



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme document for Madagascar

Proposed indicative UNFPA assistance: \$17.6 million: \$11.8 million from regular resources and \$5.8 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2008-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

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

| | Regular resources | Other | Total |
|---------------------------------------|-------------------|------------|-------------|
| Reproductive health | 7.0 | 3.0 | 10.0 |
| Population and development | 3.0 | 2.4 | 5.4 |
| Gender | 1.0 | 0.4 | 1.4 |
| Programme coordination and assistance | 0.8 | - | 0.8 |
| Total | 11.8 | 5.8 | 17.6 |

I. Situation analysis

1. The population of Madagascar, estimated at 18 million, is growing at a rate of 2.8 per cent per year and is likely to double within 25 years. Seventy-four per cent of the population is rural, while 32 per cent is aged 10-24. Life expectancy is 55.5 years. With 85 per cent of the population living below the poverty line, Madagascar ranks among the poorest countries in the world. The country is prone to natural disasters, which exacerbate the precarious living conditions of the population. About 300,000 people are affected by cyclones and cyclic drought each year.

2. The health situation is of concern. The maternal mortality ratio is 469 deaths per 100,000 live births; the under-five mortality rate is 94 deaths per 1,000 live births; and the neonatal mortality rate is 32 deaths per 1,000 live births. Sixty-five per cent of rural residents live more than 10 kilometres away from a health facility, and skilled health personnel attend only 40 per cent of births. Fertility is high, with an average of 5.2 children per woman. Approximately 34 per cent of young people under the age of 20 have already had at least one child.

3. The contraceptive prevalence rate increased from 12 per cent in 1997 to 18 per cent in 2005, but the rate is lower in rural areas (16 per cent) than in the capital city (33 per cent). Furthermore, although 45 per cent of youth know about family planning, only 15 per cent of sexually active young people used a modern contraceptive method in 2005. With the unmet need for contraception at 24 per cent, ensuring reproductive health commodity security has become a priority.

3. Sexually transmitted infections are a public health issue. The syphilis prevalence rate among pregnant women was 4.2 per cent in 2005. Fifteen per cent of boys and 11.9 per cent of girls showed symptoms of sexually transmitted infections in 2004. In 2003, the HIV/AIDS prevalence rate among pregnant women was 0.95 per cent and nearly half of these were women aged 15-24.

High-risk sexual behaviour, coupled with low condom use and social customs that limit access to reproductive health information and services, increase the vulnerability of young people to unplanned pregnancies and unsafe abortions.

4. Gender inequality persists because of historical, cultural, socio-economic and political reasons. Fifty-four per cent of men are illiterate, compared to 59 per cent of women. Violence against women, including rape, remains a major challenge. Women's participation in politics is limited, with only four per cent of the seats in the National Assembly occupied by women.

5. Due to delays in conducting the third population and housing census, initially planned for 2005, the country is experiencing problems in data reliability. Most surveys still use estimates derived from the 1993 census.

6. In 2006, the country adopted a Millennium Development Goal-based development plan, the Madagascar Action Plan, 2007-2011. The plan reflects the UNFPA mandate and the goals of the International Conference on Population and Development (ICPD) and includes specific commitments on health, family planning, HIV/AIDS, national solidarity, gender equality and the empowerment of women.

II. Past cooperation and lessons learned

7. The fifth country programme, initially approved for the period 2005-2009, had three programme components: (a) reproductive health; (b) population and development; and (c) gender. To align the current United Nations Development Assistance Framework (UNDAF) to the time frame of the Madagascar Action Plan, the United Nations country team decided to shorten the cycle of the current UNDAF as well as the country programme cycles of the United Nations Development Group Executive Committee agencies.

8. Achievements in reproductive health included: (a) the expansion of family planning service sites nationwide as well as the expansion of the contraceptive method mix; (b) the positioning of reproductive health focal point doctors in six regions to reach people living in remote areas; (c) the strengthening of reproductive health commodity security through the establishment of a computerized health information system; (d) rapid responses to natural disasters through the provision of an emergency reproductive health package that includes personal hygiene kits; and (e) the development of a partnership with the Mauritius Health Institute to build the capacity of health providers in the 22 regions of the country.

9. The programme strengthened adolescent reproductive health services by creating youth councils and encouraging youth participation in the development of the national youth strategy to combat HIV/AIDS. The programme also created pilot youth centres under the leadership of the Ministry of Youth, and provided youth-friendly services through non-governmental organizations (NGOs) and the military.

