Executive Summary

Madagascar continued to experience political, economic and natural disaster-related changes in 2016. Cautious optimism on economic development was coupled with a renewed government re-shuffle and concerns about prevailing high poverty levels. Those issues, combined with the continuing drought emergency in the South that was further exacerbated by El Niño, made 2016 another difficult year for the country and a challenging and demanding context for the UNICEF programme. Madagascar received significantly increased international attention in 2016, notably through high level visits from international organizations and development partners. The Government accelerated efforts to ‘re-enter the concert of nations’, notably through its chairmanship of COMESA (the Common Market for Eastern and Southern Africa) and incoming chairmanship of the International Organization of the Francophonie (OIF).

UNICEF Madagascar provided hands-on technical and management support for Government counterparts on all policy and technical processes (including co-authoring the development of national sector plans budgets, technical implementation plans, donor correspondence and related resource mobilization documents). UNICEF also maintained a strong focus on advocacy for increased public spending and capacity building of government staff to facilitate increasing assumption of their roles and responsibilities.

The country continued to be a donor orphan, ranking second to last globally in official development assistance (ODA) per capita terms. UNICEF Madagascar seized every opportunity to bring visibility to the plight of Madagascar’s 22-25 million severely impoverished population (92 per cent live under US$2 a day), more than half of whom are children, and to advocate for increased resources for the social sectors.

Through cooperation with the World Bank on the elaboration of Public Expenditure Reviews (PER) and subsequent advocacy, UNICEF Madagascar developed evidence and leveraged increased national and international social sector allocations. The new Education Sector Plan benefited from PER recommendations to better align school and budget cycles. The health PER contributed to making interventions and resources more complementary and to improved budget execution. UNICEF Madagascar’s advocacy was further reflected in the International Monetary Fund’s (IMF’s) Country Report (16/273), advising Madagascar to protect social spending. However, considering continued limited overall national budget, follow-up on the above will continue to be constrained.

Policy advocacy and resource leveraging to address alarming stunting levels (47 per cent) were accelerated through the arguments developed in a Nutrition Investment Case (NIC) for Madagascar in collaboration with the Office of National Nutrition. The NIC informed incoming nutrition funding from the World Bank and the African Development Bank and resulted in increased national nutrition budget allocations.

Due to the continuing drought in the South, UNICEF Madagascar’s El Niño humanitarian response component increased exponentially in 2016. UNICEF led the nutrition, WASH and education clusters and the child protection sub-cluster. Emergency response results included the conduct of seven periodic malnutrition screenings of 300,000 children ages 6-59 months and treatment of 12,000 children with severe acute malnutrition (SAM) in more
than 150 UNICEF-supported facilities. Counselling on appropriate infant and young child feeding practices benefited 55,400 mothers and caregivers. With UNICEF support, more than 204,500 people gained access to safe water through 104 new boreholes, 1,494 m³ of trucked water, 550 rehabilitated water points and 3 constructed water systems. With UNICEF and partner support, the Government set up an emergency cash program for 52,000 families (approximately 280,000 people) in drought-affected areas.

In 2016 UNICEF Madagascar worked to ensure that the results of the 2015 polio outbreak response were sustained through continued focus on interruption of polio transmission and further routine system strengthening. UNICEF procured vaccines for three polio vaccination rounds in 2016 (5.3 million doses per round) and intensified Communication for Development (C4D) activities at the central and regional levels. Each round reached approximately 95 per cent of the targeted 4.5 million children under five. No cases of DPT or polio were reported in 2016, and the fifth external evaluation (OBRA 5) confirmed that transmission is highly likely to be interrupted. Reinforcement of the weak routine immunization system remained a priority for UNICEF through expanded programme on immunization (EPI) planning and resource mobilization assistance. Equitable coverage remained a challenge between districts and regions. UNICEF Madagascar supported procurement and installation of 52 solar-powered refrigerators in the most deprived areas.

**Humanitarian Assistance**

The continuing drought in the South was further exacerbated by El Niño and required accelerated attention in 2016. More than 35,000 children under 5 were expected to have been affected by severe acute malnutrition in 2016 and more than 935,000 people were without access to safe water, including 439,690 children. Data collected in September and October of 2016 revealed rates of respiratory tract infections in children under five in certain districts that were up to double those of 2015. Regional education authorities reported that school attendance at the start of the school year was 10 to 80 per cent less than last year in two of three drought-affected regions. Of the most vulnerable households, 23 per cent of children reported having to work to support their families (many of them boys tending to cattle) and approximately 95,000 adolescent girls were among the increasing number of children separated from their families, leaving them highly vulnerable to violence and exploitation. The situation of these families and children is expected to further deteriorate as insufficient rain is predicted for the South until early 2017.

In response to the spiralling drought crisis, UNICEF Madagascar accelerated its’ humanitarian response. A multi-pronged strategy was applied, combining humanitarian, resilience and recovery elements and ensuring cluster/sector coordination, capacity building, service delivery and community mobilization in nutrition, WASH, education as well as health and child protection.

UNICEF Madagascar collaborated with central and decentralized authorities, including the Office of Risk and Disaster Management and the National Nutrition Office. UNICEF led the nutrition, WASH and education clusters as well as the child protection sub-cluster and was also an active member of the health cluster. In all, 40 field-based staff supported data collection and results monitoring. UNICEF Madagascar supported regional and local capacities to conduct monthly nutrition screenings of children ages 6-59 months and to treat children with severe acute malnutrition, as well as to provide counselling to mothers and caregivers on appropriate infant and young child feeding practices.

UNICEF Madagascar strengthened service provision of sustainable safe water to people affected by emergencies through the drilling of boreholes, construction of water systems, distribution of ceramic filters, water trucking and community mobilization for hygiene and
sanitation. UNICEF distributed antibiotics, zinc and oral rehydration salts (ORS) for the treatment of child pneumonia and diarrhoea, supported the Ministry of Education to provide catch-up classes to children who had dropped out of school, and facilitated the use of communication for development (C4D) approaches by national partners to ensure that voices of children and families were considered in response and recovery interventions. Psychosocial support for children and the provision of emergency cash transfers to 45,000 households was planned with partners as a resilience and recovery measure.

The prepositioning of supplies for early response in areas likely to be affected by La Niña and seasonal floods and storms continued. As of November 2016, US$6.3 million of UNICEF’s US$24.7 million appeal was funded (26 per cent), in addition to US$0.58 million carried forward from 2015. Funding supported the capacity building and service delivery strengthening of partners and enabled periodic malnutrition screenings of 300,000 children ages 6-59 months in the eight most affected districts and treatment of 12,000 children with severe acute malnutrition in more than 150 UNICEF-supported facilities. Counselling on appropriate infant and young child feeding practices benefited 55,400 mothers and caregivers. Through the technical and material support of UNICEF to its government and private, local partners, more than 204,500 people gained access to safe water through 104 new boreholes, 1,494 m3 of trucked water, 550 rehabilitated water points and 3 constructed water systems.

In response to flooding in early 2016, UNICEF support provided temporary roofing and 12 temporary classroom constructions and 3,120 pupils continued their education thanks to provision of 78 school-in-a box kits. With UNICEF and partner support, the Government set up an emergency cash program for 52,000 families (approximately 280,000 people) in drought affected areas. UNICEF also supported affected populations using Regular Resources when humanitarian funds were not available.

New humanitarian crises are anticipated with the imminent cyclone season and the severe flooding expected after the la Niña phenomenon in 2017.

**Emerging Areas of Importance**

Madagascar is heavily affected by climate and environmental change. These changes pose risks to the most vulnerable people when combined with worsening socioeconomic and environmental vulnerabilities, including poverty, inequity, rapid population growth, rapid deforestation, land and environment degradation, high dependency on natural resources and livelihoods and a national economy highly sensitive to climate conditions. In Madagascar, climate change is accompanied by human-induced, environmental degradation. The poorest and most vulnerable resort more and more to harmful coping practices due to population growth; changes in commodity prices and a weak state role in environmental management and natural resources regulation, combined with traditional land-use customs and slash and burn agriculture to open new lands for crops; massive use of charcoal as a main fuel source; and poor water and sewage management.

The livelihoods and security of 83 percent of Malagasy people living in rural areas, of which 9.7 million are children under the age of 18, closely depend on their fragile natural environment. The environmental impact of deforestation has contributed to increases in diseases (diarrhoeas and respiratory infection); migrations due to loss of livelihoods and lack of water; behavioural changes, such as hunting traditionally sacred lemurs for food, increased violence (cattle thieves) and biodiversity losses.

UNICEF Madagascar supported evidence generation for existing practices and risks with a study on the impact of environmental changes on children, research in collaboration with
stakeholders on the impact of environment change on nutrition and health of children, and fund-raising. Global Environment Fund (GEF) funds were mobilized for the first time. UNICEF also supported advocacy and accountability, with the Ministers of Environment, WASH and Agriculture.

UNICEF supported climate change adaptation through the construction of 1,600 cyclone-proof classrooms, enabling 80,000 children to go back to school. UNICEF also supported disaster risk reduction (DRR) training in more than 13,000 schools, adolescent mobilization for preparedness and response, and early warning systems development. Partnerships were developed with International Fund for Agricultural Development (IFAD) and Food and Agriculture Organization (FAO) to make water use for irrigation and cattle feeding more efficient, and hydrological assessments were undertaken to decide on best water provision mechanisms. Joint Nutrition and WASH emergency response to El Niño-affected areas reached more than 100,000 people.

UNICEF strategies included sustainable risk mitigation, with 1,655 solar refrigerators installed and support for sustainable water systems, including construction of 300 boreholes and rehabilitation of 1,000 water points to avoid wastage and reduce surface water consumption; as well as construction of climate-adapted schools and 56,000 locally adapted latrines.

Adolescents were at high risk in Madagascar in all sectors. One out of every 4 Malagasy children ages 10-14 work, and more than half of adolescents ages 15 to 17 work. Approximately 1.5 million school age children were out of school. Almost half of girls are married before the age of 18. Child prostitution is widespread. Pregnancy and childbirth are the leading causes of death among teenagers in the country. Three girls under the age of 19 die in childbirth daily. UNICEF Madagascar focused on the adolescent girl, using Education linked to Social Protection as the centrepiece for support to adolescents in pilot districts/schools through the “Let Us Learn” (LUL) programme. UNICEF Madagascar also linked child protection services and information/behaviour/social change on reduction of violence and sexual abuse, child marriage and exploitation, as well growing issues of internet bullying/cyber exploitation through the “We protect” programme. The use of essential family practices (EFP) to promote key health services and goals, including improved nutrition and reduction of teen pregnancy, also enabled adolescent mobilization. The EFP programme was supported cross-sectorally by various sections and was linked together by C4D.

Early childhood development (ECD), and more specifically the first 1,000 days of a child’s life were issues of growing importance to UNICEF Madagascar. The participation of the Minister of Finance in the special side meeting on ECD during the Annual World Bank meetings provided an important advocacy opportunity, especially in relation to nutrition and early stimulation, and highlighted Government commitment to ECD.

Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AfDB</td>
<td>African Development Bank</td>
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<td>ASWA</td>
<td>Accelerating Sanitation, Hygiene and Water for All in Off-Track Countries</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
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<td>CRBP</td>
<td>Child Rights based Business Principles</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>Acronym</td>
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<tr>
<td>CRVS</td>
<td>Civil and Vital Registration Systems</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DFID</td>
<td>Department for International development - UK Government</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECHO</td>
<td>European Civil Protection and Humanitarian Operations</td>
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<td>EFP</td>
<td>Essential Family Practices</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>FAO</td>
<td>Food and Agricultural Organisation</td>
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<td>FID</td>
<td>Fonds d'Intervention pour le Développement</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines</td>
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<td>Global Shared Services Centre</td>
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<td>HACT</td>
<td>Harmonised Approach to Cash Transfer</td>
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<td>HRBA</td>
<td>Human-Right Based Approach</td>
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<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>Iodine Global Network</td>
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<td>International Monetary Fund</td>
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<td>LTA</td>
<td>Long term agreement</td>
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<td>LUL</td>
<td>Let Us Learn (education programme)</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>ODA</td>
<td>Official Development Assistance</td>
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<td>ONN</td>
<td>National Nutrition Office</td>
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<td>OR</td>
<td>Other Resources</td>
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<td>Other Resources (Regular)</td>
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<td>Programme Cooperation Agreement</td>
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<td>Public Funding for Children</td>
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<td>Social Responsibility of Enterprises</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SMS</td>
<td>Short Message System</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>UN</td>
<td>United Nations</td>
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<td>United Nations Development Framework</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WB</td>
<td>World Bank</td>
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Capacity Development

UNICEF Madagascar continued to build and reinforce stakeholders’ capacities across all sectors.

In health, the EU-funded health system strengthening programme improved decentralized government planning and monitoring capacity in nine regions. Massive immunization campaigns were preceded by large-scale trainings on social mobilization, microplanning and logistics. In education, more than 20,000 teachers and educators received basic pedagogical training, including on inclusiveness and gender sensitivity. WASH training enhanced capacities of local authorities in 165 municipalities for community hygiene campaigns. Nine hundred tour operators strengthened their skills to reduce child prostitution.

Community capacities were developed for participatory C4D, with 1,185,170 people in three key regions receiving messages on essential family practices. In all, 31 radio operators, 287 community health agents 81 members of youth associations, 195 peer educators, 110 junior reporters were empowered to demand better services and mobilize their communities to do the same.

Improved emergency response capacity was built among 3,840 local ‘chiefs’ (fokontany) and 82 per cent of communities in drought affected areas were trained on basic detection of severe acute malnutrition and use of SMS data collection, leading to the identification and treatment of 14,700 children with SAM. One hundred and fifty-five stakeholders were trained in the Communication in Humanitarian Action Toolkit (CHAT).

Reinforcement of partner operations capacity targeted 74 partners nationwide through training on basic financial management through Harmonized Approach to Cash Transfer (HACT). Other operational trainings included solar cold chain installation training of government staff, reducing the dependency on private firms.

Social protection programming capacities were strengthened among Government and the Fonds d’Intervention (FID) resulting in a first baseline evaluation of the main social protection program. Stronger capacities for 44 partners in the area of social protection also led to first-time cash transfers to 38,000 households for girls’ education and to 4,000 for families facing drought.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Madagascar continued its evidence-based advocacy to stimulate policy dialogue and leverage national and international resource allocation for children. Through cooperation with the World Bank on the elaboration of Public Expenditure Reviews (PER) and subsequent advocacy, UNICEF Madagascar developed evidence and exerted influence that led to improved education and health sector and budget planning in 2016. The new education sector plan benefited from a PER process and recommendations to better align school and budget cycles. The health PER contributed to more complementary interventions and resources and to improved budget execution. UNICEF put education and health spending on the table of discussions among government, civil society and donors, in order to call for and inform necessary reforms.

UNICEF Madagascar’s advocacy was reflected in the IMF’s Country Report (16/273), in which the government was advised to protect social spending. Policy advocacy and resource leveraging to address alarming stunting levels (47 per cent) were accelerated through the arguments developed in a Nutrition Investment Case for Madagascar in collaboration with the Office of National Nutrition. The latter was used for high-level advocacy with Government during the UN Secretary General’s visit, specifically through a special film featuring the
Prime Minister. High-level nutrition advocacy based on the investment case continued in collaboration with the African Development Bank (AfDB) during the visit of the AfDB President and subsequently led to an invitation by the latter to the President of Madagascar to join an AfDB Summit on Nutrition as one of its champions. The Nutrition Investment Case film was used by the Minister of Finance during the AfDB Nutrition Summit in Abidjan to present Madagascar’s case to donors Advocacy efforts resulted in increased AfDB funding and increased national budget allocations for nutrition.

**Partnerships**

UNICEF developed a technical partnership with the World Bank to jointly advance the implementation of the national social protection policy, improving social protection coordination and jointly rolling out of the first-ever national social protection programme in Madagascar implemented by the Government and a technical partner through a US$45 million credit by the World Bank with a top-up programme supported by UNICEF. While the World Bank-funded programme aimed to improve human development and schooling of children at primary level, the UNICEF cash program aimed to support children transitioning from primary to secondary school and improve retention rates at secondary level. It targeted 5,000 household beneficiaries, including 11,370 children, in poorest districts. The regular national cash transfer program to improve human development (TMDH) targeted 39,000 households with 117,000 children.

In response to the El Niño drought situation, the World Bank-UNICEF partnership was further expanded to include a US$35 million emergency cash programme in the South targeting mothers with children under five who participated in the community nutrition sites. Building on Children’s Rights and Business Principles (CRBP), UNICEF Madagascar continued to support responsible business behaviour with respect to children’s rights in the workplace, marketplace and community specifically for tourism, extractive and ICT sectors. Advocacy efforts focused on bringing the private sector on board for the SDG implementation agenda.

More than 300 private sector organizations, civil society and the public sector participated in an SDG and CRBP Forum aimed at raising awareness among the private sector on child rights issues and SDGs. In alliance with Ur-CSR Consulting, a corporate and social responsibility (CSR) -focused company, and in collaboration with key participants of the Forum, UNICEF developed the first CSR guidelines for private sector companies in Madagascar to facilitate the inclusion of CSR within their core business strategies. Strategic partnerships with ICT operators continued in 2016 with private sector partners Airtel and Telma fees for cash transfer programmes.

**External Communication and Public Advocacy**

In line with UNICEF’s global communications strategy, UNICEF Madagascar sought to ‘think outside the box’, while also maintaining more ‘traditional’ modes of communication (press conferences, press releases, media visits) and regular engagement with national and international media (press, radio, TV). Increasing emphasis was placed on social media, with efforts to go beyond simply posting information to engaging a wider audience in discussions related to every child’s right to education, protection, water and sanitation, health care and nutrition.

Results have been encouraging: UNICEF Madagascar began the year with 14,689 Facebook followers and ended with more than 20,000 – one of the largest online followings in Madagascar. UNICEF Madagascar’s Twitter account also grew substantially, beginning the year with 4,691 followers and ending with more than 7,600. More consistent engagement
with Communication for Development initiatives was emphasized with UNICEF Madagascar’s sponsorship of the Tour de Madagascar.

