

Madagascar

Country programme document 2008-2011

The draft country programme document for Madagascar (E/ICEF/2007/P/L.37) was presented to the Executive Board for discussion and comments at its 2007 second regular session (5-7 September 2007).

The document was subsequently revised, and this final version was approved at the 2008 first regular session of the Executive Board on 1 February 2008.

Basic data[†]
(2005 unless otherwise stated)

Child population (millions, under 18 years)	9.4
U5MR (per 1,000 live births)	119
Underweight (% , moderate and severe, 2003-2004)	42
Maternal mortality ratio (per 100,000 live births, 1999-2003)	470
Primary school attendance (% net, male/female, 2003-2004)	74/77
Primary schoolchildren reaching grade 5 (% , 2003)	57
Use of improved drinking water sources (% , 2004)	50
Adult HIV prevalence rate (%)	0.5
Child work (% , children 5-14 years old, 2000)	32
GNI per capita (US\$)	290
One-year-olds immunized against DPT3 (%)	61
One-year-olds immunized against measles (%)	59

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. In 2005, 69 per cent of Madagascar's population lived in poverty, 27 per cent in absolute poverty. Poverty in urban areas increased 10 percentage points over the preceding five years, mainly in peri-urban areas, and decreased slightly in rural areas. Thus, Millennium Development Goal 1 will be difficult to attain, even with high economic growth.

2. The infant mortality rate and under-five mortality rate (U5MR) declined over the period 1997-2004 from 96 to 74 per 1,000 live births and 159 to 119 per 1,000 live births respectively. Achieving Goal 4 will require a continued annual reduction of 6.4 per cent in U5MR, with concerted efforts to address the leading causes: of malaria (29 per cent), pneumonia (21 per cent) and diarrhoea (18 per cent). Neonatal complications account for 33 per cent of infant deaths. According to civil records, 10 per cent of under-five mortality in the national capital, Antananarivo, stemmed from neglect and violence. The maternal mortality ratio (MMR) declined slightly to 470 in 2004, and requires substantial annual reductions of 9.6 per cent to meet Goal 5. About 80 per cent of pregnant women attend at least one antenatal consultation; almost one third of births take place in a health facility and one half of women receive delivery assistance from a trained professional. Some 63 per cent of maternal deaths of women aged 15-24 years in Antananarivo were linked to abortion, according to civil records. Only 40 per cent of the population consults health services; 23 per cent do not for financial reasons.

3. Two thirds of children under age six months are breastfed exclusively. A rapid increase in vitamin A supplementation has been achieved through biannual national campaigns since the mid-1990s. However, malnutrition is a factor in more than half of under-five deaths, and 42 per cent of children under age five years are undernourished. The prevalence of wasting is 13 per cent, and can rise to 20 per cent during the lean season.

4. Some 53 per cent of children aged 12-23 months are fully immunized, which represents an improvement but it is still far from national targets; 59 per cent are immunized against measles and 61 per cent have received three doses of combined diphtheria/pertussis/tetanus vaccine.
5. One third of the rural population and two thirds of the urban population have access to an improved water source. The rate of access to improved sanitation facilities is 34 per cent (48 per cent urban and 26 per cent rural).
6. Over the last decade, the net primary-school enrolment rate jumped from less than 70 per cent to nearly 90 per cent, following the abolition of school fees and distribution of school kits for first-year students. However, poor infrastructure, inadequately trained teachers and an average student:teacher ratio of 51:1 all hamper quality and completion, and contribute to the 20-per-cent repetition rate. Low achievement is also associated with the use of a foreign language of instruction and weak school readiness; only 5 per cent of children aged three to five years attend early childhood care and education. The primary-to-secondary transition rate is only 55 per cent.
7. National HIV prevalence remains low and even among high-risk groups is less than 2 per cent. The Government is concerned that the growing mining and tourism industries could increase risks for young people. Other high-risk behaviours include early marriage and low use of condoms (5 per cent of girls and 12 per cent of boys aged 15-24 years used a condom during their last high-risk sexual encounter). In 2006, 15 per cent of health facilities offered routine testing and counselling services for HIV and other sexually transmitted infections, and HIV services were integrated into antenatal care consultation programme. HIV/AIDS clubs have been set-up in secondary schools, and the national campaign "United for Children against AIDS" strengthened participation in 40 per cent of school districts.
8. Most adolescents have poor access to life and vocational skills, limited economic prospects and little exposure to media and other sources of information, which increases their susceptibility to exploitation. Some 28 per cent of 15-19-year-old females have already given birth. Harmful child labour practices are endemic, although most laws conform to international standards. Most of the 400 adolescents in prison are awaiting trial and are often mixed with adults, because alternatives to detention are unavailable. One fourth of children under age five years do not have a birth certificate and 12 per cent of children aged 0-14 years live outside their biological family, without legal review.
9. Madagascar is afflicted by natural disasters, primarily cyclones, flooding, drought and insect infestation, making some parts of the country especially vulnerable to food insecurity. The incidence and diversity of such emergencies, associated with destruction, water pollution and disease outbreak, huge geographic disparities and weak transport infrastructure, make emergency preparation and response challenging. Nevertheless, national systems have been strengthened, including at subnational levels and with attention to child-focused responses on nutrition, water and sanitation, warehouse management and local support for teachers and students.
10. In its concluding observations on Madagascar's second periodic report, in 2003 the Committee on the Rights of the Child identified the need for improved data collection, an independent complaint mechanism and legal and policy attention in a

