**Executive summary**

Madagascar continued to experience political, socio-economic and natural disaster challenges in 2017. The political situation remained strained as parties and candidates prepared for 2018 presidential elections. Madagascar’s economic outlook continued to be positive, with 4.1 per cent GDP growth predicted for 2017. The IMF, in disbursing the latest instalment of the Extended Credit Facility, pointed to solid economic growth and continued macroeconomic stability, in spite of multiple disaster shocks.

Of much concern for the situation of children, Madagascar’s steady economic recovery is not trickling down to the large majority of the population living in poverty. Madagascar still rates near the bottom of many international indices across social sectors pointing to the multiple deprivations that children and families face.

Three major disaster and disease shocks exhausted the Malagasy population’s coping capacity and further exacerbated existing vulnerabilities as weak social systems could not meet demands. An extended drought in the South continued to affect more than 1 million people. The most destructive cyclone in 13 years traversed the country in March, resulting in estimated losses of US$400 million (4 percent of GDP). A major plague outbreak between September and December unusually transformed to its pneumonic form, spreading beyond endemic rural to urban areas, and exposing continued major weaknesses of the health system. It left the capitol and major cities stifled as schools and public gatherings shut down and business and development programmes had to be interrupted.

UNICEF Madagascar deliberately selected a flexible programmatic and operational approach to be able to remain ‘fit for purpose’ in the evolving context of the country, and was able to adjust its programming to changing needs throughout the year: Through UNICEF’s emergency service delivery support, 11,700 children under 5 (100 per cent of those affected) received severe acute malnutrition (SAM) treatment and more than 512,000 children under 5 were reached with treatment of common childhood illness and disease outbreaks and more than 400,000 people were provided with access to safe water. UNICEF support and guidance facilitated the return to school of 2 million children in 16,000 schools. In close collaboration with the World Health Organization (WHO) and other partners and through an all office mobilization, UNICEF contributed to the interruption of the plague transmission.

UNICEF’s effective advocacy with the Government contributed to the formulation and implementation of key policies and national plans. A multi-sectoral national nutrition plan was launched by the President and related resource allocation advocacy was carried out during a special Parliament session. Following the validation of the new education sector plan, Madagascar embarked on major reforms, moving from sustaining a failing system to building a new, effective education system that will positively impact millions of children over the next decade. A national strategic plan on child marriage to implement Madagascar’s commitment to the Africa-wide End Child Marriage Campaign was finalized with UNICEF support.

Several elements of the health system strengthening policy were not fully implemented due to a combination of competing multiple agency priorities and the multiple emergency responses that necessitated interruption of regular programming. Similarly, there was limited progress on salt iodization due to a combination of competing demands for fluoridization, competition between salt producers, and the complexity of importation mechanisms.
UNICEF pioneered a new strategy and innovative partnership to provide a permanent source of drinking water to more than 100,000 people in the South, working with the Ministry of Energy and Water, the private sector and multiple donors (including Germany, Japan, DFID and USAID) to invest in two water pipelines. Given the overall difficulties accessing water in the South, the new pipelines will be a game changer for remote communities beyond times of drought to facilitate recovery, and will build resilience and promote socio-economic development in this deprived part of the country. Through a collaborative social protection partnership with the World Bank and the Ministry of Social Protection, 413,160 children benefited from the expansion of national cash transfer programmes. A special emergency cash initiative aimed to increase access to life-saving services (such as nutrition, WASH, health and food) and to facilitate recovery and build families’ capacity to cope with recurrent shocks. Through UNICEF’s coordination support, the groundwork was laid to render the system more shock-responsive.

The 2017 achievements were possible due to strengthened resource mobilization partnerships. UNICEF intensified collaboration with existing partners (World Bank, DFID, EU/ECHO, USAID, World Bank, Japan) and initiated new partnerships (the Korean International Cooperation Agency (KOICA), Global Environment Fund, the Education Can’t Wait, UNICEF Innovation Fund) to mobilize necessary financial resources, resulting in a total raised of US$ 20.2 million in Other Resources and US$12 million in Other Resources Emergency (18 per cent increase from 2016).

**Humanitarian assistance**

Madagascar, an island regularly hit by natural disasters, was particularly affected in 2017. There were three major emergencies: a protracted drought in the south, the most destructive cyclone in 13 years (Enawo) and a major plague epidemic impacting, unexpectedly, urban areas. Given Madagascar’s structural fragility, UNICEF’s response was large-scale, multi-faceted, integrated and aimed for coordination and sustainability.

To mitigate the effects of the drought, UNICEF trucked water to more than 340,000 people, provided 4,130 WASH kits, constructed 47 boreholes and rehabilitated 275 and rehabilitated 6 water supply systems. UNICEF also contributed to the construction and rehabilitation of Sampona and Ampotaka pipelines that will serve 62,000 and 34,000 people, respectively, when completed early 2018. UNICEF identified the most vulnerable via large-scale nutrition screening and eight SMART surveys, and set up innovative methods (nutrition screening with measurement of upper arm circumference tapes by mothers, 13 mobile clinics) reaching 14,100 children, including in treatment facilities where early stimulation was also piloted. Cross-sectoral linkages with health outcomes were enhanced and 29,810 cases of illness in children under 5 years (pneumonia, diarrhoea and malaria) received treatment in part thanks to mobile clinics delivering integrated health packages.

In parallel to life-saving interventions, UNICEF aimed to reduce negative coping mechanisms and behaviours via emergency communication for development (C4D) interventions, and to reinforce resilience via social protection systems such as a joint cash transfer programme with World Bank reaching 59,560 households. A total of 62,000 drought-affected children received support through catch-up classes (including school-in-a-box and other learning materials). More than half of the seven-country southern Africa Humanitarian Action for Children (HAC) budget for 2017 was mobilized for Madagascar.

In March 2017, Cyclone Enawo made landfall in Madagascar’s north east and wrought havoc over 433,612 people in five regions, costing 4 per cent of GDP. UNICEF prepositioned supplies and mobilized field-based staff to respond to the most immediate needs (water provision for more than 3,500 households in the affected region, social support to 1,970 extremely vulnerable children and women and cash transfers to 9,750 households, including 48,750 children) and to
contribute to the restoration of health (23 temporary health centres, 30,000 bed nets, 3 mobile clinics). Some 54,000 cyclone-affected children rapidly returned to classes thanks to temporary learning structures, classroom rehabilitation, school-in-a-box and other learning materials (95 per cent of the affected school-going population). The relative resilience of local populations can be attributed to cyclone awareness and 481 additional volunteers. Local TV and radio stations were mobilized to reinforce preparedness.

In the last quarter of 2017, Madagascar experienced an unprecedented outbreak of pneumonic plague that hit urban areas and brought the health system to the edge of collapse. Under WHO and Ministry of Health coordination, UNICEF Madagascar took charge of hygiene response (cleaning more than 5,000 schools, setting up and providing comprehensive isolation and hygiene equipment to nine new treatment centres, mobilizing, training and monitoring 1,964 hygienists), which was critical given transmission modes. UNICEF also took charge of communication, (producing 159,000 posters, managing a free hotline with 35,000 calls, training 1,755 community health workers and 768 community volunteers, burial protocols) to provide vital information to communities regarding prevention and treatment, addressing rumours and reducing risky practices. Food was distributed to patients and new centres were supported by UNICEF’s health programme (providing tents, essential drugs, protective equipment), with major logistics reinforcement co-led by UNICEF. UNICEF’s action was essential in ensuring that schools, which had been closed for one month, could re-open in a safe environment. More than 2 million children were able to resume their studies after training of 15,000 teachers and provision of 11,000 thermometers.

The plague epidemics confirmed that UNICEF’s health system strengthening and disaster risk reduction approaches are relevant in Madagascar, and align with the ‘New Ways of Working’ in protracted crises recommended by the United Nations Secretary General. UNICEF will continue to scale up its coordination role (cluster lead in WASH, education, nutrition, cash, and co-lead in health, protection), reinforce the link with regular development approaches, improve rapid monitoring systems, and support local authorities (ministries, BNGRC, regions and communities) in building preparedness, responsiveness and accountability in humanitarian situations. Disaster risk reduction (DRR) in schools will be pursued as will better planning and prepositioning capacity. Staff received refresher training in May and UNICEF Madagascar volunteered to pilot the new emergency preparedness platform (EPP). Given Madagascar’s fragility, emergency response, which now constitutes one third of UNICEF Madagascar’s spending, will continue to provide a powerful opportunity to highlight the extreme vulnerability of Madagascar’s children and to make the case for sustainable development.

**Equity in practice**

A significant majority of the Malagasy population is experiencing multiple deprivations, with children particularly affected and in many parts of the country in need of equity measures across all sectors. Against this background of country-wide extreme poverty, the south of Madagascar continues to stand out as being particularly socio-economically marginalized, as evidenced by high poverty rates, the lowest social sector allocations and geographic remoteness. The situation is exacerbated by climate-change induced chronic aridity resulting in frequent drought emergencies, most recently during the El Niño phenomenon. Given the chronic extreme 0deprivations children are exposed to in the South. UNICEF’s 2015-2019 country programme prioritizes the three Southern regions through regular, resilience and, when necessary, emergency programme interventions.

In 2017, following three successive years of drought, acute malnutrition indicators were the worst in the country. Crops had failed and access to water was extremely limited since water prices skyrocketed to the extent that the poorest populations in the country were being charged the most for water. Rising insecurity driven by cattle-raiding further constrained access to limited services. Within the framework of its regular programme, UNICEF Madagascar mobilized a
multi-dimensional emergency response aimed at addressing water access and acute malnutrition needs while simultaneously boosting families’ coping mechanism and resilience among the most remote and excluded populations.

In collaboration with the National Nutrition Center and the Ministry of Health, UNICEF aimed to identify and treat every child with severe acute malnutrition (SAM). Through mass screening exercises to ensure early detection and referral of those children affected, UNICEF discovered that approximately 45 per cent of children were not being effectively admitted into the programme. Asked about why, mothers and other caregivers responded that distances to health centres were too long, and costs too high. Treatment requires weekly appointments at the health centre for 4 to 6 weeks; and transport and travel time, in some instances up to 8 hours, were too costly.

To reach previously unreached children with drinking water and SAM treatment, UNICEF deployed 13 mobile nutrition teams to bring services and treatment to all affected children. The 13 teams covered a population of 84,000 6–59 month old children (one-third of the population of the target districts) and organized to visit a total of 92 consultation points weekly, each covering 4-7 villages. They screened approximately 30,000 children for malnutrition and enabled the treatment of a total of 2,491 previously unreached children, representing 22 per cent of the total number of children treated by UNICEF and partners in the area. Given the effectiveness of the approach (86 per cent cure rate, 8 per cent defaulter rate and 0.2 case fatality rate), it has become a model and will be replicated for nutrition, health and WASH support in future emergencies.

To alleviate extreme water access issues for populations in particularly remote locations in the South, and considering that drilling boreholes is not always possible due to absence of underground water or high salinity levels, and water trucking, while immediately effective, is not sustainable, UNICEF pioneered a new strategy to provide a permanent source of drinking water to more than 100,000 people. UNICEF worked with the Ministry of Energy and Water and multiple donors (including Germany, Japan, DFID and USAID) to invest in two water pipelines. Given the overall difficulties to accessing water in South, the new pipelines will be a game changer for remote communities, not only during times of drought emergencies, but also to facilitate recovery, build resilience and promote socio-economic development in this deprived part of the country.

Nutrition and WASH interventions were supplemented through an emergency-resilience cash initiative (Fiavota), carried out in partnership with the Ministry of Population, the World Bank and the Fonds de Intervention (FID). The Fiavota programme, set up as a vertical and horizontal expansion of the national cash transfer programme, targets women, particularly mothers of young children, through cash and livelihood support aimed at increasing access to life-saving services (such as nutrition, WASH, health and food) beyond the emergency phase to facilitate recovery and build families’ capacity to cope with recurrent shocks in the South. Unlike the national programme, Fiavota does not apply a conditionality. It links the cash and livelihood grants distribution to the community nutrition sites, thereby facilitating malnutrition screening and treatment access.

The model combination and integration of these interventions facilitated crucial emergency-resilience-development results among the most deprived populations in Madagascar.

Strategic Plan 2018-2021
The Mid Term Review undertaken in 2017 provided an opportunity to further align the current country programme to the new Strategic Plan (SP) strategic goal areas and cross cutting priorities, particularly in relation to environment-related, early childhood development (ECD), adolescent and gender programming. UNICEF Madagascar will strengthen its existing health
and nutrition programming and related survival results through more integrated service delivery at scale at the community level based on lessons learned from decentralized health system strengthening and community nutrition programming experience in driving forward the recommendations of the Madagascar Nutrition Investment Case and the objectives of the maternal and child health plan.

While maintaining a continued emphasis on access and equity through integrating social protection elements, UNICEF will further pursue a new quality and lower secondary focus through the roll-out of the education sector plan to achieve learning results. Child protection programmes will include scaled up violence prevention, care and support measures through the child marriage action plan and the expansion of one-stop centres for victims of violence as well as social protection interventions to prevent all forms of highly prevalent child exploitation (sexual, commercial, mines, plantations etc.).

Building on the current track record of innovative WASH programming, UNICEF will further increase the scope and scale, of efforts particularly through the ongoing pipeline initiative, which will provide access to drinking water and small-scale agriculture use water for some of the most remote and vulnerable communities in the country. It will also seek further innovative ways to contribute to an improved environment. New programme elements were introduced to engage children and young people in addressing the fast-paced environmental degradation through reforestation programmes linked to schools and youth centres and will be further scaled up and expanded, informed by a climate landscape analysis for children.

UNICEF Madagascar also will give renewed emphasis to adolescent programming – with a special focus on girls – through the expanded let us learn programme, integrating key health, nutrition, education, protection and social protection interventions to prevent early pregnancy and related negative impact on maternal and neonatal mortality, to prevent child marriage and to keep girls (and boys) in school. Integrated ECD programming will be introduced through a nutrition-led joint health, nutrition, communication for development and protection initiative. Innovations to ensure better results in urban areas, specifically in child protection, vaccination and communication for development will be introduced. Social protection and accountability work to tackle child poverty will be scaled up.

The emerging consensus among key health and nutrition partners (UNICEF, World Bank, USAID, WHO) about the need to jointly drive the integrated community health and nutrition – as well as the ECD - agenda represents a major opportunity to accelerate stunting, child health and early stimulation results. A convergence of approaches (education, health, WASH) between UNICEF and conservation actors in relation to addressing child and family poverty and ensuring access to social services to facilitate results for children on the one hand and to prevent further deforestation, pollution and environmental degradation on the other represents a great opportunity to seize comparative advantages that UNICEF Madagascar will continue to pursue with an increasing group of conservation partners. UNICEF will similarly seek to diversify and expand its civil society partnerships to maximize community outreach and private sector engagement to expand resource leveraging efforts.

Among the key challenges for the Strategic Plan implementation in Madagascar will undoubtedly be the alarming extent of the deprivation of the population (91 per cent of whom live under US$2/day, 77 per cent under 1 dollar/day) and the related multiple deprivations children are facing. As long as poverty levels remain at present levels, it will be extremely challenging to address low child related indicators across all sectors. The continuously fragile overall context and the frequency of natural disasters and epidemic shocks will similarly challenge the achievement of results, necessitating a continuous ‘putting out fires’ as opposed to a ‘driving progress’ approach. Advocacy to ensure that Madagascar features on the global (donor) map will continue to pose a particular challenge, as will leveraging of domestic
resources as long as the national budget remains limited overall.

Evidence generation, documentation of experiences and lessons learned, continued focus on substantive advocacy tools and solid monitoring (starting with a Multiple Indicator Cluster Survey baseline planned for 2018) will be required to move the Strategic Plan agenda forward in Madagascar.

**Emerging areas of importance**

**Climate change and children.** UNICEF Madagascar progressively integrated environmental and climate change-related elements and strategies across all programme areas. UNICEF built on synergies with conservation stakeholders through increased programming on solar energy use in WASH (sustainable solar-powered large systems targeting 50,000 households), education and health, WASH multi-user systems enabling micro-irrigation and micro-culture, development of gravity fed systems, and community-led total sanitation programming also included education–climate change prone construction, natural disaster (DRR) training (412,000 manuals distributed), development of an eco-school and tree planting initiative (10,000 trees planted), youth mobilization through Youth Climate Change networks, and social protection (cash transfer to more than 49,000 households in the south to reduce poverty and lower charcoal production).

**Integrated early childhood development.** (ECD). UNICEF Madagascar accelerated an integrated health and nutrition package from pregnancy until age 2, with a focus on the first 1,000 days, aimed to improve child and maternal health, reduce stunting, and provide children with cognitive development. Community nutrition centre-based nutrition interventions aimed at reducing stunting were strengthened through early stimulation components. The health workers integrated nutrition training package now fully includes parental coaching on early psycho-emotional development. The next step is to prepare the same for the community health workers so that all children under two years old benefit from the intervention. This approach will be scaled up in six regions through World Bank funding with technical support from UNICEF. The ECD approach is also a key component of the new ‘community health worker’ approach being prepared under the leadership of the Ministry of Health, along with parenting messages disseminated by C4D. The new funding will facilitate the joint nutrition-health programme delivery incorporating ECD elements, in partnership with the World Bank.

**Urbanization and children.** UNICEF increased special measures to facilitate results for children living in growing urban areas. The 2017 plague outbreak, which affected the main cities of Madagascar, including the capital, underlined the specific issues that urban areas face in terms of access to quality health and education systems, complex community mobilization and specific vulnerable groups. UNICEF needed to understand and adapt to the different equity challenges cities present. In 2017 new ways of working included urban-specific approaches for Essential family practices and media mobilization, for equity in immunization (specific plans being designed both for campaigns and routine), for small cities in the south (water pipeline in Ambosary) and for urban emergency response (plague and other epidemics, cyclone). In the capital of Antananarivo, with UNICEF support, the first phase of a prevention and response strategy for street children brought together NGOs, the Antananarivo municipality and the Ministry of Population, to benefit 296 children living on the streets and 85 vulnerable families. They were provided with psychosocial support, shelter, activities to reintegrate the children into school or into vocational training, as well as training and support for families to set up and manage income generating projects, accompanied by start-up funds.

**Focus on the second decade.** UNICEF Madagascar also strengthened its focus on adolescents, especially adolescent girls over the age of 12, aiming to ensure better targeting and integration for reasons of equity, efficiency, and sustainability. In 2017, four specific adolescent programming approaches were pursued. Adolescents’ access to education was
increased through integrated early secondary education and social policy interventions (household-based), Adolescent-girl-specific child protection and health concerns were addressed, including child marriage, sexual violence, menstrual hygiene management, and sexual education. Promoting Adolescent participation was promoted via youth groups, on social media, in their communities, as decision-makers, or as young parents, especially mothers. At the initiative of UNICEF, the national life skills programme was revived. Multi-sectoral training modules were updated and translated, and will be rolled out through a partnership with several ministries (Youth and Sports, Public Health, Population, Education).

