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United Nations Population Fund

Country programme document for Madagascar

Proposed indicative UNFPA assistance:	$29.7 million: $8.0 million from regular resources and $21.7 million through co-financing modalities or other resources
Programme period:	Two years and three months (1 October 2021-31 December 2023)
Cycle of assistance:	Eighth
Category per decision 2017/23:	Red
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2021-2023

Proposed indicative assistance (in millions of $):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.1	14.3	18.4
Outcome 2	Adolescents and youth	1.2	3.3	4.5
Outcome 3	Gender equality and empowerment of women	1.0	2.7	3.7
Outcome 4	Population dynamics	0.9	1.4	2.3
Programme coordination and assistance		0.8	-	0.8
Total		8.0	21.7	29.7

I. Programme rationale

1. Madagascar is located in the Indian Ocean region and is the fifth-largest island in the world. Its total population doubled from 12,238,914 in 1993 to 25,674,196 in 2018, at an annual growth rate of three per cent during the intercensal period, and will increase to 37 million by 2030 if this growth rate is sustained. The age structure shows a high proportion of young people, with 62.8 per cent of the population under the age of 25. The Madagascar national development plan (Plan Emergence Madagascar) 2019-2023 highlights the importance of accelerating the demographic transition to harness the demographic dividend and underscores the centrality of human capital development, disaster risk management, inclusive and sustainable economic growth for the country to transition to an emerging economy in the next ten years.

2. With one of the highest poverty rates in the world, 75 per cent of the Malagasy population lives below the $1.90 per day threshold. According to the 2018 Population and Housing Census (PHC), multidimensional poverty is affecting 74.2 per cent of the population; in urban areas, this proportion is estimated at 31.2 per cent while in rural areas it is estimated at 84.4 per cent. More than 80 per cent of the population live in rural areas, isolated and far from health facilities, where absolute poverty is twice as high as in urban areas. While the 2020 Common Country Assessment (CCA) noted that the Malagasy economy experienced economic growth (estimated at 4.3 per cent in 2017 and 5.2 per cent in 2018 and 2019), the COVID-19 pandemic precipitated a recession in 2020, expected to send over 1 million people into extreme poverty. Income inequality is high, with a Gini coefficient of 42.6, and unemployment rates are higher among women and young people than among men, with 90 per cent of jobs concentrated in the informal sector. A study conducted by the National Institute of Statistics (2020) indicates that about 10.1 per cent of households experienced job losses during the COVID-19 lockdown period.

3. Women, adolescents, young people, girls, people living with disabilities and people living with HIV are disproportionately affected by poverty and inequality. According to the 2018 PHC, 69.9 per cent of the population living in women-headed households, 75.1 per cent of the population living in adolescent-headed households, and 80.2 per cent of people living with disabilities are poor. Adolescents and young people are particularly affected by poverty: 75.1 per cent for adolescents aged 15-19 years and 76.7 per cent for young people aged 20-24 years. The high level of poverty severely exposed this population segment to discrimination, exclusion and limited access to basic social services. Building back better from COVID-19 will require emphasis on strengthening social protection systems, among other strategic investments.

4. Madagascar faces significant risks imposed by an increasingly variable and changing climate. Cyclones, droughts, and floods are common occurrences, placing the country tenth among those at high risk of natural disasters. This affects public health systems, food security and environmental management, leading to massive internal displacement, disproportionately affecting women, girls and young people. Strengthening the resilience of systems, institutions and individuals to better prepare, adapt and respond to these risks, including through capacity building of young people to lead and participate in development, humanitarian and peacebuilding efforts, is key.

5. The total fertility rate in Madagascar is estimated at 4.6 children per woman, according to the 2018 Multiple Indicator Cluster Survey (MICS6), with the adolescent fertility rate high (151 per 1,000 girls aged 15-19 years), with strong disparities within regions (estimated at 245 per 1,000 in Androy, 220 per 1,000 in Melaky and Atsimo Andrefana). Adolescent pregnancies are linked to cultural practices of early sexual initiation and a high proportion of child marriages, with 40 per cent of girls aged 20-24 years married before the age of 18, and 15 per cent married before the age of 15. The proportion of child marriages varies among regions and is very high in Atsimo Andrefana (65.6 per cent), Androy (50.8 per cent), Vatovavy Fitovinany (47.3 per cent) and Diana (41.7 per cent).

