Executive Summary

The year 2014 was a transition year for both Madagascar as a country and the UNICEF Country Programme. After a prolonged period of international isolation following the coup d'etat in 2009, and a period of some five years when external aid was suspended and Government not recognised by the international community, Madagascar has begun a period of gradual return to stability and re-engagement with the international community since an elected government was formed in April 2014. Despite a return to international legitimacy, the country continues to exhibit signs of fragility, including unresolved political cleavages, significant governance and corruption issues, weak infrastructures, and severely dilapidated social services.

This marked the final year of a UNICEF Country Programme begun in 2008 that was extended three times and introduced significant changes to keep up with the evolving national context. In 2014, UNICEF Madagascar focused on engaging with the new Government to advocate for child-friendly policies and investments in the social sectors, developing strategies and work plans for 2015-2019 and completing an internal audit, while continuing to obtain results for children and managing the highest financial throughput of the cycle (US$67 million).

Despite important results achieved, the situation of children and women in Madagascar is cause for concern, as highlighted in the Situation Analysis issued in 2014: The country ranks as the fourth worst in the world for chronic malnutrition, with nearly half of children suffering from stunting, ranks 4th from last in the use of safe water and 8th from last in access to sanitation. Maternal mortality is more than three times higher than the MDG target. One quarter of children, approximately 1.5 million, are not attending primary school. More than one-third of girls aged 15–19 have started childbearing, while child exploitation, particularly prostitution, has increased in recent years. On the positive side: under-five mortality declined steadily, even during the crisis years; HIV prevalence rates remain low (well under 1 per cent) and the island country has been spared from a major natural disaster since the 2012/2013 cyclone season.

Since the beginning of the political crisis in 2009, UNICEF Madagascar has managed to achieve critical results for children while many social services threatened to collapse. Foremost was its important role in keeping basic health and education services functioning during the crisis, with support from donors who maintained or resumed commitments to the country through UNICEF. The education programme covered the salaries of over 20,000 community-recruited teachers, purchased and distributed over 4 million school kits (one for each child in primary school), and provided direct technical support to all 22 Regional Education Directorates through seconded UNICEF staff. The health programme provided direct technical support to five Regional Health Directorates and 27 District Health Services, and enabled the implementation of Mother and Child Health weeks covering 3.5 million children under five during this period. UNICEF was also able to successfully advocate for Madagascar to join the Scaling-Up Nutrition movement in 2012, laying the foundation for effective national action on malnutrition in the post-crisis period.

In 2014 UNICEF continued to invest in the long-term improvement of social services through increased advocacy at the national level, strengthening the capacity of subnational structures to
better plan for results and account for resources and enhancing evidence on social norms and the situation of children. Through the EU PASSOBA grant, 66 Health Centres were re-opened, offering care to an additional 420,000 inhabitants. Two Mother Child Health Weeks (MCHW) were conducted, allowing up to 96 per cent of children under five to receive vaccinations, deworming tablets and Vitamin A supplements. The number of villages declared Open Defecation Free reached 1,255, with over 329,000 residents now living in more sanitary environments. 95 per cent of public primary schools in eight target regions have developed school improvement plans, and a pilot accelerated learning programme to re-enrol children was scaled up from 700 to almost 14,000 pupils in eight regions. An estimated 10,346 children benefited from at least one intervention via service provided by child protection networks. UNICEF and the Government finalised a list of 12 essential family practices aimed at improving outcomes for children and a national behaviour change campaign is under way.

Important new evidence is also being generated and disseminated, particularly through the publication of the Situation Analysis report, an ongoing anthropological survey and a Multiple Overlapping Deprivation Analysis (MODA) exercise. A new Country Programme Document (CPS) for 2015-2019 was ready for submission to Executive Board approval in February 2015; the new Country Programme is to commence on 1 March 2015.

**Humanitarian Assistance**

Madagascar was spared from a major natural disaster in 2014. Only the relatively minor Cyclone Hellen made landfall, causing limited damage to a sparsely populated coastal area. Since this was the first cyclone to hit the island since Haruna in 2013 it presented an opportunity to test and improve upon the advances made in Disaster Risk Reduction and emergency response in the country.

Hellen made landfall on March 31, 2014 in the Mitsinjo District of Boeny Region. Overall, nine lives were lost (crew of fishing boat), 2,137 households were affected, 194 water points were flooded, 437 dwellings destroyed, 33 schools were damaged or destroyed, 2 health centres were damaged and 54 per cent of local rice fields were flooded.

Since the scale of the damage did not exceed the general response capacity of the national government, UNICEF support to the response was limited to specific interventions requested by the authorities. These included:

- Distribution of kits featuring essential water treatment (‘water maker’) to the 1,838 impacted people, together with hygiene messages on local radios to the broad population on the need to treat water before drinking, wash hands with soap and use latrines
- Procurement and distribution of 44 sheets of tarpaulins for roofing 11 classrooms, benefiting 1,243 children
- Mobilisation of the Child Protection Network of Mahajanga for psychosocial support to 249 impacted children and monitoring of the situation of children in temporary resettlement sites;

A lessons learned workshop on Cyclone Hellen held in Mahajunga in July, with participation from Education, WASH, Nutrition, Logistics, Health, Protection clusters and the National Office for Disaster and Risk Management (BNGRC), emphasised the importance of the application of Emergency Response and Preparedness (ERP) activities. The outcomes of this workshop, in turn, informed the preparation of a large-scale disaster response simulation held simultaneously in two regions of Madagascar (one on the East Coast and one on the West Coast) in October, with the financial support of DfID and the participation of national and regional authorities.
UNICEF further contributed to increasing disaster management capacity by providing BNGRC with an embedded consultant who helped revise and update national and regional contingency plans. The DfID II Preparedness grant also helped UNICEF Madagascar expand its stocks of pre-positioned Non-Food-Items to cover an affected population of 30,000 to 45,000 individuals (instead of the previous 25,000 threshold).

UNICEF Madagascar was also mobilised in response to actual and potential outbreaks of disease. Cases of polio and the plague were recorded and the programme, in coordination with the Health cluster and national authorities responded. In the case of the plague 10 focus groups and 55 interviews were held to determine the level of awareness on the disease. Some 142 community health workers (CHWs) were then trained on key messages and communication techniques, including home visits, while 66 radio stations were oriented on messaging and produced 15 short radio programmes on the disease. Communication on polio centred on encouraging people to get vaccinated; 4,062 community mobilisers and 70 radio stations were provided with support and key messages on the benefits of vaccination.

While there has not been a case of Ebola reported in Madagascar at this time, UNICEF has worked closely with national health authorities and partners to prepare for a potential outbreak. An Ebola awareness campaign was planned for the most vulnerable areas (nine localities linked to international travel) and 100 new prevention kits were prepositioned. To improve communication on the epidemic, 432 actors were surveyed to gauge risks and identify credible channels for awareness messages. Nine advocacy workshops were held for 70 journalists, 319 community agents and 200 other members of the community.

**Equity Case Study**

In 2014, UNICEF Madagascar started work on a Multiple Overlapping Deprivation Analysis based on data from the 2013 MDG survey, which combines Demographic Health Survey (DHS) and standard household survey module. The main objective of this analysis is to gain a better understanding of the main deprivations affecting children in Madagascar, and in particular of the main disparities. With support from UNICEF’s Regional Office, Headquarters and Office of Research (Innocenti), UNICEF Madagascar started a consultative process with all sectors and relevant government counterparts to identify the main deprivations and related indicators to customise the analysis to the situation of Madagascar. The analysis, which will be finalised in 2015, is expected to not only provide a quantitative understanding of the main deprivations faced by Malagasy children, but also to identify some of the inter-linkages between deprivations (the overlaps) and disparities related to region, residence (urban/rural), poverty and gender.

In health, UNICEF Madagascar carried out an analysis of the drivers of inequities in immunisation, which revealed extreme poverty, wealth differentials between regions, education, gender and location (rural or urban) and distance from a health centre to be the main contributing factors.

Wealth: The regions in the highlands and the south and south east are the poorest regions. The capital and northern regions are relatively less affected by poverty. However regional averages mask the variations between and within districts, i.e. between communities. A child from richest wealth quintile is 1.5 times more likely to be vaccinated as a child from poorest wealth quintile, while a child living in richest region (Analamanga) is 2.1 times more likely to be vaccinated than a child from poorest region (Malaky).
Education: In 2011, children of educated mothers were 1.7 times more likely to be vaccinated as children of mothers without formal instruction (MDG 2013).

Gender of the child and the health worker: Gender disparities in immunisation are not explicit for all antigens. In the MDG survey and the DHS survey gender disparities in immunisation were not significant. However, health-seeking behaviour is influenced by gender issues. Fourteen percent of women reported that they needed permission to go for health services (MDG 2013), varying from 4.7 per cent in Atsimo Andrefana and 29.4 per cent in Malaky region. Eighteen per cent of women were worried that the health worker would not be a women (MDG 2013), varying between 6 per cent in Diana region and 41 per cent in Haute Matsiatra. The underlying factors are complex. From available data in the MDG survey and DHS we cannot conclude that there is a correlation with the degree of poverty of the region and the proportion of women needing permission and worrying that the health provider is not a women. There is a need for more in-depth sociological study to understand the dimensions of these barriers to health seeking and how this could potentially impact on immunisation coverage and equity.

Location and Geography: In Madagascar, an urban child is 1.5 times more likely to be vaccinated than a rural child, indicating significant location inequities. To narrow the equity gap, UNICEF Madagascar provided technical and financial support to four of the most deprived regions for in-depth situation analysis, bottom up micro-planning, implementation of periodic intensification of routine immunisation via outreach sessions targeting the hard to reach and twice yearly campaigns (Mother and Child Health Weeks). In addition, UNICEF contributed to strengthening supply chain management, through financial and technical support for distribution of vaccines, especially in hard-to-reach districts.

Supervision and monitoring for action: As of September 2014 about 130,607 children under one year of age in these target regions received DPT3, compared to 114,607 vaccinated in 2013. The Government plans to scale up the approach to all regions with financial support from the GAVI-HSS Program.

In child protection, UNICEF and the Government of Madagascar, completed an equity-focused birth registration strategy, developed based on an analysis undertaken in partnership with the National Institute of Statistics and the Ministry of Internal Affairs to understand the root causes of inequity to accessing birth registration for some children, as revealed by the 2008-2009 DHS. The DHS indicated that 80 per cent of children aged 0-5 had their birth registered in Madagascar. The same report revealed that significant inequalities existed from one region to another: ranging from 8 per cent of unregistered children in Analamanga Region to 49.3 per cent in Atsimo Andrefana. The end-goal of this initiative is to provide retroactive birth registration to all identified excluded children across the island, using the database, and also to strengthen systematic birth registration for new-born babies within the 12 days of their birth stipulated by law. The analysis facilitated identification of all pockets of unreached children: a national database indicating all pockets of exclusion in the 22 regions of Madagascar was finalised.

**Summary Notes and Acronyms**

ANC - Antenatal care
APR - A Promise Renewed
ATR - Regional technical assistant
BCP - Business Continuity Plan
BNGRC – National Office for Disaster and Risk Management
BR - Birth Registration
C4D – Communication for Development
CARMMA - Campaign for Accelerated Reduction of Maternal Mortality in Africa
CHL - Child helpline
CHW - Community health worker
c-IMCI - Community Integrated Management of Childhood Illness
CLTS - Community-Led Total Sanitation
CMT – Country Management Team
CPAP – Country Programme Action Plan
CPD – Country Programme Document
CPMP - Country Programme Management Plan
CPN - Child Protection Networks
CPRS - School Success Contract Programme
CRBP - Child Rights and Business Principles
CRVS - Civil Registration and Vital Statistics
CSEC - Commercial Sexual Exploitation of Children
CSR - Corporate Social Responsibility
DCT - Direct cash transfers
DfID – UK Department for International Development
DRR – Disaster risk reduction
EFPs - Essential family practices
EMIS – Education Management Information System
EPR - Emergency preparedness and response
ERM – Enterprise risk management
EVD - Ebola Virus Disease
EVM - Evaluation of vaccine management
EWEA - Early Warning Early Action
FT – Fixed Term
GS - General Service
HACT - Harmonised approach to cash transfers
HMIS - Health Management Information System
HSS - Health System Strengthening
HWWS – Hand Washing with Soap
iCCM – Integrated Community Case Management
IESP/PIE – Interim Education Sector Plan
IMCI – Integrated Management of Childhood Illnesses
IMEP – Integrated Monitoring and Evaluation Plan
INSTAT - Institut National de la Statistique (National Statistics Institute)
IP – International Professional
IPV - Injectable Polio Vaccine
IYCF – Infant and Young Child Feeding
JMP - WHO/UNICEF Joint Monitoring Programme
JSR – Joint Sector Review
LLIN - Long lasting Insecticide Treated Net
LQA - Lot Quality Assurance Sampling
LTA - Long-term arrangement
MCHW - Mother and Child Health Week
MNH - Maternal/Neonatal Health
MODA - Multiple Overlapping Deprivation Analysis
MoE - Ministry of Education
MoF – Ministry of Finance
MoH - Ministry of Health
UNICEF Madagascar provided increasingly extensive capacity development support to decentralised social service delivery structures, culminating with more than 50 staff currently embedded within subnational directorates of line ministries. One particular aspect of this on-site technical assistance has been the collaborative work undertaken to improve bottom-up planning by district and regional authorities. For example, over 1,000 basic health centres provided their first work-plans based on local needs and capacities to district authorities, which in turn were able to submit informed plans to regional authorities, establishing a new bottom-up planning system within the sector. In education, 1,400 school follow-up missions took place with regional authorities, which would not have taken place without UNICEF’s embedded staff. Field staff also facilitated a two-week training-of-trainers exercise for 68 subnational officials in community-led total sanitation (CLTS) by a team of Malian experts. These Malagasy officials have since trained 2,446 community health workers.

UNICEF Madagascar also increased its investments in Communication for Development (C4D) evidence-generation and programming to empower communities and provide service delivery structures with better insight into the behaviours of different population groups. The identification of 13 key family practices necessary to improve outcomes for children was done in a participatory manner that allowed that allowed 655 communities to improve their understanding of C4D and develop specific mobilisation plans. The WASH programme worked directly with 6,115 communities to improve their understanding of hygiene and sanitation and empower them to end open defecation in villages and improve hygiene in schools. Ninety-two community
dialogues on child protection were held, and led to the adoption of 20 social conventions against early marriage and violence against children. Health staff (851), community workers (1,255) and traditional leaders (311) were trained and equipped for counselling on exclusive breastfeeding, complementary feeding and pregnant women’s nutritional needs.

UNICEF Madagascar was able to strengthen disaster planning, preparedness and response in multiple regions through help from a DfID grant. A consultant was placed within the National Office for Disaster and Risk Management to improve national and regional contingency plans. These were tested in two regions through simultaneous large-scale cyclone-response simulation exercises.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Madagascar has four main examples of evidence generation for better programming to support the rights of children:

1) Situation analysis of children and women: first comprehensive review undertaken since the five-year crisis. Following the governance changes in 2014, the launch and dissemination of the analysis was a strategic tool to advocate and leverage improved attention to children. Specifically, the Situation Analysis informed the revision and updating of a range of sector strategies, as well as the new UNDAF development, and influenced discussions on the new National Development Plan being elaborated during the last few months of 2014.

2) A nationwide survey on the iodine status and sodium intake of the Malagasy population: in partnership with the Ministry of Health, the National Nutrition Office and Institute Pasteur Madagascar. While Madagascar adopted mandatory salt iodisation in 1995, it remains one of the few countries in the world without data on the iodine status of its population. The results of the survey (expected in mid-2015) will serve as the basis for evidenced-based advocacy for the promotion of iodised salt and overall reduction of salt intake.

3) Anthropologically informed research study: to address a knowledge gap on understanding local social barriers and motivations that influence the promotion of essential family practices, carried out in partnership between the University of Antananarivo, the University of Ohio (USA) and the University of Witwatersrand (South Africa). The research findings will provide evidence to inform future programming and further build local research capacity to continue to collect data for C4D strategies related to children’s rights.

4) WASH sector evidence through a WASH sector bottleneck analysis, a WASH sector sustainability check and a CLTS evaluation: provided critical information for the Malagasy Government’s participation in the 2014 Sanitation and Water for All Global high-level meetings. Important commitments leveraged, based on the evidence from these studies, include increased sector coordination, development of a sustainable service delivery strategy, de-concentration of Ministry of Water structures beyond the regional level and increased budget allocation, which has been translated into an action plan endorsed by the sector.

**Partnerships**

In 2014, UNICEF further stepped up its efforts to deliver critical capacity development support to national, subnational and community-based partners. In particular, by providing technical assistance and building the capacity of 45 regional and district-level directorates of four line ministries and of the national medical procurement and distribution authority, through the secondment of UNICEF Regional Technical Assistants (ATR). This field-based personnel is tasked with helping the partner institution achieve the objectives of its work plan, part of which is
supported financially by UNICEF and its partners, through capacity-building, technical assistance and skills transfer.

In the next country programme, UNICEF Madagascar will enhance its decentralised partnership capacity-building strategy to focus on key actors and document their needs and the progress obtained, with a focus on integrating the lenses of equity, results-based-management and inter-sectoral collaboration to the daily work of our partners.