UNICEF provided communication support for programmatic priorities in 2016. For the polio response, an array of communication materials were produced, media monitoring was carried out and a special televised talk show was organized involving the Minister of Health, WHO and UNICEF Representatives, USAID, Rotary, civil society and celebrity partners. For the #WeProtect online protection of children initiative, UNICEF Madagascar was one of 17 countries globally to receive funding and one of three to be selected for the dispatch of a UNICEF headquarters mission to document the challenges of the country context and innovations developed by the Madagascar Office to address them. Two feature films were produced for the One-Stop-Centre for Victims of Violence. Communication support was provided to the nutrition advocacy and policy dialogue through the production of fact sheets and a film based on the Nutrition Investment Case.

**South-South Cooperation and Triangular Cooperation**

Madagascar is an isolated island in Southeast Africa, and culturally aligns more with the Indian Ocean or Asia. Experiences and best practices from the region or the continent are thus not immediately considered. Dependency on donors in some sectors (for instance, more than 90 per cent of the health budget, excluding salaries, is paid by external aid) creates a cultural and programmatic dependency on donors. However, this dependency is changing thanks to several initiatives this year. For example, UNICEF Madagascar supported knowledge exchange between Malagasy Government authorities working on child protection and participants from other African countries at the CRVS Summit in Abidjan this year. For another, the Ministry of Social Protection and the execution agency of cash programs had stronger capacity to monitor and implement the national cash program as a result of UNICEF’s support to its participation in the African francophone community of practice on cash transfers.

**Identification Promotion of Innovation**

Given Madagascar’s limited international visibility and associated resource limitations to support programmes for children, seeking innovative cost-efficient solutions to generating results was a key strategy for UNICEF Madagascar.

To ensure availability of accurate information in a data-poor environment during the El Niño drought response, UNICEF, in partnership with the Ministry of Health and the Office of National Nutrition, with funding from the UN Central Emergency Response Fund, European Civil Protection and Humanitarian Operations (ECHO), OFDA, and the UK Government Department for International development (DFID), organized monthly nutrition screenings covering all under-5s in the most drought affected districts targeted by the response. The door-to-door screenings were carried out using rapid SMS technology to report and monitor the situation of children at risk of becoming severely acutely malnourished, thus providing regular real-time information to inform the response as needed. The screenings increased admissions of SAM cases and contributed to raising and maintaining nutrition awareness among concerned families.

The introduction of water cards/vouchers to complement water trucking operations as part of the El Niño drought response targeting families with children suffering from severe acute malnutrition, pregnant women and families with newly birthing women not only ensured free water provision but also resulted in an increase in pregnant women frequenting the health centres for pre- and post-natal consultations and in deliveries in a context where the majority of pregnant women usually have limited to no contact with the health system during their pregnancies and childbirth. A ‘sustainable’ approach to water trucking whereby users pay an
affordable tariff at pre-crisis price allowed fuel and maintenance recovery and influenced reduction of highly speculative water vendor prices back to more affordable rates.

**Support to Integration and Cross-sectoral Linkages**

UNICEF Madagascar facilitated integration and cross-sectoral linkages across its development and humanitarian elements. The cross-sectoral ‘Let us Learn’ (LuL) programme, an integrated adolescent programming approach, facilitated the transition from primary to secondary school, prevented girls from dropping out of school, marrying, getting pregnant, and protected them from exploitative practices, while enhancing family awareness and participation through an integrated education, child protection, communication for development and social protection (conditional cash transfer) approach. Currently in its second phase, the ‘Let us Learn’ programme adopted a cross-sectoral approach based on the recognition that the root causes for school drop-out were beyond the field of education and require a holistic multisectoral approach in a context where only four out of ten children entering primary school finish and only two complete lower secondary school. Working with the Ministries of Education and Social Protection, the LuL programme facilitated child rights training for 2,000 teachers to support a safer more child-friendly environment. A total of 2,500 households received conditional cash transfers, 3,150 children who had dropped out of school were able to return through catch-up classes, and 189,750 children were provided with sports equipment and didactic materials. The LuL programme further informed a national study on violence against children and modelled the use of solar energy to provide electricity for evening study.

UNICEF Madagascar’s humanitarian response emphasized coordinated implementation of the nutrition and WASH elements of the response to tackle contributing factors to the malnutrition situation by ensuring that CSB’s where the SAM treatment was carried out and families with children with severe acute malnutrition had access to water. The innovative water voucher system provided to families when they visited the community-level health centre for nutrition screening and/or treatment also triggered increased pre- and post-natal care visits by pregnant women.

**Service Delivery**

Given national budget constraints and limited counterpart capacity, service delivery continued to be a core strategy for UNICEF Madagascar, while maintaining a strong focus on capacity development of government partners and ensuring community demand through essential family practice (EFP) communication. Health was the most service-delivery focused programme: The EU-funded health-system strengthening initiative (PASSOBA) focused on local health centre reinforcement and provision of drugs and equipment for more than 3 million children. The UNICEF expanded programme on immunization (EPI) continued to supply the majority of traditional vaccines for nationwide routine immunization services. Biannual Mother and Child Health Weeks (MCHW), multiple special campaigns on polio and a measles campaign organized in 2016 reached 4.5 million children with vaccination services. Advocacy and monitoring of vaccine co-financing agreements were moved forward jointly with GAVI.

The nutrition emergency response provided SAM treatment that cured 14,700 children suffering from severe acute malnutrition. More than 3.5 million children were dewormed during the MCHW. Nutrition investment case advocacy resulted in increased national budget allocation and new donor funding to support future increased, sustained service delivery.

National WASH capacities remained constrained to absorb the high level of capital required for proper tender, installations and maintenance, so UNICEF operationalized WASH service
delivery through an alternative public-private partnership service delivery model, contracting US$8.9 million of private sector providers.

Pedagogical materials were provided to 10,796 schools, reaching 1,725,000 children. Ninety classrooms were built, with water access, benefitting 4,500 children. A total of 328,000 teacher guides and 412,000 student manuals were distributed. While progress was made on reaching children, including the most vulnerable, with a range of services, access remained constrained.

While limited availability of accurate data across all sectors constrained national monitoring, UNICEF monitored programme delivery through 153 field monitoring visits.

**Human Rights-Based Approach to Cooperation**

UNICEF Madagascar’s human rights-based approach worked with national authorities on Madagascar’s international obligations as outlined in Madagascar’s 2015 report to the United Nations Committee on the Rights of the Child. UNICEF prioritized programming aimed at reducing child rights violations, while maintaining a strong equity focus across all sectors. UNICEF Madagascar provided support to victims of violence. A new one-stop centre was set up in the Hospital of Tamatave with UNICEF support. The two one-stop centres set up in the two largest cities provided child victims of sexual violence with integrated medical and psychosocial care as well as legal support in the same location. The one-stop centres generated a lot of interest in leveraging additional bi-lateral donor funding to expand the approach to other regions.

In partnership with the International Labour Organization and the Ministry of Tourism, UNICEF promoted the ‘Code of Conduct’ against sexual exploitation and other forms of violence against children. The code was signed by more than 300 tour operators in 12 regions, and monitoring mechanisms were identified for follow up.

In 2016, cases of child marriage and early pregnancy reported to the child protection networks constituted 29 per cent of all cases of violence and mistreatment of girls. Following Madagascar’s joining and launch of the African Union spear-headed Campaign to End Child Marriage in 2015, UNICEF provided technical support to the Government in developing a national strategy to tackle child marriage and supported continued campaign activities. UNICEF Madagascar continued to seize every opportunity for advocacy to end child marriage, including through cooperation with the Canadian Government to introduce a special resolution to end child marriage during the Francophonie Summit held in Madagascar in November 2016.

The ‘reaching every child’ (with immunization) approach introduced to sustain the polio and measles campaigns conducted this year reached more than 4.5 million children with essential vaccinations. It aims to integrate polio and measles into routine immunization services to ensure a sustained long-term focus on equity in the routine immunization programme.

**Gender Equality**

To further gender equality and ensure gender mainstreaming, UNICEF Madagascar prioritized the phase 2 of the ‘Let Us Learn’ (LuL) programme, which facilitated the transition from primary to lower secondary level, with a focus on girls, through a multisectoral (education, protection and C4D) effort to improve retention, reduce violence and change behaviours towards education and girls.
UNICEF developed C4D tools and mobilized communities to promote and discuss essential family practices, including finding solutions for addressing gender inequalities. The essential family practices (EFP) training package on C4D communication, community dialogues, EFP planning and monitoring aimed to empower girls and women by giving them a stronger say in daily household decisions, including fewer hours of domestic work and girls’ right to education.

The emergency cash programme in the south, based on gender disaggregated data, specifically targeted women as beneficiaries. Non-governmental organization (NGO) partners were encouraged to hire female staff, especially for communications and training directed to women. Improving access to water reduced the time for water collection, which heavily relies on women and girls. The sanitation programme provided a private space for women and girls, where they can also manage their menstruation privately. Girls and women participation are involved and active members on the committees for community-led total sanitation.

**Environmental Sustainability**

Madagascar is a unique biodiversity hotspot – most of its flora and fauna are not found anywhere else on earth. Madagascar is also heavily affected by climate change and human-induced environmental degradation. Population growth, changes in commodity prices and weak environmental management and natural resources regulation combined with traditional land-use customs, including slash and burn agriculture to open new lands for crops, massive use of charcoal as a main fuel source, poor water and sewage management, force the poorest and most vulnerable to resort more and more to harmful coping practices, which have already led to alarming erosion and deforestation.

The environmental impact of this deforestation has contributed to an increase: in diseases (diarrhoeas, acute respiratory infection); migrations due to loss of livelihoods and lack of water; behavioural changes, such as hunting traditionally sacred lemurs for food; increased violence (cattle thieves); and biodiversity losses further exacerbated by natural resource extraction and pollution in urban areas urbanization.

UNICEF Madagascar focused on four strategies:

- **Evidence generation** for existing practices and risks with a study on the impact of environmental changes on children, research in collaboration with stakeholders on the impact of environment change on nutrition and health of children, and fundraising with the Global Environment Fund (GEF) funds mobilized for the first time;

- **Advocacy and accountability**, with the Ministries of Environment, WASH, Education and Agriculture on policy directions and related programming to address identified risks;

- **Climate change adaptation**, through construction of 1,600 cyclone-proof classrooms (enabling 80,000 children to go back to school), DRR training in more than 13,000 schools and adolescent mobilization for preparedness and response, early warning systems development, partnerships with International Fund for Agricultural Development (IFAD) and FAO to make water use (for irrigation and cattle feeding) more efficient, hydrological assessments to decide on best water provision mechanisms; and

- **sustainable risk mitigation**, with 1,655 solar refrigerators installed by UNICEF and its partners; sustainable water systems, including construction of 300 boreholes and rehabilitation of 1,000 water points to avoid wastage and reduce surface water consumption; construction of climate-adapted schools and increased resilience with 56,000 locally adapted latrines built in 15 months.
Weekly management meetings (with representative, programme deputy and operations chief) set overall management guidance and ensured follow up and oversight on all programme and operations issues.

Weekly programme meetings and operation meetings provided technical background and early warning on management indicators (especially direct cash transfer and budget use, shared weekly by coordination).

Monthly country management team meetings continued to review and monitor management indicators and approved new processes and key documents.

Staff were kept informed and communication opportunities were provided through 12 all staff meetings focusing on sharing of programme and operations’ priorities and staff issues. UNICEF Madagascar organized an all staff retreat in April focusing on team building and resulting in an updated jointly agreed upon Global Staff Survey follow-up action plan.

Seventy three staff were trained on results-based management (RBM), which subsequently facilitated improved RBM across programmes and operations.

Enterprise risk management and business continuity plans were updated with support from the UNICEF Regional Office and HACT implementation was accelerated.

UNICEF Madagascar continued to work closely with the UNICEF Office of Internal Audit and Investigations and the Division of Financial and Administrative Management on outstanding programme audit issues with counterparts, resulting in the reimbursement to UNICEF of unaccounted allocations that had been identified through the earlier audits.

To ensure risk mitigation of the emergency portfolio, a special emergency management task team reviewed all aspects of emergency programme management and monitoring, including inputs to inter-agency processes and cluster leadership accountabilities.

**Financial Resources Management**

UNICEF Madagascar managed US$32.49 million in other resources – regular (ORR) and US$13.1 million in regular resources (RR) in 2016, significantly more than planned in the CPAP (US$24.8 million and US$11.3 million, respectively). RR and OR utilization rates were 99.88 per cent and 98.84 per cent, respectively. The utilization rate for emergency resources (US$6,063,003) was 96.16 per cent.

The country management team continued to monitor key performance indicators including grant expiry, DCT liquidations, budget commitments/utilization, resource mobilization, donor reporting, cash flow forecast, bank optimization, audit recommendation implementation and recruitments monthly. UNICEF Madagascar implemented stringent DCT monitoring and management measures, including through the creation of a vision Hub, systematic HACT implementation, reinforcement of partner capacities and strict follow up on audit findings, which resulted in a 9 months pending DCT ratio of 0.2 per cent (US$18,952), well below the established benchmark of 1 per cent and representing a significant improvement compared to rates earlier in the year.

A major challenge was to improve the monthly cash forecasts versus replenishment and actual expenditure. UNICEF Madagascar developed a bank optimization monitoring tool, resulting in a balance to replenishment ratio maintained within the established benchmark 10 times out of 11. Bank reconciliations were completed in a timely manner and no
reconciliation items remained outstanding for more than two months. In order to efficiently manage all changes related to the transition to the Global Shared Services Centre (GSSC) internal work processes were aligned with new standard operating procedures.

For the third trimester, from 25 August to 31 December, 1,379 payment requests were sent to and paid by GSSC. A HACT procedures manual for Implementing Partners (IP) was finalized and nine trainings were conducted for IP staff and UNICEF personnel. The last internal audit of UNICEF Madagascar took place in December 2014. In all, 15 out of 16 recommendations were effectively addressed and closed as of December 2016.

**Fundraising and Donor Relations**

Madagascar continued to be a donor orphan, ranking second to last globally in ODA per capita terms. UNICEF Madagascar continued to seize every opportunity to bring visibility to the plight of Madagascar’s 22-25 million severely impoverished population (92 per cent live under US$2 a day), over half of whom are children, and to advocate for increased resources for the social sectors. Specifically, UNICEF Madagascar ensured evidence-based advocacy and related resource mobilization appeals during visits by the Secretary General and Assistant Secretary General Humanitarian Affairs, and during the Francophonie Summit and the Paris Donors Conference, as well as with UNICEF National Committees (Denmark, Germany, Netherlands, Norway, Switzerland, the US Fund), private sector partners (Kiwi, Ing, Cartier, Telethon) and individual partners during special visits to Madagascar, and through regular meetings with locally based donors and external donors covering Madagascar (Norway, DFID, USAID, EU, ECHO, GAVI, Canada, Japan).

UNICEF Madagascar managed to leverage and raise significant resources for children. The 2015-2019 programme cycle total other resources (OR) budget is US$141,000,000. Of that amount, 49 per cent, or US$68,492,460 was mobilized by the end of 2016, leaving a total of US$72,507,540 funding gap for the remaining three years of the country programme. UNICEF also mobilized US$10.3 million in other resources — emergency (ORE) for the drought emergency.

Advocacy and technical cooperation further resulted in resource leveraging of US$29 million from GAVI for health system strengthening, particularly the cold chain reinforcement through the Global Cold Chain Platform, and US$75 million from the World Bank for the national social protection programme with a strong focus on education and the emergency cash support in the South. UNICEF Madagascar submitted 57 donor reports in 2016. Improved process facilitation ensured that 100 per cent of reports were submitted on time as of the second quarter.

**Evaluation and Research**

In 2016, UNICEF Madagascar updated its integrated monitoring and evaluation plan. The first trimester of the year focused on justifying the number of studies planned and their reprogramming in 2017. In all, 22 studies/evaluations were abandoned or pushed back to 2017.

UNICEF Madagascar was one of the 10 out of 21 countries that updated its PRIME (online IMEP), following an assessment made by the UNICEF Regional Office in August. The PRIME tool reinforces the quality of evidence generation activities. The first draft of standard operating procedures for evidence generation was developed and the Technical Advisory and Review Committee was institutionalized, whose objective is to study the relevance and the quality of the integrated monitoring and evaluation plan before its adoption by the country management team and to ensure the quality of study/research/evaluation offers
before their submission to the CRC/PRC. One evaluation study was finalized by December 2016.

In 2016, management responses to the school-based action plan evaluation were finalized. The UNICEF Madagascar WASH programme was the object of a case study relative to its use of DFID funds (ASWA Evaluation). Four evaluations were in progress at year end, including a rigorous joint impact evaluation with the World Bank of the cash transfer programme. A baseline study of emergency responses in the South also used this partnership approach. An ongoing evaluation of programme cooperation with an international NGO focuses on essential family practices and is expected to conclude in January 2017. The terms of reference for the mid-programme review of the country programme that will be conducted next year were finalized.

### Efficiency Gains and Cost Savings

UNICEF Madagascar implemented a significant change in vehicle fleet management. After the termination of outsourced driving service provider’s contract in May, the drivers’ contracts were converted into temporary appointments. This measure was implemented to account for the rationalization of the field drivers’ utilization and resulted in a cost reduction of US$19,620 over seven months. Five old vehicles were disposed of and four new replacement vehicles were purchased. The sales of these vehicles provided US$64,022, partially funding their replacement, impacting the fleet maintenance and fuel consumption costs. A tighter monitoring of car utilization and better follow up of their condition also contributed to savings. In 2016, fuel and maintenance costs were US$101,627 and US$146,855, respectively, representing a 32.81 per cent cost reduction from 2015 and a total savings of US$121,352.

Cost control remained a priority across all operational areas. Air tickets prices provided by the two suppliers under Delivery as One. Long term agreements (LTAs) were systematically compared with those offered by a third travel agency. This resulted in faster and better services and more diversified offers. The staff satisfaction increased and there was a cost savings of US$30,605.

The contract for photocopy services expired on 30 September. Accounting the relatively low quantity of photocopies ordered, UNICEF decided not to pursue new LTAs for this service. The tasks were assigned to outsourced messengers, using the Office photocopy machines acquired in 2015. UNICEF put in place three new administrative LTAs and three new standard operating procedures to continue improving cost efficiency. UNICEF Madagascar continued to participate in joint UN premises and services arrangements, including for IT services, dispensary and staff counselling services.

### Supply Management

The supply component of the Madagascar programme covers procurement and distribution of essential supplies and services for children and women and increasingly includes a considerable range and volume of institutional services.

