

# Joint Programme Document

## A. COVER PAGE

- 1. Fund Name:** Joint SDG Fund
- 2. MPTFO Project Reference Number:**
- 3. Joint programme title:** Development of an integrated social protection system for Madagascar, sensitive to the needs of people living with disabilities
- 4. Short title:** Integrated and inclusive social protection system
- 5. Country and region:** Madagascar, Anosy region
- 6. Resident Coordinator:** Issa Sanogo, Issa Sanogo, UN Resident Coordinator for Madagascar, [issa.sanogo@un.org](mailto:issa.sanogo@un.org)
- 7. UN Joint programme focal point:** Jean François Basse, UNICEF Country Representative for Madagascar, [jfbasse@unicef.org](mailto:jfbasse@unicef.org)
- 8. Government Joint Programme focal point:** Tsarahita Ghisbert RIVOMANANA, Directeur de la Protection Sociale, Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme, Madagascar, [ghisbert.dgpsmppsfp@gmail.com](mailto:ghisbert.dgpsmppsfp@gmail.com)

### 9. Short description:

The main objective of this joint proposal 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 (representing 52 percent of the population) with a special focus on persons living with disabilities. This will be done by developing an integrated package of social protection interventions tailored to the needs of different categories of people. The integrated package will include 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.

**10. Keywords:** Integrated social protection, Referral system, Inclusive system, People with disability, Gender based violence, Madagascar

### 11. Overview of budget:

<b>Joint SDG Fund contribution</b>		<b>USD 1,999,723.00</b>
Co-funding 1 ( <i>UNICEF</i> )		USD 998,000.00
Co-funding 2 ( <i>WFP</i> )		USD 840,700.00
Co-funding 3 ( <i>ILO</i> )		USD 70,000.00
Co-funding 4 ( <i>UNFPA</i> )		USD 330,000.00
<b>TOTAL</b>		<b>USD 4,238,423.00</b>

## 12. Timeframe:

Start date	End date	Duration (in months)
<b>1 November 2019</b>	<b>31 March 2022</b>	<b>29 months</b>

## 13. Gender Marker:

**2** – The program meets minimum standards.

## 14. Target groups: (including groups left behind or at risk of being left behind)

List of marginalized and vulnerable groups	Direct influence	Indirect influence
Women	X	
Children	X	
Girls	X	
Youth	X	
Persons with disabilities	X	
Older persons		X
Rural workers	X	
Victims of (slavery, torture, trafficking, sexual exploitation and abuse...)	X	

## 15. Human Rights Mechanisms related to the Joint Programme

- CRC, 2012: 9 – 18.b – 18.c – 24 – 48
- UPR, 2014: 109.15 – 109.20 – 109.21
- CEDAW, 2015: 31.b – 35.b – 44 – 45 – 54
- UN CRPD, 2014: 1
- Report of the UN Special Rapporteur on the rights of persons with disabilities submitted to the General Assembly in September 2015
- Report of the ILO Committee of Experts on the Application of Conventions and Recommendation (CEACR)

## 16. PUNO and Partners:

### 16.1 PUNO

- Convening agency:
  - **UNICEF:** Jean François Basse, UNICEF Country Representative for Madagascar, [jfbasse@unicef.org](mailto:jfbasse@unicef.org), +261 20 23 300 92/93
- Other PUNOs:
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  - **ILO:** Coffi Agossou, ILO Director a.i. for Madagascar, Comores, Maurice and Seychelles, [agossou@ilo.org](mailto:agossou@ilo.org), +2612330092/93
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### 16.2 Partners

- National authorities:

- **Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme:** Tsarahita Ghisbert RIVOMANANA [ghisbert.dgpsmppsfp@gmail.com](mailto:ghisbert.dgpsmppsfp@gmail.com), Directeur General de la Protection Sociale, Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme, Madagascar, [dgps.mppsfp.mg@gmail.com](mailto:dgps.mppsfp.mg@gmail.com), +261 32 41 372 48
- **FID (Fond d'Intervention pour le Developpement):** Andrianantenaina Jaona, Directeur General du FID [dirgen1@fid.mg](mailto:dirgen1@fid.mg), +261 32 03 624 06
- Civil society organizations:
  - **Plateforme des fédérations des personnes handicapées de Madagascar (PFPH-MAD):** Manana Martial, Président de la PFPH-MAD, [mnnmartial@gmail.com](mailto:mnnmartial@gmail.com), + 261 32 40 632 81/ +261 34 40 656 31
- Other partners:
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  - **Ministère du Travail de l'Emploi, de la Fonction Publique et des Lois Sociales / Directeur Général du Travail et des Lois Sociales (DGTLS)**, Jerson Razafimanantsoa, Tél. +261 34 06 299 59
  - **OHCHR:** Sabine Lauber, Conseillère principale aux Droits de l'Homme, [sabina.lauber@one.un.org](mailto:sabina.lauber@one.un.org)
  - GIZ-Projet Prada
  - TAS (Centre Technique Agroécologique du Sud)

## SIGNATURE PAGE

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<b>Participating UN Organization (lead/convening)</b> <i>Name of PUNO:</i> UNICEF <i>Name of Representative:</i> M. [Redacted] <i>Date</i> <i>Signature and seal</i> [Redacted Signature]		<i>Date</i> <i>Signature and seal</i> [Redacted Signature]
<b>Participating UN Organization</b> <i>Name of PUNO:</i> UNFPA <i>Name of Representative:</i> [Redacted] <i>Date</i> <i>Signature and seal</i> [Redacted Signature]		[Redacted Signature]
<b>Participating UN Organization</b> <i>Name of PUNO:</i> ILO <i>Name of Representative:</i> Cof [Redacted] <i>Date</i> 25/10/2021 <i>Signature and seal</i> [Redacted Signature]		[Redacted Signature]
<b>Participating UN Organization</b> <i>Name of PUNO:</i> WFP <i>Name of Representative:</i> Archine Mando <i>Date</i> PASQUA LINA <i>Signature and seal</i> [Redacted Signature]		[Redacted Signature]

RIVOMANANA Tsarahita Ghisbert

## B. STRATEGIC FRAMEWORK

### 1. Call for Concept Notes: 1/2019

### 2. Relevant Joint SDG Fund Outcomes

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

### 3. Overview of the Joint Programme Results

#### 3.1 Outcomes

From UNDAF:

- UNDAF 1: Vulnerable populations in the areas of intervention, access to income and employment opportunities, improve their resilience and contribute to an inclusive and equitable growth for sustainable development.
- UNDAF 3: Populations in the intervention areas, particularly vulnerable groups, access and use perennial and quality basic social services.
- Joint Programme 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 with disabilities is operationalized in the Anosy region for 4,000 households.
  - Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability.

#### 3.2 Joint Programme Outputs:

- Output 1.1: Conditional cash transfer provided to poorest households
- Output 1.2: Social health protection is operationalized in the intervention area
- Output 1.3: Smallholders are affiliated to an Agricultural Insurance scheme
- Output 1.4: Households benefit from Livelihood support activities
- Output 1.5: C4D and GBV protection activities implemented (Transversal)
- Output 2.1: Referral system developed
- Output 2.2: Revision of legal and institutional framework to make it more sensitive to the needs of people living with disabilities
- Output 2.3: Social health protection and benefits from an integrated framework within the social protection system in Madagascar
- Output 2.4: Evidence generated to support social protection programmes

### 4. SDG Targets directly addressed by the Joint Programme

The proposed programme will contribute to the achievement of various SDG, in particular SDG 1, 2, 3, 4, 5 and 10. The programme will contribute and will monitor the following targets:

- **SDG 1-1.2:** "By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions";

- **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 2-2.3:** "By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment";
- **SDG 3-3.8:** "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all";
- **SDG 4-4.1:** "By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes";
- **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".

#### **Expected SDG impact:**

The programme will strengthen poverty and inequality reduction as well as access to education (SDG 1, 4). By linking households with social and health protection schemes it will facilitate access to health services and reduce impoverishing health spending while improving health outcomes. It will increase productive capacity of households and provide them with an insurance in case of crop failure (SDG 2) thus reducing food insecurity. The programme will also strengthen capacity of duty bearers to provide information, education and services, and empower right holders on gender equity, and end of all forms of violence against vulnerable women and girls in households, public and in private spheres (SDG 5). In addition, the programme has a specific focus on the inclusion of people living with disabilities thus contributing to the SDG 10. The proposed integrated approach will create synergies between different programmes leading to mutually reinforcing results that will have stronger impact on the various SDG goals. The proposed programme will contribute to the achievement of various SDGs, in particular SDG 1, 2, 3, 4, 5 and 10.

#### **5. Relevant objective/s from the national SDG framework**

Madagascar conducted, in 2017-2018 period with the UN support, a domestication exercise of the SDGs targets which consists in identifying the priority SDG targets for the country. This exercise resulted in the identification of 64 priority SDG targets (with 85 indicators) for Madagascar.

The programme is relevant to the achievement of the National Social Protection Strategy (2019-2023) and its four pillars, namely:

- *Pillar 1: Extremely poor households will have the capacity to meet their basic needs and have improved their resilience;*
- *Pillar 2: There will be an increase in access to basic social services, especially for the extremely poor and vulnerable;*
- *Pillar 3: Extremely poor households will have increased their incomes and improved their living conditions in a sustainable way, through the strengthening of their livelihood;*
- *Pillar 4: The contributory scheme will be more sustainable, efficient and equitable and will have greater coverage (including openness to the informal sector).*

## 6. Brief overview of the Theory of Change of the Joint Programme

### 5.1 Summary:

The long term expected impact of the proposed Joint Programme (JP) is to contribute to poverty reduction of most vulnerable households living in extreme poverty, by reinforcing the quality and the coverage of social protection programmes in the country and making it more sensitive to people living with disabilities. To achieve this long-term objective the programme is expected to work at two levels:

- At the downstream level: The programme will improve the efficiency of social protection interventions by providing an integrated package of complementary and mutually reinforcing programmes tailored to the needs of poorest households, including people living with disabilities. This will be modelled in selected districts in Anosy region and will serve as a benchmark for future scale up at national level.
- At the upstream level: The programme will contribute to reinforce the institutional, legal and policy framework to increase the efficiency of social protection spending in the country and making it more inclusive of the needs of people living with disabilities.

**The combination of downstream and upstream work will contribute to design an integrated model of social protection interventions for Madagascar aligned with sectoral policies and priorities of the Government and to scale it up at national level over the long term.**

### 5.2 List of main ToC assumptions to be monitored:

The Theory of Change is based on three assumptions:

1. An integrated package of social protection interventions has greater impact on poverty than isolated programmes;
2. More comprehensive and structured offer of social protection, micro insurance, agricultural, economic, and rights inclusion services including gender equity and GBV prevention and response will improve the efficiency of social protection spending in the country thus enabling the Government to scale up the proposed system to reach excluded population;
3. A social protection system sensitive to the most vulnerable people and the needs of people living with disabilities will promote their effective social and economic inclusion and will reduce discrimination against them.

## 7. Trans-boundary and/or regional issues

The JP is a targeted project on an island and therefore with limited transboundary expected impacts.



## C. JOINT PROGRAMME DESCRIPTION

### 1. Baseline and Situation Analysis

#### 1.1 Problem statement

**Madagascar is an island state of South Africa located in the ocean.** It is the 5th largest island in the world with an area of 587 000 km<sup>2</sup> for a population of 27 million (2019). The country is exposed every year to various hydro-meteorological hazards, such as cyclones, floods, droughts, and recurrent locust invasions.

**Ranked 161 out of 189 (HDI 2018), Madagascar remains one of the poorest countries in the world where 75 per cent of the population lives on less than US \$ 1.90 a day.** According to the most recent poverty profile for Madagascar (ENSOM 2012)<sup>1</sup>, more than 70% of the population live below the national poverty line and 52% of them live in extreme poverty, meaning that their total consumption is insufficient to satisfy their minimum food requirements. 80,5 percent of the total population lives in rural areas, but urbanization is growing rapidly. By 2030, the urban population could represent 45.2 per cent of the total population.

**Agriculture is the main source of income for Malagasy people living in rural areas, but most of the agro-food infrastructure is old and can no longer withstand the increasingly intense climate threats.** The 2013 locust plague, followed by two cyclones (Chedza and Fundi) during the 2014 season, followed by the El Niño phenomenon in 2015, had a devastating impact on the populations of the Great South of Madagascar. FAO estimates that nearly one million people in the south were classified in Phase 3 of food insecurity in 2017 (80 per cent of the southern population according to the WFP).

**The place of women is very unequal from one region to another for reasons related to ethic and cultural traditions as well as structural factors like economic and legal institutions.** Women's economic empowerment is still limited. Access to land in Madagascar has historically been unfairly withheld from women. In certain regions women are completely denied the right to inherit land. For example, in the south of the country, women do not have the right to access household resources and assets and their inclusion or participation in community development projects is almost nil. The structure of employment of the country shows a high rate of informal economy (9 within 10 worker) predominated by women.

**To address the situation of poverty and vulnerability and ensure that each citizen has an equal chance in life, the Government of Madagascar is gradually developing its national social protection system aimed particularly at reaching the poorest and most vulnerable households.** Significant efforts are underway to strengthen the political, operational and administrative framework and to have an integrated national social protection system aimed at increasing households' resilience and promoting their progressive graduation out of poverty. The national system comprises a set of contributory and non-contributory programmes enabling the population to better manage and respond to different risks and to invest in their human and productive capital. This integrated social protection system could play a major role in contributing to long term poverty reduction, economic growth and in supporting the broader development agenda of the Government.

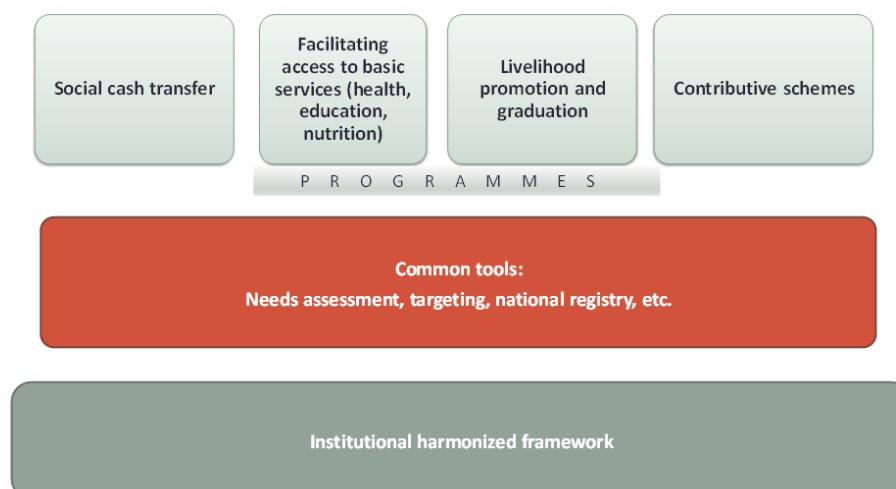
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<sup>1</sup>INSTAT (2013), Rapport de l'enquête nationale sur le suivi des OMD à Madagascar (ENSOMD), 2012-2013



**A National Social Protection Strategy (NSPS) for the period 2019-2023 has been adopted by the Government in February 2019.** The NSPS defines a set of priority programmes and a roadmap to develop this integrated national system. More specifically, the NSPS comprises of four pillars: i) a social transfer program (social safety nets/SSN) aimed at providing predictable and long-term consumption support to poorest households associated with accompanying measures to promote human capital investments; ii) programmes to support poorest households in accessing basic socio economic services (health, education, nutrition), and vulnerable groups to specialized services (GBV protection); iii) livelihood support programmes to progressively graduate poor households out of poverty and iv) contributory insurance schemes targeted initially to workers of the formal economy with an objective of expansion to the informal economy. The development of a common administrative and institutional framework to liaise the four pillars is an essential step to move from fragmented and isolated programmes toward an integrated and coherent system capable of referring households to the most appropriate package of interventions depending on their needs and socio-economic status.

**Image 1 – Integrated social protection model for Madagascar (NSPS, 2019-2023)**



*Source: National Social Protection Strategy (2019-2023) adopted by the Government*

While the NSPS strategy represents a first important institutional step to develop an integrated social policy system, **the current situation is still characterized by a highly fragmented social protection landscape with expenditures spread among small scale, isolated and low impact programmes.** Initial figures of a Public Expenditure Review (PER) conducted recently by the World Bank<sup>2</sup> estimates at 3.4 per cent of GDP the budget spent on social protection in Madagascar. This is a relatively high figure compared to other countries in the region, averaging 2 per cent in lower income countries in the region according to the PER. Those expenditures are mostly inefficient, due to fragmentation and short-term duration of programmes (often not embedded in national Government policies). A weak coordination mechanism and lack of common administrative tools reduce the efficiency of those expenditures and hamper the long-term impact of those programmes on households' wellbeing.

