differ between regions or even communities, and the only limited anthropological data and analysis available to inform UNICEF programmes and mitigate the related risk that standard programme approaches may be ineffective and/or culturally inappropriate, UNICEF spearheaded a cross-sectoral, anthropologically based research initiative in 2015 involving counterparts and partners across all of UNICEF's programmes.

To develop a 'baseline', UNICEF set up an inter-disciplinary research consortium between the University of Antananarivo, the National Institute of Statistics, Ohio University (United States) and Witwatersrand University (South Africa), which conducted a study of sociocultural determinants of the adoption of essential family practices, including an analysis of programmatic cross-sectoral linkages such as the influence of education on health practices. Planning, design and implementation of the study have involved technical colleagues and partners across all programme areas and have been guided by an international reference group made up of local and global experts on Madagascar, anthropology and Communication for Development (C4D). Data collection was finalized in 2015 and is currently undergoing final analysis and interpretation. Study findings are expected to contribute to a holistic understanding of cultural opportunities and challenges for realizing child rights in Madagascar and to inform concrete sectoral and cross-sectoral recommendations on how to increase programme effectiveness by generating greater demand and uptake through more culturally aware/informed approaches in 2016 and beyond.

### Service Delivery

UNICEF's Health System Strengthening Programme (Programme d'Appui aux Services Sociaux de Base, or PASSOBA), financially supported by the European Union (EU), focused on improvement of access and utilization of basic health services. Some 524 health-care workers were recruited, enabling the reopening of 73 health centres and providing coverage to 722,000 people. This led to increased demand for the provision of services. External consultations of children 0–5 years old increased from 37 in 2012 to 66 in 2014, and prenatal consultations in the first trimester increased from 55 in 2012 to 78 in 2015 in the nine target regions. A Results-Based Financing (RBF) model was launched in five districts in coordination with the World Bank and French Development Agency. Under MoPH leadership, a 2016 joint RBF model evaluation will inform sustainable replication and scale-up. Joint advocacy with the EU led to the integration of additional health workers in the MoPH budget and staffing structure, thereby ensuring sustainability beyond the programme duration.

In response to the polio outbreak involving 11 confirmed cases in six different regions across the country, UNICEF, WHO and Global Polio Eradication Initiative partners supported the MoPH in the planning, implementation and monitoring of five National Polio Immunization campaigns targeting 11 million children 0–15 years old during the last three campaign rounds. In order to address identified challenges in reaching children living in hard-to-reach and remote locations and/or extremely difficult circumstances, special strategies to reach the un-reached included: (1) a mapping exercise of unreached children (location, circumstances, security and other access concerns), which informed response strategy adaptation; (2) broadened advocacy and mobilization efforts; (3) reinforcing of campaign microplanning based on experience from

UNICEF's routine immunization equity planning approach; and (4) broadening of the vaccination strategy beyond door-to door to schools, markets, institutions etc. The polio outbreak response was used to successfully advocate for the further roll-out of the equity planning approach in routine immunization.

### **Human Rights-Based Approach to Cooperation**

This past year, 2015, was the first year of the new 2015–2019 Country Programme, which aims to further the realization of the rights of the children and women of Madagascar as laid down in all relevant international instruments. The Country Programme was developed based on the Situation Analysis conducted to identify children rights claims and corresponding human rights obligations of duty bearers, as well as the immediate, underlying and structural causes of the non-realization of the rights. The 2015–2019 Country Programme Action Plan identified strategies to build the capacity of children and women to claim their rights and of duty bearers to fulfil their obligations and address related barriers and bottlenecks. The deprivation levels and related inequalities identified through the MODA analysis completed in 2015 further informed programme implementation.

UNICEF Madagascar provided support to the new Government for treaty reporting. With support from UNICEF, the Government presented to the United Nations Convention on the Rights of the Child the State Party initial reports on the two Optional Protocol to the CRC – namely, the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on the sale of children, child prostitution and child pornography in 2015.

As part of joint United Nations inter-agency support to the Government, UNICEF Madagascar contributed to the development of a plan of action to ensure the implementation of the recommendations of the universal periodic review and the Convention on the Rights of the Child, and supported the Government in developing its report on Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

UNICEF, in collaboration with International Organization for Migration, further supported the Government in taking key actions on important concluding observations by different treaty reporting bodies to strengthen the protection from human trafficking, by adopting the new Law 2014040 on the fight against human trafficking. Madagascar also adopted a national action plan against trafficking in human beings and established the National Office for the Fight against Human Trafficking by the decree 2015-269 in 2015 directly within the Prime Minister's Office. UNICEF Madagascar worked closely with the National Office on capacity building on children's rights, and on the development of comprehensive training resources on the protection of children against trafficking.

### **Gender Mainstreaming and Equality**

UNICEF, in close collaboration with the Ministry of Population, Social Protection and Women's Promotion (MPSPPF), the Office of the United Nations High Commissioner for refugees and the United Nations Population Fund (UNFPA), supported the national consultative process to review and update the National Gender Strategy. The validation of the National Gender Strategy is currently ongoing.

UNICEF Madagascar continued to promote secondary education for adolescent girls. The Integrated Programme for Adolescent Girls is a strategy that contributes to the retention of the girl child in school, and creates opportunities for vulnerable and excluded girls to realize their rights to education in a secure and protective environment. The programme includes education,

child protection, social protection and C4D components, and is currently being implemented in three regions in the country. The programme has enabled the offering of scholarships to 2,868 vulnerable adolescent girls, helping them to go back or remain in school. For the Ministry of National Education, a draft strategy on inclusive education has also been formulated, including specific responses to address gender disparities in enrolment, out-of-school children and adolescent girls, with a specific focus on young mothers.

UNICEF Madagascar supported the Government to launch the African Union-initiated campaign to end child marriage. High-level advocacy guaranteed the commitment and total mobilization of the Government at the highest level, including the First Lady and the Prime Minister, and several ministers and influential members of the Government took part in the campaign's launch. A strong communication campaign was devised to support the mobilization of a wide range of the population, with a particular focus on youth groups, traditional and community leaders and women. Based on the momentum created by the national campaign launch, a National Strategy to end child marriage in Madagascar will be finalized by the end of 2016 with UNICEF Madagascar support.

A major breakthrough in 2015 was the set-up of the first One Stop Centre in Madagascar to provide care and support for child victims of sexual violence. The centre, which was set up with support from UNICEF Madagascar and inaugurated by the First Lady, cares for both girl and boy victims of sexual violence who received medical, psychosocial and legal support in 2015.

## Environmental Sustainability

The WASH programme developed an environment-sensitive strategy to ensure that all activities are implemented in a sustainable way, ensuring effective adaptation to climate change effects and to prevent a negative local environmental impact. UNICEF supported the Ministry of Water, Hygiene and Sanitation in the revision of the Code of Water, and successfully advocated for the inclusion of an Integrated Water Resource Management (IWRM) approach as part of the Code. Accordingly, the WASH programme operates under IWRM principles with regard to construction of new water supply systems. Technical studies carried out prior to the construction of water systems analysed supply and demand between availability of water resources and different user needs (household drinking water, agriculture needs). This analysis is to prevent overexploitation of local water resources in the immediate term and in the future (at least for the next 15 years). Moreover, the risks of pollution of water resources are assessed and key measures of prevention are taken, such as latrine construction at 50 meters distance from water sources, protection of spring catchment areas, etc.

At the technical level, all water systems using a pump to extract groundwater are fed by solar energy to promote and use a more sustainable and green source of energy. In 2015, new partnerships were initiated with the private sector on the use of solar power from water systems to develop a community service of electrification (lamps for schools and community, fridges for health centres, mobile recharge). This will increase the private operator income and boost more sustainable service for water supply. Upcoming programmes will analyse the feasibility of using water from the water supply systems to develop small-scale vegetable cultivation in villages most affected by droughts, in partnership with the United Nations Food and Agriculture Organization.

The part of the programme related to WASH in institutions (schools, health centres, nutrition centres) focused on raising awareness and changing the practices of children, teachers, doctors

and patients to improve personal hygiene and ensure proper management of excreta in order to protect the environment from faecal pollution.

## Effective Leadership

The Country Management Team (CMT) piloted the implementation of specific actions in order to improve operations and programme management performance and address areas of weakness identified in December 2014's audit report and various internal and implementing partners' assessments. The actions included:

Following the Country Office Audit in December 2014 and based on the audit recommendations, the Country Office developed an audit response plan to address the issues identified and to implement perennial measures such as the revision and development of new Standard Operating Procedures, mainly addressing weaknesses in the domain of Harmonized Approach to Cash Transfers (HACT) and Direct Cash Transfer (DCT) management.

The CMT also tightly followed up the separation and recruitment processes consecutive with the implementation of the Country Programme Management Plan (CPMP) 2015–2019 in order to ensure proper filling of vacant positions, but also to retain in-house competencies that could have been lost because of the abolishment of positions.

An update of the Business Continuity Plan annexes (Telephone Tree, information and communication technology (ICT) disaster recovery plan) was carried out to ensure an accurate capacity to mitigate risks related to the disruption of activities. A comprehensive revision and a Business Continuity Plan simulation will be organized during the first quarter of 2016. UNICEF Madagascar was identified as a priority country office for an Enterprise Risk Management (ERM) update by the Regional Office (RO). The ERM update will be carried out in 2016, with the support of the RO.

Notably, the office worked closely with the UNICEF Office of Internal Audit and Investigations on a forensic HACT audit of the financial accounts of all regional education counterparts who had implemented the GPE during the crisis period, given that previous efforts to mitigate financial management risks through an external audit firm had not yielded conclusive results. Based on thorough documentation collection and further financial management capacity development of concerned counterparts in the process, the education accounts were cleared.

## Financial Resources Management

The CMT continued to monitor the key performance indicators and red flag areas, including grant expiry, DCT status and liquidations, budget commitments/utilization, resource mobilization, donor reporting, cash flow forecast, bank optimization, and implementation of audit recommendations on a monthly basis.

Key financial management systems were strengthened and streamlined. All bank reconciliations were completed, uploaded and approved in VISION within the deadlines, with regular follow-up of the reconciling balances. Monthly financial closure and review of accounts were properly performed in 2015.

The CMT monitored the timely implementation of the HACT Assurance Plan. To further strengthen HACT implementation, the Country Office contracted three accounting firms to conduct spot-checks and carry out programmatic field visits: 481 programmatic visits, 14 micro-assessments and 5 light assessments (system assessments for implementing partners

expected to receive less than US\$100,000) were carried out over the past year to help leverage accountability and the governance systems of the partners.

To reinforce the financial capabilities of implementing partners, 8 I capacity buildings of implementing partners and 10 trainings were conducted for 550 participants from the Government and NGOs. Two HACT trainings were performed for United Nations staff in line with the new HACT guidelines and to reduce risks associated with DCT management. A HACT procedures manual was developed to support staff in their work with implementing partners.

The HACT Steering Committee met quarterly to monitor progress of the assurance and capacity-building activities. UNICEF Madagascar chairs the HACT inter-agency committee in which best practice approaches to effective implementation of HACT were discussed.

The total Regular Resources (RR), Other Resources (OR), SM and BMA funds utilization as of 31 December 2015 stood at 99.99 per cent, 99.55 per cent, 99.69 per cent and 99.74 per cent, respectively. It should be noted that 98.70 per cent of OR expiring by the end of 2015 were fully utilized.

The Madagascar Office final audit report issued in 2015 noted a satisfactory rating in the financial management practices.

## **Fund-Raising and Donor Relations**

This past year marked the first year of the 2015–2019 programme cycle, with a total Country Programme budget of US\$197,815,000, of which US\$141,000,000 (OR) was to be fund-raised. Of this OR amount, US\$40,913,635.03 (29 per cent) was mobilized, leaving a US\$100,086,365 funding gap for the remaining four years. In the current changing context, where the few donors active in Madagascar have reverted to direct budget support, resource mobilization will be a major challenge, especially for the increasingly frequent natural disaster-related emergency funding needs. In 2015, UNICEF Madagascar mobilized US\$2,084,864 for the dual flood and drought emergency response, an amount that fell short of meeting many needs.

As part of the overall advocacy strategy aiming to bring more focus to Madagascar, which is part of the low-ranking donor orphans, UNICEF sought every opportunity to bring visibility to Madagascar beyond its biodiversity hotspot status and to highlight the plight of its 22–24 million people, 92 per cent of whom live under US\$2 a day, particularly children. UNICEF hosted the following external visits, including for the Goodwill Ambassador Nana Mouskouri, a UNICEF Executive Board delegation, a Rotary International delegation during the polio campaigns, a technical assessment visit from the United Kingdom's Department for International Development, and five National Committee visits (Finland, Germany, Hong Kong, Japan and United States), two with private-sector partners (IKEA Foundation, Fuji TV) and one with a private individual donor. UNICEF hosted five local donor programme visits: the EU, Japan, Norway, the United Kingdom and the United States.

UNICEF submitted 76 donor reports in 2015. The Country Office implements a report-tracking system, including timelines for report completion and clearance to facilitate the quality-assurance process. Limitations in English writing ability among programme staff in a Francophone context proved to be a major challenge, which the office will address through additional writing capacity and staff-writing skills development initiatives in 2016.

## Evaluation

UNICEF Madagascar has an updated Integrated Monitoring, Evaluation and Research Plan (IMEP) and related work process for studies, surveys and evaluations. The 2015–2016 IMEP to accompany the Rolling Annual Management and the Rolling Work Plans was prepared in consultation with all sections and validated and monitored by the CMT. A technical committee composed of both internal and external stakeholders was constituted to ensure objectivity and to provide quality assurance. In 2015 an additional IMEP monitoring system was put in place to keep track of progress on evaluations and studies, in particular to ensure (i) that the IMEP addresses key knowledge gaps, (ii) that the quality assurance function for IMEP activities in UNICEF Madagascar is strengthened, and that the RO quality assurance support is employed for key evaluations; and (iii) that evaluations and related management responses are completed in a timely manner.

In 2015, the office carried out three evaluations on: (1) children's enrolment and education system performance in the regions of Atsimo Antsinanana, Diana, Melaky and Sofia; (2) the Education Gap Financing Grant; and (3) the Community-Led Total Sanitation (CLTS) approach. Two management responses on the completed Education Gap Financing Grant and CLTS evaluation were finalized. While the findings of the Education Gap Financing evaluation are being applied to inform improved Government management of the new GPE grant, the CLTS approach findings were taken account in updating the CLTS strategy and related actions on the ground. Two planned evaluations were postponed to 2016 and one planned evaluation is currently being finalized during the course of the year. Delays were due primarily to the lack of adequate evaluation capacities in the country, as national capacity for evaluation remains weak. To address this, UNICEF Madagascar, in consultation with the UNICEF RO, is exploring how to support the National Evaluation Association created in 2013.

