Executive Summary

With presidential elections peacefully taking place in December and the international community supporting the results, 2013 will likely prove to be the last year in a half decade-long political crisis that has severely weakened social services and increased poverty in Madagascar. The new Government will have to contend with severe challenges to the welfare of children. These include: catastrophic lack of access to WASH facilities, more than a quarter of children being excluded from the education system, half of all children under five suffering from chronic malnutrition, severely limited access to health facilities and vaccination services, along with widespread violations of the rights of minors.

The donors that remained engaged during the crisis shifted their investments toward preventing the collapse of basic social services delivery, particularly in the health and education sectors. This strategy has largely precluded the development of capacity within Government partners, and most sectors continue to suffer from a funding gap that is contributing to the deterioration of social services.

UNICEF has strengthened service delivery at the subnational level through programming focused on vulnerable regions and embedding more than 40 Regional Technical Assistants within Regional Directorates of the Ministries of Education, Health, Water and Protection & Social Affairs. This was made possible by significant commitments from donors, with the European Union (EU) providing particularly strong support. EU funding enabled payment to over 20,000 primary school teachers, the delivery of 4 million school kits and the re-opening and strengthening of community health centres in nearly half the districts in the country.

UNICEF’s increased level of involvement with subnational partners has brought to light significant problems linked to poor governance in both public and non-profit entities. Despite a conscientious application of the UN Harmonised Approach to Cash Transfers (HA), audits and other monitoring exercises point to the need to strengthen partner compliance as a priority for 2014.

UNICEF is advocating for a return to long-term investments to benefit the children of Madagascar. The CO facilitated the development of a new Global Partnership for Education (GPE) grant and the EU extended coverage of the health systems strengthening programme (PASSOBA) from five to nine regions. A DfID-financed US$6 million programme will upgrade WASH usage in five regions. UNICEF also supported the development of a national plan in line with global Scaling Up Nutrition (SUN) guidelines. Private sector partnerships were strengthened, with greater implication of mines and tourism establishments in the fight against sexual abuse of minors. Following advocacy from the CO, the UN Special Rapporteur on Children’s Rights visited Madagascar and will soon produce a report that will guide further planning in this field.

Many challenges to an effective return to social development remain. The country as a whole and many key sectors, particularly health and child protection, are devoid of valid strategic development plans. The process for developing a new UNDAF will therefore be an opportunity for UNICEF and its UN partners to advocate for the prioritisation of children’s rights and concerns with the new Government.

Country Situation as Affecting Children & Women

Madagascar remains one of the world’s poorest countries. In 2012, per capita GDP was US$447 (current US$, WDI 2013) and the nation was still ranked 151 of 187 countries on UNDP’s Human Development Index. There was no reversal of the trend already diagnosed in previous years: the only Millennium Development Goals (MDGs) that can still be reached are those related to HIV/AIDS and gender parity in education (WB 2012, CCA).

Data from the most recent household survey (the MDG survey, which combines standard DHS and household survey modules) carried out in 2012/2013 indicates a slight improvement in poverty compared to 2010 (but doubts remain as to whether the timing of the survey may have contributed to an overestimation of income data and therefore an underestimation of poverty). However, poverty levels remain very high: in 2012, 91 per cent of households lived on under US$2 per day and 71.5 per cent of households lived under the national poverty line (MDG survey 2012/13). Since 2001, there has been no progress in reducing poverty and the recurring political and economic crises surely contributed to this.
The political crisis affecting the country since 2009 may finally come to a resolution. Both rounds of presidential and legislative elections were held by December 2013. However, installation of a new and functioning Government may be at risk due to allegations of election irregularities by the defeated candidate. The large number of independent candidates elected in the legislative elections may further complicate the choice of a prime minister and cabinet. This could still lead to a prolonged period of political instability.

The promise of a resolution to the crisis led to the reengagement of some development partners since 2012, but financial support remains at approximately half of pre-crisis levels (Aid Management Platform 2013). Even if social sectors are clearly prioritised by development partners, external funding can in no way compensate for the lack of domestic funding. Health, water and sanitation and social protection have suffered from the most important budget cuts since 2009, but similar trends can be seen in education. Government prioritised maintaining fiscal and financial stability at the expense of public investment and social sectors (WB 2012). Therefore, access to basic social services has become more costly for households (anecdotal evidence).

With nearly half of the country’s children under five suffering from chronic malnutrition, Madagascar is the fourth-worst performing country globally (UNICEF 2013). MDG survey data indicate that there may have been a slight improvement. While under-5 mortality seems to have improved slightly, neonatal mortality appears to have worsened (26/1,000 live births). Maternal mortality shows no significant improvement (478/100,000 live births). A serious decline was noted in vaccination: only 51.1 per cent of children 12-23 months are completely vaccinated (MDG survey 2012/13) compared to 61.6 per cent in 2008 (EDS 2008/9). All indicators of availability of health personnel show a steady decline since 2005 (MoH).

Access to safe water remains a major concern in rural areas (34 per cent, JMP 2013). Madagascar ranks as the fifth worst country in Africa for water access (JMP 2013). Sanitation also remains a major challenge. With access to improved latrines at 14 per cent (JMP 2013), Madagascar is the eighth worst performing country globally.

Madagascar is no longer on track to achieve universal access in education. More than 2 million children do not attend preschool and approximately 1.5 million children of primary school age are out of school (UNICEF 2012). Only 69 per cent of children complete primary school (MDG survey 2012/13) and two-thirds of the nation’s teachers have no formal training.

Child protection issues remain a major concern. While birth registration is relatively high (even though pockets of inequity remain), child labour (involving around one-quarter of children aged 5-17 years, MDG survey 2012/13) as well as abuse and violence against children were major concerns in 2013. Sexual exploitation of children through prostitution and sexual tourism has risen exponentially since the onset of the crisis, yet reporting and prosecution of the perpetrators, as well as care and treatment for the victims are largely inadequate (report of the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography, 2013).

Next to the lack of financial and human resources, there are a number of additional barriers to delivery of quality social services. Cultural barriers to accessing basic social services are not negligible in a population that follows deeply rooted belief systems. Already poor physical access in large parts of the territory is compounded by serious security issues in the south of the country. Finally, overall governance and rule of law have deteriorated and further encourage the informal settlement of disputes and the application of traditional practices of law, which can be very detrimental to the respect for human rights.

Madagascar is very vulnerable to natural disasters: 16 out of the country’s 22 regions are at risk of cyclones (ranked fifth among countries most threatened by cyclones, Maplecroft 2012) and flooding. Droughts are a recurrent phenomenon, as well as locust infestations, which have recently become a major concern (harvests in the southwest of the country were destroyed). Yet the country’s preparedness to prevent and mitigate the effects of such phenomena remains limited.

The Country Office focused on providing a solid evidence base for the new UNDAF/CPD (2015-2019): data from a subnational Multiple Indicator Cluster Survey covering four regions in southern Madagascar and data
from the MDG survey, a multi-agency effort providing national and regional data on poverty, socio-demographics and health for the first time since 2010 became available in 2013. The Country Office finalised a Situation Analysis (SitAn) using these datasets and results from a bottleneck analysis of the WASH sector. All of these elements, together with the recommendations of the UNCRC Committee’s 59th meeting (January 2012) and the report of the special rapporteur on the sale of children, child prostitution and child pornography (2013) will provide the basis for the elaboration of the new UN Development Assistance Framework and Country Programme Document (UNDAF/CPD).

**Country Programme Analytical Overview**

MCO’s most significant initiative of 2013 was the expansion of our programme at the regional level. A total of 47 staff are now embedded within the Regional Directorates of key ministries. The deployment of these Regional Technical Assistants and their field-based coordinators is providing UNICEF with unprecedented access to public service providers and has opened new opportunities for capacity-building and monitoring activities, while also increasing the regional coherence of our programs.

In Education, UNICEF continues to lead the sector and channels its resources to keep the school system functional. Through financing from the EU, MCO delivered over 4 million school kits and covered four months of salary for more than 21,000 teachers in 12 regions. To further encourage enrolment, the CO collaborated with the Ministry of Education on a nationwide ‘Back-to-School’ campaign. The CO also implemented both an SMS monitoring system and a mobile-money payment solution to improve service delivery and track results.

In Health, the PASSOBA program strengthens health-system capacities through the re-opening of health centres and improved planning in five regions. Coverage will soon reach nine regions, comprising the majority of country’s districts. The re-opening of facilities is already providing access to care to an additional 105,000 people. UNICEF also rolled-out two new vaccines this year (HPV and Pneumococcal) and vaccinated 91 per cent of children aged 9-to-59 months-old against measles. Our health team also continues to monitor incidences of HIV/AIDS in Madagascar.

The WASH team employed Community-Led Total Sanitation strategies to improve hygiene and sanitation practices for 137,632 people in five regions. UNICEF strengthened its advocacy and resource mobilisation efforts for this sector, as Madagascar is currently the sixth worst nation in clean water access and eighth worst in improved sanitation access. These efforts are paying off; DFID is now supporting WASH through a US$6 million programme.

Nutrition has maintained its focus on chronic malnutrition, an under-funded issue affecting 47 per cent of children. UNICEF is advocating for increased investments via outreach to major donors. As a result UNICEF signed a nearly US$4 million agreement with CIDA to fund chronic malnutrition activities, and is working with the Government to implement the Scaling Up Nutrition initiative in Madagascar.

Finally, our Child Protection section is implementing community-based programs to prevent violence against children and offer access to services in the capital areas of nine regions. Eighty hotels signed a code-of-conduct document against sexual tourism. The two largest mines are currently working with UNICEF to protect children living near extraction centres.

In 2014, the Country Office will continue addressing the core needs of children and the threats to their welfare that have multiplied and intensified during the crisis, while also building toward a new CPD cycle. We will strengthen our Communication for Development (C4D) activities to generate demand for key social services and pursue long-term behaviour-change activities based on comprehensive knowledge of local social norms. We will use the insights gained from our field presence, the new SitAn and the new MDG survey to better serve Malagasy children in 2014 and beyond.

**Humanitarian Assistance**

UNICEF has prepositioned supplies with the capability to respond to the needs of approximately 25,000 people during the first week of an emergency. When Cyclone Haruna came onshore in March 2013, 41,655
people in south-western Madagascar were affected.

The UNICEF response provided:
- access to safe water to 16,750 people;
- a return to school for 4,093 children;
- measles immunisation for 3,500 U5 children;
- curative interventions for 420 pregnant women;
- daily psychosocial support for 1,805 children.

The Education sector forged an agreement with the African Development Bank (AfDB) to cover a funding gap in school reconstruction.

In late 2013, UNICEF responded to localised plague outbreaks through provision of C4D services to improve awareness of the disease among the population.

The CO continues to reinforce Disaster Risk Reduction activities that help both humanitarian aid and cyclone-vulnerable communities effectively prepare for and respond to emergencies, primarily through training of school teachers and administrators. The response strategy will prioritise affected populations in hard-to-reach regions, and the CO will progressively shift from prepositioned supplies to cash transfers in emergencies.

Madagascar has also been selected as one of the beneficiary countries of a DfID-funded humanitarian preparedness programme that aims to improve national response capacities and a pilot cash-transfer with NGOs, such as Catholic Relief Services (CRS).

**Effective Advocacy**

*Mostly met benchmarks*

In 2013, the UNICEF Madagascar CO advocated for the fulfilment of the rights of Malagasy children, influencing decision-makers to take actions to contribute to this goal.

The 54 per cent reduction in the health budget from 2009 to 2013 made it difficult for the Government to finance basic health services, especially immunisation. However, in coordination with WHO, UNICEF negotiated with the transitional Government to provide additional vaccination funding to ensure the co-financing of vaccines sponsored by the Global Alliance for Vaccines and Immunisation (GAVI) and the purchase of traditional vaccines in 2013. Another important success in the health sector was the extension of the PASSOBA Santé programme to four additional regions in Madagascar. UNICEF’s positive results in the initial five regions influenced the EU’s decision to finance the expansion to support 460 health centres in these new programme regions.

As coordinating agency for the Global Partnership for Education (GPE) in Madagascar, UNICEF’s Education programme led a successful campaign to apply for a new GPE grant in the first quarter of 2013. This work involved sustained lobbying and advocacy with all education partners, including the Ministry of Education, to reach consensus on the terms of the funding application. The CO briefed NYHQ in preparation for their participation in the GPE board meeting during which applications were reviewed. The result of this work was GPE approval of a new US$85 million award for Madagascar.

UNICEF’s advocacy work also persuaded the EU to contribute substantial funding to bridge a financing gap in the education sector pending arrival of new GPE grant funds disbursement. This ensured continuity in the sector by diminishing household schooling costs through provision of school kits, payment of community teacher salaries and school feeding.

UNICEF Madagascar continued its efforts during 2013 to highlight the issue of school exclusion. To this end the CO worked closely with the Ministry of Education to design and implement a nationwide Go-to-School campaign that targeted children outside the education system.

Another important UNICEF initiated and supported programme was a campaign to end violence against
children. In this nationwide campaign the Government, child protection networks and police authorities were brought together to advocate against violence and abuse. The CO media section initiated a partnership with state media, which provided free airtime to the campaign. UNICEF’s Child Protection section also formed an alliance with the ILO and the national tourist board to establish a hotel-sector code of conduct to prevent sexual abuse of minors in the country’s most popular tourist destination, ‘Nosy Be’. The signing ceremony found a significant media echo, partly because it was honoured by the presence of the UN Special Rapporteur on the sale of children, child prostitution and child pornography and the Prime Minister.