UNICEF maintains strong ties with national and international non-governmental organisations and academic institutions for services which are complimentary to the work with the Government, and for which the expertise within ministries does not exist. New partnerships were forged with the Search for Common Ground, Catholic Relief Services, and Institute Pasteur Madagascar among others. Overall, 12 partnership collaboration agreements were signed or extended in the past year.

With a view to reinforcing local academic capacity to contribute to essential family practices, UNICEF brought together the University of Antananarivo, Ohio University and University of Witwatersrand for a landmark C4D study, which is to be completed during the course of 2015. Recognising the important impact the private sector can have on the situation of children, particularly in communities where a single industry dominates, UNICEF Madagascar continued to reach out to the tourism and extractive sectors to promote Children’s Rights and Business Principles (CRBP), for example by developing codes of conduct for employees and subcontractors.

As post-crisis Madagascar fully reintegrates international institutions, UNICEF has worked closely with the Government and initiatives such as Scaling-Up Nutrition, A Promise Renewed, and the Global Partnership for Education to ensure that the country is accessing all of the support offered by these global partnerships.

**External Communication and Public Advocacy**

Child rights were brought into the public domain through media work: press field visits, press releases and special press events resulting in substantial press coverage of 600 articles this year, numerous radio and TV pieces, as well as online articles. In line with the Global Communication and Public Advocacy Strategy, UNICEF Madagascar has increased investments in social media which led to 2,800 new Facebook friends and 1,500 followers on Twitter.

In collaboration with UNICEF HQ’s Department of Communication, a one-week digital mapping workshop was organised in Maroantsetra in August 2014. The 20 Connecting Classrooms, Communities and Youth for Biodiversity and Conservation participants learned how to use UNICEF’s digital mapping tool and create their own maps and visual reports based on themes and issues identified jointly by UNICEF, partners and the young people themselves (gender, education and conservation issues).

In addition, two one-minute junior short film workshops were held this year, one in April 2014 with the theme “How do you see yourself at 30?” and one decentralised workshop in June 2014 with 15 girls. The theme for the second event was girl’s education and was part of the celebration of the Day of African Child. A number of cultural events were organised in collaboration with the University of Antananarivo, with which UNICEF has a partnership, different key ministries, NGOs and the Alliance Française to promote inclusive education and
child participation.

UNICEF has also started a collaboration with actors from Broadway to train 60 vulnerable children and six youth facilitators on story-telling and theatre techniques. In cooperation with the University of Antananarivo, the UNICEF documentation centre relocated to the University campus and continued to receive more than 700 visitors monthly (students, researchers, journalists and Professors). The purpose of this relocation was to enable students from the University to become familiar with themes and issues related to children rights and to produce more research to promote the rights of children in Madagascar.

South-South Cooperation and Triangular Cooperation

In order to improve the national capacity to roll out CLTS at scale in Madagascar, there was a need to extend the limited pool of trainers at national level, and to then base them in key regions to speed up implementation and ensure high-quality trainings of CHWs. To find French-speaking highly qualified teams, UNICEF Madagascar consulted with UNICEF’s Eastern and Southern Africa and Western and Central African Regional Offices, which provided references for a team from Mali composed of Government staff working in different areas. After having discussed key deliverables and expectations around the training, the Government of Madagascar invited the team from Mali to come to Madagascar to conduct a two-week training session in April 2014. Training was divided into a theoretical and practical component, and took place in Antananarivo and Sakaraha, in the Atsimo Andrefana region. At the end, an assessment was conducted to identify the best-qualified participants to train as coaches, focal points and trainers in the different regions. As a result, 68 staff were trained, mostly employees of Government structures at decentralised levels. These newly trained trainers have been key to the success of the huge scale-up the country saw during 2014. They have trained 2,446 CHWs in six regions and are intensively monitoring progress in the field. Thanks to this South-South cooperation, 6,000 villages were triggered to invest in UNICEF-supported CLTS.

Identification Promotion of Innovation

UNICEF Madagascar is permanently innovating programme approaches to accelerate progress towards results. In 2014 Madagascar achieved a significant reduction in open defecation in the south of the country by introducing an innovative approach to the sanitation strategy.

The innovation consists in using social norms theory to unlock the cultural resistance to change in the South of Madagascar, where between 89 and 95 per cent of the population practice open defecation. As in other countries, CLTS has been the main tool used in all regions in Madagascar to eradicate open defecation and with considerable success rates throughout the country, except in the south where there were no results despite years of CLTS activities. This forced UNICEF to start looking at different approaches, particularly considering that the southern regions had the highest scores on the vulnerability index and their populations experience high levels of deprivation regarding social services, particularly access to safe water, which translates into poor hygiene practices.

Working through a social norms approach, impressive results were achieved in this region, which is now among the champions in terms of behaviour change (87 per cent of triggered population changed behaviour). Some of the programmatic approaches introduced as a result of social norms application were: institutional triggering (triggering regional, district, commune and fukutany administrative authorities to assure their buy-in to the whole process); joint triggering of local traditional leaders with CHWs; discussions with key influential leaders on the most important values perceived in their communities; collective engagements to change (Defecation
Fairs); community debates to identify role models, using social regulations such as Fady (taboos) or Dina (communal law) to support the process of change and visual support for the change process, such as banners. As a result 767 villages in four regions in the south of the country have been verified Open Defecation Free (ODF) in the last 10 months, and 163,373 people in those regions have stopped open defecation and are now using a latrine and washing their hands after defecation.

**Service Delivery**

As the political crisis receded in 2014, UNICEF Madagascar’s role in basic social delivery underwent a transition. The suspension of direct budget support by donors throughout the 2009-2013 period necessitated that UNICEF Madagascar shift its programming focus downstream, to provide vital direct support to help maintain key social services functional, particularly public primary education and health services, during a period when national authorities were not able to ensure their delivery.

One of the lessons learned from this approach was that decentralised public structures exhibited significant gaps in the planning, implementation, monitoring and general management of social service delivery. To improve results for children in Madagascar, therefore, UNICEF opted to maintain its innovative decentralised field-based capacity-building approach, which provided regional directorates of four national line ministries (45 structures in all of Madagascar’s 22 regions) with on-site technical assistance through seconded UNICEF staff.

This embedded personnel focused on improving work planning, budget management and performance monitoring. An evaluation of this approach was conducted this year and the preliminary results show that this system is addressing important service delivery needs, enabling the tackling of barriers and bottlenecks encountered in service delivery and providing extensive access to monitoring data and other information on service delivery in Madagascar. For the first time, nine regional directorates are receiving and incorporating work plans from basic health centres to develop regional plans based on local needs and capacity. In the education sector, the processing time for annual statistical information was cut by half. Other international organisations are adopting this approach, creating a multiplier effect on service delivery capacity-building nationwide.

Encouraging community demand for and use of basic social services has been a key part of the 2014 Communication for Development strategy. Over 600 public servants from different sectors were trained in identifying vulnerable populations and facilitating dialogues to empower communities to improve knowledge, attitudes, behaviours, community involvement and social norms blocking demand for services for children, such as vaccinations or school enrolment. Community Health Worker reached an estimated 6 million people through two Mother-and-Child Health Week campaigns to encourage parents to vaccinate their children.

**Human Rights-Based Approach to Cooperation**

Weak governance and rule of law continue to be of concern, even beyond the crisis period. The new Government has included good governance and the rule of law as key priorities in the national development agenda in 2014.

Working in partnership with other human rights stakeholders, UNICEF has made strategic use of the major human rights instruments’ mechanisms as a platform for advocacy on compliance. UNICEF supported the State Party participation in the Universal Periodic Review and submission of its initial report on the African Charter on the Rights and Welfare of the Child.
UNICEF Madagascar’s Country Programme integrates all human rights-based approach to programming (HRBAP) principles and aims to contribute directly to the realisation of all relevant international human rights instruments. The dissemination of the Madagascar Situation Analysis this year allowed an assessment of children’s rights claims and the corresponding human rights obligations of duty-bearers. It also provided an assessment of the immediate, underlying and structural causes of un-realised rights, of the capacity of rights-holders to claim their rights and of duty-bearers to fulfil their obligations.

UNICEF Madagascar also undertook a Multiple Overlapping Deprivation Analysis to further guide equity-focused and HRBA programming through a better understanding of deprivations. UNICEF has also developed specific sector strategies to address rights deprivation issues, as part of new Country Programme starting in 2015.

While a National Decree on Inclusive Education dating back 2009 prescribes that all children with disabilities should be integrated in public schools, the implementation of this decree has been very limited. UNICEF is supporting the Ministry of Education and partners (especially civil society) to coordinate their efforts and expand inclusion modalities to better meet the learning needs of children with disabilities. As a result of concerted advocacy, the Government of Madagascar ratified the International Convention on the Rights of People with Disabilities in December 2014.

**Gender Mainstreaming and Equality**

UNICEF Madagascar undertook a gender review in 2014 to assess gender mainstreaming throughout the programme and to inform the development of the new 2015-2019 Country Programme Action Plan (CPAP). The review concluded that UNICEF Madagascar staff have a good level of knowledge on gender, yet also noted that integration of gender into program activities and monitoring could be further developed.

The review highlighted the following selected good practices:

1) Girls post-primary education: this programme supports girls to continue their post-primary education, through sensitisation campaigns to improve the school environment; community engagement to support the girls to continue their education; scholarships for girls; opening special dormitories for girls who cannot commute on a daily basis; and provision of bicycles for girls who live within commuting distance. In 2014, the programme reached over 60,000 girls in four regions.

2) Girl-to-Girl / Boy-to-Boy Strategy: through this strategy vulnerable girls and boys are teamed up with older peers who support them in their efforts to finish primary school, while promoting gender equality and equity. To date the programme has reached 8,461 girls and 5,733 boys in five regions.

3) One-stop centre for child victims of sexual violence: a new structure was set up to enable abused and exploited children to receive medical and psychosocial care and legal support. The one-stop centre is located at the Obstetrical and Gynaecological Hospital of Befelatanana. To date 463 girls were helped through the centre. At the end of November 2014, boys were also permitted access and are able to receive legal, medical and psychosocial care and support. Access to the local police and medical services contributed to increase understanding of gender-based violence and helped victims to break the silence.

4) Two Service Access Centres: opened with UNICEF support, these are social assistance structures where citizens can access social workers for a range of issues. The majority of those seeking support are women: 90 per cent requesting psychosocial support and 80 per cent
asking for income-generating activity support. Half of the beneficiaries of the child protection mechanisms established are girls.

**Environmental Sustainability**

In 2014, the Madagascar Country Office played an active, although limited, role in addressing environmental sustainability issues in Madagascar, a country that is considered highly vulnerable to climate change. Two key strategies adopted by the WASH and Health programmes illustrate how pursuing results for children and helping reduce stresses on the environment can be combined to create win-win outcomes.

While the primary goal of the CLTS approach is to improve health and nutrition outcomes, its objective of eradicating open-air defecation will have a wider positive impact on the environment. It is currently estimated that up to 15 million Malagasies practice open defecation, releasing about 1 million tons of untreated solid waste per year. By the end of 2014, the WASH programme had helped 936 villages become verified as Open Defecation Free, meaning that their 206,000 residents have been convinced to change their behaviour and use latrines, thereby preventing up to 15,000 kg of solid human waste from being released in the environment.

To improve a medical cold chain system suffering from limited energy infrastructure, the health programme is investing in solar-powered refrigerators for health centres. Relying on solar energy allows for better functionality by bypassing the unreliable national electrical grid and eliminating the need of cash-strapped structures to purchase fossil fuels in remote areas. As of 2014, 117 solar refrigerators have been installed throughout Madagascar, allowing each receiving structure to improve energy independence and reliability for the storage of vaccines.

UNICEF Madagascar is also committed to improving environmental awareness in school settings. As part of the national school-based action plan initiative, UNICEF is encouraging all public primary schools to create environmental protection clubs, plant trees, maintain a school vegetable garden and keep the school grounds litter-free.

UNICEF has also endeavoured to limit its carbon footprint, primarily through the modernisation of its vehicle fleet, 70 per cent of which is now made up of vehicles less than five years old. In combination with enhanced monitoring of missions and vehicle use, this led to an estimated saving of US$$92,500 in fuel consumption in 2014 alone.

**Effective Leadership**

To improve Operations and Programme management performance and address weaknesses identified in annual and audit reports, the country management team (CMT) oversaw the following processes:

a) Top priority for the year was to review staffing and structures in conjunction with the new Country Programme. The CMT steered the process of developing the Country Programme Management Plan (CPMP) 2015-2019. The objective was to put in place adequate structures and effective allocation of resources to ensure efficient and smooth implementation of the new Country Programme Document (CPD). A Skills Development Assessment (SDA) was also conducted to identify any gaps and to develop necessary actions to guarantee the acquisition of those competencies. An implementation plan was elaborated for the execution of both the CPMP and SDA outcomes.
b) An extensive review of risks and control environment affecting Programme and Operations delivery was carried by an inter-disciplinary group composed of both Programme and Operations staff. This process led to the updating of the Enterprise Risk Management (ERM) annual assessment tool. The results were presented to all staff, and validated by the CMT. Key programmatic and financial risks include: fraud and misuse of resources by implementing partners, inefficient implementation of Harmonised Approach to Cash Transfers (HACT), fraud by partners due to weak control processes and poor inter-sectoral coordination. Key mitigation measures undertaken include: strengthened UNICEF support of decentralised service delivery and capacity building, training of staff on financial risk management, Partnership and HACT Framework and increased assurance activities, such as spot-checks and audits.

c) To improve HACT performance by implementing partners and obtain adequate assurances of fund utilisation, the CMT monitored the timely implementation of the HACT Assurance Plan. Twenty-eight audits of implementing partners were carried out in 2014, a process leveraged by management to advocate for improved fiduciary accountability and governance systems of our implementing partners. Tools aimed at managing risks associated with direct cash transfers (DCTs) and implementing partners were also developed, including a special focus on HACT implementation and related capacity strengthening.

d) The CMT guided and oversaw the preparations for the audit by the Office of Internal Audit. An Audit Preparations Task Force was constituted to coordinate all preparatory actions and assemble the required documentation. An Audit Preparation Action Plan was developed, monitored and discussed with all stakeholders.

e) Desk review of the Business Continuity Plan (BCP) was carried out to ensure its completeness and accuracy. A BCP simulation exercise was conducted in December 2014. The key objective was to ensure that critical functions and services can be performed efficiently from the alternate recovery site, as in a real disaster scenario. The BCP test results were in general positive and staff were debriefed on the outcome and lessons learnt.

f) Office governance bodies such as the CMT, Contract Review Committee, Property Survey Board and Programme Cooperation Agreement review committee functioned effectively and met regularly.

### Financial Resources Management

From regular resources (RR) allocated to UNICEF Madagascar (US$12,350,735) 99.98 per cent had been utilised by 31 December 2014. Likewise of US$46,220,365 from other resources (OR) 84.3 per cent was utilised. It should be noted that 99.17 per cent of OR expiring by the end of 2014 were fully utilised.

A major challenge was improving monthly cash forecast versus replenishment and actual expenditure. Finance Section developed a monitoring tool for bank optimisation, resulting in considerable improvement in performance of replenishment. The balance-to-replenishment ratio was maintained within the set benchmark in 10 cases out of 11. As a result of effective bank optimisation efforts, UNICEF Madagascar made exchange gains of US$ 38,314. Bank reconciliations were completed on time. No reconciling items remained outstanding more than two months.

UNICEF Madagascar carried out 18 micro-assessments, five light assessments (system assessments for implementing partners expected to receive less US$100,000), three
implementing partners’ trainings (113 participants), eight implementing partners’ capacity
buildings and about 1,150 programmatic field visits. Twenty-eight scheduled HACT audits and
nine spot-checks were completed during the year. The tools used for conducting spot-checks
were revised to reflect comprehensive HACT practices, and training was conducted for staff
tasked with HACT spot checking. The HACT Committee, which met quarterly, was responsible
for establishing the HACT assurance plan, updating it and overseeing its implementation.
UNICEF Madagascar was audited in November-December 2014; a draft audit report is
expected in late January 2015.

DCT status was reviewed at bi-monthly section chiefs meetings and monthly CMT meetings.
Over nine months DCT was above the set benchmark of 1 per cent, and represents a ratio of
4.46 per cent (US$385,234). Management of DCT needs to be improved.

**Fund-raising and Donor Relations**

UNICEF Madagascar submitted 73 donor reports in 2014, of which 99 per cent met quality
reporting standards and were submitted on time. To ensure timely, quality reporting, UNICEF
Madagascar has applied internal donor reporting guidelines that establish clear internal
deadlines and responsibilities for quality assurance. In addition it implements a mechanism
whereby heads of sections are informed quarterly about upcoming reports that are due.

UNICEF Madagascar hosted eight donor visits from UNICEF’s National Committees (NatComs)
in 2014. Three National Committees were accompanied by private sector partners (Pampers,
the IKEA Foundation and KIWI). In addition, two visits brought Goodwill Ambassadors to
Madagascar [Ólafur Darri Ólafsson (Iceland), Emma Bunton (UK)]. Iceland’s National
Committee used the visit to film for a fundraising Telethon; the Belgian NatCom developed a
children’s TV show and the Dutch visitor, a journalist, helping spread messages about
conditions for children in Madagascar to other countries.

In 2014 UNICEF Madagascar mobilised a total of US$ 45,620,308. Of this amount 21 percent
were mobilised from National Committees. By the end of 2014 UNICEF Madagascar mobilised
88.8 percent of the cycle ORR ceiling of US$ 255,000,000. To ensure adequate and timely
utilisation of funds and avoid grant extensions UNICEF Madagascar regularly reviews upcoming
expiring grants through the Country Management Team.