range of areas, many of which are incorporated in current government sectoral strategies and the country programme.

11. The Government and its partners are collaborating on legal and policy reforms and on implementation of a new national development strategy, the Madagascar Action Plan (MAP) for 2007-2011. Launched in 2006, MAP is committed to an ambitious strategy of rapid development and identifies interventions and resources required to reach the Millennium Development Goals. The MAP is more strategically focused than the previous poverty reduction strategy, contains measurable, time-bound performance targets and relies on decentralization to better ensure the rights of vulnerable populations.

Key results and lessons learned from previous cooperation, 2005-2007

Key results achieved

12. UNICEF was instrumental in the 2006 introduction of biannual maternal and child health weeks. The first one reached 3 million children and pregnant women with a package including vitamin A, deworming, routine immunization, antenatal care, iron-folate tablets, HIV testing and counselling and breastfeeding messages. The programme also contributed to keeping maternal and neonatal tetanus immunization on track for elimination by 2009. Routine immunization services were strengthened by applying the “reach every district” approach. UNICEF was a lead partner in the provision of insecticide-treated mosquito nets to nearly 1.6 million children and mothers. Intermittent preventive treatment of malaria in targeted areas reached at least 60 per cent of pregnant women in 2005 and more than 90 per cent in 2006.

13. Strong advocacy during the MAP preparation process enabled to ensure the inclusion of the child agenda in the MAP. The marginal budgeting for bottlenecks (MBB) tool was key in the development of the first medium-term expenditure framework of the health sector.

14. The management of nutritional emergencies in vulnerable zones was strengthened, with the introduction of anthropometric surveys and more informed team responses, including strengthening the capacities of national programme managers in the detection and early surveillance of nutritional crises and the training of nutrition managers in the Standardized Monitoring Assessment Relief Transition method. The adoption of the national nutrition strategic plan led to programme shifts to better address malnutrition.

15. The lead role of UNICEF in donor coordination enabled access to Fast-Track Initiative resources in a sector-wide approach (SWAp) to primary education linked to biannual joint sector reviews. UNICEF supported the scaling-up of the competency-based approach throughout primary schooling and assisted government decision-making in extending primary education from five to seven years, policy development in the area of early childhood education and the development of distance education.

16. National commitment to children’s rights increased, as witnessed by the review and reform of children’s legislation and policies, the validation of model child protection networks in 14 communities and expanded media coverage of

children's issues and child rights messaging, including youth participation and a partnership with 150 local radio stations. A policy to scale up birth registration was developed, with promotional information reaching every village countrywide.

17. The Indian Ocean Child Rights Observatory (*Observatoire des droits de l'enfant de la région de l'Océan Indien* (ODEROI)) was established under the leadership of UNICEF, the Indian Ocean Commission and the University of Mauritius. Its launch in 2004 helped to establish a child rights database for the Indian Ocean region and led to the first national studies on violence against children.

Lessons learned

18. Accelerating the decrease in child mortality demands a strong commitment to promoting early and exclusive breastfeeding, reinforcing routine health services and implementing biannual maternal and child health weeks. Partnerships must be broadened and government leadership must be supported at national and subnational levels to expand and accelerate the implementation of high- impact interventions. UNICEF needs to document knowledge derived from evidence-based good practices and ensure that these practices inform policies and plans and are applied in scaling up high-impact interventions.