In the WASH sector, UNICEF lobbied with the Malagasy Government for a harmonised approach to the promotion of proper sanitation. A regular meeting of all stakeholders in the sector was introduced this year. As a result, common strategies such as CLTS were harmonised to meet the sector’s quality standards.

### Capacity Development

**Mostly met benchmarks**

Since the beginning of the political crisis, Madagascar has found itself in a context of diminishing capacity to address core needs of women and children, due to decreased budgets for line ministries, the pull-out of many international donors and the non-recognition of pre-existing national development and sectorial plans by the transition authorities. There are significant governance issues throughout Government institutions. In 2013, UNICEF has continued to engage with partners of all kinds and at all levels to help them improve their abilities to provide care and services to children throughout the country.

One of the most critical capacities requiring reinforcement among partners is their ability to properly manage funds, to prevent misuse and allow for full and timely compliance with HACT procedures. In 2013 UNICEF organised four workshops for a total of UN 109 partner organisations and over 200 staff members to reinforce their financial and administrative management capacities.

Forty-two Regional Directorates from four ministries (Education, Health, Protection & Social Affairs, Water) in all 22 regions also benefitted from the presence of embedded Regional Technical Assistants (ATRs) – UNICEF staff tasked with facilitating the development and implementation of quality, evidence-based work plans and monitoring financial and programme activities. An evaluation on the results of this approach will be conducted in 2014.

Through funding from the European Union, UNICEF is also helping strengthen the capacities of health systems in half of the districts in Madagascar by addressing staffing gaps in existing community health centres and re-opening closed ones. Some 128 medical staff have been recruited to date, in addition to 126 District Technical Assistants tasked with supporting the functionality of local health systems.

### Communication for Development

**Partially met benchmarks**

Throughout 2013, UNICEF supported partners in the promotion of the several key behaviours, using a C4D approach:

1. Parents enrol their children in primary school
2. Parents/caretakers ensure their children are vaccinated at vaccination sites
3. Children aged 6-23 months consume a varied and sufficient diet
4. Pregnant and lactating mothers seek appropriate nutrition
5. Mothers practice exclusive breast-feeding with infants until the age of 6 months
6. Families utilise latrines
7. Parents/caretakers protect their children from violence, abuse and exploitation
8. Youth life skills training (sexual reproductive health; reduction of early pregnancy, reduction of violence, young parenting, peace and citizenship, gender equality)

Communication activities were developed using social, cultural and behavioural information obtained through consultations with community stakeholders and representatives. Five regional consultations were conducted to discuss behaviours, social norms and strategies for change.

UNICEF supported partners in the use of varied communication channels and approaches, including interpersonal communication (counsellors, peer educators, social mobilisers), film, interactive radio programmes, community dialogue and events with music and sports. This was achieved during four national campaigns and through close communication with vulnerable areas, such as under-vaccinated districts and those with higher rates of violence against children).

There remains a need to strengthen the monitoring system for social and behavioural change, with the inclusion of a database with information on performance, innovations and lessons learned.

Service Delivery

Mostly met benchmarks

Mother and Child Health Week: Initiated in 2006, bi-annual Mother and Child Health Weeks (MCHW) campaigns are an efficient and cost-effective way to ensure that every Malagasy child and woman has, at least twice yearly, the opportunity to receive an integrated package of high-impact mother and child survival services. The MCHW interventions supply two doses of vitamin A to children 6-59 months of age, two doses of de-worming medication to children 12-59 months of age and routine immunisations to children 0-11 months of age and pregnant women. A formal evaluation of the MCHW in 2010 determined that 40 per cent of eligible children were vaccinated against measles. Despite setbacks in effective delivery of the immunisation programme, particularly lack of resources for outreach sessions, MCHW interventions helped to maintain the coverage of DPT3 at 76 per cent in 2013 (MoH). Ongoing efforts to strengthen the health system will focus on routine services; a formal evaluation of MCHW implementation is planned for 2014 to reassess its contribution to standard health services.

Bed-nets: Madagascar shows relatively good household coverage for Long Lasting Insecticide-treated Nets (LLINs). A 2009 survey (DHS) showed that 72 per cent of homes had at least one net, and a subsequent study, the 2011 Malaria Indicator Survey (MIS), indicated that 94 per cent of households had at least one net and 59 per cent had at least two. Because the majority of LLINs supplied in 2009 had deteriorated by 2012, UNICEF worked with partners to comply with the schedule of universal distribution every three years.

In accordance with the National Malaria Control Strategy for LLINs Universal Coverage Campaign for pre-elimination of malaria by 2017, UNICEF took part in a national campaign to ensure universal access (one bed net for three persons). With United Nations Foundation support and funding from Nothing But Nets, UNICEF supported the procurement and distribution of 150,000 LLINs to over 74,000 households in the Moramanga District. As a result, over 59,000 children under the age of five years and over 14,000 pregnant women can now sleep under the protection of LLINs. The distribution was conducted through the leadership of the National Malaria Control Program (NMCP).

School kits: UNICEF supported the Ministry of Education in its first Go-to-School campaign, a programme intended to increase enrolment among primary school-aged children and reduce the high proportion of over-aged children entering the first grade. The campaign employed a variety of communications channels to reinforce the importance of education and encourage children to attend school, including: mass media (radio and TV broadcast of a song in the Malagasy language sung by two well-known local artists); printed materials, such as posters and t-shirts; and a range of local mobilisation events, such as public meetings and village gatherings. These activities were complemented by the distribution of school kits to children in all primary schools. The result was a decrease of up to 10 per cent out-of-school children in some regions of
Madagascar.

**Strategic Partnerships**

*Mostly met benchmarks*

In 2013, UNICEF continued its strategy of engagement with international, national and local partners to maximise the reach of our commitment to children.

As both managing and coordinating agency in the last round of Global Partnership for Education and lead of the Education partner group, UNICEF played a key role in facilitating the planning and validation of a new round of GPE funds for Madagascar, which will ensure critical funding to the sector in 2014 and beyond.

Existing partnerships continued to produce meaningful results for children. UNICEF is playing a key facilitator role in the process of aligning national nutrition policies with the global Scaling Up Nutrition (SUN) initiative, particularly through support to the National Office of Nutrition. In 2013 UNICEF and Population Services International (PSI) coordinated community distribution of micronutrient powder used to fortify home-cooked complementary foods for 5,000 children aged 6-to-23 months. The two organisations also worked together in a universal mosquito bed-net distribution campaign.

The Global Fund’s New Funding Model provides new opportunities to combine malaria interventions with treatment of pneumonia and diarrhoeal diseases. Community health workers (CHWs) were already trained to address all three diseases, and UNICEF will now purchase medicine for CHWs in our focus regions to complement Global Fund malaria treatment stocks.

Madagascar is one of ten priority countries included in the GAVI Alliance Business Plan. A Road Map for equity analysis and response for Madagascar has been elaborated, and an operational plan will soon be finalised. This equity lens will serve to guide implementation of immunisation interventions in 2014.

In 2014 UNICEF will seek to create new partnerships with international NGOs in the field of emergency preparedness and response. Work is under way for a stand-by agreement with CRS to provide cash transfers for disaster-impacted populations. The CO has also begun to engage the End Child Prostitution And Trafficking (ECPAT) global initiative to coordinate interventions focused in sexual tourism. Coordinated activities will include training of police officers on sexual abuse case management, a national communication campaign against sexual tourism, and the co-production and distribution of a film to be shown on international flights to Madagascar.

**Knowledge Management**

*Partially met benchmarks*

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*
### Gender Equality
*Partially met benchmarks*

### Environmental Sustainability
*Partially met benchmarks*

### South-South and Triangular Cooperation
## Narrative Analysis by Programme Component Results and Intermediate Results

### Madagascar - 2670

**PC 1 - Maternal and child survival and development**

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<td><strong>PCR 2670/A0/05/201</strong> 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 percent by end 2014</td>
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**Progress:** Since 2013, the EU-funded Health System Strengthening (HSS) programme (PASSOBA), was initiated in five regions. This will be extended to four additional regions in 2014, covering 40 percent of the total population. PASSOBA is helping to re-establish functional health systems eroded by five years of political crisis, creating an enabling environment for delivering key mother and child survival interventions. Through this non-traditional approach, we expect to improve results of the PCR.

Although the country is currently on track with PCR goals for USM (66/1000 live births), it is unlikely that Madagascar will meet the MDG4 goal of 54/1000 LB by 2015.

Before 2009, Madagascar was on track for reaching MDG4 goals. From 1997 to 2008, under-five mortality (U-5M) decreased from 159/1000 to 72/1000 live births (DHS 1997, 2008). However, success slowed following socio-political crisis in 2009 and suspension of international aid that hampered taking to scale lifesaving interventions. USM is currently 62/1000 LB (MDG-S 2013). Neonatal mortality increased from 24/1000 LB in 2008 to 26/1000 in 2013 (DHS 2008, MDG-S 2013), contributing to 42 percent of USM. Pneumonia, malaria, diarrhoea and malnutrition are other main causes of USM. Ongoing initiatives such as the Global Fund’s New Funding Modality, the Gates-funded pilot in two districts for integrated service delivery with malaria are expected to improve the holistic approach to integrated community case management (iCCM) and results. Rollout of Pneumococal vaccine and planned introduction of rota-vaccines will reduce incidence of pneumonia and diarrhoea.

The maternal mortality rate showed insignificant progress; from 498/100,000 LB (DHS 2008) to 478/100,000 LB (MDG-S 2013). Maternal deaths are linked chiefly to lack of skilled attendance at birth (<40 per cent) and obstetric complications. Leveraging partnerships with UNFPA will help take these interventions to scale in 2014.

Priorities for 2014 include reducing the number of unvaccinated children, and new-born care.

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<td><strong>IR 2670/A0/05/201</strong> 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.</td>
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**Progress:** At the policy level, the Health Sector Development Plan revision did not materialise due to constrained leadership and the political crisis. However, UNICEF provided technical assistance in the elaboration and/or revision of the following key documents: the National Human Resources Policy for contracting, the Operational Plan for Community Health Policy and the National Strategic Plan for Health Management Information Systems 2012-2017.

During its first year of implementation, the Health System Strengthening programme (PASSOBA) project covered five regions. PASSOBA re-enforced the building blocks of health service delivery, creating an enabling environment for the implementation of mother and child survival interventions and coordination of partners to support the Government in situation analysis, bottom-up planning and monitoring for action.

UNICEF was able to provide technical support for the development of integrated bottom-up annual work plans in 27 districts and supported 64 standardised Monitoring for Action meetings. The planned recruitment and installation of national medical staff in five regions was 100 per cent successful, and 35 per cent of health centres benefitted from 163 additional staff to take key interventions for children and women to scale. An additional 44 health centres were re-opened.

UNICEF conducted an analysis of the supply chain and equity funds aimed at improving health commodity procurement and distribution; this was being finalised in late 2013. Further, UNICEF supported an analysis of the central-to-district/pharmacies-to-end user supply chain. An operational guide for the provision of essential drugs and equity funds is being finalised and will orient district and hospital pharmacies on management of this special fund.

Priorities in 2014 include support for the elaboration of the 2015-2019 health development plan expansion and re-enforcement of health system strengthening through the extension of PASSOBA to four additional regions.

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<tr>
<td><strong>IR 2670/A0/05/201</strong> 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</td>
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**Progress:** Progress was been made toward achieving these IR objectives. UNICEF supported the establishment of 5,725 community health sites in 2012, providing 100 percent of targeted children with access to iCCM in five target regions. Specific support was provided to the Tolagnaro district to re-enforce the functionality of 198 iCCM sites run by 396 Community Health Workers. UNICEF also supported the performance evaluations of 5,386 CHWs in four of the five target regions.

A Gates-funded project in two districts is looking at integrating service delivery for pneumonia and diarrhoea with the malaria platform.
UNICEF provided technical and financial support to universal LLIN campaign in 61 target districts. Procurement and distribution of 150,000 LLINs to over 74,000 households benefitted 59,000 US children and 14,700 pregnant women in one district. 78 per cent (MIS 2013) of households in the districts covered by the 2012 universal coverage campaign have one LLIN per three people, compared to 60 per cent in 2011.

UNICEF continued to scale up capacity building for health providers on the Integrated Management of Childhood Illnesses (IMCI). A pool of 18 regional trainers trained 70 health workers from five districts in the Analanjirofo region to offer IMCI services. Another pool of 15 regional trainers from the northern Sava region is now prepared to offer health provider training in early 2014. In coordination with WHO, support was provided to Government to establish a mechanism for integrated disease surveillance. This platform supports epidemiological surveillance, early detection and rapid response to disease outbreaks.

UNICEF provided technical support to the Government for the elaboration of the National Programme for School Feeding Nutrition and Health 2013-2015.

2014 priorities include training for health providers in clinical IMNCI; scaling up malaria-control interventions; school health services; and fortifying iCCM sites with commodities for malaria, pneumonia and diarrhoea treatment.

IR 2670/AO/05/201/103 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

Progress: UNICEF has achieved progress towards increasing new-born and maternal health care. However, interventions were limited to only three districts in two target regions, due to funding restrictions. Support was provided for scaling-up prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV care services in the five target regions.

UNICEF supported capacity strengthening for 92 (96.5 per cent) basic health centres (CSBs) to offer basic emergency obstetric and neonatal care (B-EmONC) in three districts of Amboasary Sud, Betioky and Tolear II. Health care staff were trained in B-EmONC, and 92 health centres equipped according to need.

