Formative Evaluation of the Integrated Social Protection Programme in the South of Madagascar (United Nations Joint SDG Fund)

Final Report

To be published as a UNICEF report

Jointly Commissioned by UNICEF, ILO, UNFPA, WFP, and the Ministry of Population, Social Protection, and Promotion of Women (MPPSPF) in Madagascar

Paula Dias, Marlous de Milliano, Yasmina Haddad, Varsha Ranjit, Hannah Ring (AIR)
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MAY 2022
Evaluation Period: November 2020 – January 2022

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Acronyms

AIR	American Institutes for Research
CECJ	Centre d'Ecoute et de Conseil Juridique
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CNSS	Caisse Nationale de Solidarité pour la Santé
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons With Disabilities
CSU	Couverture de Santé Universelle
C4D	Communication for Development
DHS	Demographic and Health Surveys
EPM	Enquête Prioritaire Auprès des Ménages
FAO	Food and Agriculture Organization
FID	Fonds d'Intervention pour le Développement
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GTPS	Groupe Thématique de Protection Sociale
HCD	Human-Centred Design
HRBA	Human Rights–Based Approach
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDIs	In-Depth Interviews
ILO	International Labour Organization
IPC	Integrated Phase Classification

IRB	Institutional Review Board
ISPP	Integrated Social Protection Programme
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
MPPSPF	Ministry of Population, Social Protection and Promotion of Women Madagascar
NIMH	National Institute of Mental Health
NSPS	National Social Protection Strategy
OECD	Organisation for Economic Co-operation and Development
PFPH	Plateforme de Fédération des Personnes Handicapées
QA	Quality Assurance
RCT	Randomized Controlled Trial
SDG	Sustainable Development Goals
SSN	National Social Safety Nets
ToC	Theory of Change
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNEG	United Nations Evaluation Group
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Madagascar is one of the poorest countries in Africa, with 75 per cent of the Malagasy people and 83 per cent of children living below the international poverty line of $1.90 in 2019 (World Bank, 2020a; CIA, 2020; Silwal et al., 2020). A recent report on child poverty using the Multidimensional Overlapping Deprivation Analysis (MODA), developed by UNICEF, estimates that 67.6 per cent of Malagasy children are multidimensionally poor (deprived in at least two dimensions of well-being simultaneously) and that 23.57 per cent of children live in extreme poverty (deprived in four or more dimensions of well-being) (UNICEF, 2020b). In 2017, 82.9 per cent of Malagasy children lived on less than USD 1.90 per day, the second highest rate in the world after South Sudan (World Bank, 2020c). As of 2019, Madagascar's Human Development Index was 0.528, which is the highest it has ever been, and yet still ranks Madagascar at 164 out of 189 countries and territories (UNDP, 2020). Since 2020, the COVID-19 (coronavirus) pandemic negatively affected Madagascar's economy, which had experienced growth over the previous three years. It is expected that recent declines in the poverty rate will be reversed (World Bank, n.d.).

The extreme poverty is further aggravated by natural and environmental disasters, such as cyclones and extended drought in the south. In fact, the south of Madagascar – one of the least developed regions of the country – is facing its fourth consecutive year of drought, the effects of which are expected to quadruple child malnutrition in the region (UNICEF & WFP, 2021). The Anosy region is one of the southern regions disproportionately affected by natural disasters such as drought. According to the 2020 MODA analysis, 79.9 per cent of the children in Anosy are multidimensionally poor (deprived in at least two dimensions), and 34.0 per cent live in extreme poverty (deprived in four dimensions or more) (UNICEF Madagascar, 2020).

Evaluation approach

External evaluation timeline: March 2021–April 2022 (In total, two data collection rounds; baseline and endline).

Data collection sites: Three communes in the district of Amboasary: Behara, Ifothaka and Tanandava Sud.

Objectives: Assess the relevance, coherence, effectiveness, efficiency, and sustainability of the Fagnavotse programme.

Methods: Quantitative data collection through monitoring surveys, cost analyses, and secondary data analyses and qualitative data collection in the form of desk reviews, key informant and in-depth interviews with stakeholders, and focus group discussions with caregivers, children, and beneficiary households.

The existing literature on social protection in Madagascar suggests that large structural problems limit the effectiveness of social protection in reducing poverty rates and that humanitarian and public health crises further amplify the need for investment in social protection, human capital development, health and education to support economic growth for a young and growing population, especially in the southern region (UNICEF, 2021).

Overview of the Intervention Being Evaluated

The Joint Sustainable Development Goals (SDG) Fund or Fagnavotse programme in Malagasy was initiated under the United Nations Sustainable Development Goal Fund and implemented between January 2020 and March 2022 through the leadership of four agencies of the United Nations (United Nations Children's Fund [UNICEF], World Food Programme [WFP], International Labour Organization [ILO] and United Nations Population Fund [UNFPA]), in collaboration with the Food and Agriculture Organization (FAO), the World Health Organisation (WHO), and the Office of the United Nations High Commissioner for Refugees (UNHCR),, and in partnership with the Government of Madagascar. The Joint SDG Fund is global fund for social protection that was launched in 2019. The Fagnavotse

programme has a total budget of USD 4,238,423, which includes USD 1,999,723 in contributions from the Joint SDG Fund.

The objectives of the Fagnavotse programme, a Malagasy word which translates to 'Rescue' in English, are the following: 1) at the downstream level, to promote social and economic inclusion of households living in extreme poverty in Madagascar, particularly those with disabilities, by integrating existing national social safety net programmes with health, social protection, gender-based violence prevention, agricultural insurance and livelihood activities; and 2) at the upstream level, to reinforce the national social protection institutional framework by support the Government in developing an efficient model that could be scaled up nationally (UNICEF Madagascar, 2020).

UNICEF, together with the government, WFP, UNFPA and ILO, commissioned the American Institutes for Research (AIR) to conduct an independent formative evaluation of the Fagnavotse programme. While the evaluation was a requirement of the SDG Fund, the formative design was chosen by the implementers to allow for frequent feedback and adjustments during the programme. The formative evaluation examined the extent to which the programme's design and initial implementation were able to meet the needs of vulnerable populations, with a special focus on people with disabilities. This final report takes into account all of the data collection conducted from 2020 to 2022 and draws in particular on the results of the final qualitative data collection phase (December 2021) and the results of the third quantitative monitoring phase (January 2022).

Evaluation Purpose and Intended Users

This formative evaluation seeks to generate knowledge and high-quality lessons learned about the Fagnavotse programme to improve implementation and inform the replication of inclusive social protection efforts in Madagascar. The primary users of this evaluation include the Government of Madagascar's Ministry of Population, Social Protection and Promotion of Women (MPPSPF), UNICEF, WFP, UNFPA and ILO. The secondary users of the evaluation include WHO, GIZ, FID, the Ministry of Agriculture, the Ministry of Public Health (along with Couverture de Santé Universelle [CSU]), FAO, UNHCR, the World Bank, FCDO, the Norwegian Embassy, the Groupe Thématique de Protection Sociale (GTPS), the Joint SDG headquarters, relevant agencies, and regional offices.

Evaluation Objectives

The specific objectives of the formative evaluation are to examine the design of the Fagnavotse programme, to assess whether the plans for the United Nations Joint SDG Fund align with the national social protection strategy and to document and provide recommendations and lessons learned on the design and integration process of social protection programmes in the south of Madagascar.

Evaluation Methodology

We developed a mixed-methods and formative approach that relied on continuous data collection and regular analysis of key indicators to enable regular feedback on the performance of the Fagnavotse programme, including its relevance, coherence, effectiveness, efficiency and sustainability. Our methods included quantitative monitoring surveys administered in 42 households in each commune (total n=126) from August 2021 – January 2022, secondary data analyses of M&E programme data, cost analyses and evaluability assessment, along with qualitative methods implemented from November 2020 to December 2021 such as stakeholder mapping, 81 key informant interviews (KIIs), 48 in-depth interviews (IDIs), 12 focus group discussions (FDGs) and a desk review. As much as possible, we used the quantitative and qualitative methods to complement each other so that findings could be triangulated.

Limitations and Mitigation Strategies

We identified four primary limitations to the study and developed appropriate mitigation strategies:

1. Due to implementation delays linked to the COVID-19 epidemic and the drought emergency in the South of Madagascar, the activities related to integration of the various programme components were not implemented in time for the evaluation team to be able to observe the outcomes.[1] To mitigate this limitation, we adapted the evaluation design as described in Section 5 and adapted the endline research instruments to explore the barriers to integration more deeply.
2. The limited time during which all four programme components were operational simultaneously hindered our ability to fully assess implementation processes and beneficiaries' experiences of the programme. Therefore, we were not able to capture much data about the experience of beneficiaries of the social health insurance component, which only became operational at the end of the programme period. To address this limitation, we draw on KIIs with programme implementers and programme documents to fill that gap whenever possible.
3. The evaluability assessment highlighted that there was no one available source of data to evaluate baseline values of the medium-term outcomes of the programme on a representative sample of the Fagnavotse target population. To the extent possible, we addressed this issue by conducting interviews and surveys with actors involved in various levels and roles in the Fagnavotse programme, and complementing the analysis with monitoring data from system-specific components and summary data reported in programme documentation.
4. The programme was not able to implement a joint monitoring system which allows for the assessment of programme integration. Existing monitoring systems for different components were created largely in parallel with each other without indicators that measure integration. To address this limitation, we used administrative and monitoring data from system-specific components to complement the analysis where possible, but we did not have access to data on all components.

Key Conclusions

In this section, we present key conclusions based on the research findings described above, organized by evaluation criteria (*see Table 1*).

Table 1. Summary of Key Conclusions Organized by Evaluation Criteria

Evaluation Criteria	Key Conclusions
Relevance	• The programme as planned was well aligned with Madagascar's national social protection strategy as well was the ONE UN strategy. • The context of the Anosy region was taken into account in the design and implementation of the programme,. • Many beneficiaries stated that the programme did not fully meet their needs and that they needed larger cash transfers, more medicine and more support overall. However, 73 per cent of agricultural insurance beneficiaries interviewed for a monitoring survey were satisfied with the amount of assistance (WFP, 2021). • The programme was not as relevant to the specific needs of people with disabilities due to the emergency situation in the south of Madagascar, which led the programme to refocus on emergency response and caused implementation delays in the disability-

[1] The single window started operating in January 2022, while endline data collection was concluded in December 2021.

Evaluation Criteria	Key Conclusions
	sensitive targeting and in the launching of the equal opportunity grant for people with disabilities (the targeting was completed in April 2022 and the first payment of the equal opportunity grant is planned for May 2022). However, the programme was shock-responsive in relation to the drought emergency situation.
Coherence	• The joint programme addresses gender inequalities by spending most of the disbursed funds on gender equality and women's empowerment. • Comparative strengths include the holistic approach, which increased programme efficiency and overall impact. • Barriers to coordination and convening of the joint programme included lack of clarity around the role of each organisation in the process of integration, lack of accountability around coordination (each agency was responsible for coordinating with the other implementing agencies, and UNICEF did not have additional funds for coordination), and the realities of the emergency situation which caused some agencies and ministries to focus on other priorities such as the covid-19 crisis. • Slow communication channels from ministries led to some agencies implementing activities of their component on their own timeline, hindering an integrated timeline approach for implementation.
Effectiveness	• The programme was able to partially achieve the objective of delivering to 4,000 households in the Anosy region an integrated package of social protection interventions tailored to the needs of the poorest population, including people with disabilities. The cash transfer component exceeded its original target, delivering cash transfers to 9,745 households. • Although all four components are operational, the disability-sensitive targeting, single window and referral system were only implemented at the end of the project period (January 2022). • Some respondents reported delays in receiving the cash transfers (or receiving payments irregularly), while others reported delays in agricultural insurance payments. Even though this was the experience of multiple beneficiaries, we could not verify these statements with administrative data. • The objective of strengthening the institutional framework for social protection to ensure national scale-up of the integrated model has not been fully achieved due to delays in the establishment of the single window and referral system, which were operationalised only in the first semester of 2022. • Barriers to integration included the lack of use of shared targeting mechanisms, which impeded the coordination and integration of the programme. The lack of a monitoring system with integration/synchronisation of indicators also hampered monitoring and measurement of progress across components of the programme. While the joint program did not explicitly plan to have a fully integrated M&E system, respondents indicated that this would have been useful. Further, in the absence of integrated monitoring information, it was not possible to assess whether multiple components reached the same beneficiary households.
Efficiency	• While integration was not fully achieved, the organisational set-up of the programme was considered efficient by stakeholders. • Collaboration seems to be working well between the UN agencies responsible for implementation under the ONE UN approach. However, coordination with key ministries has been less consistent. • Activities related to the programme were not thought to be sufficient to improve the situation of vulnerable households. • The majority of the budget allocation was targeted at downstream activities (70 per cent), while 21 per cent was allocated for upstream activities. Budget for upstream activities can decrease over time once capacity and structures are established.

Evaluation Criteria	Key Conclusions
	• Due to the emergency situation, UNICEF spent more than expected, but stayed within the allocated amounts. Expenditure data from UNICEF and UNFPA showed that both agencies spent slightly less than the allocated amount.
Sustainability	• The initial implementation period (only two years, less than that if we consider the period when all components were functioning) was not long enough to focus on sustainability. • Any positive changes resulting from Fagnavotse supports are not likely to be sustained over time given the high levels of poverty and vulnerability in the south, which are compounded by the ongoing drought. • Centres d'Ecoute et de Conseil Juridique (CECJs) and agricultural insurance showed slightly more promise in terms of sustainability, due in part to having fewer implementation delays than some other components, and also being embedded in existing government structures. • Scepticism or lack of understanding of social protection programs on the part of the government may hinder the government's buy-in and future commitment to the joint programme.

Lessons Learned

Several lessons learned emerged from the evaluation findings that can inform future social protection programming:

5. **Two years is simply not enough time** to establish systems and coordination mechanisms to deliver multiple interventions coherently to the same target group.
6. Integrated programs involving multiple implementing agencies and stakeholders require **robust communication and coordination mechanisms**. Respondents lamented the lack of shared tools that allow for observing whether households receive multiple services, and expressed a desire for more frequent communication about the status of activities, primarily with ministries and implementing partners.
7. **Achieving convergence of multiple interventions on the same beneficiaries is quite difficult** and requires careful planning and coordination from the outset. Shared beneficiary databases, targeting and registration information are needed to ensure convergence – all of which proved difficult to establish during the first two years of the joint programme.

Recommendations

The evaluation team developed recommendations for the Fagnavotse programme based on the research findings and conclusions of this study. These recommendations were validated by the evaluation reference group in a participatory validation workshop on 4 May 2022. Here, we present the recommendations in *Table 2*, organised by priority, as designated by the workshop participants.

Table 2. Recommendations

	Recommendations
1	Until the social registry is adequately established, implementers should ensure the use of shared platforms and harmonized targeting tools from the beginning to ensure the feasibility of integration among different programme components. (3 – priority /3 – feasibility)
2	Implementing agencies should prioritize community engagement in all aspects of programme implementation. For example, implementing agencies can consider how to better involve and mobilize local actors to raise their awareness of the programme, to provide more regular updates to beneficiaries on activity timelines and delays, and to ensure consistent messaging about the services across all three communes. (3 – priority /3 – feasibility)

3	Each implementing agency should ensure the collection and data entry of basic monitoring data for each programme component. Monitoring systems should be secured and accessible to the relevant stakeholders. Implementing agencies should consider integrating tracking systems or at least ensuring that they are interoperable and linked by a unique identifier. (3 – priority /3 – feasibility)
4	During all interactions with beneficiaries, implementing agencies should ensure that communication covers not only the activity at hand but also the broader joint programme services. Implementers should consider choosing programme names that are highly distinctive and thus reduce the potential for confusion between programmes. (3 – priority /3 – feasibility)
5	Implementing agencies should include government stakeholders in United Nations SDG Fund meetings and increase the frequency of interactions with relevant ministries. (3 – priority /3 – feasibility)
6	Implementing agencies should continue to advocate for integrated social protection with the government, including sharing some of the achievements of the Fagnavotse programme. Further, implementing agencies should consider developing a handover plan in the next phase of the joint programme. (3 – priority /2.5 – feasibility)
7	Although recruitment processes are underway for MPPSPF staff at the local and district levels, MPPSPF should play a more active role in coordination at all levels. (3 – priority /2 – feasibility)
8	Donors and implementing agencies should consider extending the implementation period to ensure that appropriate structures are in place at the district and commune levels to sustain the programme with all its components. (3 – priority /1.5 – feasibility)
9	Implementing agencies should establish a dedicated platform or communication channel to ensure coordination between key implementing agencies and relevant ministries, and clearly assign roles and responsibilities to ensure effective collaboration. (2.5 – priority /2 – feasibility)
10	Implementing agencies should consider selecting a more stable region (less exposed to climate shocks) when piloting a complex integrated social protection programme in the future. (1 – priority /2 – feasibility)

1

1. Introduction

The Fagnavotse Joint Programme aims to support the Government of Madagascar in strengthening its social protection system, with a special focus on gender and people living with disabilities. The Government of Madagascar, along with UNICEF, WFP, UNFPA and ILO, has developed an integrated package of social protection interventions that includes social safety nets, social health protection, schemes for reducing gender-based violence, agriculture insurance and livelihood promotion activities. The ultimate goals of the programme are to promote social and economic inclusion of households living in extreme poverty in Madagascar by providing them with complementary social protection interventions aimed at supporting consumption, managing socio-economic risks, and promoting human and productive investments and to reinforce the national social protection institutional framework by supporting the government in developing an efficient model that could be scaled up nationally.

UNICEF, together with the government, WFP, UNFPA and ILO, commissioned the American Institutes for Research (AIR) to conduct an independent formative evaluation of the Fagnavotse programme. AIR used KIIs, in-depth interviews (IDIs) and focus group discussions (FGDs), as well as a desk review, household surveys and existing programme cost data, for this evaluation. Results of the formative evaluation will be used to inform future iterations of the joint programme and the potential national scale-up of the complementary services.

We begin this report with a short background section and then discuss the theory of change underlying the programme. After a brief discussion of the different elements of the evaluation design, we move on to evaluation findings, categorized into these main themes: relevance, coherence, effectiveness, efficiency and sustainability. Finally, we discuss conclusions, lessons learned and key recommendations.

2. Social Protection Context in Madagascar

Madagascar is one of the poorest countries in Africa (CIA, 2020) with one of the largest number of people living below the international poverty line ($1.90 per day) (World Bank, 2020a). More than half of the population in Madagascar are under 20 years old, and 47 per cent of children are stunted (UNICEF, 2018; World Bank, 2020b). Further, the Government of Madagascar has not been able to successfully meet the Millennium Development Goals, and progress towards achieving the Sustainable Development Goals is slow (UNICEF, 2018; UNDP, 2015). A recent report on child poverty using the Multidimensional Overlapping Deprivation Analysis (MODA), developed by UNICEF, estimates that 67.6 per cent of Malagasy children are multidimensionally poor (deprived in at least two dimensions of well-being simultaneously), and 23.57 per cent of children live in extreme poverty (deprived in four or more dimensions of well-being) (UNICEF, 2020b). In 2017, 82.9 per cent of Malagasy children lived on less than USD 1.90 per day, the second highest rate in the world after South Sudan (World Bank, 2020c). As of 2019, Madagascar's Human Development Index was 0.528, which is the highest it has ever been, and yet still ranks Madagascar at 164 out of 189 countries and territories (UNDP, 2020). There are also regional poverty disparities across the country and between urban and rural areas. Less than 40 per cent of the country's population reside in urban areas (CIA, 2020).

In the south of Madagascar – one of the least developed regions of the country – the cycle of poverty is further aggravated by natural and environmental disasters. The country experiences

cyclones at least three times a year, disrupting essential services (UNICEF, 2018). In 2017, the Grand Sud, a region in the south of the country, was affected by a drought, protracted by El Nino, which severely impacted food security and water availability and disrupted essential services for more than 1 million people (UNICEF, 2017, 2018).

The Anosy region is one of the southern regions which have been disproportionately affected by natural disasters such as drought. Compounding these events is the fact that 70 per cent of the population of Anosy, or over 80,000 households, live in extreme poverty (Celada, 2017). Further, according to the 2020 MODA analysis, 79.9 per cent of the children in Anosy are multidimensionally poor (deprived in at least two dimensions), and 34.0 per cent live in extreme poverty (deprived in four dimensions or more) (UNICEF, 2020b).

As of November 2020, approximately 1.3 million people in the south of Madagascar were in dire need of emergency food and nutrition assistance (WFP, 2020). In the Amboasary district, an assessment conducted by WFP found that 75 per cent children dropped out of school to help their families forage for food (WFP, 2020). The extreme hunger and malnutrition observed is the result of three years of drought exacerbated by the global environmental crisis and the COVID-19 pandemic (WFP, 2020). In early March 2020, the government implemented the Contingency and Response Plan on COVID-19. As part of the plan, the government enforced a lockdown and mandated the closing of markets throughout the country. By early September 2020, with reported cases dwindling, the lockdown and barrier measures were lifted. The country faced a second wave of the pandemic starting in April 2021. To date, Madagascar has seen approximately 64,121 COVID-19 cases and 1,391 deaths (WHO, 2022). Since 2020, the COVID-19 (coronavirus) pandemic negatively affected Madagascar's economy, which had experienced growth over the previous three years. It is expected that recent declines in the poverty rate will be reversed (World Bank, n.d.).

The humanitarian and public health crisis further amplifies the need for investments in social protection, health and education to support economic growth for a young and growing population, especially in the southern region. As such, the Government of Madagascar and humanitarian agencies are currently implementing several cash transfer and social protection programmes as a response to development needs and natural emergencies (Celada, 2017). According to the Integrated Phase Classification (IPC) estimate in 2016, in the Amboasary district of Anosy, almost 65 per cent of the households are vulnerable and in need of cash transfers (Celada, 2017). In response to the extreme needs in Anosy, both the Government of Madagascar and international organizations provide social protection services to support household consumption, livelihoods, and water and sanitation (Celada, 2017).

3. Programme Description

The Sustainable Development Goals (SDG) Fund or Fagnavotse programme (in Malagasy) was initiated under the United Nations Sustainable Development Goal Fund (Joint SDG Fund) through the leadership of four United Nations agencies (United Nations Children's Fund [UNICEF], World Food Programme [WFP], International Labour Organization [ILO] and United Nations Population Fund [UNFPA]), in collaboration with the Food and Agriculture Organization (FAO), the World Health Organisation (WHO), and the Office of the United Nations High Commissioner for Refugees (UNHCR), and in partnership with the Government of Madagascar. The Joint SDG Fund is global fund for social protection that was launched in 2019. The programme was implemented between January 2020 and March 2022, and included both 'downstream' (i.e. supporting households) and 'upstream' (i.e. strengthening institutional systems) elements. While the original design aimed to reach at least 4,000 households, this number was surpassed due to adjustments made during the humanitarian crisis and between 2020 and 2021, and 75,000 people were reached. The Fagnavotse programme

has a total budget of USD 4,238,423, which includes USD 1,999,723 in contributions from the Joint SDG Fund. The funding from the Joint SDG Fund comprises of USD 744,720 by UNICEF, 564,853 by WFP , USD 410,000 by ILO and USD 235,000 by UNFPA. The remaining amount for the Fagnavotse programme comes from other resources mobilized by the various agencies. The Joint SDG Fund funding for the programme expired in April 2022, but the different programme components will continue with other sources funding (with exception of the social health insurance).

The Fagnavotse programme, a Malagasy word which translates to 'Rescue' in English, has two primary objectives: 1) at the downstream level, to promote social and economic inclusion of households living in extreme poverty in Madagascar, particularly those with disabilities; and 2) at the upstream level, to reinforce the national social protection institutional framework by support the Government in developing an efficient model that could be scaled up nationally (UNICEF Madagascar, 2020). Through the Fagnavotse programme, vulnerable individuals can receive a package of interventions including unconditional cash transfers, health insurance, agricultural insurance, livelihood activities and activities to reduce gender-based violence (GBV) (i.e. the 'downstream' component). The programme also provides an opportunity to strengthen the social protection system's ability to deliver integrated services through the implementation of an integrated referral system, the consolidation of a national commission in charge of people with disability to ensure that social protection interventions will be sensitive to their needs, and reinforcement of the monitoring and evaluation system for social protection (i.e. the 'upstream' component). Further, initially it was expected that the programme would reach almost 4,000 households, specifically including households with children with disabilities (UNICEF Madagascar, 2020).

Overall, the objectives of the programme reflect the implementing agencies' commitment to a human rights-based approach (HRBA) framework to improve human lives and are in alignment with human rights treaties ratified by the country of Madagascar. The Fagnavotse programme upholds the following agreements: International Covenant on Civil and Political Rights (ICCPR), International Covenant on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child (CRC) and Convention on the Rights of Persons with Disabilities (CRPD). Finally, the overreaching design of the Fagnavotse programme is aligned with several SDG goals and targets (*see Annex I)* and the government's 2019–2023 National Social Protection Strategy (NSPS).

3.1. Theory of Change

During the evaluability assessment, AIR updated and refined the Fagnavotse programme's theory of change (ToC) as provided in the evaluation's ToR to ensure that activities were in line with the current implementation and included assumptions and risk factors (see Annex B for the refined ToC). The evaluability assessment also highlighted the limitations of the current formative evaluation in assessing all the components of the ToC, especially with regards to long term outcomes and impacts. Nevertheless, the ToC remains the key framework guiding the research design to rigorously and thoroughly examine the dynamics of providing integrated social protection in Madagascar's Anosy region and strengthening the institutional framework. Below in Section 4 and 5 we describe how we test the linkages and pathways of the ToC to analyse the relevance, coherence, effectiveness, efficiency and sustainability of the integrated programme to reduce vulnerabilities and increase resilience.

The ToC divides programme activities into two main pillars. The first "downstream" pillar focuses on delivering an integrated package of social protection interventions to vulnerable individuals. This effort involves five main activities: an unconditional cash transfer, health insurance, agricultural

insurance, livelihood activities and activities to reduce GBV. These activities are reinforced by a joint communication for development (C4D) campaign aimed at supporting women's empowerment and decision-making. Each activity promotes household well-being through its own pathway to improve health, nutrition and education outcomes as well as to increase household resilience. Contingent on programme continuation, these outcomes will yield a medium-term impact (approximately three years after implementation) of reduction of poverty for those receiving the package of services. At the same the programme focuses on the second "upstream" pillar which includes strengthening the social protection system's ability to deliver integrated services. The main activities include implementing a referral system, providing technical assistance to revise legal and institutional systems, supporting social health protection and using evidence appropriately. Each of the institutional activities will strengthen coverage of the programme activities and feed into a second medium-term impact, the reallocation of resources to scale up integrated social protection interventions. The medium-term impacts of pillar 2 will directly strengthen the efforts in pillar 1 to reach more beneficiary households (visualized by the feedback arrow between the two pillars). Together, the two medium-term impacts will bring about the programme's objective, which is the establishment of an inclusive social protection programme in Madagascar. On the long-term the expected impact is that this inclusive social protection programme contributes to poverty reduction and stimulates economic growth in the region.

We added risk factors to the original ToC, which may affect whether programme activities can be implemented as planned and whether expected outputs and outcomes can be achieved. As part of the evaluability analysis, we identified environmental risks, such as COVID-19 and the drought, and behavioural risks (e.g., people not using the cash transfer as expected or health insurance not being used) as main threats. (Since the development of the ToC, droughts and COVID-19 have led to adaptations in the programme). We also defined assumptions, or necessary conditions, for the pathways in the ToC to occur. The main assumption is ongoing financial support after January 2022, to ensure that medium-term outcomes can be observed.

4. Evaluation Overview

4.1. Evaluation Purpose and Intended Users

The formative evaluation examines the extent to which the programme's design and initial implementation are able to meet the needs of vulnerable populations, with a special focus on people with disabilities. The main purpose of the evaluation is to generate knowledge and high-quality lessons learned about the Fagnavotse programme to improve implementation and inform the replication of inclusive social protection efforts in Madagascar. The primary users of the evaluation are the Government of Madagascar's Ministry of Population, Social Protection and Promotion of Women (MPPSPF), UNICEF, WFP, UNFPA and ILO, who are the main implementers of the programme. The secondary users of the evaluation include the WHO, WB, GIZ, FID, the Ministry of Agriculture, the Ministry of Public Health (along with Couverture de Santé Universelle [CSU]) and the Groupe Thématique de Protection Sociale (GTPS). This secondary group of users includes implementing partners (in the case of FID, Ministry of Public Health, Ministry of Agriculture, WHO), other social protection stakeholders in Madagascar (GTPS, WB, GIZ), the Joint SDG headquarters, relevant agencies, and regional offices.

The evaluation was independently conducted by the Evaluation Team from AIR, which operated under the supervision of the Research and Evaluation specialist at UNICEF Madagascar in collaboration with MPPSPF, the social protection team from UNICEF, WFP, UNFPA and ILO. The Evaluation Team was responsible for day-to-day oversight of the evaluation, as well as quality

assurance and guaranteeing the evaluation's alignment with UNICEF's evaluation standards. UNICEF's Eastern and Southern Africa Regional Office provided another layer of quality assurance to the evaluation. Further, a reference group comprised of representatives of MPPSPF, UNICEF, WFP, UNFPA, ILO, Ministry of Education and Finances (MEF), FID, World Bank, and UN's Office of the Resident Coordinator guided the evaluation processes (see Annex L for reference group list). The reference group contributed to the preparation and design of the evaluation, provided comments and feedback to ensure the quality of draft and final evaluation reports, assisted in identifying internal and external stakeholders to be consulted during the evaluation process, and contributed to disseminating the findings and conclusions of the evaluation.