19. UNICEF must play diverse roles in strengthening capacities, technical support and resource leveraging, in order to realize the Paris Declaration commitments of harmonizing cooperation and aligning it to national systems.

20. Making a positive difference for marginalized groups requires holistic approaches. Stronger local partnerships, new alliances and social mobilization are central to sustainable, effective development results. These partnerships must include young people, women and religious institutions and capitalize on local media.

21. National and subnational emergency planning and response need strengthening, which requires the development and implementation of improved tools for assessment, planning and rapid response. Simultaneously, underlying vulnerability to natural disasters and food insecurity, leading to recurrent nutritional crises, must be addressed through a broad, holistic development partnership.

The country programme, 2008-2011

Summary budget table^a

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Maternal and child survival and development	15 292	17 000	32 292
Education for development and gender equality	6 000	9 000	15 000
HIV/AIDS prevention and care	3 600	4 000	7 600
Governance for child protection	2 800	3 400	6 200

<i>(In thousands of United States dollars)</i>			
<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Policy, communication and partnerships	3 600	1 800	5 400
Cross-sectoral costs	3 600	0	3 600
Total	34 892	35 200	70 092

^a Additional funds for emergency response may be received through Consolidated Appeals.

Preparation process

22. The country programme cycle was adjusted to match the MAP cycle. Priorities in the programme were derived from participation in the MAP analysis and review process and an assessment of the Millennium Development Goal progress, led by the Government. The United Nations Development Assistance Framework (UNDAF) and UNICEF country programme were designed to contribute to planned results of the MAP, and benefited from inputs during a participatory process that involved United Nations agencies, other partners, civil society, children and women. The country programme was additionally influenced by commitments made at the meeting of all UNICEF Representatives in Africa, held in Dakar in November 2006, the 2003 observations of the Committee on the Rights of the Child and the lessons learned from research and evaluation of previous and current programmes. A joint strategy meeting, held in April 2007 with the Government, validated the UNICEF country programme.

Goals, key results and strategies

23. The goal of the country programme is to contribute to the achievement of national MAP objectives and Millennium Development Goal targets, with particular attention to children and women and highly vulnerable groups, through supporting evidence-based, high-impact interventions, within a rights-based framework and through a life-cycle approach. The programme will contribute to the UNDAF outcome results and more directly to underlying output-level key results as described below.

24. The **maternal and child survival and development** programme will contribute to: the reduction of the neonatal mortality rate by 30 per cent, of U5MR by 30 per cent and of MMR by at least 25 per cent; the reduction of underweight prevalence from 42 to at least 32 per cent; the improvement of the development profile of children at age three and six years; and the improvement of the rate of access to safe water from 50 to 65 per cent and to improved sanitation from 34 to 71 per cent. The programme will contribute to these outcomes through the following key outputs:

(a) SWAps implemented for health, nutrition and water, sanitation and hygiene (WASH), with a primary focus on behavioural change;

(b) At least 80 per cent of children under five years of age and pregnant and lactating women benefit from an accelerated child survival and development (ACSD) programme that includes a package of life-saving interventions through both regular services and biannual maternal and child health weeks;

(c) 80 per cent of severe acutely malnourished children in priority vulnerable areas are diagnosed and receive nutritional rehabilitation through community-based services;

(d) At least 75 per cent of families benefit from parental education programmes in priority regions;

(e) An integrated procurement and logistics system for health and nutrition materials and supplies is functional and able to prevent and cope with emergencies;

(f) An additional 240,000 people in priority regions have access to safe water and improved sanitation.

25. The **education for development and gender equality** programme will contribute to the UNDAF outcome of an 85 per cent primary-school completion rate, through the following key outputs:

(a) 75 per cent of primary schools in priority regions implementing national quality standards and strategies for child-friendly schools;

(b) 95 per cent of primary-school teachers have the capacity and tools to use the competency-based approach;

(c) 95 per cent of schools in priority regions having access to child protection networks and/or health services;

(d) An established and functional education procurement and logistics system able to cope with emergencies;

(e) The programme will work towards a 100-per-cent increase in the number of girls in post-primary education.

26. Contributing to the UNDAF outcome on maintaining HIV/AIDS prevalence under 1 per cent, the **HIV/AIDS prevention and care** programme component will achieve the following key results:

(a) Adolescent prevention, prevention of mother-to-child transmission of HIV, protection and paediatric AIDS mainstreamed in programmes and budgets, and provide evidence-based knowledge for policy strengthening to fight HIV/AIDS and other sexually transmitted diseases;

(b) 1.5 million adolescents and youth have strengthened life-skills knowledge and competencies;

(c) Behavioural change strategies in place to strengthen HIV prevention among adolescents and youth, supported by the introduction of a monitoring system.