<sup>2</sup> Final document not available, figures presented during an official presentation made by the World Bank to the Government.

**In addition, the current structure of social protection spending in Madagascar is highly inegalitarian with allocations and benefits concentrated on a small fraction of the urban population working in the formal economy.** In fact, 40 per cent of the total social protection spending is allocated to the coverage of civil servants and their families, representing less than 1 per cent of the population. This figure, according to the PER, includes public subsidies allocated by the Government to pay contributions into the CSSFANE (the contributory scheme for civil servants), and fill its budget deficit, representing about 0,8% of national GDP.

**The national social protection system does not currently offer a comprehensive package of benefits covering contingencies (sickness, maternity, old age, etc.) along the life cycle and reaches a small portion of the total population.** Contributory schemes for civil servants on the one hand and for formal private sector workers on the other hand, are not comprehensive (in particular as regards medical care) and are very limited in terms of reach. Indeed, the biggest social security scheme for formal private sector workers covers less than 2 per cent of the total population, meaning most of the rest of the workers are in informal work. Agriculture is the most excluded sector of activity, representing less than 2 per cent of the employers registered at the CNAPS in 2016.

**The Government has a strong political commitment to re-focus the social protection system and spending toward the poorest households, in particular by expanding the coverage of the national SSN programme (pillar 1 of the NSPS).** The SSN programme is a cash transfer programme, conditional to education and it is aimed at supporting household consumption and promoting children education. It focuses particular to rural area where more than 65 percent of workers belong to the informal economy. The programme has a strong focus on promoting women empowerment, as transfers are provided to the mothers and are associated with sensitization sessions within the community to encourage women decision making on households' expenditures. The programme has been launched in 2016 to provide a minimum level of social protection to rural households. It has so far limited coverage (5 per cent of extreme poor households and a budget equivalent to 0,16% of GDP) but according to the NSPS, the Government aims at scaling up the programme by tripling the number of beneficiaries by 2023 and then gradually covering all extreme poor households. This national social protection programme will therefore become the most important instrument in the country to provide basic social protection to extreme poor and vulnerable households and potentially the entry point to link those households to other social and economic services.

**However, the integration between the SSN programme and other social protection and sectoral interventions remains so far limited and this undermines the long-term poverty reduction potential of the programme.** The programme has a strong focus on human capital investment for children and has a great transformative potential in terms of long-term poverty reduction and breaking the poverty cycle. But beneficiaries of the SSN programme remain extremely vulnerable to different types of shocks with limited coping capacity. Households benefit from increased income stability and reduced liquidity constraints, but without complementary interventions aimed at supporting productive activities and managing risks (pillar 2 to 4 of the NSPS), households remain extremely vulnerable. In particular, as there is no mechanism in place to cover their health expense, those household may use cash benefits to cover immediate health needs, thus diverting their initial purpose and undermining their poverty reduction impact.

**Beside the SSN programme, the Government of Madagascar made also a strong commitment to reaching universal health coverage (UHC) and developed a national strategy to extend social health protection to all.** The Government adopted a national strategy, which foresees the extension of coverage through both contributory and non-

contributory mechanisms. An operational implementation plan is currently being discussed by the different stakeholders and an envelope was included in both budget exercises 2019 and 2020. In this framework, the new social health insurance (SHI) scheme will need to devise a method to establish eligibility of non-contributory benefits for the most vulnerable. This process should be done considering the entire social protection system and existing mechanism to establish eligibility to social assistance programmes.

**Though the national strategy to extend health coverage to all provides for both contributory and non-contributory social health protection mechanisms, they are not yet operational and integrated within the social protection system.** Social health protection mechanisms are scattered (with different schemes and managing institutions for civil servants, private formal workers, private informal workers, and the ones who cannot contribute). In addition, the national strategy provides for a non-contributory scheme, but eligibility criteria and affiliation mechanisms are not operational or coordinated with existing social protection mechanisms such as the SSN. Similarly, a budget allocation is provided for next fiscal year, however the details of its allocation is not fully decided yet. Lastly, the strategy provides for a voluntary contributory scheme, which was implemented in one region already, but which faces low take up and adverse selection, threatening the overall financial sustainability of the institution, which is meant to manage both contributory and subsidized schemes.

**This JP proposes to support the Government in strengthening its national social protection framework by providing extremely poor households with an integrated package of social protection interventions tailored to the needs of the different categories of vulnerable people, including people living with disabilities.** The programme will link beneficiaries of the national safety net programme (pillar 1 of the NSPS) to other social protection programmes identified as priorities in the NSPS, in particular social health protection and GBV protection schemes (pillar 2), insurance mechanisms (pillar 4) and productive activities (pillar 3) to reduce their long-term vulnerability and increase their resilience. A C4D component will be associated with all social protection activities to maximize the impacts of the various programmes, ensure women empowerment, protection from GBV and inclusion of people living with disabilities. More details on the C4D approach are provided in section 4.1 below. The structure of the programme mirrors the NSPS and will provides support around the four pillars of the strategy. To promote better inclusion of people with disabilities, the JP will also support the operationalization of the National Commission for Disability (NCD), which will ensure effective integration of specific disability requirements into the national social protection programme. Currently, in fact, there is no mechanisms in place to analyse specific needs and bottlenecks of people with disability and tailor the package of social protection interventions to their needs.

**The programme is expected to have a twofold transformative impact on the national social protection system in Madagascar:** i) at the downstream level, by providing extreme poor households with an integrated package of social protection interventions, the programme will contribute to increase their resilience and reinforce the long-term poverty reduction impact of the SSN programme; ii) at the upstream level, the programme will reinforce the national institutional framework by a) creating a referral system embedded in the national social registry that the Government could replicate at large national scale, b) consolidating the establishment of a National Commission in charge of people with disability that will ensure that social protection interventions will be sensitive to their needs, and c) reinforcing the monitoring and evaluation system for social protection. The development of this integrated system will lead to increased efficiency of public spending in social protection and overall increased impact of social protection programmes on poorest households

**The programme will contribute to the overall objective of 'leaving no one behind' particularly by supporting the Government in establishing an efficient and inclusive social protection model to reach poorest households.** Poorest households are so far under-represented in social protection programmes coverage and spending. By supporting the Government in operationalizing a well-designed and integrated social protection model targeted to poorest households and sensitive to the needs of people with disability, the programme will contribute to rebalance the social protection system toward the needs of the poorest households, including those with specific needs, so far marginalized and underrepresented in the national system, as GBV survivors.

## 1.2 Target groups

The program will target specifically **poorest households** and particularly **people living with disability**.

According to ESMOD (2012), in Madagascar, the vast majority of the poor (86 per cent) live in rural areas, only 3 per cent live in the capital and the remaining 11 per cent live in secondary urban areas. **In terms of poverty rates, there are strong regional disparities.** In some areas of the South and South East, almost the entire population lives below the poverty line (97 per cent in Androy and 93 per cent in Atsimo Antsinanana). This rate goes below 50 per cent in the regions of Diana (42 per cent) and Analamanga (47 per cent). An analysis of the extreme poverty rate further accentuates these disparities, as 91 per cent of the population in the Androy region live below the extreme poverty line, compared with only 21 per cent in the Diana region. In addition, **poverty is strongly correlated with certain socio-economic characteristics.** The poverty rate is 86 per cent and 84 per cent for households headed by a small or medium farmer, while only 14 per cent to 18 per cent for a senior or mid-level executive. Those figures tend to suggest that a progressive expansion of the non-contributory social protection system should prioritize rural households working in the informal economy and regions with the highest rate of poverty, particularly in the South.

**Poverty is also strongly related to other types of deprivations.** School enrolment rates, for instance, are strongly linked to households' socioeconomic status, as only 54 per cent of children from the poorest households are enrolled in school, compared to 82 per cent from those who are better off. A similar pattern exists for accessing health services as only 39 per cent of children living in the lowest quintile have received the necessary vaccinations against 66 per cent in the wealthier quintile. Since households need to pay for health care and facilities may be remote or of low quality, they tend to forgo care.

**Recent data (MICS 2018) suggest that there is no girls' discrimination in access to education and health services.** Recent data indicate that boys are worst off compared to girls in terms of mortality rate and malnutrition. A similar pattern exists for education as young boys tend to be more involved in work related activities and therefore penalized in term of schooling (60 per cent completion of primary school for girls compared to 52 per cent for boys). This is mostly related to the poverty level of households and the need for additional economic revenues. The situation appears egalitarian in adult age as 62 per cent of men can read and write compared to 60 per cent of women. **Women are however discriminated in terms of decision making and access to economic resources,** with less than 30 per cent of working women decides how to spend the money earned. In addition, about 41% of women reported experiencing emotional, physical or sexual violence from the current or previous intimate partner (MICS 2018). The percentage of GBV varies regionally from 15 per cent in Atsimo Andrefana to 55 per cent in Analamanga region.

**Poor households are also exposed to a wide range of climatic, socio and economic risks.** Because of their limited capacity to cope with shocks, poorest households are the ones

who suffer the most from the negative impacts of a crisis. With precarious underlying health conditions, fewer assets, scarce land, and barriers in accessing basic social and economic services, poor people often suffer irreversible effects from a shock. The implementation of negative coping strategies to survive after a shock can create poverty traps and undermine the foundations of future economic growth.

**This picture suggests that poorest households suffer from multiple exclusions to social and economic services and rights with limited access to health, education, nutrition and productive activities and greater exposure to shocks.** This situation limits their full productive potential, undermining the poverty reduction and economic growth of the country as a whole.

**An integrated social protection approach that supports households to manage different types of risks and investing in their human and productive capital is necessary to address this situation,** characterized by multiple deprivations and extreme vulnerability to shocks. Because of the interconnection between different deprivations, single isolated interventions will fail to provide adequate support to households. Given the profile of the targeted group, an integrated package of interventions aimed at boosting their consumption, ensuring their protection against health expenses, promoting human capital and productive investments and managing different types of risks will be the most efficient approach to break the poverty cycle. The main beneficiaries of the safety nets are women, and this will translate in greater impact on human development investments for children.

**In addition, people living with disabilities, faces additional barriers in accessing social protection and socio-economic services.** There is strong evidence<sup>3</sup> demonstrating that persons with disabilities (7,5 per cent of the population in Madagascar, 1993 census) are over-represented among the poorest in the country, with higher rates of poverty and multiple deprivation. Persons with disabilities, including children, are more likely to be left behind, abandoned or neglected. Women with disabilities have higher rates of unemployment and are at higher risk of violence than women without disabilities and men with disabilities. In addition, though this information has not been collected for Madagascar yet, there is a growing body of global evidence illustrating that people living with disabilities have higher out-of-pocket health expenses and face important accessibility issues when it comes to health services.

**Social protection programmes are not tailored to the specific needs of people with disabilities.** While people living with disabilities are not explicitly excluded from the programmes, other informal barriers can prevent them from entering the programme. Current figures from the MIS (Management Information System) of the SSN program indicates that only 1,4 per cent of beneficiaries of the safety nets are living with disabilities. This picture suggests that people with disability (7,5 per cent of the population) are under-represented in the current SSN programme. This situation could be explained by several reasons. Informal entry barriers could be one of those reasons. For example, the national safety nets programme is conditional on children enrolment and attendance to school. Children living with disabilities face barriers in enrolling in schools (lack of inclusive schools, inadequate infrastructures and pedagogical material), and for this reason they are at risks of being also excluded from the social protection programmes because they cannot comply with the conditions. Their vulnerability therefore contributes to further exclude them from accessing various type of social services. Inappropriate data collection on disability could also explain the lower rate of beneficiaries with disability in the SSN programme as the registration process is not suited to properly identify different types and degrees of disabilities.

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<sup>3</sup> MPPSPF: Plan National d'Inclusion du Handicap Madagascar PNIH 2015-2019



**The identification of an appropriate package of social protection services and the strengthening of the legal and institutional framework will promote their effective social and economic inclusions.** In order to have a social protection system sensitive to the needs of people living with disability a twofold approach need to be adopted, by defining an operational package of interventions tailored to their needs but also by having a clear political, institutional and legal framework that recognize and address their needs.

### **1.3 SDG targets**

**The proposed programme will contribute to the achievement of various SDG, in particular SDG 1, 2, 3, 4, 5, and 10.** The programme will strengthen poverty and inequality reduction as well as access to education (SDG 1, 4). By linking households with social health protection scheme it will facilitate access to health services and reduce impoverishing health spending while improving health outcomes. It will increase productive capacity of households and provide them with an insurance in case of crop failure (SDG 2) thus reducing food insecurity. The programme has also a specific focus on the inclusion of people living with disabilities thus contributing to the SDG 1. In addition, by facilitating women in accessing economic resources (as they are the main beneficiaries of the SSN), by strengthening multi-sectoral capacity to prevent and address GBV, and via C4D activities aimed at promoting women empowerment, it will strengthen gender equality and empower women and girls to end all forms of discrimination and violence in vulnerable households, public and private spheres (SDG 5). The proposed integrated approach will create synergies between different programmes leading to mutually reinforcing results that will have stronger impact on the various SDG goals.

**More specifically, the programme is expected to have a significant impact on SDG1.** Extreme poor households are the main target group of this programme. By providing them with an integrated package of social protection interventions, households will be able to increase their consumption and invest in productive activities. The safety nets programme provides a transfer equivalent to about 20 per cent of poorest household total consumption. While this amount is not enough to cover for the poverty gap, recent research<sup>4</sup> has shown that cash transfer programmes providing a transfer equivalent to 20 per cent or more of household consumption realized significant impacts across a range of domains including health, schooling, nutrition, investment and productive activity. This will contribute over the long term to poverty reduction. In addition, the mid-line impact evaluation results of the cash transfer programme shown that the cash transfer programme significantly reduced food poverty ratio among beneficiaries by 5 points<sup>5</sup>. Poverty reduction is a long-term process requiring a progressive graduation of households. This will require more than 24 months. The programme will however measure intermediate outcomes leading to longer term poverty reduction impacts (proxied by increase in food and non-food consumption).

The programme will also contribute to realize the indicator 1.3 of SDG 1 as the main objective of the programme is to support the Government in building an integrated social protection system.

**The programme will also contribute to SDG 2,** and particularly the indicator 2.3. The programme will support livelihood activities and agricultural insurance. The current situation, particularly in the area of intervention, agricultural productivity is curbed by climate-related

<sup>4</sup> E.g., "Innocenti research Brief, 2015-01, B. Davis, S. Handa, *How Much do Programmes pay? Transfer size in selected national cash transfer programmes in Sub Saharan Africa*"

<sup>5</sup> FIAVOTA: Positive Impact on Beneficiary Households, Policy Brief, Ministry of Population, Social Protection and Women Empowerment, December 2018 -Note that those results rely on a baseline done during an humanitarian emergency situation and that poverty reduction at mid line could be overestimated

shocks, declining natural resources and the limited capacity of the country's governance systems and infrastructure to address climate-related impacts. Madagascar ranked 8<sup>th</sup> of 180 countries on the 2015 Climate Risk Index<sup>6</sup>.

**By assisting the Government in expanding its national health insurance scheme, the programme will contribute to achieve universal health coverage (SDG 3.8).** Put together, civil servants and their families (1 per cent of the population) benefiting from a coverage of their health expenses and formal private sector workers covered by a Inter Corporation Medical Service (Service Medical Inter Entreprises - SMIE) (less than 1 per cent of the population) represent less than 2 per cent of the total population, mostly concentrated in urban areas and for populations with comparably more steady revenues than the rest of the population. Some small pockets of the population are able to afford private health insurance or to enrol in a mutual health insurance fund (estimated at 1 per cent of the population in 2016<sup>7</sup>) on a voluntary, sometimes individual, basis. The latter contributes to explain the under-representation of children in health insurance coverage.<sup>8</sup> In total, according to the recent MICS survey<sup>9</sup> (2018) less than 4 per cent of the population in Madagascar is covered by public or private health insurance. This percentage is slightly higher for men (4 per cent) than for women (3,3 per cent) who are less represented in formal employment and often less able to contribute to a private scheme. The rest of the population of Madagascar relies on their own revenue to cover for their health expenses when they are in need of care. The programme will contribute to put forward a mechanism for the enrolment of SSN beneficiary households into a social health protection scheme on a non-contributory basis and for the enrolment of other vulnerable rural households on a contributory basis with a view to build robust scalable mechanisms supporting universal coverage of the entire population, regardless of contributory capacities.