## Efficiency Gains and Cost Savings

A major change that impacted operations management, mainly the fleet component, was the significant downsizing of programme field presence. Compared with 2014, the total costs of fuel consumption were reduced by 21 per cent (US\$212,070 vs. US\$248,115 in 2014). Vehicles repairs increased by 77 per cent mainly due to the returning of cars previously affected to closed field projects (US\$338,448 vs. US\$191,548 in 2014).

As a consequence of this downsizing, the Country Office proceeded to scrap the more than five-year-old vehicles, which were generating many maintenance expenses during their use in the field. UNICEF retrieved US\$46,740 through the sale of four old vehicles, other obsolete equipment and the recovery of reimbursements for stolen or lost equipment.

The total cost of office travel amounted to US\$1,567,041, which was US\$91,996 more than in 2014. Internal travel costs were reduced by 8 per cent in 2015 due to the fact that the number of staff members posted in the field was reduced after the June 2015 downsizing. External travel costs increased by US\$172,317, mainly due to reassignments of staff and their replacements.

As part of the continuous effort to control and monitor costs, the Country Office gained US\$41,622 as a result of air ticketing comparison and air travel rules and regulations changes since October 2014. Additionally, the airline refunds made for ticket purchases in 2014 amounted to US\$275.

In terms of efficiency, the renewal of the fleet management contract with a new company is worth mentioning.

In response to internal audit recommendations, the Standard Operating Procedures were revised to better monitor the assets and travel management.

The United Nations telecommunication contract was strengthened and permitted the Country Office to provide better ICT services to staff and partners.

## Supply Management

As of 31 December 2015, UNICEF Madagascar's total value of procurements was US\$41,971,208, with procurement services accounting for US\$20,807,560 of that amount (49.6 per cent).

Procurement of programme supplies amounted to US\$13,522,106, of which 37.02 per cent (US\$5,005,714) were purchased locally. The remaining US\$8,516,392 (62.98 per cent) was bought offshore, mostly based on direct ordering arrangements made available by the Supply Division, including the purchase of 46 million doses of Bivalent oral polio vaccine and trivalent oral polio vaccine (bOPV and tOPV) for a total value of US\$6,429,460 to address the 2015 polio outbreak. Noteworthy is the value of service contracts issued by UNICEF Madagascar, which in 2015 amounted to US\$7,061,227, an increase of 28 per cent from 2014.

The value of controlled programme supplies in UNICEF Madagascar's warehouse was US\$513,508 as per 31 December 2015. The value of pre-positioned emergency response supplies was US\$498,683 at the beginning of the year, and was valued at US\$166,559 as per 31 December 2015. This decrease results from reprogramming of supplies which were warehoused over one year, but also because of pre-positioning of ordered supplies at the manufacturers' factory (for example, Ready-to-Use Therapeutic Food, or RUTF).

The logistics unit managed through the warehouse US\$2,917,862 of goods and organized more than 4,000 square metres road transport for it. Due to this large volume, UNICEF Madagascar rented an additional warehouse. The unit also supported the distribution of emergency response supplies during the cyclone season in early January 2015 and the five nationwide polio campaigns and, moreover, provided staff support to the Ebola virus disease-affected Guinea.

## Security for Staff and Premises

The United Nations Department for Security and Safety (UNDSS) conducted assessments of the safety and security of the UN Common premises, and of UNICEF's main warehouse in Antananarivo. The assessment recommended the reinforcement of video surveillance for the UN Common Office buildings, but also for the UNICEF warehouse, along with the reinforcement of the team of security guards, access control and fire detection systems and firefighting means. The additional provisions are in the process of being implemented.

An assessment of the UN VHF radio communication system carried out by UNDSS for the United Nations system in Madagascar, with the aim to reinforce the reliability and effectiveness of the radio network and to ensure permanent capacity to contact staff at any time and for the staff to contact the radio room 24 hours per day. The assessment concluded that the United Nations system will need to identify resources beyond the regular security budget to digitalize the radio communication equipment in 2016, but also to acquire the necessary equipment to ensure the proper coverage of the City of Antananarivo as soon as possible.

To increase personal staff safety measures, weekly radio checks were monitored and enforced.

To address identified weaknesses in radio coverage, all UNICEF VHF radio handsets were reprogrammed in order to ensure their good functioning and to permit staff to communicate with the radio room, wardens or security focal points in case of emergency.

UNDSS and UNICEF's Security Adviser carried out an assessment to determine security status in the southern part of Madagascar, particularly to determine the safety of road trips to support and monitor programmes in the south, with a particular focus on the polio response, and to recommend appropriate measures to protect staff travelling there. The assessment recommended new safety and security measures for road trips in the south, which were put in place starting in November 2015.

## Human Resources

This past year was characterized by enormous human resource challenges due to CPMP staffing changes, mass recruitment to fill 54 new positions, Global Staff Survey follow-up, extensive senior management turnover, including Deputy Representative, Operations Chief, Health Chief, Education Chief, Communication Chief, Social Policy Chief, Planning Chief, Operations Chief, Supply Chief, Human Resources Chief vacancies and additional staff needs for the polio outbreak response. In total, there were 53 departures, and 2 deaths of staff members following severe illness.

A detailed Human Resource CPMP transition management strategy was implemented, including the organization of a matching exercise open to national staff on abolished posts, career development and counselling workshops. While staff movements carried the risks of institutional memory loss and associated challenges for programme implementation, low staff morale, increased stress level and burn-out among the reduced team, the staff crisis situation also provided opportunities for junior staff to serve in senior Officer-in-Charge functions, thereby developing management and leadership skills and boosting morale. Staff development opportunities included leadership and management courses, staff exchanges and stretch assignments.

The major challenge remains the identification of high-calibre candidates who meet both technical and language requirements. A total of 41 recruitments were finalized for full-time positions. With 51 per cent respecting the key performance indicators, completion of 2014 Performance Evaluation Reports was delayed during the first quarter; however, the trend was reversed in the second semester, with a 99 per cent completion rate for 2014 and 91 per cent for the 2015 mid-term evaluation.

Emergency preparedness and response (EPR): 12 field staff and 8 staff in Antananarivo were trained. Four of them participated in EPR simulations.

One UN Madagascar organized 2 UN Cares activities, one Respectful Workplace Adviser was selected, five Peer Support Volunteers were elected, and counselling services were provided for staff and dependents.

## Effective Use of Information and Communication Technology

After a successful migration of cloud-based automation tools, UNICEF Madagascar became fully operational, with 100 per cent of staff using the tools to improve communication, with the majority using smartphones and tablets to connect to office cloud-based applications everywhere. This has facilitated communication on programmatic and operational aspects, particularly for field-based staff supporting and monitoring social service delivery programme

aspects. The design of a Madagascar Team site has further enabled Programmes and Operations to streamline their activities.

UNICEF Madagascar's child protection child abuse reporting hotline – 147 Green Line – was further improved by moving from a decentralized to a centralized system, using an open-source product to support Private Bank Exchange/ IP functionalities. A similar application was used to support the 'We Protect Children Online' project.

UNICEF Madagascar used SMS monitoring tools during the polio outbreak response to track and increase delivery of vaccines and communications materials in the field during the campaigns. Mobile Money technology was also used to facilitate payments to flood-affected beneficiaries in a first-ever cash transfer initiative during the cyclone and flood emergency response.

Social media (Facebook, Twitter, YouTube and the UNICEF Madagascar website) outreach increased significantly in terms of audiences reached with UNICEF advocacy messages on the situation of children and information on UNICEF Madagascar programmes.

To improve Information Technology Service Management and reduce the ICT footprint, UNICEF Madagascar increased staff mobility from 75 per cent in 2014 to 100 per cent in 2015 by equipping all staff with laptops. This also helped to reduce electricity consumption to improve UNICEF Madagascar's greening efforts.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1:** By the end of 2019, children under 5 years old, especially newborns, have access to and use integrated health services, with high coverage in target regions.

#### **Analytical statement of progress:**

Emerging from the socio-political crisis which severely impacted the health sector, as the main indicators stagnated or worsened, Madagascar's health indicators are of concern: Under-five child mortality was at 62 per 1,000 live births (Millennium Development Goal (MDG) Survey 2012/13), while neonatal mortality increased from 24 per 1,000 live births in 2008 to 26 per 1,000 live births in 2013 (Demographic and Health Survey (DHS) 2008, MDG Survey 2012/13), contributing to an under-five mortality rate of 42 per cent. Pneumonia, malaria, diarrhoea and malnutrition remain the main causes of under-five mortality. The maternal mortality rate has shown insignificant progress from 498 per 100,000 live births (DHS 2008) to 478 per 100,000 live births (MDG Survey 2012/13). Maternal deaths are linked chiefly to lack of skilled attendance at birth (less than 40 per cent) and obstetric complications.

The disintegration of the health system; the drastic reduction of the state budget allocated to the health sector, resulting in a total dependence on partner support; and the gradual departure of some of the crisis donors constitute major bottlenecks and barriers to improving access and use of services. Despite efforts made to decentralize the health sector, governance and leadership of Health Sector Managers at all levels, including the coordination of health-sector partners, were the main challenges. Less than 10 per cent of the total budget is allocated to the health sector, especially for the operating budget. Until October 2015, no decentralized health structure had received operating costs, and therefore the health sector was entirely dependent on financial and technical partners. Against this broader context, a number of epidemics

(re)appeared in 2015. Plague and polio outbreaks, particularly, highlighted the weakness of the health system. This situation triggered a review of the 2015 plans and a focus of efforts on the outbreak response.

Encouraging progress was made with regard to planning and strategy formulation. With support from partners, the MoPH finalized and validated the 2015–2019 Health Sector Development Plan, which will constitute the reference document to improve the health status of the population and to align Madagascar with global efforts to achieve the Sustainable Development Goals (SDGs). In collaboration with partners, the MoH finalized and adopted the National Strategy Paper on Universal Health Coverage (Couverture Santé Universelle, or CSU) that will be the guide to ensure equity in health-care provision. UNICEF is supporting the MoH to operationalize this new initiative and to ensure the costing of the maternal and child component of the CSU. The Road Map for Accelerating the Reduction of Maternal and Neonatal Mortality 2015–2019 and the Every Newborn Action Plan documents were finalized and disseminated. UNICEF supported the Government in the development of the operational plan to ensure the implementation of those strategic documents.

The EU-funded Health System Strengthening programme (PASSOBA), implemented in 9 out of 22 regions across Madagascar, further highlighted the weakness of the Health System, especially the insufficiency of quality human resources to provide basic health care to the predominantly rural population, especially those living in remote areas, while 60 per cent of medical professionals (doctors, nurses and midwives) are concentrated in the capital and other large cities. In collaboration with the MoPH, and after concertation with partners, UNICEF put in place an innovative strategy to motivate and maintain medical professionals in hard-to-reach and isolated communities to ensure continuity of care to the populations living in remote locations.

The Health Information System (HIS) is still very weak and the quality of the peripheral level data remains to be improved. To address this situation, the MoPH and its partners, particularly UNICEF via the Health Systems Strengthening programme, emphasized the harmonization and integration of health information collecting tools. UNICEF supported the MoPH in the revision of tools and related training of health personnel. Moreover, the efforts of the MoPH have been concentrated on the consolidation of the pharmaceutical sector, improvement of the supply chain and distribution of essential drugs in the country, as a way to ensure quality and availability of medicines at the operational level (at health centres).

**OUTPUT 1:** The capacity of the Government to develop/update/review policies, strategies and protocols for health programming is improved and the health system is strengthened with improved equitable funding, human resources distribution, bottom-up planning, a supply chain for health commodities and monitoring for action framework.

**Analytical statement of progress:**

This past year was characterized by high staff turnover in the MoH's senior management team, along with several central and regional heads. Despite these staff changes, the health department showed a desire to establish improved governance in the sector. UNICEF continued to provide technical and financial support at all levels to strengthen the health system, contributing to the:

- a. development and/or update of policy and strategy documents for the health sector: the Health Sector Development Plan 2015–2019 launched in July 2015, the revision of the

National Health Policy, the National Pharmaceutical Policy and the National Contracting Process Policy, which has been distributed;

- b. development and update of sectoral strategic plans, standards and norms to shape policies, including the validation of the Health Human Resources Development Plan, standardization of infrastructure at basic health-care centres, and a review of the regulatory guide on the management of health commodities and related recovered funds; and
- c. establishment of budgeted, integrated, bottom-up planning exercises as well as periodic reviews of programme performance meetings, which are becoming common practice at all levels of the sector.

In terms of the health system strengthening project funded by the EU (PASSOBA-Santé), UNICEF recruited a total of 524 health-care personnel to improve basic health-care provision and allow the reopening of 73 health centres previously closed due to the crisis reaching an additional 722,000 people. UNICEF worked with the MoPH on the integration of these staff into the public service as civil servants paid by the state. Some 90 per cent of recruited personnel are now integrated in public service. Maintaining staff in the most remote and hard-to-reach communities led to sustainable improvements in health coverage. PASSOBA, in collaboration with the MoH Human Resources Direction, put in place initiatives to keep them in place.

However, an evaluation finalized by the World Bank and the Government showed that non-salary-related expenditure within the MoH benefited rich populations two to four times more than poor populations. With the support of all partners, the Government is committed to putting in place universal health coverage linked to the National Social Protection Policy. As part of its equity focus, UNICEF has provided technical support to the MoPH to establish national strategies for the implementation of this universal health coverage.

**OUTPUT 2:** Mothers and newborns in target regions are reached with key interventions during the hours and days of highest risk. Girls and boys are reached at institutional and community levels with prevention and treatment for the three illnesses that cause the majority of deaths among young children (pneumonia, diarrhoea and malaria).

**Analytical statement of progress:**

Maternal and newborn health remains a major challenge, with a maternal mortality rate that has stagnated (478 per 100,000 live births) and a neonatal mortality rate that has increased (from 24 in 2009 to 26 in 2013), contributing to 38 per cent of under-five deaths.

UNICEF supported the Government to improve plans and implementation of high-impact interventions in maternal, newborn and child health areas at all levels, with an equity focus and a harmonized, integrated and multi-sectorial approach. While child health has shown some improvement, still unacceptably high numbers of Malagasy children die from preventable and treatable causes. UNICEF supports the MoPH to strengthen the Integrated Management of Childhood Illnesses and Community Health Worker programmes to deliver integrated health packages, strengthening its links with the health system and with the community. Madagascar has recently committed to the Campaign for Accelerated Reduction of Maternal Mortality in Africa CARMMA and the Every Newborn Action Plan, with support from UNICEF for the official launching and the development of the operational plans to ensure adequate implementation. Some 90 per cent of all health facilities in the targeted regions have been supported to provide basic neonatal resuscitation services and 79 per cent of health facilities have received Emergency Obstetric and Newborn Care training and equipment. The strengthened health facilities reach approximately 150,000 pregnant women and children.