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<th>Table 1: Value of supplies and services (in thousand US$)</th>
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<td>Program</td>
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<td>Operational</td>
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<td>Services (incl. construction)</td>
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<td><strong>Total:</strong></td>
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As of December 2016, procurement of goods and services reached US$42 million. Procurement of supplies for programmes accounted for US$13 million of the total; 60 per cent (US$8 million) were purchased offshore, mostly via direct ordering arrangements made available by supply division. US$5 million in supplies were procured locally, an increase of 20 per cent compared to 2015. Institutional services procurement for the programmes accounted for US$6 million of the total (a comparable amount to 2015). UNICEF Madagascar’s main procurement strategy remained locally procuring, to the extent possible, quality products, with offshore procurement considered as an alternative. Procurement via local long-term agreements increased to 65 per cent of the total, compared to 40 per cent in 2015.

Procurement of goods and services for partners accounted for US$22 million (more than 50 percent of the total), including 46 million doses of b/tOPV for three polio campaigns, funded by GAVI for a total value of US$6 million.

Cooperation with the Ministry of Health to strengthen the supply chain of essential medicines was reinforced. Technical assistance at the country’s Central Medical Store was embedded to strengthen routine operations and planning activities for 2017.

The value of controlled program supplies was US$742,815 as of 31 December 2016. The value of prepositioned emergency supplies was US$166,545 in January 2016 and increased at the end of the year to US$384,794 mainly for emergency preparedness and response in the southern part of the country. UNICEF managed US$3,064,368 of program goods through the warehouse, and organized road transport for approximately 850 m3 of supplies to program sites. An increase in prepositioning of emergency response supplies for ongoing and recurrent emergencies (El Niño-induced drought, polio campaigns and the cyclone season) was necessary and triggered the expansion of the storage area as of 1 January 2017. Special efforts were made across all programmes to create routine and prepositioned supply stocks at regional and district Government warehouses.

### Security for Staff and Premises

UN Department of Safety and Security (UNDSS) conducted assessments of the safety and security in field locations and the UN Common Premises in Madagascar aimed at identifying necessary improvements in the security and safety measures to be taken in relation to Dahalo/cattle rustling insecurity in parts of the country and an explosion during National Day celebrations in the capital of Antananarivo. The assessment confirmed previous recommendations to reinforce video surveillance for the UN Common Office buildings, to put in place a visitors’ filtering system and to modify the car circulation rules within the UN compound.

The UN high frequency radio communication system was reinforced with a third digital repeater and the antennas of the two other repeaters were reoriented, resulting in a better coverage of the capital city. To facilitate programme delivery in insecure areas, the local Security Management teams continued to monitor and alert and the programme diversified its partnerships to secure multiple delivery channels.

As part of UN-system support to increase personal staff safety measures, weekly radio checks were monitored and enforced. UN and agency security budgets were too limited to support home security improvements for national staff. In 2016, the UN returned to an agency-based warden system approach. Support from the regional security advisor,
trainings for all wardens and a better organization of the warden system were completed. A new and more efficient communication tree system was issued. An exercise was organized with the national fire fighters to teach staff how to use extinguishers and to extinguish fires in the office. A UN Common Premises fire drill was successfully conducted. The sensitization of drivers to safe driving practices led to a result of no car accidents in 2016.

**Human Resources**

In 2016, UNICEF Madagascar’s human resources (HR) unit contributed to effective country programme management plan 2015-2019 implementation and to the Southern Madagascar and Polio Emergency Response. A smooth transition to new HR management systems and 87 recruitments were carried out (63 were completed and 24 were ongoing at year end). Of which, 18 full time recruitments were completed (4 international professionals, 10 national officers and 4 general service).

**Effective Use of Information and Communication Technology**

UNICEF Madagascar had more than 40 staff based in Government premises all over the country. Skype for Business was the preferred conferencing tool, and One Drive for Business was used across the board for file sharing and co-authoring. During the 2016 polio outbreak response, the weekly coordination meetings held were using Skype for Business. UNICEF Madagascar had an LTA with Human Interface Network for mobile tools and real-time monitoring that allows UNICEF to use the services provided by Human Network International to collect and analyse data through mobile networks, for example, daily reports for the polio team, malnutrition monitoring in the South, and data collection through smartphones for the WASH and education sections.

UNICEF Madagascar’s' Facebook account was among the highest ranked in the country, with more than 19,800 likes, more than most United Nations and international organizations in Madagascar. The online presence allows interaction with a wide range of followers about the situation of children, program interventions, vacancies and trainings. On Twitter, @UnicefMada had 7,512 followers, including many other UNICEF Country Offices. Donors followed UNICEF on Twitter and retweeted UNICEF tweets, resulting in better coverage and visibility for the organization. UNICEF Madagascar also had a presence on Instagram and Youtube.

To streamline the ICT services, Teamviewer was used assisting field users, encouraging the extensive use of service manager to record and manage ICT requests and look for solution in the knowledge base.

UNICEF, in collaboration with World Food Programme, Office of Risk and Disaster Management, private sector, Ministries and other UN agencies, developed the national Emergency Telecom Cluster Terms of Reference, which will be adopted in 2017. The ICT team benefited from high level trainings, particularly in the telecommunications domains.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

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

**Analytical Statement of Progress:**
The health sector in Madagascar required both urgent and structured attention. There were increases in neonatal mortality, epidemics regularly weakened an already fragile health system, and more than 56% of women still delivered at home.

UNICEF Madagascar worked to reinforce health systems at the central level while also supporting local health centres; built routine immunization while also supporting massive campaigns; and advocated for stronger health services utilization by communities while improving the quality of services offered and their integration with other sectors, especially in areas affected by natural disasters.

UNICEF Madagascar aimed to build a functional, efficient and sustainable health system at central and decentralized levels, with specific focus on the most efficient interventions (Integrated Maternal and Child Health and Immunization), including in emergency settings.

New National Health policy and pharmaceutical policy provided a framework for UNICEF to mobilize GAVI funding of $US 16 million to strengthen the health system in 54 priority districts. UNICEF Madagascar continued to leverage funding in partnership with the HSS PLATAFORM (GAVI, GFTAM, and the Global Health Facility). As a result, the medical supply chain and the vaccine supply chain were reinforced at the district and community/health centre levels.

A health insurance scheme to protect the most vulnerable individuals and their families was gradually established as part of the National Strategy for Universal Health Coverage framework, which will start in three districts in 2017.

This work at central level was complemented by health system reinforcement at regional level, via the extension of the ‘PASSOBA’ programme, which reinforces planning, implementing and monitoring capacities.

MNCH reinforcement reached all level II facilities in six regions, with direct impact on 210,000 pregnant women and 197,000 newborns, as well as 550 level I health facilities covering 216,000 pregnant women and 206,000 newborns. ICCM services (diagnosis and management of pneumonia, diarrhoea and malaria) covered a population of 232,000 children under one and 585,000 children under five.

In 2016, 522,055 children under 1 year, nationally, received DTP-containing vaccination. A total of 4.6 million children ages 0-59 months were vaccinated with polio vaccine through a UNICEF-supported programme during one anti-Polio campaign and two Mother-Child Health Day campaigns. In an effort to align with regional goals and priorities, Inactivated Polio Vaccine (IPV) vaccination was introduced into 100 per cent of routine immunization schedules and the country switched from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV).

Community Health Workers were given an incentive for each pregnant woman and newborn taken to the health facility for delivery and recommended visits in two districts of Anosy. This approach resulted in an increase of 24 per cent of women delivering in health facilities and an increase of 57 per cent of postnatal visits. A total of 25,500 pregnant women and 23,000 newborns benefited from this results-based approach in community based maternal and neonatal care in 2016. An additional 65,000 pregnant women benefited from HIV counselling and testing in the six targeted regions. In 2016, coverage reached 70 per cent.

Despite these achievements, the country is still far behind its pre-2010 health situation. UNICEF Madagascar will require $US 17 million in 2017 to strengthen the MoH’s capacity to cover 2,113,270 pregnant and lactating women, newborns and children in the country with a package of Maternal Neonatal Child Health (MNCH) services that consists of four or more ante-natal visits, iron and folic acid supplementation, Tetanus Toxoid, delivery and post-natal
care, as well as the treatment of pneumonia, malaria and diarrhoea with oral rehydration salts.

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

**Analytical Statement of Progress:**
UNICEF Madagascar put reinforcement of health systems at the cornerstone of its advocacy in 2016, especially towards donors whose vertical programmes use the system without supporting it. UNICEF in Madagascar had a dual strategic responsibility with support at central and regional levels.

In 2016 UNICEF deployed regular technical and financial support which resulted in updating of the National Health Policy and the National Pharmaceutical Policy to align with the strategic orientations of the Sustainable Development Goals and the National Development Plan, and in coherence with the National Health Strengthening Plan. The National Human Resource Development Plan was validated and disseminated, and the standards and management guide of basic health centres was finalized. The bottom-up and integrated planning guide coupled with budget programming was validated and disseminated to health managers at all levels. UNICEF Madagascar set up the unit implementing the universal health coverage within the MoH, which also prepared texts and managerial tools to pilot the plan in three districts.

This reinforced focus on Health System led to additional funds from GAVI and the Global Fund to be assigned to Madagascar for Health System Reinforcement. During Francophonie Summit, advocacy towards France and Canada led to a special session on Health Financing in Africa being organized.

UNICEF Madagascar also used its field experience, via the ‘PASSOBA’ programme, to support the establishment of bottom-up and integrated annual regional budgeted work plans used by the Ministry to prepare its 2017 budget. The information system was strengthened for the use of a single reporting model at the basic health centre and community levels. The monitoring system was strengthened for action through periodic review meetings at each level, and the medical supply chain was reinforced and funds generated from the cost-recovery system.

Other measures that were taken included supervising the health centres at least once per trimester and auditing them annually. The PASSOBA programme that was initially scheduled to end in December 2016 was extended to the end of 2017 in order to strengthen and scale up the achievements and the results for children in the nine regions.

Challenges in 2016 included weaknesses in the health information system, the irregular payment of salaries to drug dispensers and guards working in health centres, and the limited use of the ‘equity fund’ by vulnerable persons who ought to benefit from free health care. To address the weakness in the health information system, UNICEF provided technical assistance through the Regional Technical Assistants and Regional Advisors based in the nine regions that are supported by PASSOBA. Through this technical support, improvements were noted in the quality of health statistics. Continuous sensitization sessions were conducted by Community Health Workers, health workers and community leaders to sensitize vulnerable persons to seek free health care in public health centres.

**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 level 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:**
Madagascar is one of the few countries where neonatal mortality keeps worsening (from 24 per thousand in 2008 to 26 in 2012). UNICEF advocated for and is supporting a multi-level approach starting with the development at central level of an ‘Operational plan to accelerate reduction of maternal and newborn morbidity, in addition to the ‘national community health policy’, the ‘national integrated Community Case Management (iCCM) strategic plan’ and the ‘national Prevention of Mother to Child Transmission of HIV policy’. UNICEF Madagascar also supported the design of the Global Fund for Malaria and HIV implementation plan as an active member of the Roll Back Malaria team within the National Malaria Program.

Limited access to quality services is a main cause for poor MNCH. In six most vulnerable target regions, UNICEF ensured that 100 per cent of the districts were able to offer Basic Emergency Obstetric and Neonatal care services in level II facilities to pregnant women and newborns, exceeding the 80 per target. UNICEF trained health workers and equipped health facilities to ensure that 210,000 pregnant women and 197,000 newborns could benefit from the BEmONC services in 334 health facilities (out of 429). Five hundred fifty level I health facilities were able to provide basic maternal and newborn resuscitation services covering a population of 216,000 pregnant women and 206,000 newborns. A total of 113,000 newborns benefited from Chlorhexidine for neonatal umbilical care for the prevention of neonatal infections.

In 2016, UNICEF Madagascar supported an additional 145 health facilities (18.5 per cent of health facilities in seven regions) and 3,327 community health workers (CHW) (47 per cent of community health posts in 7 regions) to offer ICCM services (diagnosis and management of pneumonia, diarrhoea and malaria) covering a population of 232,000 children under the age of one and 585,000 children under five through training health workers and CHW and providing drugs. More progress toward the target of 80 percent coverage was constrained by insufficient funds and a new governmental policy which allowed health workers only five days of training per trimester – insufficient time when the IMCI training is 11 days.

In regions of Anosy, Atsimo Andrefana, Sava, Analanjirofo, Menabe and Boeny, a total of 64,700 children under 5 received treatment for diarrhoea and 23,000 children under five received treatment for pneumonia thanks to the ORS/Zinc, amoxicillin DT and timers procured by UNICEF Madagascar.

In 2016, Community Health Workers were given an incentive for each pregnant woman and newborn taken to the health facility for delivery and recommended visits in two districts of Anosy. This approach resulted in an increase of 24 per cent of women delivering in health facilities and an increase of 57 per cent of postnatal visits. A total of 25,500 pregnant women and 23,000 newborns benefited. An additional 65,000 pregnant women benefited from HIV counseling and testing in the six targeted regions. In 2016, coverage reached 70 per cent.

**OUTPUT 3** At least 80% 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% with a focus on the hardest-to-reach and marginalized communities.

**Analytical Statement of Progress:**
Immunization remained the cornerstone of UNICEF Madagascar’s Health programme, and is progressively being used as an entry door for Health system reinforcement and Equity.

In 2016, UNICEF supported cold chain management, vaccine procurement and financial and technical support, which contributed to 83 per cent of targeted children being vaccinated against Measles and 82 per cent vaccinated against DPT (close to the 90 per cent national
target). In all, 12 per cent more children received measles vaccinations in 2016 (82 per cent) than in 2015 (70 per cent). Fifty-nine per cent of districts (40 per cent in 2015) show more than 80 per cent of children received DPT3 coverage and only 37 districts did less than 80 per cent.

Three polio vaccination rounds in 2016 benefitted from UNICEF-procured vaccines (5.3 million doses per round) and intensified Communication for Development activities at the central and regional levels. Each round reached approximately 95 per cent of the targeted 4.5 million children under five. Consequently, no cases of DPT or polio were reported in 2016 and transmission is likely to be interrupted (OBRA5).

To ensure the coverage of children especially in the hardest to reach and marginalized communities, UNICEF Madagascar recruited technical assistance for outbreak management (11 C4D Specialists/Officers, 1 Immunization Officer, 1 Logistic Specialist) and procured more than 15 million doses of OPV. To improve awareness and polio vaccine acceptance, UNICEF Madagascar supported Government and NGOs in administration and community mobilization, advocacy and production of information, education and communication (IEC) materials as well as in raising awareness through mass media.

UNICEF Madagascar supported two Mother and Child Health Weeks (MCHW) to complement routine immunization. A total of 3.6 million children under 5 (96 per cent of the target population) were immunized against measles during the second round of MCHW. UNICEF Madagascar purchased 5 million doses of measles vaccine, conducted social mobilization campaigns and contributed to 79 per cent of the overall operational campaign budget.

UNICEF contributed to the development of the Complete Immunization Multi Year Plan 2016-2019, the second proposal for health system strengthening 2017-2019 and the first Cold Chain Equipment Optimisation Platform proposal for US$12.9 million to improve supply chain management mainly through the procurement of solar-powered cold chain equipment. UNICEF Madagascar organized an advocacy operation with GAVI, whose director participated in the Francophonie summit in November 2016.

Equitable coverage remained a challenge between districts and regions. UNICEF Madagascar supported procurement and installation of 52 solar-powered refrigerators in most deprived areas, bringing to 129 the total number procured by UNICEF since 2014, procurement of spare parts and ensured logistical support in transporting the vaccines from the central warehouse cold chain to the regions and district. The inconsistent, weak quality of data was a constraint to responding appropriately and equitably in the immunization system. GAVI funding has been earmarked to address this bottleneck in 2017.

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 response to the polio virus outbreak, UNICEF Madagascar supported numerous mass vaccination campaigns that reached 13.5 million children ages 0 to 15 years. In 2016, three campaigns took place at the national level.

UNICEF coordinated closely with its sister UN agencies and with government partners at the national level (National Office of Risk and Disaster Management) and with the local authorities in the target regions to support response to the El Niño-affected drought regions. The health cluster mobilized US$900,000 in CERF funds, which were meant to serve as a catalyst but only funded a small portion of the initial estimated needs. The three agencies
submitted a proposal to the Government of Japan for additional funding. UNICEF received funds from the Department for International Development (DFID) and thematic funds for the response and continued to appeal to other donors to support lifesaving interventions for the 1.4 million people affected by the drought in the south.

As an active member of the health cluster, UNICEF contributed to the development an Emergency Action Plan for the South with the National Office of Risk and Disaster Management (BNGRC), which included a focus on preventing mortality among children and women. To support resilience and recovery of the affected populations, UNICEF supported the MoH in the development of an integrated health and nutrition plan for the southern regions. UNICEF contributed to evidence generation and knowledge management by analysing HMIS data in terms of the impact of drought on the health of pregnant women and children under 5 years old, followed by a rapid health assessment in Androy region. UNICEF strengthened the provision of child health services by training 62 health workers on clinical IMCI (representing 84 per cent of health facilities and 41 per cent of all health workers in Androy) as well ICCM for 1,341 Community Health Workers (representing 76 per cent of community sites and 50 percent of total CHW in Androy) in Androy region. As a result, an estimated 115,000 children under 5 years old had access to improved basic health services. UNICEF procured and delivered emergency stocks of Oral Rehydration Salts, zinc sulphate and amoxicillin and 20 delivery kits. Prepositioning of basic medical equipment and essential medicines in preparation for the effects of la Niña was completed. UNICEF Madagascar continued to strengthen Community Health Workers, who disseminated key health awareness messages especially targeted to women and children, in the target regions.

In 2016, UNICEF also supported the ZIKA Response and Communication Plan.

**OUTPUT 5 Direct Cost to support the Outcome**

**Analytical Statement of Progress:**
This output aimed to provided resources for staff working on transversal issues within the section and was fully completed in 2016, with sufficient resources found and allocated to ensure proper support.

**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 ranks very low internationally with regard to use of safe water and improved sanitation. Compared to other countries, Madagascar is ranked the sixth worst country for improved water, fourth worst for surface water consumption and fourth worst for improved sanitation. WHO/UNICEF Joint Monitoring Programme (JMP 2015) revealed that 65 per cent of the rural population relied on unsafe water sources, that approximately half (51.5 per cent) of the population had access to safe water and that half of the rural population practiced open defecation (OD), up slightly from 2013 (a mere 12 per cent having access to improved sanitation).

