

Joint SDG Fund
PORTOFLIO ON INTEGRATED POLICY AND LNOB

Joint Programme 2021 Annual Progress Report



Ifotaka women's group whose members benefitted from the integrated social protection Joint Programme: monetary allowance, agricultural insurance, health insurance and sensitization on the fight against GBV (©UNICEF Madagascar)

Country: Madagascar

Joint Programme title: *Development of an integrated social protection system for Madagascar, sensitive to the needs of people living with disabilities*

Short title: *Integrated and inclusive social protection system for Madagascar*

Start date: 4 November 2020

End date: 31 March 2022

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Budget (Joint SDG Fund contribution): **1 999 723USD**

Overall budget (with co-funding): **4 238 423USD**

Total estimated expenditure (in USD, for the whole JP by 31 Dec 2021): **1 568 412 USD**

Total estimated commitments (in USD, for the whole JP by 31 Dec 2021): **92 907.49 USD**

Short description of the Joint Programme:

The main objective of this Joint Programme (JP) is to support the Government of Madagascar in strengthening its social protection system and making it more sensitive to the needs of extremely poor households (78 percent of the population in Madagascar lives below the international extreme poverty line) with a special focus on gender and persons living with disabilities. This has been done by developing an integrated package of social protection interventions tailored to the needs of different categories of people. The integrated package includes a combination of social safety nets, social health protection and GBV protection schemes, agricultural insurance, and livelihood promotion activities. The ultimate objective of the programme is twofold: i) to promote social and economic inclusion of households living in extreme poverty in Madagascar, particularly persons with disabilities, by providing them with complementary social protection interventions aimed at supporting consumption, managing socio-economic risks and promoting human and productive investments and; and ii) to reinforce the national social protection institutional framework by supporting the Government in developing an efficient model that could be scaled up nationally. The programme is fully aligned with the National Social Protection Strategy that aims at tripling the number of beneficiaries of safety nets by 2023 with domestic funds and with donor support.

Executive summary

In 2020 and 2021, the Joint Programme (JP) was successful in creating a new dynamic in the country, with four UN agencies working together in establishing a more integrated social protection system going beyond the cash transfer component. The progress made by the JP over the past two years has been significant, as follows:

- The four components of the programme have been operationalized in the intervention areas (with different timetables and challenges). A package of cash transfer, agricultural insurance, health protection, GBV and livelihood services is currently implemented in the communes of interventions each targeting specific vulnerabilities and needs.
- A set of common tools were developed as part of the JP, including the set-up of a single window and unique registration tools for social protection. However, the operationalization of those common instruments and structures has been delayed and they are not yet fully utilized, hampering the integration among components.
- Various studies and analyses have been conducted, providing recommendations to the Government on how to strengthen its social protection system. Some of those recommendations have been gradually integrated in the design of national social protection programmes.
- The programme contributed to develop a more disability-sensitive social protection system and was key in mobilizing additional resources for inclusive social protection. An equal opportunity grant has been designed and it being launched in early 2022, as well as a specific identification tools to enroll children and adults living with disability in social protection programmes minimizing exclusion errors.

Overall, the JP faced important challenges during its implementation, particularly the COVID-19 pandemic and the severe drought in southern Madagascar. It has been, however, able to adapt its design to better respond to the social protection needs of the population.

Result 1: Strengthening the social protection system toward a more universal and integrated model

Estimated rate of completion as of 31 Dec 2021: 80%

Given the humanitarian crisis in the south of Madagascar, the universal child grant, which was supposed to be introduced during the implementation of the JP will finally be launched in April 2022. Humanitarian cash transfers have been implemented instead over the past 15 months. The other components are on track.

Result 2: Developing a disability sensitive social protection model

Estimated rate of completion as of 31 Dec 2021: 80%

The most important steps of this component have been completed (assessment of the system to make it more inclusive, tools to identify children and adults living with disability, advocacy work). However, the launch of the equal opportunity grant for people with disability has been relocated to another region not affected by the humanitarian crisis (Fitovinany in southeast Madagascar). It will be launched in the south only in April 2022

Result 3: Producing evidence to inform national policy making

Estimated rate of completion as of 31 Dec 2021: 70%

The formative evaluation is still ongoing, results of two rounds of data collection have been presented and discussed with stakeholders. The third round of data collection is ongoing and results will be ready by March 2022.