The evaluation report generated findings based on primary data collection, which have been triangulated or strengthened by secondary data (based on programme, administrative and monitoring data) where possible leading to recommendations for programme implementation and lessons learned for the implementation of integrated social protection programmes in the south of Madagascar. The evaluation results will be used by primary stakeholders, especially the Government of Madagascar and United Nations agencies, to improve Fagnavotse programme implementation and inform the design and implementation of other integrated social protection programmes in the south of Madagascar.

4.2. Evaluation Scope

The thematic scope of the evaluation includes questions related to the following criteria from the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC): relevance, coherence, effectiveness, efficiency and sustainability. Since this formative evaluation focuses on the programme's design and initial results, we did not assess impact criteria. In addition, concerns about gender, disabilities, and human rights are cross-cutting to the evaluation criteria.

The geographic scope of the evaluation included the national social protection sphere in Madagascar, where the upstream work such as advocacy for social protection and health insurance took place, and the three communes where the package of integrated "downstream" services is being delivered in the Amboasary district (Tanandava Sud, Ifotaka and Behara). The chronological scope of the evaluation included programme design and implementation activities throughout the entire programme period (March 2020–January 2022).

> **Deviations From Original Terms of Reference:**
>
> The scope of the formative evaluation as presented in the inception report differed from the scope described in the original ToR with regards to the inclusion of a comprehensive baseline analysis. During contract negotiations between AIR and UNICEF, the originally proposed quantitative baseline study was removed from the design. We were not asked to replace this with an in-depth quantitative baseline analysis using secondary data. Our current design concentrates on understanding the implementation process, the alignment of the programme design with current needs, and the evaluability of the programme, not on programme impacts. With this objective in mind, we designed our mixed-methods approach to answer the evaluation questions as provided in the original ToR.

4.3. Evaluation Objectives

The objectives of the formative evaluation of the Fagnavotse programme were threefold. With the evaluability assessment as a core part of the evaluation, the first objective was to examine the design of the Fagnavotse programme, including the underlying ToC. The overall assessment sought to evaluate the extent to which the programme's design and initial implementation were able to meet the needs of vulnerable populations, particularly women and people with disabilities. Second,

we assessed whether the plans for the United Nations Joint SDG Fund align with the national social protection strategy and whether the future steps for integration evolve logically from the initial phase. Third, the evaluation documented and provided recommendations and lessons learned on the design and integration process of social protection programmes in the south of Madagascar.

4.4. Evaluation Criteria and Questions

The evaluation questions underpinning this study were based on the Terms of Reference (TOR) and organized according to modified OECD/DAC criteria (OECD, 2019). In this section, we present our approach to the following evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability. Please see Annex J for full evaluation matrices. The evaluation matrices present indicators and data sources for each evaluation question, which were informed by a preliminary desk review of relevant programme documents and a stakeholder mapping workshop with UNICEF and other implementers of the Fagnavotse programme. Across all evaluation questions, we considered issues of equity, gender equality and human rights in the design and implementation of the Fagnavotse programme.

As we discuss in detail in the methodology section, due to programme delays and readaptation of certain activities to respond to the drought emergency, we focused initial rounds of data collection on programme implementation and perceived effects of the programme components currently being implemented (agricultural insurance, GBV, and, in the case of monitoring surveys, the cash transfer programme). For programme components which were being implemented, the formative evaluation concentrated on the "short-term outcomes" in the ToC. The ToC's "medium-term" and "long-term outcomes" and "impacts" are not expected for at least three years after implementation and are therefore not incorporated in the evaluation questions below.

To assess the ***relevance*** of the Fagnavotse programme, we investigated beneficiary needs and perceptions and determine the alignment of programme's services with broader national policies and priorities. *Table 3* below presents the evaluation questions and *Table 1* in Annex J shows the indicators and data sources we used to inform our assessment of programme relevance.

Table 3. Relevance Evaluation Questions

How relevant are the integrated social protection services aligned with priorities and with the policy at the national level?
Are the activities and outputs of the joint programme consistent with the national social protection strategy and the attainment of its objectives?
Have contextual factors (specific to each of the programme sites) been considered in the design, implementation and adaptation of integrated social protection services?
How relevant are the integrated social protection services to the needs of the most vulnerable households?
To what extent are the integrated social protection services relevant to the most vulnerable households? Have services been fully adapted to meet the needs of different groups, in particular, people living with disabilities?
Are the activities and outputs of the joint programme consistent with the intended plan for service delivery?
To what extent do beneficiaries feel the programme addresses their needs that would otherwise would have been unsupported?

The formative evaluation of the Fagnavotse programme assessed the ***coherence*** of the programme with key international commitments, including gender equality and women's empowerment, equity

for children and the extent to which a HRBA has been applied in the design and delivery of the programme. We also investigated the comparative advantage this joint programme has over other social protection programmes in delivering expected results and the added value of the coordination and convening roles. *Table 4* below presents the evaluation questions and *Table 2* in Annex J shows indicators and data sources we used to inform our assessment of the coherence of the programme.

Table 4. Coherence Evaluation Questions

To what extent is the programme addressing gender inequalities? Are the rights of people with disabilities consistently integrated in all aspects of programming and implementation?
What are the comparative strengths of the joint programme in comparison to other social protection programmes?
What are the comparative strengths of the coordination and convening roles of the joint programme? If integration has not been achieved, what impeded coordination and convening of the joint programme?

To assess the ***effectiveness*** of the Fagnavotse programme, we used data from beneficiary and implementer interviews, short surveys, and results reported in programme documents.. As discussed in the evaluability assessment, the measurement of programme effects was unfeasible with the current available data and project timeline. Following the ToC, we expected medium-term outcomes and impacts to be observed a few years after implementation (medium-term outcomes were estimated in 2022, long-term outcomes in 2030). For the evaluation questions in *Table 5*, we therefore analysed perceptions of outputs and short-term outcomes of the programme, which are immediately visible. We will also explore challenges and potential bottlenecks in programme implementation so that we could provide timely actionable recommendations to address these issues. Finally, we assessed the extent to which the Fagnavotse programme's implementation and M&E plans incorporated and clearly assigned responsibility for ensuring equity, gender equality and adherence to a HRBA.

Table 5. Effectiveness Evaluation Questions

How feasible are the social protection services with respect to meeting the needs of vulnerable households, and what are the major influencing factors?
To what extent have the programme objectives been achieved in each site? Were they achieved on time?
What have been the major factors influencing the achievement or non-achievement of the programme objectives in providing integrated services?
What have been the main challenges faced during the implementation of the joint programme?
To what extent is the responsibility for ensuring adherence to human rights, equity and gender equality objectives well articulated in the programme monitoring framework and implementation plans?
Were there any unexpected consequences of the programme?

We measured – both qualitatively and quantitatively – the ***efficiency*** of the Fagnavotse programme services and outputs (*see Table six below for the evaluation questions and Table 4 in Annex J for the indicators and data sources*). To measure both efficiency and perceived efficiency, we analysed some programme costs that were available to us on the cash transfer programme and investigated coordination and collaboration in service delivery. The latter helped us identify potential

improvements to organizational set-up and division of responsibilities. However, the feasibility of conducting a cost analysis of the entire programme was limited since we had limited access to cost data from other components.

Table 6. Efficiency Evaluation Questions

How efficiently have the integrated social protection services been managed, given the human and financial resources available? What have been the costs, including both funds and in-kind support? If not integrated, what impeded integration?
Have the integrated social protection services been implemented in an effective and efficient way, in terms of human and financial resources, compared with other alternatives? If integration has not been achieved, has the current set up of the programme been implemented in an effective and efficient way?
Are activities low in cost and affordable (yet of adequate quality to improve the situation of vulnerable households)?
Is the current organizational set-up, collaboration and contribution of concerned ministries and others working effectively to help ensure accountability and synergies? What more might be done?

Lastly, we will assess the ***sustainability*** of the benefits, results and the lessons learned from the programme. *Table 7* below presents the evaluation questions and *Table 5* in Annex J shows the evaluation questions, indicators and data sources we used to inform our assessment of the Fagnavotse programme's sustainability.

Table 7. Sustainability Evaluation Questions

To what extent have the strategies adopted by the joint programme contributed to sustainability of results, especially equity and gender-related results?
To what extent is the joint programme supporting long-term buy-in and ownership by duty bearers and rights holders?
What is the likelihood of the integrated services objectives to be sustained beyond the duration of the joint programme? If integration has not been achieved, what has impeded integration?
What are the lessons learned about the provision of integrated social protection services?
To what extent are the benefits of the joint programme likely to continue?
What have been the major factors that influenced the achievement or non-achievement of sustainability of the joint programme in Amboasary?
In what ways should the current joint programme approach be revised or modified to improve the sustainability of the programme services?

5. Evaluation Methodology

In this section, we outline the six components of our research approach, including the detailed methods and processes we followed for each, how we analysed the data collected and how we triangulated data from multiple sources. *Figure 2* shows an overview of our evaluation approach. Our approach to the evaluation was mixed methods and formative, relying on continuous data collection and regular analysis of key indicators to enable regular feedback on the performance of the Fagnavotse programme in terms of its relevance, coherence, effectiveness, efficiency and sustainability. We considered issues of equity, gender equality and human rights by employing a

gender-balanced approach to sampling and ensuring that vulnerable groups such as children with disabilities were selected in an ethical manner. We also employed appropriate techniques to collect data from vulnerable populations, such as ensuring that enumerators are familiar with the local dialect and trained to adhere to local cultural norms, using participatory methods to engage children with disabilities and employing gender-sensitive interview approaches with beneficiaries. Further, given the programme implementation delays in harmonized registration, cash transfer delivery and the health insurance component, as well as what the evaluation team learned from the stakeholder mapping exercise, we conducted a formative evaluation designed to be useful for UNICEF and its partners to understand the roadblocks they faced in the programme, make timely adjustments to programme implementation, and provide lessons learned to be applied to other integrated social protection programmes in the region.

5.1. Data Collection Methods and Data Sources

5.1.1. Desk Review

The AIR team led a desk review of existing evidence and data immediately upon commencing research activities to shape our study design and help with the evaluability assessment. We analysed project documents, existing reports/datasets, annual reviews, government policy and planning papers, cooperation agreements and existing data. See *Annex G* for a sample of the documentation we reviewed. We systematically reviewed the documents and created a summary matrix based on the evaluation questions.

The desk review informed the evaluability assessment to create a complete understanding of the programme components and current status. In the later stages of the formative evaluation, we obtained updated monitoring reports, meeting notes, and communication materials from implementers and used the desk review to enrich the interpretation of primary data. In total, we analysed approximately 50 documents (including project documents, existing datasets/reports, and communication materials) and over 30 meeting minutes.

5.1.2. Evaluability Assessment

AIR conducted an evaluability assessment to understand how well the ToC captures key outcomes and to what extent the existing programme M&E system is suited to measure those outcomes. The overall goal was to understand whether the programme design and proposed monitoring framework are adequate to demonstrate progress towards programme objectives. We used the findings to further refine the design of the formative evaluation, as described below.

The evaluability assessment consisted of programme documentation analysis, examination of proposed M&E systems and potential baseline data sources, and assessment of the theory of change to analyse its completeness and to understand whether there are any data gaps that would limit the evaluability. We developed three primary conclusions from the assessment: 1) Ensuring = establishment of M&E systems for the different components of the programme will be important to be able to assess progress on the implementation of the programme; 2) We did not find any existing or planned survey that would be able to capture a representative sample of the target population of the Fagnavotse programme around the beginning of implementation of the programme and have sufficient information on relevant indicators; and 3) Since the funding commitment for the Fagnavotse programme is currently until January 2022, we focused on the evaluability of immediate outputs and short-term outcomes and found that the primary data collection with KIIs, FGDs, IDIs and quantitative monitoring surveys can enhance the data from M&E systems.

5.1.3. Stakeholder Mapping

We conducted a preliminary stakeholder mapping exercise to validate the list of key stakeholders and clarify the roles and linkages between key actors supporting the Fagnavotse programme. The mapping took place at a participatory workshop in Antananarivo in March 2021 which solicited input from the primary end users of the evaluation, including UNICEF, MPPSPF, WFP, UNFPA, ILO and partners such as FID and PFPH.

During the workshop, the evaluation team and key evaluation stakeholders co-developed a preliminary mapping of the "key organizations and/or individuals that make up a system, including those directly affected by the system as well as those whose actions influence the system" (Gopal & Clarke, 2015, p. 2). The map systematically and visually analysed the linkages between actors involved in the Fagnavotse programme and informed data collection sampling strategies by identifying the key actors and organizations that are in the best position to provide insights relevant to the central evaluation question(s). We used the co-developed stakeholder map to validate sampling and identify missing respondents. Understanding the relationships between actors is essential to properly investigate an integrated programme that relies heavily on linkages and coordination. Further, during the stakeholder mapping workshop, we solicited inputs from key stakeholders on the main challenges of the programme and how the evaluation could be most useful to them. The resulting stakeholder maps are included in Annex H.

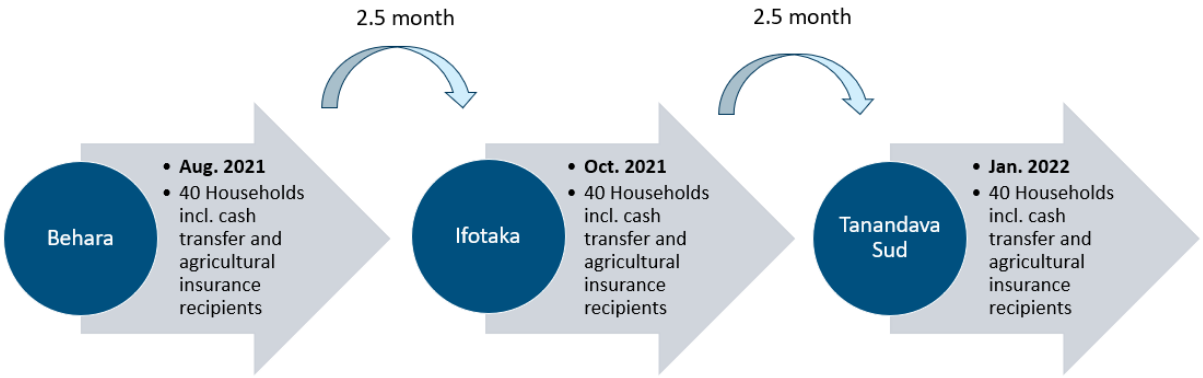
5.1.4. Short Household Survey

The quantitative analysis consists of a short household survey with the objective of monitoring the experience of Fagnavotse beneficiaries with various components of social protection services and to create a general profile of the beneficiary households at the start of the programme complemented by secondary data analysis of the documents collected for the desk review as described above, analysis of available M&E and cost data.

The short household survey covers topics on operational performance of the cash transfer programme and agricultural insurance, since these were the two elements of the Fagnavotse programme which had been widely implemented across the three targeted communes of Behara, Ifotaka and Tanandava. These data, collected throughout the study, came from beneficiaries of the programmes and provided real-time feedback on the experiences of programme beneficiaries. Due to the focus on the process the data were collected among participants once they started receiving benefits. The short household survey was collected by enumerators who were recruited and overseen by our national partner, ATW International, and co-trained by AIR and ATW.

The methodology and results of the short household survey analysis were presented in detail in two biannual reports, which complements the qualitative analysis of the formative evaluation of the Fagnavotse. We provided the first biannual report with detailed findings of first and second round of the short household survey to UNICEF in November 2021. The second biannual report incorporates all three rounds and is submitted in March 2022. Key findings of the second biannual report are also incorporated within this final report to help triangulating findings between the qualitative and quantitative sections and to present a comprehensive set of results of the formative evaluation.

Figure 1. Quantitative Approach Timeline



We conducted a short household survey over three rounds with two and a half month intervals using a stratified sample of 42 Fiavota cash transfer and agricultural insurance beneficiaries per commune ((*see Figure 1*). The sample consisted of a stratified design including households selected for the Fiavota cash transfer, households with the cash transfer and at least one child with a disability, households with the agricultural insurance and households with both the cash transfer and insurance. The respondents were the primary female caregiver of the child (see Table 3). Each round covered one of the three communes (i.e., Tanandava Sud, Ifotaka and Behara) included in the programme, thus giving a snapshot of the implementation status in each area. We conducted the first round in August 2021 in Behara, the second round in October 2021 in Ifotaka and the third round in Tanandava in January 2022 (see the biannual reports for more details on the methodology).

Table 8. Stratified sample design

Categories	Behara (Aug)	Ifotaka (Oct)	Tanandava Sud (Jan)
Households with cash transfer and at least 1 child between 5 and 18 years	19	19	19
Households with cash transfer, at least 1 child with a disability and at least 1 child between 5 and 18 years	6	6	6
Households with cash transfer and agricultural insurance and at least 1 child between 5 and 18 years	10	10	10
Households with agricultural insurance and at least 1 child between 5 and 18 years	7	7	7
Total	**42**	**42**	**42**

The short household survey focused on a subset of outcomes to ensure accurate and timely evidence about the Fagnavotse programme throughout the duration of the study. The survey includes questions on the understanding of the eligibility, received benefits, the process of receiving the benefits and usage and decision-making. The answers will help to monitor the initial implementation of the cash transfer and agricultural insurance and may highlight if there are any barriers to the implementation process or uptake. In addition, the survey includes questions on the socio-economic background of the beneficiaries including modules on health, education, children with disabilities, livelihood, food security and experience of shocks.

With 126 respondents, our sample is not representative and is not powered to detect programme impacts. For this reason, the data from these surveys only provide suggestive evidence of changes over time.

5.1.5. Secondary Data Analysis

Analysis of M&E and Cost Data. AIR collaborated with UNICEF, WFP, ILO and UNFPA and implementing partners to exploit existing secondary data to broaden the scope of the study from primary data collection. The analysis focused on operational documents and data to help us understand the processes that funders and implementers use to deliver an integrated social protection programme, as well as a review of funders' and implementers' financial and budgetary information to understand the costs associated with implementing an integrated social protection programme.

M&E Data and Documents. Due to the delay in implementation and therefore the establishment of any specific M&E systems we had limited access to M&E data, and no indicators which measure receiving of multiple services were available. We used the system specific indicators where available as well as the summaries in the Joint SDG Fund updates to assess the processes used to implement programme components and parts of the integrated social protection programme and to identify opportunities to improve those processes. We took a holistic view of funder and implementer operations and thus reviewed and analysed a wide range of sources, including extant data, internal reports and other programme review documentation.

Regarding system specific indicators, the WFP agricultural insurance component conducted a post-distribution monitoring exercise including a survey among 539 beneficiaries and non-beneficiaries and four focus group discussions. We used the results from this report to triangulate the findings from the short household survey on the agricultural insurance performance.

FID has its own MIS with information, for example, on the number of beneficiaries, the amounts distributed and the frequency of transfers for the various cash transfer programs, including the cash transfer components currently included in the Joint SDG Fund. We received information on the total number of payments, number of beneficiaries and the gender of main recipient and household head. We did not have access to the payment history of the MIS data, which would allow us to assess any payment delays.

Lastly, we obtained data on the GBV component from UNFPA and monitoring data on C4D activities.

Cost Data and Analysis. Towards the end of the programme funding period AIR worked with UNICEF and partners to gather information on resources used for the intervention. Due to the complexity in funding sources and mostly the integration of funding for Joint SDG Fund programme component into larger funding efforts from each of the involved partners the research team was unable to obtain specific budget and cost data for all programme components. We obtained detailed expenditure data from UNICEF on the funding of the cash transfer component, and from UNFPA on the GBV component; we used these data to answer research questions on efficiency.

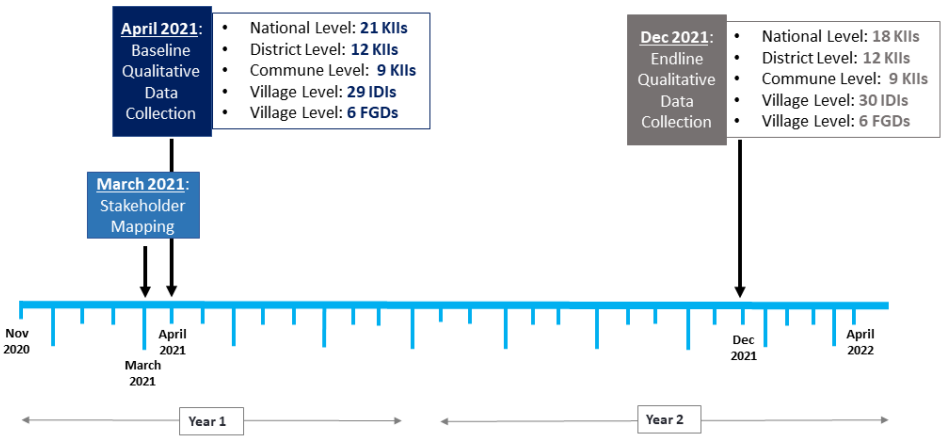
Since the formative evaluation does not include a systematic assessment of benefits, we could not conduct any type of returns of investment or cost-efficiency type of analysis. Instead, we present the costs by commune for the cash transfer component divided by various programme tasks or activities, i.e. programme administration, targeting costs, staff training, implementation costs, monitoring costs. We based the categorization on ingredients commonly used for cost-effectiveness analysis as described in the J-Pal Costing Guidelines (JPAL, 2018).

5.1.6. Formative Qualitative Data Collection

We used a qualitative approach that included an initial desk review, a stakeholder mapping workshop and two rounds of qualitative data collection. We conducted KIIs, IDIs and FGDs using

participatory methods to generate qualitative data at the national, district, regional, commune and village levels. We used these qualitative methods to examine the *relevance, coherence, effectiveness, efficiency* and *sustainability* of the Fagnavotse programme. Our approach helped illuminate strengths and challenges associated with implementing an integrated programme such as Fagnavotse as well as understand how vulnerable members of the community – the beneficiaries – experience the programme. Qualitative data were collected by enumerators recruited by our national partner, ATW, and co-trained by AIR and ATW. *Figure 2* provides an overview of our approach to formative qualitative data collection. Below, we discuss each of the methods and the associated sampling frame.

Figure 2. Qualitative Approach Overview



Qualitative Methods and Sampling. In addition to the initial stakeholder mapping and interviews of key stakeholders in Antananarivo, we visited the three communes where the Fagnavotse programme will be implemented in the Amboasary district: Tanandava, Ifotaka and Behara. Within each commune we purposefully sampled two villages for data collection, for a total of six villages. We worked with UNICEF, WFP, ILO and UNFPA and with officials from MPPSPF and GTSP to select villages to ensure diversity to the extent possible (in terms of geography, rurality, exposure to services and other criteria from the Fagnavotse programme, as agreed with the implementing agencies).

Ethical and Effective Sampling Approach. AIR recognises that following best practices for human subjects research with vulnerable populations is essential, especially because a significant portion of our sample consists of children, including children with a range of disabilities. (See Annex A for more detailed information on research ethics and strategies AIR used to adhere to ethical guidelines and ensure equitable participation.) We used purposive sampling to identify children with disabilities and vulnerable beneficiaries for this study to better understand their needs and the extent to which the Fagnavotse programme is able to consider them in programme design and implementation. Further, to ensure there was equitable inputs from interviews, we also ensured that recruitment of respondents will be gender balanced, such as collecting data from equal number of male and female beneficiaries, chiefs, community leaders and representatives from loan groups. To sample children with disabilities, we adopted a multistage approach to ensure that we identified, recruited and sampled people with disabilities in an ethical, appropriate and sensitive manner. We used UNICEF's preliminary screening of households that contain children with disabilities (based on application of part of the *Washington Group and UNICEF Child Disability Question Set*) to identify potential

respondents. For the purposes of this evaluation, we followed UNICEF's Guidelines for Disability Situation Analyses (UNICEF, n.d.) and the Convention on the Rights of Persons With Disabilities (Lansdown, 2012) and referenced UNICEF guidelines on disability-related concepts and terminology (UNICEF, 2020a). The guidelines view disabilities as a socio-political construct. We used the list of screened households to guide us in determining those who are viewed as disabled by members of the communities across the three communes. Upon arrival in each village, enumerators used a checklist to ensure they select appropriate respondents.

AIR, ATW and our national evaluation team members ensured that enumerators were trained to adhere to local cultural norms and customs when engaging with communities. This approach ensured that our research did no harm to the participants or to the surrounding community. AIR and all enumerators also adopted research strategies that have proven effective for working with children with disabilities (see Annex D) and we also ensured that there is a gender-sensitive, rights-based research approach training for enumerators.

Methods. We used three qualitative data collection tools for baseline and endline data collection: KIIs, IDIs and FGDs. Below we describe each of these.

Key Informant Interviews. We conducted a total of 82 KIIs with stakeholders involved in the design and delivery of the Fagnavotse programme over two data collection rounds (34 women and 48 men). We conducted KIIs with direct implementers of all programme components (UNICEF, WFP, UNFPA and ILO staff) at the national and district level, as well as key implementing partners/stakeholders (FID, Assurances ARO, PFPH). Further, we interviewed key ministry officials at the national and district levels from MPPSPF, Ministry of Agriculture and Ministry of Public Health; and representatives of other important organizations in the social protection space in Madagascar (World Bank, GIZ, FAO, WHO). At the community level, we conducted KIIs with village or community leaders and local implementers – representatives from village savings and loans groups and representatives from Centres d'Ecoute et de Conseil Juridique (CECJs) – to further enhance our understanding of the selection criteria for programme beneficiaries and determine if the programme is expected to meet the underlying needs of marginalized community members.

See *Table 1* in *Annex K* for the full list of respondents for each round of data collection. As mentioned above, KIIs explored issues of programme ***relevance, coherence, effectiveness, efficiency and sustainability*** as well as the extent to which ***equity, gender equality and human rights*** have been considered in the programme design and implementation.

In-Depth Interviews. Due to the sensitive nature of topics such as gender-based and disability-based discrimination, we conducted one-on-one interviews with service workers, children with disabilities and their caregivers to better understand their perspectives on the implementation of the integrated programme and whether the programme is meeting their needs within a safer space. Since the harmonized targeting and registration were not yet operational at baseline, baseline interviews with children with disabilities focused on identifying needs that can be considered by the programme.

We conducted in-depth interviews (IDIs) with children with and without disabilities and their parents; and service providers such as social workers, medical social workers and health workers (*see Table 2 in Annex K*), to understand the perspectives and lives of programme beneficiaries who are deeply affected by poverty and who are most expected to benefit from the integrated programme. In total, we conducted 57 IDIs across two data collection rounds, with a total number of 26 adults (15 women and 12 men) and 29 children (14 girls and 15 boys). Out of the 29 children, 18 were living with disabilities.

Focus Group Discussions. Focus group research involves guiding a diverse group of participants through a discussion on a particular topic. Generally, FGDs include anywhere from five to eight participants, and participants are guided through various discussion topics by a trained facilitator. Empirical research shows that three to six focus groups are sufficient to reveal 90 per cent of the relevant themes (Guest et al., 2016). Focus groups are ideal for beneficiary-level participants and can capture a broad range of experiences with and opinions about the programme. To ensure cultural sensitivity and the comfort of FGD respondents, we convened separate FGDs for women and men, and all FGDs will be led by a same-gender facilitator. We conducted a total of 12 FGDs with male and female beneficiaries from the Fagnavotse programme in three communes of the district of Amboasary, across two rounds of data collection (*see Table 3 in Annex K*). In total, there were 48 FGD participants (24 women and 24 men).

Qualitative Data Analysis. The research team coded and analysed all data from KIIs and FGDs using the NVivo qualitative software programme. The evaluation team created a preliminary coding structure based on the research questions, interview and focus group protocols and memos of ideas that emerge during data collection. The coding outline was used to organize and subsequently analyse the information gathered through KIIs and FGDs. The outline was a living document and was modified as new themes and findings emerge during data analysis. A list of definitions for the codes accompanied the outline, so that coders categorize data using the same standards. After inputting the raw data into NVivo, coders selected a sample of interviews to double code to ensure interrater reliability. The team then input the data into the thematic structure. During this process of data reduction, researchers characterized the prevalence of responses, examined differences among groups and identified key findings and themes related to the research questions.

5.2. Enhancing the Reliability and Validity of Evaluation Conclusions

Our evaluation design encourages triangulation of findings across methodologies and across data sources within methodologies. That is, we evaluated all data available to us and considered each reliable source to derive valid insights about the functioning and effects of integrated social protection programming. We then compared the results from our quantitative analysis with the results from our qualitative analysis. We staggered qualitative and quantitative data collection so that we could continuously triangulate between different approaches at difference points in time.

In addition to the triangulation among research methods, we triangulated within each method. For the quantitative analysis we triangulated primary data with secondary data sources where possible. For the qualitative analysis we designed research protocols in such a way as to document the experience and perspectives of those impacted by the programme on shared topics, events and/or issues related to the programme. By asking similar questions about common themes and issues across different actors, researchers were able to identify areas of convergence and divergence among participants and stakeholders.

Upon the conclusion of the evaluation, AIR hosted a findings validation workshop in which we presented our findings to ERG members and engaged in discussions about the lessons learned and key recommendations. During the workshop, AIR facilitated an activity in which workshop participants ranked recommendations on a scale of one to three by priority and feasibility. Each recommendation was given two scores – one for priority and feasibility – and the combination of the two determined the overall ranking of each recommendation. In this way, AIR explained our evaluation conclusions to the stakeholders and relied on their input to finalize the recommendations.