Additional funding received in 2016 allowed UNICEF to expand its equity focus to reach more hard to reach children living in poor rural areas. UNICEF’s work on sanitation through the Community Led Total Sanitation Approach and handwashing with soap contributed to reducing waterborne diseases that impact chronic malnutrition. In the south, where intense droughts caused an increase in cases of severe and acute malnutrition, UNICEF intensified its WASH programme support providing the affected households with handwashing devices, soap and ceramic water filters to assure
optimal conditions for children receiving therapeutic feeding and deworming through activities supported by UNICEF. Hand washing devices, ceramic water filters and soap were provided to health centres. Pre-schools and primary schools were provided with WASH infrastructure – mainly water points and latrines - and certified primary schools consistently assured children practiced handwashing with soap, used latrines and drank safe water while at school. Water trucking was used in areas where no sources were available as an additional response to the drought.

Under a new approach, UNICEF considered the climate and environmental aspects that need to be addressed to assure sustainable services for the population and consolidated a strategy under a strong resilience approach in the south part of Madagascar. Through an innovative partnership with FAO and IFAD, UNICEF began to support multiple uses of water in the south of Madagascar, exploring ways to assure small scale livelihoods that play a positive role in demand creation and service sustainability. Where water schemes need pumping, UNICEF used solar energy to assure that there was no negative impact on the environment. Madagascar got a grant from the Global Environment Fund (GEF), in which the WASH components are assured by UNICEF.

During 2016, UNICEF explored options for small private sector businesses to contribute to operation and maintenance of water systems and to assure that remote rural areas are also equitably covered. To generate demand for services, UNICEF worked closely with users associations, Community Health Workers and traditional authorities to change social norms and therefore behaviour in rural communities. In 2016, Mayors and regional authorities were engaged in the UNICEF-supported WASH programme activities so that ownership and leadership to address the lack of WASH services is now as close as possible to Communities.

UNICEF continued to support the development of scalable. UNICEF supported evidence generation for sector-wide use (such as the Business Case for WASH), provided technical inputs in the update of legislation (such as the Code of Water) and started to work towards an effective decentralization by supporting the creation of the basis for an effective regulation and devolution of the role of Communes, which will continue in following years. UNICEF worked closely with the Ministry of Water, Sanitation and Hygiene (MoW) and Ministry of Interior and Decentralization (MID) to assure that local authorities reinforce their capacities at human, technical and financial levels. The reinforcement of the national information systems is central to allowing decentralized authorities to monitor, plan, cost and prioritize WASH interventions for the next few years. UNICEF enhanced and mainstreamed sustainability into all conceptual models developed during 2016 and integrated this approach into programme implementation. UNICEF prioritized consolidating and sustaining results rather than simply achieving big numbers of new users.

During 2016, UNICEF consolidated its leadership role in rural water supply, sanitation and hygiene. UNICEF was the main sector partner to provide technical and financial support for rural areas in Madagascar. In order to overcome one of the major sector bottlenecks of lack of efficient coordination, UNICEF supported the government in setting up a sector-wide approach (SWAp) to reinforce the leadership role of government for the sector and address the lack of alignment among the sector partners. While the SWAp has been endorsed by key sector stakeholders, it has been slowed down due to turnover of key positions at MoW, which included the Minister who was newly appointed in May 2016.
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:
UNICEF continued to consolidate the scale up strategy during 2016. UNICEF maintained its support to government to put necessary sector regulations and plans in place, such as costed plan in seven Regions that will allow local authorities to pledge the MoF and international donors for the funds needed to achieve universal coverage. UNICEF was engaged to support five additional Regions in 2017.

UNICEF continued to provide support to implement the capacity strengthening plan, including contracting additional staff to assure fulfilment of local authorities’ responsibilities. UNICEF advocated for the integration of staff into the Ministry of Interior and Decentralization (MID) payroll by 2017, both at regional and commune level, to allow communes to take on the responsibilities of provision, control and regulation of sustainable services.

During 2016, UNICEF supported evidence generation, including WASH fact sheets, a business case and the sustainability check sector wide. The results were essential to raising the profile of Madagascar as it relates to WASH and to highlighting to donors the positive return on investment in the sector. The business case clearly demonstrated the low levels of investment in the sector and the economic loss that this represents for the country. The study was launched by the Minister during African Water Week at Dar es Salaam in July and during Stockholm World Water Week in August. DFID finalized two additional pieces of evidence for the sector: the value for money analysis (VfM) for the whole UNICEF WASH programme in Madagascar and the UNICEF WASH Programme evaluation.

UNICEF supported the MoW to finalize the second sector sustainability check to provide inputs to the discussion on improving sustainability of the WASH interventions, based on recommendations of the Sustainable Service Delivery Strategy and the sector development proposal to improve sector coordination and alignment. An additional study on the financial requirements and management approaches for sustainable WASH services was developed, and an analysis of operation and maintenance models existing in the sector was completed. UNICEF provided technical support to MoW in its leadership function in the sector and preparing for the major donor conference in Paris in November 2016.

UNICEF supported the use of smart phone monitoring in the seven targeted regions for data collection to 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 though promotion of good hygiene practices and meeting of WASH infrastructure standards.

Analytical Statement of Progress:
UNICEF continued to support to the Ministry of Education, Ministry of Health and Ministry of Water to ensure a paradigm shift in the way Madagascar approaches WASH in schools and health centres. Previous evidence has shown constraints that included poor levels of use of infrastructure available in the schools or health centres, combined with maintenance and cleaning that did not meet basic standards. As a result, latrines available at schools and health centres were not used by children or health centre patients. Even when the facilities were used, the lack of adequate cleaning and/or maintenance made them unhygienic over time. The same situation was observed related to water infrastructure, where available. In order to address this challenge, the approach was changed, the first step focusing on appropriate behaviour standards before considering any infrastructure investment.
Since 2014, the Star Approach model has been implemented in the majority of schools supported by the WASH programme. In 2016, 310 schools and 52 health centres were certified as One Star by regional, district and commune authorities. For the period 2015-2016, this brings the total number benefitting from the promotion of good hygiene practices and meeting WASH infrastructure standards to 141,353 children (of whom 68,771 were girls), in 652 schools and 96 health centres certified as One Star.

Extensive C4D campaigns supported the implementation of the WASH strategy to extend its reach to more children and health centre visitors (mostly women and children). This included consistent distribution of radio messages, posters and other promotional activities in schools and health centres.

In schools and health centres that are already meeting the One Star standards, in 2016 UNICEF supported the connection to water systems in 30 schools and 11 health centres. UNICEF also rehabilitated 130 boreholes with hand pumps located near primary schools and 12 more near health centres. As a result, 79 schools were certified as two star. UNICEF’s work in schools provided access to water to 40,463 children, 20,534 of them girls, as well as access to appropriate water services in the schools. A total of 958 schools undertook the One Atar approach in 2016, benefitting more than 139,000 children.

Global Handwashing Day 2016 was widely celebrated by a total of 341,495 children, of whom 172,455 were girls, who participated in the promotion of good hygiene activities in their schools. Global Handwashing Day messages on good hygiene and handwashing with soap in health centres reached a total of approximately 1 million people in 2016.

OUTPUT 3 Community demand for sustainable safe drinking water sources is improved and met

Analytical Statement of Progress:
UNICEF Madagascar supported the MoW and MID to organize the sector in an efficient way and build sustainable models that can be brought up to a national scale. The recommendations of the Sustainability Forum that was organized in 2015 were implemented. Small scale private operators were involved to assure operation and maintenance as well as to provide regulatory mechanisms to assure user tariffs will be affordable and service is guaranteed over time. In 2016, UNICEF Madagascar worked to set up those small scale private operators models, supported the reform of the legal framework, developed demand creation strategies, and started training small operators in charge of the operation and maintenance of water systems.

In 2016, significant progress was made to build all necessary elements in the sector to start consolidating and assuring the implementation at scale. Other actors are adopting the same strategy to involve the private sector in the operation and maintenance of water sources. In 2016, the role of Assistant Coaches at Commune level (ACCs) was expanded to support communes on managing water services issues, transitioning into their future role of commune technical service for water, sanitation and hygiene.

In terms of water service provision, UNICEF continued to support the MoW 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, 213,700 people gained access to an improved and sustainable water point in 2016, bringing the total number of beneficiaries since 2015 to 367,102. Users associations played a role in getting
the community organized but communities relied mainly on small operators to ensure continued functioning. The MID worked on revising a model to provide communes with shared technical services in the coming years, by adapting the regional technical assistant model implemented through UNICEF to municipalities. This will strengthen the capacity of communes to assure their roles and responsibilities as defined in the new Code of Water and apply related application regulations efficiently.

A Sustainability Check completed in 2016 provided additional information on the status of the WASH sector in Madagascar and recommendations on the way forward to improve the levels of service to communities. The levels of sustainability were below standards compared to the rest of the African continent due to an exposed fragility and lack of investment in the sector during the last few 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:**
During 2016, 325,075 people abandoned open defecation and started using latrines. A total of 40,343 new latrines were constructed with the support of UNICEF Madagascar. UNICEF continued to support generation of evidence of good practices and effective models, including monitoring mechanisms, and highlighted the critical role that social norms play in relation to sanitation and hygiene. 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 the catalytic effect of rolling out activities considering all necessary elements that comply with existing social norms and at the same time provide room for changing these social norms, where sustained and collective use of latrines and hand washing is a new social standard everyone aspires to and comply with. UNICEF used an intersectoral approach, mobilizing community health workers (CHWs) in promoting change and in implementing follow up activities supported by village, fokotany, commune and districts committees. The role of CHWs represents a unique comparative advantage compared with other models based on bringing outside resources to carry out the activities.

With support from UNICEF Madagascar in 2016, a total of 51 additional Communes, representing 539,050 people living in 3,290 villages, became ODF. Particular progress was made in the south of the country, where consistent behaviour change related to sanitation and hygiene was achieved.

During 2016, UNICEF supported MoW and National Statistics Institute (INSTAT) to implement an independent certification process for OFD in UNICEF-supported regions. UNICEF also advocated for the process to be adopted by other sector partners in order to assure data reliability and sector transparency in reporting results achieved. UNICEF Madagascar led several sector discussions in 2016 on how to assure the necessary elements for achieving sustainable change on sanitation and hygiene and implemented a strategy to ensure sustainability post-ODF. The C4D strategy played a key role in promoting handwashing with soap. Related IEC tools and approaches were used throughout the year, with a special focus on mothers with children under the age of two years.

To address the key challenges in the sector related to data collection by the national systems, in 2015 UNICEF Madagascar supported the government to pilot SMS and smartphone data collection of progress. The positive results of the pilot resulted in a scale up in 2016 to the seven regions of the smartphone monitoring model.
OUTPUT 5 Population 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:
During 2016 UNICEF responded to the El Niño- exacerbated drought crisis affecting the south of the country. The lack of precipitation has persisted since May 2015, with rainfall patterns much below normal. UNICEF Madagascar, as cluster lead, led and coordinated emergency preparedness and response, promoting the shift of leadership towards national and sub-platforms led by government. A training was provided for Regional Directors to assure they progressively moved towards this leadership role. To address the severely limited access to water and the related price speculation for water, UNICEF partnered with the decentralized MoW directorates and the regional water service provider AES (Alimentation en Eau du Sud) to provide life-saving water to the most vulnerable 105,600 people, including through water trucking.

UNICEF Madagascar further rehabilitated 668 water points benefiting an estimated 130,491 people; drilled 145 new boreholes and equipped them with hand pumps, benefiting 27,580 people; and completed 28 new mid-scale water supply schemes, benefitting 46,390 people since 2015. This new and rehabilitated infrastructure provides access to a total of 126,101 children in schools and 107,344 children in their communities.

UNICEF WASH supported the recovery of children with severe acute malnutrition by ensuring that 12,170 families with children receiving therapeutic feeding, including those newly identified through monthly malnutrition screening, had a handwashing kit, soap and a ceramic water filter for safe drinking water. The distribution of those kits was complemented through explanations from CHWs to the households on the importance to practice the key three messages. A total of 3,200 vouchers were given to families with children affected by acute malnutrition living nearby the water trucking delivery points. To complement this, the CLTS campaign covered vast areas of the affected districts, accelerating latrine construction and use and increasing the ODF areas.

The cross-sectoral WASH/Nutrition joint response was implemented for the first time. UNICEF Madagascar conducted a study of the levels of use of the wash devices at household level and the related behaviour change. After the first assessment of household use of those kits was analysed, a round of intense training was organized to assure CHWs provide messages and instructions on kit usage.

Drought conditions are expected to continue into 2017, further challenging the resilience and recovery of affected populations. In search of innovative solutions to increase sustainable and life-saving access to water to the most-drought affected populations, UNICEF led a partnership with IFAD and FAO to address small scale livelihoods needs by providing micro- irrigation kits and trainings to the communities surrounding the water points constructed by UNICEF. To date, more than 20 communities function under this partnership. In partnership with the University of Antananarivo geophysics department, UNICEF Madagascar carried out an in-depth analysis of the conditions in sedimentary areas to identify possible sites for drilling to increase equitable access to safe water for the most vulnerable populations.

OUTPUT 6 Direct Cost to support the Outcome

Analytical Statement of Progress:
To support the implementation of the WASH program, funding was provided to cover basic operating expenses, for instance: Program Officer and Section’s administrative support personnel salaries, Field missions’ travel expenses and Daily Subsistence Allowances, externalized services (i.e. translation and interpretation, audits), and offices supplies.
OUTCOME 3  By the end of 2019, child nutrition interventions result in better nutrition outcomes in target regions.

Analytical Statement of Progress:
In 2016, UNICEF supported the nutrition sector at both upstream and operational levels. Although there is no national survey that allows to report on progress made toward the outcome, UNICEF contributed to an overall improved nutrition outcome for children, especially through support to policy, planning and presence on the ground.

Advocacy by UNICEF and other partners (World Food Programme and the World Bank) through the development of a nutrition investment case and a Cost of Hunger report, the development of a nutrition note inspired from the investment case and which was tabled at the donors roundtable, as well as media and communication events, resulted in more attention for nutrition at all levels. The recent increase of the budget allocated to the National Nutrition Office (ONN), from US$1.5 to US$5 million, and the African Development Bank pledge of US$1.2 million for nutrition and agriculture in Madagascar are partly attributable to this advocacy. Domestic investment in the sector is still below the 4 per cent of the national budget recommended in the 2016 global nutrition report. While the UNICEF-led coordination of the UN and donor’s platform for the Scaling Up Nutrition (SUN) movement successfully held monthly meetings, there was little multi-sectorial coordination involving sectors such as water and sanitation, health, and agriculture. As a result, the development of the new national nutrition plan and the update of the national nutrition policy were delayed, with work only starting in the last quarter of 2016. Following the publication of concerning results from the national salt iodization survey, a UNICEF-sponsored workshop was convened and resulted in a work plan aiming to achieve 85 per cent adequately iodized salt by the end of 2017, with an expected positive impact on child nutrition across the country.

UNICEF maintained support to interventions aimed at improving Infant and Young Child Feeding (IYCF) delivered through health facilities and communities of the programme’s six focus regions, representing 45 per cent of the total population of the country. In these regions, 71 per cent of all health facilities (891 facilities) and 82 per cent of all community nutrition sites (5,000 communities) offered counselling for IYCF and maternal nutrition, increasing the potential for improved nutritional outcomes of an estimated 1.8 million children. Two rounds of Mother and Child Health Weeks (MCHW) were conducted in 2016. Results of round 1 indicated that more than 97 per cent of children were reached with vitamin A and deworming and 0.97 million children were screened for acute malnutrition. Staff training, therapeutic food and essential medicine was provided to more than 442 facilities for the treatment of severe acute malnutrition (SAM) outside of the emergency context and to 195 facilities in the emergency affected areas in the south. As of October, a total of 20,200 cases of SAM were admitted for treatment in these facilities. UNICEF, with the Ministry of Health and ONN, maintained and scaled up the response to the El Niño-related nutrition crisis in the south. Eight massive screenings were completed in 2016, reaching on average 250,000 children each time, thereby contributing to save the lives of significantly more SAM children than in 2015.

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:
UNICEF Madagascar developed a nutrition investment case in 2015 which, along with a Cost of Hunger study report supported by WFP, was launched during the visit of the Secretary General of the United Nations in May 2016. UNICEF organized several media and donor visits in the country with a focus on nutrition and contributed to Madagascar’s
participation in several high-level nutrition related events. These included the summit of nutrition champion led by the African Development Bank (AfDB) in Ivory Coast in September 2016 and the donors round table led by the World Bank held in Paris in December 2016. Subsequent to these efforts the government advocated to increase the budget allocated to ONN from US$1.5 to US$5 million for the 2017 fiscal year; the AFDB pledged US$1.2 billion dollars for nutrition and agriculture during the donors’ conference held in December 2016; the World Bank renewed and increased its financial support to nutrition; and the President of Madagascar was nominated by AfDB as one of the African nutrition champions. These achievements indicated an improved understanding of the importance of nutrition and contributed to creating a good momentum for nutrition.

UNICEF supported the development of an action plan to revitalize the salt iodisation programme. The implementation of the plan will contribute to improving the iodine status of children, thereby helping to protect thousands of newborns from mental retardation and lowered IQ.

UNICEF continued to coordinate UN agencies and donors SUN platform through six meetings held with the platform members (WFP, UNFPA, WHO, FAO USAID, WB). In 2016 there was a turnover in the management of ONN and limited coordination resulted in delays in the revision of the national nutrition policy and the development of the nutrition multi-sectorial plan. Because no inter-sectoral coordination meeting was held in 2016, there was no opportunity to update the common results framework.

In 2017, UNICEF will continue to support ONN to complete the revision of the nutrition policy and the development of the nutrition plan; maintain its advocacy efforts, especially with parliamentarians to ensure enforcement of the nutrition-related legislation, such as the code of commercialization of breastmilk substitutes and mandatory salt iodization; and support ONN to institutionalize multi-sectoral coordination around the monitoring framework of the new nutrition plan.