**Summary notes and acronyms**

**Acronyms**

AMP - annual management plan
ATR - Assistant Technique Regional (Regional Technical Assistant)
BNGRC – Bureau National de Gestion des Risques et Catastrophes – National Office for the Management of Risk and Catastrophe, based in the Ministry of the Interior and Decentralisation
C4D - communication for development
CEDAW - Convention on the Elimination of all forms of Discrimination Against Women
CERF - Common Emergency Relief Fund
CHC - community health centres
CHW – community health worker
CLTS – community-led total sanitation
CMT - country management team (UNICEF)
CRC – Convention on the Rights of the Child
CSO - civil society organization
DCT - direct cash transfer
DHO - district health offices
DRR - disaster risk reduction
ECD - early childhood development
EFP - essential family practices
EmOC - emergency obstetric care
EPI – expanded programme of immunisation (known as PEV in French)
EPS - essential package of services (Health)
ESARO – East and Southern Africa Regional Office
FID - Fond d'Investissement pour le Development (peri-statal entity that administers the national cash transfer programmes)
GAM – global acute malnutrition
GoM – Government of Madagascar
GSSC - Global Shared Services Centre
HACT - harmonized approach to cash transfers
HIS - health information system
HSS – health systems strengthening
ICCM – integrated community case management
ICRC - International Committee for the Red Cross
ICT - Information and Communication Technology
INSTAT – Institut National des Statistiques – National Statistics Institute
IPC – Integrated Phase Classification
IYCF – infant and young child feeding
KOICA – The Korea International Cooperation Agency
KPI - key performance indicator
LUL – Let Us Learn
MCHW – Mother and Child Health Week
MNCH - maternal, neonatal and child health
Weak institutional capacity is a serious challenge to development in Madagascar. As such, capacity building is one of UNICEF Madagascar’s key strategies, according to the following principles: capacity building must be at scale, sustainable, aimed at strengthening systems and not one-off, and integrate the entire service chain.

In 2017, UNICEF Madagascar reinforced systems on health and leadership at central and decentralized levels for 286 health management staff in regions as well as for parliamentarians and the National Nutrition Office and immunization programme. UNICEF also provided technical support to assist equity policies in health (community, drugs recovery); education (strategic plan); nutrition (national nutrition plan); child protection (child marriage strategy); and social protection (new social policy framework). The ONE-WASH approach empowers local duty-bearers (traditional, community and religious leaders) to own programme outcomes and ensure their sustainability. Training was provided to the National Institute of Statistics, WASH surveyors, and nutrition community workers to undertake the 2018 Multiple Indicator Cluster Survey (MICS).

Technical capacity building was provided for: 3,353 teachers on better teaching methods; 130 justice staff on children in conflict with law; 141 health staff on EmOC; and 200 media outlets on plague response. These technicians are critically important because they work at community level and can cascade their training.

UNICEF trained 1,381 mayors in the south in health and WASH management. UNICEF also trained community workers (11,413 on nutrition, 3,653 on infant and young child feeding), and household members (169,910 mothers on measurement of upper arm circumference, 860,000 on sanitation).
The private sector (school construction, manual drilling) also benefited from UNICEF’s capacity building activities.

Partners were trained on planning, financial and programme management (including HACT). Particular efforts on logistics reinforcement took place during the plague response as well as for the vaccination programme.

**Evidence generation, policy dialogue and advocacy**

Twenty five research studies and evaluations have been finalized since the beginning of the current programme in 2015. UNICEF documented good practices from the health system strengthening (HSS) programme, a six year programme implemented in nine regions. Those good practices will contribute to the new HSS platform and position UNICEF centrally in the operating environment for further HSS work in the future.

UNICEF has been using the portfolio of Investment Cases and Public Expenditure Reviews developed over recent years to advocate for more resources for sectoral departments. Budget briefs have enabled popular understanding of national budget processes. In 2017, UNICEF developed an Investment Case that provided valuable evidence to advocate with the Ministry of Finance for enhanced education sector spending. The Ministry of Education’s national budget allocation was increased by one percentage point for 2018.

The Third National Action Plan for Nutrition (PNAN III) is mainly derived from the Nutrition Investment Case developed in 2016. It is an example of a national strategy borrowing heavily from the evidence that UNICEF has invested in producing. The case for investing in nutrition in Madagascar was overwhelming, and was backed by the very highest levels of the Malagasy Government. A national commitment to increase funding to fight malnutrition has been announced. The three pillars of the Essential Portfolio for Nutrition proposed in the Nutrition Investment Case have been translated to three axes in the new National Nutrition Action Plan (PNAN III).

In humanitarian programming, results of the Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys were used to set Integrated Food Security Phase Classification (IPC) to monitor the emergency situation in the South of Madagascar and allow decisions about future activities to be implemented.

**Partnerships**

UNICEF Madagascar continued to implement partnerships with 15 government counterparts and to explore and expand partnerships with a range of civil society and private sector actors, notably environmental and conservation stakeholders. The Malagasy media were also invaluable partners, with more than 220 media outlets regularly approached.

UNICEF Madagascar implemented a decentralized approach that led to more than 100 partnerships with government entities (ministries, regions, decentralized structures). This imposed significant capacity challenges but also offered an invaluable opportunity for local impact, sustainable development, and crisis mitigation should central government entities be unavailable or ineligible. To foster responsible private sector engagement, UNICEF partnered with relevant government counterparts and key private sector stakeholders to roll out a four module year-long training program. Seven trainings were conducted resulting in increased and more efficient and effective private sector involvement in humanitarian responses through a combination of financial and in-kind support (such as mobile operators facilitating cash response and plague hotline).

Limited civil society presence and capacity continued to be major challenges in Madagascar. Following the visit of the Scaling Up Nutrition (SUN) global coordinator, UNICEF reinforced its
partnership with the NGO platform led by Action Contre la Faim to promote a more coherent approach. New alliances such as Global Environment Facility operational funding were also finalized. However, not all sectors benefit from such alliances and UNICEF had to rely on and reinforce the clusters it leads (education, nutrition, WASH, cash) or co-leads (protection, health) to ensure optimal coherence and value for money. Seventeen CSO partnerships were realized in 2017, receiving a total of US$1,824,684, an increase of 68 per cent compared to 2016.

**External communication and public advocacy**

In 2017, UNICEF Madagascar expanded its mainstream and social media strategy to reach more children and stakeholders, attracting 50,000 followers on social media, of which the majority were young people.

UNICEF Madagascar ensured media coverage on social sector issues affecting children and key programming for and with children throughout 2017. Media and external relations efforts also focused on engaging journalists and children themselves in exchanges on children’s rights, and on enhancing promotion of children’s voices in line with the global communication and public advocacy strategy. A nationwide primary school drawing contest, held in conjunction with UNICEF’s 70th Anniversary, engaged children across the country to think about issues of equity. Thousands of submissions were received - the top 40 were publicly displayed and a winner selected. UNICEF invited 150 school-aged children to watch the U12 Southern African Tennis championship to promote the importance of sport for children’s rights. UNICEF supported the 14th international Tour de Madagascar, an international cycle race, which, along the 10-stage route, focused on raising awareness of the benefits and dangers of the internet for children (in line with UNICEF’s child protection programme on online safety for children).

UNICEF Madagascar organized several field trips for journalists that resulted in increased coverage on issues related to children, and rewarded the best stories on children’s rights through a national competition. Seventy TV reports and 75 radio reports focused on children’s rights. On International Children’s Day, UNICEF facilitated a meeting for children with the President, which was broadcast live on national TV as well as ‘Kids Take Over’ events. UNICEF Madagascar scaled up its social media strategy in 2017 and was active on Facebook, Twitter, Instagram, and YouTube, and was in the top ten of followed social media accounts in Madagascar.

**South-South cooperation and triangular cooperation**

Madagascar is doubly isolated from its neighbours: as an island and a French-speaking country in a predominantly Anglophone region. South-South cooperation was facilitated with the two Francophone countries in the region (Burundi, Comoros), specifically in relation to child protection programmes in one stop centres for victims of violence and birth registration.

UNICEF Madagascar further reinforced South-South cooperation in 2017 through building links with El Niño-affected countries in southern Africa, with continuing advocacy and technical support, in partnership with the Office for the Coordination of Humanitarian Affairs (OCHA), through the Regional Interagency Standing Committee (RIASCO). UNICEF Madagascar also provided support to partners to attend regional events to share their experience with other countries. For example, the Ministry of Health participated in the International Community Health Worker conference in Johannesburg, which helped advance the community health workers policy in Madagascar. UNICEF Madagascar also built extra-regional links, especially with Francophone Africa, for example, at the Dakar conference on Cash, building capacity of Ministries of Population and Health.

UNICEF played a crucial role in mobilizing and maintaining collaboration around Civil Registration and Vital Statistics (CRVS) between the Government of Madagascar, the African Development Bank and the Economic Commission for Africa. In 2017 this cooperation resulted
in the finalisation of a comprehensive assessment of the national CRVS programme and the validation of a costed national strategic plan, and included a pan-African conference in Nouakchott, Mauritania.

China and Morocco contributed in-kind to plague response, with UNICEF managing the logistics and communication for Chinese Nationals. Several missions, including Burundi’s exchange on polio and education, were cancelled due to the plague outbreak.

Identification and promotion of innovation

Cash transfers were scaled-up for both emergency and development transfers to prevent and respond to negative coping mechanisms adopted by families. Depending on the context, the inclusion of beneficiaries was linked to nutrition, education or child protection criteria. UNICEF introduced three innovative components in its nutrition programme emergency response. Mobile teams ensured an equitable approach by reaching the most vulnerable children more than 10 km from a health centre with SAM treatment. An SMS alert system to report in real-time on nutritional emergency needs triggered the necessary response (e.g. a mobile team). UNICEF also piloted nutrition screening at family level. Caretakers were trained on the use of mid-upper arm circumference tapes to monitor the nutrition status of their child at home and do a self-referral to treatment centres, thus avoiding the risk of complication and mortality due to malnutrition.

UNICEF Madagascar introduced an innovative solution to reduce the risk of negative borehole drilling in the arid south. Cross-checking the results from hydrogeological and geophysical surveys through satellite data and salinity maps increased the probability of identifying a positive drill. Madagascar also received a UNICEF Innovation Fund grant to explore new scientific solutions to locate deep primary water resources.

A participatory programme design approach was applied to communication for development efforts. Edutainment proved to be a very effective way to raise awareness among peers in the community, promote knowledge triggering behaviour change and ensure uptake of essential family practices.

To mobilize more resources, UNICEF Madagascar focused on improving donor intelligence analysis through a database (PRIMA) and data visualization through donor heatmaps to identify development finance sources such as private foundations.

Support to integration and cross-sectoral linkages
Madagascar’s limited development aid budget, combined with the fact that most crises are multi-dimensional, led UNICEF Madagascar to a major strategic focus on cross-sectoral approaches, in particular multi-sectoral cross-cutting programmes that share outcome level results and programmes that bridge the humanitarian-development divide (New Ways of Working approach).

The Let Us Learn (LUL) programme (girls’ empowerment) is a flagship example of this approach. In 2017 there was further multi-sectoral integration of approaches, including education, health, protection, C4D and social protection. ‘LUL+’ seeks to ensure education completion and reduce child marriage and pregnancy.

The one-stop ‘Vonjy’ Centre for the prevention of child violence was shared as a South-South best practice and led to Japan’s interest in replicating the process.
UNICEF Madagascar put a strong emphasis on funding and empowering transversal sections such as C4D, social policy, planning and communication, whose results benefit all sectors. Significant investments were made in MICS, cash transfers, essential family practices, and integrated monitoring.

Humanitarian response was a major area of integrated response involving health, nutrition, communication for development and WASH, with positive results recognized by donors (UK, EU, Japan). Efforts focused on system reinforcement and causality analysis in protracted crises and enabling rapid and mutually supportive responses during outbreaks. During the plague response the joint health, WASH, nutrition, C4D and logistics mobilization enabled a large-scale, cost effective, efficient response, and led to the control of the outbreak in less than two months.

This coordination and more integrated and cross-cutting view also aimed to bring new partners via UNICEF leadership or co-leadership in several UN Interagency results groups and clusters (education, nutrition, WASH, cash – health, protection, logistics).

Service delivery
To address the weakness in social service delivery in Madagascar, UNICEF’s programme included large-scale service delivery components supporting routine public social services in health, nutrition, WASH, education and social protection at decentralized (regional and community) level and special campaigns in health and nutrition (Mother and Child Health Weeks) in partnership with sectoral line ministries. Sectoral service interventions were delivered through community workers and context-based communication for development focused on essential family practices.

UNICEF continued to support nationwide immunization service delivery (interrupting polio transmission) and provided direct support to health service delivery (mobile clinics reaching more than 95,000 people). Building accountability was also demonstrated in WASH, with the Government committing to joint delivery of water pipelines in the south. The nutrition action plan supports UNICEF’s approach (100 per cent of hospitals and health centres providing treatment for SAM) and deworming (230,000 children).

A total of 67,000 children accessed catch up classes, and the new education sector plan will facilitate quality improvement of and strong community demand in service delivery. Cash transfers (57,000 children reached by UNICEF) were central elements of social service delivery and the backbone of the emerging social protection system.

In 2017, UNICEF documented results and lessons learned from its decentralized health service delivery and strengthening programme and moved toward a more structured health system strengthening approach. Six best practices were documented, including: integrated, ascending and costed annual workplans; revitalization of the supply chain; decentralized recruitment of health workers; culture of results; community participation; and integration and capacity building of community health workers.

Human rights-based approach to cooperation
In 2017, UNICEF Madagascar advocated for the Government to start drafting the combined 5th and 6th Periodic Report to the Committee on the Rights of the Child, due in 2018. With technical support from UNICEF, the process is now underway, with the participation of all concerned ministries. Legal review in 2017 in follow up to the Committee on the Rights of the Child’s recommendations included an updated adoption law. In follow up to a recommendation from the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) Committee, in 2017 Madagascar revised its nationality law to allow women to pass Malagasy
citizenship to their children irrespective of their marital status or the nationality of the child’s father.

UNICEF Madagascar provided inputs for the report by the UN Theme Group on Gender and Human Rights to the Human Rights Committee, in advance of its review of Madagascar, and attended the meetings of the theme group, convened by the Office for the High Commission for Human Rights (OHCHR) and United Nations Population Fund (UNFPA).

With funding from the UN Peacebuilding Fund, and support from UNFPA, UNDP and the International Committee for the Red Cross (ICRC), UNICEF and OHCHR led development of training modules on human rights for security forces, which were developed and validated by a pool of experts from three forces (Ministry of Defense, the Ministry of Public Security and the National Gendarmerie), as well as representatives from civil society and the Parliament. The single curriculum for the three forces was developed in a participatory process that facilitated dialogue and consensus on the way forward. The first training of trainers was convened. UNICEF also supported a training of members of the child protection service of the gendarmerie on child rights and child protection.

UNICEF and UNHCR agreed on a joint strategy to address childhood statelessness, and are engaging with the Ministry of Justice to conduct a joint advocacy workshop in early 2018.

UNICEF provided technical support to the Ministry of Population for the establishment of a child parliament. Members were elected by their peers in children’s forums held at decentralized levels. Due to the plague epidemic, the first session of the parliament had to be postponed to 2018.

**Gender equality**

Madagascar already achieves gender parity in a number of critical areas: primary school access; absence of gender discrimination in feeding; sex ratio at birth, and access to health services. However challenges remain around the ‘girl effect’ (age 10).

UNICEF Madagascar implemented programming aligned with all four current Gender Action Plan priorities. UNICEF promoted gender-responsive adolescent health via an innovative, agile program in the south of Madagascar, with KOICA support. Nearly US$2 million is planned for Health interventions and 99,383 girls will be reached over the next four years.

The Let Us Learn approach, a joint education, protection, and social policy program aimed at keeping adolescent girls in schools, covers 103,405 girls in seven regions. More than 21,000 out-of-school girls in those regions benefited from catch up classes and reinsertion in formal public schools, 4,449 of them in lower secondary schools.

A costed National Strategic Plan on Child Marriage was finalized under the leadership of the Ministry of Population, a major step toward ending the practice. Child marriage is a concern in Madagascar, with 41 per cent of Under 18 girls being married.

Emergencies exacerbate negative coping mechanisms such as school dropout, early marriage, begging, and prostitution. These were reduced via cash transfers, literacy classes and life skills reaching 2,653 adolescent girls in humanitarian emergencies.

UNICEF Madagascar invested significantly in quality gender programming in 2017 and the results are evident: nutrition (detection by mothers of malnutrition), WASH (menstrual hygiene management and water vouchers), health (community mobilization, mother and child health campaigns), protection (one stop centres), education (secondary transition), C4D (family
practices) and social protection. Activities including nutrition and adolescent mobilization are planned for scale in 2018.

During the midterm review IMTR), UNICEF Madagascar reflected on the responsibility to not overburden women and girls as sole vectors of development interventions.

UNICEF Madagascar pursues advocacy, evidence-gathering and mobilization towards gender equality, including its attempts to ensure gender parity within its staff by paying strong attention to recruitment and career management for women.

Environmental sustainability

Madagascar is a unique, fragile biodiversity hotspot. The majority of its flora and fauna is endemic, and threatened by a 92 per cent poverty rate and 3 per cent annual population growth rate (current population 23-25 million). Pressure on the land has led to extreme deforestation (only 16 per cent of the island remains covered by forests) and related erosion, unsustainable resource management, poor agricultural practices and limited awareness of consequences of environmental degradation. This adversely affects communities and children, resulting in increases in diseases (diarrhoea, acute respiratory infection, epidemic outbreaks like the plague); increased poverty because of drought and erosion, increased insecurity and related violence (cattle rustling); and biodiversity losses further exacerbated by natural resource extraction and pollution in urban areas. Madagascar is also on the frontline of climate change, being affected by chronic drought in the South and frequent cyclones (fifth most cyclone-prone globally) and flooding resulting in regular emergencies disproportionately affecting children.

UNICEF Madagascar launched a country landscape analysis for children (CLAC), which revealed the extent of the impact of environmental degradation and climate change on children. UNICEF Madagascar’s related programming was reviewed on: solar energy use in WASH (sustainable solar-powered large systems targeting 50,000 households); in education and health, WASH multi-user systems enabling micro-irrigation and micro-culture, development of gravity fed systems, and community-led total sanitation; in education, climate change prone construction, natural disaster (DRR) training (412,000 manuals distributed), development of an eco-school and tree planting initiative (10,000 planted), youth mobilization through Youth Climate Change networks; in social protection (cash transfer to more than 49,000 households in the South to reduce poverty and lower charcoal production), and internal office greening measures.

UNICEF Madagascar was the first UNICEF country office to access Global Environment Fund resources for sustainable water provision, including rehabilitation of water systems, support to local authorities to develop Plan Communal de Development including climate change related issues, revise and update the Code of Water to include environmental aspects, and develop community plans in targeted areas to proactively engage in climate and environment activities (such as protection of water sheds, reforestation of water sheds, protection of water points against pollution).

Effective leadership

The country management team (CMT) met six times in 2017 and monitored, among other things, implementation of annual management plan (AMP) priorities and UNICEF Madagascar’s performance against performance scorecard indicators. The CMT identified action points in order to maintain acceptable performance. Particular emphasis was placed on managing financial relationships with partners (DCTs), allocating and spending resources correctly and within agreed time limits, and managing human resources and recruitment. In each weekly heads of section meeting, the Deputy Representative reviewed the Insight Office Dashboard and deviances from the expected norms were highlighted and action points created.
The management priorities identified in the 2017 Annual Management Plan guided the CMT during the year. In addition to the priorities for achieving programmatic results, the AMP highlighted the following management, coordination and operations priorities: pursue high level advocacy with the Government of Madagascar; reinforce transversal approaches especially on ECD, gender and youth; conduct gender training; focus on resource mobilization; exceed global standards in financial and partnership management; reinforce financial assurance activities; and ensure HR activities respect corporate standards.