6. The CCA notes that girls living in rural areas, in poorer households and with lower levels of education tend to marry at a younger age, and are particularly vulnerable to ill health, sexual violence and discontinuation of education. Poverty, limited knowledge of comprehensive sexuality education (CSE) and the benefits of family planning, lack of bodily autonomy, and cultural practices related to the population's aspirations for high fertility increase the vulnerability of young people, particularly girls to adolescent pregnancy, sexually transmitted infections (STIs) and HIV infections. The prevalence of HIV among the population aged 15-49 years was estimated at 0.3 per cent in 2018 and an estimated 0.35 per cent among adolescent and young people (UNAIDS, 2019). It is higher among key populations, especially men having sex with men (14.8 per cent), sex workers (5.8 per cent) and injecting drug users (8.4 per cent). To end HIV transmission among key populations, the 2019 national report on HIV recommended increasing access to information, counselling and testing services.

7. The unmet need for family planning remained stagnant (at 18 per cent) between 2012 and 2018, varying by age and socio-economic conditions. It is estimated at 21.9 per cent for the poorest and 19.4 per cent for adolescents. While modern contraceptive prevalence increased from 33 per cent in 2012 to 41 per cent in 2018, it has fallen short of the 50 per cent target for 2020, agreed at the Global Partnership on Family Planning 2020. Women and young people face challenges in accessing contraceptives due to stock-outs of contraceptive commodities, weaknesses in the quality of care and gaps in the responsiveness of the health system to the needs of adolescents and young people. Further, the CCA notes that during the COVID-19 pandemic lockdown, access to and demand for sexual reproductive health and reproductive rights (SRHR) services decreased by half. While the Government has committed to ensuring access to family planning, the national budget allocated to the health sector is only five per cent, and additional investments are required to effectively reach the populations left behind. The 2019 law on reproductive health and family planning and the adoption of a tax exemption on contraceptive products are aimed at facilitating access to reproductive health services, particularly for adolescent girls and young people, but additional efforts are required to support effective implementation.

8. The maternal mortality ratio has remained unchanged over the last ten years, with about 408 maternal deaths per 100,000 live births according to the third PHC in 2018, falling below the 2020 target of 300 per 100,000 live births established by the National Roadmap for the Accelerated Reduction of Maternal Mortality. There is also wide variation in the maternal mortality ratio by region, ranging from 156 maternal deaths in Itasy to 928 maternal deaths per 100,000 live births in the Vatovavy Fitovinany regions. One-third of the maternal deaths occurs among adolescents aged 15-19 years, and the country also experiences high levels of obstetric fistula, with approximately 4,000 cases registered each year. Adolescent pregnancy and child marriage are key contributors to obstetric fistula, and while 5,208 women benefited from obstetric fistula surgical repairs between 2015 and 2019, 38 per cent of women experienced relapses. High levels of maternal mortality and obstetric fistula are driven by gaps in the availability of high-quality integrated SRHR services, which includes lack of qualified personnel, inadequate and frequent shortages of inputs and equipment in the health facilities, with only seven per cent of health facilities offering emergency obstetric care and only 39 per cent of births occurring in a hospital environment, according to the 2018 MICS6. This is further compounded by the fact that 40 per cent of the population live more than five kilometres from health centres and are challenged by financial costs associated with health care, transportation and referral fees. At the Nairobi Summit on ICPD25, Madagascar committed to guaranteeing an efficient health system that is accessible to all, to achieve the transformational goals of ending preventable maternal deaths and ending the unmet need for family planning.

