Delegations are kindly invited to use this template to share their comments on the draft country programme document being presented to the Executive Board during the forthcoming session.

Delegation name: **EU/ECHO**

Draft country programme document: **Madagascar**

In accordance with Executive Board decision 2014/1, country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the requesting country, in close consultation with UNICEF.

<table>
<thead>
<tr>
<th>General comments</th>
<th>Delegations’ comments</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments on specific aspects of the country programme document</strong></td>
<td>The document is comprehensive and generally coherent in terms of coverage, addressing the urgent needs. Sectors included are health, nutrition, education, WASH, child protection. Most vulnerable are targeted. It mentions bringing together humanitarian and development funding, however wording could be strengthened, mentioning also ECHO as it now only refers to the collaboration with the development donors. Add a mention to nexus.</td>
<td>The UNICEF Madagascar CO would like to thank the European Union Delegation in Madagascar (including ECHO) for its interest and valuable comments on the UNICEF Madagascar CPD, and is pleased to share its responses below. We have strengthened references to the humanitarian-development nexus by explicitly using the terminology ‘nexus’ and mentioning ECHO directly as a key partner. The document has been adjusted to remove any confusion related to the partners and donors who support us. As mentioned above, we agree with the recommendation to mention ‘nexus’, since it is fully in line with our constant advocacy for reducing the perceived gap between humanitarian and development interventions.</td>
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<td>On the coordination and division of labour between donors; the document could clarify how will UNICEF work</td>
<td>It is rare that UNICEF operates alone in a sector. The UNCT coordination groups under the UNSDCF are key platforms for role repartition in almost every</td>
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</tbody>
</table>
with others and not necessarily address issues directly when they are not in their core area of expertise (e.g. are they really the best placed of UN agencies or external partners to support government on gender budgeting?)

intervention UNICEF undertakes, including in areas where UNICEF leads, such as WASH, education, nutrition and cash transfer. The joint partner cooperation group (GDS) is also a platform to which UNICEF will continue to contribute.

The document could say a bit more on how it will address risks, in particular in a context of endemic corruption, weak intra-government coordination, and generally weak effectiveness of government systems.

The comprehensive risk management apparatus Enterprise Risk Management (ERM) is employed by UNICEF at the country level. The ERM approach is duly attentive to the specific governance context of the country and includes assessment and mitigation propositions for risks such as security, fraud, misuse of funds and corruption, as well as reputational risks, fundraising constraints, and complexity in field operations. UNICEF’s ERM approach fits into comprehensive country-specific risk analysis of the UNSDCF. This being a standard operational document and given the limitation to word count, we could not elaborate fully in the CPD.

**Partnership:** it is unclear how UNICEF sectoral work would complement other agencies specific mandate, e.g. WHO and Health, WFP and social assistance, etc. In the same logic the collaboration with civil society is not mentioned.

Under the leadership and coordination of the Resident Coordinator, UNICEF has been partnering with agencies such as WHO, UNDP and WFP, where global strategic agreements on interagency collaboration are adhered to at the country level. In Madagascar, a range of UNICEF’s comparative advantages complement partners’ mandates, in technical capacity on all areas related to children and adolescents, procurement capacity, convening and coordination capacity. In nutrition, UNICEF supports reduction of severe acute and chronic malnutrition, while WFP focuses on food assistance and moderate acute malnutrition. The UNICEF office considers the cooperation with and strengthening of the capacity of local civil society as a cornerstone of its strategy to ensure efficiency, accountability, and sustainability of the country programme.

**Geographic focus:** the document doesn’t highlight any specific geographic areas although we do now the geographic distribution of risk and vulnerabilities in Madagascar that may require an adaptation of specific programming focus (e.g. Grand Sud, urban areas, cyclone prone areas, etc.)

Identification of geographic focus was an important element of the strategic planning process of the country programme and will remain key in its implementation. The challenge for UNICEF, and others, in Madagascar is to identify an effective and efficient geographical approach, while balancing it with the vast and broad needs of the country which require national systematic change. Therefore, within the broad country-wide mandate, the country programme focuses on the most vulnerable geographic locations pertaining to specific programming requirements, such as on child sexual abuse focus in Nosy Be, chronic malnutrition focus in the central highlands, WASH focus in Grand Sud, health and education focus in Ihorombe, Atsimo Atsinanana, Melaky, Menabe, etc.
**Covid 19 and prioritization:** it is mentioned in the context but could be interesting to further highlight how the Covid 19 crisis has worsened the quality of care and access. It would be interesting to further highlight what should be the short-term and longer-term priorities for support to the health and other sectors.  

The final overall impact of COVID-19 on children remains to be assessed and addressed continuously as the pandemic continues unabated. For Madagascar, it is also important to consider this in the context of recurrent and varied health crises that befall Madagascar on a regular basis, such as polio, plague, measles, etc. The impact of COVID-19 has been at a scale incomparable to earlier challenges from epidemics. The health system has been deeply weakened both on the supply and demand sides. The UNICEF priority will be to reinforce the health system. UNICEF will use its planning, technical, logistical and community mobilisation capacities to support multi-partner efforts towards system strengthening while ensuring that IPC measures and vaccine roll-out efforts will continue to take place.

**Governance and notably Health system accountability and transparency:** this is a recurrent issue in Madagascar, but this has been recently documented by the civil society in the health sector. Important to consider the political will to introduce transparency and accountability in health service delivery.

The comment on health governance is well noted. UNICEF has the advantage of understanding health issues at the community level, while having access to higher levels of Government, and we hope to put this privilege to work in this country programme in addressing health system governance and accountability issues. We would also point out that the UNSDCF speaks directly to coordinated multi-partner approaches to addressing the challenges in health governance.

**Shock responsiveness:** a critical missing element is the preparedness and commitment to continuity of service delivery in a context of recurrent hazards and multiple shocks (including drought in Grand Sud, flood and cyclones along the coasts, etc.). All support considered should include a sustainability strategy about (i) improved management and responsibilities of basic services to avoid shocks or the cessation of essential services; mitigation of the impact of shocks/stresses and preventing people from falling into the humanitarian case load; (ii) support to people who benefit from humanitarian assistance during their recovery pathways and more generally (iv) consideration of crisis modifiers in resilience building programmes to prevent reversal of resilience outcomes when shocks occur.

The comment on shock responsiveness is appreciated and as addressed in paragraph 19, shock-responsive programming is central to the new country programme. UNICEF’s emergency preparedness and response programming is well-established and has a wide scope to include sector-specific emergency response programmes, disaster preparedness and stock pre-positioning, with two major objectives of rapid response to shocks and durable solutions.