

Madagascar

Part 1: Situation update in the country

The state of Madagascar's children was a concern in 2018, with limited improvement in child well-being since the political crisis of 2009 and a continuing low profile for Madagascar's multiple, complex challenges. According to the World Bank's latest figures, Madagascar has the world's highest percentage of the population who live below the international poverty line, with 78 per cent of Malagasy living on less than \$1.90 per day. Forty-seven per cent of children under five years old suffer from chronic malnutrition, a national emergency, and Madagascar slipped down the United Nations Human Development Index to 161st place in 2017. Madagascar has become poorer in Gross Domestic Product per capita since 1960: one of few countries worldwide to do so without the effect of a war.

Fifty-four per cent of Madagascar's population of an estimated 24 million is under 20 years old (the first census since 1993 is underway; the figure is expected to rise by several million). Four out of five Malagasy live in a rural area. The social sectors face multiple challenges. In addition to an alarming stunting rate, Madagascar's education and health systems were brought to their knees by a political crisis in 2009, and frequent emergencies and institutional fragility since then continue to weaken them.

Tentative gains were registered in learning outcomes in the previous two years, prompting hope for the future. Nevertheless, education has major quality issues; for example, less than one per cent of teachers reach the international standard for teaching according to a recent PASEC study. Child marriage is prevalent with almost half of 20 to 24 year old girls who have been married as a child, and violence is endemic. None of the Millennium Development Goals has been reached.

The UNICEF Madagascar situation analysis is based on out-dated data or extrapolated denominators, and monitoring capacity of the national systems is weak on health outcomes, mortality rates, violence and civil registration. But Madagascar is a centralized, logistically-complicated country. A census – the first since 1993 – was launched in 2017 and its results, made available in 2019, will modify the population map of Madagascar with significant impact on indicators (as denominators will increase, coverage rates will decline). The census alone will not provide a baseline for Sustainable Development Goals' social indicators, thus UNICEF Madagascar, with support from the World Bank and USAID, undertook a Multi-indicator Cluster Survey (MICS6) in 2018. This will shed light in 2019 on how children have benefited from development initiatives launched under the 2014-2019 National Development Plan. It will also provide much-needed Sustainable Development Goal baselines in the social sectors.

In 2014, the socio-political situation stabilized with elections and a democratic transition after several years of international monitoring following the 2009 coup d'état. However, since 2014, government reshuffling has hampered government reforms and stunted private sector

investment. More critically, in April 2018, following perceived attempts by the regime to modify the constitution in their favour, violent demonstrations broke out in the capital backed by opposition members of parliament. The demonstrations and a consequent blockade of institutions created political tension and led to the formation of a transitional technocratic government in June 2018, led by a technocratic consensus Prime Minister, tasked with organizing presidential elections. Strikes and public disruption were a feature of this period. UNICEF Madagascar's work in the education sector and the ability of supplies to pass through customs were hampered.

Major reshuffling took place in the ministries of health, water, education, justice and social protection, with a loss or shift of political will, institutional knowledge and long-term engagement capacity.

Madagascar is prone to natural disasters such as cyclones, drought and epidemics. Over the previous 10 years, Madagascar was hit by 45 cyclones and tropical storms. In 2018, a cyclone killed 51 people and displaced more than 54,000, and a tropical storm in March killed 21 people. The storms destroyed hundreds of schools and basic health centres, disrupting the school year for more than 50,000 children. A drought known as "kere" is a cyclical phenomenon that especially affects the three southern regions of the country (the Grand Sud). In the previous four years, kere, exacerbated by El Niño, had a severe impact on food security, water availability and consequently the capacity of children to survive and thrive.

In 2018, initial provisions aimed at 1.4 million people out of a total potential caseload of 1.9 million people affected by humanitarian crisis, with an estimated 25,000 children likely to suffer from severe acute malnutrition. UNICEF Madagascar supported a nutrition surveillance system that helped bring clarity to the intensity of the problem. Two out of 10 districts were considered in crisis (previously ten of ten). The October 2018 IPC considered a potential caseload of 1,058 million people affected by drought, in a crisis or emergency form, through early 2019. The effects of repeated drought have diverted resources from other regions in need or that could have been used for sustainable development projects to mitigate the impact of drought over time, such as water pipelines.

Epidemics also exacerbate Madagascar's fragility. In September 2017, the country faced a sudden epidemic of pneumonic plague that led to a partial collapse of the health system, especially in urban areas (such as the capital city of Antananarivo). With 2,400 cases, a major mobilization was required that included human resources, surveillance, logistics and communication. The epidemic was eventually brought under control, but the response came at the cost of halting other activities during the quarter. The Ministry of Health and the World Health Organization focused on plague management and prevention in 2018, with print media regularly focusing on new cases through September 2018. Health officials failed to detect a measles outbreak which infected more than 13,000 people and for which institutional response and funding is not ready.

Corruption and poverty fuel the cycle of insecurity, kidnapping and organized crime. The tradition of "dahalo", or cattle-rustling, initially limited to some tribal groups as a rite of passage for young men, has become widespread, organized and increasingly dangerous, impacting the daily life of inhabitants with the loss of capital (cattle), roadblocks, attacks on convoys and sometimes on villages. This has a growing impact on coverage of activities, especially immunization campaigns and the population's access to basic social services such as health, water and education. Often, this criminality is dealt with locally by traditional methods of justice

(called Dina), and confidence in official justice mechanisms has eroded.

Poverty is aggravated by the effects of climate change, environmental degradation and deforestation. While 86 per cent of Madagascar's flora and fauna is considered endemic, the country loses its forests at an alarming rate, with only 7 per cent of the original forest cover still present. Deforestation is an issue, with 510,000 hectares lost in 2017 (more than Brazil or Democratic Republic of Congo) as a result of damaging agricultural practices, the need for charcoal (used by 92 per cent of the population for cooking or brick-making) and population movement. The situation aggravates pollution, erosion, floods, drought and increases distances required to gather wood and raises the threat of epidemics (for example, plague-infected rats leave demolished forests for villages).

The 2009 coup d'état resulted in almost all international support pulling out, and only since the 2014 transition exercise has it returned. According to 2016 World Bank figures, the official development assistance per capita is US\$25, far lower than countries such as Malawi (US\$59), Zimbabwe (US\$39) and Uganda (US\$42), especially with an under-estimated Malagasy population. The Malagasy Government pushed for Madagascar to be put back on the international map with an international donor conference in Paris in 2016. It has reinforced cooperation with China during the 2018 forum of China-Africa cooperation, and looks toward Korea, Japan and new donors such as Kuwait. The major donors in Madagascar remain the United States, the World Bank, European Union (including France) and the United Nations.

