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UNFPA

UNITED NATIONS POPULATION FUND

Draft country programme document for Madagascar

Proposed UNFPA assistance:	\$11.7 million: \$10.3 million from regular resources and \$1.4 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2005-2009)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.9	1.4	8.3
Population and development strategies	1.8	-	1.8
Gender	0.5	-	0.5
Programme coordination and assistance	1.1	-	1.1
Total	10.3	1.4	11.7

I. Situation analysis

1. Madagascar has a population of 15.7 million, 74 per cent of whom live in rural areas. The population is young, with over 50 per cent under the age of 20. Life expectancy at birth is only 52 years for men and 54 years for women. The population density is 26.9 persons per square kilometre and the annual growth rate is 2.8 per cent. Approximately 70 per cent of the population lives below the poverty line. The per capita gross national product is \$291.

2. The total fertility rate is high at 6.1 children per woman. The infant mortality rate, at 88 deaths per 1,000 live births, and the child morbidity and mortality rates are also high. The maternal mortality ratio, 488 deaths per 100,000 live births, has not improved over the last decade.

3. An estimated 58 per cent of the population lives an hour's walk or more away from a basic health centre. Medical assistance at birth is limited, constrained by the unequal distribution of midwives. Less than 1 per cent of deliveries are by Caesarean section.

4. The contraceptive prevalence rate among married women increased from 9.7 per cent in 1997 to 11.8 per cent in 2001. The HIV/AIDS prevalence rate is comparatively low, but the high prevalence of sexually transmitted infections (STIs), particularly among young people, combined with a negative perception of condoms and a lack of awareness about AIDS, is causing the infection to spread. HIV/AIDS prevalence rates rose from 0.01 per cent in 1996 to 1.1 per cent in 2003.

5. A number of development challenges affect Malagasy youth, including early and unwanted pregnancies, abortion, prostitution, low levels of education and limited employment opportunities.

6. Gender inequality and inequity are pervasive in Madagascar as a result of the low educational levels of women as well as sociocultural factors, including access to and control of resources and limited decision-making power. Educational disparities between men and women are significant. In 1998, the literacy rate was 47.7 per cent for women and 55.6 per cent for men. Women make up only 4.4 per cent of the National Assembly and 11 per cent of the Senate.

7. Despite a political crisis that paralysed the country for six months in 2002, Madagascar has great economic and human potential. The Government is committed to addressing social and political challenges through development programmes. In order to reduce the rate of poverty by half by 2013, the Government has developed a poverty reduction strategy paper (PRSP) based on accelerated economic growth and the development of the social sectors, in conformity with the Millennium Development Goals (MDGs).

8. If successfully implemented, the PRSP will help to reduce maternal mortality to 127 deaths per 100,000 live births, and reduce infant mortality to 30 deaths per 1,000 births. Priority will be given to family planning information and services and to the establishment of 111 health districts with decentralized management. Another priority is to improve development-related data collection and analysis, especially to track progress towards the MDGs.

II. Past cooperation and lessons learned

9. The fourth country programme (1999-2003), approved in the amount of \$14.4 million, was extended through 2004, at no cost. The main achievements included an increase in the demand for reproductive health services and improved access to those services. Advocacy activities, intensified community mobilization and the availability of behaviour change

communication materials helped to bring about these changes. In addition, an improved supply of contraceptives and strengthened technical capacity of service providers were instrumental in promoting change.

10. The national sexual and reproductive health policy became the basis for the operational plan for 30 districts. The programme introduced telemedicine in five maternity hospitals, provided equipment, and trained personnel in management, monitoring and evaluation. The programme also supported a survey on how the 2002 political crisis had affected sexual and reproductive health indicators.

11. In the area of population and development strategies, support provided for advocacy helped to achieve a national consensus for the programme of work of the national population policy for economic and social development (PNPDES). The UNFPA programme supported data collection activities, such as the demographic and health survey, as well as the national policy to advance women and its plan of action. The previous programme also supported the integration of population, gender and development issues into academic programmes at universities.

12. Lessons learned during past programmes include the importance of seeking solutions for the lack of qualified personnel, the lack of communication between central and district levels of government, and the need to simplify administrative and operational procedures. National capacity must be reinforced and the programme approach promoted. Continued political stability will assist the national population office in overcoming delays in organizing the 2008 demographic and health survey and the 2005 population census.

III. Proposed programme

13. The new programme, developed within the United Nations Development Assistance

Framework (UNDAF), aims to support government efforts to reduce poverty levels by half by 2015. The programme reflects the priorities of the common country assessment (CCA) and the UNDAF as well as the conclusions of the evaluation of the fourth country programme. The programme is also aligned with the PRSP, the MDGs, the Programme of Action of the International Conference on Population and Development (ICPD) and the New Partnership for Africa's Development (NEPAD).

14. The Government and UNFPA developed the proposed programme in consultation with other United Nations agencies. The proposed programme encourages partnerships with United Nations agencies and other development partners, including non-governmental organizations.