In these districts, support was provided to strengthen the capacity of 943 CHWs to offer care to pregnant women and new-borns and carry out community mobilisation for health-seeking behaviours. These interventions increased the rate of pregnant women receiving care. By the end of November, ANC1 coverage was 93.4 per cent, ANC4 35 per cent, delivery in health facilities 33.5 per cent and postnatal consultations 55 per cent, compared to 70.8 per cent, 24.9 per cent, 26.9 per cent and 16 per cent, respectively, in 2012. Joint quarterly field missions conducted by UNICEF, the Ministry of Health and the NGO Medical Care Development International improved training for identifying health risks associated with pregnancy/childbirth and home-based new-born care.

Support was provided to scale-up capacity building for health providers in syphilis, HIV screening for pregnant women and PMTCT, paediatric care for new-borns with HIV-positive mothers and HIV+ babies. An average of 51.6 per cent of pregnant women were screened for syphilis and HIV in five target regions.

While the national rate of first antenatal care consultations is high (82 per cent), coverage for the four recommended antenatal care visits (51 per cent), skilled attendants at birth (44 per cent) and post-natal care (47 per cent) are low. Priority in 2014 will be taking to scale these interventions, beginning in the Atsimo-Andreiana region, in partnership with UNFPA.

IR 2670/AO/05/201/104 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

Progress: UNICEF provided technical and logistic support for the rollout of Pneumococcal vaccine nationwide, and introduction of HPV vaccine in two demonstration districts.

The vaccination programme faced several challenges: absence or poor maintenance of the cold chain and lack of funds, as well as weak organisation of outreach services. DPT3 coverage dropped from 72 per cent (DHS 2008) to 61 per cent (MDG Survey 2013). From Government reports, as of November 2013, only 78 per cent of children had been vaccinated for measles, 81 per cent for DPT3 and 58 per cent of pregnant women with two doses of tetanus. Other challenges included Government failures and/or delays in purchasing sufficient quantities of traditional vaccines, leading to periodic stock-outs. GAVI Health System Strengthening (HSS) funds were used to fill gaps in the vaccination programme. However, poor management, lack of absorption capacity and delays in the disbursement of funds hampered scheduled implementation.

The third follow-up measles campaign took place in October, during the second round of Mother and Child Health Weeks, reaching 91 per cent of 3.2 million children aged 9-59 months with measles vaccine.

A UNICEF, Ministry of Health and WHO pre-validation survey of the Maternal and Neonatal Tetanus Elimination initiative was conducted. The analysis will determine whether tetanus has been eliminated in Madagascar.

The UNICEF-GAVI Business plan for equity helped to identify drivers for inequities in immunisation. Some 50,000 community vaccination registers were introduced to identify and track defaulters.
To reinforce cold chain and outreach capacity, UNICEF and partners provided 59 solar refrigerators, 13 cold rooms, 3,500 Fridge-Tag 2 monitors, 3,650 vaccine carriers and 315 bicycles in programme regions. Cold chain equipment that can accommodate Rotavirus vaccines for diarrhoeal disease treatment will be required in 2014.

2014 programme priorities include: strengthening the cold chain, implementation of the equity-based Reaching Every District (RED) approach, with structured outreach sessions, and introduction of the Rotavirus vaccine.

**IR 2670/A0/05/2017/107** - Programme is managed efficiently and effectively to achieve the objectives

- **On-track**

**IR 2670/A0/05/2017/108** - Suivi / surveillance des maladies et réponses aux urgences selon les Engagements fondamentaux envers les enfants (Core Commitment for Children/CCC) et le cluster Sante

**Progress:** In coordination with the Health Cluster, UNICEF delivered emergency health services and care to the population of the Antsimo Andrefana Region in the aftermath of Cyclone Haruna in February. More than 95 per cent of affected populations in the Morombe, Toliara-1 and Toliara-2 health districts received emergency response within 24 hours, using supplies pre-positioned with the Government at regional level.

In the regions of Antsimo Atsinanana and Vatovavy Fitovinany, support continued in 2013 to victims of 2012 Cyclone Giovana, with funding from the Central Emergency Response Fund (CERF) and in partnership with the Ministry of Health, WHO and UNFPA. In these regions 13 health centres were reopened and served the population for a nine-month period, with emergency funds. During this time 30,205 US children representing 44 per cent of the target population were treated for acute respiratory infections, malaria or diarrhoea. These centres remain open with support from Government funds and staff, paid through the GAVI HSS programme.

In the same regions, 1,142 community health sites were equipped to deliver basic community curative care through the provision of health kits containing antibiotics, antimalarial drugs and Oral Rehydration Salts. More than 39,349 US children (approximately 56 per cent of the target) were treated by community health workers for acute respiratory infections, malaria or diarrhoea in five districts of two target regions.

The Health Cluster conducted emergency simulation exercises in two cyclone prone regions (Atsimo Atsinanana and Atsimo Andrefana) and planning and preparation for cyclic and periodic disasters is ongoing. To ensure rapid response to a new disaster, UNICEF and its partners have prepositioned, with the national Government, health kits for 30,000 people for three months.

Priorities for 2014 include surveillance, emergency preparedness and response through pre-positioning of essential supplies for rapid mobilisation.

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**On-track**

**PCR 2670/A0/05/801** 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.

**Progress:** Madagascar joined the international Scaling Up Nutrition movement in 2012, to better align financial and technical resources for national nutrition initiatives. However, the country has not benefitted from available global-level resources because of lack of international recognition of its Government, and Government commitments to nutrition have not translated into concrete actions. The funding situation notwithstanding, UNICEF continued its support in 2013 for treatment of severe acute malnutrition (SAM) in nearly all 22 regions of the country; the promotion of infant and young child feeding practices in three regions; regular provision of nutritional supplements and de-worming medication for children/pregnant women countrywide; and coordination and advocacy for nutrition.

The latest data show that 33 per cent of Malagasy children under five years of age are underweight, 47 per cent are chronically malnourished and 9 per cent are affected by acute malnutrition. Compared to 2008-09, chronic malnutrition has slightly decreased, by 3 percent. Encouragingly, the U5 mortality rate also decreased by 10 percent, to 62 per cent, even though neonatal mortality increased slightly, to 26 per cent.

Despite the progress, malnutrition (especially stunting) and mortality remain high. Because under-nutrition accounts for 45 per cent of child deaths per year (Lancet 2013) a focus on nutrition is essential to further reducing child mortality in Madagascar, especially in regards to pregnant women and new-borns. UNICEF will maintain its support to Government for nutrition and focus on scaling up specific evidence-based nutrition interventions, such as promotion of adequate infant and young child feeding practices and maternal nutrition; improvement of micronutrients nutrition and treatment of severe acute malnutrition.

The end of the political crisis is an opportunity for Madagascar to fully benefit from the SUN movement. In 2014, UNICEF will support evidence-based activities and advocate for nutrition with the new Malagasy administration and donors, and will provide assistance to sectoral and multi-sectoral coordination, monitoring and evaluation.

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**Constrained**

**IR 2670/A0/05/801/001** Effective Management/Coordination mechanisms in place for strategies and programmes related to stunting at central and at decentralised level

**Progress:**
In 2013, in line with the SUN principles, UNICEF maintained its advocacy with the National Nutrition Office (ONN) to support the development of platforms that coordinate nutrition interventions. Four platforms (Government institutions, UN system, civil society and private sector) were established in 2013 and three have provided reports. The platforms are not all functional, and coordination remains focussed on policy and strategic level indicators rather than operational issues.

None of the target regions was able to develop a consolidated nutrition plan. Efforts in 2013 were focused on supporting the costing of the national level plan. Other 2013 activities of UNICEF’s Nutrition programme included: supporting advocacy for the nutrition component in the national school health and nutrition plan developed for the period 2013-2015; revision of the national protocol for the management of acute malnutrition; technical support for the nutrition component of a nationwide survey tracking progress toward the Millennium Development Goals (report to be released in early 2014); and facilitation of a symposium involving the Ministries of Health and Communication, UNICEF and WHO, where the Universal Salt Iodisation (USI) programme and salt reduction programme acknowledged their shared public health value and the importance of harmonised public communications.

In 2014 UNICEF will support regional and central coordination of the ONN, ensuring a focus on actions on the ground, in addition to strategic and policy level management. The Nutrition sector will also support the development of regional nutrition plans in five focus regions (Anosy, Analanjirofo, Menabe, Vakinankaratra, Analamanga). UNICEF will also strengthen coordination within the UN system, and the development of a joint UN strategic plan for nutrition. Regarding USI, UNICEF will support a nationwide survey on the iodine status of the population, as well as harmonised communication on iodised salt promotion and salt reduction.

**On-track**

**IR 2670/A0/05/801/002 At least 75 per cent of children diagnosed with severe acute malnutrition recover following adequate treatment. At least 50 per cent of children under two 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.**

**Progress:** In 2013 interventions to improve Infant and Young Child Feeding (IYCF) and pregnant woman’s nutrition were conducted in six districts of three regions, home to 162,000 pregnant/lactating women and 130,000 children aged 0-23 months. The capacity of 439 health staff and 1,744 community workers was reinforced for facility and community-based IYCF counselling, including early initiation and exclusive breastfeeding, and pregnant women’s nutrition. In one region, the intervention was implemented in collaboration with Population Service International and included a pilot to enhance complementary foods with multiple micronutrient powder, reaching more than 5,000 children aged 6-23 months.

During two rounds of nationwide Mother and Child Health Weeks UNICEF ensured that 6 million children received vitamin A supplementation (94 per cent Round 1, 54 per cent Round 2[1]), 5 million children were dewormed (97 per cent Round 1, 55 per cent during Round 2), 1 million children were screened for acute malnutrition (25 per cent of U5s) and 74,000 pregnant women provided iron/folic acid supplements (60 per cent of expected pregnancies).

UNICEF, in collaboration with the MoH, provided 641 facilities nationwide with supplies to treat SAM. Treatment reached 6,387 children with SAM[2]; 63 per cent were cured, 1 per cent died and 28 per cent failed to complete treatment (defaulted). While the death rate falls within national standards, the cure rate is below the 75 per cent target and the default rate is high due to insufficient capacity of service providers and limited supervision.

In 2014 UNICEF will support 1) the scaling up of IYCF and maternal nutrition in three additional regions; 2) the implementation of MCHW; 3) the integration of the treatment of SAM into the health package.

[1] Note that Round 2 occurred in October 2013, and as of the end of November 2013 only 51 per cent of participating health facilities had reported results.

[2] Based on report received as of end-September 2013

**On-track**

**IR 2670/A0/05/801/003 Monitoring of nutritional situation and response to nutritional emergency as per the CCCs.**

**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 2013, a nutrition contingency plan was developed for these southern regions and for the cyclone-prone east coast.

A contingency stock was secured, including high-energy biscuits that can cover the needs of 45,000 displaced persons for seven days, and therapeutic milk and ready-to-use therapeutic foods that can treat 1,000 children with severe acute malnutrition. The Nutrition Cluster can be activated within seven days when a crisis situation arises, however this was not necessary in 2013.

UNICEF’s Nutrition section funds and monitors the nutrition situation through the routine collection and analysis of severe acute malnutrition programme data. In 2013, these data did not indicate a deterioration of the nutrition situation. However, this system is seriously limited, as it does not monitor all regions; an increase in admissions is not necessarily a result of an increased rate of malnutrition (low reliability).

Preliminary results of the MDG survey (completed in 2013 and awaiting validation) suggest that the central regions of Madagascar are
more affected by acute malnutrition (with rates above 10 per cent) than the traditionally affected southern regions. In response to the unpredictable variation of acute malnutrition in Madagascar (both temporally and geographically) and given the limitations associated with the quality and accuracy of routine nutrition data, UNICEF will work in 2014 with sister UN agencies (World Food Programme, Food and Agriculture Organisation) and NGOs (Action Against Hunger) to set up a surveillance system that can anticipate deterioration in the nutrition situation and trigger prompt response.

IR 2670/A0/05/801/004 Project support (Nutrition Manager, Nutrition Programme Assistant)

PC 2 - Education for development and gender equality

**Constrained**

**PCR 2670/A0/05/202** 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

**Progress:** Progress on the overall PCR objective was mixed, with modest increases of 4 per cent at primary level in both the enrolment rate and completion rate tempered by a virtual stagnation in the 17 per cent drop-out rate. This is not surprising, given the declining numbers of trained civil servant teachers coupled with increasing numbers of untrained community-recruited teachers. Thus, whilst there is positive news on more children attending primary school, completion is still a challenge due mainly to financial barriers and poor quality teaching.

UNICEF’s efforts to increase access—for example through the distribution of school kits; support to the nationwide “Go-to-School” Campaign and classroom construction—have undoubtedly contributed to the fact that more children are now in school. In this sense, the implicit objective of reducing further declines in the system was achieved. However, the crucial issue of poor quality teaching remains, with the lack of a national training strategy and career development plan for community-recruited teachers hindering and generally undermining efforts.

Upstream coordination and advocacy continued at the national level. UNICEF facilitated the successful submission of a new US$85 million Global Partnership for Education grant, which will be supervised by The World Bank. Funds totalling €15 million were also secured from the European Union to finance the gap between GPE grants and support payment of community-recruited teachers, distribution of school kits and school feeding (in collaboration with WFP). UNICEF remained in the roles of co-chair of development partner and local education groups, and lead agency of the UNDAF Education component. Under the Monitoring Results for Equity System (MoRES), a pilot SMS monitoring system to measure the impact of the Go-to-School Campaign and school kit distribution showed promising results and will be expanded in 2014. Audits of regional education authorities also highlighted the need to help strengthen governance issues in 2014 and beyond.

