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## **Report of the field visit by members of the UNICEF Executive Board to Madagascar, 13-17 April 2015**

### **I. Introduction**

1. A delegation from the UNICEF Executive Board, comprising representatives from Antigua and Barbuda, Bulgaria, Germany, Ghana, the Islamic Republic of Iran and the United States of America, carried out a field visit to Madagascar from 13 to 17 April 2015.
2. The objective of the field visit was to gain a first-hand understanding of the work of UNICEF at the country level and the UNICEF programme of cooperation with the Government of Madagascar since 2014. More specifically, the visit aimed to discuss the impact and results of UNICEF work with Government and non-governmental counterparts at national, local and community levels within the context of national development priorities. The visit provided an opportunity for the Executive Board to better understand the challenges facing children and women in Madagascar.
3. The delegation would like to express its appreciation to the Government of Madagascar for its cooperation in preparing the visit and for the welcome, as well as the opportunities for substantive dialogue with ministers and other senior representatives at the national, state and local level. The solid relationship between the Government and UNICEF teams on the ground is instrumental in allowing UNICEF to carry out its work and fulfil its mandate in support of the children of Madagascar.
4. The delegation would also like to thank the UNICEF country team in Madagascar for the well-prepared and well-organized visit, and the country representative and staff for being readily available throughout the visit to provide

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support to the delegation in better understanding the organization's work and engagement. The delegation was particularly impressed by the level of commitment and dedication of UNICEF Madagascar staff, who exceeded expectations in preparing the delegation for each meeting.

5. The delegation would also like to thank the Office of the Secretary of the Executive Board for its support and assistance in planning the field visit.

6. The programme of the visit comprised meetings and other activities in the capital, Antananarivo, and the eastern regions of Fenerive Est and Tamatave.

(a) In Antananarivo, the delegation met with the Prime Minister and ministers or high-level representatives of agriculture, education, finance, foreign affairs, health, home affairs, justice, planning and economic development, population, social protection and women, tourism, water, hygiene and sanitation, and the Office of National Nutrition (ONN). The delegation also met with the United Nations Resident Coordinator, members of the diplomatic corps, representatives of non-governmental organizations (NGOs) and private sector partners.

(b) In Fenerive Est, the delegation met with the chief of staff of the head of the Analanjirifo region, and the regional directors for the ministries of education, health, and water, hygiene and sanitation. The delegation visited a community nutrition centre in Mahambo village; a community health post in Androranga Vola; a primary school in Ampihaonana village – where the delegation also observed the activities of the sanitation and hygiene programme; a health centre in Ampasina Maningory; and a preschool in Sahavola village. In all of these locations, the delegation was met by the mayor and/or the village chief.

(c) In Tamatave, the delegation met with the head of the Atsinanana region and the child protection network as well as the representatives of women's associations. The delegation also visited the Croix-Rouge Malagasy (Madagascar).

7. The present report summarizes the briefings the delegation received and its activities during the visit, concluding with its observations on various issues related to the visit and the work of UNICEF.

## **II. Key issues facing children and women in Madagascar**

8. Madagascar is one of the poorest countries in the world, with gross national income per capita of \$440 (World Development Indicators 2014; 2013 data) and a ranking in 2014 of 155th of 187 countries in the Human Development Index. In 2013, 91 per cent of the country's 21 million people lived on less than \$2 per day (Millennium Development Goal (MDG) Survey 2012–2013). Madagascar is emerging from a prolonged political crisis accompanied by socioeconomic decline, deterioration of social services and exacerbation of household vulnerabilities to shocks.

9. Given its rich mineral and natural resource base, Madagascar has significant growth potential, especially in the extractives sector. Yet, it also faces the associated risks of illegal trade and exploitation. The island nation is exposed to the hazardous effects of climate change and is extremely vulnerable to natural disasters. While Madagascar is subject to recurring droughts, floods and locust plagues, and with 16 of the country's 22 regions at risk ranks fifth among countries most threatened by

cyclones, its level of preparedness to prevent and mitigate the effects of disasters is limited.

10. The country is characterized by ethnic, cultural and biological diversity, and by major socioeconomic, rural/urban and other geographic disparities between the highlands and coastal areas. Madagascar has a young and largely rural population – more than 50 per cent of the population is under 18, and 83 per cent of the population lives in rural areas.