10. In the area of population and development, advocacy efforts resulted in the elaboration of linkages between population and development in the Madagascar Action Plan. In 2006, Madagascar established a budget line for the purchase of contraceptives. The programme also mobilized technical and financial resources for census cartography for the next population census.

11. In the area of gender, counselling and legal aid centres addressed gender-based violence and practices that discriminate against women. The programme also revitalized partnerships with the women parliamentarians' network and the mayors' network.

12. Among the constraints faced by the programme were centralized approval and disbursement procedures, which limited the effective decentralization of services. The lack of

a programme database made it difficult to demonstrate progress made and to implement an effective monitoring and evaluation plan.

13. Among the lessons learned were: (a) strong partnerships with donors and civil society are necessary to scale up interventions in the areas of adolescent reproductive health, HIV/AIDS and reproductive health, particularly in emergency situations; (b) strengthening institutional and technical capacity must be a priority to facilitate decentralization; and (c) contraceptive commodity security must be at the core of the reproductive health component if family planning programme targets are to be met.

III. Proposed programme

14. The proposed programme is derived from the UNDAF, 2008-2011, which is aligned with the Madagascar Action Plan and which adheres to United Nations reforms that seek to enhance field-focused interventions through a collective response to national priorities. It is also based on the ICPD Programme of Action, the Millennium Development Goals, and the Beijing Platform for Action.

15. The goal of the programme is to contribute to the Madagascar Action Plan objectives of reducing poverty and enhancing the quality of life for the population. This programme will have three components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

16. The outcome of the reproductive health component is: the population, in particular the most vulnerable groups, has access to and utilizes high-quality reproductive health and family planning services. This component will be aligned with health sector-wide approaches, which include both the Maputo Plan of Action and the road map for newborn and maternal health.

17. Output 1: An essential package of reproductive health information and services is

available and accessible to men, women and young people in programme areas. This output will be achieved by: (a) building capacity to plan, manage and integrate reproductive health issues into sector-wide approaches and to coordinate the reproductive health programme at national and subnational levels; (b) developing a referral system for emergency obstetric care; (c) developing a reproductive health commodity security strategy, including condom programming; (d) promoting gender-sensitive, culturally sensitive behaviour change communication in the areas of reproductive health and HIV/AIDS prevention; (e) integrating family planning, HIV/AIDS prevention and reproductive health interventions; and (f) supporting community mobilization and social marketing efforts.

18. Output 2: Emergency preparedness and response mechanisms are established. This will be achieved by: (a) advocating policy support and resource mobilization to ensure the inclusion of the minimum initial service package in national and local contingency plans; (b) developing partnerships with NGOs, United Nations organizations and local development agencies that provide services for the victims of disaster; and (c) building national capacity to produce and disseminate data for planning, monitoring and evaluating emergency situations.

19. Output 3: Adolescent reproductive health services, with a specific emphasis on preventing sexually transmitted infections and HIV/AIDS, are available, accessible and incorporated into the health system in programme areas. This output will be achieved by: (a) supporting advocacy and policy dialogue to establish adolescent reproductive health services; (b) integrating adolescent reproductive health services into voluntary counselling and testing health centres and facilities; (c) building the capacity of stakeholders, including young people, service providers and parents, in the area of life skills; (d) promoting behaviour change with regard to reproductive health and HIV/AIDS; and (e)

promoting the involvement of young people in programmes by operationalizing youth councils.

Population and development component

20. The outcome of this component is: increased utilization of reliable population-related and development-related socio-economic and demographic data, disaggregated by sex and age. This data will be used to formulate, manage, monitor and evaluate national, subnational and sectoral strategies and programmes to implement the Madagascar Action Plan and the Millennium Development Goals.

21. Output 1: Disaggregated population and socio-economic data are available and accessible at national, sectoral and decentralized levels to implement and monitor the Madagascar Action Plan and the Millennium Development Goals. This output will be achieved by: (a) advocating resource and technical mobilization for the implementation of the 2008 demographic and health surveys and the 2009 population census; (b) building the institutional and technical capacity of the national statistics system to strengthen, utilize and maintain an integrated management information system; and (c) promoting the use of data for accountability, especially at the regional level.