The finance-based results approach focusing on the implementation of high-impact health community-based activities has continued and extended to two regions (Anosy and Atsimo Andrefana) and has proven to increase health facility services uptake. Some 53,048 pregnant women (58.5 per cent who attended for Antenatal Care 1) were tested for HIV. Among them, 79 per cent received antiretroviral prophylaxis. Out of the 32,812 pregnant women screened for syphilis, 2,260 tested positive and 81 per cent received prevention for congenital syphilis. Supporting the MoH update of the community Integrated Management of Childhood Illnesses (c-IMCI) National Strategic Plan. The IMCI programme and the c-IMCI were scaled up to reach 51 per cent and 72 per cent, respectively, of the districts in target regions, covering 197,353 children under 5 years old.

The Bill & Melinda Gates Foundation-funded pilot project for the integration of the management of pneumonia into the Global Fund to Fight AIDS, Tuberculosis and Malaria-funded malaria programme implemented in two districts of the Sava region is continuing and has been extended until the end of December 2016. More than 15,000 children under 5 years old were treated by Community Health Workers (CHWs) using this new protocol.

The country experienced an increase of Malaria cases from 36 per cent to 51 per cent. Two universal campaigns of long-lasting insecticidal nets (LLINs) distribution were conducted (10,613,770 LLINs distributed) by the Presidential Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria, benefiting 14 million people.

The main challenges for the efficient and timely implementation of planned activities this year were: malaria, plague and polio epidemics requiring multiple and immediate responses and allocation of most of the government health staff; and weak coordination between central and regional levels, leading to frequent overlapping of activities.

**OUTPUT 3:** At least 80 per cent of children in all districts in six focus regions are reached with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and a national coverage of 90 per cent is achieved, with a focus on the hardest-to-reach and marginalized communities.

**Analytical statement of progress:**

In recent years, DPT3 coverage dropped from 72 per cent in 2008 (DHS 2008) to 61 per cent in 2012 (MDG Survey 2012/13). As of November 2015, only 70 per cent of children were vaccinated for measles and 74 per cent for DPT3, and 51 per cent of pregnant women received two doses of tetanus (government records – 82 per cent of records received). This poor vaccination coverage, especially in hard-to-reach districts, led to an outbreak of circulating Vaccine Derived Polio Virus in five regions (Androy, Anosy, Atsimo Andrefana, Boeny and Menabe), with 10 confirmed cases of Acute Flaccid Paralysis between April and August and one case of ambiguous Vaccine Derived Polio Virus in Vatovavy Fitovinany region. To respond to the outbreak, two Polio Vaccination Campaigns targeting 4.3 million children under 5 years old and three campaigns targeting 11.2 million children under 15 years old were organized. Two other nationwide rounds are planned for 2016. In addition to technical assistance, C4D and Cold Chain and Logistic services, UNICEF managed the response at critical moments. UNICEF procured more than 51 million doses of oral polio vaccine, one negative cold room and 10,000 vaccine carriers to improve storage, transport capacity and quality of vaccine delivery. To improve awareness and polio vaccine acceptance, UNICEF supported the Government, local NGOs and administrative authorities on social mobilization, advocacy and the production of information, education and communication materials, as well as awareness raising through the media. This support contributed to the vaccination of more than 95 per cent of children during

each round, according to independent monitoring data.

In addition to Days of Intensification of Routine Immunization in 11 priority regions, twice-yearly Mother and Child Health Weeks (MCHWs) remain key interventions to complement routine immunization, aimed at giving every child the opportunity to receive missed doses of routine immunization and other child survival interventions. The inactivated poliovirus vaccine was introduced during the first round of MCHW to support polio eradication.

UNICEF supported the implementation of an equity approach that aims to vaccinate all children in hard-to-reach areas in 11 of the most deprived regions. UNICEF provided technical and financial support for demand creation and health service delivery by reducing the distance between homes and vaccination services with reinforced outreach activities, and improving the availability of vaccines at health centres. To narrow the equity gap, UNICEF supported the bottom-up micro-planning targeting drivers of inequities with a focus on the most deprived regions. As a result, approximately 273,698 children under the age of 1 in these regions received DPT3, compared with a total of 439,153 children vaccinated in the whole country as of September 2015. The Government's plans to scale up the approach to all regions with funding from the GAVI-Health Systems Strengthening Programme could not be implemented due to the polio outbreak response and delays in fund disbursement.

To address the major bottleneck of cold chain failures, UNICEF provided support to the roll-out of solar energy refrigerators through purchase and installation of 87 units and a negative cold room at a central level. UNICEF also supported the renovation and equipping of the central warehouse to improve vaccine and supply chain management.

**OUTPUT 4:** Increased national capacity and delivery of services to prevent excess mortality among girls, boys and women in humanitarian situations.

**Analytical statement of progress:**

In coordination with the Government and partners, including NGOs (Médecins du Monde, Médecins Sans Frontières (MSF), and health workers from the Capital Commune of Antananarivo), the following interventions were conducted in 2015 with the support of UNICEF: (a) planning for detection and management of communicable diseases; (b) reinforcement of the integrated disease surveillance system; and (c) reproduction of monitoring tools with the collaboration of the MoPH.

During the first trimester of 2015, cyclones followed by floods ravaged a huge part of the country, including the capital. UNICEF contributed to the emergency response with technical assistance and human resources at the central and regional levels, and supplied 40 emergency kits (20 medical basic kits and 20 midwifery kits), which covered 200,000 affected people and 1,000 normal deliveries. Under the lead of WHO, UNICEF participated actively in the health cluster.

Madagascar also suffered the recurrence of malaria cases, with positivity rates increasing from 36 per cent to 51 per cent between 2013 and the first six months of 2015. Possible explanations may be a weaker surveillance system, stock ruptures in common malaria medication and rapid diagnosis tests (from April to July 2015) and a cessation of Indoor Residual Spraying campaigns in the past two years. In addition, a plague outbreak was detected in the district of Moramanga, with 12 cases and 4 deaths from mid-August to mid-September 2015, and 30 cases with 15 deaths from the bubonic form in Bongolava (from early September to mid-October 2015). Such high rates of death were due to delays in seeking medical assistance. However, a timely

response from all stakeholders (emergency health cluster) prevented a broader spread of the disease. No new cases have been detected since mid-October 2015.

**OUTCOME 2:** By the end of 2019, households and communities have access to safe drinking water, sanitation and healthy environments, and good hygiene practices are equitably improved in target regions.

**Analytical statement of progress:**

Madagascar has some of the worst water and sanitation indicators in global comparison. It ranks sixth-lowest for improved water, fourth-lowest for surface water consumption, and fourth-lowest for improved sanitation. The most recent data from the WHO/UNICEF Joint Monitoring Programme (JMP) reveals that, currently, 65 per cent of the rural population relies on unsafe water sources. More than half of the rural population practices open defecation. The data also show that about half (51.5 per cent) of the population has access to safe water and a mere 12 per cent has access to improved sanitation, a figure that has *declined* in the past three years.

Despite these statistics, the WASH sector has made encouraging progress in 2015 under the leadership of the Ministry of Water, Hygiene and Sanitation (MoWHS). Due to the programme's good performance, donor trust increased, which resulted in additional funding. Consequently, the programme reaches more children in poor rural areas, who are experiencing multiple deprivations in terms of access to basic social services. The combination of evidence generated in previous years, strategy formulation and a solid track record delivering results in the seven targeted regions positioned UNICEF to provide leadership support to the MEAH. Using the Country Office's comparative advantage of supporting Government partners not only at the national level, but also at regional and sub-regional levels, and being able to strengthen inter-sector coordination and expand into innovative implementation options, the programme has achieved unprecedented WASH results. This has also been possible due to the capacity of UNICEF to work with women, communities, traditional and local leaders, and other influential actors, who provide knowledge and feedback to fine-tune the Country Office's strategies and make them more efficient.

The recent MODA analysis proved that a large number of children in Madagascar experiences multiple deprivations, concluding that closer multi-sectoral programme approaches are required.

An example of effective cross-sectoral coordination is UNICEF's work on sanitation and hand-washing with soap in order to reduce levels of worms and other infections due to faecal-oral transmission which impacts on chronic malnutrition. This oral-faecal transmission is also responsible for polio virus transmission, of which the country experienced an outbreak in 2015. In the south, where intense droughts caused an increase in severe and acute malnutrition cases, WASH has been accompanying the nutritional response. It has provided the affected households with hand-washing devices, soap and ceramic water filters to assure optimal conditions for children receiving therapeutic feeding and deworming though activities also supported by UNICEF.

In relation to health, the programme has focused on addressing the lack of water in health centres where deliveries take place. Having provided all health centres with hand-washing devices, ceramic water filters and soap has assured the promotion of these activities and has also allowed patients to drink safe water, using basic latrines and washing their hands with soap during the time they are at the centres. In terms of education, 67 preschools and primary schools have been provided with WASH infrastructure – mainly water points and latrines – and 421 certified primary schools have been consistently assuring that children wash their hands

with soap, use latrines and drink safe water while at school. In terms of the environment and climate change, the programme has considered the environmental gaps to assure sustainable activities and, where water needs to be pumped, UNICEF uses solar energy.

UNICEF strengthened its work with the private sector, exploring options for small businesses in the operation and maintenance of water systems. An equity approach has been introduced and is being modelled to assure that remote rural areas are also covered. Simultaneously, demand for services has been generated through close work with the population, users' associations, CHWs and traditional authorities, who have the power to change established mindsets.

Significant progress was made to strengthen the Government's capacity and development of scalable models to reinforce regional and subregional capacity to provide sustainable services at the decentralized level. In that sense, UNICEF has (a) supported evidence generation for sector-wide use, (b) provided technical inputs to update legislation, and (c) started to work towards effective decentralization with effective regulation. This will continue in 2016, working closely with the MoWHS and the Ministry of Interior and Decentralization (MoID) to assure that capacities of local authorities are reinforced in the coming years. In that sense, the reinforcement of the national information systems is central to allowing decentralized authorities to monitor, plan, cost and prioritize the WASH interventions for the next few years.

The WASH programme of UNICEF in Madagascar has been recognized nationally and globally for putting sustainability at its centre. From the sustainability forum to the participation in global discussions about sustainability, the programme has mainstreamed sustainability into all conceptual models developed in 2015 and integrated this approach into programme implementation. The work being done has been recognized in international forums such as the Water, Engineering and Development Centre Conference and World Water Week in Stockholm, where UNICEF and the MoWHS jointly presented the country approach.

In order to overcome one of the major sector bottlenecks, UNICEF and other key partners supported the Government in the setting up of a SWAp to address the lack of efficient coordination, reinforce government-sector leadership and address the lack of alignment among the sector partners. While additional support will be needed in the upcoming years to support the SWAp, initial endorsement of key sector stakeholders has already been obtained.

**OUTPUT 1:** By the end of 2019, the Government demonstrates increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale at national and sub-national levels.

**Analytical statement of progress:**

During the crisis period, the programme was focused on service provision through infrastructure construction. Post-crisis, UNICEF strengthened the capacity of the Government to put necessary sector regulations and plans in place. UNICEF supported the Government in developing budgeted plans for the next four years in all targeted regions, which will allow local authorities to commit the funds needed to achieve universal coverage, a goal envisioned in the SDGs.

UNICEF supported the Government to develop a detailed capacity-building plan for all levels (national, regional and subregional). UNICEF contracted technical assistants to support local authorities to fulfil their responsibilities to provide, control and regulate sustainable services. At the same time, UNICEF has been advocating for the integration of these staff into the MoID's payroll by 2017, at the regional and commune levels. This process has included providing

technical support to update the Water and Sanitation Code, an activity led by the EU, and establishing regulatory mechanisms at national and regional levels.

UNICEF supported evidence generation for the sector, including: WASH fact sheets, field notes on social norms, a business case and the sustainability check analysis. The results have been essential to raise the profile of WASH Madagascar and to highlight the positive return on investment in WASH. The business case study clearly demonstrated the present low levels of investment in the sector and the economic loss that this represents for the country. A DFID Value for Money analysis of the UNICEF WASH programme in Madagascar reached positive preliminary conclusions about the effectiveness and the efficiency of the programme. UNICEF supported the MoWHS to organize a Sustainability Forum in May that brought together all sector stakeholders and provided a platform and space for an in-depth discussion on sustainability of WASH interventions. Based on the results of the forum and the proposal to initiate a SWAp, a Sustainable Service Delivery Strategy was developed to improve sector coordination and alignment.

Finally, in terms of national monitoring systems, UNICEF is supporting the use of smartphone monitoring for data collection in the seven targeted regions, which will feed national monitoring systems.

**OUTPUT 2:** Community-level institutions improve the use of safe water, hand washing with soap and use of latrines by children and families through promotion of good hygiene practices and meeting of WASH infrastructure standards.

**Analytical statement of progress:**

UNICEF is supporting the MoW, MoH and MoEN to ensure a paradigm shift in the way Madagascar is approaching WASH in schools and health centres. Previous evidence shows poor levels of use of WASH infrastructure available in the schools or health centres by children and health-centre patients, combined with the fact that maintenance and cleaning did not meet basic standards. Even when facilities were used, the lack of adequate cleaning and/or maintenance made them completely unhygienic over time. The same situation was observed relative to water infrastructure in other locations. In order to address this gap, a change of approach was necessary. The first step focused on creating appropriate behaviour standards before considering any infrastructure investment.

During the period 2014–2015, UNICEF supported the MoE and MoH to analyse the gaps and bottlenecks and, then, to design an effective strategy to promote sustained change in behaviour, even if schools or health centres did not have appropriate infrastructure. This support was combined with the scale-up in the seven CLTS regions, which created the necessary synergy to adopt an initial change in behaviour.

UNICEF and its partners had previously adapted the global star approach to the reality of Madagascar, and created tools and support materials in order to implement these activities. The so-called 'one star model' aims to change the behaviours of students and patients of health facilities (health centres and nutrition centres) to assure that they consistently wash their hands at critical times, use latrines (even basic ones) and filter unsafe water before consumption.