The business continuity plan (BCP) was updated according to the needs and a BCP test was held on 13 December 2017, with the support of the UNICEF Regional Office, to verify UNICEF Madagascar’s capacity to implement priority programme and operations activities during difficult or emergency situations. UNICEF Madagascar identified improvement measures to be implemented to ensure better business continuity.

**Financial resources management**

UNICEF Madagascar had a total allotment of US$61.7 million in 2017, representing US$16.1 million Regular Resources (RR, 94 per cent utilization at the end of 2017); US$ 29.5 million Other Regular Resources (ORR, 86 per cent utilization) and US$16.1 million Other Emergency Resources (ORE, 81 per cent utilization).

UNICEF Madagascar continued to monitor financial key performance indicators (KPIs) and reinforced financial controls, procedures and internal workflows for more efficient and effective management of financial resources. The country management team used the InSight dashboard to monitor budget utilization and donor contributions, highlighting issues and facilitating proactive action on full utilization of funds.

As of December 2017, UNICEF Madagascar had submitted all required bank reconciliations within the set deadlines and cleared all outstanding bank transfers of more than two months.

UNICEF Madagascar aligned its internal business processes with UNICEF NY Headquarters guidance and developed standard operating procedures (SOPs) for the management of change of funding sources and cash on hand. More than 3,400 MyCase requests were submitted and processed by Global Shared Services Centre (GSSC) by the end of November 2017. Rigorous review and monitoring of open items allowed all outstanding items to be cleared.

Outstanding direct cash transfers (DCT) were monitored regularly and significant progress was made to ensure liquidation all DCTs greater than six months. A total of 1,027 DCT were processed as of November 2017. The DCT greater than nine months ratio stood at 1.3 per cent at the end of December 2017. The new zHACT manager simplified and streamlined the processes and will improve DCT management.

UNICEF Madagascar conducted seven HACT training sessions for more than 100 implementing partners. HACT assurance activities were carried out by third party auditors and included micro-assessment, spot checks, scheduled and special audits. Some recommendations still need to be implemented by the implementing partners and are being closely monitored by UNICEF Madagascar.

**Fundraising and donor relations**

In 2017, US$20,202,779 was raised in ORR, (bringing ORR raised during the cycle to US$86,040,384 – 66 per cent of the ceiling, on track with planned revenues). In addition, US$12,547,093 was raised in ORE, an increase of 18 per cent since 2016. A flexible funding approach (crisis modifier) was used with ECHO and EU funds.

Leveraging resources with the World Bank (social protection, nutrition), the Government, and
key donors (Japan for child protection) achieved results for children.

Thirty four funding proposals were prepared, mainly for public donors and UNICEF National Committees, with seven new donors: Korea, Global Environment Facility, Education Cannot Wait, Galana (private sector), UNICEF Innovation Fund, and Japan.

Mobilizing donors is the first step in UNICEF Madagascar’s partnership management process. UNICEF Madagascar also focuses on timely, quality reporting: 69 reports (100 per cent) were sent on time, with quality control by the Deputy Representative.

Donor visits are an essential strategy to raise awareness and funding. Eleven visits were planned in 2017 but only six took place as key partners cancelled because of the plague. The plague also negatively impacted fundraising efforts.

Joint programmes exist but are limited given the lack of UN agency presence or capacity. To improve resource mobilization, an online tool, ‘PRIMA’, was developed and presented during the 2017 networking meeting. It includes a heatmap of potential opportunities and detailed donor profiles (bilateral, multilateral, foundations, national committees) to assist programmes with fundraising. It is seen in UNICEF as best practice.

**Evaluation and research**

The Technical Advisory and Review Committee (TARC) has been operational since 2016, enabling smooth management of the integrated monitoring and evaluation plan (IMEP) for 2017. The PRIME dashboard (IMEP online system) was fully functional from June to allow management and staff to monitor progress on ongoing research, studies and evaluations. TARC meetings helped give strategic direction on planned studies/evaluations.

In 2017, three evaluations were planned but two of them were re-categorized to studies because of changing context (one was a case study for Madagascar which fed a Global Evaluation and the other was replaced by a documentation of good practice).

The Summative Evaluation of Essential Family Practices (C4D) launched in 2016 was finalized in May 2017 by a team of local external evaluators. Assessment of the evaluation report by an external reviewer noted some weaknesses but overall consistency with the objectives of the evaluation.

A management response was created collaboratively between the section in charge of Evaluation (PSE) and the C4D section. Eight recommendations were proposed in the report and 12 actions were agreed upon to be implemented. The recommendations focus on the identification of three C4D models – rural, urban and emergency, strategic partnerships, and delivering sustainable results.

In 2017, UNICEF Madagascar finalized a baseline for two Impact Evaluations in the area of Social Protection. UNICEF established a programme of capacity building directly related to evaluation management and interpretation of results.

**Efficiency gains and cost savings**

UNICEF Madagascar occupied 40 per cent of the UN Common Premises, and had an important role within the operations management team (OMT), in the decision taking and negotiations of all terms of the UN premises lease renewal. As a result, an annual saving of US$20,149 on rental costs was achieved. The rent per m² decreased from US$9.075 to US$8.50 and the previously agreed 10 per cent increase was avoided.
Despite the UN House space constraints, UNICEF Madagascar improved the working conditions for staff by negotiating additional space of 100 m², installing 13 additional air-conditioners, rehabilitating the main building entrance and car parking layouts (in cooperation with the other UN agencies involved in the UN Common House).

UNICEF Madagascar reduced the asset class errors to zero as per UNICEF NY Headquarters requirements. An external consultant was contracted to conduct an inventory of all office equipment, resulting in more effective asset management.

Four new vehicles were purchased to replace the obsolete ones and the 13 EU-funded health project vehicles were transferred to the partners as per the project funding agreement.

Five temporary drivers were recruited to strengthen the team and to reduce the cost and increasing demands of car rentals, which amounted to US$156,438, a 70 per cent increase over 2016 costs.

UNICEF Madagascar was able to keep the more than 15 days TA closure indicator at very low level all through the year, despite a 41 per cent increase (2017/2016) in the number of TAs issued.

New long-term agreements were signed with three travel agencies to facilitate the UN travel management and savings from the price comparisons between the three companies amounted to US$21,657.

**Supply management**

UNICEF Madagascar Supply and Logistics Unit (SLU) handled the procurement and distribution of essential supplies and services, supporting successful implementation of the country programme and partners’ projects, including an increasing scope and volume of institutional services.

<table>
<thead>
<tr>
<th>Table 1 Total value of supplies and services received irrespective of procurement location (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmatic supplies including PS-funded</td>
</tr>
<tr>
<td>Channelled via regular procurement services</td>
</tr>
<tr>
<td>Channelled via Gavi</td>
</tr>
<tr>
<td>Channelled via programme</td>
</tr>
<tr>
<td>Operational supplies</td>
</tr>
<tr>
<td>Services</td>
</tr>
<tr>
<td>International Freight</td>
</tr>
<tr>
<td><strong>TOTAL supplies and services received</strong></td>
</tr>
</tbody>
</table>

By the end of December 2017, the total value of procurement of goods and services acquired by UNICEF Madagascar reached US$39.8 million. Programme supplies accounted for US$12.6 million (63.5 per cent, or US$7.9 million, purchased offshore mostly via global long term
agreements). The remaining 36.5 per cent (US$4.7 million) was procured locally (20 per cent increase over 2016).

Institutional services accounted for US$8.6 million (56.4 per cent increase compared to 2016), mainly following vast scaling-up of WASH activities.

The focus of the procurement strategy remained on maximizing local procurement of quality products and services. Sixty five per cent of the total local procurement in 2017 was done through local long-term agreements (LLTAs).

Procurement of goods and services for our partners reached US$23 million (approximately 59 per cent of the total), including 10.5 million doses of b/OPV, for the two GAVI-funded campaigns (US$6 million).

Capacity building activities included supply planning workshops with the CNLS (Comité National de Lutte contre le Sida) and decentralized warehousing with partners in cooperation with the World Food Programme. The programme/supply cooperation with the Ministry of Health continued, aimed at further strengthening their routine operations.

Programme supplies in UNICEF-controlled warehouses were valued at US$1,827,960 on 31 December 2017 (US$264,551 prepositioned emergency response supplies). The warehouse throughput reached US$4,938,642. Road transport throughout the country was organized for approximately 8,050 cubicm of supplies to programme sites.

The scale-up of several programmes required more storage space. In January 2017, the warehousing capacity was doubled to 3,500 sqm, allowing UNICEF Madagascar to increase prepositioning of emergency supplies for a better preparation for ongoing and recurring emergencies (El Niño induced drought, plague, polio campaigns and annual cyclone season).

The SLU cooperated with all Programme sections, creating routine and prepositioned supply stocks at regional levels, managed via MoUs with the Government and non-government partners. Such agreements should allow a faster emergency response.

**Security for staff and premises**

Under the framework of One UN, safety and security was mainly managed by the UN Department for Safety and Security (UNDSS). The UNDSS team was reinforced. This allowed more frequent and in-depth field visits for safety and security assessments in the main regions of Madagascar and the UN Common premises.

This increased security was justified by the threat represented by the Dahalo (cattle robbers) in large areas of the South, where several agencies have many staff deployed to support either emergency response or regular activities.

The UN Office assessment confirmed the recommendations made in 2015 to reinforce main entrance control measures and to reorganize the staff, visitor and vehicle flows within the compound for an increased safety.

The UN VHF radio communication system was reinforced through an agreement with a phone company to ensure a continuous electricity supply to one of the repeaters. The VHF coverage of the capital city is thus more reliable. To increase personal staff safety measures, weekly radio checks were monitored and enforced. UNICEF had the best response rate in the UN system.

UNICEF Madagascar benefited from the constant support of the UNICEF Regional Office to continue reinforcing the security and safety of the staff through the allocation of additional security funds. These funds allowed UNICEF to ensure availability of emergency trauma bags in
all field locations and in the capital city, and also to reinforce the warehouses security and surveillance.

UNICEF Madagascar participated in a defensive driving training of trainers in 2017. One staff member was trained as a trainer and already trained 10 more drivers as of December 2017. An exercise was organised with the national fire fighters to train staff to use extinguishers and to kill fires in the Office. A UN Common Premises fire drill was also successfully organized.

**Human resources**

In 2017, UNICEF Madagascar improved regular staff gender balance by increasing female ratio from 43 per cent in 2016 to 46 per cent; the goal being a balanced ratio, with the right skill set. A total of 47 staff (5 international, 42 national) were hired, ensuring the right competencies to fulfill the Office needs. Nine per cent of fixed term recruitments were concluded within 90 days. However, despite strenuous efforts, recruitment of high calibre, bi-lingual staff remained challenging, particularly among females and in highly technical areas like WASH or field support in remote areas.

UNICEF Madagascar reinforced its teams with 102 national and international consultants, mainly recruited for humanitarian and emergency response (Enawo cyclone, plague outbreak and polio campaigns).

The performance evaluations from 2016 recorded a 99 per cent completion rate by April 2017. Staff members were invited to undertake regular performance management and feedback discussions to improve the trust between supervisors and supervisees.

In relation to the last Global Staff Survey (GSS) results, UNICEF Madagascar availed itself of an international stress counselor, shared with Burundi and South Sudan. An action plan to address concerns related to personal empowerment, career and professional development, office efficiency and effectiveness was approved by the country management team as recommended by the joint consultative committee.

UNICEF Madagascar provided development opportunities for staff as follows: six OICships (two IP, three NO, one GS) and six stretch assignments (three IP, three NO). One IP and one GS went on support missions.

Staff development also included a performance management workshop (173 participants), ethics and integrity (113 participants), Security Awareness for Driver Training of Trainers (TOT) (1 trainer trained), business operations strategy TOT (1), eZHACT TOT (2), local EZHACT training (28), emergency response preparedness (28), women security awareness (58 females), and orientation sessions on the revised selection policy.

**Effective use of information and communication technology**

In 2017, UNICEF Madagascar focused ICT efforts on enabling a productive operating environment, strengthening users’ mobility capacity, improving effectiveness and efficiency of business operations, boosting knowledge management and digital collaboration, enhancing users’ experience and supporting programmes in implementation of technology for development (T4D) projects.

To comply with corporate standards to increase productivity and security in personal computing environment, Windows 10 migration began, with a 60 per cent completion rate by December 2017. Users’ experience has been further enhanced on the Internet connectivity side as office bandwidth was upgraded by 50 per cent at no cost, taking advantage of new contracts negotiated with local ISPs under the UN common system umbrella.
UNICEF Madagascar used standard cloud-based office automation tools as a platform for collaboration and knowledge sharing. Microsoft SharePoint was used more and more, to facilitate documents co-authoring within teams and in mapping business processes for automation. This reduced the volume of email exchanged and increased office productivity.

As a greening initiative, the office worked to reduce its electrical and hardware footprint through the implementation of multi-functional printing in 2017. More than 10 individual printers were retired to consolidate printing services in pools and realize savings in printing supplies.

UNICEF Madagascar continued to support innovation initiatives, with ICT providing technical support to social policy, research and evaluation sections in piloting a tablet-based survey project using an Open-source software package. The survey targeted collection of data on the application of the Code of Conduct against all forms of exploitation of children by operators in the tourism sector. ICT collaborated with programme sections to build capacity for conducting surveys using tablets.

During the plague epidemic, UNICEF provided technical support to the UN and Government response in the setting up of the hotline call centre. The technical solution greatly contributed to providing an efficient centralized communication centre.

**Programme components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1 1.7 Appui aux DRSP et de ses SDSP rattaches pour l'orientation, la mise en oeuvre, la supervision et les suivis des PTA a tous les niveaux (DRSP, SDSP, CSB et Communautes)**

**Analytical statement of progress**

Madagascar faced significant system-wide challenges across the health sector. An investment framework piloted by UNICEF in 2017 showed that no major progress had been observed nationwide in the continuum of care of the Essential Package of Services (EPS) between 2009 and 2016. In many regions, especially non-UNICEF covered regions, a deterioration in key indicators linked to maternal, neonatal and child health was noted. Social health determinants were poor. The health situation of Malagasy people is getting worse, at best stagnating, in all but a few regions.

To address this situation, the Ministry of Health took the National Development Health Sector Plan (PNDSS) as the road map for Health System Strengthening (HSS), and promoted community health approaches to address Maternal, Neonatal and Child health (MNCH). This proved successful in the positive evolution of UNICEF’s results for 2017 compared to the 2015 baseline. For example, coverage (outcome) indicators related to the treatment of diarrhoea with ORS and zinc and treatment of pneumonia in target regions were largely achieved (88 per cent of children in target zones with diarrhoea receiving ORS, zinc). The same is true for measles and polio, where UNICEF Madagascar halted the circulation of Vaccine Derived Polio Virus (VDPV) during the last 30 months and was on target to reach the 36-month elimination objective in August 2018. A slight regression to 2016 levels was noted in routine immunizations (RI) due to the suspension of the GAVI HSS grant and the response to the plague outbreak from August to December that diverted resources and attention from routine activities. UNICEF Madagascar believes that by 2019 all Country Programme Document (CPD) outcome indicators should be achieved.
In 2017, UNICEF Madagascar provided leadership in the creation of the HSS platform to coordinate vertical programmes. UNICEF Madagascar also provided technical assistance to the Universal Health Care (UHC) policy, pharmaceutical policy and community health policy, and consolidated its HSS approach in 9 of Madagascar’s 22 regions. Targets were reached for external consultations, prenatal consultations, and postnatal care thanks to decentralised regional and district activities in health planning, information systems, policies, governance, leadership, supplies, and infrastructure, Technical assistance was provided to the Ministry of Health (MoH) at different levels in service delivery, especially in vaccine procurement, co-financing, cold chain platform for vaccine storage and HSS2 grant approval for equity and social mobilization. Those activities laid the groundwork for routine immunization and polio response. In three regions of the south (Androy, Anosy and Atsimo Andrefana), UNICEF provided training and case management of diarrhoea, pneumonia and malaria to reduce infant mortality.

UNICEF Madagascar mobilised for emergency response in 2017. Following the drought in three regions of the south and the cyclone Enawo in the north-east, US$3.5 million was mobilised from UN Common Emergency Relief Fund (CERF), Japan, DFID and Germany for emergency health responses. Additional funds were mobilised from GAVI for technical support on routine immunization, US$ 1.5 million from CIDA, US$ 2 million from GPEI for procurement of polio vaccines and C4D operations. UNICEF mobilised US$3 million (from KOICA and TAKEDA) to implement HSS for adolescent, maternal and newborn health. A remaining funding gap of US$15 million made it a challenge to provide the EPS to at least half of the population.

Weak governance in the health system remained a challenge for implementation of the EPS. It takes time to build administrative and financial systems to manage funds and re-establish trust, but efforts have been made in good governance with the creation of the National Bureau of Coordination. Corruption and misuse of funds remains a bottleneck. The plague epidemic starkly highlighted the lack of human and financial resources, especially at the operational level, and nearly brought the entire country’s health system to its knees. Access to intervention sites, due to either geographic and logistical reasons or insecurity, or both, was also a bottleneck, particularly in the South.

During the midterm review, UNICEF Madagascar worked with the UNICEF Regional Office colleagues to develop a ‘theory of change’ to achieve better outcomes in MNCH by focusing on HMIS, policies, health financing, planning, monitoring and reporting at national, regional and district levels. This will streamline and focus UNICEF Madagascar’s health programming in 2018 and in preparation of the new Country Programme for 2020. Cross-sectoral approaches in emergencies, preparedness and response, C4D, Nutrition, WASH and Education were enhanced in health programme planning.

**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 provided technical assistance to update health policies, including universal health care, and other strategic documents related to the organisation and management of the health sector. These efforts were geared toward: capacity building, guiding bottom-up integrated planning, ensuring equitable and quality services that responded to the needs of children and mothers; strengthening the medical supply chain and cost-recovery medicine fund (FANOME); and improving the health information system (HIS) and overall governance.
UNICEF achieved almost all targets set for 2017. The National Community Health Policy (integration, equity and continuum of care), Pharmaceutical Development Plan, Summary of all Health Sector Policies, high-impact interventions, and Norms and Standards of Community and District Health Facilities were updated. The Guideline on Bottom-up, Integrated and Budgeted Planning was updated and utilised for the development of the 2018 MoH Annual Work Plan. UNICEF Madagascar advocated for more funding during the Budget Conference with the Ministry of Finance and Budget.

At the decentralised level, 100 per cent of the supported regions and districts strengthened their monitoring of results through integrated supervision of Community Health Centres (CHC) and District Health Offices (DHO), periodic integrated reviews and audit of 42 community and 14 district health pharmacies that were considered high-risk.

Challenges in working upstream and institution-building included: weak and unclear budget allocations to and in the health sector, accentuated by a lack of prioritisation and execution, poor analysis (non-integration of the community HIS into the national HIS), inadequate distribution of human resources, and delays in dissemination of governance and management framework documents for the sector. This created a complex coordination environment.

Programme results in 2017 included the establishment of the Health System Strengthening Coordination Platform (HSS-CP); and documentation of best practices on Health System Strengthening. UNICEF donated solar lamps and kits to health centres to improve night-time deliveries. The model on Performance-Based Financing (PBF) providing motivational kits to health workers stationed in remote/hard-to-reach areas cost less than US$1 per capita and contributed to improved access to healthcare services in five of nine districts in the region of Atsimo Andrefana. In the five pilot districts, the percentage of women delivering in health facilities increased from 24 percent in 2014 to 35.8 per cent in 2016 and the percentage of children who received outpatient services increased from 36.6 per cent in 2014 to 57.8 per cent in 2016.