**Evaluation**

UNICEF Madagascar has an updated Integrated Monitoring, Evaluation and Research Plan
(IMEP) and related work process for studies, surveys and evaluations. The IMEP was prepared
in consultation with all sections and subsequently validated and monitored by the CMT. A
technical committee composed of both internal and external stakeholders was constituted and is
responsible for providing both quality assurance and ensuring objectivity.

In 2014, an evaluation on CLTS (WASH) was completed and two others (evaluation of the
CPRS school contract, education), and assessment of the regional technical advisors) were
nearly finished. An evaluation of the EU gap financing programme for primary education is
ongoing. When complete, this evaluation will feed into a sector-wide CLTS approach. Additional
evaluations were postponed to 2015 because of: (i) insufficient staffing to adequately supervise
additional evaluations in 2014, after the departure of the programme officer; (ii) difficulty in
recruiting national and/or international consulting firms with the right capacity to carry out
programme evaluations and longer than expected duration of evaluations, due to inadequate
quality of the work delivered. This is turn requires much stronger input by UNICEF staff, further
limiting UNICEF Madagascar’s capacity to take on multiple evaluations.

Management responses for the completed evaluations have been finalised and/or updated. National capacity for evaluation remains weak. In 2014 UNICEF Madagascar supported the first national workshop on evaluation, and is exploring how to support the efforts of the national association for evaluation (created in 2013) in the new Country Programme.

Planned evaluations will be finalised in 2015. Additional efforts will be made to ensure (i) that the IMEP associated with the new Country Programme will address knowledge gaps, and (ii) that the internal quality assurance function for IMEP activities is strengthened.

### Efficiency Gains and Cost Savings

The key objective was to increase core resources available for delivering on our commitment to achieve results for children. Strategies and initiatives pursued during the year included:

As a participant in the UN Common travel services, UNICEF saved US$46,456 in ticket purchases, through regular price comparison between the two travel agencies with which the UN system has LTAs.

To obtain better service quality and cost efficiency for the outsourced fleet management, UNICEF renewed the outsourcing of driver services for its field-based vehicles. A new bidding process is expected to yield annual savings of US$8,400.

To achieve real time monitoring of UNICEF field vehicles and to ensure their proper use, a tracking system was installed in all field vehicles, improving fleet security and fuel efficiency. Savings of US$184,996 in fuel and repair costs was achieved compared to 2013 costs. As part of systematic replacement of old vehicles in poor condition, UNICEF auctioned off three old cars; total sales proceeds amounted to US$43,664.

During the year, UNICEF expanded UN Common services that add value in terms of efficiency and service quality, negotiating a Common UN LTA for mobile telephony that yielded the following benefits: free inter-agency communication that reduced communications costs, better equipment and improved customer services.

Under the auspices of the Inter-agency Operations Management Team chaired by UNICEF, sustained follow-up was carried out to obtain full Value Added Tax (VAT) exemption of goods and services purchased by UN agencies. As a result of concerted negotiations with the host Government, UNICEF obtained an enhanced VAT-exempt list and thus reduced the VAT burden on programme finances.

### Supply Management

As of the 26 December 2014, the total value of programme supplies decreased to US$9,842,000, compared to US$10,396,000 in 2013, since school kits were procured for 50 per cent fewer regions. There was a significant increase of Child Survival and WASH supplies in 2014.

Total value of programme supplies by procurement type was: direct order: US$1,478,000; local procurement: US$1,375,000; offshore procurement: US$6,989,000. Major service contracts were: construction (US$1,900,122), audit and financial services (US$976,472), boreholes
(US$802,551.58), communication services (US$ 457,868), and third-party logistics (US$416,397).

Procurement on behalf of partners increased to US$24,158,835 from US$9,279,233 in 2013, due to the introduction of new vaccines. The main customers were GAVI (US$21,818,348), the Health Ministry (US$1,896,631), HIV/AIDS National Committee (US$404,962) and National Nutrition Directorate (US$38,894). The value of controlled programme supplies as of 26 December was US$1,039,248.88, of which US$371,794.17 were supplies prepositioned for emergencies and US$666,626.87 supplies being storage prior to distribution. The total value of warehouse-issued supplies during 2014 was US$5,172,000, with a moving price of US$281,012, metric tons 94,737 and cubic meters 5,057.

The total value of supplies managed in the warehouse in 2014 was US$1,039,248.88 (stock value) + US$5,172,000 (issued stock), or US$6,211,248.88.

Supply unit support included:

- Preparing emergency response plans for cyclones and Ebola
- Participating in UNICEF/WFP Return on Investment for DFiD funded Emergency Preparedness Study
- Training in contracting for services and construction projects management.
- Support the procurement of complex, high-value construction works

Security for Staff and Premises

UNICEF Madagascar participated in the elaboration of the revised Security Risk Assessment and subsequent development of the Country Security Plan and Minimum Operating Security Standards (MOSS). As the result, the Security Management Team reviewed the security level of the country, dividing it into three security levels; the capital and the surrounding areas of the central regions are assessed at security level 2 – Low. The security situation in the south remains volatile, in particular certain areas where armed bandits known as Dahalo (cattle rustlers) are still active. For the southern regions, security level 3 (Moderate) is in place. The rest of Madagascar was found to be at security level 1 – Minimum. To mitigate risks associated with Dahalo presence in certain areas, the Security Management Team elaborated strict measures to be observed when traveling in those areas, including travel in convoy of at least two vehicles and regular contact with UNDSS. The Minimum Operating Residential Security Standards (MORSS) was also reviewed in order to provide additional security measures to international staff members who are less familiar with the crime situation throughout the country, and may be considered targets of choice because of their wealth or position. MORSS enhancements included the provision of security equipment and an additional security guard for single females. To ensure the safety of UNICEF’s field staff, UNICEF Madagascar installed GPS tracking system on all field vehicles. In consultation with UNDSS, UNICEF is among the pilot agencies that volunteered to participate in the new agency-based security warden system. UNICEF’s security focal point is working with UNDSS to assess whether to adopt an organigram-based warden system or a zone-based warden system. This exercise is being handled with caution, as the warden responsibility will shift between agencies.
Human Resources

For UNICEF Madagascar, 2014 was an intensive planning year, involving development of the new Country Programme and Country Program Management Plan (CPMP). The Office took stock of challenges and opportunities from the previous programme, and undertook an in-depth review of its current human resources capacity. In this regard, a comprehensive Skills Development Assessment was conducted immediately after the CPMP process. Its recommendations will form the basis for UNICEF’s learning and training strategy for the next programme cycle.

In 2014, UNICEF Madagascar faced challenges in filling a number of international professional positions, which led to numerous re-advertisements and lengthy recruitment processes. The major issue for UNICEF Madagascar remains the ability to source high-calibre candidates meeting both the technical and language requirements (French and English). A total of 11 recruitment processes were finalised for fixed term (FT) positions in 2014, of which three were international professionals (IP); 11 national professionals (NP) and one general service (GS). The average turnaround time was 79.73 days in 2014, compared to 94.4 days in 2013. In addition, UNICEF recruited 16 staff on temporary appointment, of whom four were IP; seven NPs and five GS. The current gender ratio is 53.5 per cent male (84/157) and 46.5 per cent female staff members (73/157). The gender imbalance is mainly due to challenges in attracting female candidates for remote field locations. Of the 37 IPs, 17/37 are from programme countries (46 per cent) and 20/37 from donor countries (54 per cent).

UNICEF Madagascar sought the expertise of specialised consultants in various areas of Programme and Operations management. Fifty-five consultants were hired (compared to 33 in 2013), for a total value of US$873,906.73 (compared to US$613,394.19). UNICEF maintained its trend of zero single-source selection in 2014.

The completion of 2013 performance evaluation reports was delayed in the first quarter of 2014, due to the heavy planning process. However the trend was reversed in the second semester, achieving 100 per cent completion for 2013 and 92 per cent for 2014 mid-year evaluations.

Emergency preparedness and response remained high on UNICEF’s agenda. In this regard, all field-based staff (50 in total) were trained on emergency risk management and response. In addition, seven of these staff participated in large-scale EPR simulations, alongside Government counterparts and other UN agencies’ staff.

UNICEF Madagascar organised three UN Cares activities, including one inter-agency event that entailed voluntary HIV counselling and testing. Peer Support Volunteers were trained, and keep staff informed on additional counselling resources available in the organisation. Harassment and abuse of power was the major concern highlighted by the Global Staff Survey of 2011. The course on preventing harassment and abuse of power was made mandatory; staff retreats are used to remind staff about reporting mechanisms. The results of 2014 Global Staff Survey will inform the next course of action.

Effective Use of Information and Communication Technology

The year was marked by the migration to Cloud-Based automation tools (Office 365, Outlook, Lync, One Drive and Sharepoint). Comprehensive training in Outlook, Lync and One Drive were carried out. A major challenge was the training of staff posted in 22 regions and preparing their Lotus Notes data for the migration. UNICEF Madagascar migrated successfully to Cloud-Based automation tools; all staff now have access to the tools, improving communication and
collaboration.

UNICEF Madagascar used SMS monitoring tools to track and increase performance indicators in Education (EU Gap Funding), Health (PASSOBA) and Planning for Emergencies. Mobile Money technology was used to pay Teachers and Health Workers.

ICT is working with the Regional Office on implementation of RapidPro for the next Country Programme in the areas of Health Monitoring System (nationwide) and the WASH CLTS approach, among other projects to be developed. For birth registration, alternate solutions will be investigated with the support of the Innovation Team in Nairobi.

UNICEF Madagascar is present on social media such as Facebook and Twitter, and now the digital mapping system, introduced in Maroansetra to conduct digital mapping exercises to support ongoing youth-led development processes as a pilot.

To improve IT service management and reduce its footprint, ICT developed and supported staff mobility, to access secure UNICEF resources outside the office. With the introduction of new communication tools (Lync), group and online training were provided to staff working in the office and in regions. The use of Lync helped staff to participate in Webex, training and coordination meetings between Programme and staff in the Field (PASSOBA, EU GAP, Governance and Wash), decreasing communication costs.

To ensure better service delivery and availability, and with the introduction of Cloud-Based applications, the CO upgraded the Internet bandwidth to 10Mbps.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices

OUTPUT 1 By the end of 2014, 27 per cent of population use improved sanitation facilities and have appropriate hygiene practices (hand washing with soap and household water treatment) in targeted regions

Analytical Statement of Progress:

In 2014, the sanitation and hygiene activities of the UNICEF WASH programme have made consistent progress at scale in the six targeted regions and are therefore on track. The roll out activities have been planned, budgeted, led, coordinated and monitored by the regional structures of the Ministry of Water, in close collaboration with decentralised structures of ministries of Health and Education. A critical need for highly qualified trainers among regional government structures to ensure the success of the programme was identified. Though close collaboration between the Governments of Mali and Madagascar, a group of Malian trainers came during two weeks to train 68 resource people at regional level, each playing a different role, such as focal point, coach or trainer. The training was coupled with a process of technical assessment, field assessment and final test. The regional directors recruited 109 coach assistants to support the role of technical back-up of CHWs and data collection. The programme has supported 95 communes in six regions and the training of 2,446 CHWs in the CLTS approach, the key to which is to motivate communities to create and implement their own
sustainable sanitation and hygiene plans. The CHWs triggered 6,115 villages to end open defecation and use self-constructed latrines, covering 100 per cent of villages in the target communes. To date, 41,700 new latrines have been built, of which 11,000 are improved, at least 329,677 people abandoned open defecation and 1,244 villages were verified ODF. In the absence of private sector interest in providing solutions for rural sanitation, it is important to note that all the latrines were improved using only local materials, thanks to technical advice by community health workers to households.

Data collection is still the major challenge the programme is facing in tracking real-time progress. In that sense, results provided by monitoring systems are always lower than the reality in the field. Hand-washing with soap is an expected output but very difficult to achieve consistently only through CLTS, and even more difficult to properly measure. The proxy indicator of having a hand-washing facility near the latrines has proven to be very limited for measuring hand-washing behaviour. In areas with critical water stress, like Androy and Atsimo Andrefana, it is difficult to determine the level of behaviour change only through the presence of a tippy tap (very basic hand-washing facility) outside the latrine.

C4D provided technical support and facilitated the creation of a C4D strategy. The campaign on use of latrines will be launched in 2015, and 3,000,000 people are expected to be reached with the messages.

OUTPUT 3 Compliance with CCCs and other international standards for emergencies: 100 per cent of affected population have access to water, improved sanitation facilities and appropriate hygiene practices (hand washing with soap and household water treatment) in targeted regions

Analytical Statement of Progress:
As WASH Cluster Lead, UNICEF coordinated response to a low-profile emergency caused by tropical storm Hellen, which affected coastal areas in Boeny and Menabe Regions. The response was very well coordinated by the Regional Director of Boeny who participated in the first inter-sectoral rapid assessment with BNGRC and in further steps of planning and organising the response. Kits featuring essential water treatment were distributed to the 1,838 affected people together with hygiene messages on local radios to the broad population on the need to treat water before drinking, to wash hands with soap and to make use of latrines.

As Cluster Lead, UNICEF is responsible for ensuring that all preparedness plans are up to date and that coordination mechanisms are effective and ready to respond to all emergencies. Supplies were pre-positioned in the event of an emergency.

OUTPUT 4 By the end of 2014, 50 per cent of population use sustainable and safe drinking water in targeted regions

Analytical Statement of Progress:
The current sector financial limitations, coupled with the lack of a sustainability strategy, hinder both the scaling-up of water infrastructure and the sustainability of services. In 2014, UNICEF, with financial support from the Department for International Development (DFID), has supported decentralised service delivery in six regions in a major push to achieve its stated goals.

UNICEF improved access to safe drinking water by supporting construction of water points accessible to 49,700 people in rural areas of six targeted regions. UNICEF has undertaken an important technical shift to ensure sustainability, opting for middle-size systems that simultaneously benefit multiple villages, schools and health centres and whose operation and
management is carried out by local, small-scale private operators. The model developed and partially rolled out in 2014 was applied in 23 sites in different communes and covers a variety of solutions, from boreholes with solar-fed systems to gravity-fed systems. To improve sustainability, the model included the integration of other conventional water points (hand pumps) in the same areas, in order to include them under the same management system to assure sustainable service delivery in the targeted communes as a whole. This system combines management of more attractive systems for operators (middle-size systems) with less lucrative ones (hand pumps), but overall leaves some profit for operators. This model run by small private operators and covering a whole commune will be consolidated during 2015 and a review will be carried out to assess the increase of sustainability in water service delivery. To complement and assure water for the whole commune of intervention, UNICEF launched a programme specifying 400 rehabilitations and 300 boreholes to be completed during 2015.

OUTPUT 5 By the end of 2014, an additional 370 institutions (250 schools, 20 health centres, 100 nutrition centres) meet standards for provision of water, sanitation infrastructure and hygiene promotion in targeted regions.

Analytical Statement of Progress:
UNICEF’s plan to improve access to water, sanitation and hygiene in schools faced constraints. Water systems constructed for villages were able to connect 54 schools, benefiting 19,000 children and 21 health centres and their patients. However lack of funds for the WASH-in-schools programme hampered progress toward increasing the number of schools meeting WASH standards.

Despite the limited funding available for this output, UNICEF and its Government partners have adopted the one-star approach, a new WASH approach in schools and health centres, which uses incremental steps to promote hygiene behaviour change through the use of existing latrines, treated water where improved water points do not exist and supervised hand-washing at critical times. This approach aims to ensure that three key behaviours are consistently promoted and adopted in schools, health and nutrition centres.

UNICEF invested resources to support the ministries of Health and Education to develop one-star guidelines for institutions. A self-learning guide was developed and distributed to teachers in 562 schools, and trainings on how to animate and monitor its use was carried out at the regional and district levels, through Ministry of Water staff. All the above-mentioned schools received ceramic water filters, portable hand-washing kits, soap and IEC materials, benefiting 103,000 children. The guide provides pedagogical tools on how to promote the three key WASH messages through exercises to be done by the pupils during theoretical and practical classes. Roll-out in health and nutrition centres will be completed during 2015, but 856 health/nutrition centres have already benefited from the ceramic filters to assure that water consumed in those centres is safe and that hand-washing with soap/ash is consistently promoted. Regional authorities estimate that around 196,000 patients benefited from the promotion activities. A facility certification guide will be developed during 2015 to systematise these practices.

During Global Hand-Washing Day, which formed part of a week of activities, UNICEF also distributed soap to all 581 one-star schools and 776 health centres to promote hand-washing practices among 118,000 students and around 242,000 patients, since activities were extended for one full week.
OUTPUT 6 By the end of 2014, policy for water and sanitation is available and updated based on evidences and government has increased capacity to plan, deliver, monitor and evaluate WASH interventions at national and sub-national levels.

Analytical Statement of Progress:
The year was marked by the change in Government and the need to renew key commitments in the sector. In 2014, UNICEF Madagascar continued to build the capacity of government structures, aiding the sustainability and effectiveness of their work. UNICEF supported the elaboration of an independent evaluation on Community Led Total Sanitation in Madagascar. The results of this evaluation, together with the findings of studies completed last year (bottleneck analysis and the sustainability check), were major inputs to the sector’s discussions and preparations for the high-level commitment presented by the Government in Washington (Sanitation and Water for All, High Level Meeting). UNICEF supported the translation of commitments into an Action Plan, and its adoption by all sector stakeholders, including the Ministry of Water, despite the Government reshuffle and change in the Sanitation and Water for All focal point. During the Joint Sector Review these commitments and the Action Plan were revalidated.