27. The **governance for child protection** programme will achieve the following key results:

(a) Adequate knowledge on the situation of child labour and child abuse, and related policy and legislation developed;

(b) 75 per cent reduction in the number of children in pre-trial detention;

(c) 75 per cent of communes have social protection networks active in preventing violence against children and protecting victims and functional for preventing and dealing with emergency situations;

(d) 95 per cent of children of all ages have birth registration.

28. The **policy, communication, and partnerships** programme will achieve the following key results:

(a) Increased commitment by national and international media and other stakeholders to achieve child and women's rights and increased resources for children and women;

(b) Increased promotion of strategic key rights messages and practices by service providers, local media, non-governmental organizations (NGOs) and other stakeholders to increase proper utilization of social services, foster positive family and individual behaviours and enable effective social change;

(c) Increased capacities of children, adolescents and women to claim their rights;

(d) Evidence-based assistance and capacity strengthened for MAP implementation (including capacities for planning, budgeting for children, monitoring and evaluation) at national and subnational levels to achieve a reduction in child and maternal vulnerability;

(e) Strengthened subregional (ODEROI), national and subnational collection and dissemination of disaggregated data to assist monitoring and evaluation of the MAP and Millennium Development Goals.

29. The primary cross-cutting strategy will be the human rights-based approach to programming, emphasizing duty bearers' obligations and rights holders' claims. This will be complemented by: partnerships for resource mobilization and leveraging; technical support and capacity development for service delivery; use of evidence-based analysis to inform advocacy and programming; attention to quality assurance and supply and logistics requirements; programme communication for social mobilization; and strengthening local networks, media engagement and advocacy. Improving Government and community capacity for emergency preparedness and response for core commitments for children will be maintained across all programme areas.

Relationship to national priorities and the UNDAF

30. The country programme is a reflection of commitments in the UNDAF, which is in turn designed to support the MAP and accelerate progress towards the Millennium Development Goals. Implementing MAP calls for technical leadership by UNICEF in its areas of comparative advantage, through advocacy, results and rights-based programming, with a focus on vulnerable populations and gender equity. The MAP commitment to decentralization is supported by the country programme's focus on increasing regional absorptive capacities, local participation and networking for synergies.

Relationship to international priorities

31. The country programme incorporates the key international priorities reflected in the Millennium Development Goals, the Millennium Declaration's call for human development and human rights, the human rights treaties, particularly the Convention on the Rights of the Child, the Paris Declaration on Aid Effectiveness, the Plan of Action of the General Assembly Special Session on Children (*A World*

Fit for Children) and the UNICEF medium-term strategic plan 2006-2009. It is reinforced by regional priorities, including stronger efforts for child survival and commitments from the Fifth African Development Forum on the inclusion of children and adolescents and budgeting for children.

Programme components

32. The **maternal and child survival and development** programme component includes four result areas:

(a) The child mortality and malnutrition result area supports strengthening government capacities at the levels of policy, planning and implementation through SWAps for WASH, health and nutrition. These SWAps focus on achieving Millennium Development Goals 4, 5 and 7 through scaling-up ACSDD linked with the MBB approach, and through strategies for behavioural change. Subnational institutions will be empowered and enabled to apply MBB, in keeping with Government's commitment to decentralization. Support for evidence- and analysis-driven planning, monitoring and implementation will incorporate special efforts to prevent vulnerability and reach the poorest populations;

(b) The improvement of nutritional standards result area will support the Government in the implementation of the National Nutrition Action Plan through a nutrition SWAp, which includes biannual maternal and child health weeks to deliver a low-cost, high-impact package of interventions, including vitamin A, micronutrients and deworming; monitoring and promotion of growth of children under age five years; the creation of capacities for regular screening of children under five years of age for malnutrition in nutritional emergencies; and support for empowerment of national partners and caregivers in the prevention and management nutritional emergencies;

(c) The water, sanitation and hygiene result area will emphasize support to sectoral reform through development and coordination of partners' interventions in water and sanitation and monitoring the SWAp in order to achieve Goal 7; provision of safe water and sanitation in vulnerable regions; promoting child rights to health and education through WASH in schools; promoting hygiene with a focus on key practices; and strengthening UNICEF cluster leadership on water and sanitation during emergencies;