A 2016 investment framework led by UNICEF Madagascar showed no major progress in the continuum of care essential package of services in the health sector between 2009 and 2016, mainly because of the political crisis. At the sub-national level, there was a deterioration of key indicators on mother and child health in most regions of the country. Although the health sector suffered less in 2018 from plague than in 2017, the challenges to respond to a recent plague outbreak and the sector's lack of preparedness to face the on-going measles epidemic illustrates systemic weaknesses.

Maternal and neonatal mortality is still high in Madagascar. In 2018, more than 10 women (a third of whom were adolescent) died each day from obstetric complications. Neonatal mortality is decreasing, but not at a rate for Madagascar to achieve the Sustainable Development Goals. More than half of neonatal deaths occur within 48 hours of delivery. Direct causes are mainly due to prematurity (35 per cent), asphyxia, birth trauma (29 per cent) and puerperal infection (17 per cent).

Under-five child mortality is decreasing (currently 44 deaths per 1,000 live births) but the Sustainable Development Goal target (25 deaths per 1,000) will be challenging to achieve. Causes of death are acute respiratory infections (18 per cent), prematurity (13 per cent), diarrhoea (9 per cent) and malaria (8 per cent). Malnutrition constitutes 35 per cent of the deaths of children under five years old, a situation aggravated by the multiple emergencies and lack of access to services.

Limited access to water and sanitation is a problem that affects the entire population of Madagascar, though it receives comparatively little donor attention. With only 34 per cent basic water access in rural areas, and 44 per cent of people practicing open defecation (JMP 2018), Malagasy children face risks and disparities that impact their survival and growth. Ministerial capacity remains limited and allocated budget is insufficient. Structural improvement required for long-term changes have been hampered for decades by the international community's focus

on short-term, emergency response especially in the south.

Some positive events took place in 2018, however, with growing involvement from China, Japan, the United States and the Government's realization that long-term development – especially in the south and in urban areas – required a strategic shift in water provision. Yet investments are lacking and open defecation remains problematic, with large-scale behaviour change required.

As regards nutrition, the Government signed a five-year agreement project of US\$90 million with the World Bank for the scale-up of nutrition-specific interventions in the eight regions most affected by chronic malnutrition, covering 1.5 million children under five years old and 450,000 women who were pregnant. This project brings opportunities to strengthen the integration of community-based and facility-based nutrition and health platforms as well as to address quality of prevention and care interventions. Despite the 2018 electoral challenges, the budget allocated to the National Nutrition Office, the Government's nutrition coordinating body, increased by 13 per cent compared in 2018, reaching about US\$4 million, partly due to UNICEF Madagascar advocacy in 2017.

The education sector was hit by the political crisis of 2018, with one consequence being a teachers' strike that lasted three months. 2018 was the first year of the implementation of the new Education Sector Plan (2018-2022) with reforms such as 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 reorganization of the school calendar around the agricultural season, aim to increase access, retention and achievement of a full basic-education cycle. Gross enrolment in pre-primary languishes at 17 per cent for boys and 19 per cent for girls (UNICEF State of the World's Children 2017).

Social protection faces entrenched poverty and social tension. Violence is part of children's daily lives and seems to be perceived by both adults and children as an appropriate discipline. Communities, families and children themselves tend to justify or even value physical violence for "educational purposes" - nine out of 10 children have experienced corporal punishment in their families, according to a study carried out by UNICEF Madagascar and published in 2018. Violence in schools is frequent and often accepted. It is perpetrated by both school staff and students.

While sexual violence is condemned, reporting of cases is limited. Most cases of violence against children, including sexual violence, are dealt with within the family or community. A lack of knowledge about available mechanisms, the economic burden, the lack of trust in the justice system and the desire to maintain social cohesion all contribute to the low reporting of cases of violence. The Ministry of Justice has noted a significant increase (almost doubling) of the files being handled by children's judges, reflecting an increase in insecurity and crime in broader society.

Social protection made strides since the UNICEF-supported National Strategy for Social Protection was completed in 2017. An action plan now accompanies the strategy and systemic safety nets are being set up and implemented, but the coverage remains too minimal to speak of dramatic reductions in poverty. The challenge is to determine how domestic revenues can be allocated for social safety nets to complement donor support, with UNICEF Madagascar and the World Bank leading the way.

Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

Health-system strengthening

In 2018, UNICEF Madagascar supported the Ministry of Health at up-stream level with a focus on equity and generating demand for health services. The National Health Policy, the National Community Health Policy, and the strategic community health plan integrating the child-friendly community approach were updated. UNICEF Madagascar contributed to the revision of the national pharmaceutical management plan, the mother-to-child transmission elimination plan for HIV/syphilis/Hepatitis B, and the national strategic plan for adolescent and young people health.

UNICEF Madagascar supported service-quality improvement through coordination of health-system approaches; training community health workers; rehabilitating health centres and strengthening information systems and decentralized service providers. With UNICEF Madagascar's support, the Ministry of Health created a national health-system strengthening committee, a platform for the seven pillars of the health system, bringing together development partners, stakeholders and the Ministry, and including the project coordination's three approaches: GAVI for immunization; the Global Fund for malaria, tuberculosis and HIV/AIDS; and PARN for maternal and child health and nutrition.

Immunization

Immunization is a key area of UNICEF work in Madagascar through service delivery, health-system strengthening and equity approaches. In June 2018, the African Committee of Certification declared Madagascar polio free. To maintain polio-free status, Madagascar organized two campaigns, reaching 4,663,356 children (99 per cent) in April and 2,454,755 children (98 per cent) in October. However, poor routine data (despite the official 84 per cent coverage), weakly-documented vaccine management and a dilapidated cold chain helped foster a measles outbreak in late 2018, and cast light on routine weaknesses.

UNICEF Madagascar procured 50 per cent of the routine traditional vaccines, 8.2 million doses of oral polio vaccine and 293,000 doses of measles vaccine. UNICEF supported the cold chain platform (CCEOP) with the installation of 132 solar refrigerators, the procurement of an additional 500, and 42 freezers to be installed in 2019. Since 2010, 604 health centres (23 per cent of total) have a functioning cold chain equipped with UNICEF Madagascar's support.

UNICEF supported vaccine management and social mobilization to improve demand for routine services. To improve immunization coverage, the Ministry of Health and UNICEF Madagascar used the bi-annual nationwide campaign of Mother and Child Health Week to reach 112,854 (98 per cent of target) beneficiaries, who received catch-up vaccines.