I. Overall progress and priority, cross-cutting issues

I.1 Context and the overall approach

Ensuring an adaptive and strategic JP

Three major challenges in the national context delayed certain aspects in the implementation of the work plan of the integrated social protection programme. To address those unexpected challenges, the design and implementation schedule was adapted accordingly:

- COVID-19: The pandemic and the associated restrictions in movement had a major impact on certain aspects of the JP, by delaying the international technical assistance necessary for the establishment of a common administrative system for the different components of the programme. For this reason, in 2020 the programme prioritized urgent, humanitarian, activities (cash transfers, COVID-19 sensitization support) to system strengthening, which was then postponed mostly to 2021.
- The integrated social protection programme was launched just before a major drought that escalated in a humanitarian crisis in the south, which had significant negative impacts on the implementation of the programme. The initial design of the cash transfer has been adapted to respond to the humanitarian situation with higher level of benefits and higher coverage, this required the mobilization of additional sources of funding to cover the increased cost of the programme. Also, based on increased cost and resources available, the cash component refocused only on two communes, rather than three.
- The National Social Security Fund, provided for in the National Strategy for Universal Health Coverage (2015) and which the project was supposed to support, had to stop its activities prematurely. The project had to redirect its support and activities accordingly. Thus, the health component supported the implementation of the Universal Health Coverage, and the structuring of the social protection architecture in health in Madagascar. The activities were refocused on building the capacity of the CACSU and national advocacy for the extension of health coverage. The component implemented social protection in health in the intervention zone, with contributory mechanisms. In Amboasary district, the health component is currently implementing two social protection mechanisms: (1) a non-contributory mechanism that targets the most vulnerable households identified in the single register, including GBV victims; and (2) a contributory mechanism, up to 20%, for the beneficiaries of the agricultural insurance.

Link with UNDAF/ UNSD Cooperation Framework

Overall, the integrated social protection program is aligned with the priority axes of the National Social Protection Strategy (NSPS) 2019-2023. And in turn, UNDAF Outcome 1, which aims to give vulnerable populations access to income and employment opportunities and to improve their resilience in a dynamic process of inclusive development, is aligned with the national priorities set out by this strategy. The new UNSD Cooperation Framework was signed in July 2021 and there is a specific output for Social Protection in the UNSDCF, as part of the UNSDCF pillar 2 on developing human capital. The JP aligns closely with the UNSDCF in this sense.

COVID-19 impact

The JP contributed to address the consequences of the economic slow down caused by COVID-19 by providing a set of risk management schemes to the population. In particular, the cash component has continued with no major disruption and this represented an important economic support for households which have been significantly affected by the economic impact of the pandemic.

The design of health component has been slightly adjusted in 2020 to respond to some of the most urgent needs of the fragile health system in the intervention areas, with:

- Donation of personal protective equipment against COVID-19 to all the health agents of the eight basic health centres of the three communes covered by the JP;
- All the training of health workers (humanisation of care, 5S or health centre improvement system) in all the health facilities in the Amboasary district have strictly followed the WHO standards for the fight against COVID-19 and were carried out in collaboration with WHO;
- More broadly, the JP contributed to reducing social and economic inequalities and fighting against inequalities in access to health.

I.2 Update on priority cross-cutting issues

UN Development System reform - UN coherence at the country level

This was the first JP on social protection implemented in Madagascar by various UN agencies. This contributed first to have a common sectoral understanding, strategy and vision, common external communication with partners and a common voice in front of the Government. This has contributed to change the pre-existing situation characterized by fragmented social protection system with non-communicating and non-complementary programmes. The partners UN agencies and Resident Coordination team were able to have bimonthly meetings all over the two years of implementation of the programme and various joint field missions, creating a UN team of social protection specialists each with specific skills and competencies. This joint approach was well appreciated by the Government and contributed to increase the involvement of senior management of the Ministry of Population and Health, particularly in the programme implementation and follow up.

Going beyond "business as usual" to produce catalytic results at scale

The JP contributed to create a new dynamic in social protection in the country, reducing fragmentation and working together on the development of a unified system. The single window, under the responsibility of the Ministry of Population, Social Protection and Promotion of Women, is an example of going beyond business as usual. The process is, however, quite complex and providing tangible and at scale results requires long time. We are still at early stage of the process, but some of the results have already been replicated in other locations with the support of other donors (for example the single window is replicated in southeast Madagascar with funding from the Fidel Foundation).

SDG acceleration

Overall, the two major humanitarian crises that affected the communes of interventions (COVID-19 and most importantly drought) have heavily affected the theory of change for SDG acceleration. The JP in fact, mostly contributed to cushion the impact of these crises and avoiding further deterioration of the socio-economic indicators rather than improving those indicators, notably:

- The humanitarian cash transfer programme supported basic household consumption and food security during the pandemic and the drought.

- SDG 1: Social protection system strengthening has been mostly focused on increasing shock responsiveness, but improvement have been made also on the development of common tools and more integrated systems.
- SDG 3: SDG Target 3.8: Support for the structuring of the social health protection architecture towards the Universal Health Coverage, including adoption of the SNFS (National Health Financing Strategy) and at the local level preparation of household enrolment for financial protection in health.
- SDG 10: The development of specific tools and programmes for the inclusion of children and adults living with disability has contributed to the advancement of this indicators.