UNICEF also initiated a child-friendly latrines study, in partnership with University of Antananarivo, which will finish early next year, in order to have inputs from children on the new latrine design. UNICEF also advocated for increased Government expenditure and adoption of the equity approach in the WASH sector. Using evidence generated last year and this year, UNICEF advocated for and obtained Government engagement on the need to design and roll out an effective sector coordination mechanism under a sector-wide approach, and to prepare a sustainable service delivery strategy.

UNICEF facilitated the capacity building of central and regional directors at the ministries of Water, Health and Education in financial management, public procurement processes, the UN Harmonised Cash Transfer system, community empowerment approaches, communication for development, WASH sector information and monitoring systems and elaboration of budgeted plans at regional level. Regarding Information Management Systems, UNICEF supported the roll-out, through routers and other devices, in 14 regions and through training in the country’s 22 regions.

Shortages of human, financial and logistical resources continue to seriously restrict decentralised coordination and WASH sector services.

UNICEF helped integrate CLTS and hygiene activities into other decentralised line ministries, such as health and education, by rolling out activities through community health workers and involving staff in health centres and teachers in the monitoring committees.

OUTCOME 2 By the end of 2014, support to the Interim Education Plan (PIE) contributes to the national target of 85 per cent of children completing basic quality education

OUTPUT 1 Children are able to resume their schooling quickly after an emergency as a result of building the capacity of education authorities at all levels in nine target regions to implement the Core Commitments to Children during emergency responses

Analytical Statement of Progress:
Intense tropical cyclone Hellen entered the Boeny region from the Mozambique coast in March 2014 before exiting in the district of Besalampy on April 1st, bringing heavy rainfall to the
Northwest coast of Madagascar. The passing of Hellen damaged 33 schools in Soalala: four buildings with roofs swept away by the wind, and 29 built with local materials were completely destroyed. With the help of community members, the targeted resumption of classes within two weeks of a disaster was achieved, even in flooded areas.

Following guidelines from the national contingency plan, the Education Cluster (co-led by UNICEF and the Ministry of Education) with education officials at decentralised level organised systematic evaluations of affected areas and ensured responses that adhered to the principles of Education in Emergencies and UNICEF’s Core Commitments for Children.

UNICEF Madagascar estimated that Hellen did not represent an emergency situation necessitating massive interventions, but provided assistance based on a request from the Education cluster. Discussions in the Education Cluster with the Ministry’s team indeed revealed gaps in the response at school level. The education community took the initiative to rebuild schools with local materials. The decision was made to support their efforts with the procurement of 44 sheets of tarpaulins for roofing 11 classrooms, benefiting 1,243 children. School kits were not distributed.

Lessons learned by stakeholders during the response stipulate the need for refresher training on disaster risk reduction in the region because certain measures, such as roof protection, were not effective.

**OUTPUT 2** By the end of 2014, the quality of teaching in classrooms is enhanced through improvements in learning environments and teacher training contributing to children’s learning outcomes and an increase of 10 per cent in the primary completion rate in targeted regions

**Analytical Statement of Progress:**

While the targeted 10 per cent increase in primary completion rates was not achieved in 2014, significant advances were made towards improving the quality of education at pre-primary, primary and junior secondary levels, which should affect positively completion rates over time.

At the national level, progress on quality was slow at first due to changes within the Ministry following the national elections, but was revived thanks to joint advocacy efforts conducted with other development partners: a roadmap for improving the quality of teaching and learning was formulated (including clarification of curriculum policy and textbook procurement strategy, formulation of national teachers policy, assessment of learning outcomes, review of teacher training modalities), and a national teacher competency framework was also adopted.

The Ministry’s leadership on teacher training and coordination remains weak in considering the needs, and essential inputs – especially in terms of textbooks and learning/reading materials in mother tongue – are greatly lacking in public primary schools to achieve further progress in a sustainable manner. UNICEF support will be strengthened in these fields.

Achievements towards improving the quality of teaching included the training of 115 preschool educators (with an additional 343 currently in progress) in three regions. A curriculum policy and syllabus were also formulated and adopted for pre-primary level, which will be piloted in 2015. All teachers in public primary schools received a curriculum in the eight target regions, and the pedagogical component of an accelerated training programme for community teachers was designed and delivered to 15,860 primary school teachers (including all subsidised community teachers in eight regions), contributing to improved teaching practices in public primary schools.
At junior secondary level, in addition to receiving copies of the curricula, 121 teachers received pedagogical training, including a module emphasising gender awareness. An additional 600 junior secondary school teachers were also to benefit from training in specific subject matter teaching during the end-of-year break. Regional coordination meetings and disaster risk reduction trainings for nearly 300 trainers in three regions were carried out, along with the distribution of emergency kits, roll-out of a new emergency alert system and support to school environmental action plans, thus contributing to the environmental sustainability of progress made in improving school environments and learning.

Factors contributing to these successes included strong demand for teacher training and significant engagement of regional education authorities, who were in turn supported by UNICEF regional program officers in the planning, monitoring and evaluation of activities.

**OUTPUT 3** By the end of 2014, institutional capacity in planning, management and communication throughout the Ministry, from central to decentralised levels, is stronger as a result of better governance and enhanced accountability within the overall education system.

**Analytical Statement of Progress:**

Despite a context which remains particularly fragile, with the Ministry still affected by severe budget constraints and limited direct support going to schools as a result, some encouraging progress was made to improve governance and institutional capacities at all levels. Efforts focus on realising Interim Education Sector Plan targets and the Presidential agenda, which prioritises free primary education, enrolment of out-of-school children and the stabilisation of the teaching workforce. While sector coordination mechanisms remain to be strengthened, UNICEF fulfilled its role of coordinating agency for the Global Partnership for Education and co-chair of the local education group, with joint advocacy coordinated and complementarity of funding promoted with key development partners and major donors. A joint sector review was conducted for the first time with representation from all key constituencies, and preparations for a new sector plan were also initiated involving line ministries. Inter-sectoral collaboration was revived, particularly in the context of a Public Expenditure Review initiated in 2014 and of reviving medical visits in schools with the development of a school health card to be piloted in 2015.

In 2014 UNICEF supported improvement of the EMIS data collection system, including review and production of school questionnaires, and piloting of an SMS monitoring system to triangulate EMIS data. As a result, the national education database now includes data on children with disabilities, and the Ministry has addressed the two-year backlog in the production of annual statistical yearbooks. UNICEF also initiated support to improve transparency, reliability and use of EMIS data through profile cards to be generated automatically for each level to feed information back to users and improve planning, performance, reporting and accountability across the system.

UNICEF deployed national officers to all 22 regional education authorities countrywide, and in 2014 these entities were able to align their work plans with the IESP, conduct at least one annual review, and establish Regional Education Councils to enhance coordination and partnerships – including for implementing the national Back-to-school Campaign and the associated communication strategy.

Approximately 96 per cent of schools in eight target regions have developed school improvement plans; UNICEF played a pivotal role in the development of a harmonised model.
Modest progress was made on the punctuality of subsidised community teachers’ payments under the Government budget, but delays were significantly reduced for payments made through UNICEF with funding from the European Union, especially in two regions that experimented with payment via mobile phone.

**OUTPUT 4** By the end of 2014, the education system is strengthened to enrol and support the retention of children leading to at least a 50 per cent decrease in the number of children out of primary school in targeted regions

**Analytical Statement of Progress:**

Progress towards this Output is mixed, with an increase in out-of-school children of primary school age in the six original target regions (from 158,000 in 2012, to 145,633 in 2013, and 170,665 in 2014, including children that were later re-inserted) Considering the Interim Education Sector Plan target of reducing the number of out-of-school children by 10 per cent every year, reflection is clearly required as to how this target can be sustainably achieved.

The main contributions made through UNICEF support in 2014 included: (i) expansion of the experimental phase of catch-up classes for out-of-school children hosted by ordinary schools, a new modality that benefited 13,623 children in the eight target regions in 2014 (from 700 in 2013), and a total of about 40,000 children countrywide, due to the rapid expansion of the initiative, designated as a Presidential Flagship programme; (ii) implementation of a second edition of the national School Campaign in all 22 regions, with specific community-based interventions conducted across the eight target regions in localities with the largest out-of-school populations; and (iii) construction of new classrooms, with four classrooms built for pre-primary (and an additional 30 in progress), 92 classrooms completed and 26 in progress for primary schools (including separate latrines, water point or purifiers, and sport fields), as well as 12 classrooms under construction to expand capacities at the junior secondary level.

UNICEF also procured school kits in three regions, benefiting 527,524 children in primary schools, as a contribution to a national distribution organised by the Government under the national budget and funds from the GPE grant. In addition, a partnership was initiated with Handicap International under which 33 schools and communities (in two regions) have been receiving continuing guidance and support to facilitate the inclusion of children with disabilities. This partnership is also supporting the harmonisation of tools and approaches, and exploring new modalities to improve the inclusion of children with disabilities.

Furthermore, UNICEF has provided support to help girls transitioning from primary to junior secondary, particularly through scholarships and mentoring activities. This intervention has benefited 3,190 girls in 2014 in three regions.

**OUTCOME 5** The rights of children and women are integrated and prioritised into evidence-based programming, emergencies, communication and promotion of social policy and social change

**OUTPUT 1** DRR intervention is strengthened and reflected in all programmes, and emergency responses are implemented in accordance with the CCCs
Analytical Statement of Progress:
Significant progress on emergency preparedness and response capacity both within UNICEF Madagascar and among Malagasy partners was made in 2014. Integration of these elements into all Country Programme areas continued this year, with a particular focus on training field staff to prepare them to manage emergencies affecting their duty stations. Nearly all 50 field-based staff learned about preparation for emergency response based on the national contingency plan and the application of assessment and planning tools for emergency response. Emergency focal points in each programme section were also trained on Early Warning Early Action (EWEA) Key Actions, DRR indicators and the Activity Info emergency response database.

The DFID II Preparedness grant helped the UNICEF Madagascar increase its pre-positioned non-food item stocks, raising its response ceiling from 20,000 to 25,000-30,000 beneficiaries, and allowed seven field staff trained in emergency management to remain at their duty stations before and during cyclone season. The grant also provided national preparedness authorities with a consultant to help refine national and regional contingency plans, funded a disaster response simulation held simultaneously in two regions (with participation from seven UNICEF field staff). A cash-transfer-in-emergencies simulation was held in partnership with Catholic Relief Services to test the feasibility of voucher systems for the purchase of non-food items.

UNICEF Madagascar actively participated in the response to Cyclone Hellen, which claimed nine lives and impacted 2,137 households. UNICEF support to the response was limited to specific interventions requested by the authorities, including:

- Distribution water treatment kits to 1,838 people, together with the airing of hygiene messages on local radios
- Procurement and distribution of 44 sheets of tarpaulins for roofing 11 classrooms, benefiting 1,243 children
- Mobilisation of the local Child Protection Network for psychosocial support to 249 impacted children

Humanitarian funding from the Japanese Government supported a project in four regions of southern Madagascar to increase resilience to the shocks associated with natural disasters, through improved malnutrition screening and case management, massive CLTS activities to eradicate open defecation and the purchase of solar refrigerators to improve the cold chain for vaccines.

OUTPUT 2 The socio-economic and political situation and its impact on the situation of mothers and children is analysed to better influence social policies, budgeting and programmes

Analytical Statement of Progress:
Dissemination of the Situation Analysis (SitAn) started in 2014 and was well-timed to feed into discussions with Government on the new national development plan and strategic planning documents such as the UNDAF and CPD.

UNICEF launched a Multiple Overlapping Deprivation Analysis on the basis of data from the most recent household survey, the MDG survey (2012/2013), which combines DHS and standard household survey modules. The MODA analysis will be finalised in 2015 and will provide a more in-depth analysis of child poverty in Madagascar and help orient UNICEF advocacy and programming.
Additionally, UNICEF continued to work with the World Bank on a review of public expenditure in health, education and nutrition, initiated in late 2013. UNICEF contributes case studies on specific topics relevant to public finance in the mentioned sectors, and is part of the technical working group governing this work. The report will be finalised in early 2015 and provide the basis for development of a programme on public finance for children.

Finally, UNICEF began to engage with the Ministry of Population, Social Protection and Promotion of Women and the World Bank to support the development of the first national social protection strategy in a coordinated way. In that regard UNICEF also started to work on linking its C4D work on the promotion of essential family practices with the new World Bank-funded pilot conditional cash transfer programme and public works programme.

UNICEF also sustained its technical and financial support to the UN’s inter-agency knowledge management portal HaySara, managed by the Resident Coordinator’s office.

Lead of the donor group on local governance was transferred to UNDP; UNICEF remained a member of the group. UNICEF continues to be an active member of the donor group on social protection.

During the new Country Programme UNICEF will focus on wider dissemination of SITAN results, down to the regional level. The MODA analysis will be completed and disseminated, in an effort to inform national and regional level policy development and programming. The public expenditure review of Government social sector spending will be finalised and disseminated, and serve as a basis for defining a work programme on public finance for children. Finally, UNICEF will continue to support the development of the national social protection strategy and identify opportunities for social protection programming.

**OUTPUT 3** The quality, coherence and coordination of programme planning at national, UN, UNICEF country office levels is strengthened in line with UNICEF corporate priorities and guidelines

**Analytical Statement of Progress:**
Several important planning results were achieved in 2014. At the country level, UNICEF contributed to the finalisation of a new UNDAF and the development of a new National Development Plan (NDP), while internally, a new Country Programme Document and Country Programme Management Plan were completed. All of these documents cover the period 2015-2019.

UNICEF drew upon the objectives of the UNDAF endorsed at the beginning of the year and the Situation Analysis development process to develop a set of priorities for the 2015-2019 Country Programme. These include: fighting chronic malnutrition, addressing maternal and neo-natal health concerns, improving hygiene and sanitation in rural areas, enhancing the quality of primary education and developing a national child protection framework and a social protection strategy.

To further refine the orientation of the next Country Programme and identify its implementation strategies, UNICEF undertook extensive consultations with national partners and conducted a two-day Strategic Moment of Reflection, with the participation of our Regional Office and key Malagasy stakeholders, which shaped the content of the 2015-2019 Country Programme. This is especially the case in regard to the definition of four key inter-sectoral strategies that will help the programme address inequities at multiple levels and maintain a degree of flexibility to
weather changes in the operating environment. They are: upstream advocacy and technical support for the development of child-friendly policies; strengthening the capacity of decentralised authorities to deliver social services; enhancing programmatic synergies at the community level; and fostering innovative behaviour change and community outreach initiatives.

The draft CPD was endorsed by the Ministry of the Economy and Planning, submitted to the Executive Board and is on track for a February 2015 approval. This process helped UNICEF contribute to the elaboration of the National Development Plan that will guide the development agenda in Madagascar from 2015 to 2019. Thanks to the extensive consultations that took place with partners from the public sector and major donors, the CPD is effectively in line with the NDP and other national priorities. The promise of a formal national development plan will remove a significant barrier for the Country Programme, which operated without such a reference point during the past five years.

During the first quarter of 2015 UNICEF Madagascar will finalise with the Government the development of the 2015-2019 Country Programme Action Plan (CPAP) and its corresponding rolling work plans for 2015-16.

**OUTPUT 4** By the end of 2014, communities are mobilised and engaged to ensure behavioral and social change through programmes in targeted regions

**Analytical Statement of Progress:**
UNICEF has supported various line ministries, the Ministry of Communication and the Ministry of Youth in the roll-out of C4D strategies on essential family practices (EFPs) through different community entry points including: community radios and TVs, cinema, community agents, staff in health centres, education and social affairs districts services who organise community dialogues, interpersonal counselling in nutritional centres and community-led total sanitation activities.

To respond to the weak community level planning and coordination around EFPs, UNICEF posted community coordinators in three vulnerable regions, as well as daily support to community radios, through a partnership with Search for Common Ground. Throughout 2014, UNICEF strengthened community communication systems on EFPs, including trainings and shorter briefings of more than 20,000 community agents on various topics (CLTS, nutrition counselling, health messages related to immunisation, malaria as well on messages related to public health crises such as plague, polio outbreaks and prevention of the Ebola virus). In the area of mass media, UNICEF supported training for 100 directors of community media and 100 journalists.

More than 600 public servants from different sectors were trained to identify vulnerable population groups and facilitate community dialogues to empower communities to find solutions and overcome problems related to knowledge, attitudes, behaviours, community involvement and social norms that block demand for services for children such as vaccinations or school enrolment.

Activities were conducted in the context of national campaigns, e.g. two Mother Child Health Weeks and a polio immunisation campaign, where community agents are estimated to have been in contact with up to 6 million persons through interpersonal communication. Other activities were conducted on a routine basis, targeting vulnerable populations.
It is estimated that 165 community radio and TV stations (out of 200 stations) proactively disseminate different programmes on EFPs. Based on the assessment that 40 per cent of the population listens to the radio, it is expected that the programme has potentially reached up to 8 million individuals through mass media.