**Social protection, and particularly the cash transfer component, has an important impact on education (SDG 4).** According to the MICS survey (2018) net enrolment rate in primary school is 76 per cent in Madagascar and 50 per cent in the Anosy region. The mid-line impact evaluation of the cash transfer programme show that cash transfer had an important positive impact on children enrollment in primary school. Between 2016 and 2018, the net enrolment rate of children in primary school increased sharply by more than 7 percentage points and absenteeism is becoming less and less frequent. Based on previous evidence, it is expected that the programme will contribute to increase at least by 7 per cent the enrolment in primary schools among poorest beneficiary households.

**The programme will contribute to achieve gender equality and empower women and girls to end all forms of discrimination against women and girls, including the elimination of violence and harmful practices (SDG 5).** The program proposes to sensitize and increase national awareness on good practices in community life, and strengthening basic social services for vulnerable groups. According to the MICS 2018, the percent of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months is 41% in Madagascar and 39% in Anosy region.

**The programme will also contribute to, empower and promote the social, economic and political inclusion of all, with a particular attention to people with disabilities**

<sup>6</sup> Germanwatch. 2017. Global Climate Risk Index.

<https://data.opendevelopmentmekong.net/dataset/92d989a2-5f16-4d31-a18c-d834643f5738/resource/0c490946-e4bf-445a-b72b-06c8596355ac/download/03-global-climate-risk-index-2017.pdf>.

<sup>7</sup> USAID, Analyse du système de financement de la santé à Madagascar, Février 2018.

<sup>8</sup> As per the latest MICS survey 1,7% of children aged between 5 and 17 are covered by public or private health insurance.

<sup>9</sup> [https://www.instat.mg/?page\\_id=1345](https://www.instat.mg/?page_id=1345)



**(SDG 10, indicator 10.2).** Only 1,4 per cent of people with disability are currently covered by the SSN program, while they represent about 7,5 per cent of the population. It is expected that by the end of the programme 1,500 people will be reached with an appropriate package of intervention (representing 7,5 per cent of total beneficiaries).

**Overall the integrated approach proposed in this programme will lead to mutually reinforcing results across various SDG.** Households will be protected against various forms of shocks leading to higher investments human capital (health, education, nutrition) as well as productive activities. This improvement in health, education, nutrition outcomes additionally associated with GBV prevention and response activities and the diversification of their sources of revenues will contribute to their progressive graduation out of poverty.

SDG target	Baseline (year of reference)	Expected progress by 2021
<b>By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions</b>	70% monetary poverty rate (ENSOM 2012 <sup>10</sup> ) 52% extreme monetary poverty rate - national (70,4% extreme poverty rate in Anosy) (ENSOM 2012)	Increased in food and non-food consumption (target 15% overall increase) – proxy for measuring the progresses toward poverty reduction
<b>SDG1 -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</b>	Isolated programmes in place, no integrated SP system	Common administrative tools available to move from isolated programmes to an integrated system
<b>SDG 2-2.3: “By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment”</b>	40% of household having economic capacity to meet their essential needs (Proxy Food Insecure, 2016- FAO, WFP)	60% of household in targeted communities having economic capacity to meet their essential needs (2021) (i.e 33% increase from the reference value)
<b>SDG 3- 3.8: “Achieve universal health coverage, including financial risk</b>	2 per cent of the population is covered by a public social health insurance scheme in 2016 (no baseline is available for Anosy).	In Anosy, social health protection coverage will be monitored and increasing,

<sup>10</sup> INSTAT (2013), Rapport de l’enquête nationale sur le suivi des OMD à Madagascar (ENSOMD), 2012-2013

<b>protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”</b>	<p>Social health protection mechanisms are scattered and coordination at regional level is limited.</p> <p>The national strategy provides for a non-contributory scheme, but eligibility criteria and affiliation mechanisms are not operational.</p> <p>There is a voluntary contributory scheme facing low take up and adverse selection.</p>	<p>including amongst SSN beneficiaries.</p> <p>A coordination mechanism on SHP will be in place in the region of intervention. Mechanisms for affiliation to both contributory and non-contributory schemes will be operationalized.</p>
<b>SDG 4-4.1: “By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes”</b>	<p>76 per cent primary school enrolment in Madagascar (MICS 2018)</p> <p>50 per cent primary school enrolment in Anosy (MICS 2018)</p>	<p>Increase in primary school enrolment among children aged 5 to 11 in beneficiary households (Anosy) –based on previous results the increase can be as high as 7 per cent per year (to be monitored)</p>
<b>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.</b>	<p>39 per cent of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months in Anosy (MICS 2018)</p>	<p>Decrease of percent of women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner – 37 per cent target for 2021</p>
<b>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”</b>	<p>1,4 per cent people with disability covered by SSN programmes (data on MIS FID if available)</p>	<p>7,5 per cent target for 2021</p>

Each SDG indicator will be disaggregated for men and women, boys and girls (beneficiaries and head of households) and for people living with disability in order to ensure the results are not gender biased and in order to evaluate the progresses toward the achievement of SDG targets for people with disabilities.

Progress toward the achievement of selected SDG indicators will be monitored via follow-up and end-line surveys that will be conducted in beneficiary communities. Indicators will be followed for beneficiary households in Anosy region and depending on data availability<sup>11</sup> compared to national trends.

<sup>11</sup> A National Households Consumption survey will be conducted in 2020-2021 and a DHS (Demographic and Health Survey) in 2020. An impact evaluation survey for the SSN will be conducted in Anosy region (Amboasary district) in 2020. The evaluation strategy will build among other on those existing datasets.

#### 1.4 Stakeholder mapping

**The proposed JP will involve a wide range of stakeholders,** from Government departments to national execution agencies, the private sector, local communities and national and international organizations.

**On the Government side,** various departments will be involved in the preparation and implementation of the programme, including: the Ministry of Population, Social Protection and the Promotion of Women, the Ministry of Health, the Ministry of Agriculture, the Ministry of Labour, and the Ministry of Economy and Finance.

- The Ministry of Population, Social Protection and the Promotion of Women is the Government body responsible for defining the national social protection priorities and for ensuring coordination between different stakeholders involved in social protection. Given its mandate, the Ministry of Population, Social Protection and the Promotion of Women, and more specifically its **Direction of Social Protection**, will be the main counterpart in charge of the overall coordination of the JP. Within this Ministry, the Direction of Woman Promotion will be in charge of gender equality and GBV prevention and response. The programme is fully aligned with the NSPS recently approved by the Government. The programme therefore will contribute to support the Ministry of Population, Social Protection and the Promotion of Women in achieving its mandate.
- The Ministry of Health is responsible for the implementation and progressive scale up of the national health coverage strategy. Existing social health protection is a priority programme of the Government as defined in their health action plan. In order to have an efficient health insurance in place, the strengthening of the programme and its integration in the broader social protection system is necessary and it is in the full interest of the Ministry of Health to contribute to the smooth implementation of the programme.
- The Ministry of Agriculture aims to improve food security, living conditions and producer incomes. It has developed strategies and programmes on food security and reducing risks for vulnerable people to reach 100% of basic food needs, and a 40% increase in income. This program contributes to the achievement of this objective and inscribed on the Vision of the Ministry.
- The Ministry of Labour has the oversight of a number of social protection institutions covering the formal sector and develops employment policies for the country, with a specific focus in recent years on employment in the informal economy and in rural settings. In particular, the Ministry-led consultative work on the extension of social protection to workers in the rural economy which was further integrated as an objective of the plan of action on the rural economy.
- The Ministry of Economy and Finance is responsible for the budget planning and revenue collection and allocation for the social protection policies implemented by each line ministry. The Ministry of Economy and Finance recently agreed on a budget support with the World Bank related to the introduction of social protection reforms, including the progressive scale up of the national safety nets programmes. This is an important signal of the Government commitment to scale up the social protection coverage in coming years.

**On the executing agencies,** the main actors involved will be the FID (Fond d'Intervention pour le Développement) and the CNSS (Caisse Nationale de Sécurité pour la Santé).

- The FID is the national agency in charge of implementing the safety nets programme. They will be entirely involved in the planning phase to ensure that the proposed operational strategy to deploy the programme is feasible given the situation at local level (logistic, local acceptance, etc.). The integrated approach proposed will reinforce the poverty reduction impacts of the safety nets programme.

- The CNSS and the Health Equity Fund FANOME are in charge of the social health protection schemes for the informal economy as laid out by the national strategy on health coverage. Both institutions have been collaborating closely and engaging with other actors involved in social health protection (i.e. SMIEs, mutual health funds) in the national platform for the formulation of the strategy and of its operational plan. The CNSS recently implemented its contributory scheme in one region and is evaluating the model, while the Health Equity Fund FANOME is also being evaluated with a view of identifying how it could directly subsidize contributions of the poorest to the national health scheme.
- The platform of the Federations of disabled people's (PFPH-MAD) currently includes 7 federations, themselves made up of 300 associations of disabled people committed to promoting the inclusion of the full participation of people with disabilities. The PFPH-MAD will be involved at all stages of the project to ensure the establishment and operationalization of the National Commission for Disability, and ensure inclusive social protection for people with disabilities whose needs and other priorities are not always integrated into the programming. and social protection programmes.

**At local level various actors will be involved:** Smallholders associations, platforms of informal workers, community members and beneficiaries.

- Platforms of informal workers and smallholders' associations will be key players at local level. They will mobilize local producers in order to promote their voluntary enrolment in the health protection schemes and in agricultural insurance. In addition, they will support the livelihood activities (linkages with markets, technical assistance, etc.)
- Community members and beneficiaries will be involved in various stage of programme implementation: targeting of beneficiaries (that will be done during the recertification process for the SSN) is a two-step process: i) consultative meetings with the community members are organized during the first phase of targeting (community targeting, ii) this phase is then followed by a PMT (Proxy Mean Test) verification of the beneficiary list proposed by the community. Community members are also involved in the various stages of C4D activities, as in each commune selected "leaders" will be trained to sensitize other members in selected topics relevant for the JP. me

**The private sector will also be a key actor for this JP.** Agricultural insurance will be implemented by private insurance companies. The programme will subsidize the prime for poorest smallholders, but the insurance product will be developed and managed by private companies. Climate agricultural insurance in Africa is a very important potential market for insurance companies, reaching stallholders producers remains however a challenge for those companies. The program will provide support in linking potential consumers to the insurance product developed.

**Various UN agencies will be involved in this JP.** Four UN agencies (UNICEF, WFP, ILO and UNFPA) will be directly involved in the activities financially supported the SDG Fund. Details of their respective responsibilities are described in the sections 3 and 4 below. Three additional agencies will contribute to the joint program (OHCHR, FAO and WHO). Those three agencies will not receive financial support from the SDG Fund, but they will contribute with own resources to the implementation of activities related to the proposed JP. In particular, OHCHR will provide support in reinforcing the legal and institutional framework in order to make it more sensitive to the needs of people with disabilities (in complement with the activities proposed by UNFPA), and in coordination with UNICEF with regards to children living with disabilities. The FAO will support the livelihood activities (production/pre-harvest support). This will complement the post-harvest activities financed by the WFP. WHO is already actively supporting the Government in the scale up of the national health insurance

scheme and it will work with the ILO on those aspects. While ILO work will be more focused on increasing the affiliation of informal worker to the insurance scheme (support the demand for health insurance), WHO work will be more focused on reinforcing the health system at local level (offer of good quality health services).

**Other development partners will be indirectly involved in the programme**, in particular the World Bank and GIZ. The World Bank provides important financial support to the Government of Madagascar in the implementation of the social protection programme. They support focuses particularly on the safety nets component and on the social registry. They will be directly involved in all stages of programme development and implementation to ensure that the proposed integrated approach will be scaled up in other locations in the future. GIZ is involved in livelihood support, value chain development and insurance products. They are a major financial partner of the WFP for the proposed activities.

The P4H network (Global Network for Health Financing) on social health protection for UHC is a network of actors supporting health financing worldwide. Co-chaired by ILO, WHO and the World Bank, the P4H network is operational in Madagascar and has a full-time coordinator as per September 2019. The agencies members of the network convene a platform for coordination which will guarantee that the present project is undertaken in collaboration and in coherence with other support activities in the health sector in Madagascar and will benefit from international experiences.

## 2. Programme Strategy

### 2.1. Overall strategy

**The main objective of this joint proposal is to support the Government of Madagascar in strengthening its social protection system and making it more sensitive to the needs of poorest households and people living with disabilities.** This will be done by developing an integrated package of social protection interventions tailored to the needs of different categories of people. 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 ii) to reinforce the national social protection institutional framework by supporting the Government in developing an efficient model that could be scaled up nationally.

**By addressing simultaneously various types of risks and vulnerabilities, the programme has an important and transformative poverty reduction potential for the most vulnerable households.** So far social protection programmes in Madagascar have been isolated and fragmented, separately addressing various type of risks and vulnerabilities with no geographic convergence nor a common administrative framework. For example, households covered by the safety nets programme benefit from increased income stability and reduced liquidity constraints, however without complementary interventions aimed at supporting productive activities and managing risks, they remain extremely vulnerable. This situation undermines the long-term poverty reduction potential of the safety net programme.

**By focusing on an integrated and coordinated approach, the programme will allow for social protection schemes that are at an early stage of development and implementation, such as the social health insurance scheme, to benefit from existing eligibility assessment, affiliation and referral mechanisms.** This is a particularly important point in a country where social protection coverage is extremely limited, the vast majority of the population is poor, and institutional capacity is limited. The present

programme will foster synergies and economies of scale that will be key to the financial viability of newly implemented schemes, such as the social health insurance scheme.

**The proposed programme will create synergies between existing social protection and livelihood interventions.** The programme proposes to link beneficiaries of the national safety net programme, to insurance mechanisms and productive activities to reduce their long-term vulnerability and increase their resilience. This approach will simultaneously support households to smooth their consumption, manage socio-economic and environmental risks, access basic services and invest in productive activities. This combined approach will lay the foundation for their progressive graduation out of poverty.

**The programme builds on existing national policies rather than creating new projects and this will ensure sustainability and future scale up.** The programme will strengthen and liaise existing national policies adopted recently by the Government. The package of interventions, including transversal activities, is comprised of programmes that have been identified as national priorities in the Government sectoral policies: safety nets (social protection strategy), health protection (health policy), agricultural insurance and livelihood promotion (agriculture), GBV protection (National strategy against gender-based violence). It will build on existing programmes, making them more sensitive to the needs of specific vulnerable people, including people living with disabilities, rather than creating new ones. This will ensure a total ownership of the Government and will facilitate geographic expansion over the long term.

**An integrated system, using common administrative tools will increase the efficiency of public spending in social protection.** Fragmentation and lack of coherence among various programmes renders public spending in social protection in Madagascar inefficient. About 3,4 per cent of GDP is currently spent in isolated social protection programmes with limited impact on poverty reduction. A well-established coordination mechanism, with common tools for targeting, enrolment, referral of beneficiaries to different programmes will contribute to increase the efficiency of public spending and this will translate in higher coverage of well-designed integrated programmes at national level.

**The UN can support the Government in creating the national coherence between policies implemented by different line ministries (Population and Social Protection, Health, Agriculture, Labour).** The UN is already working with all involved sectoral ministries. Each UN agency has a privileged relationship with sectoral Government departments and is well positioned to facilitate this multi sectoral dialogue. The joint work of the UN will enable the country to move from the current fragmented approach to an "integrated national system".

**The programme will support the outcome 1 of UNDAF in Madagascar,** whose main objective is defined as: "Vulnerable populations in the intervention areas have access to income and employment opportunities, improve their resilience and contribute to inclusive and equitable growth for sustainable development". More specifically this JP will contribute to theme 3 "Development of a Resilient system" by providing to the targeted population an integrated package of interventions.

**At the completion of the programme the Government will have an efficient model of integrated social protection interventions, sensitive to the needs of people living with disabilities, to be scaled up in other regions of the country.** To this end the programme will provide the Government with clear operational procedures on how to integrate different social protection programmes using a national referral system embedded in the social registry. It will also provide evidence on the increased impact on household well-



being of the proposed integrated social protection. All this will contribute to larger scale up of the program in the coming years.

## 2.2 Theory of Change (ToC)

**The long term expected impact of the proposed JP is to contribute to poverty reduction of most vulnerable households living in extreme poverty**, by reinforcing the quality and the coverage of social protection programmes in the country and making them more sensitive to the needs of people living with disabilities. To achieve this long-term objective the program is expected to work at two levels:

- At the downstream level: The programme will improve the efficiency of social protection interventions by creating synergies and providing an integrated package of complementary and mutually reinforcing programmes tailored to the needs of poorest households, including people living with disabilities. This will be modelled in selected districts and will serve as a transformative model for future scale up at national level.
- At the upstream level: The programme will contribute to reinforce the institutional, legal and policy framework to increase the efficiency of social protection spending in the country and make it more inclusive of the needs of people living with disabilities.