Maternal, newborn and child health

Nationally, contraceptive coverage is 34 per cent, and only 25 per cent of births are delivered in health centres. However, UNICEF Madagascar target regions show progress above the national averages: 35 per cent of births are in health centres; 34 per cent of women who were pregnant benefited from four or more pre-natal consultations at a health centre; 51 per cent of health centres designated with basic emergency obstetric neonatal care were operational.

Overall, 1,800 community health workers were trained in the integrated management of child illness. The national protocol for community-based treatment of pneumonia (Amoxicillin replaces Cotrimoxazole) was updated, and 90 per cent of 0-59 month old children received antibiotics for pneumonia in target regions. Also, 20,000 adolescents benefited from age-appropriate services at health centres in the Anosy region.

UNICEF Madagascar's 2018 objectives for infant and adolescent health were met in its two target regions (Anosy and Androy) by strengthening capacity of 88 health workers to welcome, care for and counsel adolescent girls and boys, and of 915 community health workers on adolescent sensitization and referral to health centres. Despite success however, the sector remains under-funded with limited quality interventions available nationwide due to the limited decentralisation of authority, resources and capacity at community level. Support to the health sector will have limited impact as long as the malnutrition rate in Madagascar (47 per cent of children under five years old, in 2012) is not addressed. UNICEF Madagascar will aggressively reinforce its nutritional positioning.

Chronic malnutrition

An integrated WASH-nutrition approach was effective in the south to respond to the severe acute malnutrition crisis, encouraging mothers to bring their children to be treated at a healthcare facility while reinforcing messages about the value of proper sanitation, clean hands and drinking clean water.

UNICEF Madagascar assisted the Government in finalizing national guidelines and training materials related to infant and young child feeding practices and micronutrient supplementation, including home fortification. Along with World Bank, UNICEF Madagascar is a member of the national early childhood development task force which will finalize its strategy in 2019. The promotion of infant and young child feeding, nutrition for women, and early childhood development was implemented in 662 out of 877 health centres (75 per cent) in six UNICEF Madagascar target regions. With UNICEF Madagascar support, at least 3,486,000 (coverage of 93 per cent) children aged six to 59 months were supplemented twice with Vitamin A, and 3,106,566 (coverage of 94 per cent) children aged 12 to 59 months were dewormed twice during Mother and Child Health Week in all 114 districts. UNICEF Madagascar's advocacy of the nutrition investment case helped increase domestic allocation to the national nutrition office, which received a US\$4 million increase in 2018.

There was progress with universal salt iodization with the development of a quality-control system for iodized salt. Three control sites (Menabe, Diana region and Antananarivo) cover about 80 per cent of the national salt production. The national decree for both salt iodization and fluoridation is a bottleneck, as medium and small producers have limited access to fluoridation. The decree was modified and should be adopted in 2019.

Severe acute malnutrition

On average, about 250,000 children (69 per cent of 365,000 children) aged six to 59 months were screened quarterly for acute malnutrition at community level in eight drought-prone districts (Southern Madagascar). Designed by the nutrition cluster with technical support from UNICEF Madagascar, the nutrition surveillance system combines quarterly screening results and admission trends to health facilities, with a quality-check system based on the standardized 'monitoring and assessment of relief and transitions' nutrition survey. This identifies communities in a nutrition emergency (hotspots) for a rapid response with mobile

teams and also provides information to complete Integrated Food Security Phase Classification.

In addition, 41,200 children aged six to 59 months benefitted from their parents' new skills using mid-upper arm circumference bands for early screening of acute malnutrition at household level. This was an addition of 43,600 women, including an estimated 12,400 adolescent girls aged 15 to 19 years old, compared to the 4,100 mothers trained in 2017. The screening by parents is in place in 1,012 out of 3,700 communities, with an on-going assessment to document its reliability and parent satisfaction.

Between January and November 2018, 16,575 severely acute malnourished children aged zero to 59 months were admitted for treatment; 80 per cent were cured and 0.6 per cent deceased, which is in line with national and SPHERE standards. Among these children, 5,175 children were reached in non-emergency target areas and 11,400 children received treatment in emergency drought-prone areas in southern Madagascar. Among those, 9,173 cases were treated in health facilities and 2,227 cases were reached through mobile clinics. The initial target of 25,000 children was over-estimated, extrapolated from previous years, without a worsening of the drought.

The national protocol for the management of acute malnutrition was updated with technical support from international experts and UNICEF Madagascar. The newly created pool of 37 trainers will ensure the training roll-out in 2019.

A total of 48,640 and 8,983 children aged six to 23 months benefitted from home fortification with micronutrient powders. A knowledge, attitude and practice survey completed in AtsimoAtsinanana revealed that, although over 90 per cent of eligible children received the micronutrient powders, only 56 per cent of mothers used the powders adequately. Therefore, training modules for community workers and communication material were improved. Results from post-distribution knowledge, attitude and practice surveys in AtsimoAtsinanana and Vakinankaratra will be available in 2019.

Goal area 2: Every child learns

Education in Madagascar suffered from the 2009 crisis. Institutional capacity eroded but has begun to be addressed in the previous two years. Less than one per cent of teachers meet the Programme for the Analysis of Education Systems' standards for competence. Issues of access, quality and institutional capacity persist, while also facing the destructive effects of natural disasters. UNICEF Madagascar and technical and financial partners such as the Agence Française de Développement, Japan, Norway and the World Bank use a multi-pronged approach to address the bottlenecks.

In terms of access: the 'catch-up classes' programme to reintegrate children and adolescents who abandoned school took place in seven regions. About 53,961 out-of-school pupils (26,129 boys and 27,832 girls) were reintegrated. UNICEF Madagascar supported the Ministry of Education to train 40 teachers and 20 local trainers in inclusive training and supported the participation of 77 students with disabilities (41 boys and 36 girls) in the national school sport games tournament. A decree that defines adjustments granted to students during official exams was provided.

UNICEF Madagascar supported the construction of 51 new cyclone-resistant classrooms which include separate latrines, sports fields and trees. In all seven target regions of UNICEF Madagascar, gender parity exists at primary level, and for five regions at secondary level. Following the experimentation of the pre-school programme four to five years, the ministry re-adjusted pre-school curriculum and a final version is currently available. A total of 6,000 pre-school educators were trained in three regions on the new pre-school curriculum.

UNICEF Madagascar continued to strengthen quality teaching and learning by improving teacher competency, providing teaching and learning materials, and pedagogical visits as post-training support. During the school year, 5,024 teachers and headmasters from pre-primary, primary and secondary schools benefited from training sessions in seven regions. The target of 5,000 schools benefitting from new pedagogical learning and teaching materials was achieved.

