United Nations DP/FPA/CPD/MDG/7

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
25 November 2014

Original: English

First regular session 2015
26 to 30 January 2015, New York
Item 7 of the provisional agenda
UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Country programme document for Madagascar

Proposed indicative UNFPA assistance:	$74.5 million: $27 million from regular resources and $47.5 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2015-2019)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	16.8	20.0	36.8
Outcome 2	Adolescents and youth	2.1	15.0	17.1
Outcome 3	Gender equality and women's empowerment	2.8	6.0	8.8
Outcome 4	Population dynamics	3.8	6.5	10.3
Programme coordination and assistance		1.5	–	1.5
Total		27.0	47.5	74.5

I. Situation analysis

1. Projections based on data from the last census (1993) put the population of Madagascar in 2013 at 21.6 million people (49.9 per cent women). The annual population growth rate is 2.8 per cent. The population is very young, with 42 per cent under 15 years; adolescents and youth aged 10-24 years account for 33 per cent of the population. The population is mostly rural; approximately 7 out of 10 live in rural areas.

2. Poverty is persistent and affects the majority of Malagasy people. Some 71.5 per cent of the population lives under the national poverty line, with the rural population most affected. With such high levels of poverty, Madagascar will not meet the Millennium Development Goals (MDGs).

3. According to the national Millennium Development Goals monitoring survey (2012-2013), the maternal mortality ratio for Madagascar has remained virtually unchanged for a decade (currently estimated at 478 maternal deaths per 100,000 living births, compared with 498 per 100,000 living births in 2009 and 469 in 2004. Every day, 10 women, among them three adolescents, die in Madagascar from complications related to pregnancy or childbirth. This high mortality rate is due to (a) high rates of teenage pregnancy (34 per cent of maternal deaths occur within the 15-19 years age group); (b) high rates of home deliveries (61 per cent in rural area) due to geographical (47 per cent) and financial (33 per cent) barriers to access facilities and limited coverage of primary health centres equipped to provide basic emergency obstetric care (2 per cent); (c) a stationary contraceptive prevalence rate (29 per cent in 2008 against 33 per cent in 2012) due to sociocultural factors such as having more children as a sign of power and wealth; and (d) weak quality of care due to insufficient skilled health care providers, especially among midwives.

4. Up to 4,000 obstetric fistula cases occur annually with insufficient national capacity for prevention and repair. Essential reproductive health rights, especially access to family planning are not met for illiterate women (40 per cent), women without rights for decision-making to their personal health care (75.2 per cent) and rural women.

5. The adolescent fertility rate increased from 148 in 2009 to 163 in 2012 due to (a) harmful socio-cultural practices such as child marriage (48 per cent), (b) early sexual intercourse, supported by community environment or by youth own initiative (20 per cent of girls aged 15-19 years had their first sexual intercourse before the age of 15, and more than 40 per cent of girls became mothers before reaching the age of 18); (c) lack of comprehensive sexual education: (d) lack of youth-friendly sexual and reproductive health information and services; and (e) weak access to condom and contraception (only 24 per cent of married girls have access to contraception despite their needs to space their childbearing time).

6. Moreover, teenage pregnancy occurs more frequently among girls who are the poorest and least educated and live in rural areas. Education is highly associated with the prevalence of child marriage in Madagascar; 68 per cent of women aged 20-24 years with no education and 53 per cent with primary education were married or in union before age 18, compared to only 28 per cent of women with secondary education or higher.

7. Madagascar has made efforts to promote gender equality and empower women. Policies favouring schooling made it possible to have 105 girls for every 100 boys in primary education in 2012, compared to 96 girls per 100 boys in 2008.

Despite this progress, gender equality remains a considerable challenge, especially when it comes to sexual and reproductive rights. The entrenched patriarchal regime and the weakness of laws promoting gender equality are slowing down women's participation in national development.

8. Women continue to endure violence: 30 per cent are victims of at least one violent incident. Younger women are four times more at risk of sexual violence than their elders, 35 per cent of perpetrators are neighbours or relatives. The provision of gender-based violence services is hindered by the lack of an operational plan and skilled service providers.

9. The design, implementation, monitoring and evaluation of development projects and programmes depend on the availability of reliable statistical data. Key data sources are population and housing census, demographic health surveys, household surveys and the national monitoring survey on MDGs. However, the last population and housing census dates back to 1993, making it necessary to conduct a new census. Furthermore, the national capacity to produce, analyse and disseminate population data as well as in-depth analysis and integration of the population into the development programme is limited. The national capacity to monitor and evaluate the impact of development programmes is also weak.