During 2014 and 2015, the one star model was implemented in the majority of schools supported by the WASH programme, and first results could be seen in 2015. By the end of 2015, there were 421 schools and 39 health centres certified as one star by regional, district and commune authorities. This certification relies on direct field observation of existing good

practices in the schools and active promotion of the three key behaviours in health centres. A total of 95,289 children, of which 49,739 are girls, are benefiting. Extensive C4D campaigns have supported the implementation of the strategy to make it more efficient overall. This included consistent diffusion of radio messages, posters and other promotional activities in schools and health centres.

In schools and health centres which are already meeting the one star standards, UNICEF has supported the construction of latrines in 47 schools and 11 health centres and connected water systems in 18 schools and 11 health centres with maternity services. As a result, 23,210 children, 12,116 of them girls, have access to appropriate water and sanitation services in schools.

In addition, Global Handwashing Day was widely celebrated, with a total of 354,501 children, of which 183,986 were girls, participating in the celebration activities. In addition, 212,700 parents participated in the school- and health centre-related activities.

**OUTPUT 3:** All communities eradicate open defecation, and the use of improved sanitation facilities in combination with appropriate hygiene practices is generalized.

**Analytical statement of progress:**

UNICEF is one of the main partners supporting the sector to increase provision of sustainable water services in rural areas. While progress towards this output is on track for the first year of the programme due to UNICEF global resource allocations, further progress will depend on the willingness of donors to invest in WASH in Madagascar, as UNICEF's efforts alone cannot significantly increase the levels of use of safe and sustainable water. A significant financial investment in WASH is necessary to achieve the vision for universal coverage by 2030.

In order to generate a substantial increase in the level of access to services, two main actions need to be combined: 1) provision of sustainable services of water in areas where the population does not have access; and 2) a sustainability strategy to keep existing water points functional and ensure water provision on a permanent basis. Without the combination of both, and without inserting additional funding into the sector, access levels will not improve significantly in the coming years.

UNICEF is supporting the MoW and MoID to organize the sector in an efficient way (through the SWAp) and build sustainable models that can be taken to a national scale. As a result, a Sustainability Forum was organized in May with a follow-up meeting in August, at which all sector stakeholders discussed the approach to be adopted nationwide. One of the main conclusions was the need to involve small-scale private operators to assure operation and maintenance, as well as to provide regulatory mechanisms to assure that user tariffs will be affordable and service is guaranteed over time. UNICEF has been working on setting up those private-sector models and supporting the reform of the legal framework, developing C4D strategies related to demand creation, and starting training for small operators in charge of the operation and maintenance.

In terms of water service provision, UNICEF has supported the MoWHS to identify private operators able to build systems fed by gravity or by solar pumps, as well as enterprises able to drill and rehabilitate water points at high quality and at large scale. As a result, 153,402 people have gained access to an improved and sustainable water point. Users' associations play a role in getting the community organized, but they rely mainly on small operators to assure continued functioning. At the same time, the MoID is revising a model in order to provide communes with

shared technical services in the upcoming years, to ensure roles and responsibilities as defined in the new Water Code and to ensure that related application regulations are efficiently applied.

Moreover, a Sustainability Check – done sector-wide every two years – is providing necessary feedback on the major bottlenecks still to be addressed in the years to come. Actions based on this feedback will assure a more efficient sector. Based on the results, the sector will discuss the key elements to address in the coming years.

**OUTPUT 4:** All communities eradicate open defecation, and the use of improved sanitation facilities in combination with appropriate hygiene practices is generalized.

**Analytical statement of progress:**

UNICEF is the main partner supporting decentralized government structures in the implementation of sanitation and hygiene activities. With support provided in seven regions, thousands of people are consistently changing behaviour in a sustainable way. The implementation model developed jointly with MEAH Regional Directors is based on strong inter-sectoral cooperation and institutional involvement at all levels. UNICEF supported evidence generation of good practices and effective models including monitoring mechanisms, which highlighted the critical role that social norms play in relation to sanitation and hygiene.

In order to achieve sustained change, there is a need to involve all actors, including traditional authorities and communities themselves, to discuss social values and norms. Understanding these norms is very important in order to change them into new social standards that everyone aspires to and complies with. One of the pillars of the programme supported by UNICEF is the inter-sectorality. CHWs promote change and do the follow-up activities together with members of villages, neighbourhoods, communes and district committees. Being part of communities on a permanent basis, the CHWs have a unique advantage. They bring outside resources to accomplish the activities and carry out spot-check follow-up during the process of achieving – or after achieving – ODF status. With support from UNICEF, some 938,764 people abandoned open defecation and started using latrines and 147,816 latrines were constructed, 39,774 of which fall under the improved category.

In 2015, with UNICEF support, Madagascar has had entire communes achieving ODF status for the first time, an important milestone to achieving transformational change. During the reporting period, a total of 18 communes, representing 414,428 people living in 3,414 villages, achieved ODF status. Particular progress has been made in the south of the country, where for the first time consistent behaviour change related to sanitation and hygiene was achieved. UNICEF has set up a community-based follow-up mechanism at multiple levels that is effective and offers great value for money.

UNICEF supported the MoW and the National Statistics Institute to develop an independent certification process that will be implemented in 2016, initially in UNICEF-supported regions. It is expected that this will be adopted by other sector partners in order to assure data reliability and sector transparency of the reporting system on results achieved. Similarly, UNICEF has led sector discussions on how to achieve sustainable change on sanitation and hygiene, for which a strategy to ensure sustainability related to the sector is currently being developed. The C4D strategy plays a key role in promoting hand washing with soap. Related tools and approaches have been implemented throughout the year, with a special focus on mothers with children under 2 years old.

One of the key challenges in the sector relates to data collection through the national systems.

UNICEF has supported the Government to pilot SMS and smartphone data collection of progress being made, and the pilot has resulted in seven regions effectively using smartphone monitoring.

**OUTPUT 5:** Populations affected by emergencies have access to water, improved sanitation facilities and appropriate hygiene practices (hand washing with soap and household water treatment).

**Analytical statement of progress:**

In its capacity as WASH cluster lead, UNICEF has continued to support the Government at national and regional levels to lead and coordinate EPR. Support provided follows the main lines of the transformational humanitarian agenda that promotes the shift of leadership towards national and sub-national platforms led by the Government. To achieve this, UNICEF continued to support training for Regional Directors to assure they progressively move towards this leadership role.

During the 2015 flood emergency, UNICEF ensured that the response met national, Core Commitments for Children and SPHERE global emergency response standards. Through the WASH cluster support, 98,573 people affected by emergencies had access to water (through water cards) and sanitation facilities. This included the particularly challenging flood response in Antananarivo during the first quarter of the year, where unprecedented numbers of the population were relocated to temporary sites during the flooding. The cluster partner work increased trust in the capacity of regional Directorates to ensure preparedness, data collection, timely emergency assessments, effective response and efficient monitoring.

The south continued to be affected by a serious drought and related deteriorating nutritional status. UNICEF provided a complementary measure for families with children with severe acute malnutrition (SAM). The WASH response provided ceramic water filters to ensure permanent access to safe water for children and their families affected by SAM as well as hand-washing devices and soap. The distribution of kits was complemented through communication materials distributed by CHWs to households on the importance of practicing the key three behaviours. Through funding from the United Nations Central Emergency Response Fund and the European Commission's Humanitarian Aid and Civil Protection Department, 2,200 families benefited from hygiene kits and information campaigns. The WASH interventions were essential in complementing the nutrition treatment response. As this joint response was implemented for the first time, the use of the wash devices at the household level and the related behaviour change will be analysed to assess the effectiveness. Provided that the assessment will confirm the anecdotal positive results, similar interventions will be designed for implementation in 2016.

Given the chronic nature of the drought situation in the south, the Government will need to pursue a medium- to long-term special development approach with a strong focus on community and family resilience and increasing access to safe drinking water as well as access to water for agricultural purposes. UNICEF will support regular development activities while looking for innovative approaches to increase access to safe water in areas where challenges in terms of groundwater availability and salinity levels are the highest in Madagascar.

**OUTCOME 3:** By the end of 2019, child nutrition interventions result in better nutrition outcomes in target regions.

**Analytical statement of progress:**

UNICEF continued to support the Government to improve coordination, planning and advocacy for nutrition and to scale up the implementation of nutrition services, including in the underserved areas, and worked with government counterparts and other Nutrition cluster partners on the nutrition response to the flood and drought emergencies.

At the upstream level – in its nutrition lead role, UNICEF supported the National Nutrition Office (Office Nationale de la Nutrition, or ONN) to ensure adequate inclusion of nutrition in the National Development Plan (NDP) and the related implementation plan. UNICEF supported the development of a Nutrition Investment Case, which provides estimates of the human and economic burden of malnutrition and proposes a costed package of evidence-based, nutrition-specific interventions to reduce the burden. The document will support advocacy with counterparts and donors in 2016. With regard to coordination, UNICEF supported the ONN to hold the first high-level nutrition coordination forum, which was held in March 2015. The meeting, led by the Prime Minister, was an opportunity for the concerned ministries to formally set up the government coordination platform and for donors to publically renew their commitment to addressing malnutrition. With UNICEF support, the 2012–2015 national nutrition plan is currently being evaluated. Results will inform the development of the 2016–2020 national nutrition plan. UNICEF also supported the analysis of the determinants of malnutrition by region, the results of which will inform development of the regional nutrition plans.

At the operational level – UNICEF has maintained its support to interventions aiming to improve infant and young child feeding (IYCF) and maternal nutrition, delivered through health facilities and community nutrition sites in the programme’s six focus regions. In these regions, 63 per cent of all health facilities and 64 per cent of all community nutrition sites are currently offering counselling for IYCF and maternal nutrition. Two rounds of MCHWs were conducted in 2015, reaching more than 97 per cent of children per round with vitamin A and deworming, and screening 1.1 million children for severe acute undernutrition. Support (staff training, provision of therapeutic food and essential medicine) was provided to more than 600 facilities for the treatment of SAM, including in emergency contexts. A total of 13,832 cases of SAM were admitted for treatment in these facilities. Support was provided to the national Universal Salt Iodization programme through the implementation of the first-ever national iodine survey and the provision of material to the MoH’s central laboratory for iodized salt quality control.

Emergency response – UNICEF has supported the MoH and ONN in responding to the contrasting cyclone/flood and drought emergencies through rapid assessment, screening of children for SAM, treatment of SAM cases, and deworming and counselling of mothers to ensure they maintain adequate child feeding.

The major constraints this year included: 1) the occurrence of emergencies (flood and nutrition crises in the south) and the polio outbreak, which required a lot of attention from UNICEF and partners; and 2) staffing limitations.

In 2016, UNICEF will continue its strategic and operational support. The focus will be on revising the nutrition policy and the development of a five-year nutrition plan, drawing on the evidence-based, nutrition-specific package proposed in the investment case. In addition, UNICEF will actively support the Government in the preparation for the Donor Round Table and will continue to advocate for more domestic and external resources for nutrition. Advocacy with Government, beyond the domestic resource mobilization, will focus on institutional reforms that are required within the ONN and the MoH for the efficient delivery of the nutrition package proposed in the investment case. At the operational level, UNICEF will support the national

community nutrition programme and the MoH to improve the quality of promotional, preventive and curative nutrition services.

**OUTPUT 1:** The national- and regional-level authorities advocate for nutrition, and plan, budget and coordinate the scale-up of nutrition interventions.

**Analytical statement of progress:**

Despite an alarming 47 per cent stunting rates, Madagascar's domestic investment in nutrition is low (less than 0.3 per cent). UNICEF, in collaboration with the World Bank and governmental partners, further increased analysis and evidence, which informed joint advocacy for improved domestic investment in nutrition. Public expenditure reviews, including a case study on nutrition, were completed, and nutrition was included as a priority in the NDP in early 2015. A Nutrition Investment Case was commissioned, highlighting the estimated economic cost of undernutrition. Based on this study, a costed portfolio of 14 evidence-based interventions and a 10-year implementation plan with a cost-sharing scenario were developed. If implemented at 90 per cent coverage, the plan could reduce the current stunting burden by 40 per cent, yielding more than US\$2 billion return on investment. The analysis is expected to inform domestic budget allocations, and advocacy for further aid investment in nutrition, as well as the formulation of the nutrition policy and plan.

Multi-sectorial nutrition coordination has been weak in the past years. To address this, UNICEF supported the ONN to organize the first-ever high-level nutrition coordination forum in March 2015 under the auspice of the Prime Minister. Attended by a cross-section of line ministries, donors, the diplomatic corps and United Nations agencies, it was an opportunity to establish the government coordination platform and renew commitment to nutrition. This high-level forum was followed by a technical-level consultation in November 2015.

UNICEF supported the Government in the evaluation of the nutrition plan which concluded in December 2015. Furthermore, an analysis of the determinants of malnutrition by region was completed, and results will guide the selection of the most relevant interventions to be included in the new regional and national nutrition plans. Preparations of the new plan have been delayed due to the multiple emergencies throughout the year, to which the Government and UNICEF had to respond.

Despite multiple communication efforts, the concerning nutrition situation and related key action required to address it are still not well understood by decision makers. A series of media missions organized by UNICEF have drawn national and international attention to the nutrition situation and communicated the multifaceted nature of the problem.

In 2016, UNICEF will support 1) the update of the nutrition policy, 2) the development of the new national nutrition plan, 3) coordination with various platforms and 4) advocacy through evidence generation and strengthened relations with the media.

**OUTPUT 2:** Reinforced support is provided to children, families and communities through the provision of quality nutrition care and the adoption of practices that are favourable to nutrition.

**Analytical statement of progress:**

Interventions aiming to improve IYCF and maternal nutrition were delivered through health facilities and in communities in the six focus regions of the nutrition programme. In total, 478 health facilities (63 per cent of all health facilities in the target regions) and 2,907 communities (64 per cent of all communities in the target regions) offered counselling on IYCF and maternal

nutrition. Social marketing of micronutrient powder (MNP) was scaled up to include an additional region, bringing the total number of focus regions to three of six. Two rounds of MCHWs were held. In the first round, 3.7 million children (97 per cent) received vitamin A, 3.3 million (98 per cent) were dewormed and 1.1 million were screened for SAM. The results from the second round are not yet available. UNICEF supported the salt iodization programme through provision of equipment to the MoH laboratory and capacity building of the staff in the Ministry and the Pasteur Institute laboratories. As a result of this support, the two labs are now among the few in Africa capable of performing quality iodine analysis in salt and urine.

UNICEF also provided RUTF and essential drugs to 522 treatment facilities in non-emergency areas. A total of 3,987 children with SAM were reached with treatment. Of these, 71 per cent were cured, representing a significant improvement compared with 2014, when the rate was 61 per cent. The default rate, however, remains high at 21 per cent.