To increase the gender-sensitive component, promote awareness and reduce early pregnancy, UNICEF Madagascar developed a sexual and reproductive health curriculum to be distributed in schools. The pilot phase of students' health-check took place in Androy. A total of 9,388 students at primary level benefited from a health check using the health booklet. Sixty-eight per cent of the planned school management committees in target regions were trained in using school management dashboards, which is over 5,600 schools.

Regarding institutional reinforcement, UNICEF Madagascar, as the Global Partnership for Education coordinating agency, supported the implementation of the new Education Sector Plan 2018-2022 through the local group of education and the sector coordination unit (CELCO). UNICEF Madagascar also accompanied the Ministry of Education to request an additional US\$20 million proposed by the Global Partnership for Education.

Goal area 3: Every child is protected from violence and exploitation

At policy level, the national child protection strategy was being developed under the supervision of an inter-ministerial committee, supported by UNICEF Madagascar. A first draft of the strategy is expected in early 2019. A national study on violence against children was launched to support the development of the operational plan for the national Child Protection Policy in 2019. The state report to the Committee on the Rights of the Child was drafted by the inter-sectoral standing committee with UNICEF Madagascar support, and will be re-submitted in December following Committee's comments. UNICEF Madagascar also supported the child rights' platform of non-government organizations to draft its alternative report.

The national child protection committee met once in 2018, at technical level. Coordination bodies continued to function effectively. A total of 127 child protection networks at district and community levels were effective mechanisms to prevent and report cases of violence and exploitation in some regions, but are not yet systematic. UNICEF support strengthened and revitalised networks and established new networks at community level.

With UNICEF Madagascar's advocacy, the Ministry of Population reflected on how to integrate social workers into the civil service, a priority for UNICEF Madagascar support in 2019.

The construction of two additional one-stop "vonjy" centres for child victims of sexual violence will be completed in 2019. The four existing centres provided care and support to 809 victims in 2018. With UNICEF Madagascar financial and technical support, 6,598 child victims of violence (4,106 girls) received care and medical, psychosocial and/or legal support, including 1,665 victims of sexual violence (1,609 girls) and 990 (641 girls) victims of exploitation.

In relation to justice for children, collaboration with the Ministry of Justice and the non-government organization GrandirDignement accelerated treatment of cases involving children, improved tracking of files involving children and implemented alternative measures to detention. In 2018, 152 children in conflict with the law benefited from these diversion measures. Due to the major systemic improvements required, progress was slow in reducing the rate of children in pre-trial detention (from 81 per cent to 75 per cent) and the target (60 per cent) has not yet been achieved. The Ministry of Justice noted an increase in the number of cases being handled by children's judges.

The national strategic plan on civil registration and vital statistics, developed with support from UNICEF Madagascar, was adopted by the cabinet, and a law that reforms key elements of the system in line with the national plan is awaiting promulgation. With technical support from UNICEF Madagascar, information collection is underway to establish civil registration statistics for 2017. Annual data on the number of life events registered has not been available in Madagascar for decades.

Activities to address violence in school were expanded in partnership with the education sector. Training on human rights for security forces was supported in collaboration with Office of United Nations High Commissioner for Human Rights, the Ministry of Justice and security forces. Children in street situations and vulnerable families received care and support, including shelter, reintegration in school, income-generating activities, vocational training and psycho-social support. Signed commitments of tourism operators to eliminate child sexual exploitation in the industry were monitored by agents of the Ministry of Tourism, with financial and technical support from UNICEF Madagascar and End Child Prostitution and Trafficking/France.

In relation to child marriage, a guide for authorities and child protection actors at community level on how to declare a village freed from child marriage was developed, under the leadership of the Ministry of Population with financial and technical support from UNICEF Madagascar, and with the participation of technicians from seven ministries and four non-government organizations. With the participative process, the guide's finalization was delayed. The guide is accompanied by six booklets for local authorities, service providers, non-government organizations, young peer educators, community mobilizers and the media.

Goal area 4: Every child lives in a safe and clean environment

In terms of water and sanitation, large-scale, systemic and innovative interventions in settings affected by development, humanitarian and climate-change brought results.

After four years of consecutive drought in the south of Madagascar, UNICEF Madagascar prioritized the humanitarian-development transition and identified sustainable climate-resilient water resources. UNICEF Madagascar supported the construction and reinforcement of long-distance water supply pipelines powered by solar energy, bringing water to communities that have no viable alternatives due to lack of adequate groundwater resources. To secure funding and technical supervision, and the complex contract management required for the high-tech projects, generated delays with limited government and private sector capacity. Access to water should be delivered for the 90,000 pipeline beneficiaries, as well as schools and health centres, in 2019.

This large-scale work was accompanied by the construction of conventional water-supply systems, integrating innovative approaches. A mapping of ground-water resources using satellite imagery was developed, and alternative water resources were identified and mobilized in 2018 (deep drilling, rainwater mobilization). More than 86,000 people gained access to safe

and sustainable water services with UNICEF Madagascar's construction and rehabilitation of boreholes and mid-scale systems. In 2018, 38 schools received water infrastructure, providing clean water to 7,700 students (and 63 schools gained access to sanitation for 11,400 students). The new infrastructure was supported with communication for development campaigns in schools and health-care facilities to create demand, through the three star approach.

With UNICEF Madagascar's integrated water-resource management interventions and multiple-use water systems in 2018, over 28,000 people now live in climate-resilient communities. UNICEF Madagascar developed locally-adapted water safety guidance, to begin implementation in 2019 in UNICEF Madagascar supported communities.

Of UNICEF's 26 'game plan' countries to end open defecation, Madagascar has the highest number of people who practice open defecation, and open-defecation rate rose between 2000-2015. Since 2015, however, 2.6 million people abandoned open defecation with UNICEF Madagascar support. Although 83 per cent of the cumulative target for 2018 was met, much was gained by exceeding previous years' targets.

The number of people with access to basic hand-washing facilities did not meet the target, showing a net decrease from 2017 to 2018 as behaviours were not sustained. Several factors explain this: the flagship sanitation program ASWA II was not fully rolled-out in 2018 as planned, in order to complete inception-phase activities including the baseline study. Other programmes such as ASWA I were closing. The newly-defined joint monitoring programme indicators for sanitation are challenges, as achieving basic sanitation is difficult for countries with limited existing services such as Madagascar. The slippage risk is high for communities that are affected by natural disasters, as was the case in a few intervention regions.

In 2018, UNICEF Madagascar developed the 'next generation of mayors' approach that relies on local leadership with limited external support to achieve a community's open defecation free status. A strategy to address sanitation and hygiene in small towns was developed and will be piloted in early 2019. UNICEF Madagascar worked closely with the Ministry of Water, Sanitation and Hygiene on a roadmap and costed plan to achieve open defecation free status in 2025. UNICEF Madagascar and partners in the WASH sector support the MEAH in the development of the WASH sector plan (currently ongoing) and the development of a road map and will be used to reinvigorate the WASH platform recently established as a coordination mechanism, led by MEAH.