Policy integration and systems change

The programme supported increased cross sectoral collaboration among various stakeholders at national and local level. At local level, a single window has been created to integrate various programmes under the responsibility of the Ministry in charge of social protection. During the programme implementation, there was an increased joint work between the Ministry of Population, Social Protection and Promotion of Women and the Ministry of Health in defining the structure of the health protection component, in conducting together various studies related to health protection. This represents a new dynamic in the country to integrate social and health protection. Through joint lobby and advocacy, the Ministry of Agriculture and other partners began to make agriculture insurance sustainable and accessible for smallholder farmers. Agriculture microinsurance products have been exempted from taxes starting 2022.

Contribution to improvement of the situation of vulnerable groups

The adaptation of the cash component to address the drought response contributed to food security of 9,064 households (24 500 children) in the south of the country during the most severe crisis the region had in the past 40 years. In addition, most vulnerable households were identified to receive complementary livelihood supports (small assets: livestock, agricultural inputs) to start caring for their future progressively aside from the support from the other components of the JP. For instance:

- 5,500 smallholders have been supported with agricultural insurance, of which 75% are women and girls;
- 200 most vulnerable households have been included in the non-contributory health protection scheme;
- 1,207 survivors of GBV and abuse have also benefited from the operationalization of Counselling and Legal Advice Centers (CECJs), of which 94% are women;
- 20 people with disabilities have received vocational training on the manufacturing of mobility materials and start-up kits for income-generating activities.

Approximately 75,000 people were reached through JP efforts in 2020-2021, including 60% of women and girls.

Mainstreaming gender equality and women empowerment

Most of the direct beneficiaries of the various components were girls or women varying from 50% to more than 95% depending on the activity. With the support of external additional funds from FCDO, a gender assessment of the social protection cash transfer component has been conducted, and this study identified a set of relevant recommendations to increase the gender sensitivity of the programme, some of which are currently been introduced gradually in the programme design. In order to meet primary hygiene needs, dignity kits were distributed to those left behind, including women and girls with disabilities.

Overall, 60% of overall disbursed funds were spent on Gender equality and Women empowerment by the end of 2021, with some component above 95%.

Human rights

The integrated social protection programme has considered the inclusion of all types of people without exception, including women, children, people with disabilities, the poorest and victims of droughts.

Several studies and activities were carried out to improve access to social protection services for these specific groups (programmatic review to increase the inclusiveness of the programme, gender aspect in the social protection program, disability-sensitive social protection system). All those studies contributed to develop recommendations to integrated human rights mechanisms in social protection, which are progressively being introduced in programme design.

Members of CSOs/persons with disabilities working in the field of disability inclusion have increased their knowledge on human rights and protection against GBV.

Partnerships

UNICEF, UNFPA, ILO and WFP worked together to develop a single social protection programme, resulting in a comprehensive package of interventions that complement each other and help households manage different types of risks and create synergy in the delivery of the social protection system. These UN agencies have collaboratively developed some tools for program implementation and management, including the single window.

Partnerships with the World Bank and PH4 (Social Health Protection Network) supported the harmonisation of social protection objectives in health in Madagascar. Working with GIZ, supported the implementation of the agriculture insurance component, that has been building on the experience of the other model of index insurance implemented in Madagascar.

Mobilizing additional funding and/or financing

The initial work on disability carried out on the JP was helpful in mobilizing additional funds (for example, 1.2 million USD from Norway) to implement more in depth analytical and operational work to adapt the social protection/cash transfer programme to the needs of people with disability. This will allow to finalize the identification, registration, and eligibility criteria to include disabled people in the social protection programme. The fund will also finance a specific disability grant to complement the cash transfer programme for people living with severe disabilities. The existing cash transfer programme implemented in areas of interventions affected by the drought has been expanded to address the increased need due to the humanitarian crisis thanks to additional funds from FDCO, and Koica. Additional funding was mobilized from GIZ to continue the agriculture component for one additional year and to integrate the protection aspect with support for climate resilient production, financial inclusion, and market access for the farmers.

Further work on resource mobilization is currently ongoing to ensure continuation of the programme in the coming years.

Strategic meetings

Type of event	Yes	No	Description/Comments
Annual JP development partners'/donors' event*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The launch event was organized in November 2020 in south Madagascar, it had national media coverage.
Other strategic events	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A joint donor mission is being prepared. A related concept note is being developed.

* This refers to any event that included representatives of the Joint SDG Fund's global development partners/donors (Denmark, European Union, Germany, Ireland, Luxembourg, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland.) Please note that this event can be held together with a launch event or other partners' event.

Innovation, learning and sharing

As part of the innovation a sharing plan, the JP is conducting a formative evaluation. The evaluation already conducted two rounds of data collection and produced two intermediary reports containing recommendations on how to improve the design and structure of the JP. Those recommendations have been widely disseminated and discussed in meetings with stakeholders and some of them have been integrated, when possible, in the ongoing implementation. In addition to the formative evaluation, the JP has produced various studies on the overall social protection system (gender, inclusiveness, disability, health protection). The results and recommendations are systematically discussed in national workshop with stakeholders.