9. The MICS6 survey shows that one woman in three has suffered at least one form of gender-based violence, with 32.4 per cent of women reporting having suffered physical violence since the age of 15, and 34 per cent who had experienced psychological violence. Sexual violence accounts for 13.5 per cent of reported cases among women aged 15-49 years, and 23.3 per cent of married women have suffered physical violence from their husbands or

partners. The proportion of married women who have suffered physical violence is higher in urban areas (30.3 per cent) than in rural areas (21.0 per cent). The proportion of sexual violence is estimated at 14.8 per cent in urban areas and 13.1 per cent in rural areas. The proportion of gender-based violence (GBV) is very high in the regions of Analamanga (54.6 per cent) and Alaotra Mangoro (51.5 per cent). Despite Madagascar's commitments to international and national legislation and policies to prevent GBV, poverty, gender inequality, harmful cultural practices and a lack of awareness of human rights are key factors that continue to drive this practice. Additionally, delays in the implementation of laws to eradicate GBV, limited financing, and gaps in the multisectoral response persist. The engagement of men, boys and religious leaders in promoting and supporting women and girls in the exercise of their fundamental rights is essential. At the Nairobi Summit, Madagascar committed to intensifying prevention and support actions for survivors to eliminate GBV and harmful practices, including child marriage.

10. While Madagascar has conducted the third PHC, the MICS6 survey, and the first phase of the household survey, the national statistical system remains weak. Not all prioritized targets of the Sustainable Development Goals (SDGs) have baselines, and the national strategy for statistics development needs to be updated and implemented. National and regional capacity to analyse data and utilize demographic intelligence for policy needs to be strengthened to ensure that evidence informs advocacy, policy and programming and to promote better monitoring of the SDGs and national development targets.

11. The final evaluation of the seventh programme highlighted key achievements, including enactment of the law on GBV, the integration of CSE into the school curriculum and the strengthening of the national network of emergency obstetric and neonatal care, aimed at eliminating preventable maternal deaths. The evaluation emphasized the need to strengthen the quality of care to improve health outcomes for women and young girls, particularly on obstetric fistula and maternal health. UNFPA catalytic support in recruitment and capacity building of midwives facilitated their integration into the public service, thereby strengthening the human resource capacity, but which needs to be scaled up in the new programme. Demonstrating tangible programme results has made it possible to mobilize development partners, the private sector and foundations and leverage additional resources to expand the geographical coverage of the programme. Additionally, strengthening UNFPA presence in the field through sub-offices and community outreach, allowed the organization to have greater reach to beneficiaries and to effectively respond to their needs.

12. The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2023 contributes to the National Development Plan 2019-2023 and aims to (a) enhance good governance, the rule of law and security; (b) ensure human capital development; (c) trigger labour productivity and the creation of productive jobs for decent incomes and a competitive economy; and (d) enhance sustainable, resilient and inclusive environmental management. UNFPA will contribute to the UNSDCF strategic priorities 1, 2 and 4.

13. UNFPA will bring its experience and leadership in SRHR and empowerment of young people and women to enable the population to exercise their rights to health and protection against all forms of violence, abuse and exploitation, to accelerate the demographic transition and harness the demographic dividend, thereby contributing to the national development priorities. UNFPA will strengthen its engagement in joint programming with United Nations agencies, contributing to greater policy and programme coherence.

II. Programme priorities and partnerships

14. The eighth country programme is aligned to the priorities of the Plan Emergence Madagascar and prioritizes the achievement of SDGs 1, 2, 3, 4, 5, 10, 16 and 17 during the Decade of Action. It aims to contribute to universal access to SRHR services for women, adolescents and young people, with an emphasis on the most vulnerable, particularly in humanitarian settings. It will contribute to the achievement of the three transformative results of UNFPA to end preventable maternal deaths, end unmet need for family planning, and end

GBV and harmful practices, which the Government of Madagascar committed to supporting at the Nairobi Summit. Given the importance of family planning to long-term fertility decline, reducing adolescent pregnancy and maternal mortality and harnessing the demographic dividend, the programme seeks to increase the number of new users of modern contraceptive methods from 709,000 in 2019 to 1,200,000 in 2023.