(d) The strengthening basic health services delivery result area will increase access to, quality and use of essential preventive health interventions by the most vulnerable groups by introducing primary care to reduce vulnerability to illness among children and pregnant women, including breastfeeding and vitamin A; secondary care to reduce morbidity risk, including insecticide-treated nets and vaccination; and tertiary care to reduce mortality risks, including community-based management of illness and management of diarrhoea, malaria and pneumonia. These interventions will be delivered through family and community care, outreach strategies with mobile teams and clinical care. Within the health SWAp, the country programme will focus on establishing an integrated procurement and logistics system, with adequate capacities at central and sub national levels to be able to prevent and cope with emergencies.

33. The **education for development and gender equality** programme includes four result areas:

(a) The educational reform result area emphasizes strengthening government capacities in policy, planning, procurement and logistics at central and subnational levels, in line with the decentralization strategy. It will support the Government in defining child-friendly standards of quality for the new seven-year cycle of primary education to address inclusiveness, curriculum relevance and child-friendly pedagogy. There will be continued support to the competency-based approach and mother-tongue instruction, child participation and protection, water and sanitation and links to health services, promoted within the context of the Education for All Plan. The programme will also promote life-skills education (including within the curriculum);

(b) The quality schools and community services results area seeks to improve educational access and quality, particularly in disadvantaged zones, and children's well-being by strengthening school environments in terms of health, WASH, nutrition and protection. Support will be provided to implement the criteria for child-friendly schools in schools and communities, and for teacher training and support, child-friendly infrastructures, inclusive education, distance education, promotion of the United Nations Girls' Education Initiative and strengthening local school management through scaling-up the Contracts for School Success Programme. This will be complemented by support for child protection networks, community facilitators for parental education (including in women's literacy), a social referral system and psychosocial assistance to families and communities, and the promotion of children's clubs and other means of child participation;

(c) The post-primary education for girls result area will harness local partnerships to double the number of girls participating in secondary schooling, especially through improving primary-to-secondary transition rates, secondary school retention rates and supporting girls from the lowest income quintile;

(d) The emergency preparedness and response result area will enable schools in areas prone to natural disasters to prepare adequately and respond to emergency situations, to ensure that children are safe and that interruptions to their education are minimized. This will include strengthening monitoring and response systems at all levels. The provision of guides and training to school personnel in emergency preparedness, and of supplies and materials when needed, will be continued.

34. The Government and the United Nations are committed to maintaining low HIV prevalence, especially in view of growing risks associated with burgeoning economic sectors. The **HIV/AIDS prevention and care** programme has three result areas:

(a) The policy, legislation and institutional framework result area will advocate and provide technical assistance to support the strengthening of the policy, legislative and institutional framework on the basis of evidence-based knowledge and lessons learned from field experience;

(b) The life-skills result area will advocate and provide technical assistance to create an environment that favours participatory communication strategies and social mobilization to strengthen civil society and promote the participation of children and youth in the development and review of rights-based policies and programme implementation related to HIV/AIDS prevention, care and support, including access to basic social services, skills development including risks and control and management and reproductive health;

(c) The HIV/AIDS monitoring and evaluation result area will gather information from preventive, care and support interventions for a comprehensive analysis that can: (i) support an evidence-based, cross-sectoral programme approach to promote coordination and integration of HIV/AIDS activities in related interventions (e.g., school curricula and testing and counselling as part of antenatal care services), promote activities to reduce exposure of adolescents and young people to sexual violence, abuse and exploitation, and allow access to appropriate reproductive health and social protection measures; and (ii) help to orient interventions to reach target populations effectively.

35. The **governance for child protection** programme has three result areas:

(a) The policy, legislation and improved institutional framework result area will support legal reform and implementation concerning children and adolescents most at risk, in accordance with international standards and obligations. Particular attention will be given to reform of juvenile justice, including minimizing periods of pre-trial detention and developing community-based alternatives and rehabilitative interventions to reduce repeat offending. It will also support building institutional awareness of children's and adolescents' (especially girls') rights and needs, strengthening policies and practices on adoption and alternative care of children and the Government's review of compliance with and national reporting obligations on the Convention on the Rights of the Child. The component will include research and knowledge acquisition and favour evidence-based responses, including research by the International Labour Organization (ILO) and UNICEF. Families and communities will be sensitized about child rights through communication for behavioural change;

(b) The promotion of birth registration result area will focus on the civil registration system at municipal level, and support appropriate institutions and agencies to identify and address the absence of birth registration at strategic points in the child's life cycle. This will include assisting families to register newborns within the established period for free documentation, catch-up measures at entry into pre and primary school and adolescent participation in community-based organizations;

(c) The community child protection networks results area will support making fokontany (county) heads accountable for child rights and help them to mobilize neighbourhoods to be prepared for emergencies, reduce child exclusion and prevent and respond to violence. Parallel school-level initiatives will be supported. The programme will link agencies and professionals working with children to improve collective awareness of and support for children's rights, and promote local intervention strategies for improved response to child abuse and neglect.