II. Annual Results

Overall progress

- On track (expected annual results achieved)
 Satisfactory (majority of expected annual results achieved)
 Not-satisfactory (majority of expected annual results not yet achieved)
 Please, explain briefly:

Overall the progresses of the programme are satisfactory, most of the activities have been realized. However, the unexpected crises have modified the structure of some components, especially the cash transfers component. In addition, while some common tools have been developed (single window and unique registration tool) they are still not yet fully utilized an operational due to the delays in their preparation.

Contribution to Fund's global results

- ⇒ **Contribution to Joint SDG Fund Outcome 1 (as per annual targets set by the JP)**
 - Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale
- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope: Three additional thematic areas have been added to the initial design of the national social protection programme, initially based only on a cash transfer component.
- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scale: in terms of scale, the JP has so far been implemented only in initially targeted areas, with no geographic expansion at this stage. Continued efforts will be done in the coming months to advocate for an expansion, with Government own funds and/or other contributions, to scale up this integrated model in full or in some of its components.
- ⇒ **Contribution to Joint SDG Fund Output 3 (as per annual targets set by the JP)**
 - Integrated policy solutions for accelerating SDG progress implemented
- The programme tested various innovative solutions: 1) a package of complementary social protection interventions to manage various type of risks has been introduced; 2) a new unified single window has been set up to ensure better integration; 3) new tools for the identification of people of disability based on functional approach have been introduced. All this has been done under the leadership of the Ministry of Population and other sectoral ministry involved in the programme.

JP Outputs and Outcomes

- ⇒ **Achievement of expected JP outputs**

- Output 1.1: The implementation of the cash transfer is on track with 4,000 households benefiting from the program in 2020 and 9,064 households in 2021. However, since December 2020, the design of the project has been modified (increased amount and increased coverage) to address the humanitarian situation
- Output 1.2: Social health protection is operationalized in the intervention area: i) Survey on the perceptions and expectations of households dependent on the informal economy with regard to access to health (financial access and health care) in the District of Amboasary Sud, Anosy Region. Based on the results of the survey, interventions at the level of the quality of the services offered (training of health workers in the three CSBs and acquisition of medicines based on the needs expressed); ii) Preparation of the financial protection of vulnerable households as identified by the single social register and of the capitalization activity which will make it possible to draw lessons for the operationalization of social protection in health at the national level.
- Output 1.3: The agricultural insurance scheme has been operationalized in 2020 and has been successful since it has protected and provided payout to 3500 for the two failed harvest of 2021. By the end of 2021, additional 2,000 farmers enrolled for the second year of the programme.
- Output 1.4: The livelihood support has been launched by the end of the year with ongoing distribution of small livestock or agriculture inputs for short cycle crops such as vegetables. Those vulnerable beneficiaries selected by their pairs will receive continuous training for the first months to maintain those livelihoods.
- Output 1.5: 1,207 GBV survivors of violence and abuse have also benefits from the operationalization of Counselling and legal advice Centers (CECJ) of which 94 % are women. The broadcasting of TV programs and the reinforcement of GBV awareness have helped increase the population's and survivors' knowledge about the existence of services.
- Output 2.1: Referral system developed: a unified questionnaire has been developed and registration of the population living in selected areas has been conducted by the Ministry of Population. A single window has been created in Amboasary district. The referral system is however not yet operational because the window has been recently set up (recruitment of dedicated staff in December 2021).
- Output 2.2: Revision of legal and institutional framework: an equal opportunity benefit (EOB) has been prepared as well as specific identification tools to enroll them in the programme (the EOB however will be launched in another location, not affected by the humanitarian response).
- Output 2.3: Social health protection and benefits from an integrated framework within the social protection system in Madagascar: i) Capacity building of Universal Health Coverage (UHC) actors in Madagascar; ii) Ongoing studies on the cost of UHC and impact on poverty.
- Output 2.4: Evidence generated to support social protection programmes: i) two rounds of data collection surveys have been completed and ii) two technical evaluation reports available. Policy brief is not yet available.

⇒ **Achievement of expected JP outcomes**

Outcome 1: An integrated package of social protection interventions to protect from risks and promote human and capital investments, tailored to the needs of poorest people, including people living with disability, is operationalized in the Anosy region: the package of intervention is operational in the selected areas. However

their effective integration remains limited. Integration is supposed to be achieved when the common tools and systems developed will be fully operational, which is not yet the case. The process is ongoing, and results will likely be available in Q1 of 2022.

Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability: the programme contributed significantly on this outcome. Various studies have been undertaken with clear recommendations on how to strengthen the system. In addition, major reforms have been initiated, including the development of a single window and specific tools for better integration of people with disability.

⇒ **Monitoring and data collection:**

In terms of monitoring and data collection there are two different sources of data:

- Data and monitoring specific for certain project components (ex: Post Distribution Monitoring for cash transfer and agricultural assistance).
- Survey data generated by the formative evaluation covering indicators for the various components. At this stage two round of data collection have been produced.

Monitoring could be improved, despite the joint survey, each component has his own database of beneficiaries, sometimes created in parallel to the registry made by the Ministry of Population at the beginning of the programme and this complicates the monitoring of the programme.