5.3. Limitations and Mitigation Strategies

We identified four main limitations to this study. They are mostly related to delays in the programme implementation due to the drought emergency in the south of Madagascar (2021-2022), the COVID-19 pandemic (2020 onwards), and institutional challenges in the government of Madagascar, which had implications for the programme objectives, evaluation design and ability to measure outcomes.

1. Due to these delays, the activities related to integration of the various programme components (such as the referral system and single window) were not completed in time for the evaluation team to be able to observe the outcomes. To mitigate this risk, we adapted the evaluation design in the manner described in Section 5. We have further refined our evaluation methodology to ensure that the timing of the primary data collection is the most meaningful for the evaluation. We did this by focusing on KIIs first, followed by FGDs, IDIs and monitoring surveys once participants started receiving benefits from one or more components of the programme. Although the single window and referral system were not operational by endline, we were still able to capture findings related to the progress achieved, which can inform lessons learned as these systems are implemented in the future.

   For the quantitative approach, rather than concentrating on the integration of the social protection programme, we designed the sample and instrument for the short household survey with a focus on the cash transfer programme and agricultural insurance. We selected these two components in agreement with UNICEF due to their established implementation early in the evaluation process. We included questions on the use of other social protection components but observed limited integration up to this point. While the assessment of the separate programme elements contributes to knowledge about the operational performance of the programme components (see the biannual report for more details), it limits the triangulation across the quantitative and qualitative components in this report.

2. Further, the limited time in which all four programme components were operational hindered our ability to fully assess implementation processes and beneficiaries' experiences of the programme. We tailored our interview questions and sampling to the components that were operational at the time of data collection – therefore, we were not able to capture much data on the experience of beneficiaries of the social health insurance component, which became operational at the end of the programme period. However, we draw on key informant interviews with programme implementers and programme documents to fill that gap whenever possible.

3. The evaluability assessment highlighted that there is no one available source of baseline data to evaluate baseline values of the medium-term outcomes of the programme on a representative sample of the Fagnavotse target population. While the latest DHS report was released in December, we used its findings to triangulate findings in this report. However, raw data from the three potential baseline data sources that we assessed (i.e., Fiavota evaluation data, DHS and EPM) were not released in time for a full baseline assessment. We included the results from the DHS were possible to complement the analysis.

4. Lastly, the programme was not able to implement a joint monitoring system which allows for the monitoring of programme integration. While some programme components have their own system or had conducted their own monitoring exercises, these were created largely in parallel with each other without indicators that measure integration. To address this limitation, we used administrative and monitoring data from system-specific components to complement the analysis where possible, but we did not have access to data on all components. For instance, we were unable to assess the WFP livelihood component and we did not receive full payment history data from FID to assess the timeliness and accessibility to cash transfer payments. This

limited the opportunity to enhance the primary data analysis with secondary and monitoring data.

6. Evaluation Findings

The sections below detail evaluation findings for research questions related to relevance, coherence, effectiveness, efficiency, and sustainability. We also provide a summary of the key findings per evaluation criteria in the beginning of each section.

6.1. Relevance

We assessed the relevance of the Fagnavotse programme in relation to Madagascar's national social protection strategy, the context of the Anosy region and the south of Madagascar, and the needs of most vulnerable households, including the needs of people with disabilities.

Evaluation Criteria	Key Findings
Relevance	• The programme as planned was well aligned with Madagascar's national social protection strategy as well as the ONE UN strategy • The context of the Anosy region was taken into account in the design and implementation of the programme. • Many beneficiaries stated that the programme did not fully meet their needs and that they needed larger cash transfers, more medicine and more support overall. However, agricultural insurance beneficiaries were largely satisfied with the amount of assistance. (WFP, 2021). • The programme was not as relevant to the specific needs of people with disabilities due to the emergency situation in the south of Madagascar, which led to implementation delays in the disability-sensitive targeting and in the launching of the equal opportunity grant for people with disabilities (the targeting was completed in April 2022 and the first payment of the equal opportunity grant is planned for May 2022). However, the programme was shock-responsive in relation to the drought emergency situation.

RQ 1. How relevant are the integrated social protection services aligned with priorities and with the policy at the national level?

RQ 2. Are the activities and outputs of the joint programme consistent with the national social protection strategy and the attainment of its objectives?

Desk study and interview data indicate that integrated services were well aligned with national policies, including Madagascar's social protection policy. Notably, programme design documents **outline programme alignment with the national social protection strategy, including strategies to achieve the four goals embedded in the national strategy and the overall goal of tripling the number of service beneficiaries of social safety nets** by 2023 (Joint SDG Fund, n.d.). Stakeholders unanimously agreed that **the programme was aligned with national priorities. The health component was particularly highlighted** as an essential component of the national social protection policy, including the National Strategy for Universal Health Coverage 2015, and the programme brought progress in operational and institutional areas (e.g., financial strategy and capacity building). Since the population in the southern zone is extremely poor, access to health care must be a priority.

In addition, a national-level stakeholder **mentioned that not only was the programme aligned with national priorities, but it contributed to creating a synergy between local partners**. This point

deserves to be emphasized because in donor interventions in Madagascar the lack of synergy and coordination between donors is frequently noted.

> *[The Fagnavotse programme is] providing support to the government in implementing national strategies and policies related to agriculture and social welfare. If we go a little deeper into that, the objective is to set up a synergy of intervention in the program that is being carried out by local partners.*

The programme also aligns with poverty reduction objectives because it aims **to improve the livelihood conditions of the population and strengthen their resilience**. These aspects are particularly important for populations regularly exposed to climatic shocks. The response of one respondent echoes this:

> *That said, the first mandate is nothing more than food, eradicate hunger in the world. The objective of the FAGNAVOTSE program is related to that mandate, which is to improve the livelihoods of these people.*

Further, the program was also aligned with the ONE UN strategy. As the first joint social protection programme implemented in Madagascar by various UN agencies, the programme helped build a common sectoral understanding, strategy and vision of social protection among the participating UN agencies, as well as establish a common voice in front of the government. In addition, a representative of a United Nations agency noted that the social protection objectives of the Fagnavotse programme were integrated into the United Nations Development Assistance Framework (UNDAF) and the United Nations Cooperation Framework for Sustainable Development (UNSDCF).

At the level of the beneficiaries, **the multiple axes of intervention of the programme were also appreciated,** and most of the respondents were able to describe the different components of the Fagnavotse programme.

Beneficiaries particularly appreciated the Village Savings and Loan Association (**VSLA) schemes and agricultural insurance,** and most reported that the **choice of the intervention area was relevant** to and consistent with the government's desire to prioritize the problems of drought and food insecurity.

> *When this FAGNAVOTSE program came, it really has been according to its name, people have been rescued, we haven't died of KERE because they saved us. We would really like to thank the FAGNAVOTSE program from the bottom of our hearts because without it we would have died.*

However, a consultant from an international organization noted **that another choice of programme area would have been more relevant in terms of poverty**, adding that the southern region may have been chosen for practical reasons (existence of several donors located in the area). This **idea was shared** by an agent of a key partner organization who argued that the programme would have been better off if it had been implemented in a more stable and less sensitive region, such as the southeast region of Madagascar.

RQ 3. Have contextual factors (specific to each of the programme sites) been considered in the design, implementation and adaptation of integrated social protection services?

Most key stakeholders stated that the context of the Anosy region and the district of Amboasary were taken into account in the design and implementation of the Fagnavotse programme. Respondents and secondary data analysis highlighted the specific problem of drought, which is a trigger for several factors related to poverty and vulnerability. This supports the idea that **an integrated programme is adequate and provides relevant solutions to address the multiple vulnerabilities of the population.**

Respondents highlighted that the urgent need for **food aid and social assistance was taken into account** by the Fagnavotse programme design. For example, the cash transfer component **was transformed into an emergency response to the drought conditions in the Anosy region.** Respondents believed that the Fagnavotse programme had saved lives and that without the programme the effects of the drought situation could have been worse. This sentiment was well captured by one stakeholder:

> *We didn't record a very high number of casualties caused by nutritional emergency or any other emergency. Almost all people survived from the current situation. Now and then, without the project, the situation would be worse. That is to say that the project tremendously contributed to save and support people's lives.*

The respondent's observation was confirmed with Integrated Food Security Phase Classification (IPC) data, which shows that while the Anosy region has been experiencing a food insecurity crisis, without intervention this would have been at least one level more severe to a food emergency (FEWS NET, NA). The **same trend was observed at the beneficiary level,** with most beneficiaries stating that the Fagnavotse programme was specifically adapted to the southern context.

RQ 4. How relevant are the integrated social protection services to the needs of the most vulnerable households?

RQ 5. To what extent are the integrated social protection services relevant to the most vulnerable households? Have services been fully adapted to meet the needs of different groups, in particular, people living with disabilities?

RQ 6. To what extent do beneficiaries feel the programme addresses needs that would otherwise not have been dealt with?

While respondents felt that the social protection services, such as the cash transfer and the health insurance, were relevant to their needs, they agreed that the support was inadequate. A national-level respondent from WHO said that the services were relevant because they used an assessment to adapt the interventions to the beneficiaries' specific needs:

> *There was an analysis of the situation in the field in terms of social protection to really understand the issues, the challenges in the district and in the region. So that helped to better frame the interventions that were implemented.*

A district-level respondent agreed that the programme meets the beneficiaries needs, but added that beneficiaries need additional assistance: *"So apart from food, children school fees and health budget, they have very few cash left to lead an activity to boost their income."* A community health worker echoed this sentiment: *"The programme meets the community's needs but, unfortunately, the medicine is out of stock so quickly and it is not enough."*

Regarding the adaptation to the needs of people with disabilities, respondents noted that the programme did not have specific adaptations in place for at the downstream level to meet the needs of people with disabilities, since the launch of the equal opportunity benefit for people with disability was relocated to another region, and most of the disability efforts were focused on the upstream program component. However, other respondents reported that while the programme served all beneficiaries and ensured that people living with disabilities were not discriminated against. A national-level respondent explained that the WHO provided training to health workers to support the humanization of care. While the course did not have any specific section on people living with disabilities, the respondent said, *"The training course really aimed to get them ready for any category of population whether they are disabled or people in good health or even women and children."* Finally, a national-level respondent noted that a barrier to supporting people living with disabilities was that the definition of disability used for targeting the people who will receive assistance is not standardized across different programmes:

> *The concept needs to be properly defined in order to prioritize those who really are in need and who require social assistance. I think that this targeting criterion needs to be improved. While the World Bank has one definition, on the other hand, the United Nations claims another type of standard. Each institution seems to have their own standard.*

The Fagnavotse programme has made advancements towards this goal, such as the disability targeting tool developed by UNICEF and implemented by the MPPSPF and the inclusion of questions about people with disabilities in the WFP post-distribution monitoring tool. However, as discussed in RQ 11, due to issues in timing of the different components, these common targeting tools were not used by all implementing agencies. Ultimately, ensuring use of these common tools, including by the ministry and other development agencies, will be key to establishing a common definition of disability across programmes.

Finally, according to responses from the beneficiaries and other district-level stakeholders, it is clear that the programme components were addressing needs that otherwise would have gone unmet, especially in the time of extreme drought. For example, a district-level respondent said, *"People are saying they really would struggle if they did not have access to these services in this situation."* For additional discussion on how the programme meets needs of the community that otherwise would not be met, see the section on RQ 25.

6.2. Coherence

Coherence covered the extent to which the Fagnavotse programme integrated concerns about gender inequality and needs of people with disabilities in the design, as well as the joint programme's comparative strengths, including its coordination and convening roles.

Evaluation Criteria	Key Findings
Coherence	• The joint programme addresses gender inequalities by spending most of the disbursed funds on gender equality and women's empowerment. • Comparative strengths include the holistic approach, which increased programme efficiency and overall impact. • Barriers to coordination and convening of the joint programme include lack of accountability around coordination (UNICEF did not have dedicated funds for coordination and each agency was responsible for coordinating with the other implementing agencies), and the realities of the emergency situation which caused some

Evaluation Criteria	Key Findings
	agencies and ministries to focus on other priorities such as the ministry of health focusing on the covid-19 crisis. • Though the role for each organization is described in programme documents, there was still confusion on defined roles for each organization amongst some respondents. • Slow communication channels from ministries led to some agencies implementing activities of their component on their own timeline, hindering an integrated timeline approach for implementation.

RQ 7. To what extent is the programme addressing gender inequalities? Are the rights of people with disabilities consistently integrated into all aspects of programming and implementation?

The joint programme is addressing gender inequalities through its specific GBV component, and by targeting female recipients for other components such as the agricultural insurance and cash transfer. The GBV component intentionally targets women. As a GBV focal point said, *"Yes, gender was considered as priority, particularly through the implementation of the GBV platform."* They also explained that the GBV platform is not fully implemented yet: *"It is already in place in Fort Dauphin, but the platform in Amboasary is not yet in place."* Still, as stated in the Joint Programme 2021 Annual Progress Report (Joint SDG Fund, 2021c), over 1,200 survivors of GBV and abuse have benefited from the CECJs, of which 94 per cent are women.

Furthermore, the annual report showed that the programme has predominantly benefited women and girls. For example, women make up 75 per cent of beneficiaries of the agriculture insurance (Joint SDG Fund, 2021c) and nearly 70 per cent of the TVA recipients (see FID data presented in RQ12). The social health insurance component has also been extended to GBV victims. Additionally, the joint programme distributed dignity kits to women and girls with disabilities to meet their primary hygiene needs. Overall, 60 per cent of disbursed funds were spent on gender equality and women's empowerment.

However, as discussed in the sections on RQs 4, 5 and 7, the programme has not yet integrated the rights of people with disabilities in all aspects of programming and implementation due to implementation delays. As a social worker said, "Until now, we haven't seen clearly the real care of people with disabilities." However, one beneficiary with disabilities said,

> *When it comes to distribution of donations for FAGNAVOTSE program, they put me first, like they really care for my disability. They make sure that I get my portion before anyone else so that I can go home earlier, because I am disabled.*

Therefore, while disability considerations have not been formally implemented, it is evident that programme implementers do what they can to meet the specific needs of beneficiaries with disabilities.

RQ 8. What are the comparative strengths of the joint programme in comparison to other social protection programmes?

Strengths of the joint programme include its holistic approach (e.g., the complementary nature of the programme design), which increases the programme's efficiency and overall impact. As a respondent from the Ministry of Public Health explained, because the programme addresses many

of the beneficiaries' needs at once, the beneficiaries are not put in a position of having to decide whether to use a cash transfer on food or for some other purposes:

> *If we focus on the livelihoods, the beneficiaries would be compelled to sell their source of incomes, same if we only concentrate on cash transfer, they would probably use it for other purposes rather than foods. That's the reason why these two components should be provided jointly in a program.*

A national-level respondent discussed how the joint programme has greater impact because of the compounding impact of multiple efforts from multiple organizations: *"The integration of the work done by the ILO to include beneficiaries from the UNFPA and from the WFP to get health social protection needs to be emphasized. We aim for the same beneficiaries which anyway are at the same time beneficiaries from the UNICEF security net. So, there is more impact at this level."* Finally, a national-level respondent from UNFPA highlighted that the complementary nature of the joint programme ensures that all vulnerable populations are supported in one programme:

> *Complementarity is what makes the Joint Program good, because if I just take the case of the UNFPA, regarding prevention and response to GBV or the inclusion of people living with disability, there are other intervention areas that UNFPA can't do this work since they are not part of its mandate. But, with the Joint Program, there is complementarity that gives life with full services packages for the beneficiaries in the region.*

Overall, the strengths of the joint programme in comparison to other social protection programmes derives from the increased capacity and scope that joint programmes allow as well as the coordination among organizations that can ensure a holistic and comprehensive response. However, as detailed in the section on RQ 13, the delays in implementing the tools and systems for integration – such as the single window and referral system, which were only implemented at the end of the programme, in January 2022 – may have hindered the potential complementarity of the joint programme.

RQ 9. What are the comparative strengths of the coordination and convening roles of the joint programme? If integration has not been achieved, what impeded coordination and convening of the joint programme?

Respondents overwhelmingly agreed that integration had not been achieved and instead discussed barriers to coordination and convening of the joint programme such as lack of a common understanding of social protection, lack of defined roles for each organization, lack of accountability around coordination, and the realities of the emergency situation.

The lack of a common understanding of social protection among organizations acted as a barrier to the convening of the joint programme. As a UNICEF respondent explained, *"Each agency did not have the same level of understanding of social protection. We had to spend two years gaining a common understanding of social protection. It was hard to work together because we did not know where we were going."* Without this common understanding, it was difficult for organizations to understand their mandate and how it related to those of the other implementing organizations, which is key to the successful implementation of any programme.

Many respondents said that the roles of the organizations were not clearly laid out at the beginning of programme roll-out. For example, a district-level government respondent said, *"In my own perspective, there should have been an established basis since the beginning, it should have been clarified through the planning and pre-planning process to avoid confusion and misunderstanding about the roles of each stakeholder, during the project execution."* Relatedly, without clearly defined

roles, respondents said that there was a lack of accountability around coordination of the programme. Although UNICEF played a coordinating role for the joint programme under the ONE UN approach, the agency did not have additional funds for coordination activities. Further, as far as the evaluation team is aware, there was no designated coordinator role in the Fagnavotse programme, with each implementing agency being responsible for coordinating with the others. As a national-level respondent said, "*There are people who, between quotation marks, are meant to do the coordination through their bi-weekly meeting, but it has not reached the approach of weekly planning and we lack accountability in the process*." When there is a lack of role definition among a group of actors, it leads to confusion in terms of implementation and accountability that, in turn, can negatively affect the convening of a joint programme.

Finally, respondents said that the emergency situation impeded coordination because implementing partners were focused on their immediate and life-saving responses. For example, a national-level respondent said, *"It is common knowledge that the humanitarian organizations don't have time to coordinate or work on process. Their priority and focus is on saving lives."* Therefore, while there were many organizational barriers to effective coordination of the joint programme, the urgency created by the emergency situation also played a significant role in impeding the ultimate convening of the programme.

6.3. Effectiveness

For effectiveness, we assessed how effective the Fagnavotse programme is in addressing the needs of the most vulnerable households, the extent to which the programme achieved its objectives and goals according to plan, the main influencing factors and challenges to implementation, and any unintended consequences of implementation.

Evaluation Criteria	Key Findings
Effectiveness	• The programme was able to partially achieve the objective of delivering to 4,000 households in the Anosy region an integrated package of social protection interventions tailored to the needs of the poorest population, including people with disabilities. The cash transfer component exceeded its original target, delivering cash transfers to 9,745 households. • Although all four components are operational, the disability-sensitive targeting, single window and referral system were only implemented at the end of the project period (January 2022). • Some participants reported delays in receiving cash allowances (or irregular receipt of payments), while others reported delays in agricultural insurance payments. Even though this was the experience of multiple beneficiaries, we could not verify these statements with administrative data. • The objective of strengthening the institutional framework for social protection to ensure national scale-up of the integrated model and long-term sustainability has not been fully achieved due to delays in the establishment of the single window and referral system, which were operationalised only in the first semester of 2022. • Barriers to integration included the lack of use of shared targeting mechanisms, which impeded the coordination and integration of the programme. The lack of a monitoring system with integration/synchronisation of indicators also hampered monitoring and measurement of progress across programme components. While the joint program did not explicitly plan to have a fully integrated M&E system, respondents indicated that this would have been useful. Further, in the absence of integrated monitoring information, it was not possible to assess whether multiple components reached the same beneficiary households.

RQ 10. How effective are the social protection services at meeting the needs of vulnerable households, and what are the major influencing factors?

As stated in RQ 6, while respondents felt that the social protection services were relevant to the needs of vulnerable households, most stated that the programme did not fully meet those needs. Beneficiaries of the cash transfer and agricultural insurance consistently mentioned in the interviews and WFP monitoring data that the Fagnavotse programme was a lifeline for them, with some adding that they would not have survived the drought without it. **However, many beneficiaries noted that there was considerable unmet need even after distribution of the programme benefits.**

Beneficiaries of the cash transfer generally reported using the cash transfer to buy food and school supplies and pay for medical expenses, but most mentioned that the amount was not enough. For instance, a caregiver of a child with disabilities who is a beneficiary of the cash transfer stated, "*If you ask me whether it is sufficient or not, I would say it's not. But, it is better than nothing. Since I need help, I'd be happy to receive anything I am given.*" In addition, a caregiver noted that 100,000 ariary was not enough for all the different needs of a household.

This view was echoed by some key stakeholders who noted that the programme benefit was not sufficient to meet the population's needs. A district-level government official stated,"*Due to the severe poverty of the beneficiaries, let me say these are not enough. As these are supports, these are not meant to be enough but only a kind of help to appease the severe problem.*" On the other hand, programme implementers noted that the cash transfer is accompanied by livelihoods support and other social inclusion measures which aim to foster financial independence in beneficiary households.

Some respondents noted that beneficiaries used the cash transfer money to pay debts. The community worker stated,

> *This amount of money will not be used by those people to satisfy all their needs… Sometimes people can't do anything much with this amount anymore, apart from paying back what they have already borrowed earlier. It has already been spent before it came.*

This view was shared by a couple of beneficiaries who noted that they had acquired debts while waiting for the delayed cash transfer disbursements. However, implementers noted that the programme had implemented administrative measures to avoid payment delays and to keep local businesses from profiting from the vulnerability of the population.

Beneficiaries of the agricultural insurance reported spending the insurance payout money on food and agricultural inputs, such as seeds (using the household survey and WFP monitoring data). They had similar views about the ability of the programme to meet their needs, with many reporting that the insurance payout was not enough, although they were still thankful. For instance, one focus group participant stated, "*Without that insurance, we would have died here*." Another added, "*It is not about being enough, but we are able to survive*." The monitoring data from the WFP nuances this statement by showing that while households remain having issue with food insecurity, 73 per cent of the sample is satisfied with the amount of the assistance (WFP, 2021).

RQ 11. To what extent have the programme objectives been achieved in each site? Were they achieved on time?

The objective of delivering to 4,000 households in the Anosy region an integrated package of social protection interventions tailored to the needs of the poorest population, including people with disabilities (Joint Programme Outcome 1), was partially achieved. As detailed in RQ 12, at endline

(December 2021) the Fagnavotse programme was delivering emergency cash transfers, agricultural insurance, GBV protection services and some form of social health insurance in targeted communes. Although the four components of the programme have been operationalized, interview data and programme documentation suggest that **the different timelines and lack of coordination in targeting across the components created challenges for the integration of the programme.** For example, though the original plan was to use a harmonized questionnaire conducted by MPPSPF as a basis for targeting across the different programme components, due to delays in the launching of this registry, some components that started first (such as the agricultural insurance) created parallel beneficiary lists, which were then incompatible with the MPPSPF registry. This made it difficult to track and identify beneficiaries across components and hampered the integration of the programme. For instance, programme reports indicate that implementers were unable to identify the percentage of beneficiary households who were receiving at least 3 complementary interventions (indicator 1 of outcome 1) or enrolled in the health protection scheme (indicator 3 of output 1.2) due to the lack of an integrated registration system (Joint SDG Fund, 2021c:14). In fact, the implementers estimated that only 13 per cent of the target of 35 per cent of beneficiary households were receiving a complementary package of interventions (Joint SDG Fund, 2021c).

Further, **component adaptations and delays due to the COVID-19 pandemic and drought emergency in the south of Madagascar hindered the implementation of disability targeting and therefore affected the joint programme's ability to deliver an integrated package tailored to households that include people with disabilities in Anosy (indicator 2 of outcome 1).** At endline, the cash transfers were still functioning as an emergency response mechanism, and the plan to implement a universal cash transfer with a special disability benefit was going to be implementing in another area.

Lastly, the objective of strengthening the institutional framework for social protection to ensure national scale-up of the integrated model and long-term sustainability (Joint Programme Output 2) has not been fully achieved, though the programme made significant contributions to this outcome. The COVID-19 pandemic, as well as institutional challenges, caused delays in the establishment of the single window and referral system, but these were finally established at the end of the programme period in January 2022. Further, the programme made advancements such as the development of tools such as a harmonized questionnaire for the registration of beneficiaries that can be used to operationalize the referral system in the future, and five studies with recommendations on how to strengthen the social protection system in Madagascar. The ongoing humanitarian crisis in the south of Madagascar has continued to orient efforts towards an emergency response, making the long-term objectives of the programme difficult to achieve.

RQ 12. Are the activities and outputs of the joint programme consistent with the intended plan for service delivery?

Cash Transfers. UNICEF delivered cash transfers to a larger number of beneficiaries than expected, but the planned **revision of the parameters of the social protection programme** (to make the transfers a universal child benefit with a special focus on people with disabilities) **was not implemented during the programme period due to the ongoing emergency situation in the south of Madagascar.** Starting in December 2020, UNICEF adapted the cash transfer component of Fagnavotse for an emergency response (TVA) by increasing the amount of the transfer from an average of 15,000 to 30,000 ariary per month (paid as 30,000 to 60,000 ariary every two months) to 100,000 ariary per household per month and extending its coverage to 100 per cent of households in Ifotaka and a lower percentage in Tanandava and Behara. Programme documentation and payment records by FID indicate that by March 2022, the cash transfer programme had reached a total of 9,745 households , more than twice the original goal of 4,000 (see Table 1 for a summary of

payment records and Annex F for the results matrix for the programme) (Joint SDG Fund, 2021c).[2] The humanitarian response is set to end in April 2022, and the programme will then shift towards the implementation of the universal cash benefit with an equal opportunity disability grant in Ifotaka only. The targeting of people with disabilities began in mid-April 2022 in Ifotaka, and the first payment of the universal cash benefit was planned for May 2022.

Respondents across IDIs and surveys generally reported receiving the cash transfer in the correct amount, though some complained about delays or irregularity in payments. However, we cannot verify these delays due to the lack of availability of detailed administrative payment data. Most focus group participants reported receiving cash transfers with few problems. However, some beneficiaries from across the three communes reported experiencing delays in cash transfer delivery. For example, a caregiver of a child with disabilities from Behara indicated that she had faced issues with payment delays and irregularities in the frequency of payments, which made her borrow money to provide food for her children.

Similarly to baseline, at endline there was still some confusion among beneficiaries about the Fiavota and TVA cash transfers. Some beneficiaries mentioned that they received Fiavota but reported receiving 100,000 ariary, a transfer amount that suggests that they were instead receiving the emergency transfer.

Likewise, in the short household survey, some respondents noted average amounts received and dates of the last payment that corresponded with the TVA cash transfers rather than the Fiavota, which was the subject of the survey questions or some reported Fiavota information when asked about the TVA. The confusion may have been caused by the fact that existing Fiavota beneficiaries were part of the horizontal expansion, which changed the frequency and the amount of the transfers but not the individual recipients. Despite the confusion, beneficiaries indicated mostly amounts between 30,000 and 70,000 ariary for the Fiavota and 100,000 ariary for the TVA, about which we asked specifically in Tanandava. The amounts for Fiavota are expected to vary as they depend on the number of school-aged children in the household, but the emergency cash transfer is a fixed amount regardless of the household size or number of eligible household members. Beneficiaries seemed less sure about the number of payments received in the last month. The Fiavota should be provided every 2 months and the TVA every month. Beneficiaries in Tanandava indicated the correct frequency, while beneficiaries in Ifotaka expressed that the payments were irregular.

From administrative data that we received from FID we were able to observe that Behara had two payments under the TVA between December 2020 and June 2021, Tanandava had eight payments between December 2020 and February 2022 and Ifotaka had 16 payments between December 2020 and March 2022. The largest proportion of beneficiary households are in Ifotaka where the programme will continue. Between the communes there were some gender differences. In Tanandava 92per cent of beneficiary households were female headed households and 100 per cent of recipients were women. In Ifotaka there were 57 per cent of female household heads and 60 per cent of female recipients. Lastly, the data we received did not include information on when the distribution took place and whether all enrolled households were able to receive the transfer. We are therefore unable to verify the earlier perceptions concerning delays and irregular payments.

[2] The communes of Tanandava and Behara are also covered by interventions from other donors, such as the World Bank. UNICEF contributes to emergency cash transfer efforts with the different partners active in Tanandava.

Table 9: Administrative data on TVA payments per commune

	Number of payments (TVA)	Total number of households	Female household head	Male household head	Female recipient	Male recipient
Behara	**2**	681	244	437	680	1
		100%	35.8%	64.2%	99.9%	0.1%
Tanadava Sud	**8**	1,569	1,444	125	1,569	0
		100%	92.0%	8.0%	100%	0.00%
Ifotaka	**16**	7,495	4,290	3,205	4,483	3,012
		100%	57.2%	42.8%	59.8%	40.2%
TOTAL		**9,745**	**5,978**	**3,767**	**6,732**	**3,013**
		100%	**61.3%**	**38.7%**	**69.1%**	**30.9%**

Source: FID

Agricultural Insurance. The agricultural insurance component, under the responsibility of WFP, was implemented as planned, though beneficiaries still noted delays in delivering insurance payments to farmers. Programme reports, monitoring data and key informants indicated that agricultural insurance has reached 5,500 smallholders in Amboasary district (3,500 in the 2020–2021 season and an additional 2,000 in the second year of the programme), exceeding the target of 3,500 beneficiaries per programme year (Joint SDG Fund, 2021c). Drought conditions triggered maximum payouts of 385,000 ariary for the targeted beneficiaries (Joint SDG Fund, 2021a, 2021b; WFP, 2021).