**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:**

Two rounds of Maternal and Child Health Week (MCHW) were held in 2016 to reinforce the provision of quality nutrition care provided to children. In the first round, 3.8 million children (97.6 per cent of the target) received vitamin A, 3.4 million (98.8 per cent) were dewormed and 0.97 million were screened for SAM. (The results from the second round were not yet available at year end.) After the results from a UNICEF-supported survey on the iodine status of the population were issued, a plan was developed with the aim of ensuring that 85 per cent of all salt is adequately iodized by the end of 2017. Interventions to improve IYCF were delivered through health facilities and in communities in the six focus regions of the nutrition programme. In 2016, 109 health staff from 81 health facilities and 1,013 community workers were trained and equipped for facility and community-based IYCF counselling to improve the diet of children. This led to an increase in the number of health facilities with IYCF counselling capacity from 63 per cent in 2015 to 71 per cent in 2016. For the same period, the proportion of communities (fokontany) with IYCF counselling capacity increased from 64 per cent to 82 per cent. UNICEF provided 8,500 boxes of Ready to Use Therapeutic Food (RUTF) and essential drugs. This support reached 5,500 SAM cases with treatment (1,500 cases more than in 2015).

Challenges in 2016 included: IYCF indicators being too far from the impact level and being collected through parallel systems; coverage of SAM treatment being low in the non-
emergency areas; and overloading the MCHW package, which could compromise quality. UNICEF Madagascar advocated to include IYCF indicators in the community-based health information system (C-HIS) and plans to conduct a bottleneck analysis of the SAM treatment programme, the evidence from which will be used to develop a scale up plan in 2017. UNICEF will support the inclusion of micronutrient powder (MNP) in the MCHW package, especially for regions with a high prevalence of chronic malnutrition. UNICEF will aim to achieve 100 per cent coverage of communities and health facilities in the six focus regions for IYCF counselling. To improve programme monitoring, UNICEF will support the training of the district health staff in Lot Quality Assurance Survey (LQAS) surveys as well as their implementation at district level. A scale up plan for SAM treatment will be developed and implemented.

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:
In 2016, UNICEF supported the establishment of multi-sectoral coordination units in the region of Vakinakaratra as well as in all seven districts of the region. Discussions to integrate the nutrition supplies in the national health supply system through SALAMA were inconclusive, as it turned out that SALAMA only dispatches the supplies from central to district level and not from district to the health facility, which is the major constraint for the nutrition programme. The effort to integrate nutrition in the training curriculum for medical doctors and nurses continued but will take more time to become effective as revisions of curriculum are done on a cyclical basis, and a cycle can take several years. UNICEF supported the capacity building of 1,013 community workers and 109 health staff of the six focus regions in IYCF through training and provision of counselling tools. This helped to increase the proportion on of health facilities with the capacity to deliver counselling from 34 per cent in 2015 to 71 per cent in 2016. The proportion of communities with stronger capacities increased from 63 per cent in 2015 to 82 per cent in 2016, contributing to better conditions for adequate feeding of children in these regions. A total 53 per cent of Health Workers nationwide provided SAM treatment to children.

Overall there was not much progress in curriculum development and supply chain improvement. The discussion on the inclusion of nutrition in the pre-services training curricula did not progress and the attempt to include nutrition supplies in the health supply chain through a parastatal agency in charge of the health supply chain, SALAMA, was stopped. UNICEF Madagascar continued to use a parallel system for the dispatching of nutrition supplies. UNICEF Madagascar provided funding to support within district distribution of the nutrition supplies, especially in emergency affected regions in the south.

In 2017, UNICEF Madagascar will complete the hiring of the regional level staff for three focus regions (Atsimo Andrefana, Vakinakaratra and Androy). These staff members will support the establishment of regional coordination units and the setup of regional task forces for ICYF.

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

Analytical Statement of Progress:
UNICEF continued to support the humanitarian response in the south through coordination of the nutrition cluster at central and district levels (six out of eight districts) and for the treatment of severe acute malnutrition. At central level, nine coordination meetings were
held. On average, six coordination meetings were held at district level, which contributed to ensuring that partners adhered to the national protocol and interventions in the field were done in such a way to avoid overlap and to reach the neediest children. UNICEF provided funds and supported capacity building for eight massive screenings, reaching an average of 250,000 children each time, and provided more than 12,000 boxes of RUTF to 195 treatment facilities. A total of 14,700 cases of SAM were admitted for treatment. There was a 71 per cent cured rate (10,400 cases), 0.5 per cent death rate (735 cases) and 12 per cent defaulter rate (1,764 cases).

The challenges encountered were mainly in terms of efficiency, including high defaulter rate; too few admissions in the in-patient treatment facilities; and incorrect use of the nutritional products (product for treatment used for prevention) with potential to lower the programme performances. To address these challenges, UNICEF and the MoH conducted a study to better understand the reasons behind the high defaulter rate and develop mitigation measures. UNICEF provided the district managers with funds to cover the meals of the caretakers of patients who required in-patient care. A special cluster meeting led to a better understanding by partners on the necessity to fully adhere to the national SAM treatment protocol.

In 2017, UNICEF will maintain and strengthen its support to the crisis response. Regular massive screening will continue and support will be provided to mothers for routine screening of their children. Coordination at central and district level will be maintained and frequency will be increased. Treatment will be scaled up through the setup of mobile clinics in order to reach SAM cases still un reached due to long distances they have to travel to get to treatment facilities. Nutrition Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys will be conducted to provide solid evidence on the situation both in terms of malnutrition and mortality.

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:
Despite the increasing needs of the sector, total government allocation to the education sector continued to decline in 2016. National budget allocated to Education in 2016 represented approximately 2 per cent of GDP, well below international standards and the average for sub-Saharan Africa. There has been no national response to the Public Expenditure Review conducted in 2015 with the World Bank, which raised serious concerns on the financial sustainability of the sector. Reliance on external funding remained significant and a substantial proportion of education costs continued to be borne by households. A recent sector analysis showed that the unit cost for a child to go to primary school during the 2015-16 school year was approximately US$30 per year, of which 40 per cent was paid by the families. Considering that more than 90 per cent of the population lives on less than US$2 per day, the correlation of schooling costs and declining enrolment is evident. In the context of extreme poverty faced by Malagasy children and families, a new cross-sectoral strategy was launched with the UNICEF Social Policy section to deliver cash transfer in order to reduce the burden of education costs on families.

With a view to boost enrolments, increase retention and reduce the proportion of out-of-school children, UNICEF Madagascar continued to support the national infrastructure plan through the construction of new classrooms. UNICEF also supplied new equipment to help the Ministry of Education (MoE) respond to demand. Financial and technical support was also provided to implement catch-up classes to support the reinsertion of approximately 30,000 out-of-school children. In 2016, girls’ survival rates in primary also improved slightly, by 0.3 per cent.
Overall enrolments increased in 2016 in all education cycles, and the number of children enrolled in public pre-schools increased to 18 per cent. Despite these gains, retention and survival rates remained constrained, nationally and in the targeted regions, due to the poverty and low resilience capacity of communities. Trends in 2016 were far below what should be expected from the estimated growth of the school-aged population, with approximately 1.7 million primary school-aged children out of school, and only about one in two children who made it through to lower secondary school. While gender parity was achieved at the national level throughout the basic education cycle, significant disparities remained across regions in 2016, especially in UNICEF targeted regions, which are particularly vulnerable to multiple deprivations and the effects of severe climactic conditions. Integrated approaches, including cash transfer strategies, were put in place to address challenges to equitable access.

Key achievements were made to the quality development agenda through the contribution of a nation-wide training programme in partnership with the main donors to reach all teachers (of which around 17,000 were through UNICEF support). UNICEF provided teaching and learning materials in Malagasy to foster children’s acquisition of fundamental literacy skills, with particular focus on reading competencies in early grades, to all public schools operating at pre-primary and primary levels in seven target regions. The procurement of teaching and learning support materials was extended to public lower secondary schools in five regions. UNICEF support to supply Malagasy textbooks in primary schools, initiated in 2015, attained national coverage in 2016 (with a ratio of 1 textbook for 2 children) thanks to a collaborative partnership with the EU, the GPE-funded programme and other partners.

Difficulties to access education, achieve and learn were exacerbated by the impact of climate changes, especially for the most vulnerable population. In response, UNICEF led the Education cluster to provide materials and start a large programme of DRR training in the 16 most affected regions to help strengthen resilience of individuals, communities and the system for the benefit of children. In 2016, DRR capacities were reinforced in seven regions, bringing the total number of regions with stronger DRR capacities to 13.

UNICEF Madagascar continued to contribute to policy development, sector coordination and joint advocacy efforts for a quality education for all. UNICEF continued to serve as Coordinating Agency for the GPE and as Lead agency for the sector. In this capacity, UNICEF provided and coordinated support to the ongoing development of the new Education Sector Plan (ESP), including the Education Sector Analysis validated at the end of 2016. As a means to strengthen an education system of quality for all learners, UNICEF Madagascar also advocated to improve inclusive education through the development of pedagogical tools to facilitate the integration in schools of children with disabilities.

The next steps will focus on the same priorities related to access, equity and quality to ensure the rights for all children to develop their personal potential, including through a stronger focus on second decade (especially girls). Even if the analysis of public resources planned for the next three years shows that the budget allocation for Education will increase above 20 per cent (with 15.2 per cent in 2016), this still remains too limited to achieve SDG for education. The gap needed to finance primary education is about US$45 million per year (until 2030) and approximately US$127 million per year for basic education. The advocacy work of UNICEF to keep Education as a priority in terms of national budget allocation will continue.

**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:
Support provided by UNICEF to children, teachers and schools contributed to a 7 per cent increase in the number of children enrolling in the 2015-2016 school year compared to 2014-2015 in seven targeted regions, which was 2 per cent higher than the national average. Access of girls in lower secondary also improved (the parity rate increased from 0.91 in 2014 to 1.02 in 2016). This success was partially due to the LUL programme, which focused on the transition between primary and secondary school through a multisector approach with support to Education, Child Protection, Social policy and C4D.

To respond to the large proportion of drop-outs in 2016, UNICEF supported the scaling up of catch up classes for 27,941 children who had dropped out of primary school in seven target regions. Realizing the special importance of extending these services to adolescent learners (as an underserved child population), UNICEF also extended this pilot programme at the end of 2016 to 3,870 out-of-school children in lower secondary schools in three regions. UNICEF contributed technical support for the design of these initiatives, for teacher training and classroom resources and furniture (e.g. 654 additional desks/chairs in Anosy region). To support education supply and enrolment capacities, 450 children benefited from newly constructed and equipped cyclone-resistant, environmentally friendly classrooms in 2016, bringing the total to 4,500 beneficiary children. An additional 8,050 children will benefit from the completion of 161 new classrooms, whose construction started in 2016 and will be completed in the first quarter of 2017.

UNICEF also provided technical support to the Ministry of Education for the development of partnerships with civil society and coordinated the Inclusive Education Platform to facilitate the inclusion of children with disabilities. A harmonized approach and standard training and guidance tools were developed and validated to support the inclusion of children living with disabilities in ordinary schools.

Despite these encouraging gains, progress towards this output remained constrained. The number of out-of-school children remained very high (about 1.7 million school aged-children) and retention was particularly low at primary level, with only 4 children out of 10 finishing the cycle. Children from the poorest households, rural areas and children with disabilities were still largely excluded from the public education system in 2016, in part due to lack of resources to provide quality education services in an equitable manner.

To prevent high levels of drop-out, especially between primary and lower secondary level, and to encourage increased transition, UNICEF Madagascar developed a cross-sectoral cash-transfer programme linked to the National Policy on Social Protection, to benefit to 23,200 children in the final year of primary and/or children in lower secondary. Cost remained one of the major barriers to children accessing education. UNICEF work in 2017 will focus on the monitoring of the catch-up classes; the monitoring of the cash transfer programme; the construction of additional classrooms and technical support to the PSE in terms of better equity through advocacy on equity allocation of national resources and strengthening system for better accountability.

OUTPUT 2 By the end of 2019, the quality of teaching and learning in primary schools is improved through revised school programs, 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:**

In 2016, UNICEF’s contribution to quality teaching and learning prioritized the upgrading of teachers’ competencies to deliver the recently harmonized curriculum. Specifically, 17,679 teachers and educators were trained and certified in 2016 (2,223 at pre-primary, 11,961 at primary, and 3,495 at lower secondary level), contributing to stronger teaching and learning for children, especially among the vast majority of community recruited teachers. In total, the close collaboration of UNICEF, the Global Partnership for Education, and the European Union supported in-service training of approximately 80 per cent of the primary school teachers nationwide through a jointly-delivered six-week intensive training programme. A total of 2,142 headmasters and 493 pedagogical support officers were also trained to provide better pedagogical follow up to teachers in service, to maximize the impact of these teacher training interventions on children and learning. These training sessions covered technical content and teaching skills on the main subjects (Maths, Malagasy and French) as well as essential pedagogical competencies to better meet the needs of children and improve learning outcomes for all through group, inclusive and multi-grade methodologies. Considering the rapid expansion of pre-primary classes in public primary schools and the experimentation of the pre-school curriculum now in progress, the content also introduced early learning. UNICEF also supported the training capacities at pre-service level, with the distribution of training modules to all 25 teacher colleges country-wide, which facilitated the reviving of initial preparation of educators, teachers and pedagogical support officers, with new cohorts of 1,000 student teachers at primary level, 500 for lower secondary, and 400 pedagogical support officers.

In addition to these training initiatives, UNICEF contributed to improved learning environments through adequate learning materials by providing recreational and pedagogical materials to 1,319 pre-schools, 8,905 public primary schools (reading corners and materials, including dictionaries, in Malagasy), and 572 lower secondary schools, benefitting approximately 1,725,000 children overall – a 17 per cent increase in coverage compared to last year. UNICEF provided technical support for the new Education Sector Plan with a view to prioritize reading skills and mother tongue instruction in the context of future curriculum and policy reforms. The next steps will focus on the implementation and evaluation of the preschool curriculum initiated in 2015; the support of in-service training through the pedagogical days already organized by the MEN but for which improvements are needed; the support of the regional training centres through supplies and trainings; and technical support to the new Education Sector Plan to ensure that the quality issues are addressed, specifically human resources management, the elaboration of a language policy and the definition of output profiles of children for each learning cycle.

**OUTPUT 3** By the end of 2019, the capacity and systems of the MEN, at central and different decentralized levels to plan, manage and train are strengthened 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:**

Improved governance for the benefit of children’s education linked to the capacity and systems of the MEN to plan, manage and train remained constrained in 2016 due to limited budget, and management and coordination capacities. The national budget for 2016 decreased the allocation for education to 15.6 per cent, exacerbating the difficulties to provide access to quality education. Salaries represented approximately 90 per cent of expenditures, leaving limited space for investments (infrastructure and quality). Resources available remained highly centralized and not equitably distributed, which affected the overall performance of the system. In this context, UNICEF supported governance improvement at all levels, with a particular focus on planning and management capacities. UNICEF supported the review of the roles and missions of all Ministry entities from national to
decentralized levels to avoid overlaps and clearly identify linkages and hierarchy between them. This initiative will pave the way for standard job descriptions to promote transparency in recruitment processes, and develop standardized training curricula for officers serving in strategic management, planning, and training capacities.

UNICEF also supported the national school census and the improvement of the education management and information system (EMIS), including the production of the annual statistical yearbook. School profile cards generated through EMIS were introduced to feed information back to users and improve planning, performance, and accountability across the system. New tools were also developed, including guidance and training materials to improve school management capacities and local participation of parents and communities, with a view to realign management structures, strengthen transparency in the management of resources, and increase social accountability through enhanced participation of children, parents, and local communities in school improvement plans. At the regional level in 2016, regional technical assistants placed in seven regional education offices contributed to the capacity development of decentralized education authorities (at regional and local level), helping them to better plan, implement and monitor the education system. UNICEF Madagascar was involved in the preparation of the new sector plan, including technical education and vocational training.

UNICEF supported regional and national consultations, including children and parents. Financial simulation and guidance for financial sustainability were also provided. A joint steering committee involving all three Education Ministries was established to ensure coordination and coherence of the plan. UNICEF also organized joint advocacy with other development partners on the content of the strategic plan, on aid effectiveness in the education sector (which resulted in the establishment of a basket fund to strengthen the system and capacities under the future Education Sector Plan) and on preparation for the next GPE grant. As the sector analyses (RESEN) has been finalised, further steps will focus on support to the planning and monitoring components (at national and regional levels) related to the preparation and implementation of the new sector plan as well as better coordination among partners. The quality of the new sector plan is an essential condition to improve education through a common vision, strategies and actions plan. The plan will also be the tool for internal and external fund-raising.

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:
In 2016, intense floods severely affected two regions on the Western coast (Boeny and Sophia). A total of 3,120 children (48 per cent of the total affected population) were able to return to school in a timely manner thanks to the availability of 78 pre-positioned school-in-a-box, the repair of 22 classroom roofs and the construction of 12 temporary classrooms provided by UNICEF Madagascar.

In August 2016, Madagascar joined the sub-regional South African Development Community (SADC) emergency declaration and related appeal for the chronic drought in the south of the island. The education sector was included in the Drought Response Plan. Due to the increase of food insecurity, loss of household assets and growing poverty, the risk of children dropping out of school remained high. UNICEF initiated a real-time monthly monitoring system to follow indicators of drop-out and absenteeism. The last report in October showed that approximately 17 per cent of pupils and 50 per cent of teachers were not in schools at the height of the drought.
To reduce the burden on households, and consequently, absenteeism and drop-out rates, 4,000 families are positioned to benefit from an unconditional cash transfers programme that began in December 2016. Supplies for more than 610,000 teachers and students were ordered and will be distributed at the beginning of 2017.

UNICEF, as co-lead of the Education cluster with the MNE, pre-positioned stock for 50,000 potentially affected children and teachers, half of which has been pre-positioned at a regional level to ensure a quicker response in an emergency.

UNICEF Madagascar trained seven regions this year on Disaster Risk Reduction, distributing updated manuals and training guides. Approximately 1,000 trainers and 9,000 teachers were trained and approximately 328,000 teacher guides and 412,000 student manuals were distributed. These trainings aimed to improve resilience of communities by raising children's awareness and understanding of emergencies, including better preparation.

To strengthen the cluster's prevention, preparation and response capacity, an Education Cluster and emergency education training took place mid-December for 40 cluster members at national and regional levels, including the regional education technical assistants who are housed within the Ministry of Education regional offices. The training regrouped not only education actors but also WASH, Child Protection, Social Protection, Nutrition and Health and other development partners to reflect on how to create better coherence between emergency and development interventions, making the link between immediate response and mid and long term response more structured with capacity building to build resilience of individuals, communities and systems.

In order to make individuals, communities and systems more resilient and better prepared for future disasters, in response to SDG 13, UNICEF will support activities to develop children's awareness of climate changes, for example through the planting of trees in schools, to educate children on the role they play in reducing climate change.