15. The programme will prioritize (a) availability and accessibility to and demand creation for a sustainable supply of high-quality and affordable integrated SRHR services, including family planning, GBV and COVID-19 prevention services; (b) empowering adolescents and young people to exercise their SRHR, bodily autonomy, reject harmful practices and lead in development, peace-building and humanitarian interventions; (c) strengthening communities and national institutions to prevent and respond to GBV, child marriage and other harmful practices; (d) strengthening national capacities for the generation and use of disaggregated data, monitoring and reporting on the SDGs and (e) advocating to accelerate progress towards universal health coverage (UHC), by focusing on the readiness, functionality and surveillance capacity of the health care system.

16. In line with the principle of 'leaving no one behind', the programme will prioritize vulnerable women, adolescents and young people, particularly those in rural areas, in the intervention zones of the programme. It will have national coverage for family planning. For SRHR and GBV interventions, priority will be given to regions where indicators showed limited progress during the previous programme cycle, and where humanitarian challenges have been significant, particularly in Analamanga, Atsimo Andrefana, Melaky, Menabe Vatovavy Fitovinany and Androy. Joint programmes will be undertaken in the selected regions with other United Nations agencies. Digital innovations will be used to strengthen monitoring and facilitate access to SRHR services.

17. The humanitarian-development-peace nexus approach will be mainstreamed throughout the programme, coherently with the operational principles of the UNSDCF, to respond to emergencies and humanitarian crises caused by drought, floods, cyclones, epidemics and conflicts. UNFPA will engage with the Government and partners to position the minimum initial service package into national disaster preparedness and response plans and frameworks. UNFPA will support capacity and resilience building to climate change for health and protection systems, as well as for women, youth and people living with disabilities.

18. The UNSDCF facilitates the development of joint programmes, in particular through its operational principles. UNFPA will promote the revitalization of the H6 partnership to support UHC and SRHR. Joint programmes with United Nations agencies will be developed, with UNICEF in particular on child marriage, on gender equality and women's empowerment with UNICEF, UNDP and the Office of the United Nations High Commissioner for Human Rights; on youth empowerment and CSE with UNESCO and UNICEF, and on strengthening the quality of care with the World Health Organization (WHO), UNICEF and other agencies.

19. The modes of engagement that the programme will apply are service delivery, advocacy and policy dialogue, capacity building, knowledge management, coordination and partnership, including partnerships with civil society organizations, the private sector and academia. South-South and triangular cooperation will be enhanced to leverage the experiences of other countries in ensuring availability and accessibility to a continued range of SRHR information and services.

A. Sexual and reproductive health

20. Output 1. Health institutions have improved capacities to provide and facilitate access to integrated high-quality services on sexual and reproductive health and reproductive rights, including contraceptive services, especially for women, adolescents and young people.

21. This output is aligned to the UNSDCF Strategic Priority 2 (ensure human capital development) and contributes directly to UNSDCF Outcome 2.1 (National institutions and local entities allow the population, especially the most vulnerable, to exercise their rights in

terms of health, nutrition, access to water and sanitation to capture the demographic dividend and the SDGs). UNFPA will support these outcomes by increasing universal access to SRHR services, including in humanitarian settings.

22. The main interventions are (a) advocacy for sustainable financing and financial protection to support UHC and the provision of integrated SRHR services; (b) securing reproductive health commodities to 'the last mile', including prepositioning commodities, and capacity building of health institutions for disaster preparedness and management; (c) capacity building to position the minimum initial service package into the national disaster preparedness and response plans; (d) high-quality advanced strategies for integrated reproductive health, family planning and GBV services in order to reach those left behind, including populations in rural and hard-to-reach areas; (e) installation of waiting houses for pregnant women and adolescent girls; (f) improving community-based high-quality family-planning services, including through distribution of reproductive health commodities; (g) demand creation for integrated SRHR services, including family planning, maternal health and GBV; (h) ensuring use of innovation and technology to strengthen the delivery of integrated high-quality SRHR and COVID-19 prevention services; (i) accreditation of all midwifery training institutions, according to the standards of the International Confederation of Midwives and the WHO; (j) strengthened capacity of health care providers to deliver integrated SRHR services; (k) enhancement of the capacity of the national health information system, including maternal and perinatal death surveillance and response, as well as the mechanism for monitoring the quality of care at all levels; (l) involvement of community leaders, including men and boys, to reduce socio-cultural barriers to accessing integrated SRHR services, including services for survivors of GBV, and to facilitate referral of obstetric emergencies; and (m) developing national capacities for identification and management of fistula cases.