11. The decline in the under-five mortality rate from 72 deaths per 1,000 live births to 62 deaths per 1,000 live births between 2008 and 2012 is likely attributable to the implementation of community-based child survival interventions, with a special focus on hard-to-reach areas. At the same time, the neonatal mortality rate increased marginally, from 24 deaths per 1,000 live births to 26 deaths per 1,000 live births. Neonatal mortality accounts for 42 per cent of under-five deaths. At 500 deaths per 100,000 live births, the maternal mortality ratio remains very high and is far from Millennium Development Goal target of 127 per 100,000 live births; one third of maternal deaths are related to teenage pregnancies. The percentage of children aged 12–23 months who were fully vaccinated fell from 61.6 per cent in 2008 (Demographic and Health Survey 2008–2009) to 51.1 per cent in 2012 (MDG Survey 2012–2013). The deterioration of the primary health care system, including an inadequate number and distribution of health personnel, shortages of medical supplies, and the long distance and high cost of accessing services, are major bottlenecks and barriers to access and use of services (MDG Survey 2012–2013). Significant and sustained investment is needed to strengthen the health system and build on the gains made in reducing under-five mortality. HIV prevalence remains low at 0.4 per cent among adults aged 15 to 49, and 0.2 per cent among young men and young women aged 15 to 24 (Joint United Nations Programme on HIV/AIDS, 2013 data).

12. Madagascar has the fourth highest rate of chronic undernutrition in the world (MDG Survey 2012–2013). Almost half (47 per cent) of all children under age 5 are stunted. Progress in tackling high stunting rates has been very slow over the past 20 years and important disparities remain between urban areas (39 per cent) and rural areas (49 per cent), and among regions, with the Central Highlands reporting stunting rates of higher than 60 per cent. The prevalence of wasting and underweight among children under age 5 is 8 per cent and 32 per cent, respectively. Undernutrition is associated with poverty and food insecurity; limited access to nutritious food; poor maternal nutrition and inadequate infant and young child feeding practices, which are often rooted in unfavorable social norms; recurrent childhood illnesses and poor access to quality health services; and inadequate water, sanitation and hygiene (WASH) provision, especially for the most deprived segments of the population.

13. Limited access to clean water and poor sanitation and hygiene practices are of particular concern, especially given the link with chronic malnutrition. In global comparisons, Madagascar ranks fourth from last in access to safe water and eighth from last in access to sanitation. Only 14 per cent of the population has access to improved sanitation facilities. Almost half (48 per cent) of people living in rural areas practice open defecation. Only half of the overall population and 35 per cent of the rural population has access to improved water sources, with 38 per cent of those in rural areas relying on surface water for drinking.

14. Madagascar is no longer on track to achieve Millennium Development Goal 2, to achieve universal primary education. The net primary enrolment rate decreased from 83 per cent in 2005 to 69 per cent in 2012 (MDG Survey 2012–2013). Repetition rates in primary school are 17 per cent, and test scores in key subjects such as mathematics have declined since 1998 from 59/100 to 40/100 reported in 2012 (Ministry of Education). An estimated 1.5 million primary-school-age children are currently out of school and only 3 out of every 10 children who enrol complete primary school. The major barriers to education include outdated curricula, poorly trained teachers and low quality of instruction (about two thirds of primary schoolteachers have not received any formal training); limited number of school facilities; and increasing costs of education.

15. Violence and exploitation of children are major protection concerns. Fourteen per cent of girls aged 15 to 19 have reported being victims of sexual violence and 15 per cent have reported being victims of physical violence (MDG Survey 2012–2013). The Special Rapporteur on the sale of children, child prostitution and child pornography has reported increases in the number of children who are sexually exploited, including through prostitution and sexual tourism, since the onset of the crisis. Reporting rates are low and prosecution of the perpetrators of violence against children inadequate, as is the prevention of violence and the provision of care and treatment for victims. The practice of child marriage persists, with nearly half of women aged 20 to 24 reporting having been married before the age of 18. More than one third (37 per cent) of girls aged 15 to 19 have started childbearing. Almost 1 in 4 (23 per cent) children aged 5 to 17 are involved in economic activity.

16. Persistent poverty remains the main barrier to development in Madagascar. Limited financial and human resource capacity in the social sector, limited access to large parts of the country and harmful practices rooted in traditional beliefs are among the major bottlenecks to overcoming household vulnerability and expanding social service delivery.

### **III. The role of UNICEF in the region and in Madagascar**

17. UNICEF Madagascar started a new country programme cycle on 1 March 2015. The March 2015 to December 2019 country programme document and country programme action plan were the first new country programme documents signed with the Government since 2008, the previous country programme document for 2008 to 2011 having been extended for three years due to the continuation and unexpected duration of the political crisis (and for another two months for procedural reasons).

18. The country programme, which had started in a development context, had to rapidly adapt to a crisis and transition environment. With the international sanctions imposed following the political crisis in 2009 limiting the ability of the programme to engage directly with national authorities, UNICEF shifted its partnership strategy to deliver critical social services for children at decentralized level. This decentralized strategy, which allowed UNICEF to remain fully engaged in supporting the social sectors, led donors to view channelling all social sector funding through the organization as an alternative to direct budget support to the Government for the continuation of key programmes. As a result, during the political crisis, the country office's annual throughput more than doubled from \$30 million to nearly \$70 million, an increase supported through significant contributions from the European Union and

the Global Partnership for Education, yet with aid restrictions attached that did not allow for direct contributions to the central government at the time.