OUTPUT 5 Direct Cost to support the Outcome

**Analytical Statement of Progress:**
The section spent approximately US$963,000 on salaries, services and supplies and HACT. Regarding salaries have been utilized for the ATR (25 per cent). These staff are mainly on institutional support developing capacities of the regional direction for better planning, monitoring and accountability of the education system. Beginning in 2017 the section decided to impute the ATR salaries on component 3 of the program for better coherence of expenditure. Monitoring missions were also an important expenditures (18 per cent due to the risk mitigation strategy developed as part of the implementation of our training program to mitigate the fiduciary risks associated with high DCT for the regions (representing approximately US$3 million).

OUTCOME 5 Response and prevention of exploitation and violence against children is Improved in targeted provinces.

**Analytical Statement of Progress:**
UNICEF advocated for evidence generation on violence against children to inform more integrated and coordinated child protection systems. A nationally appointed multi-sectoral steering committee facilitated the process. For the first time, data on child protection was aggregated at national level through development of a joint database between police and
justice and the adoption of common data sharing protocols between different bodies in charge of security (police and gendarmerie). The case management system was also harmonized within the Ministry of Population. Following joint advocacy, the Ministry of Health (MoH) also integrated specific violence indicators in its routine administrative data, which were used by UNICEF and the MoH to produce the first national bulletin on violence and injuries against children.

Between January and October 2016, UNICEF Madagascar supported 15,292 children victims of violence and exploitation, of whom 636 benefited from an improved case management system through the installation of the country’s second One Stop Centre model. In remote areas, the quality of care provided to child victims was improved through the development and dissemination of a multi-sectoral minimum package of services endorsed by all concerned Ministries and the police.

UNICEF advocated and supported the government in developing its National Strategy against Child Marriage, identifying key interventions to prevent and respond to child marriage. A mass awareness raising campaign as well as interpersonal communication tools increased the reporting of child marriage cases (one-third of the child protection cases identified by the MPPSPF were linked to child marriage and early pregnancies) in centres. To keep the momentum around the issue, UNICEF Madagascar and the Canadian Embassy of Madagascar increased attention to global prevention and response to child marriage during the Francophonie Summit in Antananarivo in November, contributing to the adoption of specific resolutions against child marriage by the 57 participating governments.

UNICEF Madagascar also provided technical and financial support to engage the population to be more proactive to prohibit violence against children, with a particular focus on online sexual exploitation and child marriage. Thanks to the ‘WE Protect’ global initiative, UNICEF Madagascar led the establishment of two special police squads, which specifically deal with children’s cases as well as training of social and legal workers on protection of children online. UNICEF signed a partnership agreement with the main mobile and internet services providers. Approximately 40,000 Internet users each month (through e-mail broadcast) and more than 7,000,000 (70 per cent of mobile phone users through SMS broadcast) were reached through a national awareness raising campaign on child protection online, a newly created website as well as through community dialogues both in schools and communities. Following the formal engagement of the Malagasy Government in 2015 to join the African Programme to Accelerate Civil Registration and Vital Statistics (APAI-CRVS), UNICEF, together with the African Union and UNECA, supported an evaluation of the system. This evaluation was carried out both at national and regional levels to assess all services related to civil registration. The main recommendations of the evaluation were used to inform the National Strategy to improve the CRVS system in Madagascar, which is expected to be implemented in the first half of 2017 and will help reach the estimated 17 per cent children who are not yet registered.

At upstream level, UNICEF, together with the MoJ, undertook a study to identify bottlenecks that undermine and slow down the treatment of cases of children in contact with the law (both as victims and offenders). This study, together with setting up a dedicated team under the supervision of the MoJ in charge of improving the situation of children in conflict with the law, led to several major breakthroughs. A new law was adopted integrating core international standards and norms on juvenile justice. A shared database between police and justice was set up to improve the monitoring of the cases between service providers. New procedures within the judicial system have accelerated the intake process and facilitated access for children to alternatives to detention. In 2016, 130 children in conflict with the law received support. These measures decreased the number of juvenile cases in
pre-trial detention in the principal prison of Antananarivo by 4 per cent in 2016. However, national data from MoJ indicates that 895 children (79 girls) are still in pre-trial detention. The children of Madagascar were deeply affected by drought caused by El Niño in 2016. UNICEF successfully advocated for the integration of Child Protection indicators into two joint assessments. These assessments were later used to raise awareness among actors and donors supporting the response to the needs of children in emergency, especially when they were separated from their parents. It also strengthened mobilization of an additional US$250,000 by UNICEF. In the rest of the country, UNICEF supported provision of psychosocial support for 321 children and strengthened capacities of partners in the most at risk regions to respond to emergencies through the training of 531 social workers and the deployment of Child Friendly kits (with an overall response capacity of 3,200 children).

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 an effective child protection system. Significant achievements were made in evidence generation that informed target regions' development of a joint evidence-based, multi-year workplan. At national level, justice, police and other protection services used data sharing protocols between the different services of police and a database related to children in contact with the law developed and set up with support from UNICEF Madagascar to follow the situation of each child. This contributed to accelerated legal procedures for children to reduce incarceration and has improved better access to trained social and legal workers and referral to alternative measures to detention for child victims. Using this momentum to raise awareness on the issues of violence against children, UNICEF, together with the MoH, published the first bulletin on violence and injuries against children based on data collected at Basic Health Centres (BHC) in 112 districts, which provided actors with information on the scale and forms of violence against children nationwide.

Measuring the national prevalence of violence against children remained constrained as data was not collected by other actors such as police and justice, and data quality remained a concern. In 2016, 636 child victims (26 in Toamasina and 610 in Antananarivo) received support at the UNICEF-renovated and equipped One-Stop Service Centre, which opened in Toamasina, the second largest city of Madagascar. By offering medical, psychosocial and judicial services in one place, these centres significantly reduced the risk of re-traumatization for victims and helped them to access comprehensive care. Despite this improvement, lack of a common strategy within the sector and weak capacity to set up a joint M&E framework hindered actors to offer a common response to children's needs.

Madagascar's legal framework improved for children in contact with the law (as victims/at-risk and offenders). Based in part on recommendations of a UNICEF-supported study conducted by the MoJ, a new law for juvenile offenders integrating core international standards and norms on juvenile justice was adopted. Through a partnership with the NGO Grandir Dignement, 130 juvenile offenders received support, 30 of them accessing alternatives measures to detention. A centralized system, with a shared database between actors within the justice system and the appointment of four specialized prosecutors in charge of children in contact with the law, resulted in the reduction of required time needed for prosecuting a case and decreased the number of children in pre-trial detention by 4 per cent in the main prison in Antananarivo.

UNICEF supported the Government in its commitment to implement the African Programme to Accelerate Civil Registration and Vital Statistics (APAI-CRVS). In a joint effort between
UNICEF, UNECA and the African Union, a national assessment of protection systems was carried out. Recommendations of the assessment were used to develop the first draft of the national plan to improve the birth registration system for the most disadvantaged children. The draft plan was not yet costed at year end.

OUTPUT 2 By the end of 2019 violence against children is reduced through integrated and coordinated prevention and protection mechanisms (Medical, psycho-social, and Legal).

Analytical Statement of Progress:
In 2016 UNICEF supported the launch of a national Violence Against Children (VAC) study led by a multi-sectoral steering committee including the MNE, MoH, MPPSP, MoJ and Ministry of Security and civil society organizations. Information collected will be used to inform development of strategies for regional child protection actors to improve their interventions. A VAC report will also support the development of the National Child Protection Policy in early 2017.

At the regional level, UNICEF contributed to the improvement of overall coordination through the implementation and monitoring of a regional child protection action plan in five target regions. The action plans helped to avoid overlaps of activities between actors and ensured that limited resources were allocated equitably. A nationwide three-fold strategy was adopted which aimed to improve quality and coordination of efforts at prevention; increase the number of reporting of cases; and improve quality of care. On the prevention side, an increased focus was placed on changing behaviours to prevent harmful traditional practices. As a result, 19 community agreements (Dina) out of the 20 planned for the year aiming to combat various forms of violence against children were endorsed. A new website focused on online sexual exploitation against children was developed in 2016 with the objective to identify and respond to cases of online child sexual exploitation. Awareness raising campaigns and sending key messages via SMS were also supported to reach the increasing number of children and youth who access the internet in Madagascar.

To improve the reporting mechanisms on violence against children, UNICEF provided technical and financial support to the Child Helpline 147 to enable police and social workers to manage cases jointly and provide adequate support to victims. Between January and October 2016, 1,455 cases of child victims of violence were reported to the Helpline, of which 429 led to a legal procedure (three times more than 2015). Improved access to services benefited 11,521 children victims of violence, representing a 101 per cent increase compared to 2015. For victims of sexual violence, UNICEF, with the inter-ministerial committee, extended the One Stop Service Centre model from one to two regions, which supported 636 child victims in 2016. UNICEF also supported the Ministry of Population in developing a national model on case management for victims to have easy access to care and referral mechanisms. A protocol on a minimum package services was developed which clarified the roles and responsibility of different service providers.

The first norms and standards of residential care centres were adopted by the MPPSPF with UNICEF support. Depending on the resources available, these norms are expected to benefit approximately 9,000 children. Based on this model, UNICEF and Coeur et Conscience, extended the foster family system to two new regions, which benefited 66 children without parental care. Two new NGOs (SOS Village and Famadagascar) requested to set up the same system in two additional regions.

OUTPUT 3 By the end of 2019 children victims and children at risk of exploitation have access to appropriate services through coordinated and integrated prevention and protection mechanisms (Medical, psycho-social, and Legal) in targeted regions.

Analytical Statement of Progress:
In 2016, UNICEF continued to play a leading role in supporting the government to address the issue of exploitation through coordinated and integrated prevention and protection mechanisms targeting children at-risk of exploitation. In response to the rapid growth of children accessing the internet, UNICEF Madagascar, in collaboration with platforms of actors under the Ministry of Justice, supported the establishment of two specialized police units on cybercrime and the development of comprehensive communication tools (website, SMS, posters, TV spots). As a result of these interventions, 25 cases of online sexual exploitation received appropriate support (medical, psychosocial and legal services). Of those, 12 cases were under investigation for prosecution. As a result of UNICEF’s support in strengthening capacity of child helpline actors, 45 additional cases received specific counselling on the issue of online sexual exploitation.

Awareness raising sessions on online child protection conducted by UNICEF, MoJ and MPPSPF reached more than 10,000 youth, 820 teachers and 5,288 parents in 2016. UNICEF partnerships with three main mobile phone operators (Orange, Airtel and Telma) and four Internet Service Providers (Orange, Airtel, Telma and Blueline) resulted in sending SMS and email messages reaching up to 40,000 to 50,000 people every month. The new website on online child protection was visited by more than 6,000 viewers this year. The website was managed by UNICEF but will be handed over to the government. The website provides information related to online sexual exploitation and allows the public to report cases of child sexual exploitation.

UNICEF Madagascar accelerated its engagement of the private tourism sector. In a coordinated effort with the Ministry of Tourism, IOM, ECPAT, and the National Office of Tourism, more than 900 institutions signed the Codes of Conduct in 12 different regions. As the total number of institutions working in the tourism industry remains largely unknown, a significant number of them being not officially registered, it was not possible to assess monitoring mechanisms have also been put in place. UNICEF engaged the Ministry of Tourism to develop a specific label for institutions engaged in protecting child rights and was invited to support the launch of the global initiative called ‘The Code in the Indian Ocean.’ To prevent sex tourism and ensure travelers to Madagascar are sensitized with information related to the prevention of sexual tourism, UNICEF ensured that key information was inserted into the arrival documents distributed in all international airlines. 300,000 copies of documents were distributed with the permission of the Malagasy Civil Aviation Authorities. In 2016, 285 children were identified by community protection networks and referred to intake services.

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

**Analytical Statement of Progress:**
A multi-sectorial committee was put in place under the leadership of the Ministry of Population, Social Protection and Promotion of Women (MPPSPF), involving all key ministries (MoJ, MID, MSI), as well as representatives of civil society, to develop the National Strategy to Combat Child Marriage. UNICEF Madagascar organised four regional consultations to ensure that the National Strategy will be evidence-based. UNICEF also provided technical support to the MPPSPF to ensure that the National Strategy will be aligned with international standards. The National Strategy is expected to be finalized in March 2017 based on the research on child marriage in communities that took place in some regions.

During the Francophonie Summit in November, UNICEF worked closely with the Canadian government to raise awareness among visitors on the impact of child marriage on the wellbeing of children and youth. Several hundred individuals a day visited a joint exhibition
on child marriage. Senior officials from Canada, Vietnam and the International Organization of La Francophonie (IOF) were informed about the severity of the problem. In all, 120 adolescents and youth (girls and boys) participated in a workshop aiming to ‘Mobilize Adolescents to Fight against Child, Early and Forced Marriage’ and address the importance of helping youth to become agents of social change and acquire knowledge and skills to protect themselves from early and forced marriage. At the end of the Francophonie Summit, a specific resolution against child marriage was adopted by the 57 States.

Mobilization efforts were ongoing, but there were signs that families and communities in target regions had not yet adopted behaviours that reject child marriage. However, there were signs that communities were more aware of the problem. One-fifth of the children reported to Child Protection Networks were either victims of child marriage or had underage pregnancies, showing that communities were more aware that child marriage is illegal and should be rejected and reported (a non-anecdotal shift from prior acceptance and inaction).

OUTPUT 5 Child Protection services are available to vulnerable populations in emergency situations.

Analytical Statement of Progress:
UNICEF Madagascar ensured that child protection services were available to vulnerable populations in the drought-affected south and in other humanitarian situations in the country in 2016. In 2016, three regional contingency plans integrating child protection emergency preparedness and response components were developed, which now cover all the targeted regions. UNICEF also supported the development of the first Protection Cluster Strategic Response Plan, in which a Child Protection component was included.

Between January and October 2016, 321 children affected by natural disaster benefited from psychosocial support. To support the readiness plan for the upcoming cyclonic season, UNICEF increased response capacities of protection actors through the training of 531 social workers and the deployment of Child Friendly Kits (with an overall response capacities of 3,200 children) prepositioned in the eight regions most affected by cyclones. Standby agreements were developed with NGOs (SOS Village d’Enfants, CDEF) to ensure quick response in case of emergency.

Given the dramatic impact of El Niño on the wellbeing of communities and children in the south of Madagascar and the limited attention paid to Child Protection issues in the early responses plan, UNICEF advocated for a stronger monitoring of Child Protection issues in households affected by food insecurity. As a result, specific indicators were included within two interagency assessments, which revealed a dramatic increase in the number of boys and girls in need of protection services (172,000 children were estimated to be the victims of exploitation, 95,000 teenage girls were being unnecessary separated, 22 per cent of affected households reported being obliged to beg to meet their daily needs since the beginning of the crisis). This resulted in the mobilization of an additional US$250,000 for the sector and increased emphasis on child protection in the early recovery and resilience plan for the south. The first phase of the response consisted of strengthening community-based child protection mechanisms and setting up socio-economic opportunities for the most vulnerable children.

OUTPUT 6 Direct Cost to support the Outcome
Analytical Statement of Progress:
In 2016, a total of US$555,000 was allocated to this output. Funding was used to support the roll-out of HACT procedures. In 2016, seven spot checks and two micro-assessments were carried out. Child protection administrative assistants conducted regular field support missions to monitor financial utilization by partners. As a result, frequency and amount of transfers to partners continuously increased and, by the end of the year, no DCT were outstanding over 6 months. Funding was also used to support salaries for all child protection positions with a cross- thematic technical support role (M&E Officer, Equity focus Officer, Head of Section).

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.

Analytical Statement of Progress:
As co-lead of social protection group, UNICEF advocated for dialogue, coordination and the expansion and improvement of social protection/cash interventions in the country. Approximately 196,500 households (589,500 children) benefited from a cash transfer program during 2016. Approximately 385,500 children benefited from two government-led cash programs (one emergency-related) and approximately 204,000 children benefited from emergency programmes implemented by World Food Program and other partners. Through a partnership with the World Bank (WB), 39,000 of poorest households with school-age children in six districts benefited from the cash program. A total of 52,000 households in five districts affected by the accelerated effects of the El Niño drought were targeted by a new a government-led emergency cash program supported by the WB and UNICEF. UNICEF’s contribution concentrated on coordinating and leveraging resources for social protection; building national capacity for the implementation of programmes; and modelling social protection/cash programmes which included top-up cash programme to support 11,370 of the poorest children to transition from primary to secondary school and provide additional revenue to their families; and an emergency cash response to build resilience and aid recovery of mothers and women affected by the drought in the South.

The establishment of the first national impact evaluations of social protection programmes demonstrated the increased national capacity and will to evaluate social interventions.

Compared to prior very limited budget information available, budget transparency and budget planning in education, health and nutrition sectors improved as a result of the public expenditure reviews (PER) supported by UNICEF and WB. Advocacy and capacity development efforts through the PER process led to improved budget planning in education and health. UNICEF Madagascar’s advocacy was reflected in the IMF’s Country Report (16/273), in which the government was advised to protect social spending. Despite this progress, limited national resources hindered more advancement toward inclusive social policies.

UNICEF’s advocacy and engagement of the private sector in the implementation of the Sustainable Development Goals (SDGs) 2030 agenda was initiated. In partnership with Usr-Consulting, more than 300 private sector organizations (agribusiness, tourism, extractives, and services) joined forces in a national forum on the SDGs and the role of corporate social responsibility (CSR). As a result, a CSR guidance that respects the rights of children was developed for Madagascar. Promotion and implementation of this guideline will be key in 2017. Work with the tourism, extractive and ICT sectors led to five new or continued partnerships on responsible business behaviour with respect to children’s rights.
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 Madagascar updated the Integrated Monitoring Evaluation Plan (IMEP) three times throughout 2016. Following a Regional Office assessment, the IMEP was further focused and accountability arrangements strengthened by limiting the number of studies and conducting management responses to evaluations. UNICEF Madagascar further improved quality through the establishment of a technical advisory/review committee, the enhancement of national research and evaluation partnerships and the development of Standard Operating Procedures for research and evaluation.

Four studies and three evaluations were completed to support decision-making and influence national budget processes, bringing the total number of reports quality assured to 25 since last year. Evidence-generation was enhanced through better quality studies. The National Survey on Status of Iodine led to a policy implementation review. The analysis of the refusals and abandonment of vaccinations led to improvements in vaccination messaging that contributed to the successful vaccination of more than 3 million children in 2016.