**On-track**

**IR 2670/A0/05/202/101** 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

**Progress:** Despite indicators showing the absence of a joint sectoral review and that only one-third of regional educational authorities (DRENs) conducted bi-annual progress reports aligned with the new 2013-2015 National Interim Education Strategy, good progress was made towards this IR overall. The new strategy restructured sectoral priorities in response to limitations imposed by the continuing political crisis and triggered mobilisation of external aid (for example, the GPE). This was accompanied by the implementation of the national communication strategy, which placed emphasis on the interim plan and its strategic directions.

To help strengthen the decentralised system, UNICEF deployed national programme officers within each of the 22 DRENs across the country. As a result, these entities are now progressively aligning their implementation with the new plan and establishing Regional Education Councils to expand partnerships and enhance coordination efforts. A financial and operational audit of the 22 DRENs was also initiated, providing the basis for capacity development of these decentralised authorities in 2014.

UNICEF also supported national data collection systems by training all regional Ministry of Education staff, working with the Ministry on SMS monitoring and reinforcing the capacities of teacher training colleges in all eight regions with new equipment and the formulation of regional action plans for teacher training.

Approximately 85 per cent of the schools in seven target regions developed school-based action plans and UNICEF played a pivotal role in the development of a national model, based on this approach, which will be expanded nationwide. Modest progress was made on the punctuality of payments to community-recruited teachers in response to pressure from the local donor group. UNICEF is now experimenting with payments via mobile phones, using funds from the European Union with a view to lobbying for this to be expanded with GPE funds in 2014.

**Constrained**

**IR 2670/A0/05/202/103** 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

**Progress:** The national primary school completion rate did not increase substantively in the eight focus regions, thus the targeted 10
per cent increase by the end of 2014 appears unlikely. This is due largely to a lack of effective coordination and collaboration on teacher training issues, which hindered progress on several complementary priorities. Insufficient support and training provided to teachers, combined with inadequate school equipment and infrastructure (including water supplies and sanitation) hamper the development of conducive learning environments and reflect, to a large extent, the current weakness of the education system, evidenced by stagnant achievement rates at primary and junior secondary levels.

While progress on educational structural reforms (e.g. extension of primary education cycle, curriculum development, language of instruction, teachers’ policy) was stalled pending the designation of a new Government, some significant contributions helped to maintain, and in some instances improve, the quality of teaching and learning. At the pre-primary school level, Early Learning and Development Standards were validated and a national curriculum was being formulated in late 2013. Over 1,000 pre-school teachers received pedagogical training in focus regions, and regional trainers were supported to introduce similar training nationwide.

At primary school level, over 9,500 primary teachers benefited from in-service peer training received within regional teachers’ networks, access to syllabi and support materials for teaching Malagasy, applying inclusive pedagogical techniques and effectively teaching literacy and numeracy skills in early grades. At the upstream level, a national teachers’ competency framework was drafted and an accelerated training programme targeting community-recruited teachers was being formulated.

At the post-primary level, junior secondary school teachers were trained and school improvement plans implemented in more than 250 junior secondary schools, benefitting over 23,000 girls and almost 27,000 boys. Also initiated in 2013 were disaster risk reduction lessons in junior secondary schools classrooms and capacity building for local educational authorities.

**IR 2670/A0/05/202/0105** 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

**Progress:**

Cyclone Haruna slammed into the south-western coast of Madagascar in February 2013, causing widespread wind damage, and then flooding when a major dam burst in the regional capital of Tulear. The targeted resumption of classes within two weeks of a disaster was not achievable in certain flooded regions that were inaccessible for at least a week until waters receded. Some children were only able to resume schooling after four weeks because their classrooms were occupied by local residents whose homes had been destroyed by the storm. However, according to regional education authorities over 95 per cent of schools had re-opened within a week of the disaster.

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

The Haruna evaluation missions revealed that over 230 classrooms were rendered unusable by destroyed roofs. With resources deployed on schedule, 39 temporary classrooms were established by the Government and 11 by communities in the three districts most heavily affected. As a result, over 4,000 students were able to resume classes. Of the more than 28,000 children affected by the cyclone, 22,000 received educational and recreational kits, which also contain radios that will enhance the communities’ capacity to generate early warning messages during future emergencies. UNICEF mobilised funding from the African Development Bank to support the repair and reconstruction of 20 classrooms damaged by the cyclone.

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.

**IR 2670/A0/05/202/106** Programme is supported to achieve its full objectives

**On-track**

**IR 2670/A0/05/202/107** 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

**Progress:** Progress towards the IR was encouraging, with a decrease of out-of-school children at primary level in six target regions, from 158,000 at the beginning of the year to 125,270, towards an overall objective of 79,000 by the end of 2014.

UNICEF and Government partners contributed to this result through mutually supportive activities, including the nationwide distribution of over 4 million school kits to the entire public primary school student population, funded jointly by the Government of Norway and the European Union. Substantive assistance was provided for a “Go-to-School” campaign run by the Ministry of Education. Nationwide activities were complemented by targeted work in eight focus regions, including the construction of four pre-school, 112 primary (in partnership with ILO) and 12 lower-secondary classrooms. More than 216,000 children in the three most food insecure regions received school meals from WFP — a major factor in increasing enrolment and boosting retention rates. Efforts to narrow the gender equity gap included scholarships to over 4,000 girls pursuing post-primary education, key messages on the value of girls’ education and life skills support.

UNICEF is paying the salaries of over 20,000 community-recruited teachers in 12 regions. Teachers in two regions will be paid via
mobile phones. This method is intended to decrease the delays in their payments and the distances they have to travel to collect them. It will also strengthen governance and transparency through ensuring reliability of salary payments and instantaneous monitoring of receipts.

The new interim plan was adopted in early 2013 with the aim of maintaining programmatic focus on the country’s most vulnerable children. In line with this plan, UNICEF supported the Ministry in the development of catch-up programmes for out-of-school children and teacher training modules emphasising inclusion of children with disabilities, both of which will be piloted in 2014.

**PC 4 - Governance for child protection**

- **On-track**

**PCR 2670/A0/05/204** 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

**Progress:** Madagascar presents a unique and challenging scenario in which to establish a protective environment for children. The child protection system confronts circumstances such as long-held traditional beliefs that downplay the status of children in society and a dysfunctional judicial system with weak Government oversight that does not adequately safeguard the rights of children. By November, 4,417 children, survivors of abuse, violence and/or exploitation received medical and psychosocial care and support, and when needed, socio-economic reintegration. It is noteworthy however that only 1,031 cases of the 5,000 targeted cases of child victims of violence were reported to the Child Protection Police Unit.

A majority of child discrimination, abuse, violence and/or exploitation cases are not systematically reported. Many communities do not consider some hurtful practices toward children to be illegal or violations of their rights. They may be unaware of legislation protecting children or they may believe that their traditional beliefs trump laws. Others may have a lack of trust in the formal justice system, dissuading them from reporting illegal acts against children, and in some cases families choose amicable arrangements with offenders. The Special Rapporteur on the sale of children, child prostitution and child pornography, Najat Maalla M’jid visited Madagascar in 2013, and strongly encouraged the Government to step up efforts to combat the sexual exploitation of children and ensure that perpetrators are punished.

Throughout 2013 major achievements — such as the adoption of alternative measures to pre-trial detention of minors for petty crime by the Ministry of Justice and the increase of reporting of child abuse and exploitation — were realised by UNICEF and its partners. In 2014, UNICEF will continue to work towards the reduction of violence and exploitation of children, with a special focus on sexual exploitation.

- **On-track**

**IR 2670/A0/05/204/101** 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

**Progress:** Major breakthroughs were achieved in the realm of juvenile justice in 2013. The Ministry of Justice adopted a set of alternative measures to pre-trial detention of minors for petty crimes and the Minister instructed all courts to apply these measures. One hundred twenty of a targeted 150 juvenile offenders directly benefitted from this action and are awaiting trial outside of custody.

The planned training of police and gendarme law enforcement agents was affected when these forces were occupied with providing national security during this year’s electoral period.

UNICEF trained 80 hotel industry managers in two tourist regions on child rights, who then adopted a code of conduct on the protection of children from commercial sexual exploitation. UNICEF also supported enforcement of the zero-tolerance policy on commercial sexual abuse and exploitation of children by private sector companies by organising training sessions for 189 peer educators at two of the country’s most prominent mining companies. Communication tool kits were developed for introducing the training to the country’s mining company personnel and sub-contractors.


- **On-track**

**IR 2670/A0/05/204/102** By the end of 2014, communities contribute to the prevention of violence, abuse and exploitation against children and adolescents in targeted regions

**Progress:** Fulfilment of this objective is on track with the mapping of primary social/cultural behaviours performed in five regions emphasising a participatory approach. This UNICEF led work triggered the identification of nine community-based socio-cultural practices considered harmful to children.

Informed by these materials, UNICEF developed training guides for community mobilisers and community dialogue in child protection. Using these guides, 210 community mobilisers (40 per cent of whom were women), were trained on interpersonal communication and facilitation of community dialogue. Subsequently, community mobilisers developed 25 action plans, which will be implemented in 17...
UNICEF helped effect community-level sensitisation to principles of child protection during 25 community dialogues, successfully conducted by 30 community mobilisers in two districts of western Menabe this year. The ratio of adolescents and women participating in these dialogues was 2:5 of a targeted 3:5. In 2014, UNICEF's Child Protection section will support the adoption and implementation of community-developed social conventions.

UNICEF, in partnership with the Government, launched a 12-month national Campaign to End Violence Against Children. Audio and video spots were developed and aired every day for the 12-month period by Malagasy Television and National Radio. Additionally, UNICEF produced 58,000 flyers and posters and 22 billboards (one per region) containing child protection messages, which were posted in all 22 regions nationwide.

**On-track**

**IR 2670/A0/05/204/103** 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

**Progress:** UNICEF Madagascar’s upstream interventions require a high level of Government commitment. As such, the Birth Registration Equity Strategy was carried into 2014 in anticipation of a newly elected administration. In handing over the national coordination system for birth registration, UNICEF will ensure that Government allocates sufficient funds to the birth registration coordination unit so that all new-borns are registered as part of a minimum package of services provided by community health workers.

The process of identifying pockets of exclusion from birth registration was finalised this year by the National Institute of Statistics, with support from UNICEF. The national database and report will be released in early 2014.

UNICEF provided financial and technical support to the judiciary system and local administration to ensure that more than 30,000 children excluded from birth registration received retroactive birth registration this year. Additionally, in order to strengthen registration services of vital events, including birth registration, UNICEF purchased and delivered typing machines to 71 communes in the three regions with the highest proportions of children excluded from birth registration.

The Ministry of Health has instructed the country’s health centres to systematically report on birth registration and in 2014 UNICEF will support and train community health workers to facilitate identification of new-borns in communities, ensuring that parents and guardians seek birth registration within 12 days of birth.

**IR 2670/A0/05/204/104** Programme support

**On-track**

**IR 2670/A0/05/204/105** 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

**Progress:** Notable this year was a 45 per cent increase in reporting child victims of abuse, exploitation and/or violence cases, compared to last year. UNICEF ensured care and support to all 4,417 children whose cases were reported to Child Protection Networks. Of these only 1,031 were reported directly to the Child Protection Police Unit.

The Ministry of Health has instructed the country’s health centres to systematically report on birth registration and in 2014 UNICEF will support and train community health workers to facilitate identification of new-borns in communities, ensuring that parents and guardians seek birth registration within 12 days of birth.

The CO’s quantifiable 2013 targets were constrained partly owing to the continued lack of reliable measurement tools. The national Child Protection Database receives only partial and inadequate data from Child Protection Networks. Consequently, the number of children deprived of parental care who were reported and received support, as well as the number of children in pre-trial detention who received accelerated treatment of their case files, will go unreported.

More encouraging are data revealing that 3,989 child survivors (of a targeted 5,000) were identified and received at least one support intervention this year. UNICEF’s Child Protection section estimates the number of children who received support to be higher, but not reflected in the public data. The compromised quality of services available in the prevailing political and economic context may also constrain reporting to child protection authorities, dissuading child victims from seeking this type of care and support.

UNICEF’s support to provision of an integrated package of psychosocial and medical services in a centralised, urban location has proven to be practical and effective for the support of child survivors of sexual violence in Befeletatana. Here, children receive medical care and psychosocial support from a team of professional social workers in the hospital, and non-hospital legal support.

Community-based child protection interventions implemented in 25 of Antananarivo’s poorest neighbourhoods were economical and effective. The integrated package of high-impact services also supports families in two service centres with training to facilitate income-generating activities.

**On-track**

**IR 2670/A0/05/204/106** 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

**Progress:** UNICEF’s Child Protection Programme contributed to the humanitarian response in the aftermath of Cyclone Haruna. Approximately 1,800 children of the targeted 3,000 benefitted from care and support in three child-friendly spaces created in storm-
affected areas. UNICEF facilitated the distribution of child protection awareness-raising messages for humanitarian contexts to 600 storm-affected families.

UNICEF mobilised a pool of 20 community volunteers to assist with the identification of separated and unaccompanied minors and the provision of psychosocial counselling to families in distress.

UNICEF is an active member of the Protection Cluster, and as such assisted in drafting the Cluster’s terms of reference, as well as the elaboration of the new national contingency plan to respond to violence and social unrest.

In preparation for the upcoming cyclone season UNICEF has prepositioned five child-friendly kits with the capacity to benefit 1,000 affected children in cyclone-prone coastal regions. A database including all trained child protection network members in emergency-prone areas is current and can be activated in the event of humanitarian emergencies.