The combination of upstream and downstream work will contribute to design an integrated model of social protection interventions for Madagascar aligned with sectoral policies and priorities of the Government and to scale it up at national level over the long term.

In particular, as presented in the ToC graph, on the downstream level the programme will support the implementation of four social protection and livelihood interventions in a convergence district. **The four programmes are aimed at addressing simultaneously several types of socio-economic and environmental risks faced by the poorest households and providing an integrated response** to support them in increasing their resilience to shock and make productive and human investments. Those four programmes will be associated with multi-sectoral capacity building to prevent and address GBV with a focus on advocacy, data, health, psycho-social and legal support, coordination, and C4D activities aimed at promoting behavioural changes in beneficiary households thus reinforcing the impacts of each intervention. C4D activities will, among other, will contribute to support women empowerment and promote their decision making leading to increased investments in children well-being (both boys and girls). The four programmes will have short term positive effects on beneficiary households that will translate on improved social outcomes over the medium term thus contributing to poverty reduction over the long term. More specifically, the integrated package of four social protection interventions (cash transfer, health protection, agricultural insurance and livelihood activities) will have immediate impact on increased household consumption, enrolment rate of children, access to health facilities, reduced risks of loss of agricultural production and increased productive investments. Evidence suggests that boys are penalized in terms of schooling because they are often sent to work to contribute to the family financial needs. By providing additional income to households the program will contribute to rebalance the parity ratio in favour of boys (currently underrepresented). Over the medium term this will translate in better education, health, GBV, nutrition outcomes and increased and diversified revenues from farm and non- farm activities. Households will be more resilient to individual and environmental shocks, more inclined to invest in productive activities (given higher capacity, access to factors of production and reduced risks) and less dependent on external assistance. This will in turn translate over the long term on sustainable poverty reduction impacts on beneficiary households in selected locations. The integrated model implemented in selected locations will produce evidence to inform the Government on future scale up at national scale, and transform the provision of social protection services.

**To have sustainable and scalable results, the programme will work also at the institutional level to ensure that the Government will be able to replicate the integrated approach, sensitive to the needs of people with disabilities, in other**



**locations.** In particular, the programme will increase the capacity of the Ministry of Population, Social Protection and Promotion of Women to coordinate different social protection interventions by developing a national referral system and an integrated delivery mechanism to liaise extreme poor households with existing social protection and productive services. This system will be embedded in the national registry (comprised of a registry of programmes and a registry of households) and will relate households with existing programmes based on their specific needs and based on eligibility criteria of the various programmes. This unique administrative system will reduce costs by avoiding multiple and parallel administrative systems (targeting, registration, monitoring, etc) and will increase efficiency by maximizing synergies between programmes (and finally their impact). This will in turn will increase resources available to expand the program and cover for additional households. The programme will also work on ensuring the legal and policy framework takes into account the specific needs of people with disabilities. In particular, the establishment and operationalization of a National Commission for Disability will ensure that needs of persons with disabilities are analysed and taken into account in the design of social protection interventions. In a similar fashion, the existing platform of actors involved in the national strategy on health coverage will be mobilized to develop a vision for scale-up on the basis of the work of the project, as well as work closely with the Ministry of Population, Social Protection and Promotion of women and the national coordination instance for social protection in order to monitor coverage and to identify concrete pathways for financing and integrating benefits for the poorest and most vulnerable.

**The Theory of Change is based on four assumptions:**

1. **An integrated package of social protection interventions has greater impact on poverty than isolated programmes.** Households face simultaneously several types of risks (social, economic, environmental). In order to have sustainable impacts on poverty reduction, social protection programmes should protect households simultaneously from the various risks faced and at the same time promote investments aimed at increasing their future resilience. More specifically:
  - a. The national cash transfer programme contributes to stabilize consumption and increase school enrolment.
  - b. In the absence of complementary risk management measures households remains vulnerable to different type of shocks, reducing the impacts of cash transfer. Household will be integrated in the social health insurance scheme as well as will be granted access to voluntary agricultural insurances leading to better risk management and increased capacity to cope with shocks.
  - c. Linkages between social protection and economic and rights inclusion programmes will increase the impact of the national social protection programme activities on human and productive investments of poor and vulnerable households thus contributing effectively to the Government poverty reduction efforts.
2. **Empowering women and increasing their decision-making power will contribute to increased children well-being.**
  - a. The main beneficiary of the safety nets are women, by receiving transfers and sensitizations women will become progressively more responsible for the households' expenditures and this will translate in higher investments for children health, nutrition and education.
  - b. Sensitization activities via SBCC will target both men and women to ensure that trainings will translate into behavioural changes accepted by the society as a whole.
3. **More structured offer of social protection, micro insurance, GBV protection, and agricultural economic inclusion services will improve the efficiency of**

**social protection spending in the country thus enabling the Government to scale up the proposed system to reach excluded population:**

- a. Public spending in social protection is inefficient mostly due to fragmentation and lack of coherence between programmes.
  - b. A national referral system will be developed to establish an integrated delivery mechanism to liaise extreme poor households with existing social protection and productive services programmes. This system will support the Government in increasing the efficiency of social protection spending.
4. **A social protection system sensitive to the needs of people living with disabilities will promote their effective social and economic inclusion and will reduce discrimination against them:**
- a. People living with disabilities are currently under represented among beneficiaries of social protection programmes and this could be caused by informal entry barriers.
  - b. The design of an appropriate package of interventions tailored to their needs will ensure their proper inclusion in social protection programmes.

### 2.3 Expected results and impact

The long-term objective of the programme is to support the Government in designing an efficient and inclusive social protection system that will contribute to the overall poverty reduction efforts in Madagascar. The programme is structured around two pillars, each of them with expected outcomes and outputs, as follows:

1. **Pillar 1 (downstream): an integrated package of social protection interventions to protect households from risks and promote human and productive investments, tailored to the needs of poorest people, including people with disabilities is operationalized and modelled in selected locations.**

This first pillar is expected to produce tangible and transformative results on beneficiary households in selected locations (expected 4,000 beneficiaries of safety nets and at least 35 percent of them linked with a package of complementary interventions). It is structured around four main components and one transversal activity: cash transfer, social health protection, agricultural insurance, livelihood promotion and C4D activities and GBV protection (transversal). Each activity will translate in immediate outputs (2020-2021) and medium-term outcomes (2022). Those activities will jointly contribute to longer term outcomes and final impacts (2023 to 2030) detailed in the ToC graph. More specifically:

- **Output 1.1 - Cash transfer** (under the responsibility of UNICEF): by providing regular transfers to households under the conditionality of sending their children in school, the short-term output of cash transfer will be to stabilize consumption of poorest households and ensure their school age children attend school. The financial support provided will contribute over the medium term to: i) increase households consumption for both food and other essential expenditures (health, education, housing, etc.) and ii) increase enrolment rate and reduce drop out. Over the longer term this will translate in better nutrition and education outcomes, particularly for children.
- **Output 1.2 - Social health insurance** (under the responsibility of ILO): by facilitating the enrolment of poorest households in the non-contributory health insurance scheme and by mobilizing the platforms of informal workers to promote voluntary adhesion in the contributory scheme (for workers with contributory capacity) the programme will contribute to the operationalization of the national health insurance system in the targeted district and its integration in the broader

social protection programme (output level). The program will also implement specific C4D activities to overcome informal and cultural barriers that prevent household from accessing health. Households in beneficiary communities will be able to better manage their health risks and will increase their attendance in health facilities. Over the longer term this will contribute to better health outcomes. Detailed expected results and indicators are provided in the results framework and workplan in annexe.

- **Output 1.3 - Agricultural insurance** (under the responsibility of WFP): by providing sensitization, information and by subsidizing their insurance prime, the programme will enrol poorest stallholders (or groups of smallholders) in an agricultural insurance scheme (output level). The insurance will transfer the risks of agriculture loss and will stabilize the revenues of smallholders. With reduced risks of agricultural production loss, smallholders will be more inclined to invest in their agricultural production. Over the medium term this will translate in increased agricultural production.
- **Output 1.4 - Livelihood promotion** (under the responsibility of WFP): the livelihood promotion approach is based on a twofold strategy: i) support to agricultural production (training on improved farms techniques, equipment's, seeds distribution, etc.) supported by the FAO under own financial resources (no contribution from the JP) and, ii) post-harvest support (improved storage and transformation techniques and linkages to markets) supported by the WFP. As immediate output poorest smallholders will receive pre and post-harvest assistance. This will translate over the medium term in increased agricultural production and increased revenues from agriculture. The results framework in Annex reports only indicators related to the WFP activities, as the FAO activities will be entirely financed by own resources without SDG financial contribution.
- **Transversal Output 1.5 - C4D activities** (under the joint responsibility of the four participating UN agencies) **and GBV protection** (under the responsibility of UNFPA): the expected output of C4D activities is to sensitize local actors on behavioural changes related to the various aspects of the program. They will have, among other, a particular focus on ensuring that GBV issues are properly dealt at local level and that women victims of abuse will be properly assisted, through increased multi-sectoral capacity to prevent and address GBV. Those activities will contribute to maximize the impacts of the various programme components thus reinforcing the overall expected results.

Over the long term those activities will contribute to poverty reduction by improving well-being of households (better education, health and nutrition outcomes) and increased and diversified revenues. Households will be more resilient to future shocks and this will render the poverty reduction efforts sustainable over the long term.

## **2. Pillar 2 (upstream): Strengthen the institutional framework for social protection to ensure the integrated model is scaled up at national level**

This second pillar is expected to have an impact on the national policy framework and will contribute to have the integrated social protection approach scaled up at national level. The short-term outputs of this pillar will be reflected in improved administrative, legal and institutional system, that will translate in increased efficiency at mid-term and increased allocation of resources for social protection over the long term. More specifically:

- **Output 2.1 - Development of a referral system** (under the responsibility of UNICEF): the development of a referral system will contribute to the establishment of a common administrative tool for social protection (output level) and will improve

coordination among various social protection programmes. Over the medium term this will translate into reduced cost and increased efficiency of programmes (outcome level).

- **Output 2.2 - Revision of the legal and institutional framework to make it more sensitive to the people living with disabilities and other vulnerable groups, including women victims of GBV** (under the responsibility of UNFPA and UNICEF): the provision of technical assistance to strengthen the institutional framework will contribute to the establishment and operationalization of the national commission for disability and the identification of a package of interventions tailored to the needs of people living with disabilities (output level). This will ensure that the needs of people living with disability are properly taken into account in social protection programmes. In addition, the program will provide capacity building of duty bearers as magistrates and police officers, Listening and Legal Advice Centers to guarantee the rights and access to services of vulnerable households and GBV survivors including disabled women and youth, and strengthen GBV referral pathways, multisectoral GBV coordination platforms, and youth spaces for GBV prevention and response.
- **Output 2.3 – Institutional strengthening and coordination on social health protection integrated to the social protection system** (under the responsibility of the ILO) The existing platform of actors involved in the formulation and implementation of the national strategy on health coverage will benefit from a reinforcement of their capacities to fully partake within social protection system-wise coordination. Indeed, the health sector currently focusses a lot on service provision and the JP will support capacity building on financial protection against the cost of care and its full integration in the social protection agenda. The JP will support the strengthening of existing coordination mechanisms, will foster operational coordination around eligibility, affiliation and referral mechanisms, and will support joint advocacy to mobilize fiscal space for social health protection.
- **Output 2.4 - M&E and evidence generation** (under the responsibility of the four agencies): a strong monitoring and evaluation system will be established for the JP, this will provide evidence on the impact of the proposed integrated approach and will contribute to inform policy decision at national level and over the long term increase the resources allocation for social protection.

The activities aimed at reinforcing the institutional system will converge toward increased allocation of public resources for inclusive social protection programmes, contributing over the long term to scale up the proposed approach at national level.

The proposed integrated policy approach has a great multiplier effect potential across various SDG (1, 2, 3, 4, 5, 10). Creating synergies between different programmes will lead to mutually reinforcing results. The programme will strengthen poverty and inequality reduction as well as access to education (SDG 1, 4, 5, 10). By linking them with social health and GBV protection scheme it will facilitate access to health services and reduce impoverishing health spending while improving health outcomes. It will strengthen gender equality and empower women and girls to end all forms of discrimination and violence in vulnerable households, public and private spheres (SDG 5). It will increase productive capacity of households and provide them with an insurance in case of crop failure (SDG 2) thus reducing food insecurity.

After the completion of the program in 2022 and based on evidence generated on the efficiency of the proposed approach, it is expected that the integrated model will be replicated in other locations. As mentioned above, the Government aims at increasing the allocation of domestic resources to expand the coverage of non contributive social protection system in the country (tripling the coverage by 2023). The JP will provide the basis to scale up the social

protection program and increase the synergies among various social protection interventions. The administrative common system that will be put in place will support the Government in increasing efficiency of public spending and the overall impact of the programmes. It is also expected that, based on positive evidence generated and strong advocacy from various UN agencies, other donors (AFD, EU, AFDB, bilateral cooperation) will align their sectoral interventions to the priority social protection programmes.

## 2.4 Financing

**The total budget for this JP is 4,238,423 US\$ considering both SDG Funds and UN financial contributions of the 4 agencies directly involved in the programme (UNICEF, ILO, WFP and UNFPA).** About 47% of the overall budget will be financed by the SDG Fund, the rest will be finance by UN contributions.

**The joint program budget is divided into downstream work to support the implementation of the various program components (83%) and technical assistance/institutional work (17%),** including evaluation and communication, to reinforce the overall national system and prepare for future scale up. The balance between downstream and upstream work will produce results both in the field but also at policy level thus ensuring sustainability of results over the long term.

The Government ownership and financial involvement in the four social protection programmes that will constitute the package of integrated interventions varies between programmes. For this reason, **for certain components, the SDG Fund will finance only technical assistance activities to expand the programme in the converge district while for other components the SDG Fund will finance the programme itself.** In particular:

- **Output 1.1 - Social Safety Nets (SSN):** The programme is a priority programme of the Government as defined in the NSPS. So far it has been financed only by donors (UNICEF and World Bank), but in 2020 the Government plans to expand the programme in new localities using internal budget. For the JP, it is envisaged to work in a location covered by UNICEF since 2016 (Anosy region) rather than working in a new region that will be covered by the Government funds. This choice is based on two reasons: i) the need to have well established SSN programme to test the integrated model rather than a new location (long preparation phase to expand the SSN and uncertainty about timing for Government funds), ii) working in a region covered by UNICEF will facilitate the introduction of the new approach and particularly the recertification of eligibility of beneficiaries and their referral to other programmes. The SDG will cover about 40% of the SSN programme in the selected locations in the Anosy region.
- **Output 1.2 - Social Health Protection:** Social health protection for the poor and informal economy is a new programme which is embedded in the country's policies and legal frameworks already. A budgetary allocation was made in the budget law for 2019. The programme will provide technical support to the institutions in charge of social health protection and support them in the mobilization of domestic funding and, if needed, the channelling of existing external funding for the health sector.
- **Output 1.4 - Agricultural insurance:** This is a new program for the Government, recently set up by the Ministry of Agriculture with the support of the GIZ et the WFP. In the initial program design, the insurance mechanisms targeted only large-scale farmers with contributive capacity. The JP proposes to model the scheme for smallholders' farmers and the insurance prime will be partially financed by the SDG.



In the longer term, and depending on the results of the JP, other forms of financing could be explored (for example linking the insurance prime with the CT benefits or having the program partially subsidized by the Government).

- **Output 1.5 - Livelihood support:** A livelihood comprises the capabilities, assets (including both material and social resources), and activities required for a means of living. This program improves the food security and nutrition of targeted communities by addressing the immediate needs. The program includes “Assets for Insurances” and building or rehabilitating assets- and complementary actions. Assets reduce women’s workload and hardship, create opportunities to generate income, and improve diet.

The proposed SDG financial contribution is justified by the fact that the various social protection programmes are at different stage of development and they require different type and level of support.

**The proposed budget is gender sensitive as it contributes to address the gender issues described in the context above.** The program in fact, by providing additional financial revenues primarily to women (90% of SSN beneficiaries) promote their empowerment and decision-making power. In addition, C4D activities will target the whole community members (men and women) to ensure that the role of women is properly accepted and supported by the community members. It will also strengthen communication around GBV protection services linked with increased multi-sectoral capacity to prevent and address GBV with a focus on advocacy, data, health, psycho-social and legal support, and GBV coordination at local level.