As the United Nations Development Assistance Framework (UNDAF) lead for WASH, UNICEF Madagascar worked to coordinate donors and international non-government organizations, especially as lead of the WASH cluster for emergencies.

Goal area 5: Every child has an equitable chance in life

Social protection

In 2018, UNICEF Madagascar had a leading role in social protection with technical support to the sector and cash transfers. A technical achievement was government support to finalize the National Social Protection Strategy. An accompanying action plan for 2019-2023 includes social safety-net programmes as a pillar of the national strategy, and a road map to increase the shock responsiveness of the system.

UNICEF Madagascar funded 11,000 households with conditional cash transfers for education,

about 4,000 in the south through the FIAVOTA project(primary education) and about 7,000 in five other regions via the Let Us Learn programme (secondary education). UNICEF Madagascar supported shock-responsive social protection programmes to respond to the drought in high-need areas of southern Madagascar. The evaluation conducted by UNICEF Madagascar on the FIAVOTA cash transfer programme demonstrated positive impacts on food consumption and increased food diversity, and helped raise school attendance (by 29 per cent) and reduce child labour (which fell 4 per cent).

In line with the national social protection strategy, UNICEF Madagascar advocated for the Government to mobilize internal resources and commit funds to extend the programmes to new areas where better nutrition, education and access to food can be achieved.

Social policy

UNICEF Madagascar's public finance work focused on awareness-raising and advocacy through publication of citizen's budgets, budget reports and public-sector budget analyses for government, parliament, civil society organisations and technical and financial partners. This was followed up by discussion forums, training workshops and advocacy activities in June, to coincide with the Month of the Child, and December to include discussion of the latest public finance law.

UNICEF Madagascar was central to three transparency initiatives: 1) launch of the public expenditure tracking survey and audit assessment for the education sector, in partnership with the French Development Cooperation, European Union, World Bank and Ministries of Finance and Education; 2) a capacity-building workshop on budget transparency for 45 participants from civil society organizations, TFPs and line ministries; 3) collaboration with the international budget partnership which led to Madagascar joining the open budget transparency initiative for the first-time.

A Multiple Indicator Survey Cluster (MICS) was launched for the first time since 2006.

Cross-cutting priorities

Gender

There was progress in 2018 toward better coherence of interventions on a Gender Action Plan 2.0 approach, thorough a gender review. UNICEF faced gaps in programming, analysed underlying causes and determined adolescent girls' specific issues. A new gender strategy was designed with broad participation including beneficiaries, and an anthropological study enabled gender clarification on three main programme components: health (via access to immunization), nutrition (via breastfeeding) and WASH.

As a result in health, with a new adolescent-sensitive approach in the south, more than 20,000 adolescent girls accessed 44 adolescent-friendly health centres.

Schools are the most important forum for UNICEF Madagascar gender interventions: 260,200 pupils including 131,170 girls were directly reached by an inter-sectoral programme, Let Us Learn, empowering girls to stay in school and by learning life skills.

Child protection is a sector where the concept of positive masculinity needs further development since most issues, from child marriage to sexual violence, from abuse to exploitation, cannot only be dealt with by girls and women. 4,106 girls were supported in 2018

after a violent episode.

Gender and equity dimensions were a focus of WASH programming in 2018. A gender and equity study spanned most of the year; new menstrual hygiene management activities were integrated into the curricula of 1,140 schools, with scale-up planned for 2019; and locally-produced dignity kits were pilot-tested.

The nutrition programme advocated for a more empowered role for mothers, for example in the decision to take their children to the health centre in the severe drought in the south and for prevalent severe acute malnutrition. A total of 43,600 mothers, 12,400 of whom were adolescent, were trained in severe acute malnutrition measurement.

Following the UNICEF Madagascar mid-term review in 2018, a gender specialist position was added to the office structure. In the meantime, constant efforts were made in ensuring gender balance in staff structure, and for a gender-friendly working environment (for example, a special session on women's security; participation in regional female talent leadership initiative; and 100 per cent of section chiefs hired in 2018 were female).

Humanitarian response

Two tropical storms made landfall in Madagascar in 2018 that prevented more than 50,000 children from attending school and damaged infrastructure in already fragile areas. While plague epidemics remained under control in 2018 – with preparedness efforts in which UNICEF Madagascar played an important role – a measles epidemic broke out in early October in mainly urban areas with 19,000 notified cases by end 2018 that put additional stress on health systems. The nutritional status of the population in southern Madagascar was precarious in two drought-prone districts and of concern in six other districts. The October 2018 Integrated Food Security Phase Classification highlighted that 1.058 million people would be in food security crisis or emergency between November 2018 and March 2019.

A total of 9,886 children under five years old with severe acute malnutrition were admitted to therapeutic treatment sites, 79 per cent of the 12,500 caseload expected in southern drought-prone emergency districts. UNICEF Madagascar distributed mosquito nets to more regions than targeted due to a recrudescence of malaria in areas affected by cyclones. Through UNICEF Madagascar support, more than 300,000 people gained access to safe water. Some 1,818 children in cyclone-affected regions were identified and reached with psychosocial support. More than 25,000 cyclone-affected children were able to access education through school rehabilitation and the provision of temporary learning spaces by UNICEF Madagascar, in coordination with the Ministry of Education. Eighty per cent of the population in five regions affected by cyclones were reached with messages on emergency preparedness, safe practices and behaviour change. While UNICEF Madagascar did not fund specific cash transfers in the emergency context, the country office continued to support the coordination of the emergency cash group in addition to supporting the revision of the social protection strategy to improve the shock responsiveness of the national social protection system after a crisis.

Adolescent programming

While participating in national efforts to prioritize adolescent and youth through the demographic dividend roadmap supported by the African Union, UNICEF Madagascar is adopting a gender-responsive, integrated and participative at-scale approach to contribute to the development and engagement of adolescents. This multi-pronged approach was implemented at scale across seven regions, with the greatest focus in the drought-affected

region, Anosy.

The priority is to empower adolescent girls and future mothers, in order to alleviate poverty by extending mandatory education so that 200,000 adolescents, especially girls, stay in school; re-integrate 88,000 adolescents and girls who have dropped out of school; provide a youth-friendly environment including menstrual hygiene management; prevent violence at the individual, school, family and community level and stop abuse before it occurs.