B. Adolescents and youth

23. Output 1. Strengthened capacities of adolescents and young people to exercise their rights to sexual and reproductive health information and services, particularly through comprehensive sexuality education, leadership skills and resilience building.

24. This output is aligned to the UNSDCF Strategic Priority 1 (enhance good governance, the rule of law and security) and Strategic Priority 2 (ensure human capital development). It contributes to UNSDCF Outcomes 1.3 (civil society, media, youth and women participate in a quantitative, qualitative, effective and responsible manner in managing public affairs and achieving the SDGs at all levels) and to UNSDCF Outcome 2.1 (national institutions and local entities allow the population, especially the most vulnerable, to exercise their rights in terms of health, nutrition, access to water and sanitation to capture the demographic dividend and the SDGs). UNFPA will contribute to these results by improving access to information and the delivery of SRHR services for adolescents and young people, including CSE, and strengthening their leadership skills and participation in development, humanitarian and peacebuilding programmes.

25. The main interventions include (a) capacity building for adolescents and young people to engage in positive health-seeking behaviours, exercise bodily autonomy and exercise their rights, including life skills and resilience building, to engage in humanitarian and peace-building initiatives; (b) scaling up CSE programmes for young people, including the involvement of parents and teachers; (c) capacity building and support for stakeholders in the implementation of policies and programmes related to adolescent and youth reproductive health; (d) coordinating and monitoring multisectoral interventions to improve access to youth-friendly high-quality SRHR services and information for adolescents and young people; (e) mobilization of champions across sectors and communities to promote youth participation and leadership through intergenerational dialogues to prevent adolescent pregnancy, STIs, HIV/AIDS and COVID-19 and address GBV and harmful practices, including child marriage; (f) HIV/AIDS prevention among vulnerable groups and key populations, especially men having sex with men, sex workers and injecting drug users.

C. Gender equality and women empowerment

26. Output 1. National institutions and mechanisms have strengthened capacities to promote an enabling environment for gender equality, women's empowerment and access of women and girls to prevention and response services to gender-based violence.

27. This output is aligned to the UNSDCF Strategic Priority 1 (enhance good governance, the rule of law and security) and Strategic Priority 2 (ensure human capital development). It contributes directly to UNSDCF Outcome 1.1 (national institutions are effective, accountable, transparent and act within a constitutional and legal framework while complying with the rule of law and respecting human rights, gender equality, environmental sustainability to ensure a foundation of political legitimacy) and UNSDCF Outcome 2.2 (national institutions and local entities implement a more integrated and inclusive national social protection system, allowing the vulnerable and marginalized as well as victims of disasters, violence or abuse and exploitation to fully enjoy their rights). UNFPA will contribute to this result by strengthening women's leadership and participation in sustainable development, humanitarian actions and peacebuilding, as well as prevention and response to GBV and child marriage.

28. The main interventions include (a) providing technical assistance to support review, development and implementation of gender-related policies and legislation, including the National Gender Equality Policy, United Nations Security Council resolution 1325 (2000) on women and peace and security, and the Universal Periodic Review; (b) supporting women's empowerment and participation in development, humanitarian and peacebuilding initiatives; (c) strengthening the knowledge and capacity of women and girls on human rights, gender equality, and access to GBV services; (d) mainstreaming of gender and GBV in the ministries' sector plans and advocacy for sufficient budget allocations to GBV and COVID-19 prevention and response; (e) strengthening the multisectoral and integrated response to GBV; (f) strengthening community-based mechanisms for the prevention and management of GBV and child marriages, including through the involvement of religious and traditional leaders, parents, men and boys; (g) capacity building for institutions to provide psychosocial, socio-economic, and legal support to GBV and obstetric fistula survivors; (h) strengthening GBV data collection mechanisms at national and regional levels; (i) developing a sensitization campaign on child marriages; (j) advocacy for the implementation of child marriage legislation; and (k) supporting the elaboration of the national male involvement strategy for the prevention and response to GBV.