### PC 5 - Policy, communication and partnerships

**On-track**

**PCR 2670/A0/05/205** The rights of children and women are integrated and prioritised into evidence-based programming, emergencies, communication and promotion of social policy and social change

**Progress:** Inter-sectoral programmes were informed by bottleneck analysis exercises and a vulnerability mapping undertaken the previous year to better address the needs of children in an evolving socio-political context. The development of an office-wide M&E framework was also started last year.

UNICEF maintained its commitment to understanding the situation of women and children in Madagascar through the completion and validation of a MICS4 survey, led by UNFPA, covering four southern regions of the country. The CO also provided technical support to the MDG survey and finalised the Situation Analysis of Children and Women.

Under the emergency portfolio, the team ensured the Office’s preparedness and response. New level-3 SMS tools were developed for education and emergencies.

UNICEF ensured advocacy and media work for children’s rights in all programme areas and facilitated media visits during the intensified coverage of the Madagascar presidential elections. The team also hosted a visit by musician Katy Perry, which was vital for her decision to become a UNICEF Goodwill Ambassador.

C4D supported partners in identifying and prioritising key practices for child rights. While these still need to be developed and validated in a more measurable manner, a series of key practices in school enrolment, health, hygiene, nutrition and child protection were promoted throughout the year with a C4D approach.

**On-track**

**IR 2670/A0/05/205/101** 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

**Progress:** In 2013, UNICEF supported the identification of 10 minimum essential family practices in Madagascar, which encourage parents to: enrol their children and keep them in primary school; ensure that mothers attend pre-natal consultations and ensure that their children are vaccinated according to the vaccination calendar; provide exclusive breastfeeding to children aged 0-6 months; ensure that children aged 6-23 months consume a varied and sufficient diet; construct and use latrines, wash hands and drink clean water; protect their children from violence, abuse and sexual aggression; and influence the delay of early marriage.

These practices were identified during five consultations with community representatives and the ministries of Education, Health, Water and Social Affairs. In 2014, UNICEF will organise a validation session for the identified key practices.

Furthermore, UNICEF supported Regional Authorities responsible for youth and civil society in 10 regions to analyse problems and identify behaviours and “life skills” to be promoted, such as parenting, reproductive health, peace and conflict resolution and nonviolence.

During these consultations and through research with the National Institute of Statistics and a local research centre (Cabinet d’étude Focus et développement) factors that pose challenges to essential family practices were identified, including beliefs, attitudes, knowledge, relationships between different actors, fears, gender issues and others. Reports will be validated and disseminated in 2014 to inform the UNICEF programme.

In partnership with authorities in five regions, UNICEF identified approximately 600 “actors of influence” (community and religious leaders and others) at regional and district levels who can act as “champions” to catalyse social and behavioural change to help communities overcome the identified social and behavioural problems.

**On-track**

**IR 2670/A0/05/205/102** By the end of 2014, communities are mobilised and engaged to ensure behavioural and social

**Progress:** Throughout 2013, UNICEF supported the Ministries of Education, Health, and Social Affairs in the planning, implementation and monitoring of C4D activities designed to mobilise communities around key behaviours.
The C4D section’s key result for 2013 was support to four nationwide communication campaigns, including one Go-to-School Campaign, two Mother and Child Health Weeks and one campaign to engage individuals to report cases of violence against children.

UNICEF supported the production of print materials (40,000 brochures, 58 billboards, 15,000 fliers), radio and TV spots (169 radios broadcasting) and the training of 4,900 social mobilisers to conduct interpersonal communication (number of persons trained, financed).

UNICEF supported communication activities for child protection in eight pilot districts. Here, UNICEF supported the Regional Directorate of Social Affairs’ facilitation of community dialogues that triggered stakeholders’ to include child protection dialogue in communications with their constituencies. This approach will be further applied and monitored in 2014.

As a part of the Human Security Project in the capital, each Fokontany (the smallest administrative unit) was supported to facilitate Youth Forums and to mobilise 40 peer educators to promote key behaviours and life skills to 2,200 youth. Through a partnership with the NGO Search for Common Ground, 34 radio programmes were produced and broadcast, reinforcing peer educators’ messages. Finally, UNICEF supported the Ministry of Youth to promote youth life skills using an “edtainment” approach, continuing the production of the TV series “Dsoamalasa,” which will be broadcast in 2014.

While many communities were engaged in actions for social and behavioural change during campaigns (events, community dialogues, radio programmes etc.), the extent to which they maintain engagement over time is not well documented. In 2014, UNICEF will strengthen the monitoring and evaluation system, including establishing baselines to better measure the results of communication activities.

IR 2670/A0/05/205/201 Advocacy and Media work is done effectively to promote children’s rights

Progress: Awareness of the rights of children was publicised through varied outlets this year. Eleven press field visits, 39 press releases and collaboration with journalists helped the programme achieve substantial press coverage. More than 620 articles were published and numerous radio and TV pieces aired. UNICEF’s press briefing in Johannesburg generated follow-up media field visits and reporting by key global media outlets (BBC, Al Jazeera, Los Angeles Times, The Guardian, and the AP, among others) that highlighted UNICEF’s work on behalf of children during coverage of Madagascar’s presidential election.

UNICEF’s initiation visit by global superstar Katy Perry resulted in numerous successful media events and contributed to her decision to become an official Global Goodwill Ambassador. A media visit supported the annual Pampers Campaign. UNICEF Madagascar’s social media continue to expand, with more than 2,000 new Facebook friends and 1,600 followers on Twitter. Additionally, the Website was revamped.

For the EU-funded programmes, PASSOBA-Santé and Gap Financing (education), two respective communication plans that stress decentralised communications were implemented as planned. As a key result, 9,700 radio spots were produced and aired locally. In cooperation with the University of Antananarivo, a module on Child-Friendly Journalism was added to the department’s curriculum and UNICEF’s documentation centre was moved to the university, where the number of visitors increased from 70 to an average of 700 per month.

Partnerships with state-run media were renewed, and as result UNICEF received free airtime that is being used to promote a child protection campaign. UNICEF organised its third One Minute Junior film workshop, and its films were screened in partnership with the Annual Short Film Festival. Cultural events were organised in partnership with the Alliance Francoise and the Malagasy Centre for the Development of Public Reading and Cultural Activities to promote key practices such as exclusive breastfeeding.

IR 2670/A0/05/205/202 Private sector partnerships are created and maintained to promote child rights and business principles, as well as to leverage support for programmes.

Progress: In 2013, UNICEF maintained and renewed nine private sector partnerships that support UNICEF Madagascar’s programme with financial and/or in-kind donations. Financial contributions from mining companies Ambatovy and QMM amounted to US$736,000 in 2013. Services and/or products provided by DHL, Holcim and telecom operators Orange, Telma and Airtel totalled US$147,000.

Work on the promotion of Children’s Rights and Business Principles (CRBP) focused on technical assistance to companies committed to CRBP through concrete measures, such as the development and application of staff codes of conduct. UNICEF reviewed the codes of mining sector partners Ambatovy and QMM, for example. In the tourism sector, UNICEF and ILO forged a strategic partnership to advocate for the development and adoption of a code of conduct for tourism sector operators aimed at eradicating sexual tourism and sexual exploitation of children. In 2013, workshops were held in Nosy Be, Tuléar and Fort Dauphin, locations of intensive tourism and mining operations, where 130 tourism operators and 120 employees and peer educators in the mineral and extractive sector were trained in CRBP.

Targeting Governmental and para-statal entities, UNICEF advocated for directing mining sector revenue to social sectors and for granting legal status to UNICEF Madagascar, which would allow domestic financial donations to be received directly by the CO. Unfortunately, these initiatives did not notably advance in the 2013 political context.

In 2014 work will focus on the elaboration of a revised Corporate Social Responsibility (CSR) strategy for the CO, based on a study donated by Ernst & Young. Partnership activities will focus on the renewal and creation of private sector partnerships that can directly support the programme, advocacy and technical assistance for the implementation of CRBP and advocacy for the use of revenues and royalties from the mining sector.
On-track

**IR 2670/A0/05/205/301** 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

**Progress:** Key advancements in programme planning were made in 2013. The year began with the CPD extension validated by the Executive Board and the development and endorsement of two-year work plans for each programme section, allowing teams to put forth activities and strategies for 2013 and 2014. There was no CPMP submitted in 2013; instead, two comprehensive PBR submissions were approved by the Regional Office. And while preparatory work has begun on a Gender Audit, it was rescheduled to take place in the first half of 2014, in time to inform the CPD/CPMP process.

An entirely new approach to HACT activity planning was developed and resulted in a HACT Plan that coordinated partner risk assessment and financial monitoring interventions of all sections under a single document. The HACT committee also endorsed a new systematic method of prioritising activities and targeting key partners in keeping with global HACT guidelines. The HACT Plan was shared with the UNRC and resulted in UNDP participation in UNICEF-led training sessions.

The joint UN programme (UNICEF, UNFPA, OCHA and UNHABITAT) funded by the Human Security Trust Fund continued into its third and final year under UNICEF administration. Recommendations from beneficiaries and partners who took part in the second annual review were successfully integrated into a revamped programme work plan and monitoring framework, though the prolonged electoral season forced the partners to request a six-month no-cost extension. Key advancements in programme planning were made in 2013. The year began with the CPD extension validated by the Executive Board and the development and endorsement of two-year work plans for each programme section, allowing teams to put forth activities and strategies for 2013 and 2014.

Constrained

**IR 2670/A0/05/205/302** The quality, coherence and coordination of monitoring systems are strengthened at national, subnational, and UNICEF CO levels to ensure efficient programme management and implementation

**Progress:** While progress was made to improve internal monitoring systems, gaps remain in relation to the availability of information and monitoring coherence. A Monitoring and Evaluation (M&E) working group is working toward the creation of a comprehensive M&E framework, starting with the development of an output matrix and the piloting of new level-3 monitoring tools. Two extensive SMS surveys of school kit distribution and a school enrolment campaign featured the rapid collection of data gathered directly on sites where activities took place.

Monitoring the extensive deployment of human and material resources to 22 temporary duty stations was successfully achieved. The Office now also has a functional and comprehensive database of all programmatic missions that is updated monthly and analysed bi-annually. The IMEP was updated twice during the year.

The 2013 HACT plan featured key improvements to partners’ monitoring ability by improving the quality and coherence of interventions across sections and maximising cost efficiencies. Overall, 109 UNDP and UNICEF partners received training on HACT norms and procedures, 20 spot-checks were conducted and five regional health directorates received financial audits and special capacity reinforcement visits. Only one micro-assessment was performed in 2013.

Continuing support for an integrated DevInfo-based regional development database was provided in the Diana Region.

On-track

**IR 2670/A0/05/205/401** 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

**Progress:** The MDG survey (led by UNFPA), which combines DHS and household survey modules, was completed in 2013. UNICEF technically and financially supported the process; the Social Policy and Evaluation (SPE) section coordinated sectoral inputs and contributed to data analysis and report drafting. A MICS 4 survey was finalised and disseminated for four southern regions of Madagascar, where the information will complement the MDG survey.

UNICEF finalised the Situation Analysis (SitAn) work that began in 2012. The SitAn was elaborated with programmatic sections and partners undertaking analyses for their sectors and SPE providing technical guidance and support. The finalised version of the report includes data from the MDG survey and will be disseminated in 2014.

Finally, the section launched work on a synthesis of results and trends from a series of household surveys carried out since 2009 in urban areas (MCaram). This analytical work will be timely to inspire the incoming Government and inform strategic planning documents such as UNDAF/CPD.

Additionally, preparations were made for a review of public expenditure in health and education, which UNICEF will co-implement with the World Bank in 2014.

UNICEF also sustained its technical and financial support to the UN’s inter-agency knowledge management portal HaySara, which had been inaccessible for a number of months in 2012.

Given UNICEF’s expanded presence at decentralised levels and UNDP’s focus on electoral support, the Office took the temporary lead of the donor group on local governance. Lead of the donor group on social protection was transferred to the ILO.
In 2014 UNICEF will focus on dissemination of SitAn and MDG reports. The MDG survey data will undergo UNICEF’s Multiple Overlapping Deprivation Analysis (MODA) and secondary analysis. SFE will partner with The World Bank to initiate a public expenditure review of Government social sector spending and to explore opportunities in social protection.

On-track

IR 2670/A0/05/205/402 Programmes are evaluated to strengthen evidence-based programming.

**Progress:** In preparation for development of the new CPD and to support decentralised, bottom-up programme planning, the CO launched a number of programme evaluations in 2013, initiating evaluations of several active multi-sectoral UNICEF programmes: Community-Led Total Sanitation (WASH/C4D), birth registration (Child Protection) and the CPRS school contract (education). Four more evaluations -- Assessment of regional technical advisors (cross-sectoral), school construction (Education) and Mother and Child Health Weeks (Child Survival and Development), and an evaluation in WASH-- are to be launched in early 2014. Findings from these evaluations will support the development of UNICEF Madagascar’s decentralised, bottom-up programmatic planning.

In 2014 we will continue to ensure the quality control of surveys, studies and evaluations in the CO. We will also revise the CO’s work processes for its analytical work and its dissemination and work to improve the CO’s knowledge management.

On-track

IR 2670/A0/05/205/501 DRR intervention is strengthened and reflected in all programmes, and emergency responses are implemented in accordance with the CCCs.

**Progress:**

UNICEF further mainstreamed its emergency preparedness and response strategy by including specific DRR and response activities in the annual work plans of all programme sections. In addition, the nearly 50 staff based in the field received an orientation on national disaster monitoring and response mechanisms. UNICEF supported two BNGRC (National Office of Risk and Disaster Management) simulation exercises and developed a pilot SMS impact- and needs-monitoring survey system that is currently ready for use.