10. According to the country rankings published in April 2014 by the World Permanent Natural Disasters News, Madagascar is among the 10 countries at highest risk of natural disaster in the world. Indeed, one quarter of the population (5 million people) live in zones highly vulnerable to cyclones, droughts and flooding. The emerging challenges call for reinforced preparedness and response mechanisms to address potential negative effects on women and young girls in matters of sexual and reproductive health and gender-based violence. With widespread poverty, the impact of these natural phenomena increases the vulnerability of its population, especially women and girls seeking reproductive health services.

II. Past cooperation and lessons learned

11. The sixth country programme (2008-2011), extended to 2014 due to the social-political crisis, has focused on sexual and reproductive health and rights, including adolescent sexual and reproductive health, gender equality, and population and development. In order to enhance national ownership and coherence, the programme incorporated strategic partnerships with the Government, United Nations agencies, development partners, civil society organizations and private-sector institutions.

12. In sexual and reproductive health, the programme has focused on increasing access to safe birth delivery, and high-quality basic and comprehensive emergency obstetric and neonatal care services (31 per cent of birth delivery at health centres in 2012 against 28 per cent in 2009 in programme-supported areas). This was achieved through (a) equipment of 183 health centres and six midwife training institutes; support to midwife training and mentorship; (b) provision of free midwifery and caesarean section kits in six priority regions; (c) contracting of 24 midwives for closed health centres in remote areas; (d) implementation of a maternal death review in 10 hospitals, coupled with a community mobile technology project for maternal death notification; and (e) provision of reproductive health minimum initial service package training and emergency assistance and treatment of 700 women with fistula, including training of surgeons, through South-South cooperation and partnership with the Obstetric Fistula Foundation. Social mobilization actions were undertaken to increase awareness and use of reproductive health services through partnership

with networks of journalists, television and community radio message broadcasts, and organization of thematic campaigns in rural areas.

13. The programme has built up national capacity in adolescent and youth reproductive health by supporting the development of a law against child marriage, development of sexual education curricula to be integrated in schools, establishment of 22 youth-friendly health centres in 2012 (up from 14 in 2010), peer education and development of a youth-friendly web page (‘Tanora Guaranteen’) and a monthly youth page diffused in newspapers and at youth-friendly spaces.

14. It has also intensified family planning services and supply-chain management by strengthening central pharmacy logistics capacities, full provision of free contraceptives from central to district level in the public sector, training of health providers in family planning and logistics at national level, organization of national family planning campaigns, including service delivery, partnership with community-based organizations for outreach, and parents-school pilot initiatives. However, due to limited funds and insufficient coverage of supported interventions, important needs are not yet met. Gaps still need to be addressed in reproductive health access in rural and remote areas, quality of care, teenage pregnancy, family planning availability at service delivery points, and social behaviour change.

15. In gender, the programme supported (a) advocacy for gender equality integrated into curricula and design modules on gender mainstreaming in planning and implementation process of four public institutions; (b) strategic alliances with traditional and religious leaders, youth, and women associations to support gender equality; and (c) establishment of six counselling and legal centres for gender-based violence survivors. Additional work is required to support the development of a specific law against gender-based violence and the implementation of a national prevention strategy.

16. In population and development, the programme supported (a) demographic, health and Millennium Development Goals surveys; (b) training of 30 trainers in census cartography; (c) tour studies in Senegal and Cape Verde, which organised their censuses using ‘personal digital assistants’ for data collection; (d) development of a census project and resource mobilization documents; and (e) promotion of links between population and development through advocacy and awareness of decision-makers.

17. The final evaluation of the previous programme has highlighted a number of challenges: the magnitude of the identified needs; the weak capacity of the national partners to decentralize, even though a government priority; and insufficient human resources to adequately support partners.

18. Lessons learned from the previous programme include the following: (a) engaging in South-South cooperation enhances capacity building and cost-effective interventions; (b) fostering partnership with non-governmental organizations and building their capacity are critical for community mobilization and improving access to health services for youth and the most vulnerable populations; and (c) strengthening supply chain management and the integration of family planning services, complemented with a renewed focus on increasing demand, increase the effectiveness of family planning strategies.

III. Proposed programme

19. Drawing on the evaluation recommendations and priorities set forth in the new General Policy of the State, the United Nations Development Assistance Framework (UNDAF) for 2015-2019 and the UNFPA Strategic Plan, 2014-2017, the seventh programme aims at reducing poverty by targeting women and youth, especially in rural and remote areas. Taking into account social and cultural factors, the programme has the following priorities: (a) increasing access to integrated high-quality sexual and reproductive health services; (b) enhancing access of young people to information and sexual education; (c) preventing of and responding to gender-based violence; and (d) improving population data analysis, dissemination and utilization.