The number of children reached with MNP remains low, as only 2,061 children (8 per cent) completed the recommended three boxes. This suggests that in a country with high poverty, like Madagascar, social marketing may not be the best approach for delivering MNP. Other challenges include the increasing number of services in the MCHW package, which may ultimately compromise its efficiency.

In 2016, UNICEF will maintain support to IYCF interventions in the focus regions and will continue to scale up the MNP component. However, to improve access, UNICEF will pilot different approaches, including free distribution and a voucher system, especially in the regions with the highest rates of stunting and anaemia. UNICEF will support the MCHW but will advocate to limit the number of services to those most essential and evidence-based. A bottleneck analysis of SAM treatment will be carried out to identify and remove the main barriers to better performance.

**OUTPUT 3:** The capacities at national and regional level are increased to ensure large-scale access of beneficiaries to nutrition interventions.

**Analytical statement of progress:**

To improve regional-level coordination for nutrition, UNICEF and the ONN supported training of the 22 regional nutrition coordinators in multi-sectorial coordination. With regard to service delivery, the capacities of 134 health staff and 1,217 community workers were reinforced through training and provision of communication material in IYCF counselling. An additional 174 health service providers were trained in the outpatient management of SAM.

RUTF and therapeutic milk are now included in the list of essential drugs, and preparations are under way with the MoH and SALAMA (the national drugs procurement institution) for their inclusion in the health supply chain. UNICEF is consulting with both the University of Antananarivo and the nursing school about the inclusion of nutrition in the training curricula. Regarding early childhood development (ECD), UNICEF's Nutrition and Education sections have taken the lead to pilot a comprehensive intervention in one community.

A major constraint is the lack of incentives for the health staff for managing free commodities, such as RUTF and therapeutic milk. UNICEF has therefore continued to support the costs of a supplemental supply system for the nutrition commodities and has provided funds to the districts in the most fragile regions to cover the cost of transportation within the district. Another major constraint had to do with staff limitations which affected the capacity to provide support to the focus regions for planning and coordination, with nutrition staff at central level providing support

either remotely or through field missions. The latter constraints are currently being addressed through additional staff recruitment.

In 2016, preparations with both the University and the nursing school will continue for the revision of the pre-service training curriculum. While discussions with SALAMA regarding the dispatching of nutrition supplies will continue, UNICEF is also exploring other options, using the existing distribution chain of the local producers of RUTF (Tanjaka Food), which also produces and distributes other commodities, such as biscuits. The ECD pilot will be launched in concertation with Educations and Nutrition counterparts in the Government.

**OUTPUT 4:** Capacities are available at national and regional levels for a timely and efficient response to nutritional crises and to maintain a minimum delivery of nutrition services in case of natural disasters.

**Analytical statement of progress:**

In early 2015, Madagascar faced two contrasting emergencies that involved nutritional response: flooding and drought.

At the early stage of the flooding in the capital, the nutrition cluster, under UNICEFs leadership, supported a rapid screening of displaced children. A total of 552 children were screened and 8 cases of SAM (1.4 per cent) were found and referred for treatment. Deworming tablets were provided to 448 children who were 12 to 59 months old, and 2,000 mothers/caregivers of young children were supported to maintain adequate breastfeeding and complementary feeding practices.

Alerts on a prolonged drought and associated nutritional crisis in early January triggered a Nutrition cluster first rapid assessment in February, which confirmed a nutritional crisis in seven districts. UNICEF, in collaboration with cluster partners, ensured an emergency nutrition response. In April 2015, an exhaustive screening was conducted in the seven identified districts, covering more than 200,000 children and revealing rates of SAM ranging from 2.1 per cent to 3.4 per cent. About 4,000 SAM cases were identified and referred to 146 UNICEF-supported treatment facilities. As of October, 9,845 cases of SAM (63 per cent of the total expected caseload) were treated. Of these, 71 per cent were cured, 0.5 per cent died and 18 per cent failed to complete the treatment. A second exhaustive screening was completed in October 2015 and showed a prevalence of SAM ranging from 0.5 per cent to 1.7 per cent, therefore suggesting a significant improvement of the situation.

The major constraints encountered include: 1) the delay in the assessment of the nutrition crisis in the south due to lack of a consensual rapid assessment tool and 2) the high proportion of patients who did not complete the treatment because of difficult access to treatment facilities and frequent supply ruptures at facilities. To mitigate these constraints, UNICEF has 1) provided funds to the districts to ease internal distribution of supplies; 2) reached an agreement with MSF to conduct outreach SAM treatment; and 3) developed a nutrition surveillance system using RapidSMS for real-time monitoring of the situation.

In 2016, UNICEF will work to maintained and extend the nutrition surveillance system. This will help anticipate future crises which, in light of the El Niño forecast, are very likely to occur. In addition and in anticipation, UNICEF has made arrangement with the local RUTF supplier to ensure that a buffer stock of 5,000 boxes is constantly available

**OUTCOME 4:** By the end of 2019, more girls and boys are enrolled, retained and learning in pre-primary and primary schools, and there are fewer children out of school.

**Analytical statement of progress:**

There has been good progress on the education outcome, despite the continuing negative effect the prolonged crisis has had on the education system.

Total government spending on education has remained stable over the past few years in proportion to the national budget, fluctuating around 20 per cent. This is in line with international standards, but is considerably reduced in amount, with government spending on education dropping down to less than 3 per cent of gross domestic product, well behind international standards and average for sub-Saharan Africa. While this represents more of an overall decrease in the Government's budget than a lack of prioritization towards education, it does underscore the financial difficulties faced by the education system.

A Public Expenditure Review conducted in 2015 with the World Bank has raised serious concerns about the financial sustainability of the sector, in a context where about 90 per cent of the education budget is being absorbed by the payroll. Reliance on external funding remains significant and a substantial proportion of education costs continues to be borne by households. Considering that education costs still represent the main barrier to school enrolment and retention, the constitutional provisions guaranteeing free and mandatory education for all children at primary level are yet to become a reality.

In spite of this context, the education programme has made substantial and encouraging contributions to the realization of children's rights to education in Madagascar, thanks to the funding mobilized by donors including the Government of Norway, various National Committees for UNICEF, and through other partnership initiatives such as the Schools for Africa campaign or the Let us Learn programme.

The new Country Programme gives stronger emphasis to quality education to achieve improved learning outcomes, alongside two other strategic priorities of the Interim Education Sector Plan (IESP) – namely, increasing access and retention throughout the basic education cycle, as well as governance and system strengthening. UNICEF's Education Programme adjusted its regional focus accordingly, transitioning to seven new target regions, which included the redeployment of UNICEF technical officers as regional education assistants.

With a view to boosting enrolment, increasing retention and reducing the proportion of out-of-school children, UNICEF continued the construction of new school infrastructures and supplied new equipment to help expand schools' capacities. Support was also provided towards the implementation of the second edition of the national Go to School campaign in all 22 regions, as well as for intensifying the catch-up class initiative launched in 2014, to support the reinsertion of out-of-school children. These interventions complemented efforts by the MoEN and other partners to reduce the burden of education costs on families (through, e.g., supply of school kits to primary schools, payment of school grants, contributions to community teachers' subsidies, integration of more than 8,000 community teachers as civil servants, and provision of school canteens in food insecure areas).

Overall, enrolments have increased in 2015 by about 3.3 per cent throughout primary and have stagnated at lower secondary level compared with 2014, and retention and survival rates have slightly improved both at the national level and in target regions. The number of children enrolled in public preschools has even doubled from 87,790 in 2014 to 175,180 in 2015

following the instruction issued by the MoEN to promote the development of pre-primary classrooms within existing primary schools as a result of UNICEF's advocacy efforts. However, current trends are still far below what should be expected from the estimated growth of the school-age population, with about 1.5 million primary school-age children currently out of school, and only about one in four children making it through to junior secondary school. While gender parity has now been achieved at national level throughout the basic education cycle, significant disparities remain also across regions, especially in UNICEF target regions, which are among the most vulnerable.

In terms of UNICEF's contribution to education quality, key achievements include the launch of a national preschool curriculum and the harmonization of the curriculum policy throughout the basic education cycle; the delivery of an accelerated training benefiting about 30 per cent of all community teachers at primary level nationwide; the implementation of a national study on learning outcomes; the provision of Malagasy textbooks and reading materials to all public primary schools in four regions; and teaching and learning materials to junior secondary schools in three regions. Support to teacher training interventions and supply of Malagasy textbooks in primary schools has attained national coverage thanks to a collaborative effort involving other partners, including the EU, the World Bank and the GPE-funded programme.

Significant contributions have also been made to policy development, sector coordination and joint advocacy. UNICEF has continued to assume the role of Coordinating Agency for the GPE, lead agency for the sector, and co-chair of the Local Education Group. In this capacity, UNICEF has coordinated support for the new Education Sector Plan (ESP), including the Education Sector Analysis (particularly through capacity-building efforts and the establishment of peer-review and quality assurance mechanisms), and has facilitated the establishment of a new institutional framework involving all three ministries in charge of education. Important policy dialogue has also been initiated in this context, with particular reference to preparations for a national teachers' policy, a national language in education policy, a national ECD strategy, and the formulation of a national action plan on inclusive education.

**OUTPUT 1:** By the end of 2019, a higher proportion of children access primary and basic education due to an increased number of classrooms and implementation of initiatives to promote insertion and reinsertion of the most vulnerable children, and especially out-of-school children, girls and children living with disabilities.

**Analytical statement of progress:**

The programme has contributed to improved access and retention throughout the basic education cycle, and to the reinsertion of an increased number of out-of-school children. In a context where education costs represent the main barrier to the achievement of universal access to primary education, progress was however hindered by the delayed payment of government school grants, which meant there was no reduction of school fees for the new academic year.

Besides supporting the implementation of the second edition of the National School Campaign and facilitating community dialogues and outreach interventions in localities with the largest numbers of out-of-school children, UNICEF has supported the expansion of catch-up classes leading to the reinsertion of 23,181 out-of-school children into primary schools across target regions. Support provided by UNICEF to children, teachers and schools (e.g., supply of back-to-school and teaching kits, additional pupils' desks and chairs), contributed to a higher reinsertion rate in target regions (about 94 per cent) than the national average (83 per cent). This initiative will be expanded to junior secondary schools in 2016.

UNICEF also supported the construction of new classrooms and the adoption of standardized construction plans, promoting child-friendly and cyclone-resistant primary schools. Some 36 classrooms have been built and fully equipped for pre-primary (with an additional 21 in progress). In addition, 45 primary classrooms have been completed, and 55 are in progress (including separate latrines, water point or purifiers, and sports field). Also, 19 classrooms have been built (and 10 more are in progress) at the secondary level.

While gender parity has now been achieved at the national level throughout the basic education cycle, significant disparities remain across regions, especially in UNICEF target regions, which are among the most vulnerable. UNICEF supported tailored responses to improve girls' education, including through scholarships and mentoring activities, which led to the reinsertion and participation of 2,868 vulnerable girls in junior secondary schools.

UNICEF has also supported the participation of children with disabilities in the national School Games Tournament, hence promoting inclusive education. The collaboration platform on inclusive education was also revived and a draft strategic plan was developed based on the assessment of the situation of children with disabilities in education conducted by UNICEF. A national action plan on inclusive education, addressing out-of-school children, gender disparities and children with disabilities, is currently being formulated for the future ESP.

**OUTPUT 2:** By the end of 2019, the quality of teaching and learning in primary schools is improved through revised school programmes, improved in-service training, better motivation and pedagogic follow-up of teachers, as well as development of appropriate teaching and learning materials and improved school health initiatives.

**Analytical statement of progress:**

Significant progress has been made in 2015 towards improving the quality of education at pre-primary, primary and junior secondary levels, which is expected to positively impact learning outcomes and completion rates over time.

At the national level, curriculum policy has been harmonized at primary level as a result of UNICEF's advocacy efforts, and the curriculum, together with associated teaching aids, have been supplied to schools in collaboration with other development partners. Despite the curriculum being relatively out-dated, this is a major development in a context where several curricula were being used concomitantly in the past and while the majority of primary teachers remains largely underqualified. The first curriculum for pre-primary level was also launched and its experimentation was initiated with support from UNICEF.

A partnership was re-established with the CONFEMEN to conduct an assessment study of learning outcomes among pupils in the last grade of primary using the Programme d'Analyse des Systemes Educatifs des Pays de la CONFENEM (PASEC) methodology, which was last conducted in 2012. This study was implemented in 2015 alongside an early grade reading assessment study, focusing on learners in the second year of primary, in close collaboration with USAID. The results of both assessment studies are expected to be available by early 2016. A number of critical policy development activities have been launched with support from UNICEF focusing on effective learning and improved learning outcomes in preparation for the new ESP. These include a national Teacher's Policy and a Language in Education Policy. Dialogue on early learning and ECD has also been revived, paving the way for the formulation of a national ECD strategy and pilot ECD programme in 2016.

Achievements made in target regions included the training of 142 preschool educators, 16,127 community teachers from public primary schools (representing 25 per cent of all community teachers at primary level nationwide), and 740 community teachers from junior secondary schools. These accelerated training sessions have focused on core pedagogical and didactic competencies, and follow-up monitoring activities have confirmed their positive impact on teaching practices.

With a view to address the significant lack of textbooks and learning materials in schools, UNICEF also supplied Malagasy textbooks to 298,745 children enrolled in primary schools, and teaching and learning support materials to 262 junior secondary schools. An initial set of reading books in Malagasy has also been supplied to 3,416 public primary schools in order to establish reading corners and support the acquisition of fundamental literacy skills at primary level.

**OUTPUT 3:** By the end of 2019, the capacity and systems of the MoEN, at central and different decentralized levels to plan, manage and train, are strengthened in order to improve governance, to install notions of accountability in the education system and to optimize its results for the benefit of schools and children.

**Analytical statement of progress:**

Important budget constraints continue to affect the national education system, which fails to meet important recurrent costs in a timely manner and to advance further on decentralization policy. School grants and community teachers' subsidies were paid with significant delays at times, and the national budget remains largely centralized, without latitude to make new investments at scale or to engage in important reforms. UNICEF conducted a Public Expenditure Review in collaboration with the World Bank, which highlighted concerns about to the sector's financial sustainability in a context where 90 per cent of the national education budget is being absorbed by payroll.

Amid a continuously fluid context, UNICEF supported the development of capacities, policies and tools to improve governance at all levels, including the strengthening of school management and planning capacities. Based on UNICEF's long-standing support to school improvement plans, a national model was harmonized and regulations governing school management entities were amended to strengthen parents' role in decision-making and school planning processes. UNICEF provided support to the formulation and implementation of 8,107 school action plans (about one third of all public primary schools) under this initiative. UNICEF also maintained national officers in regional education offices across its target regions, and supported the Ministry of National Education to conduct internal systems audit exercises in three regions.