19. As the transitional government signed a roadmap to elections in 2011, restrictions on cooperation with the public sector began to ease, and UNICEF was able to shift its partnership strategy to focus on decentralized government entities, particularly the regional directorates of social sector line ministries. This led to a dramatic increase in UNICEF decentralized engagement as the organization sought to provide in situ guidance and technical oversight to government partners at regional and further decentralized levels through a large cadre of field-based technical assistance staff in all 22 regions of the country.

20. The development of the March 2015 to December 2019 country programme started with the elaboration of the Situation Analysis (SitAn) document, UNICEF contribution to the MDG Survey and the development of the United Nations Development Assistance Framework (UNDAF) 2015–2019 in early 2014. This followed democratic presidential and parliamentary elections held in December 2013 and the articulation by the new Government of a state policy in expectation of the national development planning process. The SitAn and the MDG Survey on which it was largely based showed a clear decline in indicators in most sectors since the start of the political crisis. The data also highlighted just how deep deprivations ran: Madagascar placed fourth worst in the world in stunting (due to chronic undernutrition), fourth worst in access to potable water and eighth worst in access to sanitation. UNICEF was guided in the development of priorities and strategies for the current country programme by the SitAn, lessons learned from the past cycle, government priorities, UNDAF outcomes, and close consultations with central, regional and local Government, and with non-governmental and other partners.

### **High-level meetings**

21. The delegation had the opportunity to begin the trip with a personal meeting with the Prime Minister, H.E. Mr. Jean Ravelonarivo. The Prime Minister highlighted the decision taken by the Government since its January 2015 appointment to make the country's development and the fight against poverty two of its main priorities. Since January, the country has launched a five- year National Action Plan to combat human trafficking in Madagascar. The Government has also increased guidance to customs, airport authorities and other entities on how to prevent and combat human trafficking, and has strengthened oversight.

22. The Government has enacted some fiscal reforms and will enforce the rule of law and good governance. It has asked donor countries for support in the country's social development. To reduce corruption, the Government has replaced all civil servants on the east coast, from the police to forest officers to fisheries. The Government has allocated a helicopter and two speed boats to Tamatave to monitor the coasts. Finally, the Government has established a tribunal with the World Bank to process cases of smuggling of rosewood, gold, minerals and human remains.

23. Mr. Ravelonarivo said that he is pleased with UNICEF and considers the organization a strategic partner for the Government. UNICEF remains a key player in health, WASH, education, child protection and nutrition, particularly in the fight against chronic malnutrition and addressing severe acute malnutrition of children in the south, which is currently experiencing a severe drought. The Prime Minister

directly oversees the ONN, which has been leading cross-sectoral coordination of the nutrition response with UNICEF support.

24. UNICEF collaboration with the Government, specifically the Office of Disaster Risk Reduction, the ONN, the Ministry of Water and the Ministry of Population, Social Protection and Promotion of Women, was critical in the humanitarian response to assist the population affected during the recent floods. Mr. Ravelonarivo acknowledged that the Government needs to build additional infrastructure and it has much to do to improve social services and to contribute to improving the living conditions of women and children.

25. He noted that the Ministry of Population, Social Protection and Promotion of Women was established to ensure the Government remains focused on addressing the needs of vulnerable populations, especially children and women. The Government is working towards reducing poverty and is drafting a framework on social protection for implementation in mid-2015. The Government is making an effort in education: in 2014, 10,000 community teachers were recruited, trained and tested, with plans for an additional 15,000 community teachers to be integrated in 2015.

26. The delegation congratulated Mr. Ravelonarivo for including poverty alleviation, education, health, nutrition, WASH and social protection as priorities in the National Development Plan. It reiterated the need to prioritize children if sustainable development is to be achieved in Madagascar. The delegation highlighted the importance of health, education and nutrition for children; the latter issue was raised directly with the Prime Minister since, as previously mentioned, oversight of the ONN falls directly under his office. The delegation also raised the connections between nutrition and WASH, and nutrition and education.

27. The delegation had a courtesy call with the Minister of Foreign Affairs, H.E. Ms. Béatrice Atallah. Ms. Atallah praised the work of UNICEF and noted the Government's appreciation for its support. She highlighted the National Development Plan, which should help to reduce maternal and child mortality rates and to reduce poverty. The Minister asked UNICEF to assist the Government in finding ways to help to promote positive social norms among people in hard-to-reach areas of the country, to encourage them to reduce rates of early pregnancy and child marriage.