OUTPUT 5 Strategic oversight is provided for the placement of Regional Technical Assistants within regional authorities nationwide in 21 temporary duty stations

Analytical Statement of Progress:
Coordination, oversight and strengthening of UNICEF’s innovative field presence strategy, whereby nearly 50 staff have been seconded to regional directorates of line ministries for on-site technical assistance, continued in 2014.

A staff retreat involving all UNICEF personnel was held in March and included team-building exercises to reinforce cohesiveness. This event was followed by an intensive two-day workshop that aimed to increase understanding of HACT procedures and partnership management principles among field staff and their supervisors. A module on disaster preparedness and response was also included.

During the course of the year, a Field Presence task force made up of field staff supervisors, management and operations staff met four times to share issues linked to field staff and review the status of all 21 temporary duty stations. Action points were identified and relayed to Programme-Operations Coordination Meetings for resolution.

An evaluation of the current field presence strategy begun in 2013 was commissioned and undertaken in 2014. A final report will be available soon, but available drafts confirm the necessity of continuing support to sub-national public service delivery entities and providing guidance on how to improve implementation and monitoring of this approach. New tools have been developed, including improved vehicle use and mission monitoring systems, as well as a partner capacity building tracking form, to better document the work and performance of field staff.

In the course of developing the new Country Programme documents, UNICEF Madagascar undertook a thorough review of its programmatic strategies and approaches. One of the outcomes was the decision to rationalise the field presence model and concentrate the presence of field staff in core regions of convergence, starting in 2015. This will lead to an overall reduction in the number of employees based outside of the capital, but will help develop additional synergies between programme areas in the field, as well as allow for more manageable coordination at the central level.

OUTPUT 6 Programmes are evaluated to strengthen evidence-based programming.

Analytical Statement of Progress:
In preparation for development of the new CPD and to support decentralised, bottom-up programme planning, UNICEF Madagascar launched a number of programme evaluations in 2013 that were finalised during the reporting year. In 2014, the evaluation of Community-Led Total Sanitation (WASH/C4D) was finalised. This evaluation was carried out for the whole sector and will feed into a sector-wide CLTS approach. The evaluation of the CPRS school contract (Education), designed to contribute to the development of a new school contract approach, experienced major delays due to timeliness and quality issues, but was expected to be finalised before the end of the year. The evaluation of birth registration (Protection), initiated in 2013, was
cancelled after consultation with the Regional Office, and will be replaced by an assessment of the Civil Registration and Vital Statistics (CRVS) system scheduled for beginning of the new programme cycle.

In 2014, five more evaluations were planned: Assessment of regional technical advisors (cross-sectoral), EU gap financing program (Education), school construction (Education) and Mother and Child Health Weeks (Health), as well as an evaluation in WASH. The assessment of the regional technical advisors is nearly finalised, and the evaluation of the EU gap financing program (education) is ongoing. The WASH evaluation was postponed to the next programme cycle since it was too early to evaluate the new programme approach, which amounts to a shift from individual, small water points to a community approach with complimentary sanitation and hygiene activities in order to achieve consistent change in behaviour. Finally, the evaluations of school construction and of the mother-and-child health weeks were both postponed to early 2015 because of limited capacity to provide adequate supervision and quality assurance for any additional evaluations in 2014.

In 2014, seven ToRs (target was six) and three study/survey reports (target was four) underwent the internal quality assurance process for analytical work.

In 2015 and beyond UNICEF will continue to ensure the quality control of its surveys, studies and evaluations. It will also revise work processes for analytical work and its dissemination, and seek to improve knowledge management, especially on innovations

OUTPUT 7

The quality, coherence and coordination of monitoring systems are strengthened at national, subnational, and UNICEF CO levels to ensure efficient programme management and implementation

Analytical Statement of Progress:
As the current Country Programme was drawing to a close in 2014, efforts turned to paving the way for effective results and systems monitoring in the next cycle. New tools and systems were developed to be rolled out in 2015, including a new partnership monitoring tool that will help assess and track partner technical capacity in core areas, score-card systems for health centres and primary schools and routine SMS monitoring systems for the education sector. UNICEF Madagascar also began the development of a comprehensive results framework for the next Country Programme to ensure a coherent hierarchy of objectives, a matrix of SMART indicators and clearer programme monitoring systems. A new template for Annual Work Plans is also under development to improve links between activity, results and financial monitoring. After the disruptions caused by three successive one-year extensions and the frequent revision of its results assessment indicators due to the crisis, UNICEF Madagascar is laying the groundwork for improved Monitoring for Results and Results-Based Management systems.

Mid-year and annual programme reviews were undertaken as planned in 2014, both within specific programme areas and for the office as whole to gauge progress against the Country Programme Outcomes and Outputs, identify and assess bottlenecks and share lessons learned. Monitoring of partners through HACT processes continued in 2014, with 19 micro-assessments, 10 spot checks and 4 light assessments conducted, but capacity was stretched to the limit and the overall volume of interventions realised was significantly less than originally planned. Assessing programme performance remains challenging, as many vital output-level indicators suffer from uncertain data quality, reporting delays or simple unavailability due to the fragility of most sectoral M&E systems.
Improving national Monitoring and Evaluation Systems is a clear priority outlined in the 2015-2019 National Development Plan. To date UNICEF has not been able to make the desired level of progress against that objective, in large part due to the deterioration of national M&E resource allocation during the crisis, which disturbed many aspects of routine data collection by line ministries. As the Education programme demonstrated in 2014 by helping the Ministry eliminate a two-year reporting backlog, it is possible to obtain results when investments are made. The 2015-2019 Country Programme Management Plan features extensive investments in UNICEF Madagascar’s M&E capacity to provide adequate collaboration with national partners to enhance routine monitoring systems and data quality.

OUTPUT 8 Private sector partnerships are created and maintained to promote child rights and business principles, as well as to leverage support for programmes.

Analytical Statement of Progress:
A strategic reorientation of UNICEF Madagascar’s engagement with the private sector was initiated in 2014 in preparation for the new Country Programme. The objective was to review past experience with the private sector and develop a more strategic approach to engaging with the sector that is also coherent with the priorities of the new programme. This reorientation included a more strategic approach to partnerships, a stronger focus on the promotion of Child Rights and Business Principles (CRBP), and more advocacy and policy work around specific sectors, such as extractive industries and the tourism sector.

In 2014, UNICEF focused its CRBP activities largely on the extractive and the tourism sectors. Through the Corporate Social Responsibility (CSR) platform of the National Chamber of Mining Companies, UNICEF Madagascar presented CRBP, with a special focus on codes of conduct for the protection of children from all kinds of abuse, to both mining and oil companies present in Madagascar. In the tourism sector, UNICEF worked intensively with all stakeholders (Ministry of Tourism, Ministry of Population and Social Affairs, ILO, National Tourism Office and National Federation of Hotels and Restaurants) to review the code of conduct for tourism operators. The code covers now all topics related to the abuse and exploitation of children (going beyond sexual exploitation), and is to be adopted by the general assembly of tourism operators in early 2015.

The main partnerships maintained through 2014 included: DHL (transport of vaccines and school kits), HOLCIM (provision of cement for construction) and mobile telephony operators Telma, Orange and Airtel (hotline for reporting child abuse). A new partnership was explored with a media company that provides airtime on their commercial advertising screens to show UNICEF spots. Financial partnerships with the extractive sector (Ambatovy and QMM Rio Tinto) both came to an end in 2014, and had not been renewed by years-end. Given the strategic reorientation of UNICEF Madagascar’s engagement with the private sector and preparation for the new Country Programme, it was decided not to pursue additional new partnerships before the programme priorities for the new cycle were clearly defined. In particular in the extractive sector, the development of new partnerships was also put on hold in light of the recent development of new global guidance on engagement with this sector.

In 2015 and beyond, UNICEF Madagascar will prioritise the promotion of children’s rights and of CRBP, and no longer focus on partnerships as a source of fundraising, but rather on identifying strategic partnerships to directly support the UNICEF programme and promote children’s rights. UNICEF Madagascar will renew existing and develop new partnerships according to this vision.
**OUTPUT 9** Advocacy and Media work is done effectively to promote children's rights

**Analytical Statement of Progress:**
Media work has effectively supported UNICEF Madagascar’s advocacy efforts in different programme areas. Twenty-three press releases, three media field visits, regular interviews and good working relations with national and international journalists resulted in an important media echo. Through November, 284 articles covering UNICEF Madagascar’s programmes had appeared in the written press, and numerous TV and radio reports were aired.

UNICEF Madagascar made every child’s right to education, healthcare, nutrition, protection and water and sanitation a priority in its advocacy work. In 2014 it continued efforts to highlight the issue of school exclusion, for example, working closely with the Ministry of Education to implement the second nationwide Go-to-School campaign targeting children who were outside the education system. Another important UNICEF-supported programme was the continued campaign to end violence against children. The Government, child protection networks and police authorities were brought together to advocate against violence and abuse. A pivotal advocacy event was organised during the celebration of the 25th anniversary of the Convention of the Children’s Rights. UNICEF Madagascar brought together in a panel the Minister of Economy and Planning, the Ambassador of the European Union, the Resident Coordinator of the UN in Madagascar, academics, members of private sector, civil society and the media to talk about children rights issues in Madagascar. Moreover, together with strategic partners from the UN, all levels of government, NGOs and private sector, a series of public events was organised to make key children’s rights more visible on the national agenda.

UNICEF Madagascar also engaged with partners such as Broadway performers to promote children’s expression through theatre and give them a space to ask for the fulfilment of their rights. Efforts (daily postings) to reinforce UNICEF’s social media presence also showed positive results: with 11,913 friends on Facebook and 3,569 Twitter-followers, the number of people reached has doubled from last year. In its attempt to build capacity in child-friendly, quality journalism, a children’s rights module was introduced into the curriculum of the Journalism Department of the University of Antananarivo, with support of UNICEF’s partner, the Dublin Institute of Technology. The module continued this year and many students have focused their research on children rights issues. Communication around the two programmes funded by the EU continued in 2014: Health System strengthening in nine regions (PASSOBA), and the Education financing gap programme to maintain the primary system functioning, which had a special focus on communication with beneficiaries (public information events, radio programmes, etc.).

**OUTPUT 10** By the end of 2014, sociocultural norms, practices and keys actors of influence are identified and a minimum package of key family practices is developed

**Analytical Statement of Progress:**
UNICEF supported the Government of Madagascar in develop C4D strategies to promote a “minimum package” of essential family practices. These EFPs were prioritised jointly with the Government in 2013, and cover: mother and child health, nutrition, hygiene and school enrolment and retention, as well as stopping child marriage and exploitation of adolescent girls.

A platform for C4D for Children’s’ Rights has been established under the coordination of the Ministry of Communication in 2014, and this served as forum for strategy development. 150 members of the platform which is composed of 11 key Ministries as well as other key partners,
were trained in C4D planning during 2 workshops that highlighted the needs for evidence-based work and consultation with local communities. The workshop resulted in draft strategies which were validated by sectors such as education; others are expected to be validated in early 2015.

While the key behavioural and social objectives for the minimum package of EFPs are clear, there is still a need for more information on which communication channels and social networks will be the most effective means of achieving these objectives. A workshop was conducted for this purpose in December 2014 with the participation of religious and traditional leaders, youth representatives, academics and Government counterparts. Recommendations for 2015 were developed, including the keys actors of influence to be engaged.

Also, to further strengthen the analysis of the most effective means of triggering social and behavioural change (such as social networks, actors of influence and communication channels), a study on socio-cultural determinants for the adoption of EFPs was launched by a consortium consisting of University of Antananarivo, Ohio University (USA) and Wittwaterand (South Africa). The study will also look into disaggregating social-behavioural data for each of the practices according to the main socio-cultural groups in Madagascar. This will allow for more culturally appropriate and effective strategies in the future. An extensive literature review was conducted in 2014, which can inform work on EFPs. Quantitative and qualitative data collection will be carried out in the first parts of 2015 to cover the gaps identified.

In 2015 the focus will be on finalising research, using the results to implement effective behaviour change activities linked to EFPs and developing systems to track progress and performance.

OUTCOME 6 By the end of 2014, a protective environment is strengthened to eliminate all forms of discrimination, abuse and violence against children and adolescents, and to ensure the progressive realisation of their rights

OUTPUT 1 By end of 2014 all Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted during humanitarian context and identified children victims benefit from adequate care and support in affected regions

Analytical Statement of Progress:

The Programme contributed to the humanitarian response in the aftermath of Cyclone Hellen that hit the northern part of the island in March 2014. As the Region of Boeny is not often hit by cyclones, the children and communities are not prepared for the shock. They were mainly affected emotionally. The Child Protection Network of Mahajanga, led by the Director for Social Affairs, was mobilised and provided psychosocial support to 249 affected children.

The CPN continuously monitored the situation of children in emergency temporary resettlements established in Soalala, Mitsinjo and Commune Urbaine de Majunga and prevented the separation of children from their families, particularly when they were being moved to temporary resettlement sites.

In May 2014 the CPN in Ambosary-South reported cases of violent confrontation between two communities from Ambatotsivala and Andanondambo, resulting in killings that left 19 children unaccompanied. The Director for Social Affairs in Anosy and the Head of Aboasary District, organised the CPN to undertake extended family tracing and reunified the children with other family members. The children also received psychosocial support.
The Child Protection Programme also contributed to emergency preparedness:

- Child protection kits were pre-positioned in seven regions: Atsimo Andrefana, Menabe, Boeny, Analanjirofo, Diana, Alaotra-Mangoro and the Commune Urbaine d’Antananarivo in Government-owned warehouses. These kits can serve up to 5,225 children.
- Orientation sessions on the concept of Child-Friendly Spaces and utilisation of the kits were organised for regional directors for social affairs by the child protection ATR.
- As the Sub-Cluster lead for Child Protection, the programme updated the Child Protection component of the National Contingency Action Plan as well as the minimum package of services for care and support to child victims during humanitarian crises.

**OUTPUT 2** By the end of 2014, all identified children and adolescents who are victims of violence and/or deprived of parental care as well as children in detention benefit from adequate care and support in targeted regions

**Analytical Statement of Progress:**
Some 8,103 child victims of violence benefitted from at least one child protection service, as a direct result of UNICEF’s establishment of a multi-disciplinary approach for all front-line services: health, social welfare and the judicial system, to ensure that child victims of violence have access to a comprehensive package of services.

Access to integrated care and support was improved by establishment of a “one stop centre” in a public hospital specialising in gynaecology and obstetrics. This structure provides child victims of sexual violence medical, psychosocial and judicial care and support in one location. The hospital, because of its specialisation, did not initially admit boy victims, but this year doctors benefitted from training sessions on how to diagnose and provide care to both genders. Two female police officers and three social workers are deployed in the centre; 463 child victims of sexual violence benefitted from care and support.

Improved case management: UNICEF facilitated the development of case management tools used by different professionals at the one-stop centre (the medical doctor, police and social worker) to facilitate the management, tracking and monitoring of each individual case. The system has been fully computerised and will contribute to assessing whether the each child has received adequate care and support from all services, and will also facilitate tracking the treatment of each case within the judiciary system.

Strengthened referral mechanisms and case management: UNICEF facilitated the development of protocols that clearly stipulate the role and responsibilities of each service provider involved in providing care and service to victims of violence. The protocols are tools that aim at improving the provision of adequate care, and that facilitate the referral process and case management between the health, social welfare and legal services. The protocols were developed through a strategic partnership between UNICEF, UNDP and UNFPA. The services were enhanced to provide care and support to child victims as well as any other victims of violence. In addition to the protocol, MOU’s were developed and signed by all the service providers including: health, social welfare, the police, the gendarmerie and the court system in three regions of intervention.

In addition, 112 children were removed from the worst forms of child labour and reintegrated in school. Through a combination of strategies and partnerships with others, UNICEF was able to
remove these children from the quarries where they work with their families and reintegrate them in school. Community dialogues were organised with clan leaders to inform them about the benefits of sending children to school. The primary schools around the quarry were approached to ensure that the children’s education level could be adequately assessed, to facilitate children’s integration. Seventy-five families of these children benefitted from the work of UNICEF-supported child protection network in Mahajunga. 100 per cent of all school-age children who were involved with child labour in that village were successful removed.

More than 200 (228) adolescents were also successfully removed from prostitution. The adolescents benefitted from an integrated package of services including counselling, medical care and professional training. This programme was implemented as part of a strategic partnership with ILO. The second phase of the programme will ensure the social reintegration of these children.

OUTPUT 3 By the end of 2014, institutional and legal system for the protection of children and adolescents is strengthened in line with the Convention on the Rights of Child (CRC) and other relevant international instruments

Analytical Statement of Progress:
In 2014 UNICEF achieved the following strategic results:

- Improved capacities of law enforcers’ capacities to handle cases of children victims.

Some 316 law enforcement officers from the Police and Gendarmerie, as the first professionals to come in contact with child victims, benefitted from a training programme focused on: (1) legal framework governing child protection, with a very strong component on the penal code; (2) emotional trauma of child victims of violence; (3) how to interview child victims.

- Established a Child Protection Squad within the Gendarmerie

In Madagascar, Police are deployed in urban settings and the Gendarmerie in rural areas, where most children of Madagascar live. The Gendarmerie is close to the military, with limited training on children’s rights. This year, the Gendarmerie established a Child Protection Squad, following the model of a Child Protection Squad established within the Police. This is a strategic breakthrough that will contribute to improving the treatment of children.