UNICEF will continue to provide technical support for sector policies and strategies, especially strategic plans, operationalization of the National HSS Platform with its seven components (based on the six pillars of HSS and the Community Health Committee), sustaining the achievements of the HSS strategies by prioritising the transfer of related skills and resources to the decentralised level with the initiative DHHS (District HSS), and strengthening the monitoring and evaluation system, bottleneck analysis, and performance indicators to boost community health to improve RAMNCH-Nutrition in seven regions of Madagascar.

**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**
In order to improve MNCH and better align to the new strategic plan, UNICEF supported evidence generation, built capacity of front-line health workers, and provided supplies in emergency obstetrical and neonatal care (EmONC), medical supplies to fight Malaria and the prevention of mother to child transmission of HIV (PMTCT) and syphilis.

Adolescent health and the first 1,000 days initiative were two growing areas of work, using C4D, nutrition and WASH in an integrated approach. UNICEF obtained the commitment of the
Government of Madagascar on the Every Newborn Action Plan (ENAP) to have a clear road map to improve MNCH. As part of the call to action signed in Ethiopia in 2017 with MoH, seven target regions were using the reproductive maternal newborn and child health (RMNCH) management scorecard. To support a shift to the 1,000 first days initiative, UNICEF provided evidence through the study ‘Community Health Analysis and Cost Projections of the EPS at Community level for Madagascar’, with recommendations for addressing the bottlenecks in the community health system. This analysis is crucial to the success of the National Community Health Policy (PNSC).

The documentation of the results-based approach in MNCH showed that the approach is efficient when motivation can improve service coverage in target populations in MNCH. The study on integration of pneumonia treatment with malaria case management at the community level proved that integrated community case management (ICCM) of malaria and pneumonia enhances health outcomes and improves the use of financial resources.

UNICEF provided technical assistance for the MoH submission to the Global Fund to fight malaria, which was approved by the Board for US$80 million. As of August 2017, 85 per cent of children aged 0-59 months with diarrhoea received Zinc, and 93 per cent with suspected pneumonia received antibiotics. 21 per cent of pregnant women attended at least four antenatal care (ANC) visits and 21 per cent delivered in health facilities (against a target of 35 per cent). Only 34 per cent of pregnant women were tested for HIV (against a target of 70 per cent).

Bottlenecks included insufficient funds to implement the priority interventions and low implementation of the ENAP. Weaknesses in the health information system make measuring progress difficult. There was weak ownership and accountability of MNCH interventions by the local stakeholders.

**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**
UNICEF had a comparative advantage in vaccine procurement for routine and campaigns, including quarterly delivery of vaccines at operational level to avoid stock out. UNICEF also supported implementation through the Reach Every Child approach, Mother and Child Health Weeks (MCHW), and polio campaigns in all 114 districts.

As of September 2017, 84 per cent of children received measles vaccine (MCV), 88 per cent received DPT3, and 85 per cent received three doses of oral polio vaccine (OPV3). Approximately 64 per cent of pregnant women received at least two doses of tetanus vaccine. The vaccine derived polio virus (VDPV) was halted for 30 months and Madagascar will declare the 36 month interruption in 2018, a great milestone for the programme.

UNICEF procured 5,385,000 doses of bOPV for the March polio campaign and provided technical assistance at all levels to support demand generation, activity planning, and implementation. A total of 4,637,339 children under five received the polio vaccine. For the national immunisation days in December 2017 and sub-national immunisation days planned for January 2018, UNICEF procured 8.1 million doses of bOPV. During the April 2017 MCHW round, 73,183 and 68,997 children received MCV and DPT3 vaccines, respectively, representing more than 12 per cent of all children vaccinated. The implementation of the REC strategy and the quarterly delivery of vaccines at district level contributed significantly to reduced stock-outs and improved access to vaccination services in most hard to reach areas.
As of September, 80 per cent coverage was reached for DPT3, with a focus on the hardest-to-reach and marginalized communities. Compared to 2016, measles coverage improved from 82 to 84 per cent. However, discrepancies between regions and districts remained. The number of districts improving their coverage should increase after the second MCHW round.

Concerns on fiduciary management resulting in suspension of cash flow to the Government, jeopardised the implementation of HSS2 grant and activities aiming to improve coverage, equity in hard-to-reach areas and cold chain equipment procurement. The Government budget for the health sector decreased, leading to greater dependence on development partners’ support. The lack of human resources at operational level and the insecurity and delays in polio campaigns, MCHW and routine activity implementation due to plague also were bottlenecks and barriers to achievement of full results.

Innovations that contributed to improved performance of the EPI nationally in all districts of the country included a coaching system to improve data analysis and deployment of a Regional Technical Assistant to the operational level.

In addition to reinforcing the REC approach, in 2018 UNICEF will focus on vaccination in urban settings where different barriers to continuity of service exist, and which place children at risk to be completely and punctually vaccinated.

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
UNICEF mobilised to respond to all health emergencies. Building on lessons learned during the plague, each response provides an entry point to strengthening the health system and community health to improve access to and use of MNCH services.

UNICEF, thanks in part to prepositioned equipment, donated fully equipped tents to reinforce or temporary replace health centres during the response to cyclone Enawo and the plague outbreak. Essential medicines for the treatment of acute respiratory infections, diarrhoea and malaria were made available for 51,244 children. A total of 75,900 out of 80,000 targeted families benefited from long lasting insecticide treated mosquito nets donated by UNICEF. A total of 95,159 people received integrated health services through the mobile clinics supported by UNICEF.

The central operational centre for emergency response was established, 60 health facilities were being rehabilitated; and 60 health centres were equipped with motorcycles to carry out outreach activities. In terms of capacity building, an additional 67 health workers were trained on IMCI and 141 others were trained on B-EmONC. A total of 3,090 community health workers (CHWs) in the eight districts affected by the drought and 563 community health workers in the three districts affected by the cyclone were trained on iCCM and equipped with basic equipment.

During the plague outbreak 1,755 community health workers and 768 volunteers were trained on contact tracing and community response. Integrated planning, coordination of health activities and integrated periodic reviews and monitoring were held at the regional and district level. Health centres benefited from integrated supervision and the donation of data collection tools.

The lack of a contingency plan for the management of pulmonary plague in urban areas was felt
in the early stages of the response. The outbreak disrupted the implementation of regular activities and many of them had to be postponed. The remoteness of health centres and the frequent closure of some health facilities due to inadequate human resources constrained results.

The utilization of outpatient services increased from 22 per cent to 30 per cent, equivalent to 92,229 outpatient consultations. The percentage of pregnant women who had four or more ante-natal care visits increased from 24 per cent to 38 per cent, and women giving birth in health facilities increased from 15 per cent to 25 per cent.

Mobile clinics serving children living more than 10 kilometres from health facilities allowed 95,159 beneficiaries and children to access preventive and curative health services.

In eight southern districts, SMS reporting by 3,652 community health workers reinforced the health information system through the collection of data through, which then analyses the SMS via a personalised online platform.

In 2018, UNICEF Madagascar will capitalize on improved coordination mechanisms borne of the plague response in order to reinforce DHSS and emergency response interventions. UNICEF will focus on contingency plans and emergency preparedness and pre-positioning of stocks in high-risk areas. Priority will be given to C4D activities to stimulate demand for health services.

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 globally among the countries with the worst water and sanitation indicators. The 2017 Joint Monitoring Report by UNICEF/WHO revealed that only 51 per cent of the population had access to basic water. The disparities between urban and rural areas were substantial: 82 per cent of people living in urban areas had access to safe water, while in rural areas, the number dropped to 34 per cent. Only 10 per cent of the population used a basic sanitation facility, and more than 44 per cent of the population (more than 10 million people) still practiced open defecation. The majority of the population relied on surface water consumption in rural areas, where many practiced open defecation and had no access to proper hygiene, such as hand washing with soap. Those practices were directly responsible for most diarrhoea cases, and directly influenced the high levels of chronic malnutrition or stunting, which affected 47 per cent of all children under five in Madagascar.

The ongoing drought crisis in the south was in its third consecutive year and had reduced the adaptive capacity of more than 700,000 people in the affected areas. A cyclone hit the northeastern coastal areas and affected more than 100,000 people. In addition to these natural disasters, in 2017 Madagascar had a large-scale outbreak of pneumonic plague in urban areas, including the capital, for which the country was weakly prepared. UNICEF Madagascar was at the front line of the response to these events and directly implemented support to the affected populations, together with the Government, reaching more than 650,000 people, including more than 329,000 women.

UNICEF Madagascar’s WASH development and emergency response programme grew to approximately US$18 million. This funding allowed UNICEF to expand its intervention area and its equity focus to reach more hard-to-reach children living in poor rural areas (the most
deprived in access to basic social services), and in particular to intervene in emergencies, either drought, flood, or plague epidemic.

Since the beginning of the country programme 2015-19, more than 2.5 million people living in rural areas have been provided access to sanitation (including more than 1.75 million children) and more than 500,000 people have been provided access to safe water. A total of 340,000 school children can now drink clean water and wash their hands with soap every day in their schools. UNICEF Madagascar supported government partners both at national and local levels, strengthened inter-sectoral coordination and used innovative approaches to achieve unprecedented results in building the capacity of authorities in planning, budgeting, implementing, monitoring and involving local authorities to work for children’s access to water, sanitation and hygiene. Synergies among UNICEF’s different programmes helped improve the living conditions of Madagascar’s most vulnerable populations.

An evaluation commissioned by DFID identified the UNICEF-advocated implementation of the policies and legislation as a fundamental element to allow the WASH sector to sustainably develop in Madagascar. The 2017 merger of the Ministry of Water, Sanitation and Hygiene and the Ministry of Energy and Hydrocarbons jeopardized specific progress on WASH, but also put the new Ministry of Water, Energy and Hydrocarbons (MEEH) in a stronger position vis-a-vis the Ministry of Finance. Having a sector coordination mechanism in place under a SWAp approach will be essential to align efforts and increase impact and efficiency. Accordingly, MEEH has announced the creation of a coordination platform in the WASH sector that will work toward establishing a SWAp.

UNICEF Madagascar served as the lead for the UN WASH Emergency Cluster, supporting harmonisation of WASH interventions at UN country level.

To improve programme performance and donors’ value for money, UNICEF applied the full package approach to communities, which consists of improving levels of sanitation access through the community-led total sanitation (CLTS) programme and assisting them in improving their access to safe water once consistent behaviour change is achieved. In 2018 this approach will include the prioritisation of communes that have self-directed themselves toward achieving open defecation free (ODF) status with less support from UNICEF in exchange for additional budget for water services.

Innovative approaches such as the Multiple Uses of Water Services (MUS) and the use of state-of-the-art technology to find safe water underground will improve sustainable access to water services and increase the resilience of the rural population, including the most vulnerable.

In 2017 UNICEF Madagascar significantly exceeded several targets. This was possible due to UNICEF’s capacity to work with women, communities, traditional and local leaders, teachers, health workers and other influential actors to improve strategies. In the context of the midterm review, UNICEF will increase WASH programme targets and funding levels due to its capacity to perform at scale. Climate change strategies will be incorporated and the gender and equity focus will be reinforced. The need to bridge the emergency and development interventions through a resilience approach also will be reinforced. This approach has shown at-scale results in southern Madagascar.

**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 mobilized to respond to all health emergencies. Building on lessons learned during the plague, each response provides an entry point to strengthening the health system and community health to improve access to and use of MNCH services.

UNICEF, thanks in part to prepositioned equipment, donated fully equipped tents to reinforce or temporary replace health centres during the response to cyclone Enawo and the plague outbreak. Essential medicines for the treatment of acute respiratory infections, diarrhoea and malaria were made available for 51,244 children. A total of 75,900 out of 80,000 targeted families benefited from long lasting insecticide treated mosquito nets donated by UNICEF. A total of 95,159 people received integrated health services through the mobile clinics supported by UNICEF.

The central operational centre for emergency response was established, 60 health facilities were being rehabilitated; and 60 health centres were equipped with motorcycles to carry out outreach activities. In terms of capacity building, an additional 67 health workers were trained on IMCI and 141 others were trained on B-EmONC. A total of 3,090 community health workers (CHWs) in the eight districts affected by the drought and 563 community health workers in the three districts affected by the cyclone were trained on iCCM and equipped with basic equipment.

During the plague outbreak 1,755 community health workers and 768 volunteers were trained on contact tracing and community response. Integrated planning, coordination of health activities and integrated periodic reviews and monitoring were held at the regional and district level. Health centres benefited from integrated supervision and the donation of data collection tools.

The lack of a contingency plan for the management of pulmonary plague in urban areas was felt in the early stages of the response. The outbreak disrupted the implementation of regular activities and many of them had to be postponed. The remoteness of health centres and the frequent closure of some health facilities due to inadequate human resources constricted results.

The utilization of outpatient services increased from 22 per cent to 30 per cent, equivalent to 92,229 outpatient consultations. The percentage of pregnant women who had four or more ante-natal care visits increased from 24 per cent to 38 per cent, and women giving birth in health facilities increased from 15 per cent to 25 per cent.

Mobile clinics serving children living more than 10 kilometres from health facilities allowed 95,159 beneficiaries and children to access preventive and curative health services.

In eight southern districts, SMS reporting by 3,652 CHWs reinforced the Health Information System through the collection of data which then analyses the SMS via a personalised online platform.

In 2018, UNICEF Madagascar will capitalise on improved coordination mechanisms borne of the plague response in order to reinforce DHSS and emergency response interventions. UNICEF will focus on contingency plans and emergency preparedness and pre-positioning of stocks in high-risk areas. Priority will be given to C4D activities to stimulate demand for health services.
OUTPUT 2 Community-level institutions improve the use of safe water, hand washing with soap and use of latrines by children and families through promotion of good hygiene practices and meeting of WASH infrastructure standards.

**Analytical statement of progress**

UNICEF continued to support the Ministry of Education, the Ministry of Health, and Ministry of Water to ensure the paradigm shift in the way Madagascar approaches WASH in schools and health centres. Using the UNICEF Star approach, which has the behaviour change component at its core, key messages on drinking water, sanitation and hygiene were included in the school curriculum for primary school students and as part of routine messages to patients in health centres. Targeted schools that did not have water access were provided with water filters and handwashing devices and soap. Since 2014, the Star Approach model has been implemented in all schools supported by the UNICEF WASH programme. In 2017, 592 schools were certified as ‘One Star’ by regional Education and WASH authorities. This brings the total number of children and others benefiting from the promotion of good hygiene practices and meeting WASH infrastructure standards to more than 342,000 children for the period 2015-2017, of whom more than 173,000 are girls.

A total of 38 health centres providing services to an estimated 300,000 people were certified One Star in 2017.

In 2017 UNICEF supported the connection to water systems in 26 schools and 11 health centres already meeting the One Star standards. UNICEF also rehabilitated 21 boreholes with hand pumps and drilled 30 new bore holes located near primary schools and eight near health centres.

All newly-built classrooms were given access to safe water, either through a direct connection to an existing water system or through a borehole with a handpump.

The UNICEF Water in Institutions programme was supported with intensive C4D campaigns that reinforced implementation and extended reach to more school-aged children and health centre visitors (mostly women and children). This included widespread distribution of posters and other promotional activities in schools and health centres.

In 2018, UNICEF Madagascar will strengthen its Menstrual Hygiene Management programme component, and will continue to expand to reach more schools in the intervention areas, including three new regions.

As part of the emergency response to the plague outbreak, UNICEF will continue to support the improvement of water services and hygiene conditions in hospitals and health centres, including with construction of incinerators for hospital waste management.

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

**Analytical statement of progress**

Despite the substantial changes at Ministry level that have resulted in the creation of the MEEH, the programme is being deployed at scale in the field. Eighteen new middle scale water schemes were built, 128 new boreholes were drilled and handpumps were installed, and 351 other boreholes were rehabilitated. This new and rehabilitated infrastructure has provided more than 204,000 people (including more than 103,000 women) with access to water.
UNICEF supported the MEEH and the MID to efficiently organize the water sector and to build sustainable models that can be brought to a national scale. In 2017, UNICEF and partners continued to support the small scale private operators model (selecting and training small operators in charge of the operation and maintenance of water systems). A legal framework was being revised and demand-creation strategies were implemented. The role of assistant coaches at commune level (ACCs) was extended to support sustained water services and increased water demand. This strengthens the capacity of communes to perform their roles and responsibilities as defined in the near-finalised Water Code and to apply related regulations efficiently.

UNICEF included a commune’s readiness in its criteria to select and prioritize the construction of water systems. The water access investments were increasingly conditional on sanitation outcomes. Community-led total sanitation (CLTS) self-starter communes with limited access to safe water and higher levels of vulnerable populations were prioritized. This innovative approach improved the sustainability of the interventions and reduced costs related to CLTS intense triggering and follow up.

To reduce the extreme vulnerability of the population affected by chronic drought in Southern Madagascar, which was exacerbated by El Niño, UNICEF supported the Government in a game-changer strategy by investing in two water transportation and distribution projects (consisting of more than 100 kilometres of pipelines, reservoir tanks and electric pumping stations powered with solar panels) that will provide water to more than 100,000 of the most vulnerable people in the South. Funding from the MEEH and from many donors channelled through UNICEF (a combination of emergency and development funds) were used for the ongoing project.

During 2017 state-of-the-art technology was applied to identify underground sources of water suitable for drinking in areas where water was barely available. Research on aquifer recharge was ongoing. All viable new approaches will be used to increase the resilience of vulnerable areas most affected by El Niño.

UNICEF also supported a promising initiative to professionalize manual drilling. A total of 44 boreholes were successfully drilled.

**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 2017, with UNICEF Madagascar’s support, more than 860,000 people (including more than 400,000 children) abandoned open defecation (OD) and started using latrines. A total of 86,326 new latrines were constructed. These results exceed the targets for 2017 by 60 per cent. There were 3,512 newly verified ODF communities, which means that 407,000 more people live in ODF environments. Although the number of people abandoning OD and living in ODF communities is increasing every year, sustaining formal ODF status at municipality level is a real challenge. Implementing programmes in peri-urban areas is more difficult than in rural zones.

UNICEF continued to support the generation of evidence and the documentation of good practices to improve programme performance. UNICEF implemented monitoring mechanisms and highlighted the critical role that social norms play in relation to sanitation and hygiene.

UNICEF Madagascar used an intersectoral approach, mobilizing community health workers
(CHWs) in promoting change and in the implementation of most of the follow up activities, supported by villages, fokotanys, and commune committees.

UNICEF continued to reinforce synergies between sanitation and water interventions, promoting an approach that builds on progressive achievement of behaviour and involvement of communities in their own development agenda (ONE-WASH) until all the enablers are met, allowing for capital investment in infrastructure. CLTS self-started communes with limited access to safe water and higher levels of vulnerable populations will be given priority over locations not ready to drive catalytic, sustained change. This innovative approach better assures sustainability and reduces costs related to CLTS intense triggering and follow up. Unspent budget for sanitation can be allocated to enlarge water services (when technically possible) and intensify ODF post-verification activities.

UNICEF Madagascar mobilised a new generation of Mayors fully involved and supporting the development priorities for their communities. MID was a key player in supporting the Mayors’ mobilization and the decentralization agenda, empowering the Municipalities to become actors of sustained change.

**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**
UNICEF, as WASH cluster lead, led the emergency preparedness and response to all the emergencies and assured resource mobilization and coordination with other sectors, and promoted the shift of leadership toward national and sub-platforms.