Lessons learned and sustainability of results

There are two important lessons learned from this ongoing joint work:

- This type of integrated and relatively complex model requires a long-term vision and implementation timeline to achieve some results. The programme design was over a period of two years, which are insufficient to introduce ambitious reforms in a very fragile setting. This type of programme should therefore be designed over longer periods, considering all the risks and changes that might occur during the life of the programme.
- It is preferred to introduce significant social protection reforms in areas characterized by a certain stability. JP was launched just before a major humanitarian crisis in the south, and this had significant negatives impacts on the programme implementation. The south is characterized by recurrent drought and humanitarian crisis. Therefore, for the next programme it is better to diversify the areas of intervention and select locations less exposed to predictable type of risks.

In terms of sustainability of results, some of the innovations introduced to create a unified system (single questionnaire, single window) are likely to be scaled up in other locations and contribute to strengthening the system over the long terms. This will however continue efforts from the UN and partners, as the national system is relatively low, and this compromise their capacity to absorb and implement reforms.

III. Plan for the final phase of implementation

Towards the end of JP implementation

Some components of the JP have already secured funds to continue its implementation in 2022. Most of the operational work will therefore continue in the coming months to ensure sustainability of the activities initiated by the JP:

- The cash transfer component will continue providing humanitarian cash until March 2022, additional funds have already been secured for that. From April 2022 the humanitarian response will end, and the programme will shift toward the implementation of the universal child grant and the equal opportunity grant for disabled people in one commune (Ifotaka). This will be funded by Norway.
- Additional funding have also been secured to continue the agriculture insurance component especially to provide climate adaptation trainings to the insured farmers and to build their financial capacities with market access and savings building support. Thanks to the implemented system, participants will be covered by the insurance for the two seasons of 2021-2022. In this second year of the programme, farmers from the first year are contributing to 20% of the insurance premium, paving the way to the sustainability of the system.
- For the health component, at the national level, the programme will continue to support the Ministry of Health in advocating for the implementation of Universal Health Coverage, through the finalization of the costing study and impact of the Universal Health Coverage on poverty reduction. A final participatory workshop will be organized to present the projections; the capitalization of the affiliation activity; and inform an advocacy paper. The current beneficiaries will be grouped into community structures, affiliated to local structures trained by local NGOs. These activities will be handed over to district and regional level organisations to ensure sustainability. Health insurance for all beneficiaries runs throughout 2022.
- The GBV component will continue to provide GBV prevention and response services through the CECJs. The attachment of the CECJs to the Ministry of Population will ensure the sustainability of the services offered.
- In terms of system strengthening, the identification system to enroll people with disability in the social protection programme, tested in 2021, will be finalized and operationalized in Ifotaka in 2022.
- The single window, which has been set up in Q4 2021, will be operationalized and begun its role as a one stop and referral structure in Q1 and Q2, under the leadership of the Ministry of Population.
- Selected recommendations of the various analytical studies conducted during the JP will be progressively introduced in the design of the programme, this will be done gradually in 2022 and 2023 based on priorities defined with the Government. They will also inform the development of the new National Social Protection strategy (beyond 2023).

Risks and mitigation measures

No major, additional, risks have been identified for the implementation of the remaining activities until March 2022. The most important risks are associated with the long terms sustainability of the programme, that will require additional two-three years of implementation to consolidate the nascent results. Resource mobilizations efforts are ongoing, including the preparation of a joint concept note, but the prospective are still uncertain. Other risks include the possibility that the humanitarian crisis will continue after April 2022, requiring additional emergency support and undermining the efforts to build a social protection system. The JP programme will again adapt its design on the evolution of the situation, for now it seems quite unlikely that the Government will want to pursue humanitarian cash assistance in the south. It is, therefore, expected that social protection will go back to its initial design and eventually food assistance will complement the humanitarian needs (if necessary).

Annex 1: Consolidated Annual Results

1. JP contribution to global Fund’s programmatic results

Global Impact: Progress towards SDGs

Select up to 3 SDG *indicators* that your Joint Programme primarily contributed to (in relation to SDG targets listed in your JP ProDoc)

SDG 1-1.3: “Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable”

SDG 5-5.2: “Eliminate all forms of violence against all women and girls in the public and in private spheres, including trafficking and sexual and other types of exploitation”:

SDG 10-10.2: “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status”

Global Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

Outcome indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope ¹	1	4	<p>These are specific themes planned to strengthen the existing national social protection system. The overrun is due to the effort made by the different agencies and all stakeholders in 2021.</p> <p>The National Health Financing Strategy was validated in December 2021, with WHO.</p> <p>The law on the protection of health care users should be voted by the National Assembly around June 2022.</p>	4
<p><i>List the policies:</i></p> <ul style="list-style-type: none"> • the GBV component, • disability component • Agricultural Insurance and Livelihood Support Component • Health Insurance Component 				

¹Scope=substantive expansion: additional thematic areas/components added, or mechanisms/systems replicated.