- Strengthened case management and data management within the police and the Gendarmerie

UNICEF worked with the Police and Gendarmerie to review all the tools used thus far by the Police for children's case management and the data management system established with UNICEF support. Both the Police and the Gendarmerie agreed to review and adopt one set of common tools for both institutions. This will facilitate better documentation of each case, and management and follow-up through the judiciary system, including the courts.

- Improved reporting mechanism with a National Child Help Line (CHL)

Using the latest ICT technology, UNICEF developed a call centre system to support the CHL with national coverage. The CHL is managed by the Department of Social Affairs of the Commune Urbaine de Tana, and is manned by social workers who are backed-up by trained
police officers. The CHL provides to children and their families an on-line information and counselling service. The child helpline is computerised, facilitating data collection and management of reported cases. In this reporting year, 815 cases were reported through calls to the CHL.

- Improved treatment of juvenile offenders’ cases.

The number of juveniles in detention remains very low: 473, which represents less than 1 per cent of the overall population in detention. UNICEF ensures that these children are treated with high priority. In 2014 some 405 juvenile offenders accused of minor offences benefitted from diversion and/or alternative measures to detention. This allowed the children not to be detained. In addition, 122 juveniles in pre-trial detention benefitted from accelerated treatment of their cases.

**OUTPUT 5** By the end of 2014, the birth registration equity strategy is finalised, budgeted and the process of its insertion in the government national budget is initiated

**Analytical Statement of Progress:**
The “equity-focused birth registration strategy”, implemented since 2011, was finalised and integrated in the national budget. This strategy provides a framework that will allow Madagascar to reach the 17 per cent children unreached by birth registration. The strategy was developed based on the assessment conducted in 2012 and 2013 that revealed some of the major bottlenecks. The Strategy provides important guidance to address some of the bottlenecks identified during the assessment phase conducted in 2012 and 2013, as follow:

- Improving physical access to service: Judges and Head of Districts organised “court sessions” directly within communities. This made the services accessible and free of charge for the communities, to reach all undocumented children at the same time.
- Improving demand for service: Awareness and information sessions were carried out to ensure that the communities understood why the judges and district administration officials reached out to them, as many people associate judges with sanctions. Communities were made to understand that the judges and head of districts were there to provide a service to their children that contributes to fulfilling their rights.
- Improved systematisation: Birth registration is integrated as part of the minimum package of services to be provided by community health workers and health centres. This includes the identification of all new-born babies and facilitates the declaration of their birth; it also involves informing pregnant mothers and families about their obligations to declare their child’s birth and how and where to do so.

The strategy was budgeted and inserted in the Government’s National Budget for the period 2015 and Public Investment Plan for 2015-2018.

The national database indicating all pockets of children without birth registration was finalised and adopted by the Ministry of Interior as the tool that will be used to determine target interventions for birth registration.

**OUTPUT 6** By the end of 2014, communities contribute to the prevention of violence, abuse and exploitation against children and adolescents in targeted regions
Analytical Statement of Progress:
Targeting different audiences and using different approaches, UNICEF achieved strategic results that contribute to primary prevention and will ultimately contribute to reducing the incidence of violence and sexual exploitation of children in Madagascar.

Communities: Through community dialogues the programme managed to engage communities on sensitive behaviours pertaining to the protection of children from practices that expose them to commercial sexual exploitation or child marriage. As a result of community dialogues initiated since 2013, communities adopted 25 collective conventions or 25 “Dina”, traditional commitments, to collectively stop child marriage or expose their children to commercial sexual exploitation. In Madagascar, it is important to note that communities follow the “Dina” more than the laws. During these processes UNICEF made strong efforts to ensure that women and adolescents participated in the community dialogues.

Hotel and tourism industry: The programme contributed to a review of the Code of Conduct developed in 2013, and ensured it was in line with the CRBP. The newly developed Code of Conduct goes beyond protection of children from commercial sexual exploitation, and was developed in partnership with the Ministry of Tourism and the National Office for Tourism, a private sector platform that brings together all actors from the tourism industry in Madagascar.

Tourists: The programme also made sure to reach travellers to Madagascar, with information about laws prohibiting sex tourism with children inserted in the document distributed by all international airlines that fly to the island: 300,000 copies of the “Passport for Madagascar” were distributed with the permission of the Malagasy Civil Aviation Authorities.

Government: with the adoption of a Charter signed by the Prime Minister that reiterates Government commitment to ending violence against children, particularly sexual violence and exploitation.

OUTCOME 8 By the end of 2014, contribute to reduce the prevalence of chronic malnutrition among children less than five years from 50.1 per cent to 45 per cent and under five mortality rate by 30 per cent.

OUTPUT 1 At least 75 per cent of children diagnosed with severe acute malnutrition recover following adequate treatment. At least 50 per cent of children under-2 years benefit from interventions to prevent or reduce stunting and at least 50 per cent of mothers reached with behaviour change interventions to improve the rate of exclusive breast feeding in target regions by the end of 2014.

Analytical Statement of Progress:
In 2014 UNICEF-supported interventions on Infant and Young Child Feeding (IYCF) and pregnant woman’s nutrition were conducted in six regions. A total of 851 health staff, 1,255 community workers and 311 traditional leaders were trained and equipped for counselling on exclusive breastfeeding, complementary feeding and pregnant women’s nutritional needs. Currently 390 health facilities and 1,150 community sites are providing IYCF counselling. In 2013, UNICEF collaborated with Population Service International to pilot social marketing of micronutrient powder to enhance complementary foods for children aged 6-to-23 months in two districts of region of Analanjirofo. The evaluation of this pilot showed significant reduction of anaemia among children, an increase in dietary diversity and no alteration of exclusive breastfeeding. In 2014 the intervention was scaled up to two more districts, covering the whole region.
UNICEF also supported two rounds of MCHW in 2014. During the first round 3.6 million children aged six-to-59 months (96 per cent) received vitamin A; 3.2 million children aged 12-to-59 months (96 per cent) received de-worming tablets. Screening for severe acute malnutrition (SAM) was carried out in 16 regions – with a good network of treatment facilities – and about 6,000 cases of SAM were identified and referred to treatment facilities.

In 2014 UNICEF supported 661 facilities to provide treatment to children affected by SAM. The support provided included capacity building of 308 health staff and 866 community workers, supply of about 6,300 boxes of Ready-to-Use Therapeutic Food (RUTF). This helped to reach approximately 7,173 patients with treatment (based on an average reporting rate of 45 per cent). Of these, 61 per cent of children were cured, 29 per cent of admitted children defaulted and 1 per cent died.

Major constraints encountered included poor reporting of the IYCF and SAM treatment data. The performance indicators of SAM treatment remain low. Regarding the MCHW, despite its institutionalisation, there is little investment of domestic funds and UNICEF remains the main fund provider for the event. To overcome these constraints, UNICEF trained 171 district staff in SAM data management and continued to advocate with the Government for broadening the number of partners who can contribute to the MCHW.

In 2015 UNICEF will support: 1) scaling-up of IYCF and maternal nutrition in three additional regions; 2) implementation of MCHW; 3) progressive integration of treatment for SAM into the minimum package of basic health services

OUTCOME 9 To contribute to the reduction of neonatal mortality by 30 percent, under 5 years of age mortality by 30 percent and maternal mortality by at least 25 per cent by end 2014

OUTPUT 1 Monitoring/surveillance of diseases and responses to emergencies according to the fundamental commitments towards children (Core Commitment for Children/CCC) and the health cluster

Analytical Statement of Progress:
Apart from the confirmation of a case of vaccine-derived polio virus in the region of Sofia in October 2014 and the outbreak of plague (a seasonal occurrence) – affecting the densely populated capital city of Antananarivo with risk of spreading and affecting children – there were no major emergency situations in Madagascar in 2014. However, the ongoing outbreak of Ebola Virus Disease (EVD) in West Africa starting in March 2014, poses a potential risk for Madagascar. For this reason the Government and partners elaborated an operational plan for prevention and management of any eventual case of EVD in Madagascar. In addition, some measures were put in place for prevention, early detection and management of an eventual outbreak. As of December 2014 no case of EVD had been reported in Madagascar.

Main UNICEF supported interventions:

1. Social mobilisation: Support for elaboration of key messages for awareness and prevention of EVD.
2. Pre-positioned stocks: Ongoing purchase of prevention kits for 100 people to be prepositioned
Other interventions coordinated directly by the Government and WHO
3. Preparations for case management:

- Elaboration of guidelines on basic management of infections.
- Information/orientation meeting with all staff of the Ivato International Airport
- Distribution of case management guides to all health centres
- Standby roster of staff rotation for case management in case of outbreak in the Antananarivo central hospital.

4. Epidemiological Surveillance:

- Re-enforcement of system for Integrated Disease Surveillance.
- Orientation and sharing of case definition of EVD to all health centres and at community level
- Provision of tools for case notification to all health centres
- Training of health staff in the Ivato International Airport in surveillance and case detection through monitoring of temperatures of all incoming passengers. This has to be extended to the other International Airports of Nosy Be, Taomasina and Mahajanga and to the Sea Ports.
- Community-based surveillance was installed, adding to health centre-based surveillance

**OUTPUT 4** By the end of 2014, an additional 30 per cent of pregnant women and new-borns benefit from an integrated package of maternal and new born care in targeted regions

**Analytical Statement of Progress:**
Re-enforced coordination formalised through a Memorandum of Understanding between UNICEF and UNFPA allowed for the scale-up of maternal and new-born interventions in the region of Atsimo-Andrefana covering all nine districts of the region. UNICEF supported the training of 28 trainers and 127 health workers in basic emergency obstetric care in the region. Seventy-seven health centres and 2,864 community health workers in nine districts were equipped with basic supplies for maternal and new-born care. With this training, equipment and essential supplies over 64,000 pregnant women and their new-borns now have access to basic emergency obstetric and new-born care in Atsimo Andrefana.

As of 31st October 2014 (60 per cent reporting), 50 per cent of pregnant women in Atsimo Andrefana had attended four antenatal care (ANC) visits, 25.4 per cent had skilled attendance at birth in health facilities and 37.2 per cent of new-borns had a postnatal consultation within 48 hours – compared to 27 per cent, 17.1 per cent and 23.2 per cent, respectively, in 2013.

In addition 1,680 community health workers in seven districts were trained in community maternal and new-born care. Among them, 296 community health workers were monitored and motivated with a cash bonus based tied to performance. These CHW attended to approximately 54,800 pregnant women and their new-borns.

UNICEF’s work on prevention of mother-to-child transmission of HIV (PMTCT) took place in nine regions. To re-enforce screening for HIV and syphilis 50,000 test kits for HIV and syphilis were provided for screening of women during ANC visits. Of the 182,276 women that attended one ANC visit, 47,146 (25.9 per cent) were screened for HIV; 31 tested positive and 24 (77.4 per cent) of positive women received anti-retroviral drugs. Some 51,473 (28.2 per cent) of pregnant women were tested for syphilis in focus regions, among whom 3,828 (7.4 per cent)
tested positive and 76.3 per cent received treatment.

The main interventions planned for the next Country Programme include leveraging resources and scaling-up key maternal and new-born interventions during the days and hours with the highest risk for the child. UNICEF will contribute in the areas of focused and goal-oriented antenatal care, skilled attendance at birth, new born resuscitation and home-based new-born care, while leveraging partnerships and funding to fill gaps and avoiding overlaps in the continuum of care.

OUTCOME 10 By the end of 2014, contribute to reduce the prevalence of chronic malnutrition among children less than five years from 50.1 per cent to 45 per cent and under five mortality rate by 30 per cent.

OUTPUT 2 Monitoring of nutritional situation and response to nutritional emergency as per the CCCs.

Analytical Statement of Progress:
Madagascar is frequently affected by cyclones with consequences such as homelessness and flooding. In the southern regions, frequent droughts lead to seasonal food insecurity, causing these regions to show the highest relative rates of acute malnutrition.

In 2014 no major natural disaster affected the country. With regard to the nutrition crisis, following an alert made by Action against Hunger (ACF) on a possible nutrition crisis in the south, UNICEF and the Ministry of Health (MoH) undertook a rapid assessment. The investigation – based on discussion with local health authorities, observations and an analysis of the screening data obtained from the first round of mother and child health week – concluded the absence of crisis. However the situation in some communes was of concern. In response UNICEF supported the Ministry of Health to conduct a rapid screening, which allowed identification and treatment of 910 cases of SAM. In addition, high-energy biscuits were distributed to 621 children at risk of becoming severely malnourished.

UNICEF continued to support the Government to establish a surveillance system, essentially based on analysis of routine SAM programme data. In 2014, 174 district-level staff were trained on the SAM data management and reporting.

Because of the low reporting rates for SAM treatment, the current system is weak in terms of coverage (mostly in the southern regions) and also in terms of its ability to detect nutrition crises. Discussions are underway with the nutrition cluster to strengthen the system by including the community-based growth monitoring data and other routine data on health, water and sanitation and food security.

In 2015 UNICEF will continue to work to improve data analysis and reporting and will complement the current system with data from the community nutrition site, which include anthropometric measurements of children in the community.

OUTPUT 3 Effective Management/Coordination mechanisms in place for strategies and programmes related to stunting at central and at decentralised level.
Analytical Statement of Progress:

In 2014 advocacy by UNICEF led to important changes in the Management Team of the National Nutrition Office. This resulted in improved advocacy within Government and multi-sectoral coordination. A mapping of nutrition actors was completed and a national work plan for inter-sectoral coordination was developed with a budget that foresees a Government contribution.

UNICEF continued to lead the UN-interagency coordination group for nutrition. Together with FAO, WFP, UNFPA and WHO a joint work plan was developed which includes mapping of the UN action for Nutrition, an ongoing study on the determinants of malnutrition by region, a cost of hunger study to support advocacy and a joint multi-sectoral programme to address chronic under-nutrition to be started in 2015.

Other achievements in 2014 included the signature of a consensus statement to reconcile the promotion of iodised salt and the need to reduce daily salt intake and the launch of a national survey which will provide data on the iodine status of the Malagasy population as well as sodium intake, for which data collection was completed in 2014. At the regional level UNICEF supported the development of health and nutrition plans in the six focus regions of the nutrition programme, including evidence-based nutrition interventions. The regional annual review showed that nearly 70 per cent of the plans were implemented.

The major constraint in relation to this intermediary output was weak leadership in nutrition at the Government level, leading to inadequate multi-sectoral coordination at both central and regional levels. The changes that occurred in the middle of the year (following ongoing UNICEF advocacy) are likely to improve coordination and leadership.

In 2015 UNICEF will support the National Nutrition Office to evaluate the current national nutrition plan, revise the national nutrition policy and develop a new five-year nutrition plan. With regard to coordination, UNICEF will provide support to the National Nutrition Office and to the six regional nutrition coordination offices for inter-sectoral coordination. Within the Scaling-Up Nutrition platform, UNICEF will continue to lead the coordination, especially to ensure effective implementation of the UN joint action plan.

OUTCOME 11 To contribute to the reduction of neonatal mortality by 30 percent, under 5 years of age mortality by 30 percent and maternal mortality by at least 25 per cent by end 2014

OUTPUT 1 By the end of 2014, 90 per cent of children 0-11 months receive the necessary vaccines (DPT3, measles) and at least 50 per cent of pregnant women are vaccinated with two doses of tetanus vaccines in targeted regions

Analytical Statement of Progress:

During the extended programme cycle (2008 to 2013) DPT3 coverage dropped from 72 per cent (DHS 2008) to 61 per cent (MDG Survey 2013). Government data (with 86 per cent of reports received) state that as of November 2014, only 83 per cent of children were vaccinated for measles, 84 per cent for DPT3 and 63 per cent of pregnant women received two doses of tetanus.

This poor vaccination coverage, especially in hard-to-reach districts, led to an outbreak of type 1 Vaccine-Derived Polio Virus in Sofia region, with a confirmed case of Acute Flaccid Paralyses in a three-year-old child in August 2014. UNICEF, WHO, USAID and other partners supported the organisation of supplementary vaccinations in Sofia and five high-risk regions in December
Following the national mass measles campaign organised in 2013, the number of measles cases has significantly reduced. Only four laboratory confirmed cases were reported in 2014 in 04 regions stimulating the need to re-enforce routine immunisation.

Twice-yearly mother and child health weeks contributed to reducing the equity gap; 240,956 (39.6 per cent) children were vaccinated for measles in 2014 thanks to health weeks.

To narrow the equity gap UNICEF supported an analysis of drivers of inequities, followed by support to an in-depth situation analysis, bottom-up micro-planning, implementation of Periodic Intensification of Routine Immunisation and twice-yearly Mother and Child Health Weeks. These interventions were fully implemented in Atsimo-Andrefana, Boeny, Betsiboka and Vakinakarata regions. As of September about 130,607 children under 12 months in these regions received DPT3, compared to 114,607 vaccinated in 2013. The Government plans to scale-up the approach to all regions with funding from the GAVI-HSS Program.

Collaboration between UNICEF, the MoH and WHO resulted in a pre-validation survey for Maternal and Neonatal Tetanus Elimination, confirming that tetanus has been eliminated as public health problem in Madagascar.

To address the major bottleneck of cold chain failures, UNICEF provided support to initiate the rollout of solar energy refrigerators through purchase and installation of 58 units, bringing the number of solar refrigerators in focus regions to 117.

Programme priorities in the next programme cycle include strengthening the cold chain, scaling up the equity-based ‘reaching every community’ approach, and introducing IPV vaccines for polio.