The completed evaluations included the Evaluation of the district-level technical assistance in health, the multi-country WASH evaluation on DFID-supported ASWA programme including a ‘Value for Money’ case study and the School Retention Evaluation Program.

The Ministry of Social Protection strengthened its capacity on evaluation through a partnership with MASS, the national evaluation association, and by international exchanges on evaluation within Africa (south-south cooperation). The first impact evaluations of social protection programmes were initiated. In partnership with World Bank, Office of Research, American Institute of Research and IDEAS 42, a Randomized Control Trial Impact Evaluation of the Let Us Learn Cash Transfer Program began with a baseline study. Households will be followed over a period three years which will allow measuring the impact of the cash program. Another evaluation was launched for the emergency cash transfer program, with baseline carried out in late 2016.

An evaluation on the implementation of Communication for Development (C4D) approach in three priority regions was initiated. Once finalized, it will inform UNICEF’s programme to better integrate C4D into inclusive policies and interventions.

UNICEF concentrated efforts in building partnerships towards a future national-wide survey that could follow child related indicators. The capacity of the national statistics centre was reinforced and training was provided in how to integrate key SDG indicators into a forthcoming survey. Discussions were initiated with several partners on possible cooperation.

UNICEF worked with the UN knowledge management platform, HayZara, to improve dissemination and access to public of evidence generated by UNICEF. All finalized UNICEF-supported studies where integrated into the platform.

UNICEF Madagascar strengthened internal human resources with the recruitment of a research specialist and data officer. This led to improved programme staff capacity on research, evaluation, and data analysis. Despite these additional human resources, internal capacity on research, evaluation and quality assurance still needs to be improved to
contribute stronger support to policies, budgeting and evidence-based programming for children. Monitoring of the status of ongoing studies and research also needs to be strengthened.

**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:**
UNICEF Madagascar promoted and initiated key strategies on budget transparency and expenditure analysis of social sectors in 2016. As part of its convening role in the social sectors, UNICEF strategically advocated in partnership with the World Bank. Seven new analyses of social sector budgets were conducted and four advocacy and capacity building activities elaborated, which along with training on public finance for 85 authorities and civil society representatives, led to enhanced dialogue on social inclusion policies.

UNICEF Madagascar published and launched the Public Expenditure Reviews (PER) in education and health to improve transparency, resource allocation and expenditure in these sectors, and to influence policy reforms and sector plans. Inequities in budget allocations to the poorest regions were highlighted as a key inclusive measure to improve. The PERs were complemented by three case studies in education, nutrition and health relevant for the child rights agenda. The analyses generated new and critical information on the sustainability, equity and efficiency of spending, including extremely high levels of aid dependence (e.g. up to 80 per cent in health and 40 per cent in education), growing inequalities due to the allocation and use of public resources, and poor budget implementation performance even when money was not an issue. Reviews showed that in comparison to GDP, spending in education represented 3.1 per cent and in health approximately 2.8 per cent, well below global targets and regional averages. With the development of UNICEF-supported investment cases on nutrition and education, UNICEF Madagascar succeeded in putting education, nutrition and health spending on the table for discussion among government, civil society and donors, in order to call for and inform necessary reforms. Advocacy was also reflected in the IMF’s Country Report (16/273), in which the government was advised to protect social spending.

The results of increased dialogue on public finance for children in Madagascar led to enhanced capacity in planning and budgeting for children. In 2016, public resources allocated to social sectors increased by 18 per cent from 24.1 per cent in 2015 to 28.5 in 2016. However, this figures remains low in comparison to 31.6 per cent participation of social spending on total budget public spending in 2014 and implementation budget figures are yet to be available/analysed. High development assistance dependence in social sectors will remain a challenge in social sectors.

Partnerships with civil society organizations were established to improve budget transparency. With Regional Office support, a partnership with Msis Tatao initiated an open dialogue with government on transparency on budget process which will culminate in the Open Budget Survey report next year. A new partnership with the Ministry of Finance, with a joint action plan, was also initiated to improve user-friendly information on budgets and citizen’s reports, as well as monitoring of public expenditure in key social sectors.

Arrival of new staff dedicated to public finance was key to the achievement of these results. However, national capacity on monitoring social budgets will need to be reinforced. So too, the availability of budget data.
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:
Dialogue with Government and partners was reinforced to consolidate the national social protection policy (PNPS), and develop models of social protection interventions linked to education and nutrition services. The first national cash transfer program to improve human development (TMDH) through conditional transfers was launched with support from the World Bank. UNICEF supported the communication for development strategy of the overall programme and modelled a complementary program. The programme targeted 39,000 households with approximately 117,000 children in six of the poorest districts, providing bi-monthly conditional transfers for children attending school.

Through the Let-us-Learn initiative, and in partnership with the Ministry of Social Protection (MoSP), the Fonds D'interventions pour le Development (FID), and the Ministry of Education, UNICEF modelled a complementary program to the TMHD to enable children transition from primary to secondary school, targeting 11,370 poor children (or 5,600 families). A randomized control trial evaluation was put in place to measure impact, which when finalized in 2019, will provide evidence for defining the expansion of these programs in Madagascar.

In response to the drought and effect of El Niño, and in partnership with the World Bank and UNICEF, the government extended the national cash program horizontally and vertically. A total of 52,000 affected families benefited from an emergency cash program, enabling them to cope with the food insecurity and build their resilience (48,000 WB-funded and 4,000 UNICEF-funded). Mothers with children under five were specifically targeted. This emergency program was linked to the community nutrition services in 38 communes and to livelihood development interventions.

Other partners (World Food Programme, and non-governmental organizations) also implemented, as a response to the drought, cash interventions that targeted approximately 68,000 households (reaching approximately 204,000 children). UNICEF Madagascar contributed through increased dialogue and coordination between partners and government, serving as co-lead of the social protection group.

The MoSP and the FID strengthened capacity to monitor and implement the national cash program as a result of technical assistance from UNICEF and participation in the African Francophone Community of Practice on cash transfers.

UNICEF’s mapping of social protection showed that interventions were scattered and uncoordinated. With support from UNICEF as co-lead, the MoSP launched a social protection group to enhance coordination and implementation of PNPS, imitating improvements in coordination and strengthening dialogue among sectors and donors. Coordination and information sharing between sectors, NGOs and donors still needs to be strengthened. A harmonization approach to existing interventions is also needed.

Improved communication on social protection to various audiences through materials, videos and a newsletter developed by the social protection group enhanced understanding among sectors on the contribution of education and nutrition to the reduction of poverty.
A new law on social protection supported by UNICEF with the participation of various stakeholders was being drafted for submission to the national assembly in 2017. This will provide a legal framework for implementation of the PNPS and more clarity on roles and responsibilities of various actors in social protection interventions.

**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:**

Building on Children’s Rights and Business Principles (CRBP), UNICEF Madagascar led efforts to support responsible business behaviour with respect to children’s rights in the workplace, marketplace and community, specifically for the tourism, extractive and ICT sectors. Of the 900 tourism actors that signed the code the conduct against sexual exploitation of children, 300 followed a UNICEF-supported training in partnership with the National Tourism Office, Ministry of Tourism and ILO. They also received CRBP awareness raising and training sessions, which led to a signed commitment for a code of conduct to promote the rights of the child and develop an action plan to implement the code along their value chain.

In 2016, through the Corporate Social Responsibility (CSR) Mining Chamber platform and the CSR and Sustainable Development Goals Forum supported by UNICEF, UNICEF Madagascar advocated for children’s rights and the positioning of children in the national SDG agenda. More than 300 private sector (PS) organizations, civil society and the public sector participated in the SDG Forum and CRBP, which raised awareness among PS on child right issues and SDGs. In alliance with Ur-CSR Consulting, and in collaboration with key participants of the SDG Forum, UNICEF developed the first CSR guideline for private sector companies in Madagascar to facilitate the inclusion of CSR within their core business strategies. The continuation of the SDG forum and the promotion of the guidance will be part of the focus of UNICEF support throughout 2017.

Strategic partnerships with ICT operators continued in 2016. Airtel gave free access to the green line 147 and SMS services for social mobilization. Telma waived fees for 1,600 beneficiary households receiving an emergency cash transfer through mobile money during the flood season. Airtel waived fees for the top-up Let Us Learn national cash transfer program. UNICEF Madagascar stopped in kind partnerships, including the cement donation from Holcim Lafarge industry and free freight provided by DHL until after the review of the strategy for mid-period.

UNICEF strengthened its advocacy through participation on a committee developing the reform of the mining code to address child rights in the extractive sector. Building on UNICEF’s past partnership with Ambaboty, a memorandum of understanding with the mining company was signed with the UN in Madagascar, which included further expanding to other companies the promotion of children’s rights. Strategic relationships with the regulatory entities for private investment were maintained. In 2017, studies are planned to ensure integration of the child right’s framework based on CRBP approach into the national framework for Environmental and Social Impact Assessment (ESIA). This would imply the integration of indicators related to child rights in the social and environmental management plans of companies and investors.

**OUTPUT 5**

Direct Cost to support the Outcome (Interventions HACT)

**Analytical Statement of Progress:**
This output aimed to provide resources for staff working on transversal issues within the section and was fully completed in 2016, with sufficient resources found and allocated to ensure proper support.

**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:**
UNICEF Madagascar continued to integrate and prioritize the rights of children and women in sectoral programming, emergency response and communication in 2016, in particular in the country programme management. In 2016, UNICEF Madagascar’s planning and reporting became more results-based to raise Madagascar’s development profile. This included wider use of real-time SMS monitoring, especially in emergency situations. The availability of SMS data contributed to more effective responses to the Nutrition crisis in the drought-affected South for children not completing treatment for severe malnutrition. It also improved vaccination campaigns by addressing parents’ reasons for not vaccinating their children. Better performance assessment also contributed to improved quality reporting against performance indicators, and more productive donor relations in general, resulting in a 33 per cent increase in resource mobilization compared to last year.

Overall, more decentralized partners had stronger capacities to implement the country programme compared to last year, but progress was constrained by the 37 per cent of partners considered as significant or high risk per HACT standards. Decentralized UNICEF technical assistants provided support in all sectors in 17 out of 22 regions in Madagascar, but a harmonised field presence structure across the office, effective support and equity monitoring at decentralised level remained limited. The capacity of the National Office of Risk and Disaster Management was stronger following the updated contingency plans and new equipment. As of November 2016, US$6.3 million of the US$24.7 million appeal allowed UNICEF to build the capacity and strengthen the service delivery of its partners to conduct seven periodic malnutrition screenings of 300,000 children ages 6-59 months in the eight most affected districts, and to treat 12,000 children with SAM. Through the technical and material support of UNICEF to its government and private local partners, more than 204,500 people gained access to safe water. As a response to flooding in early 2016, 3,120 pupils continued their education thanks to 78 school-in-a-box, temporary roofing and 12 temporary classroom constructions and more than 1,000 families who were victims of flooding received cash transfers to support their recovery and resilience.

In 2016, progress towards the full integration of children and women in communication efforts through C4D included strong cross-sectoral collaboration with WASH, for emergency response and support to the most vulnerable children and women; Education, for the retention of secondary school girls (LUL); Health, for children, mothers and caregivers during polio campaigns and Zika epidemic preparedness; Nutrition, for mother and child health weeks; and Protection, for the protection of children and adolescents in the ‘We Protect’ project. An estimated 1,185,170 people, including adolescents, were mobilized around Essential Family Practices (EFP) through radio, theatre, dialogues, and listeners’ groups in three regions. In all, more than 30 radios and almost 300 community health agents had stronger capacities to mobilize others around EFP themes through trainings provided in 2016. Local heads of communities and a total of 385 youth also built their capacities to contribute to EFP in youth associations, as peer educators and as junior reporters. In humanitarian situations, C4D communications during three national Polio response campaigns informed 85 per cent of the target population on the rights of children to be vaccinated and the rights of women and caregivers to be informed of vaccination calendars.
UNICEF Madagascar supported the development of a CHAT tool and IEC materials to ensure child and women’s rights focused messages and IEC materials were available for drought, flood/cyclone and Zika responses to improve recovery and resilience.

The availability of reliable research and baseline data constrained more progress during 2016, as did limited coordination capacity in the Ministry of Communication and Ministry of Youth (for adolescent participation). UNICEF Madagascar will capitalize on the new national youth policy to build capacity for adolescent participation and protection.

Progress in the area of media relations effectively raised the profile of Madagascar as well as that of UNICEF. Throughout the year, all national newspapers published at least one article per month focused on the rights of – and challenges faced by – children. UNICEF Madagascar’s Facebook page received 5,310 additional ‘likes’ this year (now numbering more than 20,000, one of the highest followings in Madagascar) and UNICEF Madagascar’s Twitter account gained nearly 3,000 new followers, indicating a significant increase in social media outreach and visibility of UNICEF’s work on behalf of children in Madagascar. High-level visitors and colleagues, including the UN Secretary General (SG), Assistant Secretary General (ASG) for Humanitarian Affairs, and ESARO Regional Director, received communication packages highlighting the situation of children and their mothers in Madagascar for advocacy and resource mobilization purposes. Following their visits to Madagascar, both the SG and the ASG for Humanitarian Affairs publicly advocated for more systematic attention on the part of the Government and donors to the issues faced by the country’s most vulnerable populations, especially children and those affected by drought in the south.

UNICEF Madagascar facilitated a number of NatCom and international media missions, most notably a group of 10 journalists brought together by Results-UK/Action Media. This generated an increasing number of international journalists reaching out to UNICEF to facilitate missions in 2017. UNICEF Madagascar faced staffing constraints that impacted adversely on its ability to more efficiently support media relations across all programmatic sections, but recent recruitments will improve broader and more effective media support for children across all sectors in 2017.

OUTPUT 1 Communications and media activities effectively promote child rights.

**Analytical Statement of Progress:**

In line with UNICEF’s Global Communications Strategy, UNICEF Madagascar sought to ‘think outside the box’, while also maintaining more ‘traditional’ modes of communication (press conferences, press releases, media visits) and regular engagement with ‘mainstream’ national and international media (press, radio, TV) in 2016. Increasing emphasis was placed on social media, with efforts going beyond simply posting information to engaging a wider audience in discussions related to every child’s right to education, protection, water and sanitation, healthcare and nutrition. Results have been encouraging: UNICEF Madagascar began the year with 14,689 followers on Facebook and ended with more than 20,000 – one of the largest online followings in Madagascar. UNICEF Madagascar’s Twitter account also grew substantially, beginning the year with 4,691 followers and ending with more than 7,600.

More inter-sectoral collaboration with the C4D section was emphasized. UNICEF Madagascar sponsored the Tour de Madagascar, during which UNICEF took advantage of the large crowds gathered for each stage of the race to partner with a national theatre (marionettes) group and youth peer educators for targeted distribution of 1,000 copies of the Convention on the Rights of the Child (in the national Malagasy language), broadcast of ‘Essential Family Practices’ messages, and the organization of quizzes (and distribution of modest prizes) for children on those topics. In a similar fashion, greater synergies were
sought with the donor relations focal points (including joint organization of visits from UNICEF National Committees, increasing use of Human Interest Stories in NatCom and donor outreach and reporting) and the private sector focal point (including increased collaboration on special events and production of Corporate Social Responsibility materials).

A broad array of advocacy materials were produced for the Nutrition programme, based on the national Investment Case, including a film produced in conjunction with the visit of UN Secretary General, screened for the SG and the Government of Madagascar, and used by the Minister of Finance during a high-level African Development Bank meeting in Abidjan. The #WeProtect online protection of children initiative was widely recognized, with UNICEF Madagascar one of 17 countries globally to receive funding and one of three to be selected by HQ for the dispatch of a communications mission to document the challenges of the country context and innovations developed by UNICEF Madagascar to address them.

**OUTPUT 2** By the end of 2019, government at central level and at decentralized level in targeted regions have the capacity to do an evidence-based planning, coordination, monitoring and evaluation of C4D interventions to promote a minimum of 12 essential family practices (EFP).

**Analytical Statement of Progress:**
The promotion of essential family practices (EFP) in Madagascar seeks to combat the weak access to information, limited demand and harmful cultural practices that contribute to the cycle of extreme poverty and fragility in Madagascar, and which perpetuate significant negative consequences for the survival, physical and social wellbeing and basic human rights of mothers and children.

Throughout 2016, UNICEF strengthened the capacity of the Government of Madagascar to systematize, develop and harmonize a series of tools and standards for the promotion of EFPs. These tools included training packages for inter-personal communication; tools for community dialogue; C4D planning and monitoring tools; and tools for communication approaches in humanitarian action toolkit (CHAT). An inter-ministerial platform made it possible for actors to identify synergies and share experiences relative to C4D. At the end of 2016, the Ministry of Interior and Decentralization (MID) became a member of the platform, and thus increased its potential for engaging municipalities and lower level administrative units for social mobilization around EFPs in 2017. UNICEF trained approximately 50 government officials in 2016, exceeding its target for the programme cycle, and they now have the capacity to plan, coordinate and evaluate general C4D approaches with the harmonized tools.

The Ministry of Communication led the development of similar inter-sectoral working mechanisms in three priority regions, which was essential for regional authorities to able to develop joint regional C4D plans, covering all sectors and essential family practices. While coordination improved throughout 2016, contributing to more effective and efficient C4D activities, the platform members recommended exploring other coordination mechanisms in 2017, such as municipality councils, with more potential for sustainability of the programme.

A major obstacle for national leadership on C4D for EFP promotion that continued into 2016 was lack of access to high quality data that can support evidence-based C4D programming, planning and monitoring related to behaviour and social change. UNICEF supported data collection, but due to institutional constraints, only quantitative data have been made available, and qualitative analysis is pending. The WASH Sector proceeded with a sector C4D strategy which is about to be validated and UNICEF Madagascar is recruiting an international research coordination specialist to help to make data available early 2017.
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 essential family practices (EFP) in line with the realization of children's rights.

Analytical Statement of Progress:
In 2016, UNICEF Madagascar trained community networks, including 195 youth peer educators, 81 members of youth associations, 297 community agents, 31 community media stations, 110 junior reporters and 23 local authorities, who are now better able to support communication and participation initiatives for the adoption of EFP at local level.

Community mobilization around EFP took place through a partnership with the international NGO Search for Common Ground. This partner supported capacity building and monitoring of local partners, including local government officials, media and community agents. This local presence was crucial for the progress made in 2016: 1.1 million people received key messages on EFPs through multiple communication channels and approaches, including radio soap operas, other types of radio programmes, community dialogues directly engaging around 3,500 people in nine municipalities, and Theatre for Development that reached 2,900 people. The programme finished in March, and an evaluation is ongoing to inform future implementation strategies.