At endline, beneficiaries still noted delays in the payment of insurance payouts. Some beneficiaries from Ifotaka and Tanandava reported that while they received insurance payouts for the corn harvest, they were still waiting for payouts for the bean harvest. For instance, a female beneficiary from Ifotaka stated,

> *This is the ARO insurance. So far, we got beans and corns. As for the corns, we get three hundred eighty five thousand ariary as mentioned earlier. As for now, for the beans we didn't get any support.*

Beneficiaries from Tanandava noted similar issues. As one beneficiary stated, “The beans crops were damaged in November, but until now [the insurance payout] didn’t come.”

In addition, some beneficiaries and key informants indicated that they did not have clear communication about when to expect the insurance payouts. A beneficiary from Tanandava noted, “*The things we grow are failed, so they may give, but we don’t know when*.” Further, the AVEC representative from Tanandava suggested that there were often payment delays: “*I would like [programme implementers] to give us an exact date. They told us in November and we are already in December and still nothing. … They give us dates, when the scheduled date arrives, there are always delays.*” Though exact dates are not given by the implementers due to security risks, giving beneficiaries approximate dates and communicating clearly when there are delays could help mitigate this issue.

The results from the short household survey indicate that across all three rounds agricultural insurance beneficiaries had only received one payment so far, which mostly consisted of compensation for the drought. The results from the monitoring survey conducted by WFP in 2021

indicated that maize crops were most likely to have been unsuccessful. While we did not ask whether programme participants were still waiting for the next payment, the majority (64 per cent) indicated they did not know for how long the programme would continue.

As for the programme's effectiveness, the WFP monitoring report recommended financial and production management to make the programme's impact more sustainable. For instance, the monitoring results show low usage of farming practices that enhance crop protection or output such as the use of pesticides or fertilizer. The results of the household survey also confirm the need for financial management and show that a large proportion of the insurance money is not invested in agricultural inputs (WFP, 2021).

Livelihood Promotion. The **implementation** of the **livelihood promotion component,** under the responsibility of WFP, **was ongoing in April 2022, but respondents indicated delays in the delivery of agricultural inputs.**

WFP has started to implement agricultural trainings despite initial delays. Programme reports indicate that 2,513 beneficiaries received agricultural trainings until September 2021, or approximately 72 per cent of the original target of 3,500. These trainings focused on management techniques to minimize post-harvest losses (CTAS, 2021). Focus group participants largely reported participating in trainings in agricultural techniques, except for a few beneficiaries from a female focus group in Behara, who stated that they had not attended any trainings.

However, implementers and beneficiaries indicated delays in the delivery of agricultural inputs. For instance, one beneficiary from Tanandava stated, "*There was time they promised us to give us seeds of corn and «Voanemba» to grow, and we've been waiting.*"

Further, a WFP informant hoped that agricultural inputs could still be delivered in time to be useful for beneficiaries:

> *[The livelihoods promotion component] was quite challenging because it is still [being implemented], now we are expecting the foods to be delivered. … Well, as we are still in hunger season, we assume that it's not too late to execute it, and it still can be helpful for them.*

We are unable to assess the degree of completion of the agricultural input delivery, since we do not have exact information on the initial target for this activity or the number of beneficiaries served to date.

Social Health Insurance. The **social health insurance component,** under the responsibility of ILO in collaboration with WHO, was **suffered delays and was ultimately adapted due to political changes in the Government of Madagascar and other complicating factors.** Efforts were instead redirected towards developing alternative mechanisms for social health insurance. In the original programme design, ILO planned to deliver the health insurance component through the Caisse Nationale de Securité Sociale (CNSS), but this platform was no longer operational by the time the programme started. Further, there were changes in leadership on the government side that made coordination and adaptations more difficult. As one implementer noted, "*Changes in leadership and in relation to the design on the government side made it difficult to be able to adapt, when our interlocutors change and suddenly, we have to change our support."* As a result, the programme redirected efforts at the national level towards advocacy for the implementation of universal health coverage and at the local level towards finding alternative ways to provide social health protection to Fagnavotse beneficiaries. In addition, programme implementers noted that the programme had to adapt its health insurance delivery strategy to non-contributory modalities, since an ILO study showed that

the vast majority of households in the Fagnavotse catchment area could not afford health insurance contributions.

At the national level, ILO has supported the Ministry of Public Health in advocating for the implementation of Universal Health Coverage by conducting studies on the simulation of costs of health insurance on Madagascar and the capacity of households to contribute to health insurance in the Anosy region, as well as supporting the development of the National Strategy for Health Financing which was adopted in December 2021. . Further, ILO has conducted capacity building with CACSU on social health protection topics at the national level. At the district and commune levels, ILO and WHO implemented trainings on the humanization of care in health facilities and distributed free medicine in local health centers.

On the operational side, ILO has recently started implementing two activities to provide social health insurance to Fagnavotse beneficiaries: (1) a non-contributory mechanism that targets vulnerable households identified in the single register, including GBV victims, and (2) a contributory mechanism, up to 20 per cent, for beneficiaries of the agricultural insurance (Joint SDG Fund, 2021c). However, there is no co-payment for vulnerable populations, and the contribution is paid by the ILO.

Key informants indicated that ILO was delivering health insurance to WFP and UNFPA beneficiaries through a collaboration with Société Malgache de Crédit (OTIVF), Mutual HARENA, and mTomady. However, we were unable to obtain a clear picture of how many beneficiaries are being served by this new health insurance mechanism. Though programme documents noted that about 200 of the most vulnerable households have been included in the non-contributory health protection scheme (Joint SDG Fund, 2021c), one key informant from ILO indicated that 1,300 beneficiaries from agricultural insurance and 50 beneficiaries from GBV protection were receiving health insurance. Other programme implementers indicated that 481 households were affiliated with these health insurance modalities by March 2022.

At the commune level, health and social workers reported attending ILO/WHO trainings on the humanization of care and noted that health centres in their areas received medicines for free distribution for vulnerable people. **However, there were mixed perceptions about the quality of free medicine distribution, with a few informants pointing to insufficient supply and lack of instructions about how to prescribe the medicines.** For instance, an informant from the Ministry of Public Health noted that they were still waiting for medicines from WHO. Meanwhile, an informant from Ifotaka reported that the health centre had received free medicines through the Fagnavotse programme but added that they were still waiting for instructions from the district on how to use them. For now, the medicines were stored in a warehouse. Lastly, an informant from Behara stated that there used to be free drug distribution at his local health centre, but this ended quickly when medicines ran out.

GBV Protection. The **GBV protection component,** under the responsibility of **UNFPA**, was implemented according to plan, although there **are still challenges in establishing infrastructure for the CECJs.** UNFPA monitoring data and programme reports indicate that the CECJs in targeted communes have delivered psychosocial, legal and/or medical support to 1,424 survivors of gender-based violence and abuse (271 in 2021 and 1,207 in 2022) (Joint SDG Fund, 2021c). UNFPA created a pool of human rights trainers to build the capacity of stakeholders to deal with issues related to human rights and GBV and to strengthen the capacity of 75 civil society actors to promote and protect the rights of people with disabilities and to combat GBV by 2022 (Joint SDG Fund, 2021a). The programme trained 15 social workers to serve in the CECJs and provided social workers with bicycles to help with transportation (Joint SDG Fund, 2021b).

We found that, at the beginning of programme implementation, UNFPA had conducted awareness raising with local populations, delivered trainings to local service providers, and planned to deliver dignity kits to GBV victims. At endline, implementers described an increase in the public's awareness of the CECJs, with one CECJ representative stating,

> *In the case of Anjahamahavelona in particular, there is a real change because in the past, only a few were able to know the FAGNAVOTSE programme… But now they know it very well because even consulting the CECJ is very common, and more and more people come to the CECJ office because they know about the CECJ support in the community.*

Although we did not target beneficiaries of GBV protection services directly, at endline male and female focus group beneficiaries demonstrated a high level of awareness of the existence of GBV protection services at the CECJs. Monitoring data indicates that UNFPA reached 14,749 persons for the awareness raising spread over 122 fokotany in 2021 and 2022. Several female respondents mentioned that they had experienced GBV themselves and had sought out CECJ services. Most described receiving counseling and, in some cases, dignity kits from the CECJ. As one beneficiary recounted,

> *I am married and my husband drinks alcohol. Once he is drunk, he is abusing me physically. So I went to CECJ and I explained to them my issue related to me and my husband. Then they asked us to go together there and explained why it is wrong. They correct us so they gave us some counseling and everything is fine now.*

The C4D component, under joint implementation by the four UN agencies, has been largely implemented as planned, though there were delays and challenges around integrated messaging. C4D activities have been underlying many of the activities within Fagnavotse by strengthening local knowledge in areas such as early childhood development, monitoring of children's health, protection of children from early marriage, education, family planning, health insurance, positive masculinity, formalization of the informal economy, and inclusion and reduction of discrimination of people with disabilities. UN implementing agencies developed a strategic plan for C4D and conducted joint trainings of community actors who had already worked with UNICEF to help raise awareness about the programme. Further, UN agencies issued a periodical news bulletin featuring human interest stories of beneficiaries. Key stakeholders also reported that C4D trainings were being implemented with mother leaders and other community liaisons. Monitoring data from UNFPA indicated that 167 mother leaders and 25 community liaisons were trained to conduct house visits, small group discussions or participate in wellness spaces (espace de bien- être) in thirteen sites across the three communes to discuss the aforementioned topics. However, a few stakeholders pointed to issues such as lack of consistent joint messaging and COVID-related delays to the project kick-off which may have affected communication about the joint programme. As mentioned in other sections of this report, beneficiaries lacked aware of the joint programme aspect of Fagnavotse, which indicated challenges in communication. Key stakeholders noted that while each component had an effective communication strategy, the programme only developed a coherent and integrated message around the joint programme at later stages of implementation. In addition, a stakeholder suggested it would be more effective if the communication strategy were managed by an organisation above the implementing agencies, such as the MPPSPF or the UN Coordination Office.

Development of the Referral System. The **establishment** of the **referral system**, under the **responsibility of UNICEF**, was **not implemented as planned due to delays related to the COVID-19 pandemic.** While the single window is not yet operational, UNICEF was able to develop key tools to set up the referral system, such as the harmonized questionnaire, and ensure the recruitment of local staff to run the single window**.** At endline, the harmonized questionnaire developed by UNICEF

had been used by MPPSPF to register approximately 11,902 households in Ifotaka and Tanandava. However, the referral system was not yet functional, in part because, except for the cash transfer, the components used parallel databases to register beneficiaries (Joint SDG Fund, 2021c). This hampered the integration of data on beneficiaries of different components for potential use for the single window. In addition, staff was recruited at the district and commune levels for the single window in January 2022, to interact with beneficiaries and bring data to the district technician at Amboasary. According to programme reports and key informant interviews, implementers planned to operationalize the single window as a referral structure in Ifotaka and Tanandava in the first half of 2022.

Strengthening the Institutional and Legal Framework (upstream component). The **component on strengthening** the i**nstitutional and legal framework for social protection**, under the **responsibility of UNFPA and UNICEF**, had been **delayed due to travel restrictions related to the COVID-19 pandemic**, but the **programme advanced** in **modeling a specific intervention for people with disabilities.** This component sought to operationalize the National Commission on Disabilities (NCD) and deliver a package of social protection interventions tailored to the needs of people living with disabilities. The commission was not operationalized, partly due to challenges related to frequent turnover among decision makers in the MPPSPF (Joint SDG Fund, 2021c). As mentioned previously, the package of social protection interventions delivered by Fagnavotse was not specifically tailored to the needs of people with disabilities due to delays in the development of disability-targeting tools related to the COVID-19 pandemic as well as the need to reconfigure the cash transfer as an emergency response.

However, the programme developed a model for a specific intervention for people with disabilities. UNICEF, in collaboration with Development Pathways, created identification tools for disability eligibility for enrolment in selected social protection programmes and also designed the equal opportunity benefit. According to programme documents, the universal child grant with an equal opportunity grant for people with disabilities will be implemented in 2022 in Ifotaka with additional funds from Norway.

RQ 13. What have been the major factors influencing the achievement or non-achievement of the programme objective of providing integrated services?

The main factor preventing the integration of services was **the lack of shared platforms and targeting mechanisms, which impeded the coordination of the programme.** As mentioned in the RQ 9 section, there were different timelines and a lack of coordination in targeting across different components due to delays in the development and launching of shared platforms. For instance, the harmonized questionnaire, which was intended to be the basis of targeting across components, was implemented by MPPSPF at the end of the first year of the programme. As a result, the agricultural insurance and GBV components started activities using parallel beneficiary registries, and these ended up being incompatible with the MPPSPF registry. When ILO was able to start its social health insurance provision in the second year of the programme, they used the WFP beneficiary registry instead of the MPPSPF registry. This resulting difficulty in tracking beneficiaries across components ultimately hampered the integration of the programme.

The issue was summarized well by key informants. For example, a representative from an implementing agency noted that the diverse targeting approaches used by different agencies impeded the delivery of integrated services:

> *The real difficulty is that different agencies targeted different beneficiaries … The criteria in identifying the beneficiaries should have been defined in advance with the targets. But the target has been all different and therefore its implementation has been difficult.*

Although the objective of the beneficiary registry was not to necessarily target the same beneficiaries for all the Fagnavotse program components, using the same beneficiary registry would have allowed to have a common database to identify how many households were eligible for an integrated packet which could contain 1 to 4 interventions according to the specific profile of the households.

In addition, a district-level government official explained that the different timelines of the programme components (with some being implemented first while others were delayed) also hampered integration. He stated, "*This Joint Program is good. Every joint thing is good, it's only the speed in its implementation that hasn't been the same. Thus it has become wobbly."*

The lack of common targeting tools and integrated monitoring systems impeded assessments of the level of the integration of the programme, and various stakeholders indicated that an integrated platform to share progress would have strengthened coordination efforts. At endline, there were no operational integrated monitoring mechanisms, and United Nations agencies shared data and progress on individual programme components at biweekly meetings between UN agencies and more formally in Joint SDG Fund programme reports every six months. Though integrated monitoring systems were not included in the programme plan, stakeholders consistently noted that such an integrated system would have made it easier to assess convergence of programme components in the same beneficiaries, as well as keep track of progress towards common goals. Further, government stakeholders noted that they did not receive enough data about programme implementation, with one stating, "*I can tell you we don't get enough data. We don't get information regularly but only at the end of the project most of the time. Shutting the stable door after the horse has bolted.*" In addition, an official from an implementing agency noted, "*I would have needed a dashboard from all agencies. Like a monthly dashboard which would have shown what has been done, what is planned. … Something that we do not have.*"

Another related factor that influenced the non-integration of the programme is the fact that the single window and referral system were only implemented at the end of the programme period. This mechanism would have allowed beneficiaries of one component to be referred to others if eligible, but it was not fully operational by endline. However, the programme recruited social workers to staff the single window in January 2022 and defined a structure for the referral system.

RQ 14. What have been the main challenges faced during the implementation of the joint programme?

At endline the programme faced the following operational challenges during implementation: (1) delays and adaptations caused by the emergency drought response in the south and the COVID-19 pandemic; (2) coordination challenges; (3) infrastructure and transportation challenges, especially for the CECJs; and (4) communication challenges.

Emergency Drought Response in the South of Madagascar and COVID-19 Pandemic. The humanitarian emergency in the south continues to redirect programming efforts, and the emergency response cash transfers will continue for the rest of the programme period. Given the ongoing drought, the emergency cash transfer continues, and the transition to the universal cash benefit with an equal opportunity grant for people with disabilities will not be implemented during

the period of the programme. UNICEF expects to implement it starting in April 2022 in the commune of Ifotaka with additional funding from Norway.

Coordination Challenges. Stakeholders **involved** with the **institutional strengthening components of the programme noted challenges related to the political context** and the **coordination and capacity of the Government of Madagascar.** The health insurance component, in particular, was affected by these challenges. As mentioned in the initial findings report, respondents working on the health insurance activity faced challenges due to the government's suspension of the CNSS, and they advocated unsuccessfully for government stakeholders to lift the suspension. This institutional challenge caused delays as ILO reconfigured its approach and sought to develop alternative mechanisms to deliver social health insurance to beneficiaries. As a result, the health insurance was finally operationalized in December 2021, almost at the end of the programme. Other components that depended on government systems to function also suffered delays, such as the single window and referral system. One key informant noted, "The challenge is because some of the components depend too much on the national mechanism." As mentioned in the section on RQ 13, because of these delays, some components were implemented before the institutional strengthening components and without using shared platforms, which impeded integration of the programme.

Further, the social health insurance component also faced coordination challenges in the provision of health services to beneficiaries. Stakeholders mentioned that the programme provided free medications at health centres in targeted communes. However, some informants at the commune level stated that medicines had run out, and others stated that they had not received adequate training on how to use the medicines. As one health worker noted,

> *These medicines were donated by the FAGNAVOTSE program. But until now, we have not yet had the instructions for their use. It so happens that we are waiting for orders from our higher hierarchies to know how to use them.*

Infrastructure Challenges. Lack of office space and infrastructure for the CECJs still seemed to be a problem at endline. A respondent noted, "*The CECJ is so near to us but it does not yet have office so we must come directly to their home where their houses are known by all the people in our village.*" Another respondent added that the lack of office space was problematic because some people did not feel comfortable having to go to the CECJ representatives' homes:

> *In the municipality of Ifotaka, we have one CECJ but the office is not yet established. But they have prepared to establish it in a municipality, in an area which is not yet progressing. We receive people, we receive them in each house but we do not like that kind of situation … there is someone here but there are other people victims of violence who come directly, this situation is not acceptable but because there is no office.*

In addition, respondents from Tanandava indicated that the CECJ there did not have an office.

Further, some CECJ respondents noted that they did not have sound systems to conduct awareness raising or means of transport to reach distant villages for awareness raising. As one respondent noted,

> *They gave us bicycle then it was broken. That's our most urgent need because the village can be located in 20, 21, 19 kilometers. So they should provide us with motorbike so that we can conduct awareness in remote village. Because we will be tired if we travel long distance as the bicycle is broken.*

Communication Challenges. From the short household survey, we observed that beneficiaries in Ifotaka perceived that they received the cash transfer irregularly. Cash transfer beneficiaries also indicated not knowing when to expect the next payment. Information about the programme was mostly obtained through community leaders or other community members. Beneficiaries seemed to be lacking access to systematic and accurate information that would help them plan and anticipate next payments. The confusion was also visible in the mix-up about the transition of the Fiavota cash transfer to the emergency cash transfer.

RQ 15. To what extent is the responsibility for ensuring adherence to human rights, equity and gender equality objectives well articulated in the programme monitoring framework and implementation plans?

The integrated programme was designed to be inclusive and assist vulnerable groups (women, children, people with disabilities and people affected by drought), and United Nations agencies conducted studies to identify how to improve access to social protection services for specific groups (such as women and people with disabilities). Programme reports suggest that over 60 per cent of disbursed funds were spent on gender equality and women's empowerment. However, as stated in the section on RQ 13, there were no functioning integrated monitoring frameworks at endline. **Although the programme design was gender responsive and intended to target people with disabilities, the responsibility for ensuring adherence to human rights, equity and gender equality objectives was not clearly articulated in the programme monitoring framework.** Furthermore, the responsibility for ensuring adherence to human rights, equity and gender equality objectives across components is not clearly articulated in programme implementation plans.

RQ 16. Were there any unexpected consequences of the programme?

The Fagnavotse programme was shock-responsive in helping to respond to the drought and COVID-19 pandemic, therefore addressing food insecurity in programme areas. In this way, the programme helped strengthen shock-responsive social protection in the south of Madagascar.

6.4. Efficiency

Efficiency covered the extent to which the Fagnavotse programme has been managed efficiently, the factors influencing the achievement and non-achievement of integration, the affordability of the activities and the quality of coordination and collaboration within the programme, including coordination under the ONE UN approach.

Evaluation Criteria	Key Findings
Efficiency	• While integration was not fully achieved, the organisational set-up of the programme was considered efficient by stakeholders. • Collaboration seems to be working well between the UN agencies responsible for implementation under the ONE UN approach. However, coordination with key ministries has been less consistent, and a lack of clarity around roles and lack of an integrated monitoring system may have hampered coordination. • Activities related to the programme were not thought to be sufficient to improve the situation of vulnerable households. • The majority of the budget allocation was targeted at downstream activities (70 per cent), while 21 per cent was allocated for upstream activities. Budget for upstream activities can decrease over time once capacity and structures are established. • Due to the emergency situation, UNICEF spent more than expected, but stayed within the allocated amounts. Expenditure data from UNICEF and UNFPA showed that both agencies spent slightly less than the allocated amount.

RQ 17. How efficiently have the integrated social protection services been managed, given the human and financial resources available? What have been the costs, including both funds and in-kind support? If not integrated, what impeded integration?

RQ 18. Have the integrated social protection services been implemented in an effective and efficient way, in terms of human and financial resources, compared with other alternatives? If integration has not been achieved, has the current set-up of the programme been implemented in an effective and efficient way?

Interview data showed that a very limited number of respondents had the knowledge to speak about the *integrated* social protection services. Further, since there was limited information on alternative programmes, we are not able to compare the Fagnavotse programme to other alternative programmes to assess the efficiency of implementation. Speaking about implementation of the current set-up of the programme, government officials from the Ministry of Agriculture and MPPSPF mentioned that **the set-up is not difficult because the United Nations organizations joined together and because there is one goal to achieve with regards to the programme.** Similarly, a respondent from ILO stated that the set-up or **structure for the programme is appropriate for "institutional communication, communication to communities and reporting".** However, these respondents did not speak about the efficiency of the set-up.

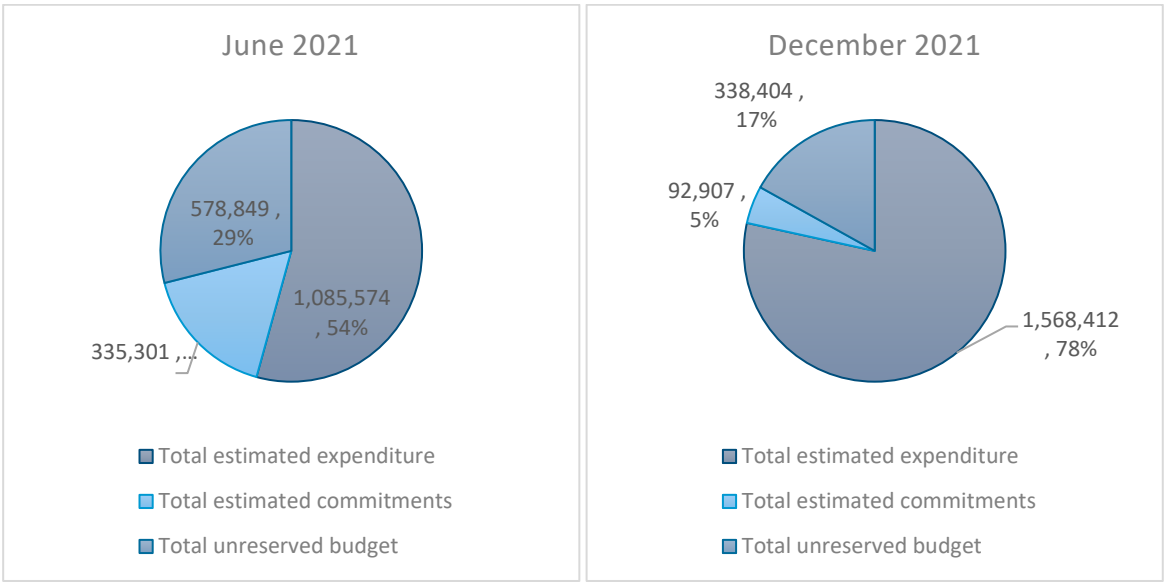
The lack of adequate number of relevant staff within some agencies seemed to delay implementation of the programme. For example, respondents from GTPS and GIZ stated that **additional support would have helped manage heavy workload more efficiently and prevented delays.** Other implementing agency representative stated that the availability of staff for implementation of their component was sufficient. These findings suggest that either workload is not evenly distributed, or some agencies do not have adequate staff to support the planning and management of the component of the Fagnavotse. Further, a ministry official suggested that limiting intervention areas will be helpful for adequately managing the work associated with implementing the intervention when human resources are limited.

Additionally, respondents reacting to the level of financial resources **leaned towards citing their inadequacy.** For example, a respondent stated that execution of the joint fund for the integrated programme was a challenge, and a consultant pointed to the **inadequacy of the distribution of payments from the government to the commune-level stakeholders such as chiefs, which further delayed or prevented efficient implementation of components.** A government officer from the Ministry of Public Health said, "*Money is the crux, whether from stakeholders, or government, or other participants. If there are no funds, actions are harder to realize. So, it is important to have a budget available and to know who manages and how the money is managed. If those are not clear, any project can be weakened.*" However, a stakeholder stated that the budget management of the cash distribution was conducted efficiently.

In addition to the interview data analyzed, we also assessed the budget and expenditure data of the funds to the extent available. The Fagnavotse budget showed that it consisted for 47 per cent of the contributions of the Joint SDG Fund, which equaled USD 1,999,723. The overall budget with co-funding from other resources came to a total of USD 4,238,423. According to the Joint SDG Fund progress reports (Joint SDG Fund, 2021b, 2021c), 54 per cent of the Joint SDG Fund of nearly USD 2 million was spent by June 2021 and 78 per cent was spent by December 2021 (*see Figure 3*). The proportion of committed funds declined from 17 per cent to 5 per cent, which is expected, as the funding period is approaching its end. We found that nearly 30 per cent was neither spent nor committed in June 2021, while 17 per cent of the budget was unreserved in December 2021. We did not received data funds for the remaining period between December 2021 and March 2022 to

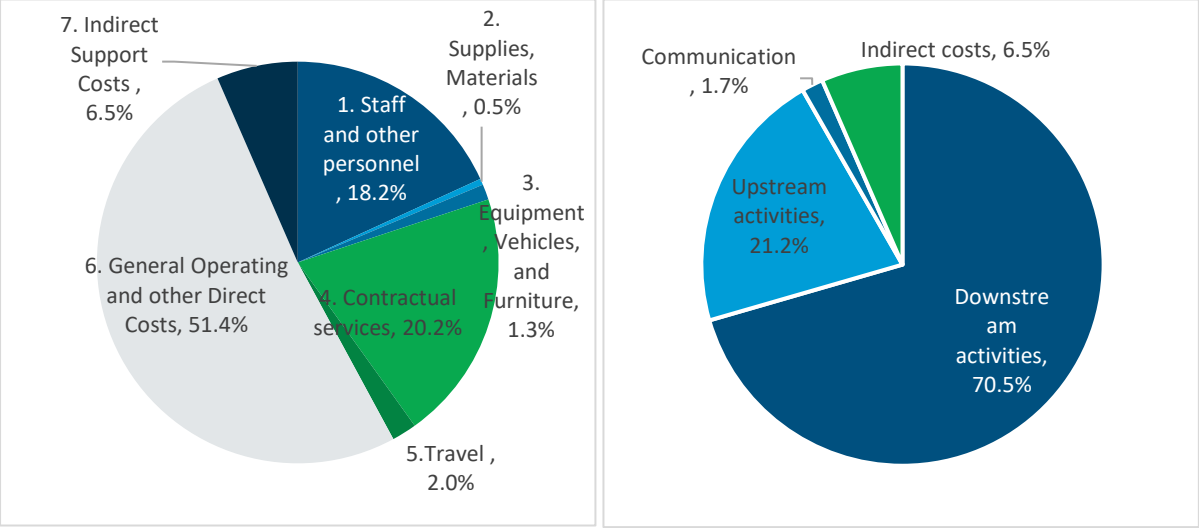
assess these expenditures or to analyse the difference between the budget and total expenditure. As described further below, we know that the total expenditures for the cash transfer were higher than the budget (+80 per cent) due to the emergency situation.

Figure 3. Proportion of Funding as Part of the Joint SDG Fund Budget in June and December 2021



Over half of the budget (51 per cent) was intended for direct operating costs to implement the Fagnavotse services in which we included transfers and grants to counterparts. Staff time and contractual services constituted of 18 per cent and 20 per cent respectively. Based on the workplan the vast majority (71 per cent) goes to downstream activities (e.g. implementation of cash transfer, agricultural insurance and livelihood activities), 21 per cent to upstream activities (i.e. strengthening of institutional capacity), 7 per cent to indirect costs and 2 per cent to communication. Budget for upstream activities can decrease over time once capacity and structures are established.

Figure 4a-b. Categorized Joint SDG Budget (a. by type of cost; b. by type of activity)

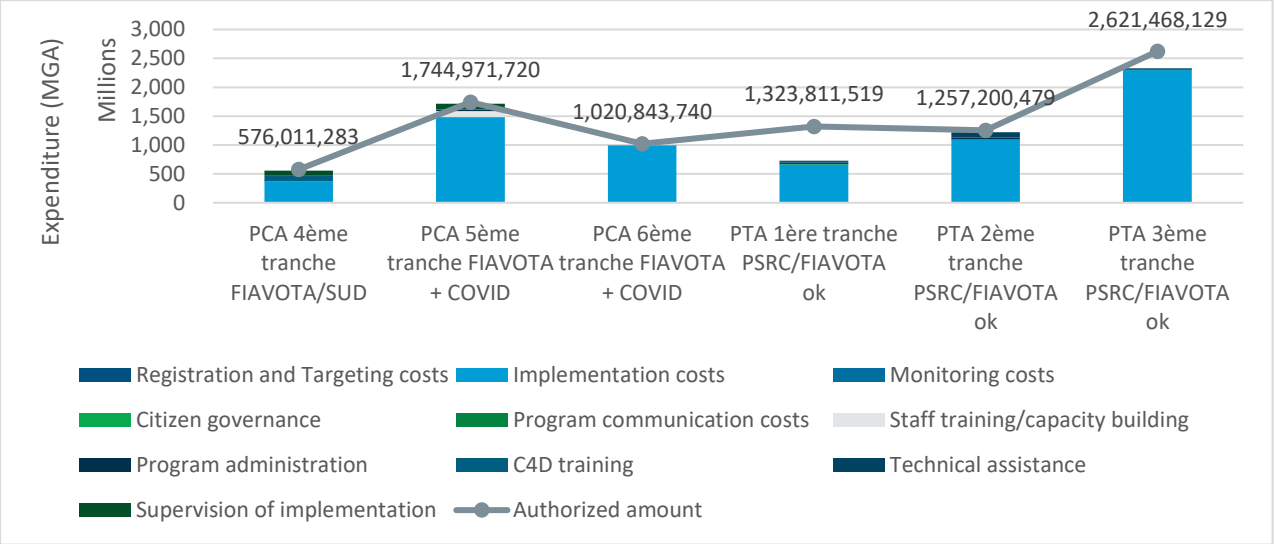


We obtained limited cost data and information about progress on specific outcomes, and we were therefore unable to estimate efficiency or to conduct an in-depth cost analysis comparing

expenditure against the budget. Each component had their own funding mechanism, and not all components incorporated specific joint SDG earmarked funds (such as the WFP components), which prevented us from assessing whether any efficiency gains could made.