The UNICEF child protection section supported implementation of the existing legal and political framework (i.e. child marriage law); facilitated access and increased demand to child friendly services; and engaged parents to stop accepting child marriage and to report sexual violence against adolescents. Child protection also ensured social programmes were properly funded to prevent, reduce and eliminate the economic and social vulnerabilities to poverty and deprivation that lead to negative coping mechanisms, and reinforced adolescents', especially girls', capacity through life skills and links to vocational training and income-generation activities.

The programme also supports the organization and implementation of school health, addresses adolescent-specific nutrition issues, ensures iron and micronutrient supplementation for adolescent girls to break the cycle of inter-generational malnutrition, poverty and chronic disease and supports United Nations agencies effort on essential family practices for adolescents.

As this cannot be achieved via a top-down approach, UNICEF Madagascar empowered adolescents to participate and speak out on their human rights through the mobilization and support of youth networks, community media and parents. UNICEF Madagascar addressed other concerns for adolescents; for example, through the 'one voice approach', recognized worldwide as an efficient and innovative way to reach adolescents and youth.

Climate, environment and energy

UNICEF Madagascar represented the UNICEF East and Southern Africa regional office at the strategic moment of reflection at UNICEF headquarters in September 2018. The goal was to create a forward-looking, cross-sectoral climate, environment and energy strategy which pulls together current action, builds capacity and positions UNICEF Madagascar as a key stakeholder in delivering ambitious programmes to address climate, environment and energy challenges facing Malagasy children.

In health, the focus was on the solar switch, especially in regard to the immunization cold chain, but ways to tackle the consequences of air and water pollution on maternal, new-born and child health were explored.

In education, focus was on environmental teaching, planting trees in schools, cyclone-resistant schools and, with communication for development, adolescent mobilization on climate change, reaching more than 200,000 adolescents.

In WASH, Madagascar was one of the first countries internationally to access Global Environment Facility funds. Solar-powered systems, sand dams, innovative drilling, improved water management and open-defecation free approaches aimed to ensure that sustainable resources are available in climate-affected areas of the country.

Studies on mining, the private sector impact on the environment, environment policy and budget allocation to the energy sector demonstrated that all sectors are interlinked. A country landscape analysis for children was drafted to understand the impact of environmental degradation and climate change on children, to advocate on climate, environment and energy for children, and to identify gaps and opportunities to lead coordinated actions with partners.

Organizational enablers

In 2018, management ensured that all governance instruments were high-quality, functional, and regularly updated. The country management team met eight times in 2018 and monitored implementation of annual management plan and country office performance against performance scorecard indicators, and identified action points to maintain performance.

Emphasis was placed on managing financial relationships with partners (i.e. direct cash transfers); allocating and spending resources correctly and within agreed time limits (including cashflow); and managing human resources and recruitment. Further focus was given to the country office mid-term review (and ensuing programme and budget review), the peer review led by the UNICEF East and Southern Africa regional office in March and its ensuing management response and quality donor relations, including reporting. In weekly head of section meetings, the Deputy Representative reviewed the Insight office dashboard, programme issues and the country office calendar that includes all activities, advocacy events and incoming missions and visits. The senior management team met weekly to address high-level issues and to set guidance regarding general management issues.

The 2018 Annual Management Plan priorities guided the country management team; mid-term review completion; advocacy with the Government; transversal approaches especially on environment, gender and youth; gender training; resource mobilization; exceeding global standards in financial and partnership management; financial assurance activities; and ensuring human resource activities respect corporate standards.

The UNICEF Madagascar country management team was a forum to discuss and mitigate risks to programme success, such as contingency planning for uncertain 2018 electoral period, risks related to harassment and sexual harassment, and management of harmonized approach to cash transfers' risk status for most partners

The business continuity plan was updated and two tests were carried out, an individual test in May with UNICEF regional office support, and an inter-agency test in November. The country office identified measures to improve business continuity.

Security of the office and warehouse premises was reinforced in line with MOSS indicators. All the funds received from the special security fund were duly used. The business continuity plan sites were equipped with safety and security equipment and new security long-term agreements were signed with security guard and electronic surveillance companies. The Regional Security Advisor visited the country office to prepare for the presidential election period and to provide essential training to staff, namely on the utilization of security equipment. Fourteen drivers were trained on safe driving and received advanced driver course certification from the road safety programme.

In 2018, UNICEF Madagascar received around US\$48.5 million: US\$23.6 million of other resources regular, US\$17.3 million of regular resources and US\$7.3 of other resources emergency. The donor base was diversified in 2018 with 11 donors providing over US\$100,000;

seven donors providing over US\$500,000, five donors providing over US\$1 million and six donors providing over US\$ 2 million. Established partnerships with donors ensure some predictable, long-term funding, including: the Governments of Canada, Japan, Korea, Norway, the United Kingdom, the United States; the National Committees of Denmark, Germany, Japan, Norway, Switzerland, United States; GAVI, the European Union, ECHO and the World Bank.

UNICEF Madagascar rolled out eTools on the 1st January 2018. Intensive support, training and modification to the standard operating procedures on travel led to nearly 100 per cent compliance in mission planning, although some quality issues remained. In 2019, the country office will introduce two new eTools initiatives and the financial assurance module, and ramp up the use and usefulness of action points.

The procurement and supply strategy's focus was to increase local procurement of quality products and services and decentralize storage of emergency-response supplies. Despite focus on local procurement, 20 per cent fewer programme supplies and services were procured locally in Madagascar during 2018 due to limited local capacity. A local-market survey was initiated in the fourth quarter to support a renewed focus on local procurement in 2019. Efforts to decentralize storage of programme supplies succeeded, 28 memorandums of understanding were established with implementing partners in emergency-prone areas and were monitored by the supply/log unit.

Direct cash transfers were monitored closely and efforts yielded a reduction of cash transfers under nine months and under six months to zero per cent by year end. A direct cash transfer standard operating procedure was developed to streamline the workflow and strengthen the internal monitoring of processes. Eleven bank reconciliations were completed, uploaded and approved in VISION with the support of Global Shared Services Centre and within Division of Financial and Administrative Management deadlines. UNICEF Madagascar reduced the variance between cash flow and disbursements, and month-end balances of 11 months were within the benchmark of under 25 per cent of total replenishment. Quality assurance of documents received within Vision Hub and close monitoring of open items were strengthened which improved financial management indicators.

US\$125,000 was cashed from sales of eight vehicles reformed through the property survey board committee. The vehicle fleet renewal reduced vehicles costs (fuel and repairs) of 27 per cent from 2017. The United Nations common premises landlord accepted to support installation costs of a centralized air-conditioning system after the negotiations at office management team level. This will improve staff well-being. Travel efficiency was improved: a 12.5 per cent reduction of travel costs from 2016.