<ul style="list-style-type: none"> National Health Financing Strategy; Health Service Users Protection Act; 				
1.2: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scale ²	1	1		
<i>List the policies:</i> <ul style="list-style-type: none"> Cash transfert component: Adoption of local solutions at the regional level: in view of the deteriorating situation in the south, another somewhat stable region was chosen for the implementation of the universal child allowance program Advocacy document for access to health services for all segments of the population. 				

Global Output 3: Integrated policy solutions for accelerating SDG progress implemented

Output indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
3.1 Number of innovative solutions that were tested (disaggregated by % successful-unsuccessful)	1	4	Introduction of the new agricultural insurance scheme in Madagascar; implementation of common administrative tools for the different social protection programs, implementation of the one-stop shop, introduction of the social health protection mechanism. These innovative approaches are already planned to strengthen the existing national social protection system. The overrun is due to the effort made by the various agencies and all stakeholders in 2021.	4
3.2: Number of integrated policy solutions that have been implemented with the national partners in lead	1	2	Introduction of common administrative tools for the different social protection programs and the implementation of the single window implemented by the Ministry in charge of social protection is already foreseen in the planning. The overrun is due to the effort made by the ministry and all stakeholders in 2021.	2

Did your Joint Programme contribute to strengthening of national capacities to implement integrated, cross-sectoral SDG accelerators in 2020-2021?

- Yes
 No

Explain briefly: Yes, by providing technical assistance to the Ministry of Population to develop common tools, implement the one-stop shop system, pilot them, and increase coordination across sectors and programs.

²Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

2. Results as per JP Programmatic Results Framework

Result / Indicators	Baseline	Expected 2021 target	2021 Results	Reasons for variance from planned target (if any)	Expected final target
Outcome 1: An integrated package of social protection interventions to protect from risks and promote human and capital investments, tailored to the needs of poorest people, including people with disabilities is operationalized in the Anosy region					
Outcome 1 – Indicator 1: % of households' beneficiary of SSN receiving a complementary package of interventions (minimum 3 including SSN)	0%	35%	13%	All components are operational. However, since the common registration system has been developed but it has not been used by the various programme component, it is not possible at this stage to have data on joint participation in the various activities. The data reported is only an estimate based on field knowledge.	No change – 13%
Outcome 1 – Indicator 2: % of people with disabilities among beneficiaries of the integrated package of social protection interventions ³	1,4% (% of women: NA)	7% (%of women: 50%)	NA%	The identification system has been developed but it is not yet operational in the JP locations. So far, the only estimates available are the one from the FID MIS which account for less than 2% of people with disability. However,	Same

³ Indicators proposed in the results framework measure the inclusion of HH (including people with disabilities) in the integrated package of interventions. In addition, follow up and final evaluation surveys will measure the progresses of the expected outcomes at HH level: increased consumption, school enrollment, access to health facilities, and agricultural production. However, setting targets for the short to medium term for those indicators is difficult as i) the integrated package will be delivered to HH from 2020 (given the preparation phase), ii) changes in those indicators are likely to be measurable over the longer term. For those reasons the proposal does not include those indicators in the results framework, but they will be measured via the M&E system to identify if a positive trend occurs.

				this figure is underestimated because the current registration system lacks appropriate questions to identify people with disability.	
Output 1.1 - Conditional cash transfer provided to poorest households					
Output 1.1 - Indicator 1: Beneficiaries of safety nets receive predictable cash transfers every two months (number of HH).	4,000 (% women direct recipients: 90%, % people with disabilities: 1,4%)	4,000 (% women direct recipients: 90%, % people with disabilities: 7%)	9,064 (% women direct recipients: 90%, % people with disabilities: NA%)	The increase in the achievement indicator is explained by the total coverage of the commune of Ifotaka by the cash transfer programme.	
Output 1.1 - Indicator 2: Primary school children in beneficiary HH attend at least 80% of classes (compliance with conditionalities)	80% (divided by sex and disability status- 50% for children with disability)	80% (divided by sex and disability status - 50% for children with disability)	NA - follow up on conditionality was always suspended due to the ongoing humanitarian crisis	No variance	No change - We expect than more than 80% of children will attend school and monitor this indicator, however we will drop the strict conditionality from the programme.
Output 1.2 - Social health protection is operationalized in the intervention area					
Output 1.2 - Indicator 1: Resources for financing the health coverage of the SSN beneficiary	0	1 source of funds identified	0	The health component supported CACSU/MSANP in the development of the National Health Financing Strategy, the	February 2021

populations (who are not able to contribute) identified with the support of the project		and allocated 1 additional source identified		document was validated in December 2021.	
Output 1.2 – Indicator 2: Affiliation mechanisms and institutional coordination between the concerned bodies identified with the support of the project and mechanism ongoing	0	1 mechanism implemented	2 mechanisms implemented	A non-contributory mechanism, with digitisation of targets and basic health centres. A contributory mechanism with the MFI SMMEC and a local NGO.	February 2021
Output 1.2 – Indicator 3: % of safety nets beneficiaries enrolled in health protection scheme	0	20%	NA estimates) (13%	The health component did not use the registry developed by the Ministry of population and used for enrolment in the safety nets. They used a separate database developed by the WFP. Matching the two datasets to understand how many beneficiaries of SSN are enrolled in health protection is not feasible due to a lack of a common ID. The reported statistics is just an estimate based on field knowledge.	NA
Output 1.3 – Smallholders are affiliated to an agricultural insurance scheme					
NA – The information will be provided in the final report					
Output 1.4 – Households benefit from livelihood support activities					
NA – The information will be provided in the final report					