Cash Transfer component. We assessed the expenditure of the cash transfer programmes by type of expenses following the categorization described in the J-Pal costing guidelines[3] (2018) and using cost data provided by UNICEF. The overall spending is a lot higher than the initial budget of USD 1,742,720 (with 42 per cent of SDG Fund and 58 per cent of other resources) due to the emergency situation. UNICEF reported having received USD 3,103,846 in funds between August 2019 and August 2021). However, we observed that the expenditures for each phase are below the authorized budget. The implementation costs are on average 91 percent of the expenditure per phase. (*see Figure 5*). We consider 6 per cent as upstream activities (i.e. capacity building, supervision, technical assistance). Programme communication and C4D activities are 2 percent.

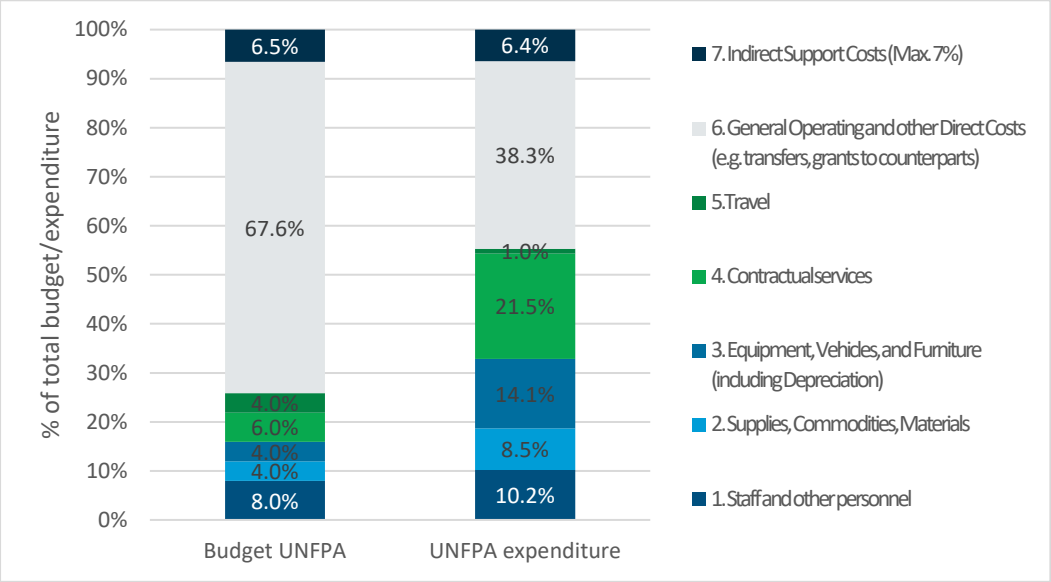
Figure 5. Cash Transfer Expenditure by Activity (in MGA)



GBV component: The financial statement of the UNFPA for the GBV allowed us to compare the initial budget with the expenditure over the project period. In total the budgeted amount through the SDG Fund was USD 251, 450 of which USD 238,249 was spent by March 2022. A larger share than projected in the budget was spent on contractual services; equipment, vehicles, and furniture; staff and personnel, and supplies commodities and materials (see Figure 5). Compared to the budget less was spent on general operating and direct costs and travel. While it does seem that less funds went directly to beneficiary services, we did receive details about the increase in contractual services which possibly includes operating costs through third parties.

[3] This categorization allows for more detail to indicate downstream and upstream activities (e.g. programme implementation vs. capacity building).

Figure 6. UNFPA Joint SDG Fund Budget and Expenditure on GBV



RQ 19. Are activities low in cost and affordable (yet of adequate quality to improve the situation of vulnerable households)?

Data from interviews with beneficiaries indicated that activities related to the programme were not sufficient to improve the situation of vulnerable households. For example, in the case of the cash transfers, beneficiaries indicated they needed more money to purchase food. It was clear that beneficiaries were left with very little to no cash for future income-generating investments. We observed similar results in the short household survey: Cash transfer beneficiaries indicated that most spent the transfer money on food and nutrition, education, and health care. See the sections on RQs 4. 5 and 7 for a more in-depth analysis of whether the programme activities were sufficient to improve the situation of vulnerable populations.

Similarly, beneficiaries in Behara commune who were members of a VSLA found that the **money they expected to cash out from the agricultural insurance due to drought-impacted crops would be insufficient in three to six months and will leave them in a vulnerable situation.** The same beneficiaries also expressed confusion about the payment to the agricultural insurance and the amount they were expected to contribute. However, non-beneficiary **respondents who were involved in the agricultural insurance provision and implementation found that the agricultural insurance was low in cost and helpful to the beneficiaries.** A respondent from Assurance said, "*I think agricultural insurance is a good choice. Because if the producers … don't have the capacity to, say, add seeds, they can't produce. If they cannot produce, they cannot obtain an income to be able to restart the cycle or to be able to face the various challenges of life.*" In addition, a respondent from the Ministry of Agriculture stated that the agricultural insurance covered some of the losses suffered by farmers during the drought and did help them, as WFP was contributing to the insurance on behalf of the farmers. A WFP respondent revealed that an internal investigation after the first adjustment showed that beneficiaries who received money bought food and invested in farming. The results from the short household survey confirmed some of these concerns regarding sufficiency and indicated the vast majority of agricultural insurance recipients spent the money directly on food and nutrition. A small proportion of them also used the money for agricultural inputs or VSLA savings, which can help them make investments in their agricultural activities in the longer term.

Some programme activities seemed to be of adequate quality and address beneficiaries' farming challenges. For example, some of the beneficiaries commented on the **importance of agricultural insurance and remarked that training on agricultural techniques was helpful.** A beneficiary added, "*We are taught about agricultural techniques. I decided that I will do mine in the springtime, and in the winter season – twice a year. In the Spring, I plant corns; scattered technique is the best option. In the winter, I plant beans and so on. When we planted before, we used different techniques when planting corn.*" Another group of beneficiaries from Ifotaka commune added that the **agricultural trainings were helpful and increased their knowledge of how to handle seeds and manage pests.**

Perspectives on the quality and affordability of activities related to the health component are provided below. For example, respondents from agencies that participated in **health component activities, including those from ILO, WHO and Assurance ARO, stated that the health-related services offered to vulnerable households such as insurance coverage were beneficial and affordable.** A respondent from ILO referred to the lower out-of-pocket payments by beneficiaries who are enrolled in health insurance and whose first year fees were paid by ILO. Further, a WHO respondent explained that **though the economic conditions did not improve due to the intervention, the provision of health insurance and services was adequate for the beneficiaries:**

Yes, in fact what I wanted to say is that when we set up the social protection program in health, it already enabled families to deal with their health problem. And that is an aspect that makes their lives easier. But it's true that if we're talking about economic problems, for example, that they have to face, we couldn't solve that within the framework of the social health protection project. But by alleviating the problems related to health at least, it could help the families to face certain difficulties that they live every day.

RQ 20. Is the current organizational set-up and the collaboration and contribution of concerned ministries and others working effectively to help ensure accountability and synergies? What more might be done?

Collaboration seems to be working relatively well between the UN agencies responsible for the implementation of the different programme components. However, **coordination with key ministries has been less consistent,** and some stakeholders indicated that **lack of clarity around roles** in the programme and **lack of an integrated monitoring systems** may have hampered efforts to ensure accountability and synergies. While the joint program did not explicitly plan to have a fully integrated M&E system, respondents indicated that this would have been useful. Further, in the absence of any integrated monitoring information, it was not possible to assess whether multiple components reached the same beneficiary households.

Respondents generally agreed that the current organizational set-up of the Fagnavotse programme was working well, with UNICEF coordinating the joint programme in collaboration with the other United Nations agencies. The programme was organized according to the ONE UN approach, where UN agencies collaborate to deliver development assistance in a more coordinated way at the country level. While each UN agency led its own component of the joint programme, UNICEF played a lead coordinating role, and the UN resident coordinator office as the main focal point with UN headquarters. Respondents at baseline stated that the organizational set-up was working well, as indicated by the occurrence of biweekly meetings between UN implementing agencies. For instance, a UN agency official described regular meetings as a crucial condition for collaboration between the partners: "*So far I can say that collaboration is good and established. We have a meeting every two weeks to share information about the execution, and to discuss about the challenges as well, and the solutions to be adopted.*"

Our review of meeting notes shared by UNICEF indicates that programme stakeholders held bi-weekly Joint SDG Fund meetings for the first half of 2021, with meetings becoming less frequent (monthly) in the second half of 2021 and into 2022. These meetings were well attended by the implementing agencies (UNICEF, WFP, ILO, and UNFPA), but there seemed to be limited participation from relevant ministries. For example, amongst the notes shared by UNICEF, there were only two meetings that had participation from MPPSPF (on the social registry and social health protection, respectively, in April 2021), and one with participation from the Health Ministry (March 2022). Interview data and meeting notes indicate that these meetings included regular updates from implementing agencies on the status of the different components. Interview data also indicate that the UN Resident Coordinator office received regular updates on Fagnavotse programme implementation.

However, **some respondents mentioned gaps in coordination** that may have impaired the contributions of ministries and other agencies involved in the programme and ultimately hampered synergies. Firstly, the GTPS, which was intended to be the main platform for coordinating social protection interventions with ministry stakeholders, has not met in two years due to the emergency situation. The main coordination platform became Joint SDG meetings described above, but as noted, there was not much participation from ministries. Further, during the programme implementation period, ministries were focused on responding to emergencies such as COVID, drought, and cyclones.

Secondly, although the roles of agencies and ministries are specified in the programme document**,** ministry respondents expressed **the need for a clearer assignment of roles and responsibilities to stakeholders** so that there was mutual understanding of what areas of coordination are led by a certain agency As mentioned in the Coherence section, some key stakeholders noted a lack of responsibility around coordination in the current organizational set-up of the programme. This may be because UNICEF did not have additional funds for the coordination role, and each implementing agency was ultimately responsible for coordinating with other agencies. UN respondents pointed to the need for a designated "coordinator" within the main coordinating agency (in this case, UNICEF) who would ensure the synergy between the joint programme components and look for inter-agency solutions to problems. In addition, a district-level implementing partner reported not receiving enough information about progress of Fagnavotse components**, indicating potential gaps in communication with partner organisations who were not regularly engaged in the biweekly meetings**. Further, the lack of integrated monitoring systems described in RQ 11 affected the ability of implementing agencies to follow up on key indicators across programme components, therefore making coordination more difficult.

To ensure accountability and synergies through effective collaboration, a Ministry of Public Health official **suggested improvements in the process of identifying future collaborators, emphasized the importance of assigning responsibilities to "local people to address local issues," and noted that local project execution at the commune level rather than from Antananarivo can reduce financial costs.** The respondent said, "*Once we assign responsibilities to a local agent, he will know what is expected from him and he will realize the impact and the value of the task he is working on.*" Finally, a national-level stakeholder stated that more strategies were needed to actively involve government stakeholders in managing and coordinating the programme, such as increasing the frequency of meetings and the sharing of information. The respondent said that **government buy-in is crucial** to avoid blame being placed on non-government agencies for any failures and that **there needs to be a shift in the behaviour of government stakeholders currently perceived to act like "observers and not owners".**

6.5. Sustainability

To address the criterion of sustainability, we assessed the likelihood that the Fagnavotse programme objectives and benefits will be sustained, the strategies and factors contributing to sustainability, as well as lessons learned about the programme.

Evaluation Criteria	Key Findings
Sustainability	• The initial implementation period (only two years, considerably less than that with all components functioning) was not long enough to focus on sustainability. • Any positive changes resulting from Fagnavotse supports are not likely to be sustained over time given the high levels of poverty and vulnerability in the south, which are compounded by the ongoing drought. • Centres d'Ecoute et de Conseil Juridique (CECJs) and agricultural insurance showed slightly more promise in terms of sustainability, due in part to having fewer implementation delays than some other components, and also being embedded in existing government structures. • Scepticism or lack of understanding of social protection programs on the part of the government may hinder the government's buy-in and future commitment to the joint programme.

RQ 21. To what extent have the strategies adopted by the joint programme contributed to sustainability of results, especially equity and gender-related results?

RQ 22. What is the likelihood that the integrated services objectives will be sustained beyond the duration of the joint programme? If integration has not been achieved, what has impeded integration?

RQ 23. To what extent are the benefits of the joint programme likely to continue?

There was general scepticism among programme implementers, stakeholders and the beneficiaries themselves that the benefits of Fagnavotse would be sustained over the long term without additional support. An informant from WFP summed up this sentiment well: *"During the program, [beneficiaries] received non-recurring benefits that can be helpful for them. I don't know [if they will receive these benefits] next year, but [they will surely] not [receive them] later than that...So, we can say that the sustainability aspect is not considered yet."* Beneficiaries, for their part, voiced desperation, pleading for Fagnavotse support to continue. Social protection challenges – exacerbated by drought – have left people incredibly vulnerable and in need of assistance. A woman from Ifotaka said, *"We will be helpless if we are left as we are now,"* and a caregiver from Ifotaka commented similarly, "*We are living in difficult times. It is thanks to the help of the government that we are still here. But if it wasn't for the help of the government in collaboration with the people here, we would all be dead already."* Other stakeholders confirmed that the beneficiaries were extremely vulnerable, and a social worker from Behara commented, *"If the Fagnavotse program stops, it's over for the people in the South."* There was more optimism that CECJs would continue providing services to GBV victims and that some farmers would continue to reap the benefits of trainings, inputs and agricultural insurance, but generally speaking the prospect of continued benefits was considered to be limited.[4]

[4] There is funding to continue the health component through early 2023, but to the evaluation team's knowledge, no longer term funding has been secured.

More promising, perhaps, is the model of a "single window" that Fagnavotse piloted in Madagascar. Respondents from implementing agencies were hopeful that such a model would be further developed and sustained over time and perhaps even replicated in other parts of the country. One respondent from UNICEF said, *"It's hard to feel very optimistic about what has been achieved. If we could demonstrate that the single window is a valid approach, we could produce something that is replicable. Because it is all based on the local resources, the local systems, the current structures."* Indeed, if the model can be refined and improved, the reliance on local structures could contribute to longer term sustainability. UNICEF respondents also mentioned sharing their lessons learned with other agencies, particularly those lessons that concern registering beneficiaries in an integrated programme and delivering coordinated services.

RQ 24. To what extent is the joint programme supporting long-term buy-in and ownership by duty bearers and rights holders?

While respondents from United Nations agencies appeared committed to continuing certain aspects of the integrated programme through a second phase, respondents expressed scepticism regarding the level of buy-in and ownership demonstrated by the government at this stage. Nearly all agreed that the government was unlikely to make any financial commitments to continue Fagnavotse interventions beyond the programme period, but some believed that activities requiring contributions (such as the agricultural insurance) were potentially more sustainable:

> *First of all, about cash transfer, nobody will give money, the government will not give any money. Even if the government will give money, it's as part of emergency. For emergency, for example, the support they shared during Covid. But there is nothing more after it. … I don't think that durability is useful except for agricultural insurance because agricultural insurance, as it is an insurance, there is a contribution paid by the farmers.*

Commitments – financial and otherwise – to continue Fagnavotse (or certain components) have only come from programme implementers. According to an MPPSPF official at the district level, "*[I]t has only them, the organizations who are implementing the program, they have done effort for commitment, there hasn't been others."* Indeed, FID has secured additional resources from the World Bank, and UNICEF has secured additional funding to continue programming in Ifotaka through 2022. Informants from UNICEF said that while they want the government to include Fagnavotse in their "system and national policy", they were disappointed in the lack of government engagement to date.

As discussed below in the section on RQ 26, awareness of plans for a second phase of the programme may have inadvertently shifted the focus away from sustainability and long-term ownership. Respondents seemed focused on the second phase of the project, with some saying that government ownership was not an explicit priority during the first phase of the programme. To this end, a district-level respondent from MPPSPF said, *"You see, it's just in the first phase, the program is for 2 years. So, both the program implementers, and the beneficiaries as well as the Ministry are in the phases of trying to have the ownership of the program."*

Finally, despite acknowledging the high levels of vulnerability in the south and regional challenges associated with climate change, multiple government respondents expressed concern that social protection programs like Fagnavotse discourage people from being self-sufficient and lead to aid dependency. For example, a district-level respondent from the Ministry of Agriculture said, "*As for Fagnavotse, as I previously stated, it is excellent. However, there should be a task in exchange for it, such as labor. To avoid people becoming accustomed to only receiving. It's great that they have food; it helps them cope, but there should be something to balance it out."* There were multiple comments

of this type from government stakeholders, which suggests a scepticism and misunderstanding of social protection programming that could impede government buy-in and the future success of the joint programme.

RQ 25. What are the lessons learned about the provision of integrated social protection services?

The primary lessons learned concerned the difficulty of achieving a convergence of multiple interventions and the importance of considering the local context and needs when rolling out an integrated social protection programme. Respondents emphasized that interventions and activities must be carefully planned to ensure they reach the same beneficiaries in a similar timeframe. For example, a district-level respondent from GTPS commented,

> *All the elements of the program must be put together before we set up the program. …There are components of the program that didn't start and ended up being cancelled. So, if we had a goal of 90%, we would only reach 40% because a lot of the elements have not been put in place. Only the successful programs remain. I want to emphasize that before a program can be implemented, everything must be ready.*

The need for explicit coordination and detailed plans for convergence also emerged during the previous round of data collection, highlighting the inherent difficulty of reaching the same people with multiple interventions implemented by different organizations. Additionally, some respondents indicated that beneficiaries need basic inputs (such as water) to be in a position to fully benefit from Fagnavotse interventions. Of the need for water, a respondent from ILO said,

> *I think that the four components are insufficient when it comes to impact on the beneficiaries. When thinking about it, there should be a sanitation component because if not, the WFP would struggle for the agricultural component. Indeed, it mainly relies on rain and water availability. And if the WFP activities don't work, as the other components are closely linked and run from that one, this would be complicated.*

Other respondents also mentioned the need for water, suggesting that irrigation support might be something to consider as part of the next phase of the agricultural and livelihoods supports.

While Fagnavotse may have highlighted the difficulty of implementing an integrated programme – and the registration process and functionality of the single window are still clearly a work in progress – some respondents argued that the realization and acceptance of the fact that social protection is more than just cash was an accomplishment in and of itself. One UNICEF informant said, *"At the beginning I was negative but then I realized that we did some good things. With the cash, we showed that the social protection to go beyond cash. There are vulnerabilities that cannot be addressed just by giving cash. This was very positive."* Thus, while there is more work to be done to ensure fully integrated service delivery, the shared understanding that more than cash is needed to achieve social protection goals was an important initial step in developing a social protection agenda for Madagascar.

RQ 26. What have been the major factors that influenced the achievement or non-achievement of sustainability of the joint programme in Amboasary?

The short implementation period – and the even shorter period in which all components were fully implemented – was the primary factor inhibiting the sustainability of the joint programme, according to respondents. As one UNICEF respondent put it, *"The first two years were to get on the same page and then start rollout,"* suggesting that simply delivering the integrated programme was a sufficiently difficult task for the initial implementation period. A WHO informant said similarly,

"*Several aspects of the project could not really be carried out as we would have liked. But I think that if we had had the time to implement them all, it could have helped us achieve the objectives already set."* The roll-out of the joint programme took longer than anticipated and faced numerous obstacles, including most notably the implementation pauses and diversion of resources due to COVID-19 as well as administrative hurdles and delays in finalizing and delivering the programme components. Sustainability does not appear to have been a focal area in the initial years of Fagnavotse implementation, perhaps because implementers and partners were aware of the likelihood of a second phase (at least for certain components of the joint program) and because partners such as UNICEF will maintain a presence in some of the areas targeted for Fagnavotse beyond the initial programme period.

RQ 27. In what ways should the current joint programme approach be revised or modified to support the sustainability of the programme services?

The joint programme could be modified in several ways to enhance the likelihood of sustainability, including establishing clear implementation plans for all programme components, extending the implementation period beyond the initial two years, and increasing the focus on communications and data to enable data-informed programme adjustments. In line with what we reported in the initial findings report, respondents noted the importance of establishing a clear scope and timeline for all components and activities under the joint programme. As discussed in the preceding paragraph, there was also widespread agreement that the joint programme needs to be fully implemented for more time before long-term sustainability can be considered and planned for. Communication about and awareness of the joint programme remain inconsistent, and respondents mentioned that local actors could be better engaged to promote the programme and encourage participation. As one health worker from Ifotaka said, *"Community agents are not implied in the program. I don't really know if the village chief is implied in it, but I don't think so because if so, everyone in the community would have known of the existence of the program."* Nevertheless, the results from the short household survey indicated that the majority of the cash transfer beneficiaries and the agricultural insurance beneficiaries received the information about the programs from community leaders, VSLAs and pay point staff, suggesting that these are important channels for communication.

In addition to the need for greater awareness of the programme, several implementing partners and stakeholders advocated in favour of collecting more data and using those data to inform programme adjustments and improvements. A respondent from MPPSPF said, *"We must have access to more data because that is how we can redirect things to get better results."* The absence of an integrated approach to M&E is further discussed in the Section 5.3: Effectiveness.

Another theme that emerged strongly was the need to have more leadership and ownership of the joint programme at the local level. Several respondents at the district level complained of a "top-down" approach in which the programme was designed and overseen from Antananarivo rather than by the local communities it serves. A district-level Ministry of Public Health respondent said this of the current programme structure:

> *Too often, in the case of emergency, we prioritize agents from far away to execute the project, we need to assign responsibilities to local people to address the local issues. If something happens here, local people should be considered, not outsiders … I mean people from Antananarivo. … They should not be sent here; it is an unnecessary expense. They are sent to ensure the project execution but we can actually use local agents for that purpose.*

Other respondents made similar remarks, encouraging active engagement of local actors in the design and monitoring of the programme.

Lastly, the results of the short household survey indicate that programme beneficiaries had limited resilience to cope with shocks, such as agricultural shocks due to drought. We observed that most of the beneficiaries spent their programme benefits from the cash transfer programme or agricultural insurance on food or other immediate needs rather than invest in longer-term outcomes. As recommended in the monitoring report of WFP (2021), agricultural insurance beneficiaries could benefit from financial management and guidance on management of agricultural inputs to strengthen their capacity to use benefits in a more sustainable manner.

7. Conclusions

Overall, we found that the Fagnavotse programme was relevant to local needs and well aligned with national social protection policy, though benefits were not sufficient to meet the needs of vulnerable households given the emergency situation in the south of Madagascar. Though the programme integrated concerns about gender equality relatively well, its relevance to the needs of people with disabilities was hampered by delays in the implementation of disability-sensitive targeting and the equal opportunity grant. Further, while the redirection of programme resources to emergency response indicated a shock-responsive approach to social protection, it also caused delays in implementing the tools and systems for integration – such as the single window and referral system – which hindered the potential complementarity of the programme components as well as the convergence of benefits.

The programme was able to partially achieve the objective of delivering an integrated package of social protection interventions tailored to the needs of the poorest segment of the population. All four components were finally operational, but the disability-focused components were not implemented. Ultimately, the objective of strengthening the institutional framework for social protection to ensure a national scale-up of the integrated model and long-term sustainability has not been fully achieved due to delays in the establishment of the single window and referral system. Further, the lack of shared platforms and targeting mechanisms impeded the coordination and integration of the programme as well as the monitoring of programme results, because it did not allow the different programme components to target the same beneficiaries or monitor results across components. While integration was not fully achieved, some ministry officials and United Nations agencies stated that the programme was organized efficiently. There were mixed views on the effectiveness of coordination in the social protection space, with ministry and implementing partner respondents pointing to communication gaps and a lack of clarity around roles and responsibilities.

Any positive changes resulting from Fagnavotse supports are not likely to be sustained over time given the high level of poverty and vulnerability in the south and the ongoing drought. The short implementation period (two years), the lack of integration and coordination of the programme (caused by lack of shared platforms and harmonized targeting), and scepticism towards social protection (due to limited knowledge or lack of perceived effectiveness) on the part of government officials were barriers to the programme's sustainability.

Next, we describe in detail our conclusions based on the evaluation findings.

Relevance. The Fagnavotse programme was well aligned with Madagascar's national social protection strategy, and the context of the Anosy region was taken into account in the design and implementation of the programme, although local issues such as availability of water and aid for agriculture have not been addressed by the programme. While all Fagnavotse components were reportedly relevant, many beneficiaries stated that the programme did not fully meet their needs. In

particular, beneficiaries expressed wanting more money, more medicine and more support overall. National-level stakeholders reported using needs assessments to adapt different programme components to help meet beneficiaries' needs, including programme messaging. However, the programme was not as relevant to the specific needs of people with disabilities due to the emergency situation in the south of Madagascar, which led to implementation delays in the disability-sensitive targeting and in the launching of the universal child benefit with an equal opportunity grant for people with disabilities. Overall, the Fagnavotse programme addressed needs that would not have otherwise been dealt with and offered support that was clearly needed and life-saving.

Coherence. The joint programme, which addresses gender inequalities by spending most of the disbursed funds on gender equality and women's empowerment and by distributing dignity kits, also has served over 1,200 survivors of GBV through the CECJ platforms (94% women). Nonetheless, there are issues facing the integration of the rights of people with disability across the programme due to implementation delays. Comparative strengths include the holistic approach (e.g., the complementary nature of the programme design), which increases the programme's overall impact. However, the delays in implementing the tools and systems for integration – such as the single window and referral system – may have hindered the potential complementarity of the joint programme. Barriers to coordination and convening of the joint programme include a lack of a common understanding of social protection, lack of clarity around roles for each organization, lack of accountability around coordination, and the realities of the emergency situation.

Effectiveness. Respondents generally felt that Fagnavotse social protection services were helpful but not sufficient to meet the needs of vulnerable households. The programme was able to partially achieve the objective of delivering to 4,000 households in the Anosy region an integrated package of social protection interventions tailored to the needs of the poorest segment of the population, including people with disabilities. The cash transfer component actually exceeded its goal by delivering transfers to 9,745 beneficiaries, although the planned universal cash benefit with disability opportunity grant was not implemented due to the emergency response. The agricultural insurance component also exceeded its original target by reaching 5, 500 beneficiaries within the project period. However, across qualitative interviews and monitoring surveys, beneficiaries of the cash transfer and agricultural insurance components reported delays in receiving cash transfers and/or insurance payments. Although all four components are operational, the disability-sensitive targeting and single window and referral system were not implemented until the end of the project period (January 2022). Further, the objective of strengthening the institutional framework for social protection to ensure a national scale-up of the integrated model and long-term sustainability has advanced in terms of developing tools and recommendations to establish disability-sensitive social protection, but has not been fully achieved due to delays in the establishment of the single window and referral system. Operational challenges to the programme included delays and adaptations caused by the emergency drought response in the south and the COVID-19 pandemic, challenges in related to the political context and coordination with the government of Madagascar in the case of the referral system/single window and social health insurance components, and infrastructure challenges in the case of the CECJs. The main factor influencing the non-achievement of integration was the lack of shared platforms and targeting mechanisms, which impeded the coordination and integration of the programme.[5] The lack of M&E systems with indicators that can measure integration also hampered monitoring and measurement of progress across components.

[5] As explained in response to RQ 13, there was a delay in the implementation of a survey to identify households for the Fagnavotse program by INSTAT and MPPSPF, so some of the program components used their own targeting lists, which made integrated targeting and monitoring more challenging.

Efficiency. While integration was not fully achieved, ministry officials and United Nations agencies stated that the set-up of the programme was efficient. However, limited human resources seemed to lead to poor work management, and inadequate or delayed distribution of payments prevented efficient implementation. Further, activities related to the programme were not thought to be sufficient to improve the situation of vulnerable households. As was the case at baseline, collaboration seems to be working relatively well between the UN agencies at the national level, but coordination with key ministries has been less consistent, with some stakeholders indicating lack of clarity around roles in the programme and lack of an integrated monitoring systems as hampering coordination. Some barriers to coordination include the fact that the GTPS did hold meetings for two years, as well as the fact that the MPPSPF and other ministries were occupied with emergency response to the drought, COVID-19, and cyclones.