**Over the long term it is expected to leverage additional funds particularly national financial resources.** As mentioned before in the proposal, in fact, the ultimate objective of this joint program is to reduce fragmentation, optimize (national and international) resources allocation and channel funds toward the proposed inclusive and integrated SP model. As pointed out in the social protection public expenditure review, financial space exists in Madagascar to scale up a well-designed SP model, if resources are prioritized and allocated toward more efficient spending rather than used for isolated and inefficient short-term projects.

## 2.5 Partnerships and stakeholder engagement

**The Ministry of Population is in charge of social protection in Madagascar and ensures overall coordination among different stakeholders involved in social protection and disability.** The programme will therefore be implemented under the leadership of the Ministry of Population and in collaboration with other sectoral Ministries (particularly Agriculture, Health, Labour). In addition, the programme will strengthen the capacity of the Ministry of Population to coordinate and administer cross sectoral social protection interventions, thus reinforcing its leadership and its capacity to implement the national social protection strategy in the coming years.

**The Ministry of Population leads a multi sectoral social protection national committee (GTPS – Groupe Thématique de Protection Sociale), which is the national platform for coordinating social protection interventions.** The GTPS includes various government departments involved in social protection programming and financing (including Ministry of health, education, agriculture, labour, finances), national implementing agencies, national and international NGOs and donors. The GTPS is comprised of 4 sub-groups, one for each pillar of the NSPS: social cash transfer, access to basic social services, livelihood and graduation, contributory social insurance. This committee has regional and district representations in 7 out of 23 regions of the country, including Anosy. In addition to the stakeholders involved in the existing social protection coordination mechanisms, the project

will engage with the actors involved in the formulation of the national strategy on health coverage. This platform already comprises all the line ministries and institutions in charge of social health protection as well as the technical and financial partners of the sector.

**The JP is a unique opportunity to have various PUNO working together on developing a coherent social protection program for the country.** This JP will bring together 7 UN agencies, four of them (UNICEF, WFP, ILO and UNFPA) will receive financial contribution from the SDG Fund, and three of them (OHCHR, FAO and WHO) will implement complementary activities with own resources. This joint effort will contribute to shift the social protection paradigm in Madagascar from isolated interventions to a coherent and integrated approach. The joint work of various UN agencies will in fact support the Government in liaising various sectoral policies, that are currently fragmented and under the leadership of different line Ministries with limited coordination.

**Each UN agency will bring specific sectoral expertise according to its core mandate.**

More specifically, UNICEF has strong expertise on designing social protection programmes sensitive to the needs of most vulnerable children, including children with disability with a dedicated team at country level and regional office assistance on specific social protection issues. UNICEF has also an in-country team in charge of C4D for various programmes, that will support the JP and can rely on additional regional technical assistance. The resilience building is integrated into the National Policy of Social Protection. This strategy requires a multisectoral approach including risk prevention. For this project, WFP will mobilize specific national and international expertise on agricultural insurance and resilience. For this program, WFP launches R4 approach to improved resource management through asset creation (risk reduction), insurance (risk transfer), livelihoods diversification (prudent risk taking) and saving (risk reserves). R4 aims to help communities become more resilient in the face of increasing climate variability and shocks. UNFPA leads two UN thematic groups: Gender and Human Rights Thematic Group, and Youth Thematic Group. UNFPA has a worldwide recognized expertise to work on issues related to vulnerabilities and disabilities. Through its international and national technical assistance and capacity building, UNFPA contributes to the improvement of the legal and institutional framework on gender and youth. UNFPA's support includes operationalization of Listening and Legal Advice Centers (CECJs), and youth centers which provide specific services to disabled persons as well as national and decentralized GBV multisectoral coordination platforms. The ILO has a long-standing mandate and expertise on social protection, including social health protection. The ILO has been playing a leading role within the UN system in developing an internationally defined normative framework guiding the establishment, development and maintenance of social security systems across the world. The ILO co-leads the Universal Social Protection 2030 initiative as well as the global Social Protection Inter-Agency Cooperation Board. The ILO has been supporting its member states since 1944 on social health protection, following the adoption of the international Recommendation No. 69 on Medical Care. In Madagascar, the ILO has been supporting the government and social partners in a threefold fashion: i) to formulate strategies of extension of social protection to the informal economy based on evidence, ii) to assess the performance of the existing SMIE system and iii) to improve the quality and financial sustainability of existing social protection schemes, based on internationally agreed social security standards and good practice.

**Other strategic partners will be involved in the JP.** The World Bank is a key social protection player in the country. Since 2016 the World Bank has provided financial support to set up and scale up the safety net program via the implementing agency FID. They currently finance about 90 per cent of the total cost of the safety nets in the country. They also provide technical and financial support to the Ministry of Population to design and implement the national registry in collaboration with UNICEF. Beside social protection the Bank provides



support in agriculture and health sectors, both related to the proposed joint program. The proposed joint program will not be implemented in regions covered by the World Bank funds but they will be involved in the preparation phase and in the evaluation of the program to ensure that lessons learnt will be incorporated also in future WB financing in the country. Various NGO implement isolated social protection/cash transfer programmes in the country, mostly in the South. They have been engaged in discussions around the elaboration of the national social protection strategy and some of them (ACF/Action Contre la Faim, CARE, CRS, Humanity & Inclusion) are willing to align their work to the strategic orientations of the Government. The Government program is still at small scale and NGO could play a key role in reaching poorest households in locations not yet covered by the Government programme. Therefore, they will be involved in programme implementation, follow up and evaluation in order for them to align their programmatic approach to the national one.

The GIZ is actively involved in resilience and value chain development, specifically in the South of the country. They are a strategic partner for the WFP and for the JP overall. As part of the work program in Madagascar they are supporting the Government in designing and piloting the agriculture insurance scheme as well as the development of value chain for local producers. Those activities will contribute to the graduation of poorest households from social assistance over the medium to long term.

Finally, the members of the P4H network in Madagascar will be actively involved in the strengthening of the health protection scheme.

### 3. Programme implementation

#### 3.1 Governance and implementation arrangements

**The programme will be implemented under the overall coordination of the Ministry of Population, Social Protection and Promotion of Women**, and in particular its Direction of Social Protection, in charge of the social protection policy for the Government of Madagascar. This will be done in collaboration with the GTPS members that will be involved during each stage of programme preparation and implementation. The GTPS will be the main platform to make decisions around the JP activities. A small Steering Committees, composed of selected members of the GTPS, will be put in place to oversight the programme. This include key focal points of the four UN agencies involved, one representative of the Ministry of Population, Health, Labour and Agriculture as well as the FID and the CNSS. While the Ministry of Population will be in charge of the aspects related to the national institutional, policy and legal framework, the various social protection interventions will be implemented by sectoral departments and national implementing agencies based on their respective mandate established by the Government.

**All interventions related to the JP will be implemented in the same geographic area and will target the same communities and households.** The proposed area of intervention is the Anosy region in the South of Madagascar. This location has been selected because it has a high level of extreme poverty and the agricultural profile required to introduce climate risk insurance as well as agricultural support activities. In addition, the Anosy region has already been prioritized by the Government for the implementation of the safety nets program, that has been going on in this region since 2016 (funded by UNICEF). A feasibility assessment for the expansion of the health insurance scheme is also currently underway in this region in August-September 2019. The conditions are therefore met to model an integrated approach in this particular region of Madagascar and produce transformational change.

**The implementation of the social protection interventions will be done by national implementing agencies and Government organizations based on their respective mandates,** in particular:

- **Output 1.1 - Social Safety Nets:** The Ministry of Population is responsible for defining the overall strategy for the safety nets program, its design and eligibility criteria and ensuring mobilization of resources to meet the coverage objective of the NSPS. The implementation of the program is under the responsibility of the national execution agency FID (Fond d'Intervention pour le Développement) a public body attached to the Prime Minister. FID is the executing agency for all priority safety nets programmes of the Government, including those implemented during a crisis. UNICEF will transfer the funds for the implementation of safety nets in the Anosy region to the FID that will be responsible for making regular (bi-monthly) cash transfers to selected households. Cash transfers are conditional to children aged 6 to 11 attending primary school. Payments are done by FID by contracting local payment agencies (mobile phone companies, NGOs, micro credit institutions). FID is responsible for monitoring the compliance with conditionalities and for the overall supervision of the program, including the complaint mechanism. The implementation of the safety net component is therefore aligned with the Government strategy and no parallel mechanisms will be put in place. A workplan between FID et UNICEF is signed at the beginning of each calendar year, with disbursements made every three months according to the agreed work plan and budget.
- **Output 1.2 - Social Health Protection:** ILO will work in close collaboration with the WHO in support of the institutions responsible for social health protection, as identified in the first section of this document and by the national strategy on health coverage at both operational level in the intervention zone selected for the JP as well as at national level in the framework of the institutional reinforcement activities identified by the project. The ILO will also support the Ministry of Population when it comes to establishing bridges for the identification, determination of eligibility and affiliation between social health protection and the SSN scheme. In addition, the ILO will, in close collaboration with the WHO, assist the institutions responsible for social health protection in integrating existing community-based mechanisms present in the intervention zone of the project (such as mutual insurance, non-governmental organizations and associations).
- **Output 1.3 - Agricultural Insurance:** WFP is working with GIZ in collaboration with InsuResilience to put in place the agricultural risk management strategy that focuses on the role of climate risk insurance. The developed model is geared towards actors who are certainly vulnerable, but already productive in value chains. WFP will focus on scaling up food-insecure vulnerable people, potential safety net beneficiaries, to productive actors. WFP and GIZ will work with the government to better integrate regional managers from the various ministerial departments, to raise awareness at national and regional level on the theme and on climate risk insurance, but also more broadly on the notion of risk management. Sustainability of programmes can only be guaranteed with private sector engagement. The Ministry of Agriculture will coordinate activities on model validation with other stakeholders.
- **Output 1.4 - Livelihood activities:** WFP is working with the local communities to prevent Post- Harvest Food Losses. This program deliver training to increase farmer awareness of key biological and environmental factors leading to grain rotting and fungal infestation, qualitative and quantitative losses from insect and weather spoilage, and food safety hazards. Capacity development focused on preventing these

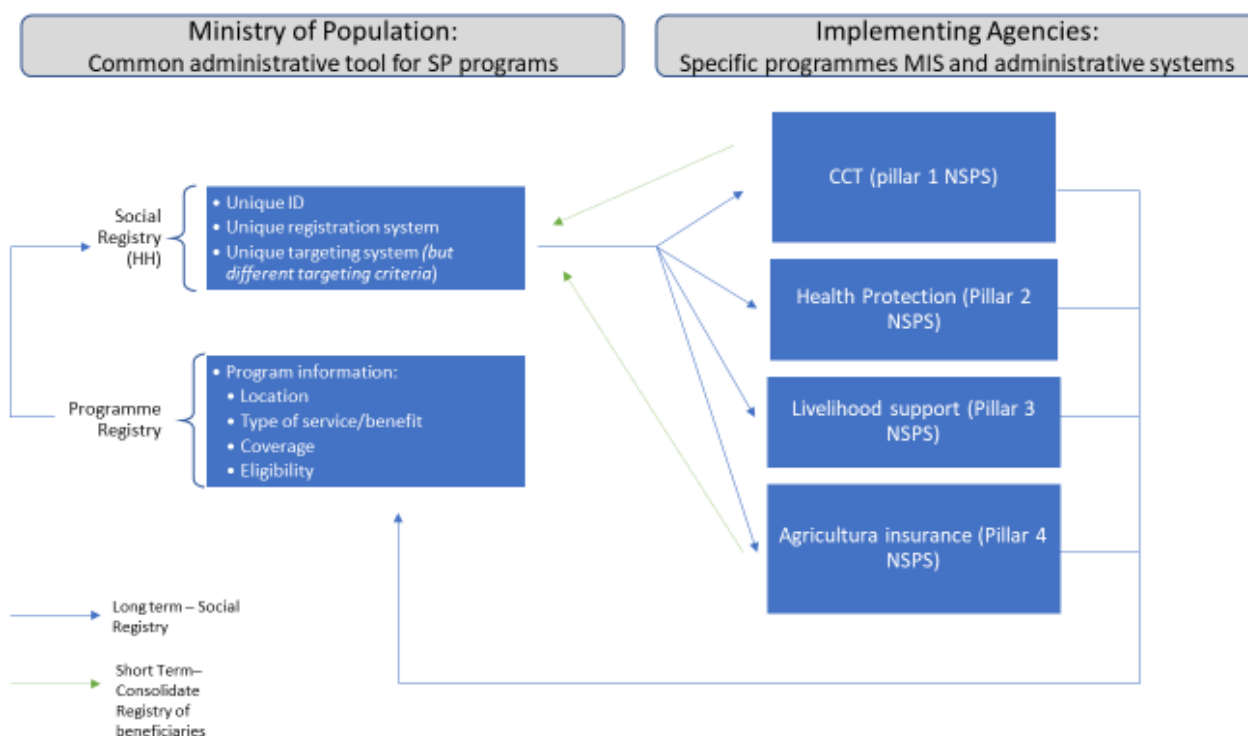
issues during five stages: harvesting, drying, threshing, solarisation and on-farm storage. Besides, the program distributed new farming equipment and provide field support (Hermetics grain bags and Hermetics and silos).

- **Output 1.5 - Sensitization activities (C4D) related to various aspects social protection interventions and GBV protection activities (transversal):** a decentralized C4D strategy for social protection made of top down cascade trainings from the central level to the local village level has been elaborated for the safety nets program. The strategy currently focuses only on selected topics relevant for the purpose of the safety nets: promotion of essential family practice and schooling. A work plan has been elaborated for each district. A full time dedicated UNICEF staff is responsible for supporting the Government in elaborating and revising yearly the social protection C4D strategy and supporting its implementation. A core team of the Ministry of Population and FID at central level and regional level has been trained. At decentralized level C4D specialists have been hired in each district by FID to train and mobilize local actors at commune and village level. For the joint program it is proposed to build on the existing system rather than creating a parallel one. The system will be reinforced to cover for the additional C4D needs of the joint program:
  - New modules will be developed to cover for the topics related to the various interventions: increase inclusion and reduce discrimination of people living with disabilities, identify and report GBV situations, create safe spaces for women to share their challenges and build solidarity. Each UN agency, according to its mandate and competencies, will elaborate the sensitization material and will provide support in the organization of the cascade trainings and supervision of the C4D work plan
  - New local actors will be identified and will be trained: so far the C4D approach has focused on a limited number of local actors (mother leaders, social protection committee, youth leaders, religious leaders, community leaders). For the specific needs of this joint program new local actors will be identified and trained on SBCC techniques, such as associations of people living with disabilities, informal workers platforms, smallholders' associations. Those actors will be identified by each UN agency based on the communication needs of each intervention. In addition, UNFPA will provide technical assistance to increase multi-sectoral capacity of local providers and duty bearers (police and magistrates, Listening and Legal Advice Centers, health) to address GBV prevention and response.

**The activities to reinforce the social protection institutional system at central and decentralized level will be under the responsibility of the Ministry of Population in consultation with members of the GTPS.** In particular, the following implementation arrangements will be put in place:

**Output 2.1 - Common administrative tool/Referral system:** The General Direction of Social Protection at the Ministry of Population is developing its national social registry. The registry is comprised of two modules: a registry of households and a registry of programmes. The registry covers the four pillars of the social protection strategy and over the medium term it is supposed to be a common targeting, registration and identification tool for all social protection programmes in the country. The system is being developed with financial and technical support from the World Bank and UNICEF over the past couple of years. While the overall structure and the ICT platform of the registry have been recently finalized, the system is not yet operational.

## Common administrative tool – Referral system



The registry should be able to transfer information in/out of the MIS of single social protection programmes to constantly have updated information about households needs and existing offer of social protection interventions. The joint program proposes to support the development of this registry in order to refer poorest households to a package of social protection interventions implemented under the JP. UNICEF will provide technical assistance to the Ministry of Population in the various stages of the operationalization of this administrative tool: developing of a common registration tool (harmonized questionnaire) that will collect indicators related to the eligibility for the various programmes (categorical variables, socio economic variables, indicators related to specific needs such as handicap), registration of households in the registry, referral of households to a package of intervention based on data contained in the households registry and eligibility criteria defined in the program registry. The feasibility of having a single social ID card delivered by the Ministry of Population for all social protection program will also be analysed. This work will be complemented by the assistance provided by the other UN agencies in order to ensure that the MIS of each intervention is sufficiently developed to exchange data with the national registry.