D. Population dynamics

29. Output 1. National statistical system strengthened to generate, analyse and utilize socio-demographic data for evidence-based planning, decision-making, monitoring and evaluation of programmes and policies.

30. This output is aligned to UNSDCF Strategic Priority 1 (enhance good governance, the rule of law and security) and contributes directly to UNSDCF Outcome 1.2 (central and decentralized administrations implement, in an inclusive manner and in line with their respective responsibilities, effective and efficient public policies based on the fundamental needs of the population and the priority needs of territories to achieve the SDGs). UNFPA will focus on the production and utilization of socio-demographic data to monitor the commitments of the Nairobi Summit on ICPD25 and the SDGs.

31. The main interventions are (a) advocacy for the review and implementation of the National Population Policy; (b) strengthening the national capacity for integrated planning and implementation of policies and programmes related to harnessing the demographic dividend ; (c) production and dissemination of high-quality disaggregated socio-demographic data, including civil vital registration statistics; (d) technical support for in-depth analyses and use of socio-demographic data; (e) setting up and updating an electronic database for the integrated national monitoring and evaluation system; (f) establishment of a national population data platform for monitoring of the SDGs and implementation of ICPD25

commitments; and (g) strengthening national capacities to coordinate, monitor and evaluation, and evidence-based programming.

III. Programme and risk management

32. The Ministry of Economy and Finance will oversee the implementation of the programme. National and subnational government partners, including sectoral ministries, will implement various components of the programme, in collaboration with non-governmental organizations, religious and cultural institutions, communities and youth-led organizations. Sector platforms have already been established for the implementation of the National Development Plan 2019-2023, and the United Nations agencies will continue to engage within these mechanisms, leveraging the coordination mechanisms established for the UNSDCF.

33. National execution will be the primary modality for programme implementation. Following the principles of the harmonized approach to cash transfers, UNFPA will select implementing partners based on their expertise and comparative advantage and will coordinate with the relevant United Nations agencies, where feasible, to reduce financial risks. UNFPA will conduct a capacity assessment of implementing partners and develop a monitoring and evaluation plan, including the requisite assurance activities, following the organization's policies and procedures. UNFPA will continue to engage in the United Nations reform process, including by participating in the design and implementation of the operational strategy.

34. UNFPA has developed a resource mobilization plan geared towards strengthening relationships with existing partners, identifying opportunities for innovative financing, expanding partnership with the private sector and new donors and enhancing the H6 partnership for health. The plan also builds on networks established in the previous programme and will seek to pursue joint resource mobilization efforts with other United Nations agencies through joint programmes.

35. A human resource alignment was undertaken during the latter part of the previous country programme to ensure that the eighth programme is adequately equipped to deliver, with staff in Antananarivo, Tulear, Ambovombe and Betroka. The programme will receive technical support from the East and Southern Africa Regional Office and relevant departments at UNFPA headquarters. Surge capacity will be deployed, as needed, and UNFPA will leverage expertise within the United Nations system, national partners, other development actors and regional technical institutions, including academia, to support the delivery of results.

36. UNFPA will conduct regular operational risk assessments, and programme criticality assessments in collaboration with United Nations agencies. Potential risks include humanitarian emergencies, climate change and epidemics, such as COVID-19, which could undermine the delivery of programme results and resource mobilization efforts. Frequent changes of government officials may also affect programme implementation.

37. To mitigate these risks, UNFPA will promote an integrated nexus approach that takes into account climate and environmental changes, including minimum preparedness action plans and business continuity initiatives, such as remote working. The programme will seek to diversify its resource base and identify innovative financing approaches to ensure the availability of resources to deliver results for beneficiaries. UNFPA will coordinate with other United Nations agencies to conduct regular environmental scans and assessments for managing risks and will prepare contingency plans to support business continuity. In collaboration with the Government, funds may be re-programmed to respond to emergencies and related national priorities.