Only one cyclone hit Madagascar in 2013. Haruna did relatively limited damage to the south-western coast and did not require a flash appeal. UNICEF responded by providing:

- access to safe water to 16,750 people;
- a return to school for 4,093 children;
- educational and recreational kits for 22,000 children;
- measles immunisation for 3,500 U5 children;
- curative interventions for 420 pregnant women;
- daily psychosocial support for 1,805 children;

In 2014 UNICEF and the emergency sector as a whole will benefit from a DFID-funded preparedness initiative that will include coordinating activities with WFP, reinforcing capacity at the BNGRC and initiate new partnerships for innovative response strategies with international NGOs such as CRS. UNICEF will also be able to expand its response capacity from the current 25,000 threshold to 30,000.

On-track

IR 2670/A0/05/205/502 Strategic oversight is provided for the placement of Regional Technical Assistants within regional authorities nationwide in 21 temporary duty stations

**Progress:** 2013 was a pivotal year in the consolidation of the CO’s field presence strategy. The zonal office in Fort Dauphin was closed in accordance with the decision to directly embed more than 50 Regional Technical Assistants and advisors with Regional Directorates from four ministries (Education, Health, Water and Protection & Social Affairs).

By the end of the year, 46 staff were working in temporary duty stations in all 22 regions of Madagascar, under full MOSS compliance, up from a total of 18 at the end of 2012. This extensive roll-out was achieved through regular meetings of an inter-sectoral ad-hoc committee tasked with ensuring that all aspects of on-boarding were properly addressed. An orientation session for all new field staff was held in July and a comprehensive manual given to each participant. The ATRs and regional advisors convened again in November to share experiences and provide recommendations for improved integration into UNICEF processes.

In addition to their daily work with regional authorities and other partners, ATRs have begun providing UNICEF with increased access to programme monitoring information through the use of SMS surveys. All have now been trained on an emergency needs and impact assessment survey to use in times of disaster response.

Priorities for 2014 will include following up on recommendations stemming from the first field presence review, conducting an ATR impact evaluation and normalising relationships between UNICEF field staff and host agencies.
PC 7 - Water, Sanitation and Hygiene

**Constrained**

**PCR 2670/A0/05/207** By the end of 2014, contribute to halve the proportion of population without access to safe water and improved sanitation through high-impact interventions.

**Progress:** Despite restricted funding in 2013, UNICEF managed to implement some sanitation and hygiene activities, and funds raised by UNICEF at year’s end will enable the initiation of programme activities in five target regions during 2014. UNICEF will continue to support the installation of water points and sanitation facilities in communities, schools and health centres, but cumulative financial constraints during past years limited our ability to help the country achieve the relevant MDGs.

Progress towards the PCR was constrained mainly due to the continued lack of investment from Government and the ceasing of external donors’ support to the sector during 2013. Notwithstanding Madagascar’s alarmingly poor access to water and sanitation, national WASH expenditure in 2013 represented 35 per cent of the health sector budget. For 2014 however the sector allowance will only represent 10 per cent. African Development Bank loans have been the primary WASH funding source since the political crisis began in 2009.

The scenario of reduced funding shifted UNICEF’s focus towards identifying major sector performance obstacles, generating progressive new ideas in strategic programme design and advocacy for future donor interest. UNICEF’s 2014 WASH strategy and methodology involves a focused shift towards community engagement and high-impact interventions (such as hand-washing with soap, use of latrines and use of safe water for drinking) to achieve sustainable behaviour change. With regard to the 2015-2019 Country Programme, UNICEF has aligned with Government, major stakeholders and other partners and supported the adoption of inter-sectoral service delivery and coordination. Also, UNICEF WASH established necessary procurement processes in preparation for the upcoming scale-up of high-impact interventions in the programme’s five target regions.

**On-track**

**IR 2670/A0/05/207/001** 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.

**Progress:** UNICEF supported the implementation of four national studies: a bottleneck analysis, a sustainability evaluation, a Community Led Total Sanitation (CLTS) assessment and the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) study led by WHO. These evaluations help determine Government capacity for multi-level WASH sector leadership in programme planning and implementation. The bottleneck analysis and sustainability survey identified the need for improved sector coordination, wider sustainable service delivery, and additional sector financing. For the sustainability check, Madagascar had water results rate of 73 per cent in line with Sub-Saharan Africa, while sanitation results are striking, with an Open Defecation Free (ODF) retention rate of 25 per cent of triggered villages and 43 per cent for ODF villages. These findings will inform advocacy activities aimed at improving the existing WASH national policy, strategy and overall sector performance. UNICEF was instrumental in the preparation of the GLAAS report. Results of those studies will inform the national CLTS conference aiming to improve strategies and develop monitoring tools for national CLTS implementation and performance.

UNICEF facilitated the capacity building of central and regional directors at the Ministries of Water, Health and Education in financial management, procurement, the UN Harmonised Cash Transfer system, emergency response and community empowerment approaches. Participation of multi-level Ministry of Water staff improves planning and monitoring, service delivery and sustainability in the sector.

Shortages of human, financial and logistical resources continue to seriously restrict decentralised coordination and WASH sector services. UNICEF helped integrate community-led sanitation and hygiene activities into other decentralised line ministries, such as health and education. In 2014, UNICEF Madagascar will continue building capacity of Government structures and aiding the sustainability and effectiveness of their work. UNICEF will also advocate for increased Government expenditure and adoption of the equity approach in the WASH sector, along with national policies that address sustainability and improve coordination.

**On-track**

**IR 2670/A0/05/207/002** By the end of 2014, policy for water and sanitation is available and updated based on evidence and Government has increased capacity to plan, deliver, monitor and evaluate WASH interventions at national and sub-national levels.

**Progress:** UNICEF is on track for improving access to water, sanitation and hygiene in schools. Safe water points, improved latrines and hand-washing stations are now in place in 60 per cent of targeted schools. Construction included 76 water points and hand-washing stations for 16,473 students; latrines were constructed where needed.

Key behavioural practices were promoted via the distribution of hand-washing devices and water filters in 111 schools, along with Information, Education and Communication (IEC) materials. More than 27,000 students now drink safe water and understand the importance of using latrines and washing their hands with soap at critical times. This will at least allow for basic standards of hygiene promotion and use of safe water in schools, which are now better placed to play a key role in promotion activities. To support awareness-creation about the importance of hand-washing, UNICEF also distributed soap to 500 schools to promote hand-washing practices to 99,963 students during Global Hand-Washing Day, with parents participating for the first time.

Support to health and nutrition centres to meet standards for provision of water and sanitation infrastructure is constrained owing to limited WASH finances. However, water points, hand-washing stations and safe latrines were built at three of 10 targeted health centres.
UNICEF adopted 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. Therefore UNICEF WASH’s priority is to promote and sustain these basic behaviours instead of focusing solely on infrastructure development. In this approach, the behavioural changes are consistently promoted and adopted in community members’ day-to-day environments (schools, health centres and all community environments). This work will support a major roll-out in 2014.

**Constrained**

**IR 2670/A0/05/207/003** 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.

**Progress:** UNICEF improved access to safe drinking water, supporting construction and maintenance of water points accessible to 14,000 people in the rural north and north-eastern Sofia and Analanjirofo regions, as well as in urban settlements in Antsirabe and Antananarivo, reaching only 7 per cent of the 2013 target for the supported regions.

Despite UNICEF’s efforts with the Ministry of Water to mobilise and coordinate the country’s WASH stakeholders, achieving the goal of supplying safe drinking water to the target population will require a significant scale-up of financial and human resources. The current financial limitations of UNICEF, Government and other partners, coupled with the lack of a sustainability strategy, hinder both the scaling-up of water infrastructure and the sustainability of service supply. In 2014 UNICEF, with financial support from the Department for International Development (DFID), will support decentralised service delivery in five regions in a major push to achieve its stated goals. Support for capacity-building at both central and regional levels of the Ministry of Water will aid a new administration to establish efficiency, effectiveness and sustainability in the WASH sector.

In terms of addressing bottlenecks, the sector must improve its national and subnational level coordination, support the development of higher competencies in the private sector and create a sustainability strategy. UNICEF will work to create demand for WASH services while enabling an environment conducive to private sector involvement in sustainability of service delivery.

**Constrained**

**IR 2670/A0/05/207/004** 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.

**Progress:** In 2013 UNICEF’s ability to effect the targeted improvements in hygiene and sanitation was constrained; however, less quantifiable success was made in establishing desire at the community level for the use of latrines, the practice of hand-washing and the cessation of open defecation. UNICEF trained more than 600 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 137,632 villagers in five target regions to create and implement their own sustainable sanitation and hygiene plans. The CHWs triggered 137,632 villagers in five target regions to end open defecation and use self-constructed latrines. To date, 1,112 latrines have been built, serving 38,000 community members. UNICEF will work to create a sustainable system by connecting these communities with private sector masons, carpenters and other relevant service providers involved in latrine maintenance and improvement.

UNICEF implemented a model project featuring improved latrines in two urban regions, building three sanitary blocks and 147 microseptic tanks. A private sector company completed construction and UNICEF additionally facilitated collaboration between microfinance institutions and households, elevating community ownership and economic sustainability. More than 1,600 people in these urban target regions are now using improved sanitation facilities.

UNICEF has been leading the creation of the CLTS Plus network in Madagascar. CLTS Plus is a strategic collaboration among Government, UNICEF, WaterAid, the Global Sanitation Fund, USAID and the Japan International Cooperation Agency tasked with harmonising sector strategy, services and procedures. This year, the network led sectoral discussions that generated harmonised products, including planning documents and new sector strategies, monitoring tools and procedures. In 2014, UNICEF will continue WASH leadership and collaborative efforts that encourage positive behaviours; improve access to water, sanitation and hygiene; and foster sustainability.

**On-track**

**IR 2670/A0/05/207/005** 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.

**Progress:** This year, as WASH Cluster Lead, UNICEF coordinated response to several cyclone emergencies that caused damage and devastation in 2012 and 2013. The WASH sector assisted 100 per cent of affected populations with WASH kits distributed in 175 health centres and 400 nutrition centres. In the case of the 2013 Cyclone Haruna emergency, kits featuring essential water treatment plants, water filters and temporary latrines were distributed to 62 affected schools and 40 health centres. Stagnant surface waters were drained and where appropriate, institutions and residences disinfected. Key messages for hygiene promotion reached all beneficiaries. UNICEF directly supported the needs of 34,300 people and, in its role of Cluster Lead, ensured rapid response delivery to more than 111,000 affected people in the aftermath of 2013 Cyclone Haruna.

UNICEF provided effective coordination at the national and subnational levels in all phases of preparedness and response. Insufficient capacity was identified in sub-national government partners and later addressed during a Global Wash Cluster training, organised with support from the Regional Office and Global Wash Cluster. In response, UNICEF supported the training of 22 Regional Water Directors in WASH Cluster coordination. Improved cyclone emergency preparedness is expected in 2014, which will include effective planning,
Effective Governance Structure

A concentrated effort to strengthen UNICEF’s field presence involved the establishment of 21 temporary duty stations, whereby nearly one-third of UNICEF’s staff were installed in key regional Government offices. The internal Field Presence Working Group ensured thorough logistics and planning during this transition, developing an internal procedures manual and offering workshops for field staff on operational UNICEF Madagascar’s Annual Management Plan defined key CO priorities and objectives. Instead of emergency being a separate stand-alone intervention, effective Disaster Preparedness and Response activities were streamlined into various programme components, and the Early Warning Early Action System updated on a regular basis. The CO supported partners’ disaster preparedness and response capacity throughout the year. The Inter-Disciplinary Emergency Task Force assembled periodically, and on a regular basis during cyclone season, to ensure effective coordination of UNICEF’s emergency preparedness. Oversight structures functioned effectively, adopting a progressive risk-analysis approach for identification and management of major risks to the Country Programme.

Major initiatives undertaken by the Country Management Team (CMT) during 2013 included the following:

- Procedures that improve coordination between the country office and field staff
- Effective monitoring and oversight of fund mobilisation efforts and resource management. The CMT updated the Country Office fund mobilisation strategy and monitored its implementation. UNICEF Madagascar’s Country Programme continued to attract increased donor attention and funding; Other Resources allotment in 2013 reached US$77,393,057, which was significantly above the target
- Improving effectiveness of Harmonised Approach to Cash Transfer (HACT) implementation and adopting the comprehensive HACT Assurance Plan. The CO conducted 32 audits that analysed risks and informed the necessary adaptation of resource transfer modalities. Tools used to conduct financial spot-checks were updated, and relevant staff trained on methodology for conducting spot-checks with these new tools
- Updating the CO’s Enterprise Risk Management Approach in a participatory manner that informs staff of key risks related to programme operations
- Streamlining the planning and management of consultancies. Single source contracts were reduced from 12 in 2012 to zero in 2013, and the number of long-term consultant contracts was reduced from 27 in 2012 to six in 2013;
- In light of transitions that will occur following presidential elections, risk planning and mitigation was undertaken to safeguard programmatic resources and prevent the potential for diversion of UNICEF resources. Sections were instructed to exercise maximum caution in the disbursement of funds during the last quarter of 2013 leading up to the elections
- Strengthening the capacity of our programme implementation partners by strengthening UNICEF’s presence in the field and increasing technical assistance made available to partners at both institutional and decentralised levels
- Analysis and monitoring of field travel in view of upgrading the quality of UNICEF’s technical assistance to missions, addressing inter-sectoral issues and lessons learnt
- Harmonisation of UNICEF’s and other development partners’ per diems paid to the staff implementing
Strategic Risk Management

UNICEF Madagascar undertook an extensive review of its risk and control environment, with outcomes approved by the CMT and staff briefed. Staff were encouraged to contribute input and risk assessments to enhance positive results. Risks were deemed acceptable when the benefits to children outweighed costs or other effects. The CO used the Enterprise Risk Management (ERM) Framework to conduct participatory risk assessment and mitigation, taking into account internal and external factors as they pertained to results achievement.