UNICEF supported the national school census and the improvement of the education management and information system (EMIS), including the production of the annual statistical yearbook and triangulation of administrative data through SMS monitoring activities. School profile cards generated through EMIS have also been introduced to feedback information to users and improve planning, performance and accountability across the system, which will be pilot-tested in 2016 as part of the Data Must Speak initiative. The clarification of roles and attributions of all entities and functions throughout the Ministry of National Education is also in progress to strengthen accountability, develop standard job descriptions, promote transparency in recruitment processes, and develop standardized training curricula for officers serving in management, planning and training capacities.

As Coordinating Agency for the GPE and co-chair of the Local Education Group, UNICEF also supported the Education Sector Analysis, and initiated policy dialogue on key components including ECD, teachers, inclusive education, and language of instruction in preparation for the new ESP. A new institutional framework was also initiated, including a joint steering committee involving all three Education ministries.

**OUTPUT 4:** Schools' resilience and pupils' safety is enhanced through improved disaster preparedness and response, including a rapid reopening of schools after an emergency/disaster.

**Analytical statement of progress:**

Tropical cyclones Chedza and Fundi severely affected several regions on the west coast (Menabe and Atsimo Andrefana regions) and on the east coast (Vatovavy- Fitovinany and Atsimo Atsinanana regions). The Analamanga region, including the capital city of Antananarivo, was also affected by associated rainfalls and prolonged floods. In line with the national contingency plan, the Education cluster (co-led by decentralized education officials and UNICEF) organized systematic evaluations of affected areas and ensured an education emergency response that adhered to the principles of Education in Emergencies and to the Core Commitments for Children. Some 969 classrooms were damaged (mainly schools built with local materials), which disrupted the normal delivery of education services for about 48,000 learners. UNICEF assistance led to the supply and setting up of 420 temporary classrooms, 472 school-in-a-box and 50 recreational kits, benefiting a total of 21,836 affected learners in the four regions of Analamanga, Atsimo Atsinanana, Menabe and Vatovavy-Fitovinany. With the help of community members, targeted classes resumed within two weeks in most cases, even in flooded areas.

The manuals and training guides on disaster risk management have been updated based on lessons learned and experience gained from previous cyclone seasons. This update was done with contributions from members of the Education cluster, representatives of other emergency clusters, and led by the Disaster Risk Reduction unit within the MoEN. The training programme on disaster risk management has been adjusted to the new emergency alert system, which now includes a colour coding system, including four flags with four different colours indicating the status of the cyclone. Communities refer to this system in order to know how to respond at any given point in time in the event of a natural disaster. These flags are raised in the centre of the school yard or by the communal office for everyone to see. Training sessions have thus far been conducted in nine regions, benefiting a total of 4,327 teachers.

Pursuant to the national contingency plan, new education supplies have also been procured by UNICEF to replenish the pre-positioned emergency stocks of supplies in preparation for the next cyclonic season, to accommodate 25,000 potentially affected learners.

**OUTCOME 5:** Response and prevention of exploitation and violence against children is improved in targeted provinces.

**Analytical statement of progress:**

With the start of the new Country Programme, UNICEF increased its upstream interventions while strengthening its support to address violence in communities. The child protection programme has supported the effective and efficient strengthening of the child protection system. These interventions were undertaken through a wide range of partnerships with the MPSP and other line ministries, United Nations agencies (UNFPA, United Nations Development Programme and the International Labour Organization), private sector (national

and regional tourism offices, telecommunications companies) as well as NGOs. Key results include:

**Reinforcement of the child protection legal framework:** The UNICEF Child Protection Programme worked with the Government to develop a national action plan to operationalize the newly adopted law on the fight against human trafficking. As part of a joint United Nations inter-agency effort, the Programme contributed to the development of a national action plan to implement the Universal Periodic Review recommendations. To reinforce Madagascar State Party accountability towards international legal instruments, UNICEF has ensured both the submission of alternative reports and supported the Malagasy delegation to attend the CEDAW as well as the sessions on the two Optional Protocols on the sale of children and children in armed conflict, thereby facilitating an open dialogue on some of the most concerning child protection issues and putting Madagascar on track with regard to child rights reporting obligations.

**Strengthening coordination mechanisms to prevent and respond to violence:** Technical and financial support was provided to improve the capacity and the quality of coordination mechanisms in targeted regions. As a result, 100 per cent of the targeted districts have a functional Child Protection Network (CPN) and were able to report data on violence on a quarterly basis. To improve coordination of responses to victims, UNICEF aided the operationalization of regional Memorandums of Understanding which were signed by the main service providers at the end of 2014. Capacity-building sessions for a wide range of actors (police officers, social workers, CPN members) on child protection topics were also provided throughout the year.

**Improvement of service delivery for victims of violence and exploitation:** By the end of October 2015, 6,729 victims of violence and exploitation had had access to a minimum of one service. This was made possible thanks to the continuous support provided to the regional CPN working in each of the five targeted regions. Officially launched in March 2015 by the First Lady and several Ministers, the first national One Stop Centre provided integrated care to more than 500 victims in the first six months of activity. Already seen by key child protection actors as an ideal and replicable model, the approach is currently being extended in two other provinces under the supervision of a joint task force composed of representatives of the MoH, the Police, and the MPPSPF.

**Increased awareness and efforts to tackle child marriage:** With almost one in two girls being married before 18 years of age, Madagascar is one of the countries most affected by child marriage. Cases are barely reported, since the practice is rarely seen as negative, as it is a coping strategy for poor families. Following the launch by the African Union's 'African Campaign to End Child Marriage', UNICEF advocated with the Government to ensure full commitment and participation in this initiative. As a result, the campaign was nationally launched by the highest authorities. To improve the overall coordination, UNICEF has supported the Government in developing its national strategy against child marriage. Various information, education and communication materials (TV spots, musical clips, posters) were produced and disseminated across the country. In the regions, community dialogues are ongoing, and seven communities have already formally committed to combat child marriage.

**Improvement of prevention of violence through evidence-based strategies:** Community dialogues have remained the main behavioural change strategy: 93 dialogues were organized, leading to the collective adoption of 27 'community conventions' or 'Dina'. To better tailor messages and approaches to each community, the protection programme, together with C4D,

initiated a sociocultural study to identify and dissect the various determinants of violence and exploitation. More than 1,500 caretakers were questioned about their practices and behaviours. Study results are being applied to sharpen messages and approaches used within communities.

Improvement of Child Protection in Emergencies capacities: In response to the Chedza and Fundi cyclones, UNICEF supported the setting up of child-friendly spaces and psychosocial counselling for 5,500 children in collaboration with the Government and civil society partners. In preparation for the next cyclone season, UNICEF prepositioned child-friendly spaces' equipment to accommodate around 4,000 children. Assessment tools and national and regional contingency plans were reviewed to better reflect specific child protection needs. Currently, 120 social workers are being trained across Madagascar.

**OUTPUT 1:** By the end of 2019, the child protection system is strengthened through the adoption of a child protection policy and a legal framework, a legal child-focused system and an improved child protection mechanism.

**Analytical statement of progress:**

UNICEF provided technical support to the Government to strengthen various aspects of the child protection system.

Reporting mechanism on violence and exploitation of children: Support was provided to reporting mechanisms, ensuring functional data collection in all targeted districts. Data collected is now consolidated from grass-roots monitoring mechanisms (*cellules de veille*) to districts and regions. This information has been critical in helping protection actors in all targeted regions to agree on the main child protection issues and response strategies for the various geographical areas.

Duplication of the 'One Stop Centre' approach: Established in 2014, the One Stop Centre provides medical, psychosocial and judicial care to victims of sexual violence in a single space. The model is currently being extended to the second-largest city of Madagascar (Tamatave), with plans for gradual replication in other targeted regions.

Improved treatment of juvenile offenders' cases: The law on child offenders was revised to integrate core international standards and norms on juvenile justice. The law clearly states pre-trial detention as a measure of last resort, prohibits capital and corporal punishment and builds on standards related to detention. To accelerate the implementation of this legal change, the Ministry of Justice, the Tribunal of Antananarivo and the NGO partner Grandir Dignement started to implement alternative measures to detention. This has resulted in an 8 per cent decrease of children in pre-trial detention for Antananarivo. Regarding child victims, UNICEF supported the Ministry of Justice in setting up a mechanism to improve the follow-up of violence cases referred to court in Antananarivo. Composed of police officers, judges and social workers, this mechanism will help to appropriately address the main bottlenecks when handling offender cases.

National structure on African Programme to Accelerate Civil Registration and Vital Statistics (APAI-CRVS Programme): With technical and financial support from UNICEF, the Government of Madagascar adopted a presidential decree to put in place the National Committee to lead the implementation of this programme in the country. Based on UNICEF's advocacy, the Ministry of Home Affairs and Decentralization also developed a partnership with the Regional Core Support Group, including representatives from the African Development Bank and the African Union. This partnership is expected to secure future global support for Madagascar's initiative.

**OUTPUT 2:** By the end of 2019, violence against children is reduced through integrated and coordinated prevention and protection mechanisms (medical, psychosocial and legal).

**Analytical statement of progress:**

Violence against children remains widespread in Madagascar. UNICEF supported strategies to enhance partners' knowledge and capacities at different levels to address the situation.

Increasing knowledge and evidence-based strategies: UNICEF worked with key child protection stakeholders to better understand the situation of violence. A first-ever national study on violence was launched. The results of the study will be used to develop a national plan against violence and will inform the work on the national child protection policy scheduled to start in 2016.

Improving multi-sectoral child protection regional planning: In targeted regions, UNICEF supported the development of regional plans to prevent and address violence. Developed together with an annual action plan and a monitoring and evaluation framework, these strategies are critical in improving coordination of interventions and routine data collection.

Improving services for children without parental care: UNICEF supported the MPPSPF in improving its policies for children without parental care. For the first time, the Government of has adopted norms and standards for residential centres, and 103 residential care managers are currently being trained. Additional support was also provided to set up of a foster-care system, especially foster family care.

Changing harmful behaviours: At a community level, behaviour change strategies were used to reduce the scope of violence and address harmful traditional practices. A total of 93 community dialogues were supported, resulting in 27 community agreements aiming to combat various forms of child violence.

Improvement of reporting mechanisms and scaling up of provision of services: The free Child Helpline hub was moved from regional levels to the capital, Antananarivo, and includes a new counselling service (in addition to the legal one already supervised by the police). This new hub has already led to a significant increase in cases reported. Between April and November 2015, 75,784 cases were reported. Of those, 137 were identified as victims of violence and benefited either from direct online counselling or were referred to appropriate and geographically close services.

Improving services delivery: Some 5,719 victims of violence benefited from at least one type of support. Improvement of referral mechanisms through the operationalization of regional Memorandums of Understanding between referral services (medical, legal and social), as well as the role played by CPNs, have been critical in this dynamic. Additional support is provided to improve the MPPSPF's case management systems to strengthen its capacities to monitor and follow up.

**OUTPUT 3:** By the end of 2019, child victims and children at risk of exploitation have access to appropriate services through coordinated and integrated prevention and protection mechanisms (medical, psychosocial and legal) in targeted regions.

**Analytical statement of progress:**

Following joint partner advocacy efforts, the Government adopted a new law against child trafficking in order to strengthen the legal framework for children at risk of exploitation. To facilitate its implementation, UNICEF developed training modules on how to identify and deal with children victims of trafficking. These modules will help front-line workers (legal officers, judges, CPN members) to better address the problem.

Addressing online sexual exploitation: UNICEF played a critical role in supporting the Government in addressing the issue of online sexual exploitation. Following a first workshop bringing together more than 50 representatives from the Government, civil society and the private sector, a national action plan which includes a C4D strategy was developed. UNICEF is also supporting sector partners in undertaking a national study on the uses of the Internet by youth, and will soon provide specific trainings for police units as well as the Child Helpline team on how to handle related cases.

Scaling up of hotel and tourism industry engagement against sexual exploitation: The code to prevent and respond to sexual exploitation developed in 2014 with the Ministry of Tourism and the National Office for Tourism was officially endorsed by 18 out of the 22 regions of Madagascar. The ceremony hosted by the National Office for Tourism was attended by the Prime Minister and the Minister of Tourism, who officially engaged the Government in supporting the private sector to combat sexual exploitation.

Prevention of sex tourism that involves children: To ensure that travellers to Madagascar are reached with information related to the prevention of sexual tourism, UNICEF ensured that key information is inserted into the arrival document distributed on all international airlines. Some 300,000 copies of the document were distributed with the permission of the Malagasy Civil Aviation Authorities.

Child victims of sexual or economic exploitation have had access to recovery services: Some 1,010 children were identified by community protection networks and referred to in-take services. In the capital, victims have already benefited from access to the One Stop Centre that will soon be operational in other targeted regions.

In addition, 100 adolescents highly at risk or victims of prostitution benefited from an integrated package of services, including counselling, medical care and professional training through a strategic partnership with the International Labour Organization.

**OUTPUT 4:** By the end of 2019, families and communities in targeted regions have adopted behaviours that reject child marriage.

**Analytical statement of progress:**

Progress towards behaviour change related to rejecting child marriage has started with a national campaign to end child marriage. UNICEF advocacy was critical in securing the Governments' participation in the African Union campaign against child marriage. The Country Office has also lobbied to ensure high-level commitment and representation (Prime Minister) during the national and regional launches (MPPSPF) of the campaign. UNICEF assisted the Government in developing its first national strategy against child marriage by facilitating regional and national consultations as well as through technical support. Communication support such as videos, musical clips (with famous Malagasy singers) and posters were developed to raise awareness among the Malagasy population. Communication materials were developed with community representatives and contain specific messages for different stakeholders (parents, community traditional leaders and youth) involved in child marriage. At the community level, and

to better address specific issues faced by different groups within the population, UNICEF supported community dialogues. This approach will be mainstreamed once the national strategy is finalized, and is expected to lead to the adoption of a community convention aimed at tackling child marriage.

Local stakeholders engaging themselves to fight child marriage. In the Diana region, UNICEF's support to institutional dialogues and community-based dialogues on child marriage resulted in seven communities committing to establishing concrete measures to fight against child marriage. Among these measures are: support to implementation of policy and laws protecting girls, and especially the law on marriage; mobilization of community leaders to recognize and support girls' rights; and encouraging parents to maintain children at school as long as possible.

**OUTPUT 5:** Child protection services are available to vulnerable populations in emergency situations.

**Analytical statement of progress:**

Throughout the year, UNICEF provided support to both reinforce early warning, preparedness, recovery and resilience mechanisms.