22. Output 2: Strengthened capacity of decision makers and key implementing agencies in charge of development programmes at central and subnational levels to recognize the linkages between population and development. This output will be achieved by: (a) undertaking policy-oriented research on population, poverty and environment linkages; (b) building technical capacity to integrate population, reproductive health and gender issues into the Madagascar Action Plan sectoral plans; (c) developing partnerships with national and regional research and training institutions to provide technical assistance; and (d) establishing coordination mechanisms among different stakeholders involved in the population and development sector.

Gender component

23. The outcome of this component is: an enhanced legal and sociocultural environment that reduces abuse toward women, eliminates practices that affect women negatively, and promotes responsible parenthood.

24. Output 1: Strengthened institutional and technical capacity of government and civil society organizations to formulate and implement, particularly in programme areas, gender-sensitive policies and programmes for women's empowerment. This will be achieved by: (a) advocating the elimination of legal and sociocultural barriers; (b) mobilizing resources and technical assistance to support interventions that focus on women's empowerment; (c) building capacity in gender, human rights and negotiation skills, particularly at the local level; (d) sensitizing the general public to human rights and gender issues; and (e) networking with the media, parliamentarians, and religious and community groups.

25. Output 2: Increased availability of counselling, protection and referral services for victims of gender-based violence. This output will be achieved by: (a) expanding counselling and legal aid services and centres; (b) developing an awareness-raising campaign on the existence of these services; (c) integrating reproductive health protocols into gender-based violence intervention; and (d) promoting partnership with women's groups.

IV. Programme management, monitoring and evaluation

26. The country programme will be nationally executed. The Ministry of Economy, Planning, Private Sector and Commerce will coordinate the programme and will cooperate with the Ministry of Health, Family Planning and Social Protection for the reproductive health and the gender components. The General Directorate for Economy and Planning will coordinate the population and development

component. Partnerships with civil society organizations in implementing the programme will continue.

27. UNFPA and the Government will adjust the coverage of the programme according to regional priorities. The provision of reproductive health services will concentrate on the 11 regions that are hardest to reach. Reproductive health commodity security, advocacy and capacity-building activities will be implemented nationwide. UNFPA and the Government will develop a country programme resource mobilization strategy. UNFPA will seek to develop innovative partnerships and joint programmes with United Nations organizations, development partners and civil society organizations in the areas of HIV/AIDS, maternal and neonatal health, gender, and emergency situations, to scale up planned interventions.

28. UNFPA and the Government will undertake implementation, monitoring and evaluation of the programme in accordance with the UNDAF monitoring and evaluation plan and the UNFPA guidelines, which are aligned with national and joint monitoring and evaluation guidelines. UNFPA and the Government will set up a programme management database for monitoring and evaluation purposes.

29. The UNFPA country office in Madagascar consists of a representative, a deputy representative, an assistant representative, three national programme officers, an operations manager and programme and administrative support staff. UNFPA will earmark programme funds for a national programme officer and two support staff, who will work in subnational offices, in response to the decentralization of government services. In addition, UNFPA will earmark programme funds for two national programme officers and two support staff in order to strengthen country-office capacity. National project personnel may be recruited to assist in implementing and executing the programme. The UNFPA country technical services team in Harare, Zimbabwe, will provide technical assistance.