38. This country programme document describes UNFPA contributions to the national priorities. It will be used as the main unit of accountability to the Executive Board for the alignment of results and the resources allocated to the programme. The responsibilities of managers at national, regional and headquarters levels concerning country programmes are defined in the UNFPA policies and procedures and the internal control framework.

IV. Monitoring and evaluation

39. UNFPA and implementing partners, under the coordination of the Ministry of Economy and Finance, will develop and implement the monitoring and evaluation system for the country programme. This system will align to the monitoring and evaluation frameworks of the National Development Plan and the UNSDCF while complying with UNFPA policies and procedures for results-based management and accountability principles.

40. A monitoring and evaluation plan will be developed to track progress towards results, including monthly monitoring meetings, quarterly coordination meetings, biannual and annual review meetings with implementing partners, as well as field monitoring visits. Annual workplans will be developed and revised with implementing partners. Budgets will be regularly reviewed to ensure that resources deliver results. Thematic evaluations will be carried out to improve the effectiveness of the programme and to facilitate the identification of priorities for the next cycle of cooperation. Considering the travel restrictions resulting from the COVID-19 pandemic, UNFPA will work with partners to implement remote monitoring and evaluation activities to track progress towards results. A costed evaluation plan has been developed for the programme.

41. UNFPA will participate and contribute to the United Nations 'delivering as one' through joint programmes, the programme management team, the results-based information, monitoring and evaluation management group, and the operations management team. UNFPA will support and strengthen the use of national data collection systems for programme monitoring and will adopt the use of UN INFO in the planning, monitoring and reporting process to enhance the tracking of the programme's contribution to the attainment of national targets and the SDGs.

RESULTS AND RESOURCES FRAMEWORK FOR MADAGASCAR (1 October 2021 – 31 December 2023)

NATIONAL PRIORITY: Ensuring quality health services for all (UHC) and strengthening family planning.				
UNSDCF OUTCOME INVOLVING UNFPA: National institutions and local entities enable the population, especially the most vulnerable, to exercise their rights concerning health, nutrition, and access to water and sanitation, to realize the demographic dividend and achieve the SDGs				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: • Proportion of births attended by skilled health personnel *Baseline: 46%; Target: 50%* Related UNFPA Strategic Plan Outcome indicator(s): • Unmet need for family planning *Baseline: 18.4%;Target: 16%* • Proportion of women of reproductive age (aged 15-49 years) who have their family planning need satisfied with modern contraceptive methods *Baseline: 69.4%; Target: 72.0%* • Percentage of service delivery points without stock-outs of modern contraceptives during the day of the survey *Baseline: 94%; Target: 98%*	Output 1: Health institutions have improved capacities to provide and facilitate access to integrated high-quality services on sexual and reproductive health and rights, including contraceptive services, especially for women, adolescents and young people	• Percentage of basic health centres providing basic emergency obstetric and neonatal care services *Baseline: 21%;* *Target: 25%, disaggregated by region* • Number of fistula patients receiving successful repair with UNFPA support *Baseline: 5,335;* *Target: 7,500, disaggregated by region* • Number of new users of modern contraceptive methods *Baseline: 709,000;* *Target: 800,000, disaggregated by age and method*	Ministry of Public Health; Ministry of Economy and Finance; Ministry of Education; Ministry of Youth and Sports; civil society organizations; the private sector, NGOs; and the media	$18.4 million ($4.1 million from regular resources and $14.3 million from other resources)
NATIONAL PRIORITY: Peace and security. Fight against corruption with zero tolerance and performance of the public administration. Empowerment and accountability of the decentralized territorial communities. Promote access of youth to sport and development.				
UNSDCF OUTCOME INVOLVING UNFPA: Civil society, media, youth and women participate in a quantitative, qualitative, effective and responsible manner in managing public affairs and achieving the SDGs at all levels. National institutions and local entities allow the population, especially the most vulnerable, to exercise their rights in terms of health, nutrition, access to water and sanitation to capture the demographic dividend and the SDGs.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and youth				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: • Adolescent fertility rate *Baseline: 151%; Target: 150%* UNFPA Strategic Plan indicator(s): • Proportion of young girls with accurate knowledge about HIV and AIDS *Baseline: 23%; Target: 30%*	Output 2: Strengthened capacities of adolescents and young people to exercise their rights to sexual and reproductive health information and services, particularly through comprehensive sexuality	• Number of young people who receive family planning methods, disaggregated by age, method and region *Baseline: 135,065; Target: 150,000* • Number of service delivery points, including youth centres, with the capacity to provide youth with comprehensive youth-friendly SRHR programmes *Baseline: 65; Target: 70* • Number of networks at national and district levels for youth participation in policy dialogue and programming in	Ministry of Education; Ministry of Youth and Sports; the private sector; civil society organizations; NGOs; and the media	$ 4.5 million ($1.2 million from regular resources and $3.3 million from other resources)