OUTPUT 2 90 per cent of children less than five years of age benefit from integrated package of child survival interventions (malaria, diarrhoea pneumonia) in target regions by 2014.

Analytical Statement of Progress:
Progress was made towards achieving objectives under this output through re-enforcement and technical support to 5,725 community health sites established with UNICEF support in 2012, giving 100 per cent of targeted children access to Integrated Community Case Management (iCCM). Eighteen trainers for Integrated Management of Childhood illnesses (IMCI) were trained in the region of Menabe, and 88 health centre staff trained in IMCI in the region of Sava. The Gates Foundation-funded pilot project for the integration of the management of pneumonia and diarrhoea into the Global Fund-funded malaria programmes implemented in two districts (Andapa and Antala) in Sava region, made it possible for training and equipment of 702 community health workers; 396 in Antalaha district benefited from close support for supply chain management. In coordination with the Madagascar Pasteur Institute, UNICEF is currently analysing the cost effectiveness of the integrated management of the three main child killers (malaria, pneumonia, and diarrhoea). Results of this study will inform a potential scale-up of interventions to other regions of the country.

Some 255,000 children under five years of age in Atsimo Adrefana Region benefitted from supplies delivered to 3000 iCCM sites and improved case management of the main child killers, following refresher training for community health workers in coordination with USAID. Technical and financial support was provided to the district of Moramanga to ensue utilisation of
bed-nets, following the universal distribution in 2013 of 180,000 mosquito nets to 90,000 households. Leftover nets were distributed to more than 2,300 households that had missed out during the campaign, and social mobilisation activities were re-enforced via community dialogue promoting the utilisation of these nets.

Much work still has to be done to operationalise the School Health component of this output. In addition to the policy document, support was provided in 2014 for introduction of the school health book. The next step is to define specific package for school health activities.

Main success factors include technical assistance by the Roll Back Malaria Technical Working Group in the design, implementation and monitoring of key interventions through partnerships with several stakeholders (WHO, Institute Pasteur, USAID). UNICEF gave technical and financial assistance for coordination of bottom-up planning and periodic monitoring for action at all levels in focus regions, contributing to timely identification and resolution of key bottlenecks avoiding gaps and overlaps.

Priorities for the next Country Programme include strengthening partnerships to take to scale key child health interventions, with a focus on community mobilisation and iCCM, drawing from lessons learnt from the Gates Foundation-supported pilot project on cost-effectiveness of integrating the treatment of malaria into large-scale Global Fund-sponsored malaria programmes.

OUTPUT 3 The institutional framework, and policy environment for the development of ACSD in the health sector and consolidated Annual Plans in the regions of intervention is available by 2014.

Analytical Statement of Progress:
In coordination with partners, UNICEF supported the Ministry of Health to address key bottlenecks across the building blocks of healthcare delivery namely: governance, health financing, procurement and supply chain, human resources, service delivery, monitoring and evaluation. UNICEF provided technical and financial support to the review of key policy and strategic orientation documents:

- Health Sector Development Plan 2015-2019; key document with identified priorities for the next five years.
- Road Map for Maternal and New-Born Health 2015-2019, with defined interventions to surmount the bottlenecks for maternal and new-born health and expected results for the next five years.
- Score Card for the Monitoring of Maternal, New-born Child and Reproductive Health indicators at all levels.
- National Plan for Development of Human Resources to serve as a guide for the management of human resources, one of the main bottlenecks in health care delivery.
- Guide for implementation of the National Plan for Community Health Workers (CHW).
- Guide for bottom-up and integrated planning, to facilitate scale-up of bottom-up situation analysis and planning.

An analysis of funding and study on assessing bottlenecks affecting the flow, use and tracking of funds for immunisation services at sub-national levels was completed. This information will fit into a larger ongoing Public Expenditure Assessment for social services, in coordination with the World Bank. This study will be used for evidence-based advocacy to leverage additional
resources for implementation of mother and child survival activities in Madagascar.

Since the beginning of the Health System Strengthening initiative in 2012 over 400 health personnel (doctors and nurses) have been recruited. Among them, 144 have already been absorbed into the Public Service. Sixty-six health centres (100 per cent) that were closed have been re-opened, offering health care to an additional 420,000 inhabitants in nine focus regions.

Bottom-up planning processes were institutionalised in nine regions (50 districts), as well as supervision and monitoring for action at all levels with planned scale-up to all 22 regions in 2015. In consultation with an international public health consulting firm (AEDES), the initiative conducted an exhaustive technical and financial analysis of the drug supply chain to identify bottlenecks and propose solutions. Financial access support was given to 50 districts to improve functioning of the equity funds.

OUTCOME 12 By the end of 2014, contribute to reduce the prevalence of chronic malnutrition among children less than five years from 50.1 per cent to 45 per cent and under five mortality rate by 30 per cent.

Analytical Statement of Progress:

Despite the political crisis extending from 2009 until 2013, UNICEF has maintained its support for nutrition to the Madagascar Government at both upstream and downstream levels, helping to achieve noticeable results. At the upstream level the major achievements include: 1) adhesion of the country to the SUN movement; 2) the development of a five-year multi-sectoral plan for nutrition; 3) evaluation and update of the treatment protocol for severe acute malnutrition; 4) development of a national school health and nutrition plan; and 5) signatures on a consensus document that will help to reconcile the promotion of the consumption of iodised salt and the need to reduce salt consumption to reduce cardio-vascular diseases. In addition, in late 2012, UNICEF Madagascar undertook a major change in the structure of its programme to place more emphasis on nutrition.

At the operational level UNICEF continued its support for treatment of acute malnutrition, ensuring the functionality of over 600 treatment facilities. UNICEF also supported Maternal and Child Health Weeks and the scaling-up of the efforts to ensure adequate infant and young child feeding practices and maternal nutrition in six of 22 regions of the country.

The country’s adhesion to the SUN movement in 2012 was meant to better align financial and technical resources for Government-led and coordinated multi-sectoral nutrition initiatives. However with the crisis lasting from 2009 to 2013, the country has not fully benefited from this commitment. With the end of the political crisis in late 2013, donors are resuming their support to the country, but most are opting for direct budget support. To ensure that resources are allocated to nutrition, UNICEF in 2014 provided technical support for adequate inclusion of nutrition in the National Development Plan and continued to advocate with donors on nutrition. At the operational level, UNICEF continued to support the treatment of severe acute malnutrition; the promotion of good practices in infant and young child feeding, maternal nutrition and the utilisation of micronutrients nutrition through maternal child health weeks, reinforcement of the iodised salt programme and coordination and advocacy for nutrition.

Despite these efforts the latest data (2012 MDG survey) show that 33 per cent of Malagasy children under five years of age remain underweight; 47 per cent are chronically malnourished and 9 per cent are affected by acute malnutrition. Compared to 2008-2009, chronic malnutrition
has slightly decreased (3 per cent) but the country remains among the top five most affected in the world.

Despite some progress, stunting remains high. Given its impact on child survival (45 per cent of all child deaths are associated with malnutrition) and development and the longer-term effect on economic development, a sustained focus on nutrition is essential to further reducing child mortality, promoting optimal child growth and development and building strong human capital.

The major constraints encountered during the last programme include the crisis that limited access to external support, the reduction of domestic investment in nutrition and the weak leadership and coordination observed in the national nutrition offices. To mitigate the effects of these constraints, UNICEF has continued to advocate to the Government for strong leadership in nutrition, which resulted in significant changes in the management of the national nutrition office. In addition during the crisis UNICEF, unlike other nutrition partners, maintained it support for nutrition actions at the operational level.

In the coming five-year programme cycle UNICEF will maintain and strengthen its support to Government for nutrition and focus on scaling up evidence-based, nutrition-specific interventions, creating convergence and inter-sectoral ties with WASH, health, education, social protection and agriculture, both within UNICEF and outside, generating evidence to support advocacy for nutrition with the provision of assistance for multi-sectoral coordination, monitoring and evaluation.

OUTCOME 13 To contribute to the reduction of neonatal mortality by 30 percent, under 5 years of age mortality by 30 percent and maternal mortality by at least 25 per cent by end 2014

Analytical Statement of Progress:

In 2014 the decentralised Health System Strengthening (HSS) Programme funded through the EU PASSOBA grant expanded from five to nine regions (Atsimo-Andrefana, Anosy, Menabe, Analanjirofo, Sava, Atsinanana, Boeny, Betsiboka and Vakinakaratra), covering approximately 40 per cent of the total population of Madagascar. The HSS programme serves as a platform for planning, implementation and monitoring of key mother and child survival interventions with focus on the most vulnerable. Through the decentralised HSS programme, all focus regions now carry out: bottom-up situation analysis and planning, implementation of key activities, supervision at all levels and monitoring for action meetings at the health centre level (with participation of community health workers and local leaders), district level (with participation of health centre chiefs) and regional level (with participation by district medical officers). The planning and monitoring process has been standardised, and the MoH is working to take this to scale in all 22 regions of the country in 2015. The decentralised HSS programme has further supported/facilitated recruitment and installation of 400 health personnel (doctors and nurses), opening of 66 health centres previously closed, and/ or re-enforcing health centres managed by a single staff person. Coordination to improve financial access through equity funds and re-enforcement of the supply chain, via technical support to the central drugs and medical supply store (SALAMA) and its regional districts and health centre hubs, has been on-going.

A holistic approach to integrated community case management was facilitated through a Gates Foundation-funded pilot in two districts (Andapa and Antalah) of the region of Sava for integrated service delivery for malaria, and will be further re-enforced through ongoing initiatives, such as the Global Fund’s New Funding Modality.
UNICEF provided technical and financial support for integration of community health intervention data into the health information reporting system at health centre, district and regional levels. A community health Information Management System was approved and will become operational in 2015.

Equity focus in vaccination through an assessment of drivers of inequities, institutionalising periodic intensification of routine immunisation, with a focus on the most vulnerable populations and hard-to-reach zones, as well as rollout of Pneumococcal and Rota vaccines will reduce incidence of pneumonia and diarrhoea, responsible for 18 per cent and 10 per cent of under-five deaths, respectively. Routine vaccination was re-enforced during Mother and Child Health Weeks that reached over 3.6 million children under five years old and 825,000 pregnant women twice yearly.

Assessment of the universal distribution of long-lasting insecticide-treated nets (LLIN's) in 92 endemic districts is ongoing. However, the 2013 MDG survey indicated that 27.4 per cent of the population is covered, with one LLIN for every two people. These efforts in the fight against malaria have greatly contributed to the reduction of under-five mortality in Madagascar. Malaria is now responsible for 6 per cent of under-five deaths.

Sustained support from GAVI through the introduction of new vaccines and additional funds in the pipeline (US$16 million) for Health System Strengthening will further narrow the equity gap in immunisation and support the implementation of immunisation activities in 72 districts. UNICEF successfully supported the drafting of a proposal for the introduction of Injectable Polio Vaccine (IPV) in Madagascar. IPV will be introduced into the routine immunisation programme in the second quarter of 2015.

Leveraging partnerships with UNFPA helped to take maternal and new-born health interventions to scale in one region (Atsimo Andrefana) in 2014. The revision of the Road Map for maternal and new-born health 2015-2019, launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and signature of main partners (UNICEF, WHO, UNFPA, USAID etc.) adhering to the Road Map promises renewed commitment to MNCH in Madagascar.

Major constraints included insufficient funding, especially for the vaccination programme and maternal and new-born health. Although there is renewed coordination between the Government and partners, this coordination needs to be re-enforced and streamlined to avoid multiple, fragmented and time-consuming coordination forums.

Priorities for 2015 include re-enforcing the health system, new-born care, reducing the number of unvaccinated children and support to management of the three main child killers (malaria, pneumonia and diarrhoea), through re-enforced community involvement and participation by community health workers in iCCM.

**OUTCOME 15** By the end of 2014, a protective environment is strengthened to eliminate all forms of discrimination, abuse and violence against children and adolescents, and to ensure the progressive realisation of their rights

**Analytical Statement of Progress:**
Given the crisis context, the Child Protection Programme reduced its focus on upstream interventions to place a greater emphasis on: (i) enhancing the prevention of violence, abuse and exploitation against children and adolescents in targeted communities; (ii) ensuring that
child and adolescent victims of violence, abuse, exploitation and negligence benefit from adequate care and support in targeted regions; (iii) devising an equity approach to birth registration to reach the 20 per cent excluded children; (iv) strengthening the capacity of the Child Protection Network to effectively monitor, document and report on the child protection situation in target regions of interventions, as well as supporting the systematic generation and compilation of data derived from administrative records from the police, health system, Fokotany, district and regional authorities.

Given the lack of national focus on accountability for child protection, UNICEF worked in coordination with other partners to ensure a multi-sectoral approach to child protection interventions with adequate levels of involvement from the Government, civil society organisations, UN agencies (such as UNDP, UNFPA, and ILO) and the private sector, especially the tourism and telecommunication industries.

With this approach the child protection programme was able to achieve notable results for the children of Madagascar in targeted regions and communities of interventions. Specifically in 2014, the Child Protection Programme:

- Improved coordinated care and support to child victims of violence, abuse and exploitation

Through a combination of technical, logistical and financial support provided to the Child Protection Networks in nine regions and the capital city Antananarivo, an estimated 8,103 child victims of violence and/or exploitation were identified and received care and support.

To better improve the provision of integrated services to child victims of sexual violence, UNICEF established a model one-stop centre in a Public Hospital specialised in Gynaecology and Obstetrics, which delivered medical, psychosocial care and judicial support to 463 children victims of sexual violence.

- Improved identification and reporting mechanism on violence, abuse and exploitation against children

Through sustained capacity building efforts for law enforcement staff from the Police and the Gendarmerie, the Child Protection programme was able to improve their capacity to identify violence, abuse and exploitation against children, to adequately document each case and to manage and report data on children victims. In this reporting year 4,490 cases of child abuse were reported to the police.

Using the latest technology in the field of ICT, the programme set up a call centre system featuring a helpline for children, allowing 815 child victims of abuse to call for help and benefit from care and support thereafter.

- Improved treatment of juvenile offender's cases

Through continued advocacy with the Ministry of Justice, UNICEF managed to ensure that the limited number of juveniles in detention (473), representing less than 1 per cent of the overall population in detention, is treated with high priority. Just over 400 juvenile offenders accused of minor offences benefitted from diversion and/or alternative measures to detention.
• Improved primary prevention to reduce the incidence of violence against children

With continued community mobilisation, through community dialogues, UNICEF was able to reach 25,000 persons. Community dialogues focusing on the abandonment of child marriage, of commercial sexual exploitation of children. The community dialogues led in some communities to the collective adoption of “community conventions” or “Dina” through which community collectively committed to stop child marriage or exposing their children to commercial sexual exploitation.

• Improved equity focus on 17 per cent unreached children by birth registration

With continued support to the Government, UNICEF ensured that the equity-focused birth registration strategy initiated since 2011 was finalised and that the strategy was integrated in the Government’s National Budget.

• Improved support to the national prevention and response to humanitarian situation

With continuous support to the Government and other key stakeholders, UNICEF contributed to updating the Child Protection component of the National Contingency Action Plan and ensured that emergency kits were prepositioned in seven regions most affected by natural disasters. The Programme contributed to the humanitarian response to communities victimised by Cyclone Hellen in Mahajunga, where 249 affected children received psychosocial support.

OUTCOME 16 By the end of 2014, support to the Interim Education Plan (PIE) contributes to the national target of 85 per cent of children completing basic quality education

Analytical Statement of Progress:

As noted in UNICEF Madagascar’s 2014 Situation Analysis on Children and Women, key education indicators have been in decline in recent years. Throughout Madagascar, the net primary enrolment rate decreased from 83 per cent in 2005 to 69 per cent in 2012 (MDG survey 2012–2013). Repetition rates in primary school are 17 per cent and test scores in key subjects such as mathematics have declined since 1998, from 59/100 to 40/100 (2012). Approximately 1.5 million primary school-age children are currently out of school. The major barriers to education, were further exacerbated during the crisis period when a forward-thinking Education Reform was put on hold, leaving the system with an outdated curriculum, poorly trained teachers (about two-thirds of primary school teachers have not received any formal training); limited school facilities; and increasing costs of education. The formation of a new government in May 2014 provided a renewed opportunity to address these key bottlenecks.

In reviewing the status of UNICEF’s contribution to education outcomes as the current Country Programme comes to a close, it is important to note that UNICEF continued its education support throughout the crisis period, refocusing implementation strategies and modalities to adapt to the changed context and revising key results accordingly. Specifically, UNICEF aligned its education programme with the Ministry of Education’s new Interim Education Sector Plan 2013-2015 (IESP) issued at the beginning of 2013.

Through UNICEF’s support to eight of Madagascar’s 22 regions, there was a 3 per cent increase primary level in the enrolment rate from 2013, but a slight decrease (1.5 per cent) from the 2010/11 target. The drop-out rate remained stable for two years, at 11 per cent, from a
baseline of 17 per cent.

UNICEF continued its support for increasing education access through school construction, a nationwide “Go-to-School” Campaign and school kits, through combined support together with the MoE and Global Partnership for Education, contributing to the revised objective of preventing further declines in the system due to the crisis.

Primary school completion rates – a proxy indicator for quality – hovered at around 38 per cent, up nearly 4 per cent from the 2010/2011 baseline. 2014 was a pivotal year in terms of advancing this agenda through extensive in-service teacher training of community-recruited teachers. In line with the upstream work that UNICEF undertook in 2014 is the preparatory work for testing in 2015 (PASEC), which will provide baselines for the new sector plan.