Sustainability. Unfortunately, any positive changes resulting from Fagnavotse supports are not likely to be sustained over time given the high level of poverty and vulnerability in the south and the ongoing drought. However, the CECJs and agricultural insurance showed slightly more promise in terms of sustainability. The initial implementation period (only two years and considerably less than that with all components functioning) was not long enough to focus on sustainability. Delivering the components and trying to achieve convergence took priority. However, convergence on the same beneficiaries is challenging and takes careful coordination and planning across implementing organizations. As mentioned, the lack of shared platforms and a harmonized targeting approach hampered integration among the different components. Finally, scepticism towards or lack of understanding of social protection programmes on the part of the government (such as the belief that beneficiaries should provide something in exchange for cash transfers to avoid becoming aid dependent) may hinder the government's buy-in and future commitment to the joint programme.

8. Lessons Learned

Perhaps the most fundamental lesson learned during the implementation of the Fagnavotse programme is that **two years is simply not enough time** to establish systems and coordination mechanisms to deliver multiple interventions coherently to the same target group. United Nations agencies and the government had to adhere to their own administrative and procedural requirements, and changes in the initial set of interventions, along with delays in their implementation, shortened the time period in which all components were active. Considering the added difficulty of achieving convergence in a joint programme, respondents frequently referred to the first two years of Fagnavotse as more of a trial run or initial planning phase.

Related to the time constraints described above, integrated programs involving multiple implementing agencies and stakeholders require **robust communication and coordination mechanisms.** There are inherent challenges when organizations have their own mandates and requirements, and shared platforms for disseminating information and programme data are essential for keeping all parties on the same page. While there were biweekly meetings amongst UN agencies and periodic publication/circulation of communication materials about the programme, respondents still lamented the lack of a shared integration system and expressed a desire for more frequent communication about the status of activities. While the joint program did not explicitly plan to have a fully integrated M&E system, respondents indicated that this would have been useful. Further, in the absence of integrated monitoring information, it was not possible to assess whether multiple components reached the same beneficiary households.

In addition to the inherent coordination challenges of a joint programme, the **emergency context in the south** and the added challenge of the COVID 19 pandemic made it extremely difficult to implement the Fagnavotse programme. The 2021 annual progress report highlights both of these challengers as key obstacles to implementing the joint programme. The extreme vulnerabilities of the targeted population were exacerbated by drought, and resources and attention were often diverted to other crises. Indeed, some stakeholders felt that the south was not the best place to pilot a joint social protection programme like Fagnavotse due to the competing challenges and the immensity of the need. During both rounds of data collection, some respondents shared their belief that the programme should have been piloted elsewhere to determine whether the model itself was effective before taking it to a region as challenging as Anosy.

Finally, as discussed at length in the section on RQ 24, **achieving convergence of multiple interventions on the same beneficiaries is quite difficult** and requires careful planning and coordination from the outset. Shared beneficiary databases, targeting and registration information are needed to ensure convergence – all of which proved difficult to establish during the first two years of the joint programme. The 2021 annual progress report acknowledged the efforts to streamline these systems but concluded that they had not been established:

> A set of common tools were developed as part of the JP, including the set-up of a single window and unique registration tools for social protection. However, the operationalization of those common instruments and structures has been delayed and they are not yet fully utilized, hampering the integration among components. (p. 3)

As the annual report rightly pointed out, the absence of common instruments and structures has impeded the integration of the various components and the ultimate goal of converging on the same beneficiaries.

9. Recommendations

The evaluation team developed preliminary recommendations for the Fagnavotse programme and other integrated social protection efforts in Madagascar based on the research findings. The evaluation team developed recommendations for the Fagnavotse programme based on the research findings and conclusions of this study. These recommendations were validated in a participatory validation workshop on 4 May 2022. Here, we present the recommendations in *Table 13*, organised by priority, as designated by the workshop participants.

Table 10. Recommendations

	Key Takeaways	Recommendations
1	The lack of shared platforms and a harmonized approach to targeting hampered the integration of the programme.	Until the social registry is adequately established, implementers should ensure the use of shared platforms and harmonized targeting tools from the beginning to ensure the feasibility of integration among different programme components. (3 – priority /3 – feasibility)
2	There seem to be various levels of awareness about the Fagnavotse programme in different communes and there was sentiment among some beneficiaries and stakeholders that the	Implementing agencies should prioritize community engagement in all aspects of programme implementation. For example, implementing agencies can consider how to better involve and mobilize local

	programme used a top-down approach and that local actors lacked a sense of ownership.	actors to raise their awareness of the programme, to provide more regular updates to beneficiaries on activity timelines and delays, and to ensure consistent messaging about the services across all three communes. (3 – priority /3 – feasibility)
3	Lack of integrated monitoring systems makes it difficult to measure progress in the implementation of programme activities and monitor the costs associated with it.	Each implementing agency should ensure the collection and data entry of basic monitoring data for each programme component. Monitoring systems should be secured and accessible to the relevant stakeholders. Implementing agencies should consider integrating tracking systems or at least ensuring that they are interoperable and linked by a unique identifier. (3 – priority /3 – feasibility)
4	Beneficiaries seem to have low levels of awareness of the integrated joint programme, and many confused the Fiavota and Fagnavotse programmes. Many beneficiaries are not informed of the expected duration of the programme and reasons for delays in programme activities.	During all interactions with beneficiaries, implementing agencies should ensure that communication covers not only the activity at hand but also the broader joint programme services. Implementers should consider choosing programme names that are highly distinctive and thus reduce the potential for confusion between programmes. (3 – priority /3 – feasibility)
5	There is miscommunication and/or lack of communication between United Nations agencies and relevant ministries.	Implementing agencies should include government stakeholders in United Nations SDG Fund meetings and increase the frequency of interactions with relevant ministries. (3 – priority /3 – feasibility)
6	There was no clear handover plan at endline, and scepticism towards social protection seemed to be a barrier to government buy-in.	Implementing agencies should continue to advocate for integrated social protection with the government, including sharing some of the achievements of the Fagnavotse programme. Further, implementing agencies should consider developing a handover plan in the next phase of the joint programme. (3 – priority /2.5 – feasibility)
7	MPPSPF could have a prominent role in coordinating different programme components and government services related to the single window, but it does not seem to be playing that role yet.	Although recruitment processes are underway for MPPSPF staff at the local and district levels, MPPSPF should play a more active role in coordination at all levels. (3 – priority /2 – feasibility)
8	Respondents felt that two years was not long enough to establish structures for a sustainable programme.	Donors and implementing agencies should consider extending the implementation period to ensure that appropriate structures are in place at the district and commune levels to sustain the programme with all its components. (3 – priority /1.5 – feasibility)
9	It appears that there is no dedicated platform for coordination between the different ministries involved in the implementation of the Fagnavotse program. In addition, the roles and responsibilities of the different stakeholders were not always clear.	Implementing agencies should establish a dedicated platform or communication channel to ensure coordination between key implementing agencies and relevant ministries, and clearly assign roles and responsibilities to ensure effective collaboration. (2.5 – priority /2 – feasibility)
10	The implementation of a pilot integrated social protection programme in a crisis setting such as the south of Madagascar diverted resources from systems strengthening to an emergency response.	Implementing agencies should consider selecting a more stable region (less exposed to climate shocks) when piloting a complex integrated social protection programme in the future. (1 – priority /2 – feasibility)

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Annex A: Ethics Approach

Research Ethics

I. Obtaining Ethical Approval

AIR IRB Review. This project is registered with AIR's IRB (IRB00000436) and received initial approval after assessment of the project's compliance with standards of conduct and the protection of the rights of human research subjects. All proposed research activities involving human subjects as well as a data governance and security plans to protect the confidentiality of data from research participants have received initial approval. All AIR staff, subcontractors and consultants involved in the collection of data from human research participants will adhere strictly to the requirements of AIR's IRB and non-AIR staff are required to sign our Participant Protection Agreement to ensure the requirements for protecting human subjects is satisfied. All participants will be asked for their informed consent/assent in a language they understand, worded at an appropriate level for their age and educational background to engage in activities that are specific to the research components of the project. While the ability to consent may vary between children, AIR believes that **having a disability does not automatically exclude an individual from being able to give informed consent**.

For this project, AIR's internal ethical review mechanism will be used, given that AIR's IRB mechanisms comply with the minimum quality standards established in UNICEF's policy. AIR's IRB (IRB00000436) is registered with the Office of Human Research Protection as a research institution (IORG0000260) and conducts research under its own Federalwide Assurance (FWA00003952). We will ensure that all staff associated with this project, including sub-contractors and consultants, adhere to AIR's IRB guidelines.

Compliance with American Evaluation Association guidelines and the Joint Committee on Standards for Educational Evaluation. The AIR IRB follows the three general principles which define these standards: (1) evaluators will conduct evaluations legally and ethically, taking into account the welfare of those involved in the evaluation as well as that of the general public; (2) evaluators will conduct evaluations in a competent and efficient fashion that will lead to reliable and accurate results; and (3) evaluators will design evaluations and report the results in a manner that is useful to and appropriate for the intended audience.

Compliance with UN Ethical Standards. AIR follows the UNEG Code of Conduct, which requires both a conflict- and gender-sensitive approach to research, adherence to the do-no-harm principle, and transparency, confidentiality, accuracy, accountability and reliability, among other key principles (UNEG, 2008, 2020). Specifically, with regard to the protection of vulnerable individuals, AIR respects and adheres to the United Nations Declaration of Human Rights, the United Nations Refugee Convention, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women as well as other human rights conventions and national legal codes that respect local customs and cultural traditions, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity (UNEG, 2008, 2020). This evaluation will also be conducted in accordance with the evaluation principles of openness, transparency and

participation. Further, AIR will ensure that the evaluation complies with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (UNICEF, 2015). The evaluation will also be guided by the ethical principles of independence, impartiality, credibility, responsibility, honesty and integrity.

Protection of children. Individuals who collect data on AIR's behalf will be screened to ensure they have no history of child maltreatment and will *never* be permitted to take any child out of sight and/or hearing range of adult guardians (e.g., parents or teachers), nor will they be permitted to be alone in any enclosed space with any child. AIR will implement a policy of immediate termination for any project staff member who violates any of these rules, no matter how slight the violation. All enumerators will be trained on AIR's safeguarding procedures and will be required to follow a code of conduct for conducting research with children and those with disabilities.

AIR's Strategies for Working with Children with Disabilities. Students with disabilities are key stakeholders in this research. Feedback from these children will be important for assessing needs, and experiences. However, research has historically been performed on (rather than with) people with disabilities, which is not respectful of the rights and perspectives of those individuals. Allowing children with disabilities the chance to participate in this research can also empower them since their feedback will directly impact the assessment of the programme's implementation as part of this study. See Annex D for more information on AIR's strategies for conducting research with disabled children.

Mitigating Anger, Fear and Distress among Participants. Concerns regarding anger, fear and distress among research participants, which may be incited due to sensitive topics will be addressed by AIR and ATW through guidelines in four key areas as provided the U.S. National Institute of Mental Health (NIMH): (1) the decisional capacity of potential participants, (2) the vulnerability of research subjects, (3) the risks and benefits of research participation and (4) informed consent (NIMH, 2015). All team members will be trained to recognize emotional distress and have necessary tools to make appropriate referrals to child protection services, health care professionals, and other trauma- and violence-prevention related organizations in the communities visited.

Strategies to ensure active and equitable participation of diverse groups

Use of informed consent for participants. Participants will be asked to give their consent/assent in a language that they understand, worded at an appropriate level for their age and educational background. Children who are invited for in-depth interviews must have written parental consent to participate. For children are under the age of 18, a supervising adult will be asked to consent on behalf of the child.

All of the protocols include a stopping point before the start of the interview questions, to gain assent for participation and permission to audio-record. The consent language includes (a) a concise and focused presentation of the key information that is most likely to assist a prospective participant in understanding the reasons that one might or might not want to participate in the research; (b) a statement that the study involves research, an explanation of the purposes of the research and the expected duration of participation, and a description of what will happen if children participate; (c) a description of any reasonably

foreseeable risks or discomforts to the participant; (d) a description of any benefits to the participant or others that may reasonably be expected from the research; (e) a statement describing the extent, if any, to which confidentiality of records identifying the participant will be maintained; (f) an explanation of whom to contact for answers to pertinent questions about the research and research participants' rights; and (g) a statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and that the participant may discontinue participation at any time without penalty.

In addition, we will obtain verbal assent from participating children for both their participation and to be audio-recorded. We have also included introductory language for all the KII, IDI and FGD protocols to explain the purpose of the evaluation, what the participants will be asked to do, and to what extent we will protect the privacy of their responses. We also explicitly ask participants for verbal agreement to take part in the KII/IDI/FGD and to be audio-recorded. (We do not ask for written consent, as it is not required, and obtaining written consent would provide identifying links between participants and data that would not have existed otherwise, placing their privacy at greater risk.) Also, given the nature of the questions we will ask the children (about their lived experiences as a child with a disability), we will train enumerators to watch carefully for any signs that children and other participants such as women beneficiaries are becoming distressed discussing certain issues, and will identify a point of contact at each community (such as a community leader) who can be informed and follow up if there are any concerns that a participant experienced any distress.

Catering to Needs of Participants. In order to ensure that there is comfort between the participant and interviewer, local enumerators from ATW who speak Malagasy and French will conduct the interviews at the village and commune levels. Further, enumerators will conduct interviews and focus group discussions at a common space that is both safe and accessible for participants. AIR will put great care into its messaging of the research and will request local buy-in, which means meeting local male and female community leaders before focus group discussions and asking for their permission. Local buy-in is imperative to address any concerns and possible tensions that could arise during the research process. In addition, we will carefully consider the space and time during which interviews would be conducted to ensure that respondents are able to participate fully, with limited burden and feel at ease. For example, participants are not expected to travel to the capital and enumerators will find a common space near the participants' residence (with the help of district level programme implementation stakeholders) and where participants' can share their responses and be assured that their responses will be confidential. This strategy will ensure that participants are not faced with barriers such as care-giving responsibilities, or mobility restrictions.

Risks Versus Benefits. The evaluation activities do not impose any risks to participants beyond what they would encounter in daily life. The greatest risk to participants is potential embarrassment or other consequences should any identifiable information that they provide become public knowledge. We will take steps to minimise this risk by (a) training enumerators in the protection of data, (b) setting ground rules at the beginning of FGDs regarding the sharing of information by participants, (c) following the data protection

procedures we described earlier, (d) taking care not to include any information in evaluation reports that could directly identify study participants, and (e) notifying participants during the informed consent process of any risks that they could be identified indirectly based on their position (for example, there may only be one medical social worker in a village).

Inclusion and Equality. At the village and commune level, we expect the sample to reflect the population being targeted by the programme (whether mostly male, mostly female, or balanced; and other characteristics such as disability, ethnicity). For focus groups with caregivers, whilst we will encourage fathers/male guardians to participate as well as females, our experience is that most parents/guardians who actually take part will be women. When holding FGDs with women and men, we will have separate groups for women and men (with roughly equal numbers of men and women overall), to help participants feel comfortable speaking freely about their experiences.

Gender-Sensitive, Rights-Based Research Approach Training for Enumerators. Recruiting and effectively training data collectors in gender-sensitive and rights-based approaches is also central to AIR's strategy. AIR's training for local data collectors from ATW will cover several approaches for more gender-sensitive, rights-based researchers, such as using enumerators of the same gender as the respondents, allowing for verbal as opposed to written consent, effectively eliciting responses from respondents who may not normally be asked for their opinions, and avoiding over-reliance on community gatekeepers for sampling. We find that these strategies are more beneficial for capturing responses from individuals whose voices are traditionally excluded from evaluations.

Trust in Enumerators. Taking measures to foster trust between respondents and enumerators is vital for successful evaluations, particularly in contexts where trust in outsiders is low. Reliance on data collectors who are familiar with the context can increase trust in enumerators. One solution is to rely on the local data collection capacity that are familiar with the context. Similarly, we will rely on local enumerators from ATW who are familiar with the context of the Anosy region to collect village and commune level data.

Sensitive Questions. To obtain reliable information about sensitive topics, it is important to provide additional support to participants who find the topics traumatic, and to rely on enumerators who are familiar with the context of the respondents. To obtain reliable information from women, for example, we will rely on enumerators of the same gender, and give respondents a private space in which to speak with the enumerators.

Access to the Most Disadvantaged and Powerless Respondents. Ensuring that research does not account for just the perspectives of the gatekeepers of any one community but finds ways to adapt tools to access those more marginalized and disenfranchised from the political or social elites – women and girls, and individuals with disabilities or lower levels of education – is imperative. For this purpose, we will collaborate with local consultants and train local enumerators from ATW, who understand the different contexts in Madagascar. During data collection, we will also work with ATW to select enumerators who are from the Anosy region, thus helping to facilitate local buy-in and/or permission for data collection by community leaders in the villages. We will ensure that the enumerators speak the local dialect, respect cultural norms, and that female enumerators interview women and girls

while the male enumerators interview the men and boys. Enumerators who speak the local mother-tongue languages are critical for barrier-free research and to reduce any misunderstandings.

Navigating COVID-19 Risks

In light of the COVID-19 pandemic, the AIR team has prepared a strategy to mitigate risks posed to participants as it relates to data collection. In consultation with UNICEF, the Ministry of Public Health, and the IRB, AIR and ATW will determine when the risk to participants and data collectors warrants conducting research activities and when it is unacceptably high. As long as all parties agree that the benefits of data collection outweigh the risks, the team will take the following steps:

ATW will monitor its own staff for fever or other symptoms of COVID-19. Any staff members showing potential signs of the virus will immediately take leave until they can demonstrate that they do not have the virus, either by testing negative or by self-quarantine.

ATW's staff will use preventative measures to combat the potential spread of the virus. During data collection efforts, all field collection staff will wash their hands before and after each interaction with a respondent.

In the event that hand-washing facilities are unavailable, the team will use hand sanitizer to disinfect their hands and minimize the risk of transmission.

All interviews will be conducted with a minimum of 2 meters between all participants.

When culturally and logistically appropriate, data collection staff will use masks to further minimize the chance of spreading COVID-19.

AIR's team is designed to allow maximum flexibility to persevere in completing data collection despite COVID limitations. In addition to the logistical steps outlined above to mitigate spread, the team will rely on its local presence to continue data collection whenever possible. AIR staff intend to travel to Madagascar for key meetings and data collection activities. However, if AIR staff are unable to travel internationally, Dr. Randrianarisoa and Dr. Randriamanampisoa will be able to provide data collection oversight, attend key meetings with UNICEF and other in-country stakeholders and also conduct key informant interviews with relevant stakeholders with remote support from AIR. All preventative measures and approaches would continue as long as there is any threat of COVID-19 resurgence.

We will be in constant communication with our national partners and the Evaluation Management team to adapt our approach in case travel restrictions or lockdowns are instituted in Madagascar during the evaluation period. For instance, ATW and national consultants may conduct national and district-level KIIs virtually, through virtual meeting platforms such as Zoom/Microsoft Teams or through telephone. We are working with ATW and our national consultants to develop alternate strategies for carrying out beneficiary and service provider interviews in case of travel restrictions or lockdowns.

Annex B: Theory of Change

Pillars	Activities		Outputs	Outcomes		Impact	
				Short-term (2021)	Medium-term Outcomes (2023)	Medium-term Impact (2023)	Long-term Impact (2030)
PILLAR 1: **Operationalize an integrated package of social protection interventions in a pilot district to protect against risks and promote human and capital investments tailored to the needs of the poorest people, including people living with disabilities.**	C4D activities	Unconditional Cash Transfer (UCT)	Regular UCT provided to poorest households (HH)	Increased HH food and non-food consumption; Increased school enrolment	Better health, nutrition and education outcomes	Poverty reduction for household beneficiaries of the integrated social protection package	**Inclusive social protection contributes to long-term poverty reduction and economic growth in Madagascar**
		Health insurance	Health insurance operationalized in the intervention area and integrated into the SP system	Increased access to health facilities			
		GBV activities	Creation of CECJ centers	Increased access to training and support services			
		Agricultural insurance	Poorest households are affiliated with a pilot agricultural insurance scheme	Reduced risk of agricultural loss	Increased resilience (diversification of revenues and risk management strategies)		
		Livelihood activities	HHs benefit from livelihood support according to productive capacity	Increased investments and diversification of agricultural production			
PILLAR 2: **Strengthen the institutional framework for social protection to ensure national scale-up of the integrated model and long-term sustainability.**	Capacity-building activities	Referral system and single window	Unique administrative system established	Increased coordination, reduced costs, reduced fragmentation and increased efficiency in SP spending	Improve targeting of programs and increase referrals across the various components	Increased allocation of resources to scale up the model of integrated social protection interventions for the poorest households, including people living with disabilities	
		Technical assistance for revision of the legal and institutional systems	NCD established and operationalized and legal framework revised	Greater inclusion of people living with disabilities in SP programs			
		Institutional support for social health protection	Health protection integrated into the social protection (SP) system	Health protection and other SP programs share some administrative tools			
		M&E and evidence generation	Results of the evaluation available and shared with national stakeholders	Evidence of the impact of integrated SP model informs policy decisions			
Assumptions		(A) Sufficient human and institutional capacity (B) Political support (C) Ongoing financial support					
Risks		(A) Environmental risks (e.g., drought, COVID-19) (B) Behavioral risks					

Annex C: Instruments at Endline

KII-1 Protocol for national-level program implementers (duty bearers)

Time: 30-45 minutes
Goal: To better understand issues of programme *relevance, efficiency, effectiveness, coherence and sustainability* as well as the extent to which *equity, gender equality and human rights* have been considered in the programme design and implementation.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with national-level program implementers (duty bearers), including:

- UNICEF Madagascar (including staff working on referral system & communications lead);
- UNFPA (GBV & disabilities focal points);
- ILO
- WFP

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me what your current position is and how you are involved with the Joint SDG Program / Program Fagnavotse in the south of Madagascar?

Relevance

2. Since we last spoke, have there been any changes in social protection priorities and policies at the national level in Madagascar?
   a. How well does the Joint SDG Program / Program Fagnavotse align with current social protection priorities and policies in Madagascar? Please explain.
3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the Joint SDG Program / Program Fagnavotse?
   a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Given what has been achieved in the programme so far, to what extent were Joint SDG Program / Program Fagnavotse components adapted to meet the needs of different groups, such as persons with disabilities? Please explain.
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries? Why or why not?
   a. Do you think they had other more pressing needs due to the situation in the South?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities were sufficiently considered in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*
7. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
   a. Do you think this joint program was the right choice for the Anosy region? Why or why not?
8. Is the Joint SDG Program / Program Fagnavotse using any shared systems or platforms? If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
9. Can you please describe the communications strategy for the Fagnavotse programme?
   a. Who is responsible for implementing the communications strategy?
   b. For program communications and awareness-raising, has the Joint SDG Program / Program Fagnavotse taken different approaches per component? Or has it been a shared approach? Please describe. *Probe for all communications and C4D activities/outputs.*
   c. In the first round of data collection, we noticed that there were challenges in getting information to the ground level, such as communicating with beneficiaries about programme delays. Why do you think that is, and what steps need to be taken to improve this?

Effectiveness

10. As we approach the end of the program, can you tell me whether all components were fully implemented? *Probe for which components have been fully rolled out, partially rolled out, or are still in the planning phase.* ***If interviewee is only familiar with one component, focus your questions solely on that component.***
    a. *Cash transfer*
    b. *Health insurance*
    c. *Agricultural insurance*
    d. *Livelihood promotion*
    e. *GBV prevention*
    f. *C4D*
11. Which component(s) were the slowest to get started? Why do you think that is? What progress has been made on the institutional strengthening aspect of the Joint SDG Program / Program Fagnavotse? For example, what was been done on:
    a. *The referral system?*
    b. *Revision of the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
    c. *Integrating social health protection into the social protection system?*
12. As the near the end of the programme, what have been the main enduring challenges in rolling out the joint program? *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
    a. Please tell me a little bit about the M&E framework for the Joint SDG Program / Program Fagnavotse.]Is there an integrated monitoring framework for the programme, or is each implementing agency monitoring their own component?

b. How do implementing partners monitor different program components from the national level? And the regional and district levels?
    i. How are monitoring results shared between the different implementing agencies?
c. What monitoring results, if any, are shared with government ministries? How often are results shared?
d. Does the M&E framework include clear guidelines for monitoring the application of a human rights-based approach (HRBA) and ensuring equity? Please explain.

Efficiency

13. What have been the main reasons for delays in rolling out Joint SDG Program / Program Fagnavotse components?
14. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries?
15. Would you change anything about the organizational set-up of the program?
    a. How would you assess the collaboration between program implementers (duty bearers)r?
        i. Probe about collaboration at the national and the district level.
        ii. How could this collaboration be improved?
    b. How do implementers collaborate with key stakeholders such as concerned ministries? How could this collaboration be improved?
16. Given the human and financial resources available, do you think Joint SDG Program / Program Fagnavotse services have been managed and implemented efficiently? Why or why not?

Sustainability

17. Given that Joint SDG Program / Program Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
18. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

19. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
20. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
21. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience designing and delivering the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-2 Protocol for expert consultants from UNICEF and ILO

Time: 30 minutes
Goal: To better understand the progress and challenges of the process of developing the referral system and single window (in the case of the UNICEF consultant) and reconfiguring the health insurance component (in the case of the ILO consultant).
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with consultants hired to help develop certain aspects of the Joint SDG Program/ Fagnavotse Program, such as:

- Consultant hired by UNICEF to work on referral system
- Consultant hired by ILO to support different partners in restructuring the health insurance component

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Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Can you remind me of your current position is and role in the Fagnavotse program?

Consultancy details & challenges

2. Can you walk me through the current status of activities in your consultancy with (UNICEF/ILO)?
    a. What changes/developments happened since we last spoke?

[Questions 4 – 6 for UNICEF referral system consultant only]

3. What is the status of the referral system for the Joint SDG Program/Fagnavotse Program?
    a. What is the status of the social registry?
4. What kind of technical assistance are you currently providing to UNICEF and relevant government ministries to develop the referral system?
    a. What do you think are the greatest remaining needs in technical assistance for duty bearers (UNICEF, ILO, WFP, UNFPA) and the government of Madagascar in regard to the referral system?
5. What are the main successes of the consultancy to date, related to the joint referral system?
6. As we near the end of the program, what are the main enduring challenges in developing the joint referral system?
    a. Are there any remaining challenges related to coordination of different partners for the referral system? If so, please explain.
7. What are the main reasons for delay the development and rollout of the referral system? What, if anything, would you have done differently to ensure that all components are rolled out and reach beneficiaries?
8. What do you think can be realistically achieved until the program's end date?
    a. Are there any parts of the referral system that are expected to rollout before the end of the program? What is their expected rollout date?

9. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
10. Going forward, do you see these achievements towards establishing the referral system being useful to other social protection programs in the South of Madagascar? How so?

[Questions 7-9 for ILO consultant only]

11. Can you describe the current situation of the health insurance component of the Fagnavotse Program? What changes or progress happened since we last spoke?
    a. How are the ILO and the Ministry of Public Health planning to provide health insurance until the Caisse National de Securité Sociale (CNSS) is operationalized again?
        i. Were there alternative mechanisms developed? If so, please describe.
            1. *Probe: are there plans for any activities to provide free medicines at health centers?*
    b. Aside from the ILO, are you working with other agencies/ government ministries to restructure the health insurance component? If so, who?
        i. Ministry of Public Health, CSU, UNICEF, UNFPA, WFP, local health workers/health centers, other ministries
    c. Are there any disadvantages or downsides of the current plan for restructuring the health insurance component? If so, please explain.
12. What kind of technical assistance/expertise are you currently providing to ILO and partners to help restructure the health insurance component of the Joint SDG/ Fagnavotse Program?
    a. What do you think are the greatest remaining needs in technical assistance for duty bearers (ILO, UNICEF) and the government of Madagascar (Ministry of Public Health, CSU) in regard to restructuring the health insurance component?
13. As we near the end of the program, what have been the main challenges in restructuring the health insurance component? What, if anything, would you have done differently to ensure that all components are rolled out and reach beneficiaries?
    a. Are there any remaining challenges related to coordination of different partners for the health insurance component? If so, please explain.
    b. What have been the main reasons for delay in the restructuring of the health insurance component?
    c. What do you think can be realistically achieved until the program's end date?
14. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
15. Going forward, do you see these achievements towards establishing the health insurance system being useful to other social protection programs in the South of Madagascar? How so?

Sustainability

16. Given that Joint SDG Program / Program Fagnavotse services ends this year, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.

17. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

18. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in a context such as the south of Madagascar?
19. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
20. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience giving technical assistance to the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-3 Protocol for district-level program implementers (duty bearers)

Time: 30-45 minutes
Goal: To explore how efficiently the programme is running, how services have been adapted to meet the needs of vulnerable households in Amboasary, and understand the perceived effectiveness at improving the situation of vulnerable households.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with district-level program implementers (duty bearers), including:

- UNICEF
- WFP
- UNFPA (regional delegate, GBV focal point, disabilities focal point)

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me what your current position is and how you are involved with the Joint SDG Program / Program Fagnavotse in the south of Madagascar?

Relevance

2. Since we last spoke, have there been any changes in social protection priorities and policies at the regional/district level?
   a. How does the Joint SDG Program / Program Fagnavotse align with social protection priorities in Madagascar? Please explain.
3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the Joint SDG Program / Program Fagnavotse? If yes, how so?
   a. How was the context of humanitarian emergency caused by the drought in the Anosy region was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Have Joint SDG Program / Program Fagnavotse components been adapted to meet the needs of different groups, such as persons with disabilities? Please explain.
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries?? Why or why not? Do you think they had other more pressing needs due to the situation in the South?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities considered in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*

d. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program? Do you think a joint program was the right choice for the Anosy region? Why or why not?