The establishment of a single window at regional/district level is under consideration. The social registry so far is highly centralized, with information collected and stored by the Direction of Population in the capital city. Decentralized users are supposed to access the information according to their needs but a clear strategy to access and use information at decentralized level has not yet been elaborated. It is necessary to identify the most suitable institutional set up to establish an interface ("single window") to link programmes with the population at local level. The feasibility of various options will be assessed during the initial preparation phase to choose the most appropriate institutional set up at decentralized level

for the two years duration of the program (funded by UNICEF own resources before the beginning of the implementation).

**Output 2.2 - Legal, Policy framework:** The strengthening of the legal and policy framework will be under the responsibility of the Ministry of Population, in close collaboration with UNFPA, OHCHR, and the Platform of Federations of the Disabled People through establishment and operationalization of the National Commission for Disability to ensure that needs of people living with disabilities are analyzed and taken into account in social protection program. In addition, UNICEF will provide technical assistance to identify a package of social protection interventions for people living with disabilities.)

**Output 2.3 - M&E:** The Ministry of Population has established a Technical Evaluation Committee (Comité technique d'évaluation) in charge of the design and follow up of all evaluations related to social protection programmes, both quantitative and qualitative. The CTE is led by the Ministry of Population and comprised of various stakeholders, including UNICEF and the WFP. Its composition will be revised to include the UN agencies involved in the joint program. The CTE will be responsible for the design of the program evaluation as well as ensuring technical quality of the technical work performed.

**Output 2.4 - Social Health Protection:** ILO will work in close collaboration with the WHO in support of the institutions responsible for social health protection, as identified in the first section of this document and by the national strategy on health coverage at national level in the framework of the institutional reinforcement activities identified by the project (please refer to the work plan for details). The ILO will also support the Ministry of Population when it comes to establishing bridges for the identification, determination of eligibility and affiliation between social health protection and the SSN scheme. In addition, the ILO will, in close collaboration with the WHO, assist the institutions responsible for social health protection in integrating existing community-based mechanisms present in the intervention zone of the project (such as mutual insurance, non-governmental organizations and associations).

### 3.2 Monitoring, reporting, and evaluation

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- *Annual narrative progress reports*, to be provided no later than one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- *Mid-term progress review report* to be submitted halfway through the implementation of JP<sup>12</sup>; and
- *Final consolidated narrative report*, after the completion of the JP, to be provided no later than two (2) months after the operational closure of the activities of the JP.

The Convening/Lead Agent (UNICEF) will compile the narrative reports of PUNOs and submit a consolidated report to the Joint SDG Fund Secretariat, through the Resident Coordinator.

The Resident Coordinator will be required to monitor the implementation of the JP, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. As a minimum, joint programmes will prepare, and submit to the Joint SDG Fund Secretariat, 6-month monitoring updates. Additional insights (such as policy papers, value for

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<sup>12</sup> This will be the basis for release of funding for the second year of implementation.

money analysis, case studies, infographics, blogs) might need to be provided, per request of the Joint SDG Fund Secretariat. The JP will allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Fund Secretariat on a regular basis, in order to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the Joint SDG Fund.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

Baseline and follow-up surveys along with routine monitoring data collection are key elements for a rigorous, final, *independent, equity-focused and gender-sensitive*<sup>13</sup> evaluation to be completed towards the end of the JP. Such evaluation will provide the Government and UN agencies with concrete evidence and objective information about the effectiveness of the integrated social protection programme, the cost of the programme in the light of its effectiveness and it will also seek to determine the impact of social protection against the sought objectives and the results framework.

Moving forward, this evidence will be the base for informed policy formulation and scale up nationally. Good practices and lessons learnt can also be identified in the evaluation process, which allow improvement in designing the national programme through adjustments to the implementation approach or strategies.

The surveys and the evaluation methodology will be reviewed by an external ethical review board to ensure compliance with international ethical guidelines, and the United Nations Evaluation Group norms and standards (2016).

As noted above, the joint programme will be subjected to a joint final independent evaluation. The evaluation will be organized by the Resident Coordinator. The lead agency responsible for the final evaluation will be UNICEF. The cost needs to be budgeted, and in case there are no remaining funds at the end of the JP, it will be the responsibility of PUNOs to pay for the final,

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<sup>13</sup> Bamberger M. and Segone M. (2011), How to design and manage Equity-focused evaluations, UNICEF Evaluation Office. Retrieved from [http://mymande.org/sites/default/files/EWP5\\_Equity\\_focused\\_evaluations.pdf](http://mymande.org/sites/default/files/EWP5_Equity_focused_evaluations.pdf); UN Women (2015), [How to manage a gender responsive evaluation, Evaluation handbook](#), UN Women Evaluation Office.



independent evaluation from their own resources. It will be managed jointly by PUNOs as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of PUNOs to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

### **3.3 Accountability, financial management, and public disclosure**

The JP will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channelled for the JP through the AA. Each Participating UN Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the Joint SDG Fund will be provided on annual basis, upon successful performance of the JP.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund.

PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

Each PUNO will take appropriate measures to publicize the Joint SDG Fund and give due credit to the other PUNOs. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, PUNOs, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the Joint SDG Fund.

### **3.4 Legal context**

Agency name: **UNICEF**

Agreement title: Accord de base régissant la coopération entre le Fonds des Nations Unies pour l'Enfance et le Gouvernement de la République de Madagascar



Agreement date: 26 September 1994

Agency name: **UNFPA**

Agreement title: Standard Basic Assistance Agreement (SBAA)

"The Basic Agreement concluded between the Government and the United Nations Development Programme on 16 October 1992 (the "Basic Agreement") mutatis mutandis applies to the activities and personnel of UNFPA, in accordance with the agreement concluded by an exchange of letters between UNFPA and the Government which entered into force on 19 November 2004."

Agreement date: 16 October 1992

Agency name: **ILO**

Agreement title: Agreement concerning the establishment of an office of the International Labour Organisation in Antananarivo (with exchange of letters).

Agreement date: 14 April 1975

Agency name: **WFP**

Agreement title: Basic Agreement between the Government of the Republic of Madagascar and the World Food Programme

Agreement date: 3 July 1968

## D. ANNEXES

### Annex 1. List of related initiatives

Name of initiative/project	Key expected results	Links to the JP	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Additional Financing for the Social Safety Nets Program	Safety nets (conditional cash transfer) implemented in 7 regions in Madagascar	The program finances the conditional cash transfer program in other location. It is expected that the approach proposed by the JP, if successful, can be replicated in those location	World Bank	FID, Ministry of Population	90US\$ millions	Rachel Ravelosoa  jraelosoa@worldbank.org
Human Development budget support	Budget support is conditional on key reforms of the social protection sector in Madagascar, including the increase in domestic funding for the safety nets	The budget support will facilitate domestic resources mobilization to scale up the safety nets program over the coming years	World Bank	Ministry of Finance, Ministry of Population, Ministry of Health	100US\$ millions	Rachel Ravelosoa  jraelosoa@worldbank.org
PrAda: Adaptation of agricultural value chains to climate change.	The project supported the meteorological institute in collecting and processing data. A model to determine moisture levels in the soil will be adapted to the Madagascar context and people who work in the Madagascar weather service will be given training.  Target: 300 000 people.	This project will provide the baseline data and the model to be used for agricultural insurance.  The joint program will work with this project for the development of the system and structure related to agricultural insurance.	WFP	Ministry of Agriculture, Livestock and Fisheries (Ministère de l'Agriculture, de l'Elevage et de la Pêche MAEP)	German Federal Ministry for Economic Cooperation and Development (BMZ)	Linh Feldkötter linh.feldkoetter@giz.de
Teenager program - KOIKA	Integrated and multisectoral support to teenager	The program support CCT for HH with teenager children in the South (co-	UNICEF	FID	Korea	Erica Mattellone

		finance part of the SSN in the Anosy region)				emattellone@unicef.org
Community approach to prevent and respond to gender-based violence in three communes in the Androy region	<p>1) Victims of GBV have access to appropriate care services for their needs through the guidance provided by members of Cellule de Veille.</p> <p>2) The continuum of care between the community up to the level of care centers is ensured. The members of the Cellule de Veille who are close to the community provide psychological first aid, refer to CECJ, health center or a police station / gendarmerie. Coordination of services is improved and collaboration in terms of referral of victims reinforced.</p> <p>3) Community resolutions to prevent GBV are adopted by the communities in the targeted communes.</p>	The approach proposed in this initiative will be replicated in the joint project	UNFPA	Ministry of Population	40 000 AUD  Australia	<p>Boni-Ouattara Edith</p> <p>oboni@unfpa.org</p>
Support for Security Sector Reform in Madagascar (Project ARSSAM 2016 – 2018)	1. A vision of the Security Sector Reform (SSR) is developed in a participatory manner, focused on the protection of people and goods, and translated into inclusive and realistic plans of action	The response of the Forces of Defense and Security to GBV cases is improved in handling and processing cases. This approach will be used as part of the joint project	UNDP	OIM, HCDH, UNICEF, UNFPA Primature, Ministère de la Défense, Ministère de la Sécurité Publique, Ministère de la Population de la Protection Sociale	3 millions USD Peace Building Fund	UNDP - Representative marie.dimond@undp.org

	<p>2. The Forces of Defense and Security (FDS) fulfill their mandate competently and professionally, by strengthening their skills and capacities</p> <p>3. Civil and institutional oversight mechanisms are in place and functioning</p> <p>4. Confidence between the Forces of Defense and Security and the most vulnerable population is strengthened, through an adequate proximity approach by the FDS to the concerns of the population in the implementation areas, including the most vulnerable groups</p>			<p>et de la Promotion de la Femme, Ministère de la Justice, Secrétariat d'Etat à la Gendarmerie, Armée, Gendarmerie, Police Nationale, Parlement, CNIDH, OSC, medias</p>		
Strengthening the Listening and Legal Advice Centers (CECJ)	Comprehensive care of GBV survivors	Availability of 2 CECJs in Ambovombe and Fort Dauphin, near Amboasary district, and opportunity of redynamisation of Amboasary CECJ in the framework of the Joint Project	UNFPA	Ministry of Population	UNFPA	Lantsoa Rahajavololona rahajavololona@unfpa.org
Appui à la formalisation de l'économie informelle dans les régions de Sava, Sofia, Anosy, Vatovavy Fitovinany, Menabe	Formalization of the informal economy	The approach will be replicated in Amboasary district	ILO	Entreprendre à Madagascar Ministère de l'Intérieur et de la Décentralisation (Région)	ILO	Zo Rajoelina 034 20 753 58
Project to increase resilience of vulnerable	The project provides various forms of assistance, including	NGO activities complement the Government efforts in	CARE	Ministry of Population	ECHO	Rindra Rakotoarisoa,

population affected by climatic changes	cash assistance, to increase resilience of population in areas affected by climatic shocks	locations where the national project can not intervene because of its limited geographic scope				Rindra.Rakotoaris oa@care.org
Project to increase the inclusiveness of people living with disability in social services	The project is implemented in various regions in Madagascar and is intended to increase access and quality of basic social services for people living with disabilities	The NGO HI will be a key partner for the Joint program as they will contribute actively to identifying an appropriate package of social protection interventions for people living with disabilities	Humanité et Inclusion		n.d.	Claire Perrin Houdon, c.perrin- houdon@hi.org

## Annex 2. Overall Results Framework

### 2.1. Targets for Joint SDG Fund Results Framework

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

Indicators	JP targets	
	2020	2021
1.1: Integrated multi-sectoral policies have accelerated SDG progress in terms of scope <sup>14</sup>	0	1
1.2: Integrated multi-sectoral policies have accelerated SDG progress in terms of scale <sup>15</sup>	0	1

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

Indicators	JP targets	
	2020	2021

<sup>14</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>15</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

3.1: # of innovative solutions that were tested <sup>16</sup> (disaggregated by % successful- unsuccessful <sup>17</sup> )	0	1
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	0	1
3.3: # and share of countries where national capacities to implement integrated, cross- sectoral SDG accelerators has been strengthened	0	1

### Operational Performance Indicators

- Level of coherence of UN in implementing programme country<sup>18</sup>
- Reduced transaction costs for the participating UN agencies in interaction with national/regional and local authorities and/or public entities compared to other joint programmes in the country in question
- Annual % of financial delivery
- Joint Programme operationally closed within original end date
- Joint Programme financially closed 18 months after their operational closure
- Joint Programme facilitated engagement with diverse stakeholders (e.g. parliamentarians, civil society, IFIs, bilateral/multilateral actor, private sector)
- Joint Programme included addressing inequalities (QCPR) and the principle of “Leaving No One Behind”
- Joint Programme featured gender results at the outcome level
- Joint Programme undertook or draw upon relevant human rights analysis, and have developed or implemented a strategy to address human rights issues
- Joint Programme planned for and can demonstrate positive results/effects for youth
- Joint Programme considered the needs of persons with disabilities
- Joint Programme made use of risk analysis in programme planning
- Joint Programme conducted do-no-harm / due diligence and were designed to take into consideration opportunities in the areas of the environment and climate change

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<sup>16</sup>Each Joint Programme in the Implementation phase will test at least 2 approaches. It is estimated that each Joint Programme in the Implementation phase will cost 6 million USD on average and will be implemented over a period of 3 years.

<sup>17</sup>Success implies that the proof of concept is endorsed by the government and other stakeholders.

<sup>18</sup> Annual survey will provide qualitative information towards this indicator.



## **2.2. Joint Programme Results Framework**

<b>Result / Indicators</b>	<b>Baseline</b>	<b>Target (1<sup>st</sup> year)</b>	<b>Target (2<sup>nd</sup> year)</b>	<b>Means of Verification</b>	<b>Responsible partner</b>
<b>Outcome 1:</b> 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%	20%	35%	Registry of beneficiaries	UNICEF/ILO/WFP/UNFPA
Outcome 1 indicator 2: % of people with disabilities among beneficiaries of the integrated package of social protection interventions <sup>19</sup>	1,4% (% of women: na)	3% (% of women: 50%)	7% (% of women: 50%)	Registry of beneficiaries	UNICEF/ILO/WFP/UNFPA
<b>Output 1.1 – Conditional cash transfer provided to poorest households</b>					
Output 1.1 indicator 1: Beneficiaries of safety nets receive predictable CT 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: 3%)	4,000 (% women direct recipients: 90%, % people with disabilities: 7%)	Registry of beneficiaries	UNICEF
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)	80% (divided by sex and disability status - 50% for children)	80% (divided by sex and disability status-)50% for children	Registry of beneficiaries	UNICEF

<sup>19</sup> 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.