28. The delegation visited a site for persons displaced by the recent flooding in Andohatapenaka, Antananarivo, with the Minister of Population, Social Protection and Promotion of Women, H.E. Ms. Onitiana Realy. This site began with 144 tents shortly after the floods and now has 27 tents. The delegation was shown the site's daily operations. The delegation visited the health cluster and saw the doctor on site. On average, the cluster receives 100 to 200 patients a day, with acute respiratory infections being the most commonly seen ailment. Many children who visit the site are not vaccinated. The delegation noted that many former residents of the site have returned for health care despite having already returned to their homes. There are gender-separated WASH facilities, and provisional latrines have been provided in coordination with UNICEF Madagascar.

29. Children attend emergency education in UNICEF tented schools. There were 205 students attending the schools on 30 March 2015; by 17 April, the number had been almost halved, to 104 children. Classes are held from 8:00 a.m. to 11:30 a.m. for children who have previously been enrolled in school. Afternoon sessions are held for children ages 6 to 17 who have never attended school. The delegation also saw the

child-friendly space set up by the UNICEF child protection programme, which provides an area for young children and those not formally enrolled in school to spend the day in safe environment and have the opportunity to report any mistreatment in a safe setting. A food security cluster used to coordinate with the World Food Programme and the Red Cross in providing rice, corn and soya beans to people at the site. However, the delegation was unable to visit the food distribution tent since it was closed the day before the delegation's visit as the Government had started drawing down services in anticipation of the relocation of the remaining displaced persons to a new site and the subsequent closure of the camp.

30. While at the displacement site for the flood victims, the delegation also learned about the drought emergency situation in the south-east, which suffers from a lack of water and irrigation systems and related food insecurity. In the district of Bekily, where UNICEF had supported the ONN over a two-month period to screen 20,000 children, 400 children were found to be suffering from severe acute malnutrition. There are 146 facilities in the south of the country that provide treatment for severe acute malnutrition.

### **Field trips and observations**

#### **Health and nutrition**

31. Health and nutrition issues are closely linked in Madagascar, which ranks fourth highest globally in the rate of chronic malnutrition, with almost one out of every two children under age 5 stunted. Access to maternal and child health care and its infrastructure is often inadequate and inequitable. Both chronic and acute malnutrition warrant attention at the highest level given their immediate impact on the survival and development of children – and the longer-term impact on the economic development of the country.

32. UNICEF, in coordination with the European Union, is working to expand the use of integrated health services for vulnerable populations, especially children under 5, in nine regions. UNICEF also supports Community Nutrition Sites and Community Health Centres in rural communities.

33. UNICEF has focused on prevention of undernutrition and malaria, and provides training and supplies to community health workers to combat these issues. In particular, it has focused on the three main killers of children under five: pneumonia, diarrhoea and malaria. It also conducts semi-annual nationwide Mother and Child Health Weeks during which children under 5 and pregnant women are provided with vaccinations against the main infectious diseases, and women and children receive vitamin A and deworming.

34. The delegation visited a Community Nutrition Centre in Mahambo village, where they were briefed on how local community health workers monitor and promote the growth of children. Every month, mothers bring their children under 2 years of age for a checkup and are shown how to prepare nutritious meals and receive counselling on child care and feeding. Children from two to five years old are measured every three months. A different theme is covered at each monthly meeting. On this occasion, community health workers discussed the importance of breastfeeding, a diversified diet and clean water for children, emphasizing that nursing mothers need to drink lots of water and encouraging mothers to nurse until

their children turn 2. Two ways of making water hygienic were demonstrated: boiling, or using with Sur'eau (chlorine) in a 15-gallon container. The centre also supplies the community with micronutrients.

35. The delegation visited a Community Health Post in Androranga Vola village where they learned of the monthly meetings conducted with mothers of children under the age of 2. During these meetings, children are weighed and their measurements are taken to ensure they are getting sufficient nutrition. Mothers are instructed on how to provide proper nutrition for their infants, encouraged to breastfeed and, when necessary, provided with nutritional supplements containing several micronutrients. Mothers are also instructed on how to make water hygienic and on the importance of using clean water to prepare meals.

36. The delegation paid a visit to the health centre in Ampasina Maningory. The centre is supported by UNICEF and stands as a unique health service provider for the neighborhood and beyond, for people from rural areas who are seeking services. The delegation visited different parts of the centre and had discussions with the medical staff. The community health workers, among other health care service providers, demonstrated how the major childhood killer-diseases are diagnosed and treated. The centre provides vaccines for children, antenatal care for pregnant mothers, deliveries, maternal health and family planning.