UNICEF partnered with MEEH directorates and the regional water utility to provide water (and reduce price speculation) using tanker trucks to more than 211,000 very vulnerable people (including more than 156,000 women and children) living in the eight districts most affected by drought.

UNICEF rehabilitated 275 boreholes, drilled 47 new ones, and constructed six new mid-scale water supply schemes benefiting more than 129,000 people.

UNICEF also supported children receiving therapeutic feeding against severe acute malnutrition (SAM) by providing 4,130 families with a handwashing kit, soap and a ceramic water filter for drinking water. Visits from CHWs assured correct use of the kits and reinforced key messages on hygiene practices. A total of 4,384 water vouchers were given to families with SAM children to benefit from water trucking.

UNICEF led a partnership with IFAD and FAO to address small-scale livelihoods needs and increase resilience by providing micro-irrigation kits and training to the communities surrounding the water points constructed by UNICEF. To date, more than 72 sites have benefited from this initiative.

The pipeline projects already described in Output 3 will provide access to the population most affected by the droughts in the South. More than 100,000 people will benefit from this ambitious intervention.

The geophysics study described in Output 3, if successful in identifying underground water, can have an immense impact in the dry Southern areas of Madagascar.
A total of 344,916 people were affected by the floods caused by the heavy rains and ocean surge in Cyclone Enawo. UNICEF provided them with safe water (water makers, borehole disinfection and infrastructure rehabilitation). A total of 83,515 people were provided with sanitation access and 44,058 very vulnerable people benefited from WASH kits to drink safe water and wash their hands with soap. An extensive training course on emergency response to weather-caused disasters was conducted three months before the cyclone for UNICEF and the Water Regional Directorates staff, positively impacting the efficiency of the response.

UNICEF Madagascar led the response to the pneumonic plague outbreak. UNICEF supported all necessary WASH and Infection, Prevention and Control activities, and recruited and trained more than 300 hygienists who assured isolation of suspect cases and patients in treatment centres. A total of 2,384 cases were managed.

The country was not prepared to respond quickly to an epidemic outbreak of this kind. In 2018, response capacity for future outbreaks will be reinforced, based on the WASH/IPC guideline UNICEF produced to be implemented in the plague treatment centres.

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

**Analytical statement of progress**

Since 2015, there has not been any new nationally representative data to measure progress against the outcome (rates of stunting, exclusive breastfeeding, minimum acceptable diet among children 6 to 23 months of age and low birth weight). UNICEF will support the Government in undertaking a national MICS survey in 2018, which will provide evidence on this indicator. Madagascar is ranked as having the third highest stunting rate in the region and acceleration of stunting reduction remains a top priority for UNICEF Madagascar. Findings from the Country Programme midterm review highlight that strategies defined are still valid and in line with the SDGs, regional priorities and UNICEF Strategic Plan 2018-2021.

The updated National Nutrition Action Plan (NNAP) ensured that the Essential Nutrition Portfolio identified in the Nutrition Investment Case (NIC) would be thoroughly reflected and adopted by all partners. The new plan was developed in a highly participative and inclusive manner. The National Nutrition Office (NNO) under the Prime Minister led the process, along with nutrition actors representing both nutrition-specific and nutrition-sensitive interventions. UNICEF played a leading role obtaining the buy-in of the Government, providing sound technical assistance to the NNO and supporting their leadership in the Nutrition sector. In May 2017, during the official launch by the President of the Republic, the Prime Minister and representatives of each sector ministry, the Government publicly announced its commitment to increase domestic investment in Nutrition. Although there was no indication of the amount or modality, the NNO’s budget has doubled since 2015.

The World Bank’s five year US$80 million loan to the Government for Health and Nutrition will be targeted to seven regions, plus one region to be supported by USAID. In addition to Health System Strengthening, the funding will revitalise the community nutrition programme. UNICEF has positioned itself to provide technical assistance to the Government in both Health and Nutrition. This sets the basis for enhanced multi-sectoral coordination and programming among various partners in the coming years as well as increased access to and coverage of nutrition interventions for the women and children of Madagascar.

Innovations and best practices in 2017 included mothers’ engagement in screening activities; deployment of mobile teams to enhance programme coverage; establishment of an SMS-based
alert system to detect abnormal increase in the number of admissions, upcoming stock-outs and low performances; and the introduction in October of a quality control system for exhaustive mass screening exercises.

In 2017, 56 per cent of UNICEF Madagascar’s total nutrition budget was mobilized for emergency response. Given the extent of the problem and the existence of the solid framework for action, resource mobilisation for stunting response remained difficult. Increased domestic and external investment in Nutrition will be key to achieving expected results and UNICEF will continue to play its leadership role raising additional funds for its programme (multi-year/predictable grants) and leveraging for the NNAP as a whole.

The decree requiring salt producers to iodise and fluoride their products has been a major impediment to universal salt iodisation (USI) in Madagascar. While UNICEF actively contributed to USI, there was no partner to support the fluoridation. The impact on the cost of salt also was a significant bottleneck for both producers and consumers.

To accelerate stunting reduction, the NIC recommends coverage of more than 90 per cent of the Essential Nutrition Portfolio. At year end, nationally, 29 per cent of communities had community nutrition sites and 26 per cent of health centres had the capacity to treat severe acute malnutrition cases. Utilisation of health services was estimated to be less than 50 per cent. More efforts are needed to achieve high service coverage.

In 2018, UNICEF will continue its upstream support for the development of the NNAP Monitoring & Evaluation Framework, Budget and Regional Action Plans. Continuous communication and advocacy on the inter-sectoral nature of the Nutrition sector and strong inter-actions with numerous SDGs will be reinforced to reach a full understanding of the importance of joining forces to achieve results. This will be done through the Scaling-Up Nutrition (SUN) platform of the United-Nations and Donors, the United Nations Development Assistance Framework (UNDAF) group on Nutrition and the Nutrition cluster coordination, all of which UNICEF is leading.

UNICEF Madagascar also will support reform of the community health programme to accelerate stunting reduction (and child survival). The recurrence of drought episodes in the Southern regions requires that UNICEF strengthen its emergency preparedness level and risk informed programming. In its capacity as Nutrition cluster lead, UNICEF will integrate national and local readiness for emergency response as well as resilience-building programming the annual workplans. Good practices of joint programming between nutrition, social protection and WASH will be pursued and cross-cutting themes such as gender, adolescents, urbanization, environment and early childhood development will be further developed and strengthened.

**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**

In 2017, the portion of the State domestic budget for Nutrition increased by 1.4 percent (from a baseline of 0.28 per cent in 2015 to a target of 5 per cent in 2019) and the total amount allocated to Nutrition rose by 41 per cent between 2016 and 2017. The third National Nutrition Action Plan, 2017-2021 (NNAP III) was launched in May by the President of the Republic and the Prime Minister. High level advocacy events took place with the visit of the Scaling-Up Nutrition (SUN) Movement Secretary General in April, the creation of the Parliamentary Alliance for Food Security and Nutrition, initiated by the FAO, National Nutrition Days in June, Breastfeeding Week in August and National Days Against Iodine Deficiency Disorders in
December. The development of regional multi-sectoral plans will be completed in 2018, after the budget and the monitoring and evaluation framework of the NNAP III are finalised. The National Nutrition Policy dated 2004 is being revised and the final document will be issued early 2018. The plague epidemic delayed several planned activities in 2017 and the low budgetary execution of the Nutrition domestic budget limited the pace of the national programme scale-up.

Partners (the Government, UN agencies, civil society and donors such as EU, JICA, USAID and the World Bank) all aligned their support and actions to the NNAP III to achieve high coverage of the Essential Nutrition Portfolio. In 2018, UNICEF will continue to lead the SUN platform for the United Nations and Donors and the United Nations Development Assistance Framework (UNDAF) Group on Nutrition with the aim of supporting the National Nutrition Office in its coordination efforts at central and regional levels, leveraging funds and scaling-up the implementation of the Nutrition programme. Linkages with the SUN platform for the Private Sector will be further enhanced to accelerate food fortification and reinforcement of the Code of Commercialisation of Breastmilk Substitutes as well as the distribution of multi-micronutrient powder for home-based fortification. UNICEF will continue to support the Ministry of Health in revitalising the Universal Salt Iodisation programme and the rollout of the NNAP III in six regions where approximately 807,000 children under two years of age live.

**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 favorable to nutrition.

**Analytical statement of progress**

Two rounds of the Mother and Child Health Week (MCHW) took place in April and December, reaching approximately 250,000 children under five years of age with two doses of Vitamin A and 230,000 children from one to five years of age with deworming tablets. Twenty nine per cent of the communities (from a baseline of 26 per cent in 2015 to a target of 80 per cent by the end of 2019) had a functional community nutrition site (average of one site for three communities). The early childhood development training package (for parental coaching on early psycho-emotional stimulation) was developed and integrated into the health workers’ nutrition training package. It was being prepared in local language for community health workers and community nutrition agents. The management of severe acute malnutrition was scaled-up to five additional regions with the opening of 83 new outpatient therapeutic sites integrated in health centres. This enabled the treatment of 6,115 severely malnourished children as of September.

In the Vakinankaratra region, which scored more than 60 per cent stunting rate (ENSOMD, 2012/13), UNICEF initiated a programme to accelerate the reduction of stunting, with enhanced support to regional coordination, scaling-up the management of severe acute malnutrition and community-based nutrition as well as distribution of multi-micronutrients powder for home-based fortification (for children under two years of age).

Challenges included the delay of the second round of the MCHW, which was initially due in October but was postponed due to the plague epidemic; the lack of funding for non-emergency regions (except for Vakinankaratra); and the low-quality reporting from the regions. Using innovative approaches, UNICEF supported the rollout of SMS-based reporting in five additional regions, providing mobile phones, technical assistance and trainings. The system includes alerts in case of increased admissions, upcoming stock-outs and low performances. UNICEF Madagascar also initiated a series of contacts with donors to advocate for the funding of the programme to accelerate stunting reduction in six regions.
In 2018, the women and children’s coverage of the community nutrition sites (average of one for three communities) will be evaluated to better target the need for expansion. UNICEF will also continue to support the training of health workers, community health workers and community nutrition agents in women nutrition, infant & young child feeding practices, community management of severe acute malnutrition and early childhood development. Additional in-patient and out-patient therapeutic feeding sites in hospitals and health centres will be initiated with the aim at achieving 100 per cent coverage in the six focus regions. Efforts will be pursued to ensure adequate funding and the transition of the MCHWs from a campaign to a routine mode will be studied.

**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 2017, UNICEF supported the training of 73 per cent of health workers (617) in the six nutrition-focus regions in women nutrition and infant and, young child feeding practices (from a baseline of 25 per cent in 2015 to a target of 100 per cent in 2019). A total of 798 health workers (67 per cent) received training in community management of severe acute malnutrition (from a baseline of 36 per cent in 2015 to a target of 62 per cent in 2019). This resulted in increased coverage of outpatient therapeutic feeding sites integrated in health centres (28 per cent). The capacity of 11,413 community health workers and community nutrition agents was strengthened to provide women nutrition and infant and young child feeding practices counselling to their communities (84 per cent, from a baseline of 57 per cent in 2015 to a target of 80 per cent in 2019). They were also trained in screening techniques using mid-upper arm circumference (MUAC) and oedema identification for the early detection and referral of severely malnourished children to the nearest therapeutic feeding treatment site. Six laboratory technicians received training in iodised salt quality control and were equipped with laboratory material.

The protracted drought emergency in three regions in the Southern part of Madagascar presented a challenge, requiring rapid scale-up of the programme to achieve 100 per cent coverage in the affected areas and ensure an adequate emergency response. The revision of the national guideline for the management of acute malnutrition will be completed during the first quarter of 2018, followed by the revision of the medical and paramedical training curriculum to integrate the latest state-of-the-art nutrition knowledge and practices and reduce the need for training and refresher training in the future. Regional capacities in the implementation of the National Nutrition Action Plan, 2017-2021 (NNAP III) will be strengthened and a national communication campaign will be rolled out to promote the consumption of iodised salt.

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

**Analytical statement of progress**

Since 2015, nearly 1.5 million people have been affected by an ongoing drought that was further exacerbated by the El Niño phenomenon in 2016. An Integrated Phase Classification (IPC) Food Security exercise carried out in October 2016 reported 52 per cent of households in eight districts in Southern Madagascar were severely food insecure. In March and April of 2017, UNICEF supported Standardised Monitoring and Assessment of Relief and Transitions (SMART) nutrition surveys in those eight districts. The surveys revealed a global acute malnutrition (GAM) prevalence ranging from 8.1 per cent to 13.9 per cent and a severe acute malnutrition (SAM) prevalence ranging from 0.4 per cent to 2.7 per cent.
Technical support for the July 2017 IPC Acute Malnutrition classification has been ensured by UNICEF. The coverage of the in-patient and out-patient management of severe acute malnutrition was expanded to cover 100 per cent of the 204 health centres and eight hospitals in the eight districts. Thirteen mobile nutrition teams were deployed to hard-to-reach areas (increasing the number of admissions in the programme by 2,491 severely malnourished children, or 20 per cent of the total number of admissions). A total of 169,920 mothers were trained in screening techniques for the early detection and referral of the acute malnutrition cases.

UNICEF supported the Government in undertaking seven exhaustive mass screening exercises to enhance programme coverage. Therapeutic feeding supplies, essential drugs and anthropometric equipment were procured and delivered to the treatment sites. From January to October 2017, a total of 14,100 severely malnourished children were treated (82 per cent reporting rate) with overall positive outcomes within the SPHERE Humanitarian Standards: 82.1 per cent were cured, 9.7 per cent defaulted and 0.5 per cent died.

UNICEF continued to play a leadership role in the nutrition cluster coordination at central and decentralised levels. The main challenge was to ensure the regularity of the mass screening exercises and monthly cluster coordination meetings at district level, which is time-consuming and stresses an already under-staffed and overloaded health and nutrition workforce.

Innovations and best practices included mothers’ engagement in screening activities and the deployment of mobile teams to enhance programme coverage; establishment of an SMS-based alert system to detect abnormal increase of the number of admissions, upcoming stock-outs and low performances; the introduction in October of a quality control system for exhaustive mass screening exercises (the latter was being tested for rollout in 2018); and establishment of a Nutrition Surveillance System whereby screening data will be used to inform IPC Food Security and IPC Acute Malnutrition exercises. In 2018 UNICEF will continue to ensure its leadership and ‘provider of last resort’ role within the emergency nutrition cluster and will support the population’s resilience capacity through the strengthening of basic health and nutrition services and nutrition surveillance for emergency preparedness and response capacity.

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
Recent progress in the realisation of children’s right to an education, nationally and in UNICEF target regions, included a more than 5 percent increase in enrolment at pre-primary and primary levels; steady gender parity in primary schools in seven target regions for primary and five for lower secondary level; and improved education in emergencies response and preparedness in 16 of 16 targeted regions. The most recent PASEC report (2015) showed that at the end of primary school, only 17 per cent of children in Madagascar achieved minimal competencies in reading, and only 21 per cent achieved them in numeracy. Madagascar ranked ninth out of 11 countries on PASEC assessments. In 2016, there was a 24 percent decline in pass rates for end of primary exams at national level and a 12 percent decline in UNICEF target regions.

Keeping children in school and ensuring that they were actually learning while at school was a major challenge. There were many compounding factors that contributed to poor learning outcomes: 80 per cent of Malagasy teachers were unqualified to teach, the curriculum has been in transition since 2008, and the vast majority of learning materials were in French and not used by teachers.
In 2017, UNICEF advocated for a systems approach to educational planning in the new national education sector plan (ESP 2018-2022). UNICEF implemented an intersectoral Let Us Learn (LUL) gender-responsive approach to support male and female adolescents to transition to and stay in lower secondary school. UNICEF also continued to place a strong emphasis on teacher training and other quality-focused inputs to improve the teaching and learning environment and learning outcomes in schools from pre-primary to primary and lower secondary.

The validation in June 2017 of the ESP 2018-2022 represented a significant reform in the operating environment, from one of sustaining a failing system to one of building a new, effective system. A key component of the new plan is the progressive transformation of public primary and lower secondary schools into fundamental education schools (i.e. an extension from five to nine years of mandatory education). These changes, along with a reform of the national curriculum and the reorganisation of the school calendar around the agricultural season, aim to increase access, retention and achievement of a full basic education cycle. The ESP also includes one year of pre-primary to better prepare children for primary school and improve their learning outcomes.

Activities in 2017 were constrained due to limited budget allocations to decentralised educational offices (75 per cent spent at central level based on a 2015 PER). UNICEF, with the Ministry of Education, successfully advocated the Ministry of Finance to increase the budget allocation to the Ministry of Education to 26 per cent of the Government's budget in 2018. The GPE and the World Bank have committed a total US$100 million to support the implementation of the new ESP at the pre-school and primary level. Such improvements to the resource environment may present risks in terms of absorption capacity, but will also open opportunities (if well-coordinated) for greater scope and scale of education. UNICEF was the Coordinating Agency for the GPE grant as well as lead agency for the technical and financial partners group. These two roles provide an opportunity for UNICEF to ensure better coordination among partners for aid efficiency, better transparency and accountability for children per SDG 4 targets and UNDAF priority areas.

UNICEF will maintain its support to preschool and primary education, and place a stronger emphasis on the lower secondary level (third sub-cycle in the new basic education system) to support the MEN to implement its reform of the fundamental education cycle. There is an opportunity to more closely align UNICEF Madagascar's goals with new regional and global strategic priorities (2018-2021) on Improving Educational Quality and Learning Outcomes, Results for Adolescents, complemented by the availability of funds for UNICEF Madagascar’s LUL approach, as well as the potential for future financial support along these same thematic lines.

A greater emphasis on adolescents in the later grades of the basic education cycle has the potential to increase access to secondary education by providing more adolescents with a safe, supportive learning environment close to their homes. UNICEF’s supported life skills, sexual and reproductive health education for children in and out of school. UNICEF also focused on reaching out-of-school children through catch-up classes.

GPE and other donor funds target children in the two early (primary) sub-cycles. No other major partners, apart from the French Development Agency, are investing in post-primary education. In 2018, UNICEF’s strategy will assure sufficient support for the later years of the fundamental cycle.
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

Recent progress in the realisation of children’s right to an education nationally and in UNICEF target regions included decreases in the dropout rate for children in the first year of schooling, from 23 to 19 per cent nationally and 31 to 27 per cent in target regions. The number of primary school age children out of school also declined, from 1.07 million to less than 906,000. More than 11,000 (out of 10,500 targeted) children benefited from child-friendly, cyclone resistant and gender-sensitive classroom construction (gender-specific latrines) in pre-primary, primary and lower secondary schools. In all, 57,391 children (28,695 girls) in target regions were reinserted in the primary cycle, exceeding the annual target of 40,000. UNICEF contributed to ongoing gender parity in primary schools in seven target regions through an integrated LUL approach focused on enrolling and retaining adolescent girls and boys in primary and lower secondary school through catch-up classes, cash transfers conditioned on school enrolment and C4D messages promoting secondary schooling. Gender disparity at lower secondary level remained entrenched in Atsimo Atsinanana and Vatovavy Fitovinany. In 2018, research is planned to investigate the bottlenecks to gender parity in these regions, and plans to test recommended interventions are in place.