Upstream coordination and advocacy continued at a national level. UNICEF continued to serve as coordinating agency for technical and financial partners, as well as co-chair of the Local Education Group, and has hence facilitated the coordination of actions supported not only by UNICEF but also those of EU PASSOBA and the World Bank, though the Global Partnership for Education and the multi-sectoral Emergency Essential Services on Education, on Nutrition and Health project (PAUSENS), specifically in the domain of teacher training.

Capacity building took place at both the central and decentralised levels, specifically through the presence of 22 UNICEF Regional Technical Assistants embedded in the regional directorates of the MoE. Concrete advances can be seen in the mapping and activation of partnerships at a local level, as well as improvements in data collection and monitoring of activities. Some 1,400 field missions took place thanks to the presence of ATRs and their vehicles, a level of interaction that was previously impossible and on which the CO will capitalise.

A pilot SMS monitoring system, which tracked the results of the Go-to-School Campaign and school kit distribution at three key points in the 2013/2014 school calendar showed promising results; the MoE has shown interest in using this methodology to complement the EMIS collection system. Continued efforts by UNICEF and sector partners are being made to improve data collection and analysis systems countrywide, and Madagascar is one of the recipient countries for the GPE Global Regional Activity initiative on school profile cards.

These achievements were made despite several challenges, notably the changing of regional directors and the reshuffling of the Ministry at a national level. The turnover was a lengthy process, one of the reasons for delays in the disbursement of funds to regions. While the proportion of the national budget earmarked for the Education sector remained stable – and even increased mid-2014 to enable the MoE to recruit 10,000 new civil servant positions – despite the Presidential Initiative prioritising teachers, free primary education and school reintegration efforts, allocations for Education remain far below pre-crisis level. Reliance on external funding remains significant, with only half of education expenditures financed by domestic public funds. Schools have also not received the promised operational budget for years, which puts stress on the school and diminishes the time, energy and quality of resources – human and material – that can be used to ensure children go to school, learn and stay in school.

In this continually challenging environment, UNICEF continued to enjoy partnership support from the Government of Norway, the European Union, various UNICEF National Committees and UNICEF Thematic Funds, and has continued to invest in the improvement of access, retention, quality and institutional capacity, in line with IESP objectives.
OUTCOME 17 Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene practices

Analytical Statement of Progress:
In Madagascar, limited access to clean water and poor sanitation and hygiene practices are of particular concern, especially given the link with chronic malnutrition and diarrhoea incidence. In global comparisons, Madagascar ranks 4th last for the use of safe water and 8th last for access to sanitation. Only 14 per cent of the population have access to improved sanitation facilities (WHO/UNICEF Joint Monitoring Programme 2014). Almost half (48 per cent) of all people living in rural areas practise open defecation. Only half of the overall population and 35 per cent of the rural population have access to improved water sources; 38 per cent of rural inhabitants rely on surface water for drinking (JMP 2014). These figures show that progress has been flat during the last few years, as the WASH sector was particularly affected by the crisis, receiving limited investment. UNICEF responded to this critical situation and the need to keep at least a moderate level of social services working during the crisis by creating a stand-alone outcome for WASH in the Country Programme for 2013-2014.

Despite the alarmingly poor access to water and sanitation, national WASH expenditure in Madagascar in 2014 was very low. African Development Bank loans have been the primary WASH funding source since the political crisis began in 2009, but they came to an end in 2014. The WASH sector has fortunately benefitted from contributions of the EU, USAID, Water Aid and the Global Sanitation Fund (sanitation only). Some exploratory visits of potential donors occurred during 2014 but the sector has not yet received any formal commitments. In 2014, UNICEF was the main partner for the WASH sector, with a disbursement of US$5.5 million, which is probably the largest donor contribution for this year.

Progress was constrained because the two-year targets were fixed at a large-scale in order to support the country to make a final push toward achieving MDG targets for water and sanitation. Unfortunately lack of major budget support limited Madagascar’s ability to achieve the ambitious targets set. However is worth noting that despite these constraints, UNICEF has achieved considerable progress and has been driving major thinking, discussions and actions on service sustainability for the sector, that overall, has prevented worsening of the situation.

Overall UNICEF has provided support for the installation of water points and sanitation facilities in communities, schools and health centres, having achieved a major advance on sanitation and hygiene through the empowerment of government at decentralised levels to effectively deliver results. Some 49,700 people gained access to water through new water systems constructed, boreholes drilled and rehabilitation. An additional 19,000 children benefited from new water access points at schools. More than 329,600 people have changed behaviour and are now consistently using latrines; 1,244 villages have been verified as Open Defecation Free.

There has been also a major focus on looking at sustainable models that can be brought up to national scale, with particular emphasis on water supply and basic sanitation. Regarding water supply, despite the limitations of Government systems and the enabling environment, the sustainable models are based on the private sector providing water systems and maintenance in a given geographical area. For sanitation, the basis for sustainability is the demonstrated performance of the social norms-centred approach (CLTS) in changing behaviours. In regions where obtaining results is notoriously difficult, like Androy, the programme has witnessed clear successes, such as an ODF success rate of 87 per cent.

During 2014 the WASH programme started to roll out a consistent shift to ensure that
institutions adequately promote the three key messages for WASH: 1) Drinking safe water (even when water comes from a non-improved source, ceramic filters will make it safe for consumption); 2) use of sanitation even if latrines are traditional; and 3) hand-washing with soap/ash at critical times (one star approach). For this purpose, 562 schools and 856 health/nutrition centres now have ceramic filters to treat water, use portable hand-washing kits and promote the importance of using latrines. After the initial launch, starting in 2015, a certification process will be developed that consistently promotes the three behaviours. At the same time, UNICEF Madagascar developed a C4D strategy and mass media campaign to support the three key behaviours, and an estimated 3,000,000 people (40 per cent of total populations in 7 targeted regions) were exposed to radio and TV messages combined with IEC materials.

As part of the sector funding and coordination issues, major bottlenecks persist in relation to the inefficiency of the paper-based data collection system, a point that will be addressed in the next Country Programme. Moreover, there is a critical need to assure data quality and reliability through sound verification and certification mechanisms at national and regional levels, although there is still resistance within the sanitation sector to developing mechanisms that will ensure stronger transparency, reliability and responsibility. Another critical bottleneck is the lack of human resources in decentralised government structures. UNICEF is working with the Ministry of Water to develop solutions to address those problems in the short, medium and long term.

In terms of evidence-generation, the Community-Led Total Sanitation evaluation was concluded and all recommendations were integrated in the new CLTS strategy being rolled out with regional authorities. A study on child-friendly latrines, to understand major design motivators or barriers to their use, is underway through a partnership with the University of Antananarivo, and will be finalised early 2015.

Overall, in 2014, progress towards this Outcome is on track for all activities, except for water, which is still constrained due to internal procurement processes coupled with limited private sector capacity. UNICEF is considering a shift toward procurement through regional structures, but there is a need to re-activate the decentralised procurement authority from MoW towards regional structures, which are still not in place, representing a major constraint to improved performance.

OUTCOME 18 The rights of children and women are integrated and prioritised into evidence-based programming, emergencies, communication and promotion of social policy and social change

Analytical Statement of Progress:
One of the key areas of focus for UNICEF Madagascar’s inter-sectoral programming in 2014 was to generate and disseminate actionable evidence to inform the programme, national partners and international donors about the situation of children in Madagascar and the bottlenecks that affect results. As the first year of the post-crisis period in Madagascar, the penultimate year of the Millennium Development Goals initiative, and the final year of the Madagascar UNDAF and UNICEF Country Programme, data produced and shared in 2014 informed a number of important processes. It was also a year in which to take stock of the current, eventful, thrice-extended Country Programme and reflect on the lessons learned and the way forward for UNICEF Madagascar. The overlap of these numerous process, including the scheduled internal audit, at times complicated inter-sectoral support to programme areas, but UNICEF was nevertheless able to fulfil all its obligations to donors, the UN and its partners.
The planning and validation process for the 2015-2019 UNICEF Country Programme Document, the Country Programme Management Plan and the Country Programme Action Plan mobilised the UNICEF team throughout the year. In April, a Strategic Moment of Reflexion exercise was held to help define strategies and priorities for the next five years, with the presence of UNICEF Regional Office staff. Since 2013, Mid-Year and Annual Programme reviews were also used as opportunities to collaborate with partners to identify common visions within each sector. The development of these documents culminated in the signature of a draft CPD by the Government of Madagascar in November and its upcoming review at the January 2015 meeting of the Executive Board. The CPMP was also presented on time to the regional Technical Review Panel and validation is pending.

The 2014 Situation Analysis of women and children in Madagascar was launched in November, to coincide with the 25th anniversary of the Convention on the Rights of the Child in a public ceremony that received considerable media attention. National partners had been involved in the development of this document since the start of the process in 2012, and the content helped shape sector plans and the National Development Plan for 2015-2019, as well as the 2015-2019 CPD. Based on the information contained in the SITAN, UNICEF Madagascar saw fit to conduct a Multiple Overlapping Deprivation Analysis exercise that will offer deeper insight into the equity issues raised in the situation analysis and help to identify the most vulnerable populations in time for the start of the new programme cycle.

As the Country Programme continues to deepen its understanding of social norms as a key determinant in the achievement of results in all programme areas, UNICEF Madagascar significantly increased its commitment to developing effective Communication for Development strategies. In 2014, the programme was able to finalise the development of a package of 12 Essential Family Practices, in close collaboration with the Government of Madagascar, seizing the opportunity for closer cooperation linked to the end of the crisis. These EFPs cover all UNICEF programme areas and are meant to help more children realise their rights. By late 2014, eleven government structures at the central and regional levels had developed action plans to integrate behaviour change activities on the EFPs in the sector and/or geographic areas. Mass communication campaigns and training of community workers in these practices have already begun, with up to 40 per cent of the national population reached. Work also started on a landmark study of socio-cultural determinants for the adoption of EFPs that is bringing together experts from the University of Antananarivo, Ohio University and University of Witwatersrand to improve understanding of community practices and barriers to change. Together, these initiatives should help all UNICEF programme areas and their partners, particularly public ones, better customise activities and approaches so as to better address equity issues.

UNICEF Madagascar also worked to ensure that donors, who are steadily re-engaging with the Malagasy government, and the global community at large are aware of issues of concern to women and children here. To mobilise further funding and promote awareness of development needs in Madagascar, nine donor visits were hosted in 2014, including one featuring Pampers’ UNICEF Ambassador Emma Bunton. At the same time, UNICEF’s Facebook page nearly doubled its number of “friends” since 2012, reaching nearly 12,000 users from around the world. At the end of the day, the Country Programme was able to mobilise a steady stream of funds since the large increase in revenue precipitated by the start of the political crisis, operating in 2014 with a budget of nearly US$67 million.

Madagascar was fortunate to avoid a major natural disaster in the past twelve months. Cyclone Hellen did reach the north-western shores of the island in early 2014, but the damage was
minor and did not necessitate a large-scale response. Nevertheless, UNICEF took the opportunity to increase preparedness and resilience-building activities with national and subnational authorities and communities, through both institutional capacity-building initiatives and a coordinated cross-sectoral service approach. The role of UNICEF staff deployed in the field in Disaster Risk Reduction and Emergency Preparedness and Response was also strengthened through targeted training in 2014.

**Document Center**

**Evaluation**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation de l’approche &quot;assainissement total piloté par la communauté&quot; (atpc)</td>
<td>2014/005</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Réédition de la synthèse des études qualitatives et quantitatives sur l’itinéraire thérapeutique des mères et des enfants de 0 à 5 ans</td>
<td>2014/004</td>
<td>Study</td>
</tr>
<tr>
<td>Analyse approfondie de la situation des enfants et synthèse de la vulnérabilité des ménages urbains McRAM (Multi-cluster Rapid Assessment Mechanism) urbains – 2010 à 2012 Madagascar</td>
<td>2014/003</td>
<td>Study</td>
</tr>
<tr>
<td>L’enfance à Madagascar : une promesse d’avenir ; Analyse de la situation de la mère et de l’enfant (Résumé exécutif)</td>
<td>2014/002</td>
<td>SitAn</td>
</tr>
<tr>
<td>L’enfance à Madagascar : une promesse d’avenir ; Analyse de la situation de la mère et de l’enfant</td>
<td>2014/001</td>
<td>SitAn</td>
</tr>
</tbody>
</table>

**Other Publication**

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roll-up UNICEF program, SitAn</td>
</tr>
<tr>
<td>CRBP : Bache, Pochette, Roll-up</td>
</tr>
<tr>
<td>Kits IEC WASH</td>
</tr>
<tr>
<td>Carnet de suivi des agents communautaires WASH</td>
</tr>
<tr>
<td>Carnet fisy Sanatanana TAFITA</td>
</tr>
<tr>
<td>Briefing book</td>
</tr>
<tr>
<td>Livret Convention relative aux droits de l’enfant (re print)</td>
</tr>
<tr>
<td>C4D banner for COMBI workshop</td>
</tr>
<tr>
<td>Guide pour les formateurs en matière de WASH</td>
</tr>
<tr>
<td>Guide Ecoles amies de WASH</td>
</tr>
<tr>
<td>PASSOBA-SAANTE Affiches, Stickers, Banderoles</td>
</tr>
<tr>
<td>PASSOBA-SAANTE Bulletin special edition</td>
</tr>
<tr>
<td>PASSOBA-SAANTE Bulletin 3</td>
</tr>
<tr>
<td>PASSOBA Sante Bulletin 2</td>
</tr>
<tr>
<td>Annual report 2013</td>
</tr>
<tr>
<td>UNICEF 30 years celebration</td>
</tr>
<tr>
<td>Kellie Armand interview video</td>
</tr>
<tr>
<td>One minutes Junior special edition “let us learn” (video)</td>
</tr>
<tr>
<td>One minutes Junior 2014(video)</td>
</tr>
<tr>
<td>Gap financing video</td>
</tr>
<tr>
<td>The girl education in Madagascar (video)</td>
</tr>
<tr>
<td>Digital mapping video</td>
</tr>
<tr>
<td>PASSOBA-SANTE Comité de pilotage (video)</td>
</tr>
<tr>
<td>PASSOBA-SANTE : Sarah’s story (video)</td>
</tr>
<tr>
<td>PASSOBA-SANTE program (video)</td>
</tr>
<tr>
<td>SIMEX National 2014(video)</td>
</tr>
<tr>
<td>Poster Campagne Santé /WASH</td>
</tr>
<tr>
<td>Toolkit utilisation des latrines</td>
</tr>
<tr>
<td>Toolkit Lavage des mains avec du savon</td>
</tr>
<tr>
<td>EBOLA Campaign Posters: A1 in Malagasy; A1 in French and Malagasy; A3</td>
</tr>
<tr>
<td>Polio Campaign Social mobilisation guide</td>
</tr>
<tr>
<td>Note explicative pour les outils IEC et carnet de suivi des agents communautaires</td>
</tr>
<tr>
<td>Polio Campaign Spots audio/TV</td>
</tr>
<tr>
<td>Feuille de suivi par école</td>
</tr>
<tr>
<td>Polio Campaign: Poster 1: 40<em>60; Poster 2: 40</em>60</td>
</tr>
<tr>
<td>Film dialogue &quot;Djaomalasa&quot;</td>
</tr>
<tr>
<td>DVD Film &quot;Djaomalasa 3 &quot; sous-titré en français</td>
</tr>
<tr>
<td>Vidéo and web page «dialogues communautaires et la lutte contre la violence faite aux enfants »</td>
</tr>
<tr>
<td>Vidéo C4D</td>
</tr>
<tr>
<td>Spot radio 2'16&quot; et 30&quot; sur 65 stations radios dans les 7 régions: Analamanga, Atsimo Atsinanana, Anosy, Androy, Atsimo Andrefana, Boeny, Analanjirofo</td>
</tr>
<tr>
<td>Spot TV 2'16&quot; et sur Stations TV partenaires dans les 7 régions: Analamanga, Atsimo Atsinanana, Anosy, Androy, Atsimo Andrefana, Boeny, Analanjirofo</td>
</tr>
<tr>
<td>Affiche A1 « construction et utilisation des latrines pour 7 régions : Analamanga, Atsimo Atsinanana, Anosy, Androy, Atsimo Andrefana, Boeny, Analanjirofo »</td>
</tr>
<tr>
<td>Etude sur la petite enfance : Développement des enfants et pratiques parentales à Madagascar (0-6 years)- Re print</td>
</tr>
<tr>
<td>Children's books kit (19 books)- Re print</td>
</tr>
<tr>
<td>Module pédagogique (French)</td>
</tr>
<tr>
<td>Module pédagogique (Malagasy)</td>
</tr>
<tr>
<td>30 ans de l’UNICEF: Banderole, Banner, Drapeaux</td>
</tr>
<tr>
<td>Drapeaux vert et jaune Pour les villages Open defecation « ODF « et villages déclenchés</td>
</tr>
<tr>
<td>Campagne: 'je vous invite à vous laver les mains avec du savon': Banners, Flyers</td>
</tr>
<tr>
<td>Campagne scolarisation: Poster, Flyers, Baches, Banderole</td>
</tr>
<tr>
<td>Chansons sur l’insertion scolaire et sur la réinsertion scolaire (vidéo et audio)</td>
</tr>
<tr>
<td>Boîte à images</td>
</tr>
</tbody>
</table>