7. Is the Joint SDG Program / Program Fagnavotse using any shared systems or platforms?
   a. If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
8. Can you please describe the communications strategy for the Fagnavotse programme?
   a. Who is responsible for implementing the communications strategy? For program communications and awareness-raising, has the Joint SDG Program / Program Fagnavotse taken different approaches per component?
   b. If no, has it been a shared approach? Please describe. *Probe for all communications and C4D activities/outputs.*
   c. In the first round of data collection, we noticed that there were challenges in getting information to the ground level, such as communicating with beneficiaries about programme delays. Why do you think that is, and what steps need to be taken to improve this?

Effectiveness

9. As we approach the end of the program, can you tell me whether all the components were fully implemented? *Probe for which components have been fully rolled out, partially rolled out, or are still in the planning phase.* ***If interviewee is only familiar with one component, focus your questions solely on that component.***
   a. *Cash transfer*
   b. *Health insurance*
   c. *Agricultural insurance*
   d. *Livelihood promotion*
   e. *GBV prevention*
   f. *C4D*
10. Which component(s) were the slowest to get started? Why do you think that is? Has any progress been made on the institutional strengthening aspect of the Joint SDG Program / Program Fagnavotse? For example, what was been done on:
    a. *The referral system?*
    b. *Revision of the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
    c. *Integrating social health protection into the social protection system?*
11. As we near the end of the programme, what have been the main enduring challenges in rolling out the joint program? *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
12. Please tell me a little bit about the M&E framework for the Joint SDG Program / Program Fagnavotse.
    a. Is there an integrated monitoring framework for the programme, or is each implementing agency monitoring their own component?
    b. How do implementing partners monitor from the national level? And the regional and district levels?
       i. Do you share any programme data with national level implementers? If so, what data, and how often?
       ii. How are monitoring results shared between the different implementing agencies?

c. What monitoring results, if any, are shared with government ministries? How often are results shared?
d. Does the M&E framework include clear guidelines for monitoring the application of a human rights-based approach (HRBA) and ensuring equity? Please explain.

Efficiency

13. What have been the main reasons for delays in rolling out Joint SDG Program / Program Fagnavotse components?
14. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries?
15. Would you change anything about the organizational set-up of the programme?
    a. How would you assess the collaboration between program implementers (duty bearers)?
        i. Probe about collaboration at the national and the district level.
        ii. How could this collaboration be improved?
    b. How do implementers collaborate with key stakeholders such as concerned ministries? How could this collaboration be improved?
16. Given the human and financial resources available, do you think Joint SDG Program / Program Fagnavotse services have been managed and implemented efficiently? Why or why not?

Sustainability

17. Give that Joint SDG Program / Program Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
18. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

19. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
20. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
21. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience designing and delivering the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-4 Protocol for Concerned Ministries at the National Level

Time: 30-45 minutes
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with national-level staff from concerned ministries including:

- MPPSPF
- Ministry of Agriculture
- Ministry of Public Health
- GTPS

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me what your current position is in [**name ministry**] and how you are involved (directly or indirectly) with the Joint SDG Program / Program Fagnavotse in the south of Madagascar.

Relevance

2. Last time we talked about [**name ministry**] priorities at the national level.
   a. For your particular ministry, what were the main objectives you were hoping to achieve through the Joint SDG Program / Program Fagnavotse? Did those change over time?
3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the Joint SDG Program / Program Fagnavotse? If yes, how so?
   a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Were Joint SDG Program / Program Fagnavotse components adapted to meet the needs of different groups, such as persons with disabilities? Please explain. ***If interviewee is only familiar with one component, focus your questions solely on that component.***
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries? Why or why not? Do you think they had other more pressing needs due to the situation in the South?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities were sufficiently considered in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*

7. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
    a. Do you think a joint program was the right choice for the Anosy region? Why or why not?
8. To your knowledge, is the Joint SDG Program / Program Fagnavotse using any shared systems or platforms? If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
9. Does the Fagnavotse program have a communications strategy, to your knowledge? Are there any dedicated staff who work on program-related communications? Please explain.
10. For program communications and awareness-raising, has the Joint SDG Program / Program Fagnavotse taken different approaches per component? Or has it been a shared approach? Please describe. *Probe for all communications and C4D activities/outputs.*

Effectiveness

11. As we approach the end of the program, can you tell me whether all components were fully implemented? *Probe for which components have been fully rolled out, partially rolled out, or are still in the planning phase.* ***If interviewee is only familiar with one component, focus your questions solely on that component.***
    a. *Cash transfer*
    b. *Health insurance*
    c. *Agricultural insurance*
    d. *Livelihood promotion*
    e. *GBV prevention*
    f. *C4D*
12. Which component(s) were the slowest to get started? Why do you think that is?
13. Has any progress has been made on the institutional strengthening aspect of the Joint SDG Program / Program Fagnavotse? For example, do you know what (if anything) has been done on:
    a. *The referral system?*
    b. *Revision of the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
    c. *Integrating social health protection into the social protection system?*
14. Do you know if there is any shared M&E framework for the Joint SDG Program / Program Fagnavotse? ***If interviewee is not aware, skip remainder of this question.*** Is it fully operational? Please describe.
    a. What is the role of MPPSPF in monitoring the Fagnavotse programme?
    b. Do you receive any data about Fagnavotse implementation? If yes, please describe.
    c. If you don't receive any data, what types of data would be most useful to you/your ministry?

Efficiency

15. What have been the main reasons for delays in rolling out Joint SDG Program / Program Fagnavotse components?
16. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries?
17. Would you change anything about the organizational set-up of the program?
    a. How would you assess collaboration with **[name ministry]** at the regional/district levels on the Joint SDG Program / Program Fagnavotse? Please explain.

b. Do program implementers (such as UNICEF, UNFPA, WFP, ILO) collaborate with one another? *Probe for at the national level, and at the regional/district levels.*
c. How do implementers collaborate with key stakeholders such as ministries?

Sustainability

18. Given that Joint SDG Program / Program Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
19. Has **[name ministry]** thought about how progress made through the Joint SDG Program / Program Fagnavotse might be continued once the program ends?
20. Do you know whether there have been any commitments (from implementing partners, donors, or other ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

21. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in the south of Madagascar?
22. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
23. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience as a key stakeholder of the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-5 Protocol for Concerned Ministries at the District Level

Time: 30-45 minutes
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with district-level staff from concerned ministries including:

- MPPSPF
- Ministry of Agriculture
- Ministry of Public Health
- GTPS

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me what your current position is in [**name ministry**] and how you are involved (directly or indirectly) with the Joint SDG Program / Program Fagnavotse in Anosy/Amboasary.

Relevance

2. Last time we talked about [**name ministry**] priorities at the national and/or district level.
   a. For your particular ministry, what were the main objectives you were hoping to achieve through the Joint SDG Program / Program Fagnavotse? Did those objectives change over time?
3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the Joint SDG Program / Program Fagnavotse? If yes, how so?
   a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Were Joint SDG Program / Program Fagnavotse components adapted to meet the needs of different groups, such as persons with disabilities? Please explain. ***If interviewee is only familiar with one component, focus your questions solely on that component.***
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries?? Why or why not? Do you think they had other more pressing needs due to the situation in the South?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities were sufficiently considered in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*

d. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program? Do you think a joint program was the right choice for the Anosy region? Why or why not?

7. To your knowledge, is the Joint SDG Program / Program Fagnavotse using any shared systems or platforms? If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
8. Does the Fagnavotse program have a communications strategy, to your knowledge? Are there any dedicated staff who work on program-related communications? Please explain.
9. For program communications and awareness-raising, has the Joint SDG Program / Program Fagnavotse taken different approaches per component? Or has it been a shared approach? Please describe. *Probe for all communications and C4D activities/outputs.*

Effectiveness

10. As we approach the end of the program, can you tell me whether all the components were fully implemented? *Probe for which components have been fully rolled out, partially rolled out, or are still in the planning phase.* ***If interviewee is only familiar with one component, focus your questions solely on that component.***
    a. *Cash transfer*
    b. *Health insurance*
    c. *Agricultural insurance*
    d. *Livelihood promotion*
    e. *GBV prevention*
    f. *C4D*
11. Which component(s) were the slowest to get started? Why do you think that is?
12. Has any progress been made on the institutional strengthening aspect of the Joint SDG Program / Program Fagnavotse? For example, do you know what (if anything) has been done on:
    a. *The referral system?*
    b. *Revision of the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
    c. *Integrating social health protection into the social protection system?*
13. Do you know if there is any shared M&E framework for the Joint SDG Program / Program Fagnavotse? ***If interviewee is not aware, skip remainder of this question.*** Is it fully operational? Please describe.
    a. What is the role of MPPSPF in monitoring the Fagnavotse program?
    b. Do you receive any data about Fagnavotse implementation? If yes, please describe. If you don't receive any data, what types of data would be most useful to you/your ministry?

Efficiency

14. What have been the main reasons for delays in rolling out Joint SDG Program / Program Fagnavotse components?
15. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries? Would you change anything about the current organizational set-up of the program.
    a. How would you assess collaboration with **[name ministry]** at the regional/district/national levels on the Joint SDG Program / Program Fagnavotse? Please explain.

b. Do program implementers (UNICEF, UNFPA, WFP, ILO) collaborate with one another? *Probe for at the national level, and at the regional/district levels.*
c. How do implementers collaborate with key stakeholders such as ministries at the regional/district/national level?

Sustainability

16. Give that Joint SDG Program / Program Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
17. Has **[name ministry]** thought about how progress made through the Joint SDG Program / Program Fagnavotse might be continued once the program ends?
18. Do you know whether there have been any commitments (from implementing partners, donors, or other ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

19. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
20. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
21. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience as a key stakeholder of the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-6 Protocol for National-Level Implementing Partners

Time: 30-45 minutes
Goal: To better understand the relevance of the program to local needs, the coherence with other social protection strategies, and the process of implementation, including challenges in rollout and coordination.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with national-level staff from implementing partners including:

- FID;
- Assurances ARO;
- CSU;
- PFPH.

Interviewer: *Thank you for talking with me today. know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me of your current position and how you are involved with the Joint SDG Program / Fagnavotse Program in the south of Madagascar?

Relevance

2. Since we last spoke, have there been any changes in social protection priorities and policies at the national level in Madagascar?
    a. How does the ISPP/Joint SDG Program/Fagnavotse align with social protection priorities and policies in Madagascar? Please explain.
3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the ISPP/Joint Program/Fagnavotse?
    a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Given what has been achieved in the programme so far, to what extent were ISPP/Joint SDG Program/Fagnavotse components or implementation strategy adapted to meet the needs of different groups, such as persons with disabilities? Please explain.
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries? Why or why not?
    a. Do you think beneficiaries had other more pressing needs due to the situation in the South?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities were sufficiently considered in in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*
    a. *Gender*

b. *Equity*
c. *Rights of people with disabilities*
d. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program? Do you think this joint program was the right choice for the Anosy region? Why or why not?

7. Is the ISPP/Joint SDG Program/Fagnavotse using any shared systems or platforms? If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
8. Can you please describe the communications strategy for the Fagnavotse programme?
   a. Who is responsible for implementing the communications strategy?
   b. For program communications and awareness-raising, has the ISPP/Joint SDG Program/Fagnavotse taken different approaches per component? Or has it been a shared approach? Please describe. *Probe for all communications and C4D activities/outputs.*
   c. In the first round of data collection, we noticed that there were challenges in getting information to the ground level, such as communicating with beneficiaries about programme delays. Why do you think that is, and what steps need to be taken to improve this?

Effectiveness

9. As we approach the end of the program, can you walk me through the current implementation status of the component of the Joint Program/Fagnavotse that your organization implements?
   a. Has this component been fully implemented? If not, why not?
10. To your knowledge, what progress has been made on the institutional strengthening aspect of the ISPP/Joint SDG Program/Fagnavotse? For example, what progress has been made on:
    a. *Developing the referral system?*
    b. *Revising the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
    c. *Integrating social health protection into the social protection system?*
11. As we near the end of the programme, what have been the main enduring challenges in rolling out the joint program? *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
12. Please tell me what you know about the M&E framework for the ISPP/Joint SDG Program/Fagnavotse component that your organization implements.
    a. How do implementing partners monitor from the national level? And the regional and district levels?
    b. Do you share programme data with implementing partners and/or government ministries? If so, what data, with whom, and how often?

Efficiency

13. What have been the main reasons for delays in rolling out ISPP/Joint SDG Program/Fagnavotse components?
    a. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries? Would you change anything about the current organizational set-up of the program? How would you assess collaboration between your organization and program implementers (duty bearers)?
       i. How could this collaboration be improved?

b. How would you assess your organization's collaboration with key stakeholders such as concerned ministries?
    i. How could this collaboration be improved?

Sustainability

14. Give that ISPP/Joint SDG Program/Fagnavotse services end this year, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
15. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

16. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
17. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
18. Is there anything else you'd like to tell me about the ISPP/Joint SDG Program/Fagnavotse or your experience delivering the program?

Thank respondent for his/her time and conclude the interview.

KII-7 Protocol for regional/district-level implementing partners

Time: 45 minutes
Goal: To explore how efficiently the programme is running, how services have been adapted to meet the needs of vulnerable households in Amboasary, to identify potential gaps/challenges in implementation and rollout and understand the perceived effectiveness at improving the situation of vulnerable households.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with district-level program implementers (duty bearers), including:

- FID;
- Assurances ARO;
- CSU;
- PFPH.

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me of your current position?
2. How you are involved with the Integrated Social Protection Program (ISPP), also known as Joint SDG Program or Fagnavotse Program?
   a. What organization do you partner with?
      i. UNICEF, UNFPA, WFP, ILO
   b. What components of the program do you implement or support?

Relevance

3. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the ISPP/Joint SDG Program/Fagnavotse?
   a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
4. Given what has been achieved in the programme so far, to what extent were ISPP/Joint SDG Program/Fagnavotse components or implementation strategy adapted to meet the needs of different groups, such as persons with disabilities? Please explain.
5. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries? Why or why not?
   a. Do you think beneficiaries had other more pressing needs due to the situation in the Anosy region?

Coherence

6. As we approach the end of the Fagnavotse program, do you think gender, equity, and the rights of people with disabilities were sufficiently considered in the **implementation** of the program? *Probe for specific actions taken to ensure equitable participation.*

a. *Gender*
b. *Equity*
c. *Rights of people with disabilities*
d. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program? Do you think this joint program was the right choice for the Anosy region? Why or why not?

7. Is the ISPP/Joint SDG Program/Fagnavotse using any shared systems or platforms?
   a. If yes, please explain. *Probe for shared M&E system, referral system, beneficiary registry, etc.*
8. Can you please describe the communications strategy for the Fagnavotse programme?
   a. Who is responsible for implementing the communications strategy?
   For program communications and awareness-raising, has the ISPP/Joint SDG Program/Fagnavotse taken different approaches per component?
   b. Or has it been a shared approach? Please describe. Probe for all communications and C4D activities/outputs.
   c. In the first round of data collection, we noticed that there were challenges in getting information to the ground level, such as communicating with beneficiaries about programme delays. Why do you think that is, and what steps need to be taken to improve this?

Effectiveness

9. As we approach the end of the program, can you walk me through the current implementation status of the component of the Joint SDG Program/Fagnavotse that your organization implements?
   a. Has this component been fully implemented? If not, why not?
10. To your knowledge, what progress has been made on the institutional strengthening aspect of the ISPP/Joint SDG Program/Fagnavotse? For example, what progress has been made on:
   a. *Developing the referral system?*
   b. *Revising the legal and institutional framework to make it more sensitive to people living with disabilities and other vulnerable groups?*
   c. *Integrating social health protection into the social protection system?*
11. As we near the end of the programme, what have been the main enduring challenges in rolling out the joint program? *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
12. Please tell me a little bit about the M&E framework for the ISPP/Joint SDG Program/Fagnavotse component that your organization implements.
   a. How do implementing partners monitor from the national level? And the regional and district levels?
   b. Do you share programme data with implementing partners and/or government ministries? If so, what data, with whom, and how often?

Efficiency

13. What have been the main reasons for delays in rolling out ISPP/Joint SDG Program/Fagnavotse components?
14. What would you do differently in a future joint program to ensure that all components are rolled out and reach beneficiaries? Would you change anything about the current organizational set-up of the program.

a. How would you assess collaboration between your organization and program implementers and government stakeholders at the national level ?
b. How would you assess collaboration between your organization and key stakeholders such as government agencies and others, at the regional/district-level?
c. How do you collaborate with program implementers/stakeholders at the local level?

Sustainability

15. Give that ISPP/Joint SDG Program/Fagnavotse services end this year, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
16. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

17. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
18. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
19. Is there anything else you'd like to tell me about the ISPP/Joint SDG Program/Fagnavotse or your experience delivering the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-8 Protocol for representatives from national-level social protection organizations not directly involved in the program

Time: 30-45 minutes
Goal: To better understand the relevance and coherence of the ISPP, how it aligns with the broader social protection landscape in the South of Madagascar, as well as the comparative advantages of a joint social protection program.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with national-level representatives of organizations who are not directly involved in the program but are active in the social protection space, including:

- World Bank;
- FAO;
- GIZ;
- WHO.

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me of your current position how your organization works on issues related to social protection in Madagascar?
2. Are you familiar with the current status of implementation of the Joint SDG Program / Fagnavotse Program in the south of Madagascar?

Relevance

3. Since we last spoke, have there been any changes in social protection priorities and policies at the national level in Madagascar?
    a. How well does the Joint SDG Program / Program Fagnavotse align current social protection priorities and policies in Madagascar? Please explain.
4. Over the course of the program, did the context of the Anosy region (and Amboasary, specifically) lead to any adaptations of the Joint SDG Program / Program Fagnavotse?
    a. How was the context of humanitarian emergency caused by the drought in the South was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
5. Given what has been achieved in the programme so far, to what extent were Joint SDG Program / Program Fagnavotse components adapted to meet the needs of different groups, such as persons with disabilities? Please explain.
6. I know that not all aspects of the program were fully implemented, due to delays. Do you think that the components that were implemented were relevant to the needs of beneficiaries in the South of Madagascar? Why or why not?
    a. Do you think they had other more pressing needs due to the situation in the South?

Coherence

7. As we approach the end of the Fagnavotse program, do you think issues of gender, equity, and the rights of people with disabilities were sufficiently considered in the implementation of the program? Probe for specific actions taken to ensure equitable participation.
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*
8. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
   a. Do you think this joint program was the right choice for the Anosy region? Why or why not?
9. How well does the Joint SDG Program/Fagnavotse Program coordinate, complement, or link up with other social protection services in the south of Madagascar? Please explain.
   a. Does the Joint SDG Program/Fagnavotse Program complement other work your organization is doing in Anosy/Amboasary? Please explain.

Effectiveness

10. As we near the end of the program, are you aware of any challenges in rolling out the joint program? Please explain. *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
11. Given the current implementation status, to what extent do you think Joint SDG Program/Fagnavotse services will be able to meet the needs of vulnerable households in Anosy? Please explain.

Efficiency

12. To your knowledge, what have been the main reasons for delays in rolling out Joint SDG Program/Fagnavotse components?
13. Would you change anything about the organizational set-up of the program?
   a. *Probe about collaboration at the national and the district level.*
   b. How could this collaboration be improved?
14. Given the human and financial resources available, do you think Joint SDG Program/Fagnavotse services have been managed and implemented efficiently? Why or why not?

Sustainability

15. Give that Joint SDG Program/Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
16. Have there been any commitments (from your organization, implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

17. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?

18. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
19. Is there anything else you'd like to tell me about the Joint SDG Program/Fagnavotse or social protection in the south of Madagascar?

Thank respondent for his/her time and conclude the interview.

KII-9 Protocol for national-level representatives from UN Country Team

Time: 30-45 minutes
Goal: To better understand how the Joint SDG Program/Fagnavotse Program aligns with the broader UN country team, particularly with the UN development assistance framework (UNDAF) and the UN sustainable development country framework (UNSDCF).
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with national-level program implementers (duty bearers), including:

- UN Resident Coordinator Office Staff;
- UN Development Coordination Officer in charge of the United Nations Sustainable Development Cooperation Framework (UNSDC);

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke.*

Background

1. Could you please remind me what your current position is?
2. Are you familiar with the current implementation status of the different components of the Joint SDG Program / Fagnavotse Program in the south of Madagascar?
   a. *Cash transfers, agricultural insurance, medical insurance, GBV services*
   b. *UNICEF, UNFPA, ILO, WFP*
3. Have you been directly involved with the Joint SDG Program / Fagnavotse Program? If so, how?
   a. *Probe: Program design, monitoring, coordination between different UN agencies*
   b. If so, what agencies have you collaborated with related to this program?
      i. UNICEF, UNFPA, ILO, WFP

Relevance

4. Since we last spoke, have there been any changes in the UN's main priorities in Madagascar related to social protection?
   a. How well does the Joint SDG Program / Fagnavotse Program align with these priorities?
5. Has anything changed in terms of the alignment of the Fagnavotse program to UNDAF Madagascar and the UN Sustainable Development Country Framework for Madagascar?
6. Given what has been achieved in the programme so far, to what extent is the Joint SDG Program/Fagnavotse Program relevant to the needs of the beneficiaries in the south of Madagascar? Please explain.

Coherence

7. As we approach the end of the Fagnavotse program, do you think issues of gender, equity, and the rights of people with disabilities were sufficiently considered in the implementation of the program? ***[Probe for specific actions taken to ensure equitable participation].***
   a. *Gender*
   b. *Equity*
   c. *Rights of people with disabilities*

8. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
    a. Do you think this joint program was the right choice for the South of Madagascar? Why or why not?
9. Given the current implementation status, how well does the Joint SDG Program/Fagnavotse Program complement or coordinate with other UN social protection services? Please explain.

Effectiveness

10. As we near the end of the program, what have been the main challenges in rolling out the Joint SDG Program/Fagnavotse Program? *Probe for challenges related to each component, as well as challenges associated with simultaneous rollout.*
11. Given what has been achieved in the programme so far, to what extent do you think Joint SDG Program/Fagnavotse services will be able to meet the needs of vulnerable households in Anosy? Please explain.

Efficiency

12. How would you assess the current organizational set-up of the Joint SDG/Fagnavotse Program?
    a. How would you assess the collaboration between program implementers (duty bearers)?
        i. How could this collaboration be improved?
    b. How do implementers collaborate with key stakeholders such as concerned ministries? How could this collaboration be improved?
13. Given the human and financial resources available, do you think Joint SDG Program/Fagnavotse services have been managed and implemented efficiently? Why or why not?

Sustainability

14. Given that Joint SDG Program/Fagnavotse services end soon, have any efforts been made to ensure that benefits are sustained beyond the life of the program? Please explain.
15. Have there been any commitments (from implementing partners, donors, or concerned ministries) to continue supporting Fagnavotse or other social protection efforts in Anosy? Please describe. *Probe for financial commitments, other types of commitments.*

Lessons Learned & Conclusion

16. As we approach the end of the program, what is the main lesson you learned about trying to implement an integrated social protection program in the south of Madagascar?
17. With the added difficulty of COVID-19 and the recent drought, have there been any specific lessons learned related to rolling out a joint social protection program in an emergency setting? Please explain.
18. Is there anything else you'd like to tell me about the Joint SDG Program/Fagnavotse or social protection in Madagascar?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

KII-10 Protocol for Chiefs/Community Leaders and Local Representatives (VSLA & CECJ)

Time: 30-45 minutes
Goal: To better understand the perceived needs of Chiefs/Community Leaders and their awareness on the delivery of agriculture and GBV services. This interview will also help further enhance our understanding of the selection criteria for programme beneficiaries and determine if the programme is expected to meet the underlying needs of marginalized community members.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Please use this protocol for interviews with the following individuals:

- chiefs/community leaders
- representatives from village savings and loans groups (VLSA)
- representatives from Centre d'Ecoute et de Conseil Juridique [CECJ] centres (GBV)

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke and to what extent you know of the program or have been involved in the program's implementation.*

Background

1. Can you please remind me your name, role, and how you are involved in the Fagnavotse program?
2. In previous interviews we have done, we learned that there was not much information provided to people in the community on the Fagnavotse program. Has this changed? *Probe: Have you heard of the Fagnavotse program*?
    a. If yes, what do you know about it?
    b. If yes, how did you learn about the Joint SDG Program / Program Fagnavotse?
    c. If yes, what do you know of the different program components currently being implemented?
        i. Cash transfer
        ii. CECJ centers
        iii. Agricultural insurance/livelihood promotion
        iv. GBV prevention
        v. Health insurance
3. Between the last time we spoke and now, what has changed in terms of the implementation status of the Joint SDG/Fagnavotse Program?

4. ***For VLSA and CECJ representatives only:*** How well are the **[agricultural insurance/livelihoods or GBV services]** components operating? Have there been any major changes in the services provided by the Fagnavotse program at **[village savings and loans groups <u>or</u> Centre d'Ecoute et de Conseil Juridique [CECJ] centre]**?
    a. If so, please explain.

Relevance

5. We understand that not all activities under the Fagnavotse program were fully implemented. Do you think that the Fagnavotse components or services that were implemented are relevant to the needs of vulnerable households in the community? Why or why not? Do you think they had other more pressing needs due to the situation in the South?
   If interviewee is only familiar with one component, focus your questions solely on that component.
   a. For women?
   b. For people with disabilities?
6. How was the context of humanitarian emergency caused by the drought in the Anosy region was taken into account by the programme? Do you think this context was sufficiently taken into account by the programme?
7. ***For VLSA & CECJ representatives only: Do you think the Fagnavotse components or services provided through the* [village savings and loans groups or CECJ centre] are relevant to the needs of vulnerable households in the community? Why or why not?**
8. ***For VLSA representatives only:*** Do you think the components or services provided through the [village savings and loans groups] are addressing the main constraints faced by farmers in this community? *Probe for access to credit, drought, knowledge of farming/irrigation techniques.*
   a. If yes, how so?
   b. Can you describe the services you have received in terms of agricultural insurance and/or livelihoods trainings? *Probe for services provided, who receives them, etc.*
   c. If not, what could be changed about the training to better address the needs of farmers in this community?
9. ***For CECJ representatives only:*** Do you think the components or services provided through the [CECJ] are addressing the needs of the victims of gender-based violence (GBV) in this community? Please explain.
   a. If yes, how so?
   b. If not, What services/supports are most needed for victims of GBV in this community?

Coherence

10. The Fagnavotse program was intended to be a joint program (with multiple social protection interventions converging on the same beneficiaries). However, it seems as though it was difficult to roll out different components simultaneously. In your opinion, what made it difficult to attempt a joint program?
    a. Do you think a joint program this was the right choice for the Anosy region?
11. Does the Fagnavotse program have a communications strategy, to your knowledge? Are there any dedicated staff who work on program-related communications? Please explain.
    a. *Probe for details about program communications/awareness raising.*
    b. Do you receive information/communications about the program?
       i. If so, what information, from whom, and how often?
    c. Do you think many people are now aware of the program? Why or why not?
12. Do you know how people were selected to benefit from different components of the program? If yes, please explain.

Effectiveness

13. We understand that there have been delays in some of the Fagnavotse program activities. To your knowledge, what delays have occurred in the program? What have been the main reasons for delays in rolling out Joint SDG Program / Program Fagnavotse components?
    a. To what extent were these delays communicated to beneficiaries?
14. **[For VLSA and CECJ representatives only]:** How do implementing partners monitor the program at the regional and district levels?
    a. Do you share any programme data with implementers? If so, what data, and how often?
    b. Do you share any programme data with government ministries? If so, what data, and how often?

Efficiency

15. Are you now interacting with anyone regularly about the joint program? Please describe.
    a. Probe for how the interaction is going and with whom.
    b. How could this interaction be improved?
16. **[For VLSA and CECJ representatives only]** How would you assess the collaboration between [the VLSA or CECJ] and program implementers?
    a. How could this collaboration be improved?

Lessons Learned & Conclusion

17. As we approach the end of the program, what is the main lesson you have learned about trying to implement an integrated social protection program in an area like Anosy?
    a. What worked well, and what could be improved in future integrated programs in this region?
18. Is there anything else you'd like to tell me about the Joint SDG Program / Program Fagnavotse or your experience as a key stakeholder of the program?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

IDI 1- Protocol for Health/Social/Medical Worker

Time: 45 minutes
Goal: To understand the perceptions of health/medical social workers on the benefits of current services (if any) under the joint Fagnavotse programme or its components. To get input on the delivery/awareness of components of the programme that are currently implemented or planned to be implemented.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this interview is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Health Worker/ Medical Social Worker

Background

Interviewer: *Thank you for talking with me today. I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about what's happened with the program since we last spoke and to what extent you know of the program.*

1. Can you please remind me about your current role, the name of the health center/facility you are currently working at and for how long you have been working at the health facility?
    a. Have you been at the same health facility since Aug – Sept 2021, that is since I last spoke with you?
        i. If not, where are you now and why did you change your health facility?

Meeting needs of Community

Interviewer: *Thank you for this information. I would now like to ask a series of questions about the community and its needs, including questions on current services and resources available for members in this community.*

2. Over the course of the last few months, did the health needs of the vulnerable households in the community change?
    a. Are there any new health services available to the community since we last spoke?
        i. [If new services are available] What are they? Are they associated with the Fagnavotse program?
        ii. [If new services are available] Are vulnerable households able to access and afford the new health services?
        iii. If not, what are the barriers to access to a health care facility?
        iv. Probe: Far away/accessibility, affordability, mistrust, fear
3. Do you think that the components or services that were implemented are relevant to the needs of **vulnerable households** in the community? Why or why not? Do you think they had other more pressing needs due to the situation in the South?
4. Do you think that the components or services that were implemented are relevant to the needs of **persons with disabilities** in the community? Why or why not?
5. Currently, what are the biggest challenges you face in caring for patients in the health center? Probe: lack of resources and medicines to provide full care, lack of capacity/time to treat all patients due to under staffing, infrastructure issues, inability to treat patients due to lack of payment.
    a. What do you think will help reduce these challenges?
    b. What types of services and resources would benefit you most as a health care worker?