15. The UNFPA programme will contribute to sustainable development in order to reduce the rate of poverty by half within the next 10 years. It will focus on sexual and reproductive health, the prevention of HIV/AIDS, data for monitoring and policy-making, the prevention of gender-based violence and the promotion of women's empowerment.

16. The main strategy of the programme is to reinforce the capacities of national institutions and systems to promote and implement the ICPD Programme of Action and the MDGs. The programme will: (a) strengthen the health system to meet the sexual and reproductive health needs of women, men and young people; (b) promote women's empowerment and gender equity; (c) reinforce partnerships between the Government, United Nations agencies and non-governmental organizations (NGOs); and (d) develop a database on population and development to help to identify best practices in programme implementation.

17. The programme will consist of three components: reproductive health; population and development strategies; and gender.

Advocacy activities will be integrated into all three programme components.

Reproductive health component

18. The expected outcomes in the reproductive health component are: (a) increased demand for reproductive health services, including family planning for men, women and young people, emergency obstetric care and the prevention of STIs and HIV/AIDS; and (b) increased access to reproductive health services, including family planning, for men, women and young people, emergency obstetric care and treatment for STIs.

19. Output 1: Increased availability of high-quality information on family planning for men, women and young people, and emergency obstetric care, incorporating positive sociocultural values, reproductive rights and gender. This output will be achieved by strengthening the capacity to plan, manage and coordinate a major advocacy campaign and a peer education strategy to reach adolescents and youth.

20. Output 2: Increased availability of information and services to prevent STIs and HIV/AIDS, including condom programming, particularly for young people, the armed forces and pregnant women. This output will be achieved by: (a) strengthening the capacity to plan, manage and coordinate a major advocacy campaign and a peer education strategy to reach adolescents and youth; and (b) strengthening condom programming as well as advocacy and sensitization activities that dispel the negative perception of condoms and increase awareness of HIV/AIDS.

21. Output 3: Increased availability of services for women, men and youth in family planning, emergency obstetric care and adolescent sexual and reproductive health. Promoting and monitoring the implementation of the national reproductive health policy will help to achieve this output. The programme will seek to strengthen health centres,

including youth centres, and will also develop standards to improve the quality of services. The programme will build capacity in the Government and strengthen advocacy efforts to increase the number of births assisted by qualified health workers. UNFPA will also strengthen government capacity in reproductive health commodity security.

Population and development strategies component

22. The expected outcomes in the area of population and development strategies are: (a) increased use of reliable, accessible and gender-disaggregated population and development data for planning and monitoring; and (b) better consideration of the interrelationships between population and development in development policies and programmes at central and provincial levels.

23. Output 1: Improved availability of reliable population data, disaggregated by sex and age, at national and provincial levels. This output will be achieved by providing technical assistance to support the implementation of the population census scheduled for 2005, and the demographic and health survey scheduled for 2008.

24. Output 2: Improved technical capacities of institutions to use population data for planning in the social sectors, including education and health, in conformity with the ICPD Programme of Action and NEPAD. The development and utilization of an integrated social and demographic database to plan and monitor sectoral policies and programmes will help to achieve this output.

Gender component

25. The expected outcome of the gender component is as follows: improved institutional mechanisms and sociocultural practices to promote and protect women's and girls' rights and to advance gender equity and equality.

26. Output 1: Strengthened capacity of national institutions, including the Government, parliament,

NGOs and human rights associations, to implement areas of the national plan of action for gender and development (*Plan d'action national genre et développement*) relating to women's rights, gender-based violence and women's autonomy.

27. This output will be achieved by: (a) strengthening the capacity of national institutions, including parliament, social-sector ministries and NGOs, to improve the legal and social conditions of women and girls; (b) strengthening the national capacity to integrate gender into programming, planning and advocacy activities with members of the Government and parliament; and (c) strengthening partnerships and networks with NGOs, members of parliament, the media and the United Nations system to promote women's equality, equity and empowerment. Activities under the gender component will be implemented nationwide.

IV. Programme management, monitoring and evaluation

28. The monitoring, evaluation and management aspects of the country programme are aligned with the monitoring plan and coordination mechanism of the UNDAF. This will facilitate monitoring the goals and objectives of the ICPD Programme of Action and its five-year review (ICPD+5), the MDGs, the PSRP and the NEPAD. UNFPA, in collaboration with government institutions and NGOs, will employ results-based management in implementing and monitoring the programme at national and local levels.

29. The Government, national NGOs and UNFPA will collaborate in executing the programme. National execution will be given priority. The Ministry of Economy, Finance and the Budget will be responsible for overall programme coordination. Key implementing partners include the Ministry of Health and Family Planning; the Ministry of Youth and Sports; the Ministry of Population, Social Protection and Leisure; the Ministry of Defence; and the Ministry of Education.

National NGOs will execute the reproductive health aspects of the programme.

30. Resource mobilization efforts to support the population census, to reduce maternal mortality and to meet contraceptive needs are already under way. UNFPA and the Government will continue such efforts with other donors and the private sector.