37. The delegates were informed that during the past year an estimated 31,000 people had received health services from the centre. Services provided ranged from birth deliveries, treatment of malaria and severe acute malnutrition to provision of vaccines. With the exception of family planning services, which are managed by the United Nations Population Fund (UNFPA), UNICEF is engaged with the overall functions of the centre, working jointly with other donors and with regional government authorities. Power outages were cited as a major problem, which prevent many basic services from being delivered, especially at night. Delegates observed that the centre provides WASH facilities as well as accommodation for pregnant women and their families before delivery.

### **Observations**

38. The Mahambo village Community Nutrition Centre struggles from a reduction in funds as the halving of the budget of the ONN has affected not only the central level, but also decentralized/community-level programme implementation. Centres such as this appear to rely entirely on UNICEF financial and technical support, with most of the UNICEF budget used to buy therapeutic foods. There are 6,000 centres like this one nationally, which serve only half of the population.

39. It is recommended that plans to secure a solar energy power supply at each health centre need to be accelerated. The power supply could be used in the case of an emergency, especially to assist with treating patients at night, particularly in the case of birth deliveries; and it would keep the refrigerator running, which is important since vaccines are stored locally. Power outages compromise the vaccinations and inhibit the centres' ability to deliver a critical service to the community.

40. Contraceptive and family planning services are an integral part of the community health centres, which can serve the overall objectives of health care for mothers and children. Combining the delivery of such services by the UNFPA country



office with the work of the other United Nations agencies, in this case UNICEF, creates more integrated maternal and child health services and stronger and better functioning health centres.

### **Water, sanitation and hygiene**

41. Limited access to clean water and sanitation services is a huge problem in Madagascar. It is a large contributor to poor health conditions as well as to chronic malnutrition, especially among children. In rural areas, only 35 per cent of the population uses improved drinking water sources; in urban settings the rate is 78 per cent. The open defecation rate in rural areas is 48 per cent, and in urban areas is 19 per cent.

42. The UNICEF intervention focuses on promoting health and hygiene practices. WASH programmes help to encourage long-term behaviour change and to promote improved sanitation and hygiene practices as well as the use of safe water.

43. In rural areas, UNICEF works with the local community to promote the Community-Led Total Sanitation (CLTS) initiative. Local residents are encouraged to construct and use latrines, and to spearhead their own sanitation projects so they learn how to protect themselves from diseases caused by poor sanitation and hygiene.

44. The Mahambo village community visited by the delegation had constructed latrines without subsidies and had managed to become open defecation free by December 2014 (within one year). With the support of UNICEF, a safe drinking water system was built wherein spring water is collected and distributed to 11 privately managed delivery points.

### **Observations**

45. The WASH sector continues to lag behind the other sectors in terms of donor attention, but also in terms of attention by the Government in national government budget allocations. Efforts to integrate WASH into other sectors – mainly education, nutrition and health – should continue. Schools and health and nutrition centres are useful entry points for WASH interventions. Community-level intervention is crucial in order to sensitize the population and to sustain behaviour change over the long term. Continuous awareness-raising is needed about the importance of WASH, especially on the significant impacts of poor WASH facilities on health and in rates of chronic malnutrition among children.

### **Education**

46. The delegation visited a primary school in Ampihaonana that was destroyed by a cyclone and rebuilt with UNICEF support; a pre-school in Sahavola built and furnished with UNICEF support; and a Red Cross facility for deserted children.

47. Discussions with the school management authorities, teachers, pupils, parents and civil society organizations (CSOs) focused on access to education, availability of teachers and teaching materials, medium of instruction, pedagogy, the dearth of qualified teachers, the low teacher-to-pupil ratio, girl child education and the total lack of special education for children with disabilities. It was noted that the Government did not have the resources to make education accessible to all children

and that the private sector had also not been able to fill in that gap, even though some mining companies provided for the education of their employees' children. Lack of access to education was much more acute in rural areas than in urban areas, thereby compelling poor parents to pay for their children's education. It was observed that some schoolchildren have to trek long distances from their communities in order to go to school. This situation was considered a setback to efforts to ensure education for all children of school-going age. Inadequate school infrastructure and teachers have compelled school management authorities to maintain a high teacher-to-student ratio in classrooms. Efforts by parents to build huts to be used as classrooms, both at the primary and pre-school level, have also proven inadequate, forcing some schools – including pre-schools – to run in shifts.

48. The delegation discussed the education situation with the Prime Minister during the previous meeting in Antananarivo, with local education authorities, pupils and parents in the Ampihaonana and Sahavola villages in the Fenerive Est region, and at the displacement site in Antananarivo that was established following the recent cyclone in the capital. During the meeting with the Prime Minister, issues relating to the medium of instruction were discussed at length, given that Malagasy and French are used simultaneously for teaching and learning at school. It was felt that it was necessary for children to learn and speak their native language at primary level, and especially during the early grades. However, it was also the considered view that for global interaction, integration and the deepening of further studies, it would be beneficial to, at a later stage, progressively move towards bilingualism through the use of French as a medium of teaching and learning. The Prime Minister lauded efforts by UNICEF on behalf of children, including in education.