36. The **policy, communication and partnerships** programme is comprised of three results areas:

(a) The social policy and evaluation result area will provide technical assistance in the systematic and rigorous analysis of data and other evidence through research and evaluation to develop national social policies, guide SWAPs, and inform social-sector economic, fiscal and budgetary decisions. In particular, competencies in child-friendly budgeting and programming at national and sub

national levels will be promoted. Thematic studies by ODEROI will be commissioned to achieve greater subregional coherence in knowledge-based policy;

(b) The communication, advocacy and partnerships for children and women's rights result area will work with national and international partners and stakeholders, including the media, to significantly strengthen support for children and women's rights. Approaches will include mobilizing increased financial resources and related advocacy support, technical support to strengthen capacities for communication for child rights across key ministries and local media, and community mobilization and dialogue among networks of opinion leaders and key civil society actors, especially women's and youth associations;

(c) The planning and monitoring result area will support national and subnational efforts in the collection, analysis and utilization of social-sector data in programme planning, including use of DevInfo for monitoring the targets of the UNDAF and MAP, and strengthening the technical capacities of local partners. Methods to mainstream gender equity will be promoted.

37. **Cross-sectoral** costs will cover management of and support for the overall country programme, including planning and coordination, media outreach, technical assistance and operating expenses related to supply, logistics, administration and finance, as well as costs for advocacy, policy-level support, emergency preparedness and response and monitoring and evaluation.

Major partnerships

38. Under government leadership through the MAP, UNICEF will work within the framework of the broad-based UNDAF partnerships. There will be joint programmes on HIV/AIDS, decentralization and human rights. There will be other important partnerships through the UNDAF, involving ILO, the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund and the World Food Programme on reproductive health, WASH, education, child labour, nutritional screening and school feeding and governance.

39. The programme will rely on partnerships with bilateral partners (including the Governments of France and Norway) and multilateral agencies (European Union, African Development Bank, World Bank) and with national and international NGOs. Partnerships with subnational authorities, Malagasy NGOs, adolescent organizations and the media will be critical in implementation of decentralized planning and service delivery. Universities and research institutes will be key partners for research, evaluation and the strengthening of knowledge management and use. New partnerships with the private sector will be developed.

Monitoring, evaluation and programme management

40. Based on the UNDAF monitoring and evaluation plan, which is linked to the MAP and national monitoring and evaluation systems, a four-year and annual country programme monitoring and evaluation plans will be developed. Special attention will be given to establishing baselines and targets and using results-based management to track progress through the use of specific, measurable, achievable

and relevant and time-bound indicators, including age, sex and geographically disaggregated indicators, and through the use of well-designed evaluations.

41. Information sources for tracking indicators will include major national surveys, thematic studies, strengthened and systematized routine monitoring systems and field monitoring visits. UNICEF will build the capacities of government and other partners to ensure that all programmatic decisions are based on valid and reliable measurements of situation and performance, used to assess, analyze and lead actions. The Madagascar database “MultiDataGasy”, based on DevInfo, will support ongoing planning, monitoring and evaluation of the MAP and the UNDAF, and provide inputs in monitoring progress towards the Millennium Development Goals and implementation of child rights.

42. Country programme implementation will be overseen and coordinated by the Ministry of Economy and Planning and by UNICEF. The harmonized approach to cash transfers will be used to transfer funds to counterparts and partners. UNICEF will support the United Nations Resident Coordinator’s office in coordination, monitoring and evaluation of the UNDAF, and will be an active participant in UNDAF thematic groups. An internal UNICEF annual review will feed into a joint UNDAF review, coordinated with joint reviews with programme aid partners, and a mid-term review is envisaged for 2010. A full programme evaluation will be aligned with the evaluation of the MAP, and other evaluations will be carried out in compliance with donor conditions or as planned with government and other partners.