RESULTS AND RESOURCES FRAMEWORK FOR MADAGASCAR

| National priority: achieving poverty reduction and the enhancement of the quality of life for the population UNDAF outcome: existence of a favourable environment to improve access of the population, particularly the most vulnerable groups, to high-quality health information and services | | | | |
|--|--|---|---|---|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Reproductive health | <p>Outcome 1: The population, in particular the most vulnerable groups, has access to and utilizes high-quality reproductive health and family planning services</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Percentage of births attended by skilled health personnel <p>Baseline: 51%</p> <ul style="list-style-type: none"> ▪ Contraceptive prevalence rate increased from 18% to 30% <p>Baseline: 18%</p> <ul style="list-style-type: none"> ▪ Adolescent fertility rate decreased from 152/1,000 to 100/1,000 <p>Baseline: 152/1,000</p> | <p>Output 1: An essential package of reproductive health information and services is available and accessible to men, women and young people in programme areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of health districts offering family planning, emergency obstetric care and adolescent sexual and reproductive health services Baseline: family planning: 90%; emergency obstetric care: 65 district health centres • Existence of reproductive health commodity security Baseline: limited reproductive health commodity security • Behaviour change package available Baseline: behaviour change communication package not yet available • Percentage of health personnel trained in key aspects of reproductive health, family planning and HIV prevention • Existence of reproductive health coordination mechanisms Baseline: reproductive health coordination mechanisms established <p>Output 2: Emergency preparedness and response mechanisms are established</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • New partnerships for emergency situations • 10 partners trained in reproductive health emergency preparedness and handling of the minimum initial service package; Baseline: 4 • Minimum initial service package; Baseline: 0 <p>Output 3: Adolescent reproductive health services, with a specific emphasis on preventing sexually transmitted infections and AIDS, are available, accessible and incorporated into the health system in programme areas</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 20 health districts offering youth-friendly adolescent sexual and reproductive health service; Baseline: 2 • Number of male and female condoms distributed • 12 functional youth councils; Baseline: 0 | <p>Ministry of Energy; Ministry of Health, Family Planning and Social Protection; Executive Secretariat of the National Council for the Fight against AIDS; National Office for Disaster Management and Preparedness</p> <p>National NGOs</p> <p>African Development Bank; Joint United Nations Programme on HIV/AIDS; United Nations Children's Fund (UNICEF); UNDP; World Health Organization; World Bank</p> <p>European Union; United States Agency for International Development (USAID)</p> | <p>\$10 million (\$7 million from regular resources and \$3 million from other resources)</p> |

| UNDAF outcome: the population, in particular the poorest and most vulnerable groups, enjoy all social, economic, civil and political rights through participatory governance and solidarity | | | | |
|--|--|---|---|---|
| Programme component | Country programme outcomes, indicators, baselines and targets | Country programme outputs, indicators, baselines and targets | Partners | Indicative resources by programme component |
| Population and development | <p><u>Outcome 1:</u> Increased utilization of reliable population- related and development-related socio-economic and demographic data disaggregated by sex and age. This data will be used to formulate, manage, monitor and evaluate national, subnational and sectoral strategies and programmes to implement the Madagascar Action Plan and the Millennium Development Goals</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 ▪ Sectoral plans of the Madagascar Action Plan take into account population, reproductive health and gender dimensions <p>Baseline: weak data and information culture</p> | <p><u>Output 1:</u> Disaggregated population and socio-economic data are available and accessible at national, sectoral and decentralized levels to implement and monitor the Madagascar Action Plan and the Millennium Development Goals</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Functional integrated management information system at the National Institute of Statistics; Baseline: non-existent ▪ Existence of subnational demographic databases <p>Baseline: no functional database</p> <ul style="list-style-type: none"> ▪ New data sets from the fourth demographic and health survey and the third census <p><u>Output 2:</u> Strengthened capacity of decision makers and key implementing agencies in charge of development programmes at central and subnational levels to recognize the linkages between population and development</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Percentage of national institutions with technical competence in integrating population, reproductive health and gender dimensions into national and sectoral programmes and strategies | <p>Ministry of Economy, Planning, Private Sector and Commerce; National Institute of Statistics</p> <p>UNDP, UNICEF, World Bank</p> <p>European Union; French Cooperation Agency; USAID</p> | <p>\$5.4 million (\$3 million from regular resources and \$2.4 million from other resources)</p> |
| Gender | <p><u>Outcome:</u> An enhanced legal and sociocultural environment that reduces abuse toward women, eliminates practices that affect women negatively, and promotes responsible parenthood</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 • Partnerships with civil society established to actively promote gender equality, women's and girls' autonomy, and reproductive rights <p>Baseline: strengthening of social and legal frameworks</p> | <p><u>Output 1:</u> Strengthened institutional and technical capacity of government and civil society organizations to formulate and implement, particularly in programme areas, gender-sensitive policies and programmes for women's empowerment</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of members of parliament sensitized on gender-related issues; Baseline: 15% • Proportion of national institutions equipped with technical competence to combat gender-based violence <p><u>Output 2:</u> Increased availability of counselling, protection and referral services for victims of gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of gender-based violence victims that have been assisted • Number of partners undertaking activities that combat gender-based violence and practices harmful to women and girls | <p>Ministry of Health, Family Planning and Social Protection</p> <p>UNICEF; UNDP; International Labour Organization</p> <p>National NGOs</p> | <p>\$1.4 million (\$1 million from regular resources and \$0.4 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p> |