A. Outcome 1: Sexual and reproductive health

20. Output 1: Increased national capacity to deliver high-quality maternal health services, including in humanitarian settings. To achieve this output, the programme will (a) extend basic capacities of health centres to provide high-quality emergency obstetric and neonatal care through health providers receiving training at midwifery institutes and medical schools or refresher trainings and mentorships in rural areas, and provision of free midwifery kits, caesarean-section kits and essential emergency obstetric and neonatal materials; (b) support the Ministry of Health in deployment of midwives in rural and remote areas; (c) improve capacity of health districts in monitoring and response related to maternal deaths; (d) enhance fistula prevention and treatment of fistula patients through intensive social mobilization against teenage pregnancy and home delivery; (e) continue to build national capacity in reproductive health emergency preparedness and response; (f) extend and reinforce youth-friendly sexual and reproductive health services with skilled providers in youth approaches; and (g) mobilize traditional leaders and communities, including boys and men, to engage in the full spectrum of reproductive health issues including prevention of teenage pregnancy and child marriage.

21. Output 2: Strengthened national capacity to increase the demand and supply of modern contraceptive methods, and to improve the quality of family planning services that are free of coercion, discrimination and violence. To achieve this output, the programme will (a) advocate for national budget allocation for the procurement and delivery of contraceptives; (b) promote family planning uptake through integration into maternal and neonatal health services, including postnatal and immunization services; (c) support social behaviour change communication to increase use of family planning services, (d) strengthen the national capacity to deliver, manage and monitor the contraceptive products supply chain; and (f) provide modern contraceptive products at service delivery points through outreach and strategic partnerships with communities and local transporters.

B. Outcome 2: Adolescents and youth

22. Output 1: Increased availability of access to youth-friendly information and services, including life skills and sexuality education. To achieve this output, the programme will (a) advocate for increased investments in favour of young people, with a focus on adolescent girls and marginalized youth; (b) support the integration of the new sexuality education curriculum into schools; and (c) raise the awareness of out-of-school young people and adolescents in rural areas on the prevention of child marriage and teenage pregnancy.

C. Outcome 3: Gender equality and women's empowerment

23. Output 1: Increased national capacity to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings. To achieve this output, the programme will (a) draft gender-based violence-specific legislation and advocate for its adoption; (b) strengthen capacities of gender-based violence coordination mechanisms, including in humanitarian settings; (c) develop models for integrated gender-based violence services; (d) enhance skills of service providers to provide psychosocial and medical care; and (e) build partnerships with civil society to involve boys and men in preventing gender-based violence, especially among youth and in community areas.

D. Outcome 4: Population dynamics

24. Output 1: Strengthened national capacity to produce, analyse, disseminate disaggregated population data and use them and evidence-based information for public policies and decision-making processes. To achieve this output, the programme will support the following efforts: (a) improve the capacity of the National Statistical Institute to conduct the third General Population and Housing Census, and to carry out periodic population related in-depth surveys and analyses; (b) mobilize resources for the General Population and Housing Census; (c) conduct researches in the area of population situation analysis; (d) build national capacity to integrate evidence-based analysis on population, reproductive health and gender into policy and programme development, at national, sector and decentralized levels, and in humanitarian situations; (e) revamp the integrated national monitoring and evaluation system with regards to population policies and programmes, with a particular emphasis on the health information system.

IV. Programme management, monitoring and evaluation

25. UNFPA and the Government of Madagascar will implement the programme in compliance with UNFPA regulations and rules. National execution is the preferred implementation modality, subject to UNFPA policies. In consultation with the Government and United Nations agencies, UNFPA will determine the programme areas of intervention where common projects will be implemented. The Ministry of Economy and Planning will ensure the coordination of the programme; decentralized institutions and regional entities will be closely associated with the implementation of the programme.

26. The Government will conduct monitoring and evaluation in collaboration with UNFPA. These activities will be conducted in alignment with national programme monitoring and evaluation plans, notably the common field monitoring activities, quarterly reports, yearly and midterm reviews and the final evaluation.

27. UNFPA and the Government will develop strategies to take advantage of past experiences and strengthen communication to enhance visibility and accountability of interventions. UNFPA and the Government will develop and implement a resource mobilization plan and review it periodically.

28. The UNFPA country office in Madagascar includes basic management and development effectiveness functions funded from the institutional budget. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities to respond to emerging issues, especially life-saving measures.