### **Observations**

49. During the field trip, the delegates came to the realization that there are an inadequate number of qualified teachers to effectively impart knowledge to children at school. The Government and local authorities have demonstrated remarkable ownership in training teachers who can fill the gap, but these teachers lack capacity. These shortcomings continue to undermine teaching and learning in schools and require serious attention. Other factors that impede learning are poor nutrition and high rates of stunting.

50. There are significant and glaring disparities in the use of French as a medium of instruction and learning between urban and rural areas. While the use of French during classes is relatively high in urban areas, it is low in rural areas. It was observed that a major disincentive for parents to send their children to school is the fact that, by and large, having an education does not guarantee job acquisition in Madagascar. In rural communities, the low learning outcomes due to children being taught in a language they do not master or speak at home, and taught by teachers who are underqualified and do not master French themselves, have served to deepen and further entrench poverty, as children do not achieve the desired learning outcomes needed to qualify for better-paying professions than their parents.

51. It was observed that children with disabilities have been largely left out of education as there seem to be very few schools available that can meet their needs, or any attention paid to their education. According to members of some CSOs, the situation remains the same although the country signed the Convention on the Rights of Persons with Disabilities in 2007 (the instrument was only ratified by Parliament

in December 2014). The attrition rate of girls in lower secondary school is high due to early pregnancy and child marriage in some regions of the country, mainly as a result of a belief that after puberty a girl has to prove her ability to procreate and that efforts have to be made to prevent incest. There is an urgent need for cultural transformation in this area as well.

### **Child protection**

52. The delegation visited members of the child protection network and the Secretary-General of the Atsinanana region in the city of Tamatave. The delegation learned that only 47 per cent of children in the region complete primary school. In 2013, there was one doctor for every 14,000 people; there were less than 100 doctors in the entire region. There is a prevalence of drugs, alcohol and sexually transmitted infections, including HIV, and a high risk of violence and exploitation of children in Tamatave.

53. The child protection network provides social and medical resources and facilitates access to justice for children who have experienced violence, abuse or exploitation, and for children at risk. The Secretary-General was pleased the delegation elected to visit Tamatave. The city is home to the largest port in Madagascar, which presents an increased risk of sexual violence against children. The network in Tamatave unites community associations with the Government, bringing all services together to coordinate their actions and reinforce a protective environment for children. Attendees at the meeting included the national police, the national gendarmerie, the regional directors of public health and of youth and sports, doctors from the port and a health centre, the inspector of the police department, a young peer educator, social workers and members of the Red Cross and women's associations.

54. In 2014, there were 1,600 reported cases of violence against children, ranging from deliberate physical and psychosocial violence to early pregnancies, rape and other forms of sexual exploitation. Tourists are not considered the problem; foreigners established in Madagascar with long-term visas are, yet parents often do not want to end these 'relationships' or arrangements because of the revenue they bring. Children who are not enrolled in school are at greater risk of violence and exploitation. Madagascar has signed and ratified the Convention on the Rights of the Child and has a legal framework, but the country is not implementing its laws to their fullest extent.

55. The delegation also met with representatives of women's associations in Tamatave to learn more about the situation of girls and women in the region. Although a law against child marriage exists, it is rarely prosecuted as a crime because parents do not file a case. The issue of arranged marriages in the different cultures and the influences on the status of women were discussed.

56. Representatives pointed out the importance of gender promotion, which in their view has three pillars: (a) active participation in decision-making; (b) women's awareness of their rights and the law; and (c) economic empowerment. The final pillar is important as women frequently do not meet the minimum requirements for obtaining microfinance services.

57. Sexual abuse in families is usually not reported and is hidden by the families. Seventy per cent of victims obtain medical and psychological treatment but typically do not receive any legal support. Doctors have a legal obligation to report abuse to the police, however they do not, citing reasons of medical confidentiality.

58. The delegation also visited the Red Cross in Tamatave. The centre provides food, education and birth registration services for 42 children, and attempts to locate parents who often temporarily abandon their children during the day. Although the centre is not well financed, it tries to support parents and provides training for children and a safe place for them to spend the day. UNICEF provides training and technological support. When the centre closes in the evening, the children return to their parents in the streets. The Red Cross is hoping to acquire additional funding so that it can provide a place for children to sleep at night. Children who already attend the centre often encourage other children living or working on the street to come by.

### **Observations**

59. Citizens are finally speaking up after years of education, and the number of documented cases of violence, abuse and exploitation continues to increase with each passing year. Networks are improving the management of cases and the system is improving in referring individuals to different services. However, a solid policy framework in child protection, funding and qualified professionals are still lacking. Poverty exacerbates the severity and frequency of cases of violence, abuse and exploitation.