Information communication and technology systems were maintained in compliance with corporate standards. Virtual environments and users' workstations were migrated to new operating systems standards. An information communication and technology disaster recovery plan were reviewed, and the resulting action plan implemented. Increasing bandwidth was completed.

Two staff retreats in January and July discussed the Global Shared Services 2017 results, staff issues in key areas (personal empowerment, work-life balance, innovation, training, work planning and workload), and identified bottlenecks to address the problems. A survey on personal empowerment was conducted in August, identifying key motivations and obstacles, and results shared with staff. Monthly all-staff meetings provided staff with opportunities to

discuss and solve problems affecting their work. Staff association and management collaboratively discussed staff issues, such as working space, staff participation in office activities, and applying contract durations of five years. Staff association facilitated solving supervisee-supervisor problems, and supported sport activities to enhance staff well-being. Peer support volunteers offered tailored support.

The positions' authorization table changed (separations, recruitments), coupled with the challenging implementation of the new talent management system. The country office respected the 90-days recruitment indicator for international professionals (85-day average), and took note to reduce the indicator to 75 days. Staff gender parity indicators were pursued, despite difficulties in finding female candidates for isolated field posts and the imbalance created by 30 male drivers.

In total, 62 recruitments were managed (50 completed and 12 ongoing). UNICEF Madagascar completed 15 fixed-term recruitments (seven international professionals, 6 national officers, and two general service), of which 53 per cent respected the required key performance indicators. The country office emphasized personnel evaluation and discussion between supervisors and supervisees to improve individual and office performance. Prevention of sexual exploitation and abuse, and harassment trainings were completed by all staff and related issues were discussed at all-staff meetings to sensitize staff.

Part 3: Lessons learned and constraints

Development partners in Madagascar operated in an unrecognized emergency. Most indicators were alarming. The scale of the required response, for a population that may exceed 25 million people, is at levels that cannot be reached by development partners alone, especially in a context of limited external aid. Poverty remains a structural problem, aggravated by past political instability, natural disasters, environmental degradation, epidemics and growing insecurity.

The Government's capacity to respond is limited by the inequalities and inequities of regions **within the country** that face growing isolation because of dilapidated transportation infrastructure. Technical capacity is limited, especially at sub-national level, with lack of motivation, limited basic skills, isolation and limited supervision. Regular allegations of corruption at various levels erode international donor and public confidence in public services. Parastatals drain public resources that could otherwise be used in social sectors. Strikes are common, especially in the public sector.

Domestic funding of social sectors remains a major concern. Despite economic growth estimated 5 per cent in 2017, the social sector budgets, while growing, remain globally insufficient to respond to needs. The education share of the budget in Madagascar is 15 per cent, (Rwanda spends eight times more per child in education) and a majority of the budget is focused in the capital. Less than two thirds of the 2016 available budget was spent by the Ministry of Health, despite great need.

Despite a doubling of public expenditures between 2006 and 2016 (to about US\$2 billion, not considering inflation which reached 8 per cent in 2018), domestic resource mobilization in Madagascar, shown as a per cent of gross domestic product, is the lowest in eastern and southern Africa, at 15 per cent (2015). Most expenditure in the social sectors are recurrent

(such as teachers' salaries) and little goes to investment. Education (15 per cent of the total) and health (7 per cent) allocations are the highest of the social sector, and among the highest overall, but remain inadequate compared to international engagements. Ministries considered less strategic such as water, family and social protection, justice, or youth and sports fare worse.

The quality of budget execution---funding that reaches the decentralized authorities and its allocation---is a challenge. Thus the most vulnerable are often the least reached. Even if social sector budgets were increased, they would still face problems such as concentrations of spending at central level (more than 80 per cent in some cases), a lack of capacity for budget execution or justification, frequently fluctuating allocations (finance law regularly modified) and regular corruption allegations at all levels. As a result, families carry the burden when accessing social services. Out-of-pocket expenses for health is estimated at US\$ 41 per family per year, for example.

Administrative bottlenecks include excessive centralization, complex importation rules, an inefficient value-added tax system, which also applies to international cooperation and United Nations agencies (unless charged to a ministerial budget), limited planning capacity and logistical management constraints including with inventories, transportation, local markets, fleet management and equipment.

As part of business continuity, UNICEF Madagascar created three alternate office locations, mitigating displacement risk in the event of unrest, that benefit from strong information, communication and technology support. The situation in the field is more challenging, with limited bandwidth and difficult operating conditions (dust, humidity, insecurity). These constraints, prevalent throughout Madagascar, also impact on the limited ability to scale-up technology for development initiatives.

Limited data is a constraint: there has not been a general population census since 1993 (a new one started last year), a MICS since 2006, nor a national household survey since 2012. It thus is difficult to allocate services (vaccines, for example), complicates prioritization and diverts resources from people and regions in greatest need. The lack of data hinders routine systems, and in emergencies and humanitarian situations the lack of joint assessments or leadership leads to diverging analyses on the scale, scope and response needed.

Internally, Madagascar's geographic isolation, and French as a main foreign language in a region where English is predominant, makes recruitment of international experts difficult and reduces the opportunities for South-South exchanges. Even recruitment of national staff, within United Nations agencies but also in the public sector, may be dominated by a few ethnic groups (because of education status, pre-colonial and colonial task specialization, regional inequities).

UNICEF Madagascar and its partners, starting with the Government and major international technical partners, are working to alleviate these constraints and build a facilitating environment.

The following are some lessons learned from experience:

There is a need to adopt a systems-reinforcement approach in Madagascar, rather than a project approach, even on large projects or in humanitarian contexts. Decades of vertical, if not

parallel or substitutive projects, led to reduced capacity, lack of accountability, reliance on external funding and unsustainable approaches. UNICEF Madagascar is therefore, in each intervention sector, reinforcing sector focus.

In health, with the health system strengthening approach and strategic support to health system structure (cold chain, drug management, supplies, human resource guidance on training, motivation) and information system. In education, with support to the operationalization of the Education Sector Plan. In nutrition, to reinforce the link between nutrition and health at highest level and reduce the gap between the focus on severe acute malnutrition and more worrisome, yet under-funded chronic malnutrition, and early childhood development. In child protection, the step-by-step design of a national protection strategy. In social protection, the design of a national social policy strategy, and regular review and advocacy around budgets. And in WASH, the structural reforms of the water code and linking WASH components under a single approach. WASH and other sectors recognize the need to focus on strengthening the quality of service delivery at decentralized levels and through the private sector, improving the procurement practices, monitoring, and capacity of actors.