Due in part to UNICEF advocacy, the 2016/2017 MoE statistical yearbook was the first to publish statistics on children affected by disabilities in schools, showing an improvement from the national baseline of 0.086 percent to 0.23 percent. UNICEF’s advocacy contributed to the development of a national platform on inclusive education, the integration of objectives and targets relative to the inclusion of children with disabilities in all cycles of the system. UNICEF Madagascar technically and financially supported the development and testing of a pilot curriculum to train teachers to meet the needs of children with disabilities.

UNICEF’s intersectoral work with education, social protection and child protection in the context of its LUL approach evolved to develop multi-faceted methods to address the education of out-of-school children or those at risk of dropping out, both through catch up classes (for reinsertion into the formal sector) and development of literacy, life skills or vocational learning opportunities for students who are not candidates for reinsertion into the formal education system (too old, illiterate).

In 2018, UNICEF will support transformation of the primary and lower secondary cycles to a 9-year fundamental cycle. UNICEF will construct more multipurpose classrooms/laboratories and increase quality inputs to improve teaching and learning.

Challenges to improved access included a lack of funds at the school management committee (SMC) level, which limited the SMC’s capacity to maintain classrooms and the catch up class approach that does not accommodate older students or students who are no longer functionally literate. UNICEF will continue to explore how to support alternative educational opportunities (vocation and literacy classes) as well studying and strengthening the efficiency of public expenditures through a Public Expenditure Review in 2018.

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

To improve teaching and learning in 2017, UNICEF Madagascar provided students at all public primary schools in the target regions with at least one new manual in Malagasy or Math (one manual for two students) and fell slightly short of its target to UNICEF also trained public lower secondary school teachers in the target regions, strengthening the pedagogical knowledge and subject-matter teaching capacity of 3,353 teachers (70 percent of the total, against a target of 80 per cent). An estimated 173,000 children in target regions benefited from the improved teaching capacities of 4,324 preschool, primary and lower secondary teachers (two-thirds of the annual target), who participated in UNICEF-supported training sessions. UNICEF coordinated with all partners supporting teacher training in the country (World Bank, European Union, French Agency for Development) to ensure a coherent national approach at scale.

Transition and repetition were internal efficiency issues. There was a culture of repetition perpetuated by teachers in the education system, which was compounded by their lack of training in assessment. Because of the poor quality of learning in schools, parents were not motivated to invest in secondary education, which impacts transition rates.

UNICEF adapted its programme to address this situation, while successfully advocating for an extended primary cycle (to nine years), mother tongue instruction and abolition of national primary school leaving exams in the new national education sector plan (2018-2022). UNICEF also implemented an adapted Let Us Learn/gender-responsive approach to support male and female adolescents to transition to and stay in lower secondary school. Educational support was complemented by cash transfers and violence prevention interventions.

Positive changes that will carry over into 2018 include moving away from a one-off training approach to an approach that supports local, intensive and quality-focused inputs through regular, monthly capacity building sessions by teacher advisors and in-class supervisory visits at least once a year. UNICEF will also support the training of school principals, who will provide quality assurance and pedagogical supervision. UNICEF will also concentrate on improving its intersectoral strategies to ensure that more girls and boys finish the secondary cycle and on creating more relevant learning opportunities by integrating environmental education projects as part its DRR training.

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 in order to improve governance, to install notions of accountability in the education system and to optimize its results for the benefit of schools and children.

Analytical statement of progress

UNICEF, in close collaboration with the MoE, the Ministry of Higher Education and Research, and a group of local education partners, supported the finalization and validation of the national Education Sector Plan (ESP) 2018-2022. Thanks in part to UNICEF’s advocacy, the ESP is more responsive to gender-specific needs of children, including the reinsertion of out-of-school child mothers and children with disabilities. The ESP also is more equity-focused. It includes DRR training goals aligned with UNICEF’s DRR program for communities vulnerable to natural disasters and seeks to improve access and retention of children without access to lower secondary school by transforming five-year cycle primary schools to nine-year fundamental cycle schools and endorsing more mother-tongue teaching and learning.

UNICEF helped the MoE achieve targeted progress indicators in the performance of planning systems as well as in administrative and financial management systems at central and decentralized levels. In 2017, the MoE demonstrated its strengthened capacities by producing a
consolidated workplan based on the new ESP. The MoE also developed and submitted its request for Global Partnership for Education funding (US$45 million) with the local education group partners, putting in place a sectoral coordination platform to ensure the quality of ongoing management of ESP implementation. UNICEF was named Coordinating Agency of the GPE grant and will ensure GPE/ESP programme implementation monitoring. With UNICEF support, the Department of Administration and Finance of the MoE demonstrated functional administrative and financial control by conducting and monitoring audits at central and regional levels for the first time in at least a decade.

Despite this progress, the limited budget allocated to regions and the weak rate of execution of the MoE budget were bottlenecks for more effective implementation of activities and capacity building.

UNICEF Madagascar facilitated the development of the School Health Record Notebook and the national decree requiring mandatory routine health checkups for students in school. Progress toward having effective school-level workplans based on the new ESP was constrained by the late validation of the ESP and the priority given to the preparation of the GPE grant request. However, trainings of school-based management committees were underway to strengthen their capacities to use the new planning, management and monitoring tools developed with UNICEF support.

School medical visits will be piloted in two regions with UNICEF support in 2018. In 2018, UNICEF also will work closely with the MoE to implement a Public Expenditure Tracking Survey aimed at identifying bottlenecks in the public expenditure chain and solutions for better transparency and efficiency of budget usage so that decentralized educational services more greatly benefit children.

**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 2017 UNICEF Madagascar met or exceeded its targets for improving schools’ resilience and pupil’s safety through disaster preparedness and response. Education authorities in all 16 targeted regions built resilience through disaster risk reduction training supported by UNICEF. As cluster lead, UNICEF supported 62,000 children with catch up classes, school-in-a-box and other learning materials in the context of the southern drought response. An additional 54,000 children were supported with temporary learning structures, classroom rehabilitation, school-in-a-box and other learning materials in relation to the cyclone response (exceeding the target of 25,000). An estimated 95 per cent of cyclone-affected children returned to school rapidly, and 90 per cent of affected populations received C4D information messages on disaster response and recovery.

The isolation of communities affected by cyclone Enawo, especially in the Analanjirobo region, challenged a rapid response for all. The lack of viable data relative to affected populations and number of affected schools delayed an adequate response for certain areas. Cyclone Enawo hit regions before trained authorities were able to ensure teacher and student DRR trainings (per the cascade model), and certain regions did not ensure trainings at the school level due to overlapping priorities and lack of dynamism in the regional education clusters.

UNICEF responded quickly to an unexpected and rapidly spreading plague outbreak in September 2017. In all, the health and well-being of 2 million children in 16,000 schools in 15 regions benefited from informational materials on plague identification and prevention. Among
these children, 450,000 returned to schools previously closed due to risk of outbreak thanks to medical supplies and implementation of the official response protocol and teachers and educational authorities trained on the national plague response protocol. This work was facilitated by UNICEF (education, health, C4D and WASH sections), in close coordination with WHO, Red Cross and other partners.

In 2018, UNICEF Madagascar’s DRR programme will seek to strengthen the capacities of regional clusters, including for the collection and communication of reliable data. The DRR training programme will be extended to teachers and students in lower secondary schools. DRR will include an environmental education component intended to raise children’s awareness and ability to address climate and environmental change for stronger resilience of their communities.

UNICEF will also advocate to include response to epidemics in national emergency response plans. The 2017 plague outbreak revealed gaps in this area. Epidemic response was already included in the UNICEF Madagascar 2018 Humanitarian Action for Children proposal. Future action will also include support to regular sanitation of schools, especially prior to the start of the school year.

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

Analytical statement of progress
In 2017 a number of key national strategies and processes were finalised that are positively impacting child protection programmes. As a result of UNICEF’s significant advocacy, financial and technical support, the costed national strategic plan on child marriage was finalised, and regional implementation strategies were developed in four UNICEF priority regions. A comprehensive national assessment of the national Civil Registration and Vital Statistics (CRVS) system was finalized, with support from UNICEF, followed by a costed national CRVS strategic plan.

In partnership with the police, the Ministry of Health and the Ministry of Population, Social Protection and the Promotion of Women (MPPSPF), a fourth one-stop centre for child victims of sexual violence was inaugurated. Two bulletins with routine health sector data on violence against children were prepared and disseminated. Activities to address violence in schools were expanded, and training modules on human rights were developed for security forces, in collaboration with OHCHR. The national life skills training curriculum was revived and updated, for rollout in the coming months.

New structures also were being created within various Ministries, leading to a stronger child protection framework and facilitating programme implementation. For example, the Gendarmerie Nationale established and was expanding a specialized child protection service. A specific directorate for CRVS was about to be established within the Ministry of the Interior and Decentralization.

The MPPSPF is the lead ministry for child protection but is weak in terms of technical capacity and human resources. In addition to continued efforts to strengthen the technical capacity of the MPPSPF, UNICEF Madagascar significantly increased its work with other Ministries, in particular the Ministry of Justice, the Ministry of Public Security, and the Ministry of Interior and Decentralization. New collaboration with other Ministries was promising, including with the Ministries of Youth and Sports, National Education, and Public Health, as well as with civil society organizations.
Madagascar still lacked an overall policy framework for child protection. Following sustained advocacy by UNICEF, the MPPSPF did, commit to development of the National Policy on Child Protection in the coming months. Coordination of the child protection sector also remained weak. The national child protection committee met only once in 2017, at the technical level. Coordination bodies focused on specific topics and time bound processes (e.g. child marriage, VAC), served as effective coordination platforms in 2017.

At decentralized level, multi-sectoral regional action plans for child protection continued to be implemented and monitored through decentralized child protection networks. Partnerships with civil society were expanded. However, the capacity of civil society remained weak. Most organisations had limited geographic reach and a narrow thematic focus. Partnerships with the private sector in 2017 primarily focused on ICT companies in relation to the functioning of the child helpline 147 and cash transfers in the south, as well as collaboration with the tourism sector to follow up on the codes of conduct signed by operators.

The child protection sector remained underfunded. There is limited donor interest in funding development programmes in Madagascar. Fundraising for child protection was hampered by limited data to build a business case, and limited opportunities for, and success in, joint fundraising with other UN agencies. The child protection sector benefited from funding for integrated programmes linked to secondary education for girls.

Additional challenges included limited availability and quality of services and social norms and practices that continue to favour violence against and exploitation of children.

The most recent sources of data on violence against children and other child protection violations predate the current country programme. The availability of routine data on violence against children from the health system and the justice sector was improving, and thanks to UNICEF, the health system data was being published and disseminated twice a year. This is providing insights into the national situation regarding violence against children and will over time allow for tracking of trends. Low reporting of violence against children due to cultural taboos, financial considerations and lack of availability of or confidence in law enforcement and response services posed challenges in obtaining data on child protection.

Some of the priorities for 2018, beyond the ongoing programmes to prevent and respond to violence and exploitation, include launching and implementing the national strategic plans on child marriage and CRVS, the development of the national child protection policy, the publication of the national VAC study, and development of a national action plan to implement its recommendations. Additional priorities include setting up two new one-stop centres for child victims of sexual violence, and efforts to harmonise and improve the quality of services in the existing centres, the implementation of the national life skills programme, the operationalization of the foster care system, expansion of activities related to children in conflict with the law, and preparation of the State and alternative reports to the Committee on the Rights of the Child.

**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**

During 2017, a fourth one-stop centre for child victims of sexual violence, managed by the Police, the Ministry of Health, and the Ministry of Population, was inaugurated. This model gained significant support from the Government, and planning began to establish two additional centres. UNICEF also facilitated a knowledge exchange trip from Burundi.
All 18 target districts had a multi-sectoral package of services for child victims and established data collection systems. Access to reliable data remained a challenge. UNICEF supported the Ministry of Health to prepare and disseminate two information bulletins on violence against children during 2017, based on primary health care centre data. This initiative, which began in 2016, is the first such use of routine data on violence in Madagascar.

A comprehensive assessment of the national civil registration and vital statistics system was finalised with support from UNICEF, along with AfDF and UNECA, followed by the validation of a costed national strategic plan.

Significant progress was made in establishing a system to track children in contact with the law. A total of 130 justice system officials were trained on the law on children in conflict with the law. Due to increased application of alternative measures mandated by the new law, the proportion of children in pre-trial detention started to decline. An extended strike of magistrates and court clerks impeded progress and data collection. UNICEF Madagascar began working with the prison administration to obtain better information on the number of children in detention and conditions of detention. UNICEF also delivered training modules for social workers on care and support for children in conflict with the law.

Following several years of UNICEF advocacy, the Gendarmerie established a dedicated child protection service, which will expand to achieve national coverage.

Despite the recent UNICEF-supported multi-sectoral, nationally endorsed case management minimum standards, there was no common approach to case management. In coordination with the Ministry of Population, regular training for social workers is scheduled for 2018. Future financial support to regions is being linked to effective implementation of the minimum standards.

Trainings were conducted on the norms and standards for residential care that were finalized in 2016. UNICEF continued to advocate for an official launch that would facilitate putting in place the mechanisms required for their effective implementation and monitoring.

The development of the national child protection policy was delayed until 2018. Other priorities for 2018 include establishing two more one-stop centres and harmonizing approaches among existing centres; implementation of the CRVS strategic plan; activities to improve access to justice; and systematization of the use of the case management manual, and guidance document on the minimum package of services. Priorities also will include operationalization of the foster care system and implementation of the norms and standards for alternative care institutions, and continued support to the drafting of the State report to the Committee on the Rights of the Child.

**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**
During 2017, a fourth one-stop centre for child victims of sexual violence, managed by the Police, the Ministry of Health, and the Ministry of Population, was inaugurated. This model gained significant support from the Government, and planning began to establish two additional centres. UNICEF also facilitated a knowledge exchange trip from Burundi.
All 18 target districts had a multi-sectoral package of services for child victims and established data collection systems. Access to reliable data remained a challenge. UNICEF supported the Ministry of Health to prepare and disseminate two information bulletins on violence against children during 2017, based on primary health care centre data. This initiative, which began in 2016, is the first such use of routine data on violence in Madagascar.

A comprehensive assessment of the national civil registration and vital statistics system was finalised with support from UNICEF, along with AfDF and UNECA, followed by the validation of a costed national strategic plan.

Significant progress was made in establishing a system to track children in contact with the law. A total of 130 justice system officials were trained on the law on children in conflict with the law. Due to increased application of alternative measures mandated by the new law, the proportion of children in pretrial detention started to decline. An extended strike of magistrates and court clerks impeded progress and data collection. UNICEF Madagascar began working with the prison administration to obtain better information on the number of children in detention and conditions of detention. UNICEF also delivered training modules for social workers on care and support for children in conflict with the law.

Following several years of UNICEF advocacy, the Gendarmerie established a dedicated child protection service, which will expand to achieve national coverage.

Despite the recent UNICEF-supported multi-sectoral, nationally endorsed case management minimum standards, there was no common approach to case management. In coordination with the Ministry of Population, regular training for social workers is scheduled for 2018. Future financial support to regions is being linked to effective implementation of the minimum standards.

Trainings were conducted on the Norms and Standards for residential care that were finalized in 2016. UNICEF continued to advocate for an official launch that would facilitate putting in place the mechanisms required for their effective implementation and monitoring.

The development of the national child protection policy was delayed until 2018. Other priorities for 2018 include establishing two more one-stop centres and harmonizing approaches among existing centres; implementation of the CRVS strategic plan; activities to improve access to justice; and systematization of the use of the case management manual, and guidance document on the minimum package of services. Priorities also will include operationalization of the foster care system and implementation of the norms and standards for alternative care institutions, and continued support to the drafting of the State CRC report.

**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**

A total of 1,960 child victims of exploitation received care and support services (target was 1,000). Four regions and the municipality of Antananarivo had a prevention and response strategy on violence against and exploitation of children. In the capital of Antananarivo, a comprehensive prevention and response strategy for children in street situations brought together NGOs, the Antananarivo municipality and the Ministry of Population. During the first phase, 296 children living on the streets and 85 vulnerable families received care and support, including shelter, reintegration in schools, income generating activities and psycho-social...
The focus in the tourism sector was on monitoring the signed commitments of tourism operators to eliminate child sexual exploitation in the industry. The model put in place in Madagascar, which brings together the private sector and public authorities in tackling sexual exploitation, led to regional collaboration, notably with Mauritius, which invited UNICEF Madagascar to support the development and launch of their national strategy.

Collaboration with the main mining companies was ongoing, but UNICEF Madagascar remained concerned about exploitation in the context of informal mining. Support was provided to families working in stone quarries, including support to set up and maintain income generating activities, manage savings and ensure the retention of their children in schools. Some regions undertook community awareness raising activities as well as mapping of such activities, so that specific actions can be included in the regional child protection plans.

In 2018, activities to prevent and respond to exploitation of children will be reinforced, including in urban settings. In the tourism sector, activities will focus on continued monitoring of the application of codes of conduct signed by tourism operators. Efforts will be made to obtain a better understanding of the situation in relation to various forms of exploitation of children, including updating a UNICEF-supported study on child protection and the mining sector and obtaining better information on children in domestic work and sexual exploitation. Interventions to prevent and respond to sexual exploitation and child labour will be reinforced.

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

**Analytical statement of progress**

In 2017 the national child marriage strategic plan was costed and finalised, with the involvement of all concerned ministries and with significant technical support from UNICEF. Four regional strategies also were finalized. A total of 168 community mobilizers and peer educators were trained in two regions on promoting essential family practices on child protection and child marriage (target was 200). These mobilizers also conducted home visits to vulnerable families.

Community dialogues with community leaders, parents, children and youth and representatives from various sectors and civil society associations were conducted in several regions. Awareness raising activities in schools and at community level also were conducted. In total 16,576 people were reached. Seven community agreements on child marriage were adopted in two regions.

Due to both the limited capacity of the lead ministry, as well as the extensive consultative process, the costing and finalisation of the child marriage strategic plan took longer than expected. Its official validation was delayed until late November due to a prohibition on large gatherings during the plague outbreak, delaying the official launch to 2018.

In 2018, UNICEF will focus its efforts on the implementation of the national and regional child marriage strategies, including:

- Development of tools, including awareness raising materials, modules for training community mobilizers on child marriage prevention and response, and guidance for adapting the minimum package of services document to the context of child marriage;
- Capacity strengthening of communities and interventions addressing social norms favouring child marriage;
Activities to empower adolescents, including implementation of updated life skills programme; and

Economic strengthening of vulnerable families through income generating activities.

UNICEF also will support the development of regional strategies in two additional regions.

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

Analytical statement of progress
During 2017 UNICEF Madagascar supported the integration of child protection into national and five regional contingency plans, UNICEF also continued to co-lead the Child Protection Area of Responsibility of the Protection cluster.

A total of 866 members of child protection networks were trained on child protection in emergencies (against a target of 600) and 11,967 children received psychosocial support during emergency situations related to cyclone Enawo (6,810) and the drought in the South (5,157) (against an overall target of 3,000).

In response to the drought in the South of the country, UNICEF Madagascar launched the first cash transfer intervention with child-protection related selection criteria of beneficiary households (presence of a child victim or at risk of exploitation), complemented by literacy and life skills activities, in collaboration with the Ministries of Youth and Sports, the Ministry of Population, the BNGRC and the Ministry of National Education.

In response to Cyclone Enawo, UNICEF supported the MPSPPF to carry out assessments and awareness raising campaigns on child protection in temporary evacuation sites in Antananarivo and Sava region. UNICEF also supported MPSPPF to deploy social workers around the clock in eight of the main temporary evacuation sites in Antananarivo to identify vulnerable children and ensure psycho-social support and referrals upon request. Tarpaulins and recreation kits were provided to facilitate this task.