60. The delegation suggested that offences against children should be considered as an act harmful not only to one individual or individuals, but also to a community, society or the State, thus amounting to an offense against the State. By so doing, there will be an obligation for all to report such harmful acts against children, therefore leaving no possibility for amicable arrangements, as is often the case in Madagascar. The delegation stressed the important role of women as change agents and in moving the society forward. In civil society, women's associations have a responsibility and play a crucial role in cultural transformation. The delegation had an opportunity to exchange ideas with the women's association about concrete measures already used that contribute to triggering cultural transformation, and on the need to accelerate such efforts. The delegation cited the need for strengthened legal protection of children who have been sexually abused within the family and urged efforts by the Government to ensure children's right to protection from violence, abuse and exploitation, including sexual exploitation.

### **Private sector concerns**

61. The delegation had the opportunity to meet with private sector representatives. During the meeting, the delegation was informed about the setbacks to the operations of the respective companies caused by political instability and the unpredictable tenure of government officials. The private sector representatives informed that delegation that government ministers are changed often, making it difficult to follow through on projects. They also lamented the level of corruption, even though the Government has indicated zero tolerance for corruption. Another area of concern to the private sector was the unhealthy competition caused by the large segment of private business entities that operate in the grey economy. This provides a disincentive to operating in the formal private sector. Weak social services and systems to regulate mining operations were said to be some of the setbacks to doing effective business in Madagascar.

### Services for vulnerable populations

62. The delegation also visited a centre for access to services in a slum area of Antananarivo. The centre was established by the Municipality of Antananarivo with technical and financial assistance from UNICEF in collaboration with the international NGO PlaNet Finance, which provided technical assistance and built the capacity of the municipal staff. The centre is located in a disadvantaged neighborhood so that it is accessible to people living in situations of extreme vulnerability. Two integrated services are provided: psychological services, in which counselling is provided to people who have experienced economic difficulties, land problems and other challenges; and socioeconomic services, which teach participants how to save money. Upon successful completion of the programme, participants learn how to set up a business plan and receive a grant to help start a business.

63. The centre is also a one-stop service to help families that have encountered sexual violence. A child protection network linked with the centre can refer families to the government health centre or the local police, and can provide other related guidance.

### General recommendations

#### 64. To the Executive Board and Member States

- (1) To raise awareness among other Member States about the precarious situation of children and women in Madagascar, considering that: Madagascar is one of the poorest countries in the world, with a gross national income per capita of \$440; 91 per cent of the country's 21 million people live on less than \$2 per day, and the country is emerging from a prolonged political crisis accompanied by socioeconomic decline, deterioration of social services and exacerbation of household vulnerabilities to shocks.
- (2) To advocate so that Madagascar is not left behind in global development events and discussions following five years of international isolation by:
  - Inviting Madagascar to all relevant global and regional social sector events/forums; and encouraging input from Madagascar to the remaining discussions on the Sustainable Development Goals.
- (3) To ensure that Madagascar is not forgotten on international aid agendas and is considered in the allocation of international aid budgets, especially noting that:
  - the desperate poverty and the fact that Madagascar ranks among the bottom 10 countries globally on some key indicators of well-being, with the fourth highest chronic malnutrition rate, the fourth lowest rate of access to potable water and the eighth lowest sanitation ranking;
  - the country relies heavily on foreign aid (for up to 75 per cent of government investments, 12 per cent of gross domestic product);
  - Madagascar and its children are 'off-the-map' in aid terms and the country is a 'donor orphan' and receives very little international aid as compared with other countries of similar population size and social sector indicators;

- While aid restrictions accompanying international sanctions during the crisis period have largely been lifted, overall aid investment remains very limited compared to other countries in the region with similar indicators.

Of particular importance in this regard will be:

- (a) Increased aid investments for children and women in Madagascar;
- (b) To ensure that direct budget support contributions will prioritize the social sector;
- (c) Specifically, active donor participation in the upcoming donor conference on Madagascar in November 2015 in Paris, and aid contributions/pledges to nutrition, WASH, health and education;
- (d) To ensure solid regular resource contributions to UNICEF to facilitate support for programme priorities that would otherwise be underfunded.