	education, leadership skills and resilience building.	development, peacebuilding and humanitarian contexts. *Baseline: 3; Target: 6*		
NATIONAL PRIORITY: Promote the empowerment of women and the protection of children's rights				
UNSDCF OUTCOME INVOLVING UNFPA: National institutions are effective, accountable, transparent and act within a constitutional and legal framework while complying with the rule of law and respecting human rights, gender equality, environmental sustainability to ensure a foundation of political legitimacy. National institutions and local entities implement a more integrated and inclusive national social protection system, allowing the vulnerable and marginalized as well as victims of disasters, violence or abuse and exploitation to fully enjoy their rights.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women's empowerment				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: • Proportion of women aged 20-24 years who were married before the age of 18 *Baseline: 41.2%;Target: 26%* • Proportion of women aged 15 and over who have suffered sexual or psychological and physical violence in the past 12 months by a partner *Baseline: 28%; Target: 26%*	Output 3. National institutions and mechanisms have strengthened capacities to promote an enabling environment for gender equality, women's empowerment and access of women and girls to prevention and response services to gender-based violence	• Number of GBV survivors who received essential care services, disaggregated by age and region *Baseline: 26,934; Target: 35,000* • GBV coordination mechanism established and functional *Baseline: No; Target: Yes* • Existence of national mechanism and strategies to engage men and boys to advance gender equality and SRHR *Baseline: No; Target: Yes* • Existence of a national policy on gender equality. *Baseline: No; Target: Yes*	Ministry of Population, Social Protection and Promotion of Women; Ministry of Public Health; Ministry of Youth and Sports; civil society organizations; the private sector; NGOs; and the media	$3.7 million ($1.0 million from regular resources and $2.7 million from other resources)
NATIONAL PRIORITY: Develop the capacities of the national statistical system				
UNSDCF OUTCOME INVOLVING UNFPA: Central and decentralized administrations implement, in an inclusive manner and in line with their respective responsibilities, effective and efficient public policies based on the fundamental needs of the population and the priority needs of territories to achieve the SDGs.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Population dynamics				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: • Proportion of SDG indicators linked to UNFPA mandate produced with full disaggregation *Baseline: 83%; Target: 100%* • Madagascar has a national development plan integrating population dynamics, SRHR, GBV *Baseline: No; Target: Yes* • Madagascar has up-to-date data on SRHR; and gender following the DHS and the census *Baseline: No; Target: Yes*	Output 1. National statistical system strengthened to generate, analyse and utilize socio-demographic data for evidence-based planning, decision-making, monitoring and evaluation of programmes and policies	• Availability of a national population data platform accessible by users for monitoring of the SDGs and implementation of ICPD25 commitments *Baseline: No; Target: Yes* • Existence of an updated national population policy *Baseline: No; Target: Yes*	Ministry of Economy and Finance; National Statistics Institute; universities and other research institutions	$ 2.3 million ($0.9 million from regular resources and $1.4 million from other resources)