In collaboration with the ICRC, UNICEF supported the Ministry of Justice’s response to the plague epidemic in relation to prisons, including facilitating access to protective equipment and WASH supplies. Other elements of the plague response included support to social workers undertaking sensitization and psychosocial support activities, deployment of prepositioned tents, and provision of WASH supplies for alternative care institutions.

The cash transfers to households with children who are victims or at risk of exploitation was an innovative approach to prevent and respond to the negative coping mechanisms adopted by families during the drought in the South of the country. It enabled UNICEF to address the root causes of vulnerability during the emergency and triggered a reflection on the criteria used for inclusion of beneficiaries in cash transfer programmes (with these beneficiary families now being integrated into the longer term national cash transfer programme). The programme was implemented in collaboration with the Government and private sector companies in the ICT sector.

In 2018 UNICEF Madagascar will continue to strengthen the Protection cluster, including through co-leading the child protection area of responsibility, and to integrate child protection in contingency plans. Capacity building of child protection networks on child protection in emergencies will continue, as will awareness-raising of communities on protection of children.
against violence and exploitation during emergency situations. A review of the supply component of the child protection in emergency result area, including the relevance of supplies (for example for Child Friendly Spaces kits) will be conducted with national counterparts.

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
Progress was made in 2017 to improve commitment, accountability and legislation for inclusive social policies in Madagascar. In the area of social protection, thanks to partnership with Ministry of Social Protection, the Fonds d Intervention pour le Development (FID) and World Bank (WB), 413,160 children benefited from the expansion of national cash transfer programmes.

As a response to the El Niño-accentuated drought in the South and the passage of the cyclone Enawo, emergency cash transfer interventions were delivered throughout Madagascar to assist vulnerable populations. In 2017, 10 partners supported and implemented 13 different types of cash programmes and reached approximately 937,521 children. This multi-partner approach created challenges for technical and institutional coordination. To improve coordination and synergies at technical and strategic levels, an emergency cash group was formed under the overall umbrella of the social protection thematic group, co-led by MPPSPF, BNGRC, and UNICEF. The dynamism of the group strengthened coordination among partners, improved harmonization of programmes, and creating synergies between emergency, resilience and development cash transfers or other programme interventions.

In August 2017, the MPPSPF, BNGRC, UNICEF and cash working group partners organized a workshop to share perspectives and lessons learned, which led to the adoption of the 11 Cash-in-Emergency Principles in Madagascar. The outcomes of the workshop also led to reviewing experiences of the past two years in terms of institutional and technical coordination for cash, identifying bottlenecks in implementation and operationalization aspects, and developing proposals for emergency preparedness and response. This innovative and unique approach in the region is a solid step toward the development of a shock-response social protection system to promote recovery among vulnerable families and children.

Progress was also made in improving accountability and transparency of social sector budgets. UNICEF strengthened partnerships with Ministry of Finance (MoF) and civil society organizations. More than 700 representatives from civil society, academia and media learned about the budget cycle and preparation of social sector budgets. Discussions with MoF and international financial institutions continued to improve social sector budgets while considering political and economic contexts. Public allocation to social sectors improved slightly, from 26.9 per cent of total public budget in 2017 to 27.8 per cent in the 2018 finance law. This represents an increase from 4.67 per cent of GDP allocated to social sectors in 2017 to 4.93 per cent of GDP in 2018.

In 2017, evidence-generation for children was an integral part of UNICEF Madagascar’s work. Particular focus given to the quality of studies and quality assurance was reinforced across all programming areas. Four studies were completed in 2017, providing relevant and timely information to inform nutrition, social protection and public finance programming.

Private and public partnerships were expanded to promote children’s rights. Through a partnership with the Ministry of Private Sector, 69 private sector companies from agri-business,
extractives, tourism and telecommunications sectors enrolled in a year-long coaching and training on child rights and business principles. As a result, eight companies undertook an impact self-assessment and 23 were building action plans to address child rights issues for the company and main stakeholders.

In 2018, UNICEF Madagascar will continue to play a leading role in the area of Social Protection, identifying new support for the national Social Protection Plan and implementing cash transfers to populations in emergency situations. Further advances are planned in Public Finances for Children, on Budget Briefs for the 2018 budget exercise, closer interaction with Civil Society on budgets, and the publication of the Open Budget Survey results. The Situation Analysis for UNICEF Madagascar’s new Country Programme will be launched, and an impact evaluation of the Fiavota cash transfer programme will be completed.

**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 analyzed to better influence social policies and budgeting, and strengthen evidence-based programming.

**Analytical statement of progress**

In 2017 UNICEF Madagascar invested in evidence generation on the situation of women and children. Eleven studies were planned in the areas of nutrition, child and social protection, water and sanitation, health, communication for development and social policy. Four studies/baselines were finalised and validated by the technical and research review committee (TARC). In partnership with the World Bank, baseline studies of impact evaluations of the Let us Learn and emergency-Fiavota national cash programs were finalised. A survey on the status of nutrition of children under-five (SMART) was conducted in eight drought-affected districts of the south of Madagascar, providing important information on levels of global and severe acute malnutrition. A Political Economy Analysis informed UNICEF’s strategy on Public Finance for Children.

UNICEF Madagascar continued to support evaluations to inform policies and programmes. The summative evaluation of the C4D approach was finalised and recommendations shared. A management response to that evaluation was conducted and as a result UNICEF Madagascar undertook a baseline of indicators and reinforced the C4D model through an integrated approach in rural, urban and emergency settings.

UNICEF Madagascar also tested an innovative model of real-time evaluation in a humanitarian response. Adaptation is underway to setup a framework to evaluate other programme interventions that could be cost-efficient while providing solid results.

National capacity on evaluation remained a challenge. A new partnership with the Malagasy Association for Evaluation (MASSE) was established to build capacity on evaluation through light trainings and sensitisation sessions.

UNICEF Madagascar partnered with the National Statistics Institute (INSTAT), the Ministry of Economy and Planning, and the World Bank to prepare a MICS in 2018. Preparation of questionnaires, procurement and operational aspects began in mid-2017. The survey will provide major indicators of the situation of women and children and serve as a baseline for various indicators for the Sustainable Development Goals (SDGs).

Quality assurance was reinforced through clearer SOPs, regular TARC committee meetings and support from the Regional Office. As a result, the number of studies planned was reduced to 11. IMEP was approved and reviewed three times by the Country Management Team. The online
system (PRIME) was updated and 14 studies were uploaded. Thirty seven intermediate or final documents related to studies were reviewed and comments were provided.

Study results were disseminated through two factsheets and presentations and 15 studies were uploaded in the database (ERBD). In 2018, special attention will be place on reducing the number of studies and improving dissemination strategies for research concluded. A new peer-review process will be established to ensure studies remain of high-quality.

**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**

During 2017, Madagascar’s economy improved slightly. The country’s 2017 economic growth was projected to be 4.1 per cent. The IMF, through its Extended Credit Facility programme (ECF) and Article IV consultations, rated Madagascar as strong and disbursed US$174 million. A UNICEF budget-brief on social sectors showed that public finances improved (from 2014 to 2017, the budget increased by 48 per cent), but allocations to social sectors have not kept pace. Allocations to social sectors decreased from 35 per cent of the national budget in 2014 to 26 per cent in 2017. The education, health, nutrition, water and sanitation and social protection sectors were highly dependent on foreign aid.

Thanks to UNICEF’s advocacy and partners’ efforts, the IMF set social spending benchmarks in their ECF agreement with the Government. Public expenditure reviews and investment cases on WASH, education and nutrition continued to be used by UNICEF and partners to advocate for more resources for social sectors. The budget allocated to nutrition increased from US$1.5 million in 2016 to US$5 million in 2017.

In 2017, progress was made to improve transparency, accountability and capacity to legislate and budget for inclusive social policies. In partnership with the Ministry of Finance (MoF), UNICEF supported information sessions on the budget process for 700 representatives from civil society, academia and journalists. In 2017, civil society organisations were given the opportunity to learn and comment on the budget cycle and preparation of social sector budgets. Sector ministries from education, social protection, health and water and sanitation actively participated.

The MoF produced a TV spot on budget transparency, two citizens’, budget publications and two budget execution reports. This led civil society, sectors and partners to understand better the allocation and implementation of the public budget, in particular social sector budgets.

A UNICEF partnership with the International Budget Partnership (IBP) was consolidated and Madagascar was for the first time part of the open budget transparency initiative. A report on transparency of the budget process will be published in early 2018.

UNICEF also partnered with CCOC, an NGO platform working on public finance, to make public budgets friendlier and to promote civil society participation in social sector budgets. Capacities were also reinforced for their engagement in the budget process.
Results and lessons learned from UNICEF’s engagement in social policy and budgets were documented in a video, which was used by Headquarters for the global Public Finance for Children (PF4C) course.

Challenges remained in terms of translating resource allocation to effective execution and then to results. A new partnership with the French Development Cooperation, EU, World Bank and Ministries of Finance and Education was launched to better understand how education resources are being used at national and decentralised levels through a Public Expenditure Tracking Survey and audit assessment. Results are expected in 2018.

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
In 2017, substantive progress was made on social protection (SP). UNICEF supported the Ministry of Social Protection (MPPSPF) in the institutionalisation and legal framework of social protection policy through: a) a law which is expected to provide guidance on the implementation of the policy; b) a decree in the creation of a unique registry of beneficiaries and a registry of social protection interventions; c) a decree on institutional coordination of social protection and cash transfer interventions.

As a result of UNICEF’s continued support to scale up national cash programmes, 72,080 families (216,240 children) received cash transfers to help them build resilience and prevent child malnutrition, child labour, and school drop-outs. Of these, 19,107 families (57,321 children) were funded by UNICEF, and the rest were funded in partnership with the World Bank. In partnership with Bureau National de BNGRC and Telma Foundation (telecommunications), 10,930 families (32,790 children) affected by the cyclone Enawo received a one-time unconditional cash transfer to support them in recovering their livelihoods. In partnership with FID, the national cash transfer execution agency, MPPSPF and World Bank, 56,700 families (170,100 children) received a monthly cash transfer to help them recover from loss of assets due to the drought, improve their food security, access to water, and prevent malnutrition of children. A total of 4,450 families (13,350 children) received a top-up transfer to help children transition from primary to secondary school.

Coordination among partners and agencies implementing social protection interventions was enhanced through the Social Protection Group co-led by the MPPSPF and UNICEF. Two general assemblies of the group and 10 cash in emergency meetings were held. Decentralised SP groups were instituted in four regions where most partners work. Advocacy was pursued through the dissemination of a bi-annual social protection newsletter, infographics on myths and realities of cash programmes, a video and information sessions with journalists. Misperceptions about cash programmes among parliamentarians, politicians and the general population remained a challenge.

Coordination among partners implementing cash interventions was improved through the dynamism of the cash group co-led by UNICEF. However, challenges remained to ensuring that all emergency and resilient cash interventions were coordinated in advance with the MPPSPF and the cash group. A study on the state of the social protection system and its responsiveness to shocks provided recommendations for harmonisation and a road map to build a shock-responsive/adaptive social protection system. Challenges remained with regards to access to identification cards for beneficiaries, coverage of mobile operators or banking system and routine information-sharing at local level.
While solid progress has been made, much remains to be done to ensure that poor families and children, and those exposed to shocks, have access to a social protection system. In 2018, UNICEF will support the Government in the revision of the national Social Protection Strategy, and on the development of a road map for its implementation.

**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**

During 2017, private and public partnerships were expanded to promote children’s rights. A partnership with the Ministry of Private Sector (MPS) was established within the framework of the Children’s Rights within Business Principles (CRBP). A four-module training program was developed. Companies were invited to participate voluntarily. Twenty-nine private sector companies from agri-business, extractives and telecommunications and 20 tourism operators completed the training.

Eight companies undertook a self-assessment with the Child Rights Impact Assessment Tools, and 23 were building an action plan to address child rights issues for their companies and main stakeholders.

In 2017, advocacy efforts continued to integrate the CRBP into the sustainable development agenda in Madagascar. UNICEF supported the second high-level national forum on Sustainable Development Goals (SDGs) and Corporate Social Responsibility (CSR). More than 600 representatives from private sector, civil society, government, donor and UN partners participated. Thirty-two companies shared innovations related to corporate social responsibility (CSR) and sustainable development programmes. One hundred children participated and learned about the 17 SDGs.

With support from UNICEF ESARO, and UNICEF’s Private Fundraising and Partnerships division in Geneva, UNICEF advocated with four of the biggest extractive companies on the importance of respecting child rights in the mining sector. Discussions with partners also led to shift UNICEF Madagascar’s focus to the importance of including social and children’s aspects in the environmental regulatory framework. In partnership with the National Office for the Environment, UNICEF began analysis to integrate CRBP into the guidelines for impact assessments used by private sector and the monitoring of their social and environmental engagement plans.

During the drought, cyclone and plague emergencies, UNICEF promoted dialogue and partnership with the private sector as a contributor to the humanitarian response. A standby agreement with TELMA Foundation (telecommunications) was established to support 10,930 families (32,790 children) with cash transfers in cyclone and drought zones. A partnership with Airtel, another mobile company, supported a cash top-up for 4,450 families (13,350 children). A new partnership with Galana Group (extractives) was established to leverage resources for education and social protection responses during the emergencies. During the plague response, UNICEF also facilitated the engagement of Vitafoam (mattress manufacturing) with the Ministry of Health. Vitafoam donated 100 mattresses.

Overall, approximately US$190,000 was leveraged from the private sector in services, cash and in-kind to reach more than 70,000 children and 23,000 families affected by disasters. UNICEF plans to set up stand-by agreements with identified partners to respond to emergencies.
A key challenge in advancing CRBP with the private sector was the lack of country evidence on the impacts of agro-industry, tourism and extractive sector activities on child rights. A study of children in mining areas was postponed due to the plague response. Another challenge was the fact that 94 percent of workers are in informal activities, where abuse and exploitation of children remain.

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’s intersectoral programme covered a broad range of activities which do not easily fit a common narrative, but are nevertheless essential to the achievement of quality programme results for children. These elements included: media activities and external relations with partners and stakeholders, communication for development activities, including capacity building and technical support at central ministry and deconcentrated levels and at community level, efficient execution of planning activities, management of the deconcentrated functions such as the role of the Regional Technical Assistants and preparedness activities with partners in order to mitigate the risks against natural and environmental disasters. Each of those elements is described in detail below:

UNICEF Madagascar’s engagement with young people was increased through an effective digital media strategy. The socio-cultural qualitative study, finalised in 2017, aims to identify modalities that will make the uptake of essential family practices more likely, through a deeper understanding of existing cultural practices, knowledge and attitudes;

Significant results were achieved in the area of communication for development in emergency response in 2017. C4D interventions were critical for achieving nutrition outcomes in the drought response in the south. UNICEF C4D led the communication sector of the plague response and delivered impressive results in challenging circumstances. Activities included a free plague hotline and development of a burial protocol for plague victims in an extremely sensitive context.


UNICEF Madagascar’s HACT implementation continued to be exemplary, both in the achievement of planned activities and in the quality of follow up and training of partners. Tangible improvements were seen in government counterpart performance as a result of capacity building activities undertaken by UNICEF on their behalf.

Emergency preparedness activities, including pre-positioning supplies and contingency agreements with partners to speed up reactivity, helped UNICEF improve the efficiency of emergency response, and in so doing, save lives. In 2017 there were three major emergencies - drought, cyclone Enawo, and the plague. In each instance, UNICEF was a key contributor at the front line of the response.

OUTPUT 1 Communications and media activities effectively promote child rights.
Analytical statement of progress
During 2017, UNICEF Madagascar focused on increasing UNICEF’s visibility through an expanded mainstream and social media strategy designed to reach more children and stakeholders. Ninety five per cent of newspapers published at least one article per month on children’s rights (based on daily media monitoring done by MRE).

UNICEF also delivered some 70 TV reports and 75 radio reports focused on child rights (against the target of 50). UNICEF has become increasingly visible at the national broadcast level as more journalists were engaged through field visits to witness UNICEF’s work. Ninety five per cent of UNICEF Madagascar’s followers on social media (Facebook, Twitter, and Instagram) were young people, and many of them shared their feedback and UNICEF’s posts. The UNICEF Madagascar Instagram account, which was only launched in early 2017, had 1,350 followers at year end.

UNICEF Madagascar organized numerous initiatives to reach more children and to enhance promotion of children’s voices in line with Headquarters recommendations. The nationwide primary school drawing contest, held in conjunction with UNICEF’s 70th Anniversary, engaged children aged 6-12 years old across the country to think about issues of equity. Thousands of submissions were received, the top 40 were publicly displayed and a winner was selected. During a ceremony held during Madagascar’s Month of the Child, awards were given for published stories across different media. Hundreds of entries were received and UNICEF succeeded in encouraging the media (print, radio, TV) to address children’s rights in the domains of education, health, nutrition, WASH, child protection, and emergencies.

For the third year running, UNICEF supported the Tour de Madagascar, an international road bike race, with a special focus on the WeProtect programme to promote children’s safety online. The Ministry of Telecommunications and their ICT bus joined the initiative to implement the WeProtect at community level in 12 cities the bike race passed through.

On World Children’s Day, UNICEF organized a kids’ meeting with the President of Madagascar, which was broadcast live on national TV, as well as kids’ take over events in media outlets.

From September to November, UNICEF Madagascar responded to media challenges posed by the outbreak of the plague epidemic.

In 2018, UNICEF Madagascar will turn its attention to other innovative ways of engaging young people through projects such as Voices of Youth and One Minute Junior. UNICEF will also implement a new digital strategy aimed at greater interaction with the public and key decision-makers to promote UNICEF’s work at a larger scale.

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
In 2017, UNICEF Madagascar’s C4D efforts focused on the generation of evidence for more effective programme implementation at community level. The socio-cultural qualitative study, which seeks to use a deeper understanding of cultural practices, beliefs and norms in order to
develop communication strategies to improve uptake of essential family practices (EFPs), was finalised with the support of a local NGO.

Data on social and individual behaviours were collected and analysed in 2017 through a collaboration between UNICEF, HNI (international NGO) and INSTAT, with the objective of adjusting C4D interventions on behaviour and services promotion during regular and emergency situations.

In total, 9 of 12 planned C4D strategies were developed in 2017: cyclone &, flood, plague, drought, mother and child health weeks, immunisation, WASH, child marriage, climate change, and peacebuilding.

A total of 130 senior officials and technicians from ministries and national organizations were trained on C4D at central and regional level. Multi-sectoral coordination mechanisms in C4D were strengthened at the central and regional level, notably with the UNICEF’s leadership in communication during the plague epidemic. More than 50 national entities, including ministries, NGOs, UN agencies and associations, reinforced the emergency communication network set up in 2016 within the communication for Humanitarian Action Toolkit (CHAT) approach. The structure and functioning of this coordination mechanism was drastically revised and made possible the optimization of the management of risk communication and community engagement during the plague epidemic.

A National Adolescent Participation Plan was developed that includes five areas of participation: participation on media, at community level, digital participation, participation in associations and in decision-making platforms. Elaborated with the Ministry of Youth, this national participation plan aims to enhance the ability of adolescents in Madagascar to express and to participate in the different levels of their environment. The plan will be implemented in 2018.

New partnerships contributed to achieving results, notably in research, evaluation and monitoring, with the collaboration of the new UNICEF research coordinator as well as with various specialized organizations (Radse, Sandratra, HNI, INSTAT).