**65. To the Government of Madagascar**

- (1) Ensure that children are being prioritized not only in the National Development Plan focus areas but also through increased national budget allocations to the social sectors;
- (2) Move the national social protection agenda forward as a key strategy to tackling high poverty levels. At the same time, maintaining a strong focus on good governance, to ensure that important work in the social sectors can benefit from a reduction in levels of corruption and inclusive economic growth;
- (3) Continue to work with UNICEF and other partners to demonstrate that sustainable results for children – especially the most difficult and hard-to-reach (equity focus) are being achieved, even under difficult circumstances, due to cooperation at central, decentralized (regional) and particularly community levels;

**66. To UNICEF at global and regional levels**

- (1) To support the Madagascar country office in advocacy and awareness-raising about the precarious situation of children and women in Madagascar through:
  - (a) advocacy for the country's participation in all relevant global and regional social sector events/forums, such as the upcoming Oslo Summit on Education for Development;
  - (b) inclusion in UNICEF global and regional reports;
  - (c) profiling in UNICEF global and regional events; and
  - (d) related high-level advocacy by senior management.
- (2) To support the Madagascar country office in mobilizing bilateral and private resources for children in a challenging context in which donor interest is low, and mobilizing significant other resources (\$141 million) in order to implement the new country programme.
- (3) To prioritize the Madagascar country programme in the allocation of global resources (thematic and other), considering that:

- Madagascar is a ‘donor orphan’ and receives very little international aid as compared with other countries of similar population size and social sector indicators;
- Madagascar has the fourth highest rate of chronic malnutrition, and therefore contributes significantly to the ‘emergency’ of stunting among children
- Madagascar ranks fourth lowest globally on access to potable water and eighth lowest globally on access to sanitation, yet both nutrition and WASH have been underfunded over the past years. Efforts to integrate WASH within other sectors – mainly education, nutrition and health – should continue. Schools and health and nutrition centres are useful entry points for WASH interventions. However, intervention at the community level is crucial in order to sensitize the population and to sustain behaviour change over the long term. The WASH sector continues to lag behind others in terms of national attention by donors, but also internally by the Government. Continuous awareness-raising about the importance of WASH is needed, especially on the enormous impact of poor WASH facilities on rates of chronic malnutrition.
- While education and health programmes received significant funding during the political crisis, funding for these sectors is no longer secure as aid modalities have shifted back to general budget support in a context with many post-crisis development priorities.

**67. To UNICEF at country level**

- (1) To continue focused advocacy and awareness-raising about the precarious situation of children in Madagascar with all partners, and at all levels;
- (2) To document that results are being achieved, even under difficult circumstances, due to solid programme implementation partnerships, especially at the decentralized level.
- (3) To continue to improve coordination with other United Nations agencies under the Delivering as One initiative.

**Annex****Summary of the programme of the field visit by members of the Executive Board to Madagascar, 13–17 April 2015**

<b>Time</b>	<b>Event</b>
<b>Monday, 13 April 2015</b>	
0845-0930	Courtesy call to H.E. Mr. Jean Ravelonarivo, Prime Minister of Madagascar
1015-1100	Courtesy call to the United Nations Resident Coordinator, Ms. Fatma Samoura
1200-1330	Working lunch with the United Nations country team
1400-1600	Working session with Member States/diplomatic corps
1800-1845	Courtesy call to the Minister of Foreign Affairs, H.E. Ms. Béatrice Atallah
1900-2100	Dinner with Government representatives co-hosted by H.E. Mr. Jean Ravelonarivo, Prime Minister of Madagascar and the UNICEF Representative, Ms. Elke Wisch
<b>Tuesday, 14 April 2015</b>	
1200-1230	Welcome meeting with the head of the Analanjirofo region
1400-1530	Visit to a community nutrition centre in Mahambo village
1530-1630	Visit to a community health post in Androranga Vola
1730-1900	Briefings by regional directors for ministries of education, health, water and sanitation, and the Office of National Nutrition
<b>Wednesday, 15 April 2015</b>	
0930-1130	Visit to a primary school in the Ampihaonana village
1130-1300	Visit activities of the sanitation and hygiene programme (CLTS) in Ampihaonana village
1400-1530	Visit to a health centre in Ampasina Maningory



**Annex II****List of participants****UNICEF Executive Board Member State Representatives**

H.E. Mr. Stephan Tafrov (Head of Delegation)  
Ambassador Extraordinary and Plenipotentiary  
Permanent Representative of the Republic of Bulgaria to the United Nations

Mr. Philbert Johnson  
Minister, Deputy Permanent Representative  
Permanent Mission of Ghana to the United Nations

Mr. Glentis Thomas  
Counsellor  
Permanent Mission of Antigua and Barbuda to the United Nations

Mr. Hossein Gharibi  
Second Counsellor  
Permanent Mission of the Islamic Republic of Iran to the United Nations

Dr. Angelika Stauder  
Desk Officer, Department for United Nations Affairs  
Federal Ministry for Economic Cooperation and Development, Germany

Ms. Kelly Conley  
Adviser  
United States Permanent Mission to the United Nations

**Secretariat**

Mr. Gilles Fagninou  
Assistant Secretary of the UNICEF Executive Board  
Office of the Secretary of the UNICEF Executive Board  
UNICEF New York

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