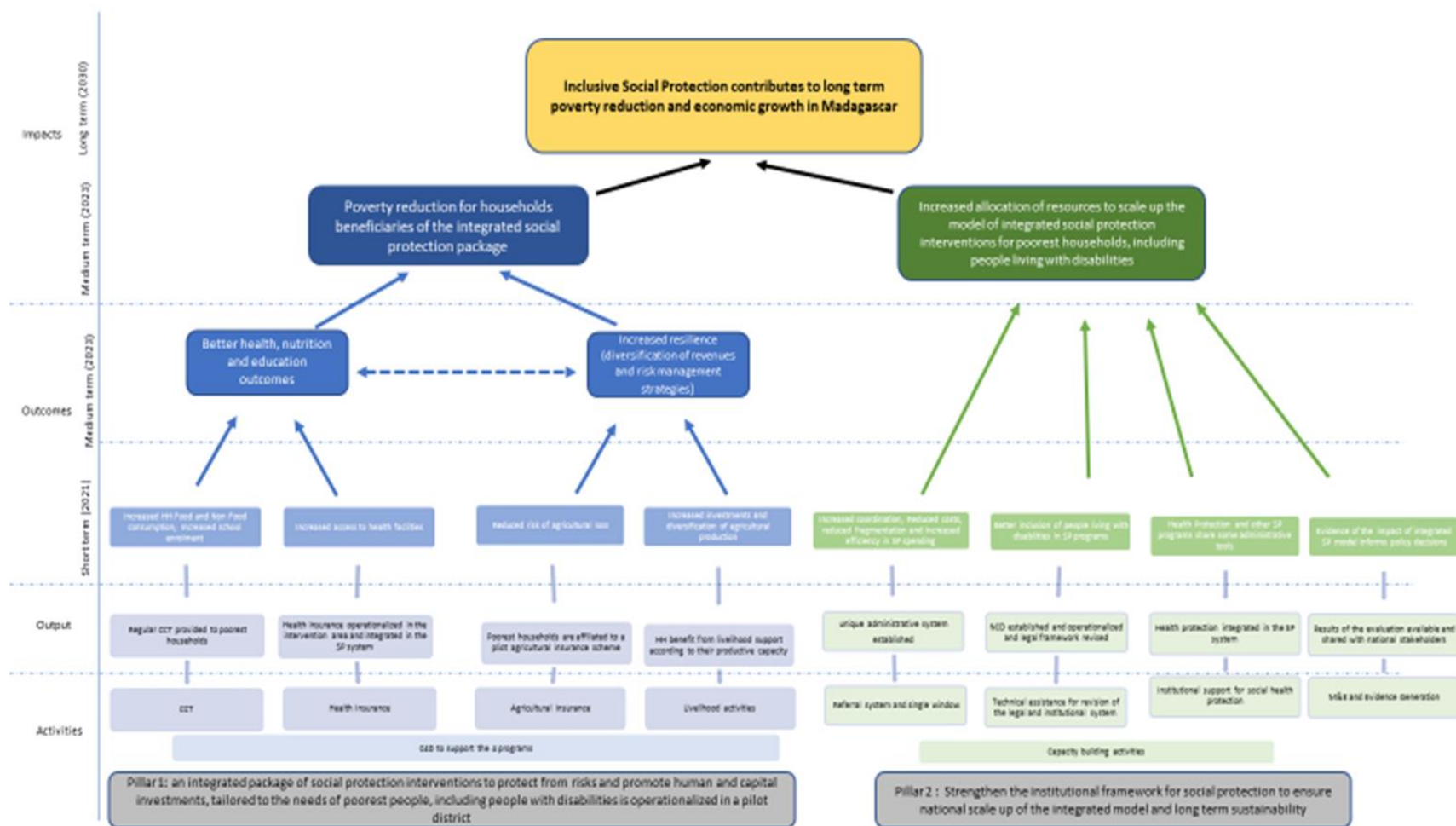
	with disability)	with disability)	with disability)		
<b>Output 1.2 – Social health protection is operationalized in the intervention area</b>					
Output 1.2 indicator 1: Resources for financing the health coverage of the SSN beneficiary populations (who are not able to contribute) identified with the support of the project	0	1 source of funds identified	1 source of funds identified and allocated 1 additional source identified.	National budget	ILO
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 designed	1 mechanism implemented	Registries of the social health protection scheme	ILO
Output 1.2 indicator 3: % of safety nets beneficiaries enrolled in health protection scheme	0%	10%	20%	Registry of beneficiaries	ILO
<b>Output 1.3 – Smallholders are affiliated to an agricultural insurance scheme</b>					
Output 1.4 indicator 1: % of safety nets beneficiaries enrolled in agricultural insurance	0%	60% (disaggregated by sex and disability)	60% (disaggregated by sex and disability)	Registry of beneficiaries	WFP
Output 1.4 indicator 2: number of people living in targeted communes enrolled in agricultural insurance (contributive and non contributive)	0%	5,000 (disaggregated by sex and disability)	5,000 (disaggregated by sex and disability)	Registry of beneficiaries	WFP
<b>Output 1.4 – Households benefit from livelihood support activities</b>					
Output 1.1 indicator: % of safety nets beneficiaries receiving post-harvest support	0%	60% (disaggregated by sex and disability)	60% (disaggregated by sex and disability)	Registry of beneficiaries	WFP
<b>Output 1.5 – C4D and GBV protection activities implemented</b>					
Output 1.5 indicator 1: New modules developed and implemented	0	2 (disability, GBV) developed	2 (disability, GBV) implemented	C4D Work Plan	UNICEF/UNFPA

Output 1.5 indicator: % of GBV survivors who have accessed the essential services package in the intervention areas	0	10% of expected 320 GBV survivors	15% of expected 320 GBV survivors	Service delivery points reports	UNFPA
<b>Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability</b>					
Outcome 2 indicator: Number of new districts where the Government has scaled up the integrated approach with own resources	0	0	1	National registry (beneficiary and programmes)	UNICEF/ILO/WFP/UNFPA
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	Questionnaire	UNICEF
Output 2.1 indicator: Number of households registered in the registry and referred to a set of complementary interventions via the referral system	0	1,500	4000	National registry (beneficiary and programmes)	UNICEF/UNFPA
Output 2.2: Revision of legal and institutional framework					
Output 2.1 Indicator 1: NCD operationalized	0	1	1	NCD Meeting Minutes and reports	UNFPA
Output 2.1 Indicator 3: A package of social protection interventions tailored to the needs of people living with disability identified	0	1	1	Operational manual for the implementation of social protection programmes includes guidelines for disability	UNICEF/UNFPA
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	1 capacity building plan is agreed and in place	5 key actors (at least 2 staff each, with gender	Training evaluation	ILO

	training or information in the intervention zone (the mechanism is not operational yet)		diversity) have received training and improved their capacities		
Output 2.3 indicator 2: Knowledge of key institutions improved.	The capacity and exposure of key actors to practical solutions for the extension of SHP is limited.	1 capacity building plan is agreed and in place	5 key actors (at least 2 staff each, with gender diversity) have received training and improved their capacities	Training evaluation	ILO
Output 2.4: M&E and evidence generation					
Output 2.4: Quantitative or qualitative surveys conducted	0	1	2	Survey reports (baseline 2020 and final evaluation 2021)	UNICEF/ILO/WFP/UNFPA
Output 2.4: Number of policy briefs elaborated based on evidence generated to inform policy decisions	0	0	2	Publications of policy brief on official UN web sites	UNICEF/ILO/WFP/UNFPA

\* based on previous evidence, **39%** of beneficiaries ever-partnered women and girls aged 15 years and older are subjected to GBV by their partners in the targeted areas. The target for the JP is based on a percentage of those people.

## Annex 3. Theory of Change graphic



## Annex 4. Gender marker matrix

<b>Indicator</b>		<b>Score</b>	<b>Findings and Explanation</b>	<b>Evidence or Means of Verification</b>
<i>N°</i>	<i>Formulation</i>			
1. 1	Context analysis integrate gender analysis	<b>2</b>	Gender analysis is integrated in the context and when available gender disaggregated data are reported	Proposal section 1.1 to 1.3
1. 2	Gender Equality mainstreamed in proposed outputs	<b>2</b>	Outcomes specifically target gender equality in line with SDG 5	SDG proposed indicators and results framework
1. 3	Programme output indicators measure changes on gender equality	<b>2</b>	All HH and individual level indicators are able to track changes in gender equality	Results framework
2. 1	PUNO collaborate and engage with Government on gender equality and the empowerment of women	<b>2</b>	The program openly targets gender empowerment and it has been designed in collaboration with the Ministry in charge of Women. Other Government departments have been consulted in the preparation phase of the program (Ministry of Health, Labour, Agriculture as well as implementing agencies).	Letter signed by the Ministry of Population, Social Protection and Empowerment of Women
2. 2	PUNO collaborate and engages with women's/gender equality CSOs	<b>2</b>	Via the C4D component the program contributes to the reinforcement of local CSO and local women leaders to ensure their empowerment and increase their decision making power	C4D strategy described in the text (C4D workplans for the SDG Fund when developed)
3. 1	Program proposes a gender-responsive budget	<b>2</b>	More than 40% of budget is openly allocated to women empowerment as the main beneficiaries of safety nets are women and various modules of the C4D component focuses on promoting women empowerment	Budget and results framework
<b>Total scoring</b>		<b>2</b>		



## Annex 5. Communication plan

### 1) Overall narrative of the JP

**Working Together** to achieve the **United Nations Sustainable Development Goals** – this is *la raison d'être* of the Joint Program, which aims at **leaving no one behind** by supporting the Government of Madagascar in establishing an efficient and inclusive Social Protection Model to reach the poorest households, with a special attention to the needs of different categories of vulnerable people, including people living with disabilities.

The Joint Program proposes to develop an integrated package of social protection interventions tailored to the most vulnerable and poorest households in Madagascar. The Program is jointly developed by four United Nations agencies in Madagascar: **UNICEF, WFP, ILO, UNFPA**, which will lead the work and receive the financial support from the SDG Fund. In addition, three additional agencies will contribute to some aspects of the Joint Program **WHO (in collaboration with ILO), OHCHR (in collaboration with UNFPA), FAO (with own resources)**. Other development partners will be indirectly involved in the program, in particular the **World Bank and GIZ**.

The Joint Program envisions a world where **SDGs 1,2,3,4, 5 and 10 will be met**. The program will contribute to end poverty (SDG1), and increase access to education (SDG4); end hunger – by increasing productive capacity of households and provide them with an insurance in case of crop failure, thus reducing food insecurity (SDG2). By linking households with health insurance scheme, it will also facilitate access to health services (SDG3). In addition, the program has a specific focus on the inclusion of people living with disabilities, thus contributing to SDG 10 (Reducing inequalities). The programme will also strengthen capacity of duty bearers to provide information, education and services, and empower right holders on gender equity, and end of all forms of violence against vulnerable women and girls in households, public and in private spheres (SDG 5). The proposed program will create Synergies between different programmes leading to mutually reinforcing results, which will have a stronger impact on the various SDGs Goals.

The Joint Program will have a **twofold transformative impact** on the national social protection system in Madagascar: at household level, the Program will contribute to increase the resilience of extreme poor households by providing them with an integrated package of social protection interventions, thus reducing their exposure to social,

economic and environmental vulnerabilities, including strengthening their resilience to natural shocks. At institutional level, the Program will reinforce the national institutional framework by creating a referral system embedded in the national social registry, that the Government could replicate at large national scale and by strengthening the Monitoring and Evaluation system for social protection. **Creating synergies between different programmes will lead to mutually reinforcing results. The operational implementation of the communication plan will be coordinated by WFP.**

## 2) Strategic approach to key audiences

The Strategic Approach to Key Audiences for the Advocacy, Media and Communication element of the Joint Program is based on the understanding of the wide range of audiences, their reasons for knowing more about the Program, and the use of the Information that they receive (why, for which purpose).

There are three levels of communications and five different types of audience.

**Communication:** Information for decision-making purposes; Knowledge-based for policy making purposes; advocacy and information-sharing for educational and sensitization purposes;

**Audiences:** Government and National Authorities; Private Sector, Partners and Donors; Academia and Higher Education Institutions; Press and Media; General Public.

*Government and national authorities* will use the information about the Joint Program to strengthen its institutional, legal and policy framework, to increase the social protection spending in the country (and making it more inclusive of the needs of people with disabilities) and to scale up the proposed social protection package of interventions to reach excluded population (Information for decision-making purposes).

The *Private sector, Partners and Donors* are interested in knowing the Joint Program to contribute with financial support in the continuation of the implementation, results and monitoring and evaluation of the project, ensuring the resilience and the empowerment of populations facing climate shocks and socio-economic vulnerabilities. They are most likely to finance the continuation of the project once the SDG Fund ends its cycle, at the end of 2021. (Knowledge-based for policy making purposes).

*Academia and higher education institutions* will use the Joint Program information and will be interested in knowing more about the social protection intervention package, to deepen the social protection systems research in Madagascar and produce best cases and lessons learned to be cascaded and shared as part of research in other developing countries in need of efficient and effective social protection systems. (Cross-sharing information for in-depth policy analysis and research).

*Media and Press* will find the information useful to pitch stories with the Government of Madagascar as Leader in the national ownership of the project, and UN agencies Delivering as One visibility will be increased through the joint synergy and collaboration. Moreover, the Media will use the information to communicate about the diversity and the strength of a multi-approach partnership scheme, where efficiency and attention to results are keys for the success of the Program. The Media will closely look at the monitoring and evaluation aspects, and will make sure to interview the beneficiaries of the project to understand and to report on the actual impact on their lives and the improvement of their resilience facing shocks.

The *General Public* will read, get to know more about the Joint Program as a source of information-sharing, sensitization and community actions for social behavior change, and to be informed about the Government's work and make more-informed decision based on social protection information.

### 3) Objectives of strategic communication plan

The **Objectives** of the strategic communication plan are multifold: to ensure that UN Delivering as One and Strong Partnerships for the SDGs are met, by supporting the Government and by working together to meet SDGs nationally; to position the UN in Madagascar as a Partner of choice for partners and stakeholders in delivering strong, evidence-based, efficient results in an accountable and transparent way; to showcase how different UN agencies work together in synergy and collaboration, using finances wisely and efficiently, to reach the objectives set in the Government's priorities; to showcase the work of the UN system nationally and internationally and to inform the public on the work of the organizations and how it directly has an impact on their lives.

**Indicators of performance** should include production of reports, briefings and presentations on the results of the Joint Program to the different key Audiences. Production of marketing, visual and audio products for visibility and information-sharing purposes is another method of performance evaluation. Pitching the Joint Program to different media outlets is an asset and dissemination of press releases and bi-monthly bulletins can be additional measures of success (to inform on the development and the implementation of activities). Development, Design and Creation of Social Media postings and related social media analytics (social media metrics monthly reports) can show the level of knowledge, engagement and direct impact on the general public's educational and sensitization level of knowledge about the program.

#### 4) Main activities

The **main activities** for the Communication plan include the production of reports and information bulletins; the design, creation and publishing of social media content; creation and dissemination of press releases, press kits and donors briefing kits.

The **communication channels** include regular meetings with different stakeholders and sharing of information and bulletins of update of implementation of activities; updated mailing lists of stakeholders to disseminate press release kits and donors briefing kits; organization of events and meetings sharing results; articles, photos, videos and pitching news to relevant media outlets

**Each UN agency is responsible** for their own communication channels: It is highly advisable to share communication and to coordinate coordination efforts using the same information, data, official hashtags during campaigns and events related to social protection programmes. Monthly communication groups meetings are welcomed to share development and encourage joint planning.

**Timeline:** bi-monthly bulletins and quarterly reports of activities/ bi-weekly – monthly social media postings, as well as production of articles, photos and videos.

**Overall monitoring and evaluation:** A UN agency can be appointed to collect the information and monitor and evaluate the overall performance of the Joint Program Communication Plan.

The budget for communication is 2% of the total funds available, therefore it would be 34,600 USD.

## **Annex 6. Learning and Sharing Plan**

The learnings of the Joint Program will be shared through a **Global Knowledge Platform**, will managed by the Communications Focal Points of the Joint Program of Social Protection interventions package in Madagascar.

The Global Knowledge Platform is a web application and open access to useful and relevant research on social protection. The platform can be accessible by all parties, stakeholders, private sector, donors, Governments entities, UN agencies and the general public.

The Knowledge Platform will have an internal modality for UN agencies involved in the project to upload and share content, and an external modality for transparency and accountability purposes, for all audiences to monitor and evaluate the Program, and for the public to get to know more about the Program –Learn more and Share-. The platform will be also connected to the Social Media platforms, which can instantly share social media content, relevant photos and videos about the successful human stories of the Joint Program.

### **1) Strategic approach to learning and sharing**

The plan includes the creation of a Global Knowledge Platform, where relevant communications, policy, research, news, videos and events can be shared to cascade knowledge and inspire actions for change and for further social protection systems policy work. The UN can lead it and keep improving it thanks to the Government of Madagascar inputs and best practices. The Global Knowledge Platform gathers academia, technical experts in social protection systems and members of the relevant-line Ministries, who can share their expertise to ensure that no one is left behind and to increase resilience in vulnerable populations facing shocks and conditions of extreme poverty, including people with disabilities.

### **3) Objectives of learning and sharing**

In order to facilitate the evidence-based policy making on National level, the main objective of learning and sharing is to better understand and

address the importance of complementarity in Social Protection programming.

The sub-objectives are to:

- Highlight good practices/gaps that promote/impede on multi-sectoral activities in social protection programming.
- Recommend viable strategies/instruments to enhance good practices and address gaps within the National programmes.
- Transfer good practices by viable National plans as to contribute to the internationalization policies aligned to the needs of Social Protection Programming and gaps not filled by the existing instruments.

#### 4) Main activities

To achieve this, we are planning to implement the following activities:

- Analyses of the state per activities;
- Identification of good practices;
- In-depth study of identified examples to evaluate the feasibility of transfer,
- Preparation of comprehensive action plans
- Preparation of Policy recommendations.
- Implementation and monitoring the progress of the implementation of actions plans.

To facilitate a process of dialogue between internal and external stakeholders, we will organize meetings, workshops, focus groups. The process is closely linked to project communication and dissemination.