A Task Force composed of staff from different sectors was established to conduct an updated CO ERM; 11 risk areas defined in the UNICEF global ERM guidelines were examined. Under consideration were the challenges encountered in programme implementation, lessons learnt and overall office performance. An extensive debate process helped identify and validate potential risks affecting the CO. An Action Plan was developed to support risk mitigation, with assignments of key personnel for each action identified. The majority of risk factors were classified as “low” and delegated to these risk owners for monitoring. The seven risks identified as “high” will receive ongoing monitoring by the CMT and were reported in the Risk Management View of Insight. The Risk-Management Plan will be reviewed and progress monitored by the CMT on a periodic basis.

The Business Continuity Plan (BCP) was revised based on the simulation exercise carried out in 2012. A revised BCP needs to be finalised, signed and shared with staff to strengthen staff awareness and understanding of critical aspects of the plan. The CO plans to undertake an office-wide simulation exercise to expand BCP testing in 2014. In the context of business continuity planning, the CO implemented a “hot site” at an alternate location with a dedicated server updated in real time. In the event that access to the main office becomes impossible, work can continue from the hot site, where current data and other telecommunication systems remain accessible. Additionally, the ICT Unit installed a system allowing the Management Team access to the office network, servers and telephones from their residences, in case of main office inaccessibility.

The CO has an effective telephone tree system that is updated and tested on a regular basis; periodic testing of the system occurred in 2013. In consideration of the ongoing political crisis in Madagascar, the CO implemented a PUSH SMS system enabling security information to be transmitted to all staff simultaneously. The local United Nations Department of Safety and Security is regularly invited to UNICEF staff meetings to provide staff with important security information.

Evaluation

The CO has an updated Integrated Monitoring, Evaluation and Research Plan (IMEP) and made additional efforts to concentrate on programmatic evaluations that will feed into preparation of the new CPD (2015-2019). Three evaluations (Community Led Total Sanitation, birth registration and ‘Contract Programme pour la Reussite Scolaire’ (Programme for Scholastic Success)) were launched in 2013. Three additional evaluations (Mother and Child Health Week, classroom construction and regional technical advisors) and an evaluation of the WASH sector will be launched in 2014. Realisation of these evaluations includes the creation of a technical committee for each evaluation involving UNICEF and Governmental and non-governmental partners in that programme area. Management response for the completed evaluations is either still being finalised or already being implemented.

One general observation is that national capacity for evaluation is quite weak, both at the individual and organisational level. A national evaluation forum aimed at improving local capacity, and interest in evaluation was created this year. The CO is evaluating how to support this effort in terms of capacity building and information sharing.
In 2013, eight ToRs and 11 study/survey reports underwent the internal quality assurance process for analytical work. UNICEF also contributed significantly to planning, implementation and finalisation of the MDG survey, a large-scale, multi-agency endeavour.

In 2014 the CO will finalise planned evaluations and associated management responses. Studies, surveys and evaluations currently in process will be further reviewed to ensure better links with dissemination and knowledge management activities. Additional efforts will be made to further rationalise the IMEP and improve overall quality and utilisation of these products through closer monitoring and quality assurance.

**Effective Use of Information and Communication Technology**

In 2013 the CO implemented T4D/M4D (Technology for Development/ Mobile for Development) innovations to support the Education section, where teacher payments were made using “Mobile Money.” Technical support was provided to the Education Programme by enabling SMS Monitoring Tools that track ‘Every Performance’ indicators, such as: number of schools, teachers, girls and boys per school at start of the school year and Key Performance Indicators. With the support of the Child Protection section, ICT redesigned the toll-free child abuse reporting and women's rights phone line, which will be available nationwide in 2014. The CO also researched DevInfo tools for UNICEF’s CSD section, as DevInfo’s integrated version links their SMS monitoring platform with DevInfo on the Cloud.

In line with the UN’s Delivering as One approach, UNICEF assisted the Operations Management Team (OMT) to select national operators for a dedicated phone fleet provider for all UN agencies operating in Madagascar, as well as facilitating migration to a new UN Call Manager with improved services (Jaber, Skype, Microsoft Lync facilities, etc.).

The EU’s financial support to UNICEF’s CSD (PASSOBA) and Education programmes enabled staff access to UNICEF information and resources in all 22 regions of the country. Staff in remote sites can use new technologies like Skype calls and video collaboration, such as Conference Bridging. Use of SMS monitoring tools in the field is also being introduced.

The CO has long-term agreements (LTAs) with local phone providers and local vendors for ICT equipment. The country’s UN ICT team is currently negotiating a single ISP (Internet Service Provider) LTA for all agencies.

Following a review of hardware life cycles in the CO, new equipment was purchased to replace obsolete goods. The decision was made during Property Survey Board meetings to donate some equipment to partners and to sell the remaining material.

UNICEF resources and applications are installed and maintained per UNICEF guidelines. UNICEF installed a High-Availability Server Room in the relocation site, duplicating that in the UN House Office. The server room is operational and functioning as a backup of the existing server room. The section is also testing Cloud options for saving shared CO data.

**Fund-raising and Donor Relations**

The Madagascar CO submitted a total of 86 donor reports in 2013, meeting 100 per cent of deadlines and quality reporting standards. Feedback from the ESARO Regional Office’s 2012 evaluation on quality assurance reporting guided our efforts to improve reporting in 2013.

The Madagascar CO hosted nine donor visits in 2013, eight from UNICEF’s National Committees and one from UNICEF HQ. Four National Committees were accompanied by private sector partners (KIWI, the IKEA Foundation, P&G and CBRE) and the CO hosted three Goodwill Ambassador visits (Katy Perry, HQ; Jean Van de Velde, France; and Barbara Schoneberger, Germany). National Committees have contributed over US$36m for Madagascar since the 2009 political crisis. The Katy Perry visit was critical in that it attracted international media coverage and contributed to her decision to become a UNICEF global Goodwill
Ambassador.

Several mechanisms track expiring Programme Budget Allotment (PBAs) and ensure full grant expenditure. Funds are regularly monitored to avoid PBA extensions. Funds that expired after January 2013 were utilised at 99.11 per cent and the expenditure rate was 73.74 per cent of the total allocation.

The CO’s resource mobilisation strategy for 2012/2013 was fully implemented in 2013. As of December 31, 2013, the CO attained 87.32 per cent of its ORR ceiling of US$235,000,000 for the 2008-2014 CPD.

A number of international donors who suspended financial support in response to the 2009 political crisis re-engaged. In 2013, the EU provided €15 million to the education programme and added four additional regions (€10 million) to a €22 million health system strengthening programme, signed in 2012. In addition, WASH ensured US$6 million from DfID and Nutrition US$4 million from CIDA.

Two major extractive partners in Madagascar, QMM and Ambatovy, contributed a total of US$736,000 in 2013. Additionally, DHL, Holcim, and telecom operators Orange, Telma and Airtel made in-kind contributions valued at US$147,000.

Emergency response requirements were limited in 2013, though US$1 million financing from the African Development Bank was required to address the funding gap for post-cyclone Haruna recovery.

**Management of Financial and Other Assets**

Following the internal audit conducted in June 2010, an action plan was developed to address effectively all audit recommendations, which were subsequently all closed. Furthermore, the CO benefitted this year from a Peer Review facilitated by an ESARO team covering both Operation Management and Supply/Logistics; the recommendations from these exercises should further improve operations and supply management practices in the Country Office.

The CO completed the registration of all implementing partners. This exercise involved updating partner records, in particular signatories and banking details.

Considerable effort was made to improve the management of VISION/SAP, particularly in reporting and budget management. To this end, the Operations section organised an in-house VISION training for the Tana and field staff to improve staff skills in VISION ERP.

As of 31 December 2013, of the US$11,874,645.89 allocated to regular resources for the CO, US$11,739,689.32 (98.86 per cent) had been utilised (committed and spent). For the Operations Section, the rate was 99.46 per cent (US$1,683,421.16 of US$1,692,624.37). In the prevailing environment marked by a prolonged political crisis, a noteworthy achievement was that for grants that expired in 2013, 98.19 per cent of funds were utilised (US$5,168,367.87 of US$5,263,820.47) and 99.86 per cent of grants were utilised within the original duration of the PBA life (US$73,870,048 of US$73,969,964).

Through concerted and cooperative efforts, the office reduced the amount of outstanding (over nine months) Direct Cash Transfers (DCTs) to less than five per cent of outstanding DCTs; 2.08 per cent of outstanding DCTs were over nine months and 9.47 per cent of outstanding DCTs between six and nine months at year’s end.

In accordance with the Deputy Executive Directors’ memorandum of 24 October 2012, the CO continued prioritising full implementation of the HACT.

A comprehensive monitoring plan was implemented to ensure best practices in financial management, which included implementing partner (IP) audits (33 in total), programme spot-checks (19 IPs were monitored) and programmatic field visits (numerous programme visits). Monitoring took into consideration the levels of funds transferred and the risk ratings assigned to each IP. The audits revealed serious weakness in the capacity of IPs to manage funds, inadequate internal control mechanisms, non-compliance with project agreements and...
approved budget. The tools used for conducting spot-checks were revised to reflect comprehensive Harmonised Approach to Cash Transfers (HACT) practices, and training was conducted for staff tasked with HACT spot-checking. Additionally, HACT training was extended to all IPs.

During 2013 the CO developed ToRs to enhance Capacity Building (CB) for IPs, with particular attention to programme monitoring, financial management/controls and reporting, procurement and record keeping. Implementation of CB is forecast for 2014.

To meet the logistical needs of programme expansion over the recent past, it was decided to post UNICEF Regional Technical Assistants in all regional offices. Consequently, the CO purchased 41 new vehicles to facilitate missions throughout the country. Thus, the number of office vehicles increased substantially (from 21 to 62), requiring a higher level of monitoring of these assets. Efforts are ongoing to establish a tracking system to monitor all vehicle movement.

The zonal office in southern Madagascar was closed in June, with all assets (except vehicles) donated to IPs, in accordance with their programmatic needs. All vehicles were relocated within the Country Office in accordance with the Property Survey Board’s recommendations.

**Supply Management**

The CO developed a supplies and service contracts procurement plan in February 2013. The overall procurement volume for goods and services during 2013 increased to US$17.55 million, from US$8 million in 2012, reflecting an increase of 119 per cent. The total procurement of service contracts decreased from US$5 million in 2012 to US$3.02 million this year, a 39 per cent reduction, while the procurement of goods increased from US$3 million in 2012 to US$14.52 million this year an increase of 384 per cent. Supply purchases represented 21 per cent of the total Office budget.

The following top ten strategic supplies represented US$9.6 million in value and 66 per cent of total supplies: Education (61 per cent) with 105,875 school kits distributed in the 22 regions and 115 education districts at the country level; printing programme communication support (10 per cent); pharmaceutical products (6 per cent); nutrition products (6 per cent); mosquito nets (5 per cent); medical kits and renewables (4 per cent); cold chain products (2 per cent); water sanitation and hygiene (2 per cent); vaccines (3 per cent); and diagnostic test kits (1 per cent).

In support of programme activities, logistics expenditures accounted for 12 per cent, transportation equipment and accessories 7 per cent, fuel 2 per cent and computer equipment 2 per cent, as percentages of total procurement.

Service contracts amounted to US$3.02 million with construction representing the predominant expenditure at 59 per cent; third-party logistics services at 13 per cent, financial services and audit totalling 18 per cent, evaluations 4 per cent, and miscellaneous service contracts 6 per cent.

Offshore procurement of programme supplies (excluding services) totalled US$7.81 million (54 per cent), and local procurement US$6.71 million (46 per cent).

The CO supported Government procurement services (PS) at a reduced level, for a total value of US$1.14 million, compared with US$3.2 million in 2012. Immunisation activities accounted for 81 per cent of PS. The HIV and Nutrition programmes accounted for 11 per cent and 8 per cent respectively, primarily for antiretrovirals and anthropometric equipment. UNICEF PS is seen as the best option for IPs, with projects for 2014 in Education, HIV and EPI (Expanded Program of Immunisation) expected to total approximately US$10 million.

The total weight and volume shipped from the CO warehouse throughout the year was 2,745 MT (metric tons) and 7,754 CBM (cubic metres) at a cost of US$0.29M, as compared with 2012, when totals were 3,000 MT and 6,000 CBM at US$0.42 million. A total US$0.30 million was paid for clearing and forwarding services and US$0.12 million for other logistics services.
Transport became a significant challenge in 2013 with the increase of programme supply distribution and coverage. The major logistical efforts in 2013 were the Mother and Child Health Week campaigns, distribution of school kits, prepositioning of rapid response supplies for cyclonic emergency and distribution of PASSOBA programme supplies in the country’s 22 regions and 111 districts. The current value of the inventory stocked in the CO’s warehouses is US$0.39 million, with emergency stock representing 71 per cent and regular programme supplies 29 per cent.

The UN was exempted from VAT on selected goods and services. A revised list was approved in December 2013 but much advocacy is still required to obtain a 100 per cent exemption status in accordance with the basic cooperation agreement.