Output 1.5 – C4D and GBV protection activities implemented					
Output 1.5 – Indicator 1: New modules developed and implemented		2 (disability, GBV) developed	A training module on the rights of persons with disabilities is developed with OHCHR. The training module on protection against GBV available.		
Output 1.5 – Indicator 2: % of GBV survivors who have accessed the essential services package in the intervention areas	10% of expected 320 GBV survivors	100% of expected GBV survivors	1,207 GBV survivors of violence and abuse have also benefited from the operationalization of Counselling and legal advice Centers (CECJ) of which 94 % are women.	The broadcasting of TV programs and the reinforcement of GBV awareness have helped increase the population's and survivors' knowledge about the existence of services.	
Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability					
Outcome 2 – Indicator: Number of new districts where the Government has scaled up the integrated approach with own resources	0	1	0	The year 2021 is marked by the dissemination of the report of the programmatic review of the national social protection strategy. Therefore, the time to scale up JP	No variance

				with government resources is still too early for the various reasons cited in the lesson learned.	
Output 2.1: Referral system developed					
Output 2.1 - Indicator 1: Harmonized questionnaire for the registration of beneficiaries in various social protection programmes developed	0	1	1	The questionnaire has been developed and the Ministry of Population used it to register the households. However, this questionnaire has been used only for the cash transfer component. Other components have developed parallel database. This is a major shortcoming of the programme implementation since it hampers its integration.	No variance
Output 2.1 - Indicator: Number of households registered in the registry and referred to a set of complementary interventions via the referral system	0	4,000	11,902 households have been registered in tow municipality Ifotaka and Tanandava 9,064 are beneficiaries of safety nets, however the referral to other programmes is not yet effective.	The single window has been put in place only in December 2021 and it is not yet operational for implementing the referral.	No change
Output 2.2: Revision of legal and institutional framework					
Output 2.1 - Indicator 1: NCD operationalized	0	1	0	To operationalize the commission, it is planned to update and validate the draft ministerial order issued by the Ministry of Population, Social Protection and Women's Promotion. The decree has not been issued due to	

				frequent changes among decision makers.		
Output 2.1 – Indicator 3: A package of social protection interventions tailored to the needs of people living with disability identified	0	1	1	So far, we have modelled 1 specific intervention for disabled people that will be operationalized in 2022	No variance	
Output 2.3 – Social Health protection and benefits from an integrated framework within the social protection system in Madagascar						
Output 2.3 – Indicator 1: Capacities of the institutions in charge of affiliating, collecting contributions and reimbursing service providers are strengthened	0% of the relevant actors have received training or information in the intervention zone (the mechanism is not operational yet).	5 key actors (at least 2 staff each, with gender diversity) have received training and improved their capacities		20 key actors have received at least one training on the humanisation of care and one training on the care of beneficiaries of the digital health social protection mechanism.	The change in the work plan of the health component has oriented the component towards improving the quality of health services, which is the second axis of universal health coverage, (in addition to households' financial access to health services).	At least two workers from all health facilities in the Amboasary district received training on the humanisation of care.
Output 2.3 – Indicator 2: Knowledge of key institutions improved.	The capacity and exposure of key actors to practical solutions for the extension	5 key actors (at least 2 staff each, with gender diversity) have	0		The change in the work plan of the health component has oriented the component towards advocacy at the national level for the operationalisation of the national strategy for universal health coverage and the implementation of social protection in health at the local level.	The health component supported and technically strengthened CACSU/MSANP at the national level, as well as other ministries, to make CSU

	n of SHP is limited.	received training and improved their capacities.			effective in Madagascar.
Output 2.4: M&E and evidence generation					
Output 2.4: Quantitative or qualitative surveys conducted	0	2	2	The result of the first formative evaluation and the first follow-up report (bi-annual report short survey) are available.	No variance
Output 2.4: Number of policy briefs elaborated based on evidence generated to inform policy decisions	0	2	3	The programmatic review to increase the inclusiveness of the national safety nets programme in Madagascar, UNICEF; the study on gender-sensitive social protection; and the study on the establishment of a disability-sensitive social protection system were published in 2021.	We expect to continue to advocate to the government on the revision of the national social protection policy in relation to these guidance notes/policy briefs.