31. The UNFPA country office in Madagascar consists of a Representative, a Deputy Representative, an operations manager, a national programme officer and support staff. Programme funds will be earmarked for two national programme posts and five programme and administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR MADAGASCAR

<p>National priority: promotion of fast, sustainable development in order to reduce the rate of poverty by half within the next 10 years UNDAF outcomes: reduction of infant and child mortality and morbidity by 25% by 2009; and reinforcement of the quality of STI and HIV/AIDS prevention and care services</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Population and development strategies	<p><u>Outcome 1:</u> Increased use of reliable, accessible and gender-disaggregated population and development data for planning and monitoring</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Updated, reliable demographic indicators are integrated into policies, programmes and sectoral plans <p><u>Baseline:</u> CCA/UNDAF; PRSP</p> <p><u>Outcome 2:</u> Better consideration of the interrelationships between population and development in development policies and programmes at central and provincial levels</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> PRSP takes into account the population and gender dimension <p><u>Baseline:</u> National programme for socio-economic development; CCA/UNDAF, 2005-2009</p>	<p><u>Output 1:</u> Improved availability of reliable population data, disaggregated by sex and age, at national and provincial levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> A social and demographic database will be operational by late 2009 <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; PNPDES; PRSP</p> <p><u>Output 2:</u> Improved technical capacities of institutions to use population data for planning in the social sectors, including education and health, in conformity with the ICPD Programme of Action and NEPAD</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> National staff have the necessary technical competence to integrate population and gender dimensions into national programmes and strategies <p><u>Baseline:</u> CCA/UNDAF, 2005-2009</p>	<p>UNDP, UNICEF, World Bank, European Union, United States Agency for International Development (USAID), French Cooperation Agency</p>	<p>Regular resources: \$1.8 million</p>
Reproductive health	<p><u>Outcome 1:</u> Increased demand for reproductive health services, including family planning for men, women and young people, emergency obstetrical care, and the prevention of STIs and HIV/AIDS</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> By 2009, 20% of population between 15-24 years have knowledge of STIs and HIV/AIDS Proportion of men using condoms during their last intercourse increases from 2.6% to 10% <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; health statistics; PRSP</p> <p><u>Outcome 2:</u> Increased access to reproductive health services, including family planning, for men, women and young people, emergency obstetrical care and treatment for STIs</p>	<p><u>Output 1:</u> Increased availability of high-quality information on family planning for men, women and young people, and emergency obstetrical care, incorporating positive sociocultural values, reproductive rights and gender</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> 10% of the most popular forms of media that are able to reach target audiences disseminate high-quality information on family planning and maternal mortality <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; health statistics; PRSP</p> <p><u>Output 2:</u> Increased availability of information and services to prevent STIs and HIV/AIDS, including condom programming, particularly for young people, the armed forces and pregnant women</p>	<p>UNICEF, WHO, World Bank, USAID, UNDP, UNAIDS, European Union</p>	<p>Regular resources: \$6.9 million</p> <p>Other resources: \$1.4 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health (continued)	<p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Contraceptive prevalence rate increased from 11.8% to 17% • 100% of patients with STIs receive counselling and treatment <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; health statistics; PRSP</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • National condom supply sufficient for the annual implementation of the condom programme • Prevention of STIs and HIV/AIDS is integrated as part of the information given during prenatal consultations in at least 30% of health centres <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; health statistics; PRSP</p> <p><u>Output 3:</u> Increased availability of services for women, men and youth in family planning, emergency obstetric care and adolescent sexual and reproductive health.</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> • 80% of health districts will be offering family planning, emergency obstetric care and adolescent sexual and reproductive health services <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; health statistics; PRSP</p>		
UNDAF outcome: reinforced legal and institutional framework to protect and promote political, social and economic rights Gender	<p><u>Outcome:</u> Improved institutional mechanisms and sociocultural practices to promote and protect women's and girls' rights and to advance gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • National and provincial mechanisms established to monitor and reduce gender-based violence • Discriminatory provisions against women and girls removed from existing legislation • Partnership with civil society established to actively promote gender equality, women's and girls' autonomy, and reproductive rights <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; PRSP; PNPDES</p>	<p><u>Output 1:</u> Strengthened capacity of national institutions, including the Government, parliament, NGOs and human rights associations, to implement areas of the national plan of action for gender and development relating to women's rights, gender-based violence and women's autonomy</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Members of parliament have been sensitized on gender-related issues • National personnel equipped with the technical competence to combat gender-based violence and practices that hamper women's autonomy • Partners receive the knowledge and support to integrate activities that combat gender-based violence and practices harmful to women and girls' autonomy into their communication programmes <p><u>Baseline:</u> CCA/UNDAF, 2005-2009; PRSP; PNPDES</p>	UNICEF, UNDP, ILO, WHO and WFP	Regular resources: \$0.5 million Programme coordination and assistance: \$1.1 million from regular resources