Human Resources

The Madagascar CO experienced a significant recruitment volume in 2013, consisting of 80 recruitment cases, of which 69 were completed by the end of November 2013 (86 per cent). The average recruitment turnaround time was 94.4 days in 2013, compared to 98.78 in 2012 and 156 in 2011. In terms of recruitment, two challenges are worth mentioning. The first is related to language requirements (fluency in French and English), which poses a challenge to attracting a high calibre and geographically diverse workforce. The second challenge is linked to the fact that 34/151 staff (23 per cent) are field based. In 2013, five out of seven (71.4 per cent) candidates declined offers of field-based positions.

The high recruitment activity in 2013 resulted in a considerable number of new staff, with varying needs for orientation and induction, especially for staff deployed in the field, representing 30 of 69 new staff (43 per cent). A number of initiatives were realised to respond to the needs of new staff, including: (i) a new welcome kit; (ii) a reference manual for field-based staff; and (iii) a full week of orientation for the field-based staff.

Performance management remained a priority in 2013. In this regard, three workshops in Managing People for Results were held in 2013: One for supervisors and two for supervisees. Priority was given to field-based staff in consideration of the specific challenges associated with remote supervision. The e-PAS/PAS completion rate was 98 per cent in 2012 and 90 per cent in 2013 (mid-term discussion).

The Emergency Preparedness & Response training in 2013 focused on field-based staff, who were trained in UNICEF CCCs, as well as the new emergency SMS monitoring system.

The CO pursued efforts begun in 2012, aiming at altering trends in individual Special Service Agreement (SSA) management. The number of single source individual SSA contracts was reduced from seven in 2012 to zero in 2013. Long-term (> 6 months) SSAs for staff roles were converted into Temporary Appointment (TA) contracts, and decreased from 48 in 2011 to 27 in 2012 (44 per cent reduction), and further dropped to six in 2013 (a 78 per cent reduction from 2012). Thirty-three individual SSA contracts were issued in 2013 for a total amount of US$550,570, compared to 64 in 2012 totalling US$1,083,345.34 and 149 in 2011 totalling US$1,309,036.65.

The three new Peer Support Volunteers (PSVs) nominated in 2013 briefed staff about their roles, and shared information about UNICEF’s staff counselling resources and materials. The UN Cares Committee component held four sessions in 2013 to raise awareness and reinforce staff understanding of the 10 minimum standards related to HIV in the workplace.

A new staff survey was administered in 2013 to address staff concerns and determine the best course of action for 2014.

Efficiency Gains and Cost Savings

The main cost-saving achievements made by the CO this year were:

- Efficiency Gains and Cost Savings
a) Based on common procurement with the UN system, LTAs were contracted with two travel agencies to manage UNICEF travel services. As a result of price comparison between the two companies and rebates received from airlines & travel agents, the CO made total savings in air ticketing of US$16,368 for 2013.

b) Another cost reduction resulted from the CO’s effort to decrease consultant travel costs - from 15 per cent to 4 per cent this year. Due to the field presence of Regional Technical Assistants, internal office travel increased from 78 per cent to 82 per cent, and external travel costs decreased from 22 per cent to 18 per cent. These percentages are cited in proportion to the total CO travel costs. As part of CO efforts to rationalise travel costs and despite remarkable increase of staff size, per capita travel spending by the CO declined slightly, from US$9,469 (2012) to US$8,448 (2013).

c) Due to the extension of the Country Programme to all regions of Madagascar, and in order to facilitate staff operations in their respective regions, the number of office vehicles increased from 21 in 2012 to 62 in 2013. Expenses for vehicles repairs and fuel for 2013 was US$516,336. For 2012, the expense for vehicle repairs and fuel was US$291,883. As a result of continued monitoring of operating costs and despite the increase of the number of vehicles, the per capita cost of maintenance and fuel for 2013 was US$8,328 compared to US$13,899 in 2012. The relatively low maintenance costs likely result from the fact that many vehicles (24) are newer and therefore require fewer repairs. Fuel consumption was relatively low because the vehicles were assigned to and operating within regional boundaries.

d) The CO maintained an efficient system of recovery for personal use of office phones. Monthly billing and deductions were performed consistently, with no significant outstanding amounts. Additionally, the Office telephone fleet initiative implemented by the CO included more partners and staff in the fleet plan, further reducing overall telecommunications costs. Despite a mid-year price increase, the Office saved US$10,281 for voice telecommunications. Furthermore, the CO is currently working with other UN agencies to establish a common UN telephone fleet, which will result in further cost reductions.

Changes in AMP & CPMP

The last comprehensive staff planning conducted by the Madagascar CO dates back to 2007. Since then and due to the ongoing political crisis, numerous changes were introduced in response to evolving programmatic needs. The current Country Programme (2008-2011) was extended three times, the maximum number allowable, resulting in the imperative of preparing a new Country Programme. Through both the 2014 Annual Management Plan (AMP) and the upcoming new Country Programme Management Plan (CPMP), the CO will strengthen its efforts in the area of Results Monitoring (MoRES), with increased focus and expansion of the use of new technology (such as SMS) in order to push further the CP focus on equity, and to concentrate on results achievement. Development and roll-out of a Capacity Development plan for UNICEF’s Implementing Partners will be a key result in the 2014 AMP, improving institutional capacity in programme monitoring and financial management.

The CO deployed technical assistance at the decentralised level, using Regional Technical Assistants in key regional authorities. The AMP 2014 will further leverage the deployment of regional technical assistants nationwide in an effort to strengthen UNICEF’s monitoring systems. The CO will also conduct an evaluation of the ATR model to document lessons learnt, successes and challenges. Within the framework of HACT, the CO will double its efforts to strengthen assurance activities such as spot-checks and audits, risk assessment and capacity building of our implementing partners. The Country Management Team will be updated on a regular basis about outcomes of spot-checks, micro-evaluations, audits as well as other activities carried out by the HACT working group. To make HACT more efficient, and based upon lessons learnt from implementation, proactive decision-making will be prioritised to avoid misuse of resources.

The 2014 AMP will emphasise skills and competencies required for successful implementation of the Country Programme, and these will be priorities of the 2014 CO Learning & Training Plan. Areas of staff learning to which the next AMP will accord priority are: Risk Management, Leadership & Management, Emergency Planning and Response, Strategic Programme Planning and the Equity Approach. Activities that will strengthen team spirit, staff participation and enhanced ethics awareness will also figure prominently in the next AMP.
The 2014 AMP will implement self-assessment activities to evaluate Country Office performance, both in the areas of programme and operations. These activities will help the CO improve its processes, but will also constitute an effective preparation tool for the next audit. Every effort will be made within the framework of AMP/CPMP to ensure alignment of our programme results with those defined in the new generation of the Medium-term Strategic Plan and the post-2015 Development Agenda. Depending upon the requirements of the new Country Programme and new CPMP, a thorough analysis of staffing needs will be conducted in 2014. The CO expects further guidelines from HQ on the Efficiency & Effectiveness Initiative and information about its impact on field office operations. Based on these guidelines, the next CPMP will seek to align CO structure with the future strategic business management orientation of UNICEF.

### Summary Notes and Acronyms

#### Acronyms

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<td>AMP</td>
<td>Annual Management Plan</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ATR</td>
<td>Regional Technical Assistants</td>
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<td>B-EmONC</td>
<td>Basic Emergency Obstetric and Neonatal Care</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CCA</td>
<td>Common Country Assessment</td>
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<td>CD</td>
<td>Capacity Development</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CLTS</td>
<td>Community-led Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP1</td>
<td>First-year primary school preparatory course</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPMP</td>
<td>Country Programme Management Plan</td>
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<td>CRBP</td>
<td>Children’s Rights and Business Principles</td>
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<td>CPRS</td>
<td>Contract for School Success</td>
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<td>CSB</td>
<td>Basic Health Centre</td>
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<td>CSD</td>
<td>Child Survival and Development</td>
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<td>CSR</td>
<td>Corporate Social Responsibility</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>DPT</td>
<td>Diphtheria, Pertussis (whooping cough) and Tetanus</td>
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<td>DREN</td>
<td>Regional Educational Authority</td>
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<td>EDS</td>
<td>Etude Démographique de la Santé / Demographic Health Survey (DHS)</td>
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<td>EPI</td>
<td>Expanded Programme on Immunisation</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>ERP</td>
<td>Enterprise Resource Planning</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GLASS</td>
<td>Global Analysis and Assessment of Sanitation and Drinking Water</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HACT</td>
<td>Harmonised Approach to Cash Transfers</td>
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<td>HPV</td>
<td>Human papillomavirus</td>
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<td>HSS</td>
<td>Health System Strengthening</td>
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<td>ICCM</td>
<td>Integrated Community Case Management</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>ILO</td>
<td>International Labour Organisation</td>
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<td>iCCM</td>
<td>Integrated community case management</td>
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<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>IMEP</td>
<td>Integrated Monitoring, Evaluation and Research Plan</td>
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<td>IMNCI</td>
<td>Integrated Management of Neonatal Childhood Illnesses</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>ISP</td>
<td>Internet Service Provider</td>
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<td>JMP</td>
<td>Joint Monitoring Programme</td>
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<td>LLIN</td>
<td>Long Lasting Insecticidal Nets</td>
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<td>LTA</td>
<td>Long-term Agreement</td>
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<td>M4D</td>
<td>Mobile for Development</td>
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<td>MCHW</td>
<td>Mother and Child Health Week</td>
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<td>McRAM</td>
<td>Multi-cluster Rapid Assessment Mechanism</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MIS</td>
<td>Malaria Indicator Survey</td>
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<td>MODA</td>
<td>Multiple Overlapping Deprivation Analysis</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity Systems</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NMCP</td>
<td>National Malaria Control Programme</td>
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<td>OCHA</td>
<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>OMT</td>
<td>Operations Management Team</td>
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<tr>
<td>ONN</td>
<td>“National Nutrition Office”</td>
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<td>ORR</td>
<td>Other Resources</td>
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<tr>
<td>P&amp;M</td>
<td>Planning and Monitoring</td>
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<td>PASSOBA</td>
<td>Le Programme d’Appui aux Services Sociaux de Base</td>
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<td>PBA</td>
<td>Programme Budget Allotment</td>
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<td>PBR</td>
<td>Programme and Budget Review</td>
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<td>PCR</td>
<td>Programme Component Result</td>
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<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<td>PS</td>
<td>Procurement Services</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>RED</td>
<td>Reaching Every District</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SITAN</td>
<td>Situation Analysis</td>
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<td>SMS</td>
<td>Short Message Service</td>
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<td>SPE</td>
<td>Social Policy and Evaluation</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>T4D</td>
<td>Technology for Development</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>U5</td>
<td>Under five</td>
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<tr>
<td>U5M</td>
<td>Under-five Mortality</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNRC</td>
<td>United Nations Resident Coordinator</td>
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<td>USAID</td>
<td>US Agency for International Development</td>
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<td>USD</td>
<td>US Dollars</td>
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<td>USI</td>
<td>Universal Salt Iodisation</td>
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<td>VAR</td>
<td>Vaccine Arrival Report</td>
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<td>VAT</td>
<td>Value Added Tax</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WDI</td>
<td>World Development Indicators</td>
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<td>WFP</td>
<td>United Nations World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Evaluation

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<td>2 Appui à l’Éducation Pour Tous à Madagascar mise en œuvre pendant la transition politique des activités clés en soutien du cycle primaire contenues dans le plan EPT endossé</td>
<td>2013/009</td>
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<td>3 MICS Regional</td>
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<td>4 Évolution de la vulnérabilité des ménages dans le district d’Ambovombe pendant la période de crise politique (2012)</td>
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<td>5 Évolution de la vulnérabilité des ménages de la ville d'Antananarivo pendant la période de crise politique (ronde 2, 2012)</td>
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<td>6 Évolution de la vulnérabilité des ménages de la ville de Tuléar pendant la période de crise politique (ronde 2, 2012)</td>
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<td>8 Étude pour supplémentation en MNP (Micronutrient Powder)</td>
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<td>9 Enquête sur les facteurs qui sous-tendent la sexualité des adolescents</td>
<td>2013/003</td>
<td>Study</td>
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<td>2 Poster, flyers et Billboard « FIGHT AGAINST VIOLENCE »</td>
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<td>3 Roll up: Children rights and business principles</td>
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<td>4 Posters, Mobilisation Guide, Banner, Advocacy letter, spots audio and TV</td>
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<tr>
<td>5 Poster, banner, spot audio and TV, billboard, leaflet, pockets, clip video and audio, documentary film, registration sheet, video on resource mobilisation: Go to school Campaign, 2013</td>
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<td>6 Poster: Disaster Risk Reduction (flood, fire, tsunami, drought, food insecurity, environmental)</td>
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<td>7 Banner &amp; stickers: International Day Girl’s Education</td>
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<td>8 Poster, mini posters, flyers, booklet about awareness, information and education for behaviour change</td>
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<tr>
<td>9 Newsletter, banners, flyers, roll-up, stickers, pockets : PASSOBA-Santé :</td>
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<td>10 Stickers for visibility and for cars PASSOBA-Santé and Gap-Financing:</td>
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<td>12 Banner and roll up: Visibility Documentation centre CRC at the university “Iseraso”</td>
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<td>14 Photographs: Breastfeeding</td>
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<tr>
<td>15 Roll-up UNICEF visibility</td>
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<td>16 Roll-up, flags, banners: UN Day</td>
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<tr>
<td>17 2014 Calendar and greeting cards</td>
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<td>18 Video message for CBRS</td>
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<td>19 Video message for Dutch Natcom</td>
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<td>20 Video message for Danish Natcom</td>
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<tr>
<td>21 Video: UNICEF Madagascar (facts and figures)</td>
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<td>22 IEC materials for Feeding new-borns and young children</td>
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