System reinforcement does not mean only policy support. UNICEF Madagascar's presence at community level and access to high-level political strategy can be capitalized upon. UNICEF Madagascar's field knowledge and experience can support decision-makers. UNICEF is working to develop child-friendly communities in all sectors with support to thousands of community health workers, community nutrition workers, WASH community mobilizers, and communication for development relays. Inclusion of a community into systems, such as bottom-up planning at regional level or approaches to integrate workers into regular framework (FRAM teachers, UNICEF-project health staff integrated in civil service, formalize social protection worker status). Community focus also promotes beneficiaries' voices via traditional or new media. (Madagascar youth was a finalist in the international one voice competition).

This systems approach requires coordination. UNICEF Madagascar is strategically positioned as secretariat for international financial and technical partners in education, and lead of the United Nations Development Assistance Framework (UNDAF) and de facto emergency cluster. In WASH (UNDAF, cluster), nutrition (Scaling-up Nutrition, UNDAF, cluster) and the cash transfer working group, UNICEF Madagascar addresses the humanitarian-development nexus by focusing on system-strengthening, and building preparedness and pre-crisis partnerships.

Health is complex to coordinate actors, such as United Nations agencies, and funds such as GAVI, Global Fund, Global Financing Facility, each with a unique managerial system and priorities.

Based on experience with coordination, positioning can leverage funds to contribute to UNICEF Madagascar's objectives. Partnership with World Bank is an example, with significant funds (US\$30 million) put in a cash transfer programme for household resilience to shocks in southern Madagascar, with which UNICEF Madagascar is associated. UNICEF Madagascar was associated in 2018 with the design of World Bank project to tackle chronic malnutrition (PARN). A USAID health-access project draws on the conclusion of UNICEF-European Union Passoba project, while African Development Bank, KfW Group and World Bank were encouraged to invest in WASH. UNICEF was invited by the European Union to support the social sector intervention in the next European Development Fund.

In this context, insisting on UNICEF Madagascar's technical role is a key lesson. While

the Government remains in the driver's seat, UNICEF Madagascar staff take a stronger stand when technical approaches are not sound or ethically questionable, involving management when required. Technical support is not limited to central experts, but was instrumental in the field in 2018. A team of 35 field-based staff (within government structure) reinforced counterparts' and partners' daily capacity and translated the central guidance into operational activities. A lesson learned was the staff tendency to specialize advocacy and reporting on their sole field of activity; a refresher training reinforced common knowledge on UNICEF Madagascar programming, vision and role. This field approach will be reinforced in 2019 through the design of regional workplans that identify UNICEF Madagascar's expectations, accountabilities and realisations at regional level.

More evidence generated at the beginning of the cycle would have provided essential end-line and future cycle baselines. A 2012 national survey on the Millennium Development Goals served as baseline for the country programme and the 2018 MICS will serve as its end line. However, development partners' programmes in Madagascar are designed with an inadequate evidence base, leading to inefficient allocations and sometimes poor programme quality. In 2018, the finalization of several studies and surveys (in addition to the MICS; a violence against children report; anthropological studies on breastfeeding, immunization; an adolescent needs study; access to WASH; and a surveillance system set up for severe acute malnutrition), positioned UNICEF Madagascar as the main knowledge entity for children in Madagascar. Reinforcement of humanitarian performance monitoring; more coherence of SMS-based approaches; and restructuring contract monitoring will be pursued in 2019.

A main lesson learned in 2018 was the role that transversal elements play in programme evolution. The country office designed a new gender strategy. Despite positive indicators (e.g. girls' access to primary education), the gender gap and explicit/tacit discriminations, sometimes entrenched in local culture or society, can be aggravated by international development partners (using or reinforcing stereotypes). In 2019, capacity will be reinforced by a gender specialist recruited to advise UNICEF Madagascar and the United Nations country team on better gender inclusion in programme, strategies and administrative backgrounds.

Another 2018 thematic lesson learned was that of adolescent programming: the need to ensure that adolescents' feedback is representative (and not only of literate, urban youth). To identify common outcomes and synergies between programmes requires transition and coordination mechanisms: for example, children who drop out of school being directed to child protection. Without coordination and integration, adolescent programming constitutes a sum of separate activities. UNICEF Madagascar's focus on empowering adolescents with an education-centred concept provides a coherent, realistic yet operational and scalable approach (200,000 adolescent reached).

The third lesson learned in 2018, in regard to transversal programming, was the extent of climate, environment and energy importance for UNICEF Madagascar programmes. In 2018, UNICEF Madagascar's participation in UNICEF headquarter strategic moment of reflection, emphasized the need to position UNICEF Madagascar as a whistle-blower regarding the impact of climate, environment and energy issues on children, and create links between the conservation partners and partners oriented on social development. The Climate Landscape Analysis for Children is being reviewed, climate change issues will be better highlighted in annual workplans, and office accountability reinforced to raise awareness and programme efficiency.

UNICEF Madagascar and partners raise awareness and visibility regarding the needs of the island. Despite a 2016 donor conference, more work is required to raise Madagascar's profile. UNICEF Madagascar has built its internal and external communications portfolio, embracing multimedia (web, movies, celebrity mobilisation, #nextgen donor mobilisation), to broadcast the situation of children in Madagascar. These efforts will be pursued in 2019 with the recruitment of a new communications chief.

Continued donor diversification is critical for UNICEF Madagascar. The country office will reinforce the link between social sector funding and green and climate finance/environmental protection; and has received funds from the Global Environment Facility (the first UNICEF country office globally) and the Green Climate Fund (applications ongoing).

Current donor intelligence by using Salesforce, and maintaining excellence in partnership management, advocacy and communication to position Madagascar globally remains a UNICEF priority. The country office makes considerable networking efforts with technical and financial partnerships, including with UNICEF National Committees, and positioning on global issues (adolescent, climate change, emergency).

Working with the private sector will create new partnerships, both in Madagascar and with private sector partners via the UNICEF National Committees. As a schools-for-Africa country, Madagascar can engage in strategic discussions with private fundraising and partnerships and National Committees to outline a regional pitch. Innovations, including the multiple-use water approach and science education, are important to build on, bring to scale and communicate on the impact while identifying opportunities for other programme areas to draw donor attention.

The final lesson learned: mitigating public sector risk by working with the private sector.

In 2018, UNICEF Madagascar supported the role and responsibility of private sector in delivering results for children. For example, WASH-trained operators in the drilling sector, regardless of their partnerships with UNICEF, for more sustainable results. In nutrition, UNICEF Madagascar created local cooperatives to mainstream salt iodization. The use of privately-own media in communication for development enabled coverage of Madagascar, with over 200 partners. Reinforced private-sector capacity to support the harmonized approach to cash monitoring will ensure more coherent and neutral reporting of financial assurance.