RESULTS AND RESOURCES FRAMEWORK FOR MADAGASCAR (2015-2019)

National development priority or goal: Widening access to high-quality basic social services **UNDAF outcome**: Populations in intervention areas, particularly the most vulnerable groups, access and use sustainable high-quality basic social services				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 1: Sexual and reproductive health (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access) Outcome indicators: • Percentage of births attended by skilled personnel • Baseline: 44.3; Target: 60 • Modern contraceptive prevalence rate. Baseline: 33.3; Target: 38	Output 1: Increased national capacity to deliver high-quality maternal health services, including in humanitarian settings	Output indicators: • Percentage of basic health facilities that provide emergency obstetric and neonatal care services Baseline: 2; Target: 20 • Number of fistula patients successfully repaired and reintegrated Baseline: 700; Target: 5000 • Number of updates of the national contingency plan for natural disasters integrating reproductive health and gender-based violence Baseline: 1; Target: 5	Ministry of Health, National Bureau for Risks and Catastrophes Management, parliamentarians, civil society organizations, National Midwives Council, Midwives Association, decentralized public institutions, United Nations system, bilateral and multilateral cooperation partners	$36.8 million ($16.8 million from regular resources and $20 million from other resources)
	Output 2: Strengthened national capacity to increase the demand and supply of modern contraceptive methods, and to improve the quality of family planning services that are free of coercion, discrimination and violence	Output indicators: • Percentage of service delivery points with no stock-outs of contraceptives in the last six months Baseline: 90; Target: 96 • Percentage of service delivering point offering at least 5 contraceptive methods Baseline: 25; Target: 90		
Outcome 2: Adolescents and youth (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) Outcome indicators: • Percentage of young people aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject key misconceptions on HIV transmission Women: Baseline: 22.9; Target: 28; Men: Baseline: 22.5; Target:31 • Fertility rate for adolescents aged 15-20 years Baseline: 163; Target: 150	Output 1: Increased availability of and access to youth-friendly information and services, including life skills and sexuality education	Output indicators: • Number of service delivery points with the capacity to provide comprehensive sexual and reproductive health programmes to young people Baseline: 2; Target: 24 • Percentage of districts implementing a sex education curriculum that is aligned with international standards Baseline: 2; Target: 50	Ministry of Youth and Sports, Ministry of Education, Ministry of Health, Ministry of the Economy and Planning, Inter-ministerial Committee on Youth, Youth Observatory, Youth Council (at all levels), decentralized public institutions	$17.1 million ($2.1 million from regular resources and $15 million from other resources)
UNDAF outcome: Public entities, civil society and media, at central and decentralized levels, effectively play their roles and are accountable for appeased governance, protector of human rights				

Outcome 3: Gender equality and women's empowerment (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth) Outcome indicators: • Percentage of Periodic Universal Review agreed to recommendations on reproductive rights implemented Baseline: 44; Target: 70 • Proportion of women aged 15-49 who believe their husband or partner has the right to beat them under certain circumstances Baseline: 46; Target: 40	Output 1: Increased national capacity to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings	Output indicators: • Existence of a specific law against gender-based violence Baseline: No; Target: Yes • Number of referred gender-based violence survivors who receive psychosocial or medical care Baseline: 5,000; Target: 40,000	Ministry of Population, Social Protection and Women Promotion, Ministry of Health, Ministry of Justice, Ministry of Internal Security, parliamentarians, civil society organizations, decentralized public institutions, United Nations system, bilateral and multinational cooperation partners	$8.8 million ($2.8 million from regular resources and $6 million from other resources)
UNDAF outcome: Vulnerable populations, in intervention areas, access employment and income opportunities, improve their resilience capacities and contribute to an inclusive and equitable growth for a sustainable development				
Outcome 4: Population dynamics (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) Outcome indicators: • Census data collected, processed and analysed, results published and disseminated Baseline: No; Target: Yes • Existence of a national development plan that addresses population dynamics by accounting for population trends and projections in setting development targets Baseline: No; Target: Yes	Output 1: Strengthened national capacity to produce, analyse, disseminate disaggregated population data and use them and evidence-based information for public policies and decision-making processes	Output indicators: • Number of staff members of the National Statistics Institute who are skilled in the collection, analysis and dissemination of socioeconomic and demographic data Baseline: 53; Target: 123 • Number of decentralized and central entities with skilled staff and tools to practice evidence-based planning and policy development Baseline: 31; Target: 53 • Existence of a reinvigorated and operational integrated national monitoring and evaluation system (national and regional) Baseline: No; Target: Yes	Ministry of the Economy and Planning, Ministry of Health, Ministry of Population, Social Protection and Women Promotion, National Statistics Institute, Decentralized Public Institutions, Training and Research Institutions, United Nations System. Bilateral and Multinational Cooperation partners	$10.3 million ($3.8 million from regular resources and $6.5 million from other resources) Total for programme coordination and assistance: $1.5 million from regular resources