Supporting service provision for children victims of natural disaster: Following two tropical storms that hit Madagascar at the beginning of 2015, UNICEF supported its protection partners in the setting up of child-friendly spaces and by providing psychosocial support for children in need. More than 5,500 children in three regions received psychosocial support. For Antananarivo alone, 2,571 children were supported through 109 social workers trained through UNICEF support and supervised by the city authorities and the MPPSPF.

Building government early warning capacities: Some 20 child-friendly kits were dispatched to those regions most at risk of being affected by a natural disaster. UNICEF has expanded counterparts' capacities to provide safe areas for 4,000 potentially affected children. Regional and national contingency plans were reviewed to better reflect child protection issues and coping strategies. UNICEF also supported several national and provincial response exercises and was instrumental in reviewing evaluation tools. Child protection training modules are currently being reviewed in preparation for further social worker trainings in 2016.

**OUTCOME 6:** Greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies, and progressively integrate social protection measures into relevant programme areas, is achieved.

**Analytical statement of progress:**

This outcome covers the cross-sectoral priorities of Social Policy, Analysis and Research, Social Protection and Private-Sector Partnerships. Progress towards the outcome was achieved through a range of studies, reviews and research to inform policy advocacy and resource allocations for children: A MODA revealed the extent and depth of the multiple deprivations that children suffer in the extreme poverty context of Madagascar. An additional study on fuel subsidies was commissioned, aiming to help the Government identify resources to finance the social sectors in the already narrow fiscal space available in Madagascar.

In collaboration with the World Bank and the MoF, UNICEF conducted public expenditure reviews of the health and education sectors. The analysis provided essential information

pertaining to the efficiency, effectiveness and equitability of public expenditure and will feed into a broader public finance for children agenda.

As part of UNICEF's sector lead role in education, nutrition, WASH and social protection and to strategically position children and the related social sectors on top of the agenda of the upcoming Donors and Investors Round Table, UNICEF commissioned investment case studies on education, nutrition, water and sanitation and social protection. The investment case studies will inform the sector strategic fund-raising documents that will inform the dialogue with potential donors and investors.

In order to strengthen evidence planning, UNICEF is supporting the work on the upcoming census, which has started under the leadership of the Ministry of Economy and Planning in coordination with UNFPA. The preparatory work is expected to be finalized in 2016 with data collection planned for 2017.

The Government has, for the first time, included social protection as a priority in the NDP, UNICEF commissioned an assessment of the existing legal framework pertaining to social protection, which informed the development of a Government social protection strategy and related social protection policy with support from UNICEF and the World Bank. Both were launched in September. The finalization of this framework marks an important milestone in addressing poverty in the country. In 2016, in accordance with several social protection initiatives like the universal health coverage, agricultural insurance and a cash transfer pilot project for the education sector, social protection will be implemented. It is expected that this will trigger additional activities in different sectors as well as strengthen donor interest. To address the coordination challenge, the MPSPPW will establish a coordinating body for all social protection activities implemented by the sectoral ministries and NGOs. This initiative will ensure that there is a common understanding of cash transfer practices and a national registry for the beneficiaries of social protection measures.

A pilot cash transfer programme jointly supported by UNICEF and the World Bank served as the platform for a new nationwide programme being established with funding from the World Bank. UNICEF's support in alliance with the World Bank will be key to ensuring the roll-out of the national strategy.

Advances have taken place related to the support provided to the private sector to improve commitment and commercial practice in respect of children's rights. In the area of tourism, a major achievement was reached through a commitment that was signed by all key stakeholders to address the sexual exploitation of children. The Ministry of Tourism, the Offices of Tourism at national and regional levels, UNICEF and the International Labour Organization have agreed to promote and monitor the implementation of a code of conduct on the issues.

Severe staffing constraints throughout the reporting year in the section have significantly impacted the achievements of outcomes, especially in relation to planned evaluations.

**OUTPUT 1:** The socio-economic situation and its impact on the situation of mothers and children, as well as the recommendations from programme evaluation, are analysed to better influence social policies and budgeting, and strengthen evidence-based programming.

**Analytical statement of progress:**

UNICEF continued to support data collection and dissemination. Dissemination of the results of the Situation Analysis of Children and Women was finalized in 2015. The results of the study,

which show the high vulnerability of children in Madagascar, have informed government discussions on the national development plan. The MODA was finalized using data from the most recent household surveys. The study, which highlights the multiple overlapping deprivations that children face in the country, will be disseminated in 2016 to inform advocacy for children and strengthen UNICEFs and other partners programmatic focus.

With UNICEF's support, preparatory work for the next census has started under the leadership of the Ministry of Economy and Planning, with support from UNFPA. Data collection is expected to begin in 2016, with preliminary results being available in 2017. The census addresses a major data challenge related to planning and monitoring of progress towards national goals. Until the new data are released, the data situation remains particularly challenging in relation to developing evidence-based policies and judging progress towards national goals.

In 2015, three evaluations were finalized: 1) of the school success programme (CPRS or Contrat Programme de Réussite Scolaire), which evaluated enrolment and education system performance in the Atsimo Antsinara, Diana, Melaky and Sofia regions; 2) of the Technical Health Assistants at district level, which evaluated the decentralized technical assistant approach; and 3) of the health sector, for which the final report will be available in the beginning of 2016. Management responses for the completed evaluation, EU gap financing and the CLTS approach have been finalized, and related action plans have been developed. Additional evaluations planned to take place during the reporting year were postponed due to staffing constraints in the section and lack of evaluation capacity in the country.

The Country Office has an updated (IMEP) and related work process for studies, surveys and evaluations. During the year, an IMEP monitoring system was developed to better allow for follow-up on IMEP activities.

**OUTPUT 2:** Policy dialogue and partnerships with national partners (Government and civil society) are established to contribute to greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies and social protection measures.

**Analytical statement of progress:**

To foster policy dialogue and partnerships, UNICEF, in collaboration with the World Bank, supported the Government in public expenditure reviews for the health and education sectors. The ministries in charge of health, education and finance actively participated in the process. The analysis highlighted a lack of public expenditure management and challenges related to allocating funds. Results will be disseminated in 2016 and support advocacy for a more inclusive social policy and increased public funding for the social sectors, particularly as they benefit children. For 2016, the office plans to regularly follow the level and the quality of public expenditures and to inform key stakeholders through public finance briefs as a way to inform and raise awareness of stakeholders. This will bridge the gaps between annual financial laws and changes in government financial positions throughout the year, and allow monitoring of the evolving budget.

Budgetary allocations to the decentralized level are very low, with more than 95 per cent of the budget allocated at central level. This situation is further negatively influenced by weak capacities at the decentralized level to adequately implement the allocated funds. In order to support the planned decentralization process and based on UNICEF's experience and track record in supporting decentralized capacity in the social sectors, decentralized policy and budget allocation advocacy will be intensified in 2016.

**OUTPUT 3:** Dialogue and partnerships with the Government and donors are established to develop a national social protection framework and to progressively integrate social protection measures into relevant programme areas.

**Analytical statement of progress:**

UNICEF's engagement and dialogue with the Government on social protection led to a legal framework for social protection. In the past, the Government supported a system of contributory protection (illness, old age, employment injury) and specific measures for aid to the needy, and complemented by scattered and uncoordinated social protection initiatives conducted by different actors (various associations, NGOs and FID (Fonds d'intervention pour le développement) under the supervision of the Prime Minister). In the NDP finalized in 2015, social protection is clearly identified and has been flagged as a presidential priority. The MPPSPF took the lead on the development of the national policy framework, with technical support from UNICEF and the World Bank. UNICEF facilitated the analysis of the public expenditure and the legal framework for social protection in Madagascar and supported the overall development process.

A strategic document laying the foundation for a national social protection strategy was issued in June 2015, and presented to the Prime Minister in July 2015. With the assistance of Southern African experts on social protection and a multi-sectoral committee comprising representatives of civil society, political parties, sectoral ministries and NGOs, this strategic document became a policy validated officially on 18 September 2015 and submitted to various government bodies.

A multi-sectoral working group was established under the co-lead of the MoID and the Ministry of Social Protection in order to harmonize approaches related to cash transfers (including in emergency situations). The next challenging step in this regard is the financing of the policy. At the same time, a pilot cash transfer project seeking to increase school attendance at the primary school level has been established by the Government of Madagascar and the World Bank in the Betafo district. UNICEF supported the essential family practices component of the project and participated in its development. Overall, the pilot targets 4,000 households. A new pilot project that seeks to retain young girls in the education system during the transition from primary to the junior secondary school will be put in place in 2016. This project is supported by UNICEF and the Government, in collaboration with the World Bank.

**OUTPUT 4:** Public and private-sector partnerships are established and maintained to influence business behaviour to promote respect for and support of child rights and business principles, and to leverage support for programmes.

**Analytical statement of progress:**

This output aims at technical support for the public and private sector to improve and strengthen their political commitment and commercial practice to be more respectful of the rights of the child, through the Children's Rights and Business Principles (CRBP) tools.

A significant agreement was reached with the tourism sector with the signature of a partnership to support codes of conduct in the tourism sector. The code of conduct was signed by the Prime Minister, the President of the National Office of Tourism and by the Representatives of UNICEF and the International Labour Organization. Following this initiative, 27 groups of operators at national and regional levels have signed the code of conduct, committing themselves to the promotion of good conduct with all operators inside their group and to developing an action plan to implement the six commitments outlined in the code of conduct.

Two private-sector partners (DHL, Holcim) conducted a CRBP-linked risk assessment analysis and made specific policy commitments related to the fight against child domestic labour.

Partnership with the extractive sector was marked by advocacy activities with the group of mining companies, private investment regulatory entities and the Ministry of Strategic Resources (oil and mining sector) during the mining code reform as a way to underscore the social aspect and commitment of the extractive sector in terms of the law.

The principal partnerships for in-kind support for programmatic activities was maintained. Commitments were renewed with telephone operators Telma, Orange and Airtel, which are in the process of modernizing and centralization the free line (line verte 147). Additionally, free SMS services could be used for social mobilization during the polio eradication campaign. The Holcim cement donation continues for the construction of eco-friendly schools. Free freight and transportation of vaccines and communication tools for the polio eradication campaign was provided by DHL. A specific partnership was built with the telecommunication company Airtel following the signature of a regional-level partnership between Bharti International in Africa and UNICEF at the Eastern and Southern Africa regional level.

**OUTCOME 7:** The rights of children and women are fully integrated into and prioritized in sectoral programming, emergency response and communication.

**Analytical statement of progress:**

A new 2015–2019 UNICEF Country Programme was approved by the UNICEF Executive Board in February 2015 for the country programme cycle that started in March. The new programme continues to be supported through inter-sectoral areas.

Advocacy and external relations outreach – In line with the situation analysis and related programme priorities in the new Country Programme, an advocacy strategy was initiated targeting a broad range of audiences, including various branches of Government, donors, technical partners, civil society and the media, to generate support for key programme objectives. The office organized an international media visit to raise awareness about the largely forgotten vulnerability context and the alarming chronic malnutrition situation in the country, which was joined by the BBC, *The Daily Maverick*, RFI, *The Guardian* and others. Following these articles, Al Jazeera featured the silent and invisible stunting crisis in Madagascar on its interactive television show, 'The Stream'.

Advocacy and external communications activities resulted in substantial press coverage of 500 articles, numerous radio and television pieces, as well as online articles. In line with the Global Communication and Public Advocacy Strategy, UNICEF Madagascar has also increased investments in social media, which led to 5,000 new Facebook friends and 2,500 followers on Twitter who follow information on the situation of the rights of children and UNICEF programmes. In support of the Country Programme objectives, UNICEF engaged with traditional and new private and public donors to raise funds for the new cycle. Related tools were developed or updated to streamline the fund mobilization process and improve quality assurance. Despite these active resource mobilization efforts, funding was extremely limited, especially for the nutrition and child protection programmes.

Decentralized planning capacity development – To ensure sufficient capacities of the decentralized technical structures and other subnational implementation partners, the field presence strategy was revised with a view to mainstreaming UNICEF Regional Technical

Assistants (Assistant Technique Régional, or ATR) into all programme areas and to establish regions of convergence where ATRs from most sections are present, allowing for additional synergy. Additional tools and revisions of the field presence strategy are ongoing to improve coordination and monitoring. The established HACT plan was updated and the office conducted 11 trainings for a total of 197 partners to strengthen their capacity.

Communication for Development (C4D) – To facilitate an enabling environment and create demand for services at community level to achieve overall programme outcomes, cross-sectoral C4D interventions continued to be a key Country Programme Strategy. With UNICEF support, a cross-sectoral platform for EFPs, co-led by the Ministry of Communication and Ministry of Youth, was established, and Terms of Reference consolidated to allow for a national mechanism for strategy development, monitoring and evaluation for harmonized C4D EFP approaches. More than 80 C4D focal points from all relevant ministries and entities received trainings on how to conduct community dialogues. C4D interventions were implemented by a combination of government entities (for community media and community agents) and the international NGO Search for Common Ground, which supported all community media and community agents in three priority regions. It is estimated that 1.2 million people were engaged in information sharing on essential family practices. The Ministry of Youth was trained in SMS monitoring, to increase adolescent participation, and youth peer educators provided data on the polio response. Initiatives for adolescent participation will be further explored in 2016.

Emergency preparedness and response – Madagascar was faced with several natural disaster emergencies including cyclones, floods and droughts, as well as an epidemic outbreak of polio that lasted throughout 2015 and which risks continuing into 2016. UNICEF had worked with partners on emergency preparedness prior to the 2015 disasters and, as a result, the cross-sectoral emergency response was well prepared yet constrained by significant funding limitations. UNICEF supported the Bureau National de Gestion des Risques et des Catastrophes (BNGRC) (National Bureau for Risk and Disaster Management) in updating two regional contingency plans, conduct a simulation exercise and set up an Operations Management centre. This has resulted in improved timeliness of data collection, analysis and dissemination of emergency information. The Country Office has also initiated communications training for the BNGRC to enable them to alert and advise families and children in a timely manner. Importantly, UNICEF supported a pilot cash voucher system and a DCT mechanism partnering with the NGO Catholic Relief Services and the private Telma Foundation in rural and urban areas.