Adolescents and youth participated in the media, and through youth club structures, to support social mobilization for secondary education in five regions. Social mobilization contributed to the fact that all secondary schools had full enrolment at the beginning of the school year.

UNICEF Madagascar mobilized 26 mayors for WASH through interpersonal communication trainings, engaging 119 community structures in five priority regions. This effort was supported by large media coverage and dissemination of print and audio-visual communication materials. Traditional leaders and other opinion leaders debated social norms and behavioural change around WASH issues.

In terms of progress relative to child protection, music celebrities developed a song specifically to promote online protection. Partners also applied C4D strategies focused on ending child marriage and other types of violence in five priority regions, through engaging communities in dialogue and developing local social mobilization plans.

Up to 5 million children received promotional messages on nutrition and health practices during two national Mother and Child Health Weeks. The campaigns provided an opportunity to enhance the participation of all community actors. An external evaluation concluded that community participation was more diversified than previous years.

The need to institutionalize participatory and high quality C4D approaches among local partners and regional and community levels remained an issue in 2016. The new partnership with the Ministry of Interior and their community structures provides an important opportunity to be further explored in 2017. Finally, it will also be crucial to define a strategy to move from pilot stage to larger scale-up of C4D capacity building at community level.

OUTPUT 4 By the end of 2019, the government has the capacity to prepare and to implement communication plans for the prevention, the response and the disaster recovery to meet the information and the communication needs of parents and children affected by emergencies.
Analytical Statement of Progress:
Throughout 2016, the Government demonstrated its capacity to apply C4D to three emergency situations: the enduring outbreak of polio, the drought in Southern Madagascar, and preparedness for a potential outbreak of the Zika virus, floods and cyclones.

For the polio response, UNICEF supported the Ministry of Health to implement three national campaigns throughout the year, using all possible communication channels, and achieved a polio awareness of 85 per cent among the population, according to WHO independent monitoring data. In order to address an increase in refusals and absence among the population due to the long period of the outbreak, UNICEF supported the training of front line workers (FLWs), including vaccinators and mobilizers, according to a new global curriculum developed jointly UNICEF and WHO at international level. A total of 3,840 FLWs were trained according to this new methodology, which also included trainings on interpersonal communication and socio-behavioural analysis. Journalists and presenters of 170 radio and TV stations were also trained. More than 400,000 posters and 46,000 mobilizing guides were produced. Thanks to UNICEF advocacy of a field team of 13 field consultants, almost all 19 priority districts put in place multi-partner social mobilization committees and specific plans to address refusals and absences from response campaigns.

For the drought affected South, UNICEF supported the National Office of Disaster Management (BNGRC) to build a communication network including civil society, media, government and other partners, and to deploy members to the field to do a rapid assessment of most affected populations. The assessment was an opportunity to consult with families on their information needs. Findings indicated that families first of all needed feedback on what the government and partners were doing to respond to their needs, rather than simple awareness raising of recommended behaviours. This information was crucial to design a C4D strategy that targets appropriate capacities and is perceived as more pertinent to the population.

For the preparedness of the Zika outbreak, UNICEF supported the Ministry of Health (MoH) and other partners to design a C4D strategy in line with global standards in the Communication in Humanitarian Action Toolkit (CHAT) and to develop communication materials that can be immediately disseminated when needed. To ensure this strategy is based on evidence, the MoH was supported to conduct focus group discussions on evidence related to risk perceptions and behaviours in the country. A mission was also carried out in preparedness of floods and cyclones to develop key messages and preparedness strategies.

UNICEF Madagascar translated the global CHAT tool into Malagasy, pre-tested and adapted it. Implementing partners still need to gain more experience from this new approach by using it and by collecting lessons learned.

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:
In the second year of the country programme cycle, support to child and equity-focused programme performance monitoring, planning and donor relations was accelerated. The programme results matrix was updated, with updated risks and assumptions and alignment with regional and global standard indicators. Programme reviews against established
performance indicators reviewed bottlenecks and determined the way forward. Two Results Based Management (RBM) trainings, benefiting 73 programme and operations colleagues, were organized to improve the quality of planning and reporting against results for children. Advocacy for innovative approaches throughout the programme was initiated.

Insight Office Dashboard Indicators were regularly monitored and alerts shared with concerned colleagues and management, resulting in rapid and global improvement of all management indicators except HR. Funds were allocated in a timely manner and their utilization was monitored throughout the year. Following the 2014 Country Office Audit, UNICEF Madagascar has continued to ensure that timely closure of planning and monitoring related recommendations through updating and developing SOPs and tools.

In 2016, UNICEF Madagascar increased its Resource Mobilization by 33 per cent compared to 2015. This increase was made possible by the following actions: The 2015-2019 Resource Mobilization Strategy was adapted and new tools to support a more structured approach were developed (including a mapping of donor interests and a team site-based resource mobilization process to align with the PPD partnerships value chain). A client-oriented approach in engaging with 47 donors was continued by proactively sharing multimedia content and by supporting the production of articles for the PFP Panorama Newsletter. UNICEF Madagascar hosted visits from four National Committees (Norway, Netherlands, Switzerland and Denmark), all of which were accompanied by private sector companies. These visits were essential in strengthening relationships with the National Committees. They improved working relationships and led to additional funding. UNICEF supported the organization and preparation of programmatic visits by DFID, ECHO, GAVI and Canada. Quality assurance was provided for 57 donor reports and an additional 18 programme progress statements were developed on donor requests. After challenges in the quality of the reports were experienced in the first quarter of 2016, UNICEF facilitated report and proposal writing sessions targeting programme staff. Through these corrective measures, UNICEF Madagascar managed to improve the report submission indicator, with all reports in the second half of the year sent on time.

UNICEF Madagascar also supported the Delivering as One efforts in Madagascar. UNICEF continued to provide leadership for the UNDAF social sector outcome and worked closely with the other UN agencies on the implementation of joint workplans, the drafting of the UNDAF progress reports, the active participation in the Mid-Year Review marketplace exhibition and the preparations of the visit of the UN Secretary General in May 2016.

OUTPUT 6 The capacities of the decentralised technical structures and other subnational implementation partners to implement the country programme are strengthened by better access to information, harmonised monitoring tools, improved programme data management and effective equity monitoring.

Analytical Statement of Progress:
UNICEF Madagascar continued to support the regional authorities of partner Ministries by seconding 23 regional technical assistants (ATR) to respective regional directions supporting planning, monitoring and implementation daily. The field presence committee continued to work on the implementation of the action plan, addressing concerns raised during the assessment in 2014. The existing manual targeting ATRs was updated and additional tools to improve the communication between the field and the central level were developed, with roll out planned for early 2017. UNICEF Madagascar continued to participate in the local governance platform, which brings together the government and its financial and technical partners to discuss ongoing work
and challenges of local governance. UNICEF also started discussions with GIZ to collaborate on decentralized programming and to establish a pilot convergence region. UNICEF continued to operate in a high-risk environment, with 37 per cent of 134 active implementation partners (IPs), 90 per cent of which are government entities, assessed as significant or high risk as per HACT standards. To improve the capacity of implementing partners related to financial management, UNICEF conducted five HACT trainings, reaching 164 staff members of 74 partners. The 2016 HACT plan was updated three times throughout the year and was implemented at a rate of 119 per cent. The over-performance is due to a high rate of programmatic visit (153 per cent of planned visits). Despite existing Long Term Agreements (LTA) for HACT assurance activities, only 52 per cent of planned spot-checks could be conducted in 2016. To improve the spot check implementation rate, UNICEF Madagascar took account the changes in cash disbursement that occurred in 2016 in the development of its 2017 HACT plan. UNICEF renewed the LTA for micro-assessments and was in the process of renewing the LTA for audits. UNICEF continued to lead the UN HACT Task Force and ensured coordination on HACT plans, training and service providers. In 2016 UNICEF mainly used Direct Cash Transfers (DCTs) to transfer a total US$13 million to its partners. Unprecedented improvements in the liquidation of outstanding DCTs took place.

UNICEF hosted the Programme Cooperation Agreement Review Committee secretariat and participated actively in the Committee. Throughout 2016, a total of three Programme Cooperation Agreements, four Programme documents and three Small Scale Funding Agreements were reviewed, amounting to a total of US$1,841,132 transferred to non-governmental implementation partners.

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

**Analytical Statement of Progress:**
2016 saw a major reinforcement of emergency response. In collaboration with the BNGRC, UNICEF supported the 2016 update of the regional contingency plans for Analanjirofo and Sava and provided technical support to the update of the contingency plan at national level. All plans were updated to include major risks like cyclones, floods, drought, pandemic and chemical accidents. UNICEF procured drones to improve the capacity of BNGRC for rapid evaluation of emergency situations in areas that are not easily accessible. Coordination in the drought-affected South was strengthened through financial support for an OCHA staff member based in the area to accompany coordination of the response in close collaboration with the decentralised BNGRC office that was established in July. Emergency preparedness for cyclone and floods was tested through a simulation exercise prepared by BNGRC with humanitarian partners in three regions in early December. Through this exercise, the effectiveness of the information flow, the application of a rapid response matrix by the community and local authorities, the coordination at the national and decentralized levels and the decision-making process at each level of coordination were tested.

Following the January and February floods, which affected the northern region of Sofia, 1,178 households benefited from unconditional cash transfers. This mobile money transfer was implemented through a private sector agreement with Telma Mobile Money and Telma Foundation, BNGRC and UNICEF. Throughout the year, UNICEF Madagascar scaled up and reinforced its integrated response to the drought emergency in the South of the country, which began in 2015. From the beginning of 2016 to the end of October, 12,000 children suffering severe acute malnutrition (SAM) were treated (34 per cent of the target) by the Nutrition Cluster (led by
the National Office of Nutrition and UNICEF) and 204,520 people (31 per cent of the target) gained access to safe water from UNICEF-supported WASH interventions. In an effort to address the more structural issues related to the drought in the South, UNICEF supported the government in the development of a plan for the South that aims to respond to the drought situation with an integrated resilience approach. UNICEF finalized a 2016 HAC appeal for a total of US$24.7 million, of which 23 per cent was mobilized at the end of October. The 2017 HAC for a funding need of US$31.4 million was developed. UNICEF Madagascar provided inputs to the Regional Inter-Agency Standing Committee for Southern Africa (RIASCO) appeal. UNICEF Madagascar regularly provided situation updates on the evolving drought situation in the south of the country through six UNICEF El Niño Situation Reports and regular advocacy, including with Assistant Secretary General for Humanitarian Affairs.

While the work on preparedness continued as planned, challenges were experienced in the coordination work related to the drought Emergency in the South of the country. UNICEF recruited an Emergencies Coordinator to better respond to the increased needs for coordination.

OUTPUT 8 Programme support

**Analytical Statement of Progress:**
In the planning and monitoring team the output covers cross sectoral staff like the head of the section and the programme assistant who are providing support to the overall outcome and all outputs.

OUTCOME 8 Programme Effectiveness Outcome

**Analytical Statement of Progress:**
Effective leadership on advocacy led to increased national and international allocations for key priorities. Through cooperation with the World Bank on the development of the Public Expenditure Reviews (PER) on Health, Education and Nutrition and subsequent advocacy, UNICEF Madagascar developed evidence and exerted influence that led to improved education and health sector budgeting and planning in 2016. The new Education Sector Plan benefited from the PER process and recommendations to better align school and budget cycles. The Health PER contributed to making interventions and resources more complementary and to improved budget execution. UNICEF Madagascar succeeded in putting education and health spending on the table for discussions among government, civil society and donors, in order to call for and inform necessary reforms. UNICEF Madagascar’s advocacy was reflected in the IMF’s Country Report (16/273), in which the government was advised to protect social spending. Considering continued lack of national budget, follow-up on the above will continue to be constrained will and require major UNICEF follow-up.

Policy advocacy and resource leveraging to address alarming stunting levels (47 per cent) were accelerated through the arguments developed in a Nutrition Investment Case for Madagascar in collaboration with the Office of National Nutrition. The latter was used for high-level advocacy with Government during the UN Secretary General’s visit, specifically through a special film featuring the Prime Minister. High–level nutrition advocacy based on the Investment Case continued in collaboration with the African Development Bank (AfDB) during the visit of the AfDB President and subsequently led to an invitation for the President of Madagascar to join an AfDB Summit on Nutrition as one of its champions. The Nutrition Investment Case film was used by the Minister of Finance during the AfDB Nutrition Summit in Abidjan to present Madagascar’s case to donors. Advocacy efforts resulted in increased
AfDB funding and increased national budget allocations for nutrition.

Effective leadership also resulted in massive recruitment, reduction of turnover and attention to efficiency. Progress in 2015 was constrained by major turnover, which strongly impacted UNICEF Madagascar’s capacities. In 2016, recruitment continued to be a major priority, with 87 recruitment actions across all categories carried out (63 completed and 24 ongoing). Of the 63 completed, 18 were full time recruitments (4 International Professionals, including a new Deputy Representative, new Finance Specialist, new Chief Child Protection and Nutrition Specialist, 10 National Officers and 4 General Service Officers). Forty-five temporary staff were also recruited (3 IPs, 5 NOs, and 37 GS). Only 28 per cent of the recruitment respected the required KPI (<90 days), mostly because of the French language proficiency requirements of the office, its relative isolation and the limited pool of applicants with the required exposure to complex countries. UNICEF used all potential organizational tools, including rotation (for Child Protection Chief) and NETI to accelerate recruitment processes. Overall, the major human resource challenge for UNICEF Madagascar remained the limited availability of high calibre candidates who met technical, management and language requirements. UNICEF Madagascar launched its VISION Hub to support the shift to the GSSC that will take place in 2017, helping reduce transactional costs, improving transaction treatment lead time and creating a VISION SAP knowledge centre.

Malagasy continued to be a donor orphan, ranking second to last globally in ODA per capita terms. UNICEF Madagascar therefore continued to seize every opportunity to bring visibility to the plight of Madagascar’s 22-25 million severely impoverished population (92 per cent live under US$2 a day), over half of whom are children, and to advocate for increased resources for the social sector. UNICEF Madagascar ensured evidence-based advocacy and related resource mobilization appeals during visits by the Secretary General and ASG for Humanitarian Affairs, the Francophonie Summit and the Paris Donors Conference, with National Committees (Norway, Netherlands, Switzerland Denmark, Germany, US Fund), private sector partners (Kiwi, Cartier Foundation, Telethon) and individual partners during special visits to Madagascar, and through regular meetings with locally based donors and external donors covering Madagascar (Norway, DFID, USAID, EU, ECHO, GAVI, Japan, Canada, Netherlands). Despite the overall lack of attention to Madagascar, UNICEF managed to leverage and raise significant resources for children.

The 2015-2019 programme cycle total other resources (OR) budget is US$141,000,000. Of that amount, 49 per cent, or US$68,492,460 was mobilized to date, leaving a total of US$72,507,540 funding gap for the remaining three years of the Country Programme. UNICEF Madagascar also mobilized US$10.3 million in other resources – emergency (ORE) for the drought emergency. Advocacy and technical cooperation resulted in resource leveraging of US$29 million from GAVI for health system strengthening, particularly cold chain reinforcement through the Global Cold Chain Platform, and US$75 million from the World Bank for the national social protection programme, with a strong focus on education and the emergency cash support in the South.

OUTPUT 1 Programme Coordination

Analytical Statement of Progress:
A new Deputy Representative was nominated in 2016 after months of vacancy, completing the management team and enabling more efficient internal and external programme coordination.

UNICEF Madagascar placed a reinforced focus on resources required for programmes, with efforts placed on donor relations, staff recruitment, technical/vision guidance and support to advocacy UNICEF Madagascar achieved 80 per cent of budget utilization in 2016, along with rapid cleaning of all overdue donor reports, and development of new approaches with
unexplored donors (including Japan). The deputy representative was present in all IP recruitments. Best practices were shared and strategic documents were reviewed. UNICEF had regular meetings with government, donors, and UN partners. Internal coordination was reinforced through regular weekly head of section meetings, monthly all staff meetings, and weekly management exchange between programme and operations. External coordination was reinforced with UN sister agencies through work with Programme Management Team, joint action during VIP visits such as the Secretary General and Assistant Secretary General for Humanitarian Affairs and with donors or partners (including the Red Cross and World Bank).

Programmatic coordination was reinforced in humanitarian settings, with accelerated and clearer repositioning of UNICEFs interventions in the South thanks to reinforced support to UNOCHA, involvement and advocacy with CERF and emergency donors.

UNICEF was fully committed to contributing to Regional and Global priorities, and gave high priority to management indicators (general progresses on donor reporting, DCT, budget use, recruitment, TA) on UNICEFs global approaches and tools (HACT, Results Based Management, Enterprise Risk Management, Early Warning, Compact indicators). The result was stronger management indicators, higher level of budget use, stronger presence in the emergency sector, affirmed leadership in clusters and on UNDAF and recognized legitimacy that was endorsed during the preparation of the “conference des bailleurs” for which UNICEF’s support in the preparation of social sectors presentations and cases was recognized as key.

OUTPUT 2 External Relations

Analytical Statement of Progress:
UNICEF Madagascar contributed to a significant increase in international attention paid to Madagascar in 2016, notably through the preparation of or participation in high level visits from international organisations and development partners. UNICEF Madagascar briefed US Assistant Secretary for African Affairs in January, US Deputy Secretary of State for Management and Resources in April, UN Secretary General in May, UN Assistant Secretary General for Humanitarian Affairs and Deputy Emergency Relief Coordinator in July, the African Development Bank President in August, and WFP Executive Director in October. UNICEF also supported the preparation of the Francophonie Summit (more than 80 Government delegations participated), during which Maternal and Child Health initiatives were a special theme for the first ladies’ agenda. The Francophonie Summit was closely followed by the long-planned Donor and Investor Conference on Madagascar held in Paris in early December 2016, which generated further goodwill and positive attention due to the (re)pledging of roughly US$ 6.3 billion to support the implementation of the 5-year National Development Plan. UNICEF Madagascar’s support to the preparation of investment cases for social sectors (Health, Nutrition, WASH, Education, and Social Protection) was publicly acknowledged.
## Evaluation and research

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<td>Analyse de la rentabilité de l'investissement dans la nutrition à Madagascar</td>
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## Lessons learned

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<td>Innovation</td>
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