Indicators:

- Number of policy learning events organised (Target: 3)
- Number of good practices identified (Target : 10 per activities)
- Number of action plans developed (Target: 1)



## Annex 7. Budget and Work Plan

### 7.1 Budget per UNSDG categories

UNDG BUDGET CATEGORIES	UNICEF		ILO		WFP		UNFPA		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)
1. Staff and other personnel	55,000	998,000	120,000	70,000	168,300	840,700	20,000	330,000	363,300	
2. Supplies, Commodities, Materials	0		0		0		10,000		10,000	
3. Equipment, Vehicles, and Furniture (including Depreciation)	0		15,000		0		10,000		25,000	
4. Contractual services	154,000		200,000		34,600		15,000		403,600	
5.Travel	10,000		20,000		0		10,000		40,000	
6. Transfers and Grants to Counterparts	477,000		50,000		325,000		170,000		1,022,000	
7. General Operating and other Direct Costs	0		5,000		0		0		5,000	
<b>Total Direct Costs</b>	<b>696,000</b>		<b>410,000</b>		<b>527,900</b>		<b>235,000</b>		<b>1,868,900</b>	
8. Indirect Support Costs (Max. 7%)	48,720		28,700		36,953		16,450		130,823	
<b>TOTAL Costs</b>	<b>744,720</b>	<b>998,000</b>	<b>438,700</b>	<b>70,000</b>	<b>564,853</b>	<b>840,700</b>	<b>251,450</b>	<b>330,000</b>	<b>1,999,723</b>	<b>2,238,700</b>
<b>1st year</b>	<b>390000</b>	525,000	<b>181,900</b>	35,000	<b>300,000</b>	450,000	<b>120,700</b>	160,800	<b>992600</b>	1170800
<b>2nd year</b>	<b>354720</b>	473,000	<b>256,800</b>	35,000	<b>264,853</b>	390,700	<b>130,750</b>	169,200	<b>1007123</b>	1067900

More than 50 percent of the overall programme budget requested from the SDG Fund will be transferred to national executing agencies and Government departments (Transfer and Grant to Counterpart) to support the implementation of the selected social protection programmes. 20 percent of the budget will be allocated to contractual services to conduct necessary analyses and to support implementation of specific actions.

The remaining of the budget will support staff time and missions (20 percent) for the four UN agencies involved in the JP implementation as well as for the purchase of supplies, equipment and other operating costs.

### 7.2 Budget per SDG targets

The overall budget will contribute to the achievement of the 6 proposed SDG targets with a focus on poverty reduction and social protection system building. SDG 1 in fact accounts for 36 percent of the overall budget, including downstream work (safety nets and livelihood support)

and some upstream work to develop a referral system and develop a solid M&E. Livelihood support and agricultural insurance will also contribute to SDG 2, that represents about 16% of the share of the total budget. The proposed work of social health protection and cash transfer conditional to education will support the achievement of SGD 3 and 4 that account respectively for 12 percent et 20 percent of the budget. SDG 5 and 10 are supported by upstream work and also by downstream work under output 1.5 and they count for 10 and 6 percent of the budget respectively.

SDG TARGETS		%	USD
1	<b>SDG 1-1.2:</b> "By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions"; <b>SDG 1-1.3:</b> "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable";	36%	1,531,637
2	<b>SDG 2-2.3:</b> "By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment";	16%	685,477
3	<b>SDG 3-3.8:</b> "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all";	12%	508,700
4	<b>SDG 4-4.1:</b> "By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes";	20%	846,160
5	<b>SDG 5-5.2</b> 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	10%	428,225
10	<b>SDG 10-10.2:</b> "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"	6%	238,225
TOTAL		1	4,238,423

### **7.3 Work plan, with budget per outputs**

The first semester of the JP will focus on preparatory activities in order to have all social protection interventions at the same operational level

to deliver an integrated package of interventions in 2020. Some programmes have already an operational presence in the Anosy region, including in the selected areas of intervention, like the cash transfer programme and will be implemented since the beginning of the JP, while others need to be operationalized in the intervention area. The referral system that will liaise all programmes is expected to be developed by June 2020 and will be operational during the second semester of 2020. According to the proposed timeline registration of beneficiaries in the new common system could be done in July 2020 and the integrated package of interventions can be delivered from July/August 2020.

The institutional work will begin during the first trimester of the program with some preliminary assessments and the various consultations and activities will be deployed over the two years implementation period.

Evaluation plan will be finalized before the beginning of the program, it is envisaged to have a continuous evaluation methodology with light and periodic surveys (when/if possible building on data collection already planned for the evaluation of social protection interventions, particularly the cash transfer). Information and lesson learnt from this continuous evaluation exercise will inform the program design and suggest timely revisions if necessary.

Outcome 1				an integrated package of social protection interventions to protect HH from risks and promote human and productive investments, tailored to the needs of poorest people, including people with disabilities is operationalized in a pilot district																
Output	Annual target/s			List of activities	Time frame										PLANNED BUDGET				PUNO/s involved	Implementin g partner/s involved
	2020	2021	2022		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Overall budget description	Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)			
Output 1.1: Consumption of poorest households stabilized with predictable cash transfers paid bimonthly	4,000 housheolds beneficiary of CT	4,000 households beneficiary of CT		4,000 households receive cash transfer conditional on sending children to primary school										Budget includes: cots of the CT for 4,000HH for 2 years including FID operational costs (1,090,000US\$), cost of recertification (50,000), 30% of national and international UNICEF SP staff and 2 missions/yr (100,000US\$)	450,000	790,000	1,240,000	UNICEF	FID (Fond d'Intervention pour le Développement)	
				Recertification of the eligibility of households (exit of HH no longer eligible and enrolment on new ones )																
				Travel																
				UNICEF staff time																
Output 1.2: Social Health protection operationalized in the intervention area and integrated in the SP system	Source of funds identified	Resources for financing the health coverage of the SSN beneficiary populations (who are not able to contribute) identified with the support of the project		Identification of domestic funding sources for social health coverage of households benefiting from SSN and advocacy.										200,000 USD, including 170,000 USD for direct staff cost, missions, reports, capacity building activities and 30,000 USD for technical backstopping for products (staff costs).	170,000	30,000	200,000	ILO	WHO	
				Support for the design and management of an integrated referencing and affiliation mechanism with the other social protection programs present in the intervention area, in particular the SSN and the new referral system (outcome 1).																
				Capacitycation of the responsible authorities in the area of intervention for the determination of eligibility, affiliation and monitoring.																
	Mechanism designed, informal platforms functional, Service providers are aware of the SHP scheme	Social health protection is doted mechanisms that simplify membership for people in the informal economy		Capacity building of informal economy platforms. (The purpose of the activity is to strengthen the organization of existing workers and producers in order to improve their ability to organize their members and act as a point of entry to new members).										120,000 USD, including 100,000 USD for direct staff cost, missions, reports, capacity building activities and 20,000 USD for technical backstopping for products (staff costs).	100,000	20,000	120,000	ILO	WHO	
				Support for the formalization of an operational mechanism facilitating group affiliation to social health protection. (The purpose of this activity is to avoid anti-selection and improve the ability to circulate information to platform members on eligibility, rules of affiliation, effective access to care, etc.).																
				Technical support and capacitycation of the health coverage institution for affiliation, purchasing and collection of contributions.																

Output 1.3: Poorest households are affiliated to a pilot agricultural insurance scheme	5,000 households beneficiaries of Insurance Premium	5,000 households beneficiaries of Insurance Premium		capacity building for insurance companies											Budget includes: capacity building, insurance premium, maintenance, distribution, staff time	493,300	565,700	1,059,000	WFP	
				pailement of insurance premium for poor HH																
				Product maintenance																
				Insurance Distribution																
				WFP Staff Time																
Output 1.4: HH benefit from livelihood support according to their productive capacity	5 000 households benefiting from Post harvest lost activities and livelihood support.	5 000 households benefiting from Post harvest lost activities and livelihood support.		Support agricultural and livestock production (activities supported by FAO, not budgeted)											Budget includes post harvest activities: Provide post-harvest handling & storage training, support private sector supply chains, Stimulating economic growth and food security through market information systems	0	275,000	275,000	WFP	
				Post harvest activities : facilitate access to markets for small holders farmers																
Output 1.5 (transversal): C4D and GBV protection activities are implemented to support various aspects of program implementation	2 new modules developed	2 new modules implemented		development of new sensitization modules for the needs of the program component											Budget includes: cost of implementing the C4D strategy in 1 district for two years (90,000US\$), 30% contribution to Unicef C4D expert for two years (20,000US\$).	37,000	73,000	110,000	UNICEF	Ministry of Population, FID, local platforms and community leaders
				Identification of local actors/stakeholders for the C4D strategy																
				Development of a C4D work plan at district level																
				Cascade top down trainings and implementation of the C4D workplan																
				Staff time UNICEF																
	20% of GBV survivors including disabled people have accessed to the essential services package in the intervention areas	50% of GBV survivors including disabled people have accessed to the essential services package in the intervention areas		Develop the capacity and skills of beneficiaries women and youth with disabilities to ensure that they understand and can claim their rights including GBV prevention and response											Budget includes: cost of capacity building, costs of implementing behavioral change communication, supplies, materials, equipment, missions, staff costs	160,000	260,000	420,000	UNFPA	OHCHR, PFPH-MAD, Ministry of Population
				Strengthen the capacity of the duty bearers in the Program to guarantee the rights of people with disabilities and their access to services in the intervention areas																
				Increase community awareness on positive practices towards the most vulnerable groups, including women and young people with disabilities, through social and digital media																
				Promotion of a supportive protective environment for GBV protection including mechanisms for intersectoral coordination and referral in the intervention areas, *** (Strengthen capacities of GBV referral pathways and networks, multi-sectoral coordination platforms, health centers, youth centers, Listening and Legal Counseling Centers, Police, Magistrates, community leaders and households for GBV prevention and response)																
				UNICEF																



Outcome 2			Reinforced institutional framework for social protection to ensure national scale up of the integrated model and long term sustainability																				
Output	Annual target/s			List of activities	Time frame								PLANNED BUDGET						Joint SDG Fund (USD)	PUNO Contributions (USD)	Total Cost (USD)	PUNO/s involved	Implementing partner/s involved
	2020	2021			2022	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall budget description									
Output 2.1: A referral system has been developed and operationalized	1 harmonized tool for registration developed and 1,500 HH registered in the registry	4,000 HH registered in the registry		feasibility analysis to evaluate the better options to develop the referral system										Budget includes: feasibility analysis (50,000USD), a series of workshops (5,000USD), development of the questionnaire and ICT programming in the national registry (50,000USD), capacity building for the Ministry of Population at regional/district level (50,000USD)	105,000	50,000	155,000	UNICEF	Ministry of Population				
				national discussions with SP stakeholders on targeting and program enrolment																			
				developing of a common registration tool (harmonized questionnaire)																			
				Strengthen the national institutional system at decentralized level to create a single window at regional/district level																			
				Registration of beneficiaries (this will be done during recertification, see budget above)																			
Output 2.2: Technical assistance for revision of the legal and institutional system	1 package of intervention identified	1 package of intervention operationalized		Identify a package of intervention tailored to the needs of people with disabilities											0	85000	85,000	UNICEF	Ministry of Population				
	NCD established	NCD operationalized		Establishment and operationalization of the national Commission for Disability (NCD)									Budget includes: cost of capacity building, operationalization of the NCD, workshops, mass campaigns, supplies, materials, equipment, missions	75,000	70,000	145,000	UNFPA	OHCHR, DFFH-MAD, Ministry of Population					
			Capacity Building on Promoting and Protecting the Rights of People with Disabilities																				
			Review of the national legal and institutional framework for effective inclusion of people with disabilities																				
			Vulgarization and promotion of texts and good practices on the protection of people with disabilities																				
			Travel																				
Output 2.4 : Increased knowledge on the impact of SP on poverty reduction	1 evaluation report produced	2 evaluation reports produced	final evaluation output produced	Activities will be detailed in the evaluation plan										104,000	0	104,000	UNICEF in collaboration with ILO/WFP/UNFPA	Ministry of Population					
Output 2.3: Institutional strengthening and coordination on social health protection integrated to the social protection system	Capacity building plan agreed and in place	The institutions in charge of social health protection in the intervention zone have a better capacity of administration and coordination.		Technical support to operationalize and systematize identification, affiliation and administration procedures based on existing pilot experiences in Madagascar.									120,000 USD, including 100,000 USD for direct staff cost, missions, reports, capacity building activities and 20,000 USD for technical backstopping for products (staff costs).	90000	10000	100000	ILO	WHO					
				Technical support and capacitation for a coordination and monitoring mechanism of social health protection coverage in the Anosy region (including key management indicators and financial ratios).																			
				Analysis of the beneficiaries' and facilities' satisfaction and possible adjustments to be made concerning the parameters of the coverage.																			
				Capacitation on the key functions of social health protection illustrated by the experience of the area of intervention. (This activity will be carried out on the basis of an analysis of the key results and lessons learned - on the key dimensions of social health protection coverage - affiliation, collection of contributions, financial sustainability of the scheme, relations with health care providers).								60,000 USD including 50,000 USD for direct staff cost, missions, reports, capacity building activities and 10,000 USD for technical backstopping for products (staff costs).	50000	10000	60000	ILO							
				Knowledge dissemination to stakeholders on good practices in social health protection, in line with relevant international conventions. (In particular, the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Medical and Sickness Benefits Convention, 1969 (No. 130)).																			
Communication				Communication plan																			
Communication				see detailed information in the communication plan												34600	0	34600	collaboration with	Ministry of Population			
Total															1,868,900	2,238,700	4,107,600						
Recovery (7%)															130823								

## Annex 8. Risk Management Plan

<b>Risks</b>	<b>Risk Level:</b>	<b>Likelihood :</b>	<b>Impact:</b>	<b>Mitigating measures</b>	<b>Responsible Org./ Person</b>
<b>Contextual risks</b>					
While social protection is clearly identified as a priority in national strategies, the budget so far allocated in finance law remains well below the needs identified in the NSPS action plan with the risk that the national social protection mid term objective will not be met	9	3	3	UNICEF will continue to advocate for increasing allocation of resources for social protection by i) identifying possible public finance reforms that will increase SP resources and ii) generating evidence around the impact of social protection on poverty reduction	UNICEF
Humanitarian situations will undermine development gains and characterized by neglect of disabled people needs and gender-based violence	9	3	3	Efforts will be made to identify and engage strategic partners with the capacity necessary to deliver the critical assumptions.	UNFPA
Social, and cultural norms may oppose some elements of the JP. This includes a growing opposition to disabled people needs and rights	9	3	3	Challenges will be addressed through innovative approaches for enhanced partnerships and improved use of communications	UNFPA
<b>Programmatic risks</b>					
The design of the project is relatively complex with 4 social protection interventions (at different stage of development) implemented in the same geographic area by various actors. Weak coordination of the Ministry of	9	3	3	Technical assistance efforts will be deployed to ensure that the Ministry of Population will ensure proper coordination. The development of common	UNICEF

Population will undermine the impact of the project				administrative tools for registration, targeting and monitoring will be developed to support coordination among the various interventions	
The agricultural scheme is at very early stage of development and it is a relatively new product in Madagascar. There is the risk that smallholders will not adhere to this type of service	4	2	2	Important sensitization efforts will be implemented in the intervention area to familiarize beneficiaries on the potential positive effects of agricultural insurance	WFP
<b>Institutional risks</b>					
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.	6	2	3	The project embedded coordination within the SHP sector in its outcome 3 and further reinforced its with coordination with the overall social protection system. A partnership with the WHO and collaboration with the World Bank and various technical assistance partners members of the P4H network was secured, the project was shared with them, to ensure their alignment with the objective of coordination.	ILO
The institutions in charge of social health protection do 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	There is already a budget allocation in the budget law for 2020 for SHP. The project outcome 3 aligns directly with the national strategy on health coverage to ease the process of budget allocation within responsible institutions. In case this is not sufficient and/or additional resources are needed, the project	ILO

				secured its development within the P4H partnership which includes all major donors to the health sector and the project integrates a knowledge generation component which will provide the necessary evidence.	
<b>Fiduciary risks</b>					
Certain activities (social registry) will be implemented directly by the Ministry of Population. The Ministry of Population has very low fiduciary capacity and low budget absorption	4	2	2	The Ministry of Population has been an implementing partner with UNICEF for the last three year. They will continue to benefit from HACT trainings (minimum one per year) and the UNICEF financial team will provide supervision and if necessary support to ensure that the Ministry of Population comply with HACT procedures	UNICEF
For the cash transfer component, the funds will be transferred to the implementing agency FID. FID has a relatively high fiduciary capacity and UNICEF has never experienced major issues with them, but a minor risk remains that funds for beneficiary could be distorted by the payment agencies at local level	3	1	3	Supervision missions in the field from UNICEF staff and yearly audit will contribute to ensure that funds are effectively transferred to beneficiaries	UNICEF