Going forward, the cultural and anthropological aspect of C4D programming will be retained. Lessons learned from 2017 activities implementation showed that some social norms and specific customs should be considered, both in humanitarian (plague outbreak example) and development situations (child marriage).

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 the first half 2017 various manuals, community and media tools were finalised and key partners. Activities planned for the second half of the year, including community dialogues in 13 municipalities and training of at least 350 community traditional and religious leaders in essential family practices (EFPs), did not take place.

A production manual aimed at optimizing the participation of children and adolescents through the media was developed and five Junior Reporters Clubs were established. A community-based adolescent participation kit, ‘Passport for adolescents’, was developed and subsequently
300 young community relays were trained on its use.

Fifteen radio stations were trained on the use of a guide for promoting EFPs, and produced and broadcast programs on at least six EFPs.

The year 2017 was also a year of reflection on the implementation of the C4D strategy to promote essential family practices and which allowed to develop a brand image for EFPs that clearly identifies the intersectoral aspect of promoting EFPs and makes explicit the potential for integrated programming. Henceforth, each programmatic sector can have its own specific EFPs toolkit including behaviours to be promoted, related messages and branded icons.

In addition, an integrated EFPs promotion pack can be implemented with a cross-sectoral strategy. This latter option will be particularly interesting in future work implementing an early childhood development programme aiming at health, nutrition, education and protection outcomes and the challenge for MCO will be to define the implementation strategy which brings these synergies together through our activities in the field. The midterm review in 2017 provided an opportunity to gain clarity and direction to address the role of C4D in UNICEF Madagascar’s programmes.

The plague epidemic impacted activities planned for the second half of the year. During the last quarter of 2017, the implementation of C4D activities at the family and community levels was compromised by the outbreak. UNICEF Madagascar’s C4D team was deeply involved in the communication and community engagement parts of the response.

UNICEF used associations and specialized institutions to develop quality curricula (for example media, junior reporters clubs, adolescent kid) that ensure the sustainability of activities.

**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**

C4D in emergencies took centre stage in 2017, with responses needed to cyclone Enawo and floods in the north, drought in the South with concomitant health, hygiene and nutrition crises, and the plague epidemic in highland cities. UNICEF Madagascar served as lead on the communication response to the plague. UNICEF took the lead in developing and disseminating a burial protocol that addressed propagation risks of deeply entrenched burial rites.

UNICEF mobilised 90 per cent of the radio stations to produce and broadcast messages related to emergency, 90 per cent of the community actors to be involved in communication with the population, and 90 per cent of the population in emergency response through community dialogue.

In total, nearly 200 radio and TV stations effectively communicated during these emergencies. A total of 10,000 community actors interacted with the affected communities. Community outreach contributed to the reduction in severe malnutrition in the response to the drought. During the plague response, UNICEF responded to rumours, disinformation, stigma and misunderstanding around burial practices by revising the structure of the multi-sectoral emergency communication coordination mechanism. A rumour monitoring unit was set up to collect information on a daily basis on social media, TV, radio and written press. A ‘messages bank’ was developed and revised weekly, including basic messages and specific concerns (stigma, rumours). More than 7,000 volunteers and media professionals were trained. Innovative materials and approaches were developed, such as quiz cards for schoolchildren, cartoons and collaborations with famous...
singers. UNICEF set up a call centre to provide sustainable ICT equipment and in training the call operators. The 910 plague hotline received nearly 40,000 calls.

**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**

Despite the planning and monitoring section being understaffed for the first half of 2017, UNICEF Madagascar produced signed annual workplans by the end of the first quarter as well as the 2017 Annual Management Plan. Two programme reviews were held, one in June and one in November. UNICEF Madagascar fulfilled its requirements vis-à-vis UNICEF’s contributions to the three UNDAF results groups. Feedback on UNICEF Madagascar’s planning processes from UNICEF ESARO was positive.

UNICEF Madagascar planned and undertook a midterm review (MTR) of the 2015-2017 Country Programme. The MTR was deemed necessary because the programmatic operating environment had evolved fairly significantly since the current Country Programme Action Plan (CPAP) was approved in early 2015. The political climate enjoyed some stability and the donor environment evolved. The international development banks returned to Madagascar, but refocused on institution building and budget support.

One encouraging result of the MTR was the extensive focus on transversal themes and an increasing understanding among all colleagues of their value as a means to scaling even more important results for children.

Discussions on urban programming, early childhood development (ECD), climate change, and adolescent programming matured over the course of the MTR, to the extent that they are now well integrated into UNICEF Madagascar’s programme. The MTR recommendations will be validated and implemented in 2018. Planning for the development of the new Country Programme Document will begin in the second half of 2018, supported by the availability of the MICS data. More attention will be given in 2018 to improving UNICEF Madagascar’s capacity for monitoring, including with the introduction of new tools, such as eTools and RapidPro.

In collaboration with Development Gateway, UNICEF Madagascar piloted an approach to tailor UNICEF’s data publications on the International Aid Transparency Initiative (IATI) to the needs of the Government of Madagascar in their Aid Management Platform. The results were positive and will be scaled up globally in 2018.

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

**Analytical statement of progress**

Regional technical assistants (ATR) reported excellent progress in their core areas of work, which include institutional capacity building, programme monitoring, and partner management. There are questions over the assistants’ capacity to ‘represent’ UNICEF at a regional level, because they mainly and justifiably tend to be experts in their given field and are not necessarily generalists with cross-sectoral capacities. In 2018, technologies will be used to help the regional staff feel more included in the UNICEF team, and more open to cross-sectoral concerns. In
UNICEF colleagues based in the regions have been a very important resource for achieving results for children on the ground.

UNICEF Madagascar exhibited best practice in its organisation of financial assurance activities. All targets for assurance activities were met. In 2017 UNICEF Madagascar completed 19 micro-assessments, 17 audits, 76 spotchecks, and 471 programme visits. The HACT Committee in Antananarivo met six times and was an efficient and effective forum for validating work carried out by a selection of audit firms on Long Term Agreement contracts.

Six HACT training sessions for partners were organized in 2017, and feedback was positive. In 2018 further capacity development activities are planned for partners, including contracts with audit firms to build capacities in partners in the areas identified in spotchecks and previous audits. The launch of eTools in early 2018 will help improve quality of programmatic visit reporting, and provide management with new tools to measure organisational effectiveness.

**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**

In 2017 UNICEF Madagascar responded to the drought, cyclone Enawo, and the plague epidemic, each requiring a different rapid response.

Drought response transitioned in 2017 from acute emergency response in some districts toward a more structural, recovery approach in line with the UN Secretary General’s New Ways of Working. Improved and innovative data availability, especially in nutrition (SMART surveys, SMS screening, mother mobilisation, mobile clinics), contributed to better targeting and fine-tuning of interventions, ultimately leading to more than 14,000 children being treated for severe acute malnutrition. In spite of limited funds and structural issues of water availability in the south, UNICEF provided water to more than 340,400 people through water trucking, WASH kits, construction of 47 boreholes, 6 water supply systems and rehabilitation of 275 pumps. System reinforcement enabled UNICEF to reach 29,810 cases of illness in children under 5 years (pneumonia, diarrhoea and malaria) and focus on reducing negative coping mechanisms via emergency C4D. Education activities reintegrated 58,120 children in school and resilience was reinforced via shock protective social protection systems (59,560 households reached by cash). This integrated approach contributed to successful fundraising. UNICEF Madagascar alone contributed to 66 per cent of the southern Africa HAC appeal.

Cyclone Enawo, the worst in 13 years, affected 433,612 people in five regions, and cost 4 per cent of GDP. UNICEF prepositioned stocks, and field-based staff responded to most immediate needs (water provision for 3,500 households, social support to 1,970 extremely vulnerable children and women and cash transfers to 9,750 households, including 48,750 children). UNICEF also contributed to restoration of health and education systems (23 temporary health centres, 30,000 bed nets, 3 mobile clinics, 903 learning space).

Madagascar experienced an unprecedented outbreak of plague that touched urban areas and brought the health system to the edge of collapse. UNICEF led hygiene response (cleaning more than 5,000 schools, setting up isolation and hygiene equipment in nine plague treatment centres, mobilizing, training and monitoring 1,964 hygienists), and communication (159,000 posters, a free hotline with 40,000 calls, training of 1,755 community health workers and 768 community volunteers, burial protocol) to provide vital information to communities regarding
prevention, treatment and addressing rumours. Food was distributed to plague patients in treatment centres supported by UNICEF (tents, essential drugs, protective equipment), with a major logistics reinforcement co-led by UNICEF. UNICEF’s support was essential in ensuring that schools, which had been closed for one month, could re-open in a safe environment. More than 2 million children were able to resume their studies after training of 15,000 teachers and provision of 11,000 thermometers.

UNICEF’s emergency response in 2017 confirmed that systems reinforcement and rebuilding is relevant in Madagascar. UNICEF will pursue and intensify its coordination role (cluster lead in WASH, education, nutrition, and cash and co lead in health, protection). DRR in schools will be pursued, as will better planning and prepositioning capacity.

OUTCOME 8 Effective and efficient programme management and operations support

Analytical statement of progress
The Country Management Team (CMT) met six times in 2017 and monitored, among other things, implementation of AMP priorities and performance against scorecard indicators, identifying action points to maintain acceptable performance. Particular emphasis was placed on managing financial relationships with partners (Direct Cash Transfers), allocating and spending resources correctly and within agreed time limits, and managing human resources and recruitment. In each weekly Heads of Section meeting, the Deputy Representative reviewed the Insight Office Dashboard and deviances from the expected norms were highlighted and action points made.

The management priorities identified in the 2017 Annual Management Plan guided the CMT during the year. In addition to the priorities for achieving programmatic results, the AMP highlighted the following Management, Coordination and Operations priorities: pursue high level advocacy with the Government of Madagascar; reinforce transversal approaches, especially on ECD, gender and youth; conduct gender training; focus on resource mobilization; exceed global standards in financial and partnership management; reinforce financial assurance activities; and ensure HR activities respect corporate standards. The CMT provided a forum for discussing and mitigating risks to programme success. Risks deliberated in 2017 included: contingency planning for the uncertain 2018 electoral period; reputational risks to UNICEF from poorly planned and executed donor visits; and risks inherent in embarking on joint programming exercises with other UN agencies.

The Business Continuity Plan (BCP) was updated and a BCP test was conducted on 13 December 2017, with the support of the Regional Office, to verify capacity to implement priority programme and operations activities during difficult or emergency situations. UNICEF Madagascar identified improvement measures to be implemented to ensure better business continuity.

OUTPUT 1 Governance and Systems

Analytical statement of progress
The Country Management Team (CMT) met six times in 2017 and monitored, among other things, implementation of AMP priorities and performance against scorecard indicators, identifying action points to maintain acceptable performance. Particular emphasis was placed on managing financial relationships with partners (Direct Cash Transfers), allocating and spending resources correctly and within agreed time limits, and managing human resources and recruitment. In each weekly Heads of Section meeting, the Deputy Representative reviewed the
Insight Office Dashboard and deviances from the expected norms were highlighted and action points made.

The management priorities identified in the 2017 Annual Management Plan guided the CMT during the year. In addition to the priorities for achieving programmatic results, the AMP highlighted the following Management, Coordination and Operations priorities: pursue high level advocacy with the Government of Madagascar; reinforce transversal approaches, especially on ECD, gender and youth; conduct gender training; focus on resource mobilization; exceed global standards in financial and partnership management; reinforce financial assurance activities; and ensure HR activities respect corporate standards. The CMT provided a forum for discussing and mitigating risks to programme success. Risks deliberated in 2017 included: contingency planning for the uncertain 2018 electoral period; reputational risks to UNICEF from poorly planned and executed donor visits; and risks inherent in embarking on joint programming exercises with other UN agencies.

The Business Continuity Plan (BCP) was updated and a BCP test was conducted on 13 December 2017, with the support of the Regional Office, to verify capacity to implement priority programme and operations activities during difficult or emergency situations. UNICEF Madagascar identified improvement measures to be implemented to ensure better business continuity.

OUTCOME 9 Effective and efficient programme management and operations support

Analytical statement of progress

The Country Management Team (CMT) met six times in 2017 and monitored, among other things, implementation of AMP priorities and performance against scorecard indicators, identifying action points to maintain acceptable performance. Particular emphasis was placed on managing financial relationships with partners (direct cash transfers), allocating and spending resources correctly and within agreed time limits, and managing human resources and recruitment. In each weekly Heads of Section meeting, the Deputy Representative reviewed the Insight Office Dashboard and deviances from the expected norms were highlighted and action points made.

The management priorities identified in the 2017 Annual Management Plan guided the CMT during the year. In addition to the priorities for achieving programmatic results, the AMP highlighted the following Management, Coordination and Operations priorities: pursue high level advocacy with the Government of Madagascar; reinforce transversal approaches, especially on ECD, gender and youth; conduct gender training; focus on resource mobilization; exceed global standards in financial and partnership management; reinforce financial assurance activities; and ensure HR activities respect corporate standards. The CMT provided a forum for discussing and mitigating risks to programme success. Risks deliberated in 2017 included: contingency planning for the uncertain 2018 electoral period; reputational risks to UNICEF from poorly planned and executed donor visits; and risks inherent in embarking on joint programming exercises with other UN agencies.

The Business Continuity Plan (BCP) was updated and a BCP test was conducted on 13 December 2017, with the support of the Regional Office, to verify capacity to implement priority programme and operations activities during difficult or emergency situations. UNICEF Madagascar identified improvement measures to be implemented to ensure better business continuity.

OUTPUT 1 Effective and efficient Governance
Analytical statement of progress
The Country Management Team (CMT) met six times in 2017 and monitored, among other things, implementation of AMP priorities and performance against scorecard indicators, identifying action points to maintain acceptable performance. Particular emphasis was placed on managing financial relationships with partners (Direct Cash Transfers), allocating and spending resources correctly and within agreed time limits, and managing human resources and recruitment. In each weekly Heads of Section meeting, the Deputy Representative reviewed the Insight Office Dashboard and deviances from the expected norms were highlighted and action points made.

The management priorities identified in the 2017 Annual Management Plan guided the CMT during the year. In addition to the priorities for achieving programmatic results, the AMP highlighted the following Management, Coordination and Operations priorities: pursue high level advocacy with the Government of Madagascar; reinforce transversal approaches, especially on ECD, gender and youth; conduct gender training; focus on resource mobilization; exceed global standards in financial and partnership management; reinforce financial assurance activities; and ensure HR activities respect corporate standards. The CMT provided a forum for discussing and mitigating risks to programme success. Risks deliberated in 2017 included: contingency planning for the uncertain 2018 electoral period; reputational risks to UNICEF from poorly planned and executed donor visits; and risks inherent in embarking on joint programming exercises with other UN agencies.

The Business Continuity Plan (BCP) was updated and a BCP test was conducted on 13 December 2017, with the support of the UNICEF Regional Office, to verify capacity to implement priority programme and operations activities during difficult or emergency situations. UNICEF Madagascar identified improvement measures to be implemented to ensure better business continuity.

OUTPUT 2 Effective and efficient Management and stewardship of Financial Resources

Analytical statement of progress
UNICEF Madagascar had a total allotment of US$61.7 million in 2017, broken down as follows: US$16.1 million Regular Resources (RR, 94 per cent utilization at the end of 2017), US$29.5 million Other Regular Resources (ORR, 86 per cent utilization) and US$16.1 million Other Emergency Resources (ORE, 81 per cent utilization). UNICEF Madagascar continued to monitor financial key performance indicators (KPIs) and reinforced financial controls, procedures and internal workflows for a more efficient and effective management of financial resources. The CMT used the InSight dashboard to monitor budget utilization and donor contributions, highlighting issues and facilitating proactive action on full utilization of funds.

As of December 2017, UNICEF Madagascar submitted all required bank reconciliations within the set deadlines and cleared all outstanding bank transfers of more than two months. UNICEF Madagascar aligned its internal business processes with GSSC SLA and developed two SOPs for the management of Change of Funding Sources and Cash On Hand. More than 3,400 MyCase requests were submitted and processed by GSSC by the end of November 2017. Rigorous review and monitoring of open items was regularly conducted and all outstanding items were cleared.

Outstanding Direct Cash Transfers (DCT) were monitored regularly and significant progress was made to ensure liquidation all DCTs over 6 months. A total of 1,027 DCT were processed as of November 2017. The ratio of DCTs over 9 months stood at 1.3 per cent at the end of
December 2017. The new ZHACT manager simplified and streamlined processes and will improve DCT management.

UNICEF Madagascar conducted seven HACT training sessions for more than 100 implementing partners. HACT assurance activities were carried out by third party auditors and included micro-assessment, spot checks, scheduled and special Audits. Recommendations that needed to be implemented by partners were closely monitored.

OUTPUT 3 Human Capacity

Analytical statement of progress

In 2017, UNICEF Madagascar improved regular staff gender balance by increasing female ratio from 43 per cent in 2016 to 46 per cent in 2017, the goal being a balanced ratio, with the right competencies set. A total of 47 staff (5 international, 42 national) were hired in 2017, ensuring the right competencies availability to fulfil needs. Nine per cent of fixed term recruitments were concluded within 90 days. Recruitment of high calibre, bi-lingual staff remained challenging, particularly among females and in highly technical areas like WASH or field support in remote areas. UNICEF Madagascar reinforced its staff with 102 national and international consultants, mainly to quickly and efficiently respond to the heightened humanitarian and emergency challenges (Enawo cyclone, plague outbreak and polio campaigns).

UNICEF Madagascar recorded a 99 per cent completion rate by April 2017 for 2016 performance evaluations. Staff members were invited to undertake regular performance management and feedback discussions to improve the trust between supervisors and supervisees.

As a follow up to the last Global Staff Survey (GSS) results, UNICEF Madagascar availed of an international stress counsellor, shared with UNICEF Burundi and UNICEF South Sudan. An action plan to address concerns related to personal empowerment, career and professional development, office efficiency and effectiveness was approved by the Country Management Team, as recommended by the Joint Consultative Committee. The following development opportunities were provided: six OICships (two IP, three NO, one GS) and six stretch assignments (three IP, three NO). One IP and one GS went on support missions. Staff development also included a performance management workshop (173 participants), an ethics and integrity workshop (113 participants), a Security Awareness for Driver Training of Trainers (TOT), a Business Operations Strategy TOT, EZHACT TOT, local EZHACT training (28 participants), Emergency Response Preparedness (28 participants), Women Security Awareness (53 participants), and orientation sessions on the revised selection policy.

**Evaluation and Research**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline report of Let Us Learn Programme</td>
<td>2017/005</td>
<td>Study</td>
</tr>
<tr>
<td>Enquête baseline pour le programme Fiavota</td>
<td>2017/004</td>
<td>Study</td>
</tr>
<tr>
<td>Enquêtes SMART 2017 Grand Sud de Madagascar</td>
<td>2017/002</td>
<td>Survey</td>
</tr>
<tr>
<td>Evaluation de la promotion des PFE - SFCG</td>
<td>2017/001</td>
<td>Evaluation</td>
</tr>
</tbody>
</table>
## Lessons learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation</td>
<td>Enabling mothers to screen their children for Severe Acute Malnutrition in the community</td>
</tr>
<tr>
<td>Lesson Learned</td>
<td>UNICEF’s contribution to health system strengthening in Madagascar: Lessons Learned and Best Practices</td>
</tr>
</tbody>
</table>