Annex 2: Strategic documents

2.1. Contribution to social protection strategies, policies and legal frameworks

Strategic documents developed or adapted by JP

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage	Focus on improved comprehensiveness of social protection benefits	Focus on enhancing adequacy of social	Focus on improving governance, administration and/or	Focus on cross-sectoral integration with	If published, provide the hyperlink
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		(Yes/No)	(Yes/No)	protection benefits (Yes/No)	implementation of social protection system (Yes/No)	healthcare, childcare, education, employment, food security, etc. (Yes/No)	
Programmatic Review to increase the inclusiveness of the national safety nets programme in Madagascar, UNICEF	January 2021	Yes	Yes	Yes	Yes	Yes	https://www.unicef.org/madagascar/rapports/vers-une-protection-sociale-universelle-et-inclusive-pour-les-enfants-%C3%A0-madagascar
Gender-responsive social protection in Madagascar	March 2021	Yes	Yes	Yes	Yes	Yes	
Country-led Formative Evaluation of the Integrated Social Protection Programme in the south of Madagascar: Bi-Annual Report	November 2021	Yes	Yes	Yes	Yes	Yes	
Briefing note on Universal Health Coverage in Madagascar	June 2021	Yes	Yes	Yes	Yes	Yes	

Advocacy note for the implementation of Universal Health Coverage in Madagascar	March 2022	Yes	Yes	Yes	Yes	Yes	
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Strategic documents for which JP provided contribution (but did not produce or lead in producing)

Title of the document	Date when finalized (MM/YY)	Focus on extending protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink
National Health Financing Strategy	12/2021	Yes	Yes	Yes	Yes	Yes	
Draft bill on the financial protection of health service users	2022	Yes	Yes	Yes	Yes	No	

2.2. Focus on vulnerable populations

Strategic documents developed or adapted by JP

Title of the document	Date when finalized (MM/YY)	Focus on gender equality and women empowerment (Yes/No)	Focus on children (Yes/No)	Focus on youth (Yes/No)	Focus on older persons (Yes/No)	Focus on other group/s (List the group/s)	Focus on PwDs (Yes/No)	Included disaggregated data by disability - and whenever possible by age, gender and/or type of disability (Yes/No)
Informal sector workers' expectations and perceptions of health services	01/2022	No	No	No	No	Rural workers (informal sectors)		Yes

JP One pager document	08/2021	yes	YES	No	no	Disabled persons	YES	NO
4 bi-monthly newsletters released	06/2021 08/2021 11/2021 02/2022	YES	YES	NO	NO	Vulnerable people (livelihood affected by climate)	NO	NO

Annex 3: Updated JP Risk Management Matrix

Risks	Risk Level: (Likelihood x Impact)	Likelihood: Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	Impact: Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Org./ Person
Contextual risks (e.g., social, environmental, security and safety risks)					
Programmatic/Operational risks					
The staff who will operate the one-stop shop are being put in place while the switch from the Emergency Allowance program to the Universal Allowance has not yet taken place. The tasks of these officials are very much linked to the Universal Child Benefit program.	12	4	3	The measure taken will therefore be to focus on the existing response to ensure the monitoring of the social protection system already in place (monitoring of the registration of beneficiaries, monitoring of the complaints system, etc.) and to work on a mapping of the various development of various monitoring tools/books.services available for referral at the district level.	UNICEF/Social Protection specialist and social policy Officer Fort Dauphin
The introduction on changing the parameters for the cash transfer component is still postponed if the emergency situation in the south does not stabilize.	9	3	3	The revised parameters cannot be introduced during a humanitarian emergency, if the situation persists, the programme design needs to be readjusted and will continue financing the drought response cash intervention in the selected communes, rather than focusing on coverage of universal child benefits. The formative evaluation will have to take into	UNICEF/Social Protection specialist

				account this change in programme design.	
Institutional risks (e.g. political, regulatory risks)					
The institutions in charge of social health protection encounter difficulties to coordinate effectively and it creates confusion on the scope of coverage of each scheme.	9	2	3	The project supported CACSU in the implementation of UHC. In partnership with WHO and other partners such as the World Bank and the P4H network, in order to further advance UHC across the country.	ILO
The institutions in charge of social health protection does not manage to secure the necessary resources to effectively model the affiliation mechanism on a non-contributory basis for the beneficiaries of the SSN.	9	3	3	The budgetary allocation foreseen for the CSU, through the CNSS, in 2020 and 2021, has not been effective. The health component had to modify the 2021 annual work plan.	ILO
Fiduciary risks (financial risks, fraud & corruption risks)					
The unavailability of funding to continue the implementation of the program and the operationalization of the system already put in place is the main blockage at present.	20	4	5	A joint visit with donors and government officials is currently being prepared. This is an advocacy visit with the aim of mobilizing funds.	UNICEF/Chief of Social Policy

Annex 4: Results questionnaire

- Complete portfolio questionnaire online at: <https://forms.office.com/r/H4eZAKyx9H>