The inter-sectoral programme outcome results were constrained in some areas, and mitigating measures have been identified. For instance, the Country Office 2015 HACT plan had an implementation rate of 25 per cent. To address this bottleneck, a Long-Term Agreement (LTA) has been established with financial institutions who will begin conducting selected spot-checks for the office in 2016. For the C4D outputs, the target of 60 per cent of the population reached in priority regions were lower than expected, as planning and monitoring capacity was low in remote and poor districts with no media coverage. It is planned to overcome this bottleneck through a new partnership with the Ministry of Interior and Decentralization (MoID) in 2016. The Ministry's involvement will ensure cross-cutting planning, coordination and monitoring on cross-cutting C4D activities at the local level. In terms of emergency preparedness, financial and material resources available in Madagascar for disaster preparedness and relief remain limited and are insufficient given the potential for cyclones, floods and other catastrophes. There is a continuous need to advocate, generate support and mobilize resources for this often-forgotten context among national entities and the international community alike.

**OUTPUT 1:** Communications and media activities effectively promote child rights.

**Analytical statement of progress:**

The Country Office made every child's right to education, protection, water and sanitation, health care and nutrition a priority in its advocacy work. Together with strategic partners from the United Nations, all levels of government, NGOs and the private sector, a series of public events was organized to highlight key children's rights on the national agenda. The Country Office's media work has effectively supported UNICEF Madagascar advocacy efforts on different programme areas. Twenty press releases, eight media field visits, regular interviews and good working relations with national and international journalists resulted in significant media coverage. More than 500 articles covering UNICEF Madagascar's programmes and children's rights issues in the country appeared in written press and television and radio reports.

An important media and advocacy focus was put on polio eradication efforts, covering five nationwide campaigns since the beginning of 2015. Press releases, press conferences, media field visits, social media posts and stories, production of television and radio spots and programmes supported the fight against polio in Madagascar. An advocacy and media plan was drafted, implemented and updated regularly.

Aligned with the media annual work plan, a training for journalists was conducted with the support of the Thomson-Reuters Foundation, benefiting 20 national journalists from television, radio and print media. This training focused on ensuring accurate and well-informed polio coverage, particularly important in light of false information being disseminated via certain media. A media training targeting high-level officials from the Government was also organized with Thomson-Reuters.

The Country Office's efforts (daily postings) to reinforce social media are showing positive results. With 14,296 friends on Facebook and 4,550 followers on Twitter, the number of people reached has increased since this past year. Social media has been used strategically to reinforce traditional ways of communication and events. The Country Office has also initiated an Instagram account.

**OUTPUT 2:** By the end of 2019, the Government at central level and at decentralized level in targeted regions has the capacity to do an evidence-based planning, coordination, monitoring and evaluation of C4D interventions to promote a minimum of 12 EFPs.

**Analytical statement of progress:**

In 2015, UNICEF supported two strategies to support the Government of Madagascar to increase its capacity to promote evidence-based C4D strategies for EFPs, including 1) capacity building of national research institutions for data generation and 2) support to the Government to coordinate a multi-sectoral communications programme. Both strategies are aimed at more effective and measurable C4D planning related to children's rights.

The national capacity to conduct studies related to C4D has shown significant progress. Through a partnership with the University of Ohio and the University of Witwatersrand, 48 researchers from the University of Antananarivo (Faculties of Communication and Social Sciences) and the INSTAT were trained through a series of workshops at central and provincial levels and in an international workshop in Johannesburg. National researchers were supported to conduct a multi-sectoral study on EFPs, including quantitative and qualitative analyses to explain sociocultural determinants of behaviour and most effective communication channels to inform future programming for children and their families. A number of master students were

also involved in this capacity-building exercise. As a result, a significant number of current and future researchers with expertise in research related to C4D EFPs is emerging. The process has been enriched by an external committee of international, multi-sectoral researchers who acted as peer reviewers of the study. Results will inform UNICEF's C4D strategy and programming from 2016 onward.

The national platform of C4D focal points in key ministries met several times during 2015 to (a) coordinate actions, (b) take stock of the programme (mid-year review) and (c) agree on new joint tools and guidance. A training was conducted for all key ministries by the international NGO Constellation, which specializes in conducting community dialogues. Provincial reviews were carried out by the Government in three priority regions to assess progress on EFP communication in community media, as well as by community actors. While progress can be noted in the domain of strategic and evidence-based communications, there is an important need to continue to build capacity in this area and to advocate for stakeholders to develop and implement strategies.

**OUTPUT 3:** By the end of 2019, community systems and networks are able to bring an effective support in the communication and participation initiatives for the adoption of EFPs in line with the realization of children's rights.

**Analytical statement of progress:**

UNICEF has supported national counterparts to implement mobilization of communities to increase knowledge and change behaviours on identified EFPs related to the health of mothers and newborn children (health, hygiene and nutrition practices), as well as the promotion of school enrolment and ending child marriage and abuse. In particular, UNICEF has supported the capacity building of two main structures: (1) community media and (2) community volunteers.

For both structures, it has been necessary to invest in developing or improving basic training packages and communication tools, as these were not available for the promotion of integrated EFPs. Several tools and models for implementation have been developed and piloted in 2015, enabling scale-up for the following years of the programme.

For the media component, through a partnership with the Ministry of Communication and the international NGO Search for Common Ground, it is estimated that in three priority regions, up to 36 per cent of the population (1.2 million people) has been reached. This pilot media programme is the first programme implemented with the Government of Madagascar to communicate about EFPs. It has been implemented through multiple approaches such as radio drama series, debates and spots. The programme also helped to train local media professionals.

Regarding the community agents component, the following tools have been developed and validated by the Government:

- A new curriculum and training package on practices related to health, WASH and nutrition practices; including interpersonal communication skills as well as technical content;
- A manual on how to implement participatory communication dialogues on all EFP; and
- A communications toolkit (flipchart with images and key messages) related to health, WASH and nutrition practices was tested and is being finalized.

For the community volunteers who specifically promote child protection practices, an existing training/communication package will be updated to link with inclusive education, e.g., for children or adolescents who drop out of secondary school because of discrimination related to gender or based on social status. Initial work has started in this area in partnership with the MoY and MPPSPF. Also, the number of health practices to be promoted will be increased so as to be aligned with global standards for mother and newborn health C4D strategies. Training of youth peers has been postponed until next year in order to allow time for development of a training and communication package.

**OUTPUT 4:** By the end of 2019, the Government has the capacity to prepare and implement communication plans for the prevention, response and disaster recovery to meet the information and communication needs of parents and children affected by emergencies.

**Analytical statement of progress:**

UNICEF supported the Government and its partners to communicate with and mobilize families and communities to adopt EFPs related to child survival in emergency situations, in particular responses to: (a) the polio epidemic outbreak and (b) natural disasters (floods, cyclones, droughts).

In response to the natural disasters experienced throughout the year, UNICEF supported the Ministry of Communication as well as BNGRC to effectively and in a timely manner disseminate crucial information for affected families through media, community NGOs and other community agents. In order to improve preparedness for future events, UNICEF has started a basic training in applying the globally recognized Communication for Humanitarian Action Toolkit, and to strengthen internal coordination mechanisms.

The polio outbreak response was carried out throughout the year, with UNICEF supporting the MoH to implement six communication campaigns of one week each before each round of vaccinations (of approximately 11 million children up to 15 years of age). In order to increase effectiveness of communication, UNICEF has worked with the Government to develop increasingly sophisticated campaigns to mobilize vulnerable children and adolescents who had never before been vaccinated. This was made successful through a series of partnerships with other ministries (e.g., Communication and Youth) as well as NGOs, to organize concerts, television shows, street theatre, and mobilization of youth clubs and a network of health NGOs in remote areas. These efforts have led to 85 per cent of the population being aware of polio campaigns, and an increase in the proportion of the population who heard about polio from community volunteers increasing from 24 per cent in April to 40 per cent in September and through radio (increasing from 23 per cent to 27 per cent during the same period). These results are significant in a country that does not have a long experience with polio outbreaks and for a population that was largely unaware of the disease. Participatory approaches have been introduced in order to conduct dialogues and consultations with affected families.

While UNICEF developed an SMS monitoring system for polio response to verify if activities were correctly implemented, there is still an important need to build the capacity of national counterparts to ensure availability of national data related to each response. Finally, UNICEF needs to continue to advocate for participatory approaches beyond the polio response and to ensure that it becomes a general practice in EPR.

**OUTPUT 5:** The management of the Country Programme by UNICEF and its partners is undertaken through effective and adaptive planning based on reliable up-to-date and regularly available data, allowing a correct assessment of performance, bottlenecks and results.

**Analytical statement of progress:**

The 2015–2019 Country Programme document of cooperation was approved in February 2015 by the Executive Board, providing the basis for the new country programme cycle that started in March 2015. In preparation for the new programme cycle, the office finalized the 2015–2019 Country Programme Action Plan at the beginning of 2015. This document, which outlined in more detail the Country Programme, was endorsed by the Ministry of Economy and Planning in early March 2015. At the same time, the office and its implementing partners prepared the 2015–2016 rolling work plans, which were signed by the respective line ministries shortly after the signing of the Country Programme Action Plan.

As the start of the new Country Programme took place in March 2015, additional administrative challenges had to be overcome to ensure office functionality. Programme structure coding and related data entry into the financial management system were completed. This aligned the programme with the global strategic plan and allowed for the calculation of funding gaps. Based on this information, the office proactively started to engage with traditional and new public and private donors to raise funds for the new cycle. Related tools were developed or updated to streamline the fund mobilization process and improve quality assurance.

In relation to the United Nations Development Assistance Framework, UNICEF contributed to the development of joint work plans for the Framework Outputs. As the lead for Output 3, which covers the social sectors, the office ensured the finalization of the work plan and the related end-of-year report.

To improve programme monitoring, the office included half-year milestones in the rolling work plans to allow tracking of progress towards results. Also, the indicators identified and added to the Results' Assessment Module (RAM), further improved the monitoring efforts of the office. During the Annual Review, progress was verified based on milestones achieved and indicator advancement. SMS monitoring has been used as a way to receive real-time monitoring during the polio outbreak to which the office responded during the year. This real-time information during the pre-campaign and campaign allowed UNICEF to identify and address bottlenecks in a timely manner. To address challenges in data quality, the Country Office is currently developing guidelines for data-quality verification from the primary data source to the final report. These guidelines, which will be used by field-based staff together with staff from the main office, will be rolled out in 2016.

**OUTPUT 6:** The capacities of the decentralized technical structures and other sub-national implementation partners to implement the Country Programme are strengthened by better access to information, harmonized monitoring tools, improved programme data management and effective equity monitoring.

**Analytical statement of progress:**

To further strengthen UNICEF's support to decentralized capacity development for improved social service delivery, the field presence strategy was revised based on the lessons learned and recommendations from the field presence assessment, with the aim to mainstream ATRs into all programme areas and to establish regions of convergence where ATRs from most sections are present, thereby allowing for additional synergies. At the end of 2015, 23 staff were seconded to the regional directions of line ministries. The field presence committee was revived and has developed an action plan based on the evaluation of the field presence, which will continue to be implemented in 2016 in order to enhance programme coordination and effectiveness within regions.

The office improved field and partnership monitoring during the reporting year. A partnership capacity assessment tool developed in 2014 was adopted for partners of the child protection and nutrition programmatic sections. The tool integrates a number of different aspects of the partnership, including the activities, finances, supply and monitoring, and allows for a structured discussion of the various inputs. The tool is currently being harmonized with new global partnership management guidelines, and training for staff on the utilization of the updated tool will be provided in early 2016. In order to centralize the information on partners collected through HACT assessments and field visits, the office plans to start using the partnership monitoring database currently being developed by headquarters.

The established HACT plan was updated three times throughout the reporting year. The office conducted 10 trainings for a total of 216 partners to improve the capacity of implementing partners related to HACT. Due to staff constraints, the implementation rate of the HACT plan was low (25 per cent). To address this bottleneck, a Long-Term Agreement was established with financial institutions that will conduct selected spot-checks for the office starting in 2016. Long-Term Agreements for HACT-related audits and micro-assessments already exist at the local level.

A field monitoring strategy is currently being developed, integrating the different tools that were developed during the reporting year and using the recommendations of the field presence assessment (finalized in early 2015) to develop a framework on coordination and monitoring. It aims to facilitate and standardize information flows between the office and the field in order to better coordinate, plan and monitor interventions and fund utilization, in addition to better track movements of staff at the regional/district level. This information is analysed in comparison with the funds and supplies transferred to the different regions to monitor the coherence of the office's implementation with the planned geographical focus.

**OUTPUT 7:** The preparedness and emergency response capacities of the Country Office, its implementing partners, as well as national and decentralized structures, are improved and contribute to an improved resilience in accordance with UNICEF's Core Commitments for Children in Humanitarian Action.

**Analytical statement of progress:**

UNICEF continued its support to the BNGRC and responded to multiple emergencies throughout the year, with the following results:

- In collaboration with the BNGRC, UNICEF supported (financial and technical) the update of two regional contingency plans for 2015 for the regions of Atsimo Andrefana and Boeny, and provided technical inputs for the plan in the region of Atsinanana. These plans consider risks like cyclones, floods, pandemics and chemical risks.
- Emergency preparedness for flooding related to a cyclone was tested through a simulation exercise prepared by BNGRC and conducted in November in two regions (SAVA, in the north and Vatovavy Fitovinany in the east of the country). Lessons learned from these exercises relate to (a) the need to improve coordination at the decentralized level; (b) the timely implementation of the colour code warning system from central to village level; (c) monitoring of the use of the contingency plan in regions where no simulation exercise has taken place; and (d) necessary to strengthen the Disaster Risk Reduction Committees in the two regions to better understand its responsibilities. UNICEF will continue to support BNGRC in acting on these lessons learned.
- Capacity building support to BNGRC for the set-up of an Operations Management centre has

contributed to ensuring a functional Research Centre for Studies and Operational Intelligence. This has resulted in an improved timeline for data collection, analysis and dissemination. UNICEF's emergency focal points and technical field staff are part of these networks and facilitate the dissemination of information to the population.

- A cash voucher system and a DCT mechanism were tested in response to populations affected by tropical storms Chedza and Fundi (and the related floods), which hit the island in January and February 2015. The cash voucher system implemented with the NGO Catholic Relief Services proved suitable for a response in rural areas and direct cash (implemented with the private Telma Foundation) proved suitable for an urban area. The procurement of a drone for BNGRC to improve the assessment and management of activities during emergencies is currently being finalized.

- UNICEF and government partners used the occasion of the World Disaster Risk Reduction Day (12 October 2015) to advocate for the prevention and reduction of risks and disasters by conveying key messages to approximately 6,000 participants, of whom 70 per cent were children.

## Document Centre

### Evaluation and Research

<b>Title</b>	<b>Sequence number</b>	<b>Type of report</b>
Evaluation du Contrat Programme de Reussite Scolaire (CPRS)	2015/002	Evaluation
Evaluation du Programme d'Appui d'Urgence à l'Éducation Nationale Malgache (AUENM)	2015/001	Evaluation