Interviewer: *Thank you for this information. I would now like to ask a series of questions about what you think of the program and its associated benefits. .*

Current services and perceptions of benefits under Joint SDG program/Program Fagnavotse

Interviewer: *Thank you for this information. I would now like to ask questions about programs that community members may be receiving or may receive soon as part of the Fagnavotse Program.*

6. When we last spoke, there was not much information provided to you on the Fagnavotse program. Has this changed? Probe: Have you heard of the Fagnavotse program?
    a. If yes, what do you know about it? How did you learn about the Joint SDG Program / Program Fagnavotse?
    b. If yes, what do you know of the different program components currently being implemented?
        i. Cash transfer
        ii. Agricultural insurance/livelihood promotion
        iii. GBV prevention
        iv. Health insurance
    c. Do you interact with anyone regularly about the Fagnavotse program/ joint program? Please describe.
7. One of the components of the Joint SDG/ Fagnavotse program is the prevention of gender-based violence. Have you or anyone else in the health facility received any new information on **prevention of violence against women** in the community?
    a. Have you received gender-based violence prevention trainings?
        i. If yes, who participated in these trainings?
            1. *Probe: yourself, mother leaders, other community workers*
        ii. What types of trainings have you received?
            1. *Probe: Have you received capacity building, training in GBV prevention, training on the rights of people with disabilities and their risks of GBV?*
        iii. Who carried out these trainings?
            1. *Probe: UNFPA*
        iv. How did you find out about these trainings?
        v. How beneficial do you think the trainings are to prevent violence against women in the community?
    b. If not,
        i. Have you received any information on when to expect the GBV trainings?
        ii. How do you treat clients/patients for this issue?
        iii. If not part of the Fagnavotse, what services are available for victims of violence against women?
        iv. What do you think people in the community can do to better to prevent violence against women?
8. Regarding GBV prevention, have you heard of Centres d'Ecoute et de Conseil Juridique (CECJs)?
    a. If yes
        i. Where is the closest CECJ located?
        ii. What kind of support and services do CECJs provide?
        iii. Is there a referral system between your health center and the CECJ?
        iv. How accessible are CECJs to the community?

9. When we last spoke, you were not approached by anyone to further understand the needs of children with disability to inform the approach of the Joint SDG/Fagnavotse program. Since we last spoke, has this changed? Have you been approached by the National Commission for Disability (NCD) or another organisation focusing on disability to understand the tailored needs of children with disabilities in this area?
    a. If yes:
        - Who approached you?
        - What are the contributions requested from you?
        - *Probe: identifying a package of interventions tailored to meet children with disabilities?*
        - Have you received any trainings to promote the rights of people with disabilities?
        i. If yes, what were they?
        ii. How beneficial do you think the training is for the promotion of the rights of children and people with disabilities?
        iii. What do you think can be improved in the training?
    b. If no:
        - Have you received any information on expectations of being asked to contribute to mapping needs of children and adults with disabilities in this community?
        - What protocol or standard do you use as a health worker/social worker to identify a disability?
        - If not part of the Fagnavotse, what services are available for people with disabilities, particularly children?
10. One of the components of the Fagnavotse program that has been delayed is a health insurance scheme. Have you heard any updates on the status of this component?

    a. If so, please describe.
    b. Are you familiar with any efforts of providing free medication to Health Centers via the equity fund?
        i. If so, please describe.

        ii. Is this initiative being carried out where you work? Who is rolling it out?

Lessons Learned

10. Is there anything else you'd like to tell me about your understanding of the Joint SDG Program / Program Fagnavotse?
    a. Such as what you have heard about it so far, strategies to include the health facilities to meet the goals of the Fagnavotse program, campaign information on Fagnavotse, etc.

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

IDI 2- Protocol for Children with Disabilities

Time: 45 minutes

Goal: To better understand the lived experiences of children with disabilities [including differences in the experiences of girls and boys with disabilities], the perception of disability within their community, and the needs of children with disabilities, in addition to the basic needs of vulnerable children.

Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.

Background

Interviewer (ATW): *Thank you for talking with me today. Let me first tell you about myself. My name is [insert name] and I work for an organization that is trying to understand the needs of children with disabilities to see how UNICEF and the government can help you and meet your needs.*

[IF CHILD WAS INTERVIEWED AT BASELINE] *I know we spoke about the needs a few months ago, but I have some additional questions and I'd like to hear about whether you have been able to benefit from a program implemented here called Fagnavotse. I would also like to understand about more specific needs of the children with disabilities (in addition to the basic essential needs you mentioned last time).*

IF CHILD WAS NOT INTERVIEWED AT BASELINE] *I would like to begin our conversation with a few background questions related to you and your family*

I like to [insert one or two "fun facts" about yourself such as "I like this football team, or I like to sing and dance"]. I have a few questions for you. I want to first start by asking you about yourself and your family. Does that sound okay to you? Great! Let's get started.

1. How old are you?
2. Can you tell me a little about your family?
    a. Who lives with you?
    b. Do you go to school?
    c. How many siblings do you have? What are their ages?
    d. Do your siblings go to school? If so, what grades are they in.
3. Who in your family helps you the most?
    a. How do they help you?
4. What tasks does your family help you with? (e.g., walking/moving around, eating, drinking, cleaning yourself, etc.)
5. What are some of your favorite activities?
6. What do you spend most of your time doing during the day?
    a. Probe: Work? Household chores? Study?
7. What would you like to be when you grow up?

Meeting Needs of Children with Disabilities

8. In the last few months, have you received any new supports to help with your disability? This can be anything that helped you and which you may have received from the chief, village elder, your caregiver, teacher, or a doctor at a health facility to.
    a. If yes:
        - What are the supports or services?

- *Probe: Money, food, crutches, wheelchair, food.*
- From whom or from where did you get these supports?

b. Have you heard of something called “Fagnavotse”? If yes, what have you heard about it?

c. If no:
   - What types of services, resources or support do you think will be helpful for children with disabilities?
   - *Probe: prosthetics, wheelchair, glasses, crutches, handicap sticks for walking, build a ramp, other?* **[If child is a girl]** What types of unique services, resources or support are needed for girls with disabilities?**[If child is a boy]** What types of unique services, resources or support are needed for boys with disabilities?

9. What changes in the community would make it easier for you to live with a disability?
   a. Probe: If you were made a community leader, what would you do to support children with disabilities?
   b. Probe: building of ramps, availability of wheelchairs, availability of crutches
   c. **[If child is a girl]** What changes in the community will make it easier specifically for girls?
   d. **[If child is a boy]** What changes in the community will make it easier specifically for boys?
10. What do you think people in the community can do to better support children with disabilities?
   a. Probe: treating people with disabilities with respect, raising awareness about disabilities, ensuring that people with disabilities can go to school and to the doctor.
   b. **[If child is a girl]** What support by the community will make it easier specifically for girls?
   c. **[If child is a boy]** What support by the community will make it easier specifically for boys?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts*

IDI 3- Protocol for Caregiver of Children with Disabilities

Time: 30-45 minutes
Goal: To better understand the need of caregivers of children with disabilities [including differences in the experiences of girls and boys with disabilities], the perception of disability within their community, and the needs of children with disabilities, in addition to the basic needs of vulnerable children.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Caregiver of a child with disability (CWD)

Background

Interviewer: *Thank you for talking with me today.*

[IF CAREGIVER WAS INTERVIEWED AT BASELINE] *I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about whether it has been implemented here and you have been able to benefit from it. I would also like to understand about more* ***specific needs of the children with disabilities (in addition to the basic essential needs you mentioned last time)*** *. I would like to begin our conversation with a few background questions related to you and your family.*

[IF CAREGIVER WAS NOT INTERVIEWED AT BASELINE] *I would like to begin our conversation with a few background questions related to you and your family.*

1. Can you please tell me about your family?
    a. How many family members do you live with? What are their ages?
    b. How many children do you have? What are the ages and genders of your children?
    c. How many **children with disability** are you currently caring for?
    d. Do your children go to school? If yes, which of your children go to school?

Relevance and Coherence

2. In previous interviews we have done, we learned that there was not much information provided to people in the community on the Fagnavotse program. Has this changed? *Probe: Have you heard of the Fagnavotse program*?
    a. If yes, what do you know about it?
    b. If yes, how did you learn about the Joint SDG Program / Program Fagnavotse?
    c. If yes, what do you know of the different program components currently being implemented?
        i. Cash transfer
        ii. CECJ centers
        iii. Agricultural insurance/livelihood promotion
        iv. GBV prevention
        v. Health insurance

3. **[If R says yes to above Q]** Are you receiving any services from the programme?
    a. If yes, what are they?
    b. Probe: universal unconditional cash transfers [Fiavota or TVA], health insurance, agricultural insurance, livelihood promotion, gender-based violence protection, support for children with disabilities, etc.
    c. How relevant are the services to the **needs of children with disabilities**?

Needs of Children with Disabilities and Needs of Caregivers of CWDs

Interviewer: *Thank you for this information. I would now like to ask a series of questions about your child and his/her disability, and the specific needs due to their disability.*

4. Can you please remind me about the nature of your child's disability (you can share whatever you feel comfortable with)?
    a. In general, would you describe his/her overall level of disability as mild, moderate, or severe?
    b. Is there anything else you would like to tell me about your child's disability?
5. Did doctors or medical social workers provide you with any specific information about how to care for your child with disability? Any information that was different than for caring for a child without a disability?
    a. If yes, what information was provided?
    b. If not, do you think you have the adequate information on how to care for a child with this particular disability?
6. As we approach the end of the program, can you tell me whether you are receiving any service or components of the program?
    a. CASH TRANSFER: Have you received an emergency cash transfer [Fiavota or TVA], in addition to a top up because of disability?
    If yes:
        i. How much did you receive, and how often?
        ii. Probe: From whom did you obtain the cash transfer? From the FID?
    b. Were there any challenges in receiving the transfer? If yes, what?
    c. What was the eligibility criteria?
        i. What factors (such as your child's disability status) were considered?
    d. How do you usually spend the money from the cash transfer?
        i. Probe: Food, clothes, school supplies, medical expenses, expenses related to your child with disabilities.
    e. If you spend on expenses related to caring for your child with disabilities, what do you spend it on?
        i. Probe: Medicines, medical appointments, prosthetics, wheelchair, glasses, crutches, handicap sticks for walking, build a ramp/other?
    f. Is the amount sufficient to care for your child with disability?
        i. If no, why not? What kind of expenses are you not able to cover with the amount you receive?
        ii. If no, how much extra amount would be sufficient and what would you use it to cover?
    g. If you did not receive the cash transfer with top up, do you know why?
        i. Are you expected to receive it soon? If so, when?
        ii. Did someone tell you that you and your child with disability were not eligible?
            - If yes, who told you?
            - If yes, why were you and your child with disability considered ineligible?

II. HEALTH INSURANCE:

7. Is your child with disability enrolled in a community mutual health insurance scheme?
   a. If yes, what were the steps for enrollment?
   b. If yes, how did you find out about the scheme?
   c. If you did not receive health insurance scheme as part of Fagnavotse, do you know why?
      i. Are you expected to receive it soon? If so, when?
      ii. Did someone tell you that you and your child with disability were not eligible to enrol?
         - If yes, who told you?
         - If yes, why were you and your child with disability considered ineligible?
   d. If you did not receive the health insurance scheme as part of Fagnavotse, have you been subsidized by the government for your basic health costs?
      i. If yes, when and by how much?
      ii. If no, what were the challenges you faced in not receiving a subsidy?
      iii. Have you received free medication for your child with disabilities at health centers? If so, what kind of medication?
8. As a caregiver of a child with disability, have you been approached by the National Commission for Disability (NCD) or another organisation focusing on disability to understand the needs of Children with Disabilities in this community?
   a. If yes:
      - Who approached you?
      - What are the contributions requested from you?
      - Did you hear or have you yourself received any trainings provided in the community to promote the rights of people with disabilities?
         i. If yes, If yes, what were they?
         ii. How beneficial do you think the training is for the promotion of the rights of children and people with disabilities? What do you think can be improved in the training?

Interviewer: *Thank you for this information. I would now like to ask you some general questions on services and resources which will be beneficial for children with disabilities.*

9. What types of services or/and resources do you think will be helpful **for children with disabilities? Please answer more specific needs beyond essential needs such as money for food, and clothes.**

   a. **[If respondent's child is a girl]** What types of unique services, resources or support will girls with disabilities benefit from?
   b. **[If respondent's child is a boy]** What types of unique services, resources or support will boys with disabilities benefit from?
   c. Probe: Provision of products such as wheelchairs? Better health centers? Healthcare workers who are trained in identifying children with disabilities? Provision of special schools?

10. What do you think are the most needed supports for Children with Disabilities and their caregivers?
    a. Would there be different types of support required for caregivers for girls with disabilities and boys with disabilities? If so, how?
    b. What types of services will help support you and your child with disability?
        i. *Probe: Provision of cash transfers? Provision of special schools*
    c. What types of resources will help support you and your child with disability?
        i. *Probe: Provision of products such as wheelchairs?*

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

IDI 4- Protocol for Children without disabilities

Time: ~45 minutes
Goal: To better understand the lived experiences of children [including differences in the experiences of girls and boys] in the Anosy region and understand their unique needs, in addition to the basic needs of vulnerable children. .
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.

Background

Interviewer (ATW): *Thank you for talking with me today. Let me first tell you about myself. My name is [insert name] and I work for an organization that is trying to understand the needs of children with disabilities to see how UNICEF and the government can help you and meet your needs.*

I like to [insert one or two "fun facts" about yourself such as "I like to play soccer. I also like to read books."]. I have a few questions for you. I want to first start by asking you about yourself and your family. Does that sound okay to you? Great! Let's get started.

1. How old are you?
2. Can you tell me a little about your family?
    a. Who lives with you?
    b. Do you go to school?
    c. How many siblings do you have? What are their ages?
    d. Do your siblings go to school? If so, what grades are they in?
3. What tasks does your family need the most help with?
    a. Probe: (farming, cooking, taking care of siblings, etc.)
4. What are some of your favorite activities?
5. What do you spend most of your time doing during the day?
    a. Probe: Work? Household chores? Study?
6. What would you like to be when you grow up?

Perception of Disability

Interviewer: *Thank you for this information. Let's now talk about what you think of disability.*

7. In our study, we are trying to understand how people understand disability. What does the word "disability" mean to you?
    a. Does this definition differ between girls with disabilities and boys with disabilities? If yes, how?
8. What do you think are the different types of disabilities?
9. Do you think children with disabilities are treated differently from children without disabilities?
    a. If yes, by who?
    b. If yes, where does this occur? *Probe: Within families, at school, when you are playing?*
    c. If yes, how are they treated differently?
10. How do you know if someone has a disability?
    a. Probe: Do you have friends or siblings who have a disability? If yes, how do you know?
    b. Probe: Are there certain terms used to identify someone with a disability?

11. Do you think children with disabilities are included in the typical daily life of your community? For example, in games and activities?
    a. If they are not included, why are they not included?
    b. Does this vary for girls with disabilities and boys with disabilities?

Interviewer: *Thank you for this information. Let's now talk about your daily experiences as a child living in this community.*

Needs of Children

12. Do you see a doctor when you get sick?
    a. If yes, how often in a year?
    b. If yes, where do you go? *Probe: Local hospital, community health facility?*
    c. If no, are you seen by anyone else? *Probe: Health Workers, Medical Social Workers, Village leaders*
13. Do you think doctors/health workers/medical social workers provide you with enough information about how to care for yourself?
    c. If yes, what information was provided?
    d. If not, what kind of additional information do you wish you received?
14. What do you do during the day?
    a. Probe: farming, goes to school, cooking, taking care of siblings, helps the family, etc.
15. If you could change things in your community to help children live better, what would you change?
16. What are the main things you like about your community?
17. What do you think people in the community can do to better to support children such yourself?
    a. **[If child is a girl]** What support by the community will make it easier specifically for girls?
    b. **[If child is a boy]** What support by the community will make it easier specifically for boys?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

IDI 5- Protocol for Caregiver of Children without Disabilities

Time: 30-45 minutes
Goal: To better understand the need of caregivers of children [including differences in the experiences of girls and boys].
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain the purpose of the research, explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Caregiver of a child without disabilities.

Background

Interviewer: *Thank you for talking with me today.*

[IF CAREGIVER WAS INTERVIEWED AT BASELINE] *I know we spoke about the Fagnavotse program a few months ago, but I have some additional questions and I'd like to hear about whether it has been implemented here and you have been able to benefit from it. I would also like to understand about more* ***specific needs of the children with disabilities (in addition to the basic essential needs you mentioned last time)****. I would like to begin our conversation with a few background questions related to you and your family.*

[IF CAREGIVER WAS NOT INTERVIEWED AT BASELINE] *I would like to begin our conversation with a few background questions related to you and your family.*

1. Can you please tell me about your family?
    a. How many family members do you live with? What are their ages?
    b. How many children do you have?
    c. What are the ages and genders of your children?
    d. Do your children go to school? If yes, which of your children go to school?

Relevance and Coherence

2. In previous interviews we have done, we learned that there was not much information provided to people in the community on the Fagnavotse program. Has this changed?
    Probe: Have you heard of the Fagnavotse program?
    a. If yes, what do you know about it?
    b. If yes, how did you learn about the Joint SDG Program / Program Fagnavotse?
    c. If yes, what do you know of the different program components currently being implemented?
        i. Cash transfer
        ii. CECJ centers
        iii. Agricultural insurance/livelihood promotion
        iv. GBV prevention
        v. Health insurance
3. **[If R says yes to above Q]** Are you receiving any services from the programme?
    a. If yes, what are they?
    b. Probe: universal unconditional cash transfers [Fiavota or TVA], health insurance, agricultural insurance, livelihood promotion, gender-based violence protection components, etc.

Meeting the Needs of Children and Needs of Caregivers

1. As we approach the end of the program, can you tell me whether you are receiving any service or components of the program?
   CASH TRANSFER: Have you received **an emergency cash transfe**r [Fiavota or TVA]**?**
   If yes: how much did you receive it, and how often?
   a. *Probe: From whom did you obtain the cash transfer? From FID?*
   b. Were there any challenges in receiving the transfer? If yes, what?
   c. What was the eligibility criteria?
      i. What factors (such as your child's health status) were considered?
   d. How do you usually spend the money from the cash transfer?
      i. Probe: Food, clothes, school supplies, medical expenses.
   e. Is the amount sufficient to care for your children/child?
      i. If no, why not? What kind of expenses are you not able to cover with the amount you receive?
      ii. If no, how much extra amount would be sufficient and what would you use it to cover?
   f. If you did not receive the cash transfer, do you know why?
      i. Are you expected to receive it soon? If so, when?
      ii. Did someone tell you that you and your child/children were not eligible?
         - If yes, who told you?
         - If yes, why were you and your child with disability considered ineligible?

   HEALTH INSURANCE: Is your child enrolled in a **community mutual health insurance scheme**?

   a. If yes, what were the steps for enrollment?
   b. If yes, how did you find out about the scheme?
   c. If you did not receive health insurance scheme as part of Fagnavotse, do you know why?
      i. Are you expected to receive it soon? If so, when?
      ii. Did someone tell you that you and your child/children were not eligible to enrol?
         - If yes, who told you?
         - If yes, why were you and your child/ children considered ineligible?
   d. If you did not receive the health insurance scheme as part of Fagnavotse, have you been subsidized by the government for your basic health costs?
      i. If yes, when and by how much?
      ii. If no, what were the challenges you faced in not receiving a subsidy?
      iii. Have you received free medication at health centers? If so, what kind of medication?

Interviewer: *Thank you for this information. I would now like to ask you some general questions on services and resources that will be beneficial.*

2. What do you think are the most needed supports in this community for both children and caregivers?
   a. Would there be different types of support required for caregivers for girls and boys?
   b. What types of services will help support you and your child?
      i. *Probe: Provision of school resources such as books? Better health centers? Food supply?*
   c. What types of resources will help support you and your child?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

FGD 1- Protocol for Male Beneficiaries

Time: 60-90 minutes
Goal: To better understand the needs and perceptions of benefits of male beneficiaries of the Fagnavotse Program. At baseline, this will focus on beneficiaries of the agricultural insurance component.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Male beneficiary

Background

Interviewer: *Thank you for talking with me today. We conducted some interviews about the Fagnavotse program a few months ago, but we have some additional questions and I'd like to hear about what's happened with the program since we were last here. I would like to begin our conversation with a few background questions related to you and your family.*

1. I would like to begin by learning a bit about all of you and your community.
   a. What is your primary occupation?
   b. How many family members do you live with?
      i. How are they related to you?
   c. Do you have children? If so, how many?
      i. Do your children go to school?
      ii. What is the highest level of schooling achieved to date by one of your children?
      iii. How many schools are there in your community?
   d. What are the main challenges/difficulties of living in this community?
      i. Probe: Drought, lack of employment, lack of food, lack of schools.
   e. Do you participate in any community groups?
      i. Probe: Village savings and loans groups, religious groups, others.

Interviewer: *Thank you for this information. I would now like to ask you questions about services and benefits you may have received as part of the Fagnavotse Program.*

2. Have you heard of the Fagnavotse programme?
   a. If yes, what do you know about it?
3. Are you receiving any services from the Fagnavotse programme?
   a. If yes, what are they?
   b. Probe: cash transfer [Fiavota or TVA], agricultural insurance, livelihood components, etc.
4. Do you and/or your family have access to **agricultural insurance**?
   a. If yes, who provides this agricultural insurance?
      i. Probe*: World Food Program, Assurances ARO, village savings and loans groups.*
      ii. How did you find out about the agricultural insurance?
5. Did you see any community-based sensitization or promotion activities? If yes, what were they?
      i. What were the steps for enrollment?
6. How many members of the family are covered by the insurance?
      i. How accessible is the insurance?
7. Were there any challenges in receiving the insurance? If yes, what?

8. Have you ever made a complaint about this program?
    a. If so, who did you complain to, and what was the result?
    b. If not, where would you complain if you had a problem?
        i. What was the eligibility criteria?
        ii. What factors were considered?
        iii. Did you find the criteria fair?
    c. If not, what can make the criteria more inclusive?
        i. Were there any delays in receiving the agricultural insurance?
        ii. If so, how much time was the delay?
9. Did you receive any communications from the program implementers about the cause for delay, and when to expect the insurance payment?
    a. If yes, how beneficial has the insurance been during this 2021 harvest season?
        i. Has it protected you from revenue loss?
        ii. Has it protected you from production loss?
        iii. If not beneficial, what can be changed to make it more helpful?
    b. Have you ever made a complaint about the agricultural insurance?
        i. If so, who did you complain to, and what was the result?
        ii. If not, where would you complain if you had a problem?
    c. If not, why not?
        i. Probe: Were you/your household not eligible? Why not?
10. Have you or your family received **livelihood promotion activities**, such as sensitizations or trainings on farming techniques?
    a. If yes,
        i. What types of trainings have you received as part of the livelihood promotion insurance?
        Have you received training in how to use farming techniques, equipment, improving storage and transformation techniques?
        ii. Who carried out these trainings?
        Probe: WFP, FAO
        iii. How did you find out about these trainings?
        iv. What were the steps for enrollment?
        v. How beneficial have the trainings been during this 2021 harvest season?
        If not beneficial, what can be changed to make it more helpful?
    b. If not, why not?
        i. Probe: Were you/your household not eligible? Why not?
11. Is violence against women a problem in your community?
        a. If a woman in your community becomes a victim of violence, where can she go for help?
12. Have you received any information or trainings on the **prevention of violence against women** in the community?
    a. If yes,
        i. What types of trainings have you received?
        Probe: Have you received capacity building, training in GBV prevention, training on the rights of people with disabilities and their risks of GBV?
        ii. Who carried out these trainings?
        Probe: UNFPA
        iii. How did you find out about these trainings?

iv. How beneficial do you think the trainings are to prevent violence against women in the community?

b. If not, do you think such trainings would be useful?

c. Have you heard of Centres d'Ecoute et de Conseil Juridique (CECJs)?
   i. If yes, what kind of support and services do CECJs provide?
   ii. If yes, how accessible are CECJs to the community?

d. As a man in this community, what do you think are the causes of violence against women?
   i. What suggestions do you have for improvement in the prevention of violence against women?

8. Do you receive information/communications about the Fagnavotse program regularly? Please describe.

a. If so, what information, from whom, and how often?

b. How could this communication be improved?

Conclusion

13. Do you have any suggestions on what the government and other organizations can do to best meet the needs of your community?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

FGD 2- Protocol for Female Beneficiaries

Time: 60-90 minutes
Goal: To better understand the needs and perceptions of benefits of male beneficiaries of the Fagnavotse Program.
Instructions Prior to Beginning the Interview: Please introduce yourself to the respondents by stating your name and your role as a researcher. Then explain that this is a follow-up interview and obtain verbal consent from the respondent prior to commencing the conversation.
Respondent Types: Female beneficiary

Background

Interviewer: *Thank you for talking with me today. We conducted some interviews about the Fagnavotse program a few months ago, but we have some additional questions and I'd like to hear about what's happened with the program since we were last here. I would like to begin our conversation with a few background questions related to you and your family.*

1. I would like to begin by learning a bit about all of you and your community.
    a. What is your primary occupation?
    b. How many family members do you live with?
        i. How are they related to you?
    c. Do you have children? If so, how many?
        i. Do your children go to school?
        ii. What is the highest level of schooling achieved to date by one of your children?
        iii. How many schools are there in your community?
    d. What are the main challenges/difficulties of living in this community?
        i. Probe: Drought, lack of employment, lack of food, lack of schools.
    e. Do you participate in any community groups?
        i. Probe: Mother leader groups, village savings and loans groups, religious groups, others.

Interviewer: *Thank you for this information. I would now like to ask you questions about services and benefits you may have received as part of the Fagnavotse Program.*

2. Have you heard of the Fagnavotse programme?
    a. If yes, what do you know about it?
3. Are you receiving any services from the Fagnavotse programme?
    a. If yes, what are they?
    b. Probe: cash transfer [Fiavota or TVA], agricultural insurance, and livelihood components, etc.
4. Do you and/or your family have access to **agricultural insurance**?
    a. If yes, who provides this agricultural insurance?
        i. Probe*: World Food Program, Assurances ARO, village savings and loans groups.*
        ii. How did you find out about the agricultural insurance?
            1. Did you see any community-based sensitization or promotion activities? If yes, what were they?
        iii. What were the steps for enrollment?
            1. How many members of the family are covered by the insurance?
        iv. How accessible is the insurance?
            1. Were there any challenges in receiving the insurance? If yes, what?

2. Have you ever made a complaint about this program?

a. If so, who did you complain to, and what was the result?
b. If not, where would you complain if you had a problem?
   i. What was the eligibility criteria?
      1. What factors were considered?
      2. Did you find the criteria fair?
a. If not, what can make the criteria more inclusive?
   i. Were there any delays in receiving the agricultural insurance?
      1. If so, how much time was the delay?
      2. Did you receive any communications from the program implementers about the cause for delay, and when to expect the insurance payment?
   i. Have you ever made a complaint about the agricultural insurance?
      1. If so, who did you complain to, and what was the result?
      2. If not, where would you complain if you had a problem?
   i. If yes, how beneficial has the insurance been during this 2021 harvest season?
      1. Has it protected you from revenue loss?
      2. Has it protected you from production loss?
      3. If not beneficial, what can be changed to make it more helpful?
b. If not, why not?
   i. Probe: Were you/your household not eligible? Why not?

5. Have you or your family received **livelihood promotion activities**, such as sensitizations or trainings on farming techniques?
   a. If yes,
      i. What types of trainings have you received as part of the livelihood promotion insurance?
         1. Probe: Have you received training in how to use farming techniques, equipment, improving storage and transformation techniques?
      ii. Who carried out these trainings?
         1. Probe: WFP, FAO
      iii. How did you find out about these trainings?
      iv. What were the steps for enrollment?
      v. How beneficial have the trainings been during this 2021 harvest season?
         1. If not beneficial, what can be changed to make it more helpful?
   b. If not, why not?
      ii. Probe: Were you/your household not eligible? Why not?
6. How common is violence against women and safety concerns for women in your community?
   a. What do you think are the causes of violence against women?
   b. As a woman, where can you go for help?
   c. Probe: Centres d'Ecoute et de Conseil Juridique (CECJs), Health Centers, Village Heads, Women Leaders
   d. Do you know of anyone who is a victim of violence? If yes, what do you do?
   e. What are some of the steps taken by women in this community to respond and reduce violence against women?
   f. What suggestions do you have for improvement in the prevention of violence against women?

7. Have you received any information or trainings on the **prevention of violence against women** in the community?
    a. If yes,
        i. What types of trainings have you received?
            1. *Probe: Have you received capacity building, training in GBV prevention, training on the rights of people with disabilities and their risks of GBV?*
        ii. Who carried out these trainings?
            1. *Probe: UNFPA*
        iii. How did you find out about these trainings?
        iv. How beneficial do you think the trainings are to prevent violence against women in the community?
    b. If not, do you think such trainings would be useful?
        i. What would you include in the trainings based on your experiences as a woman in this community?
    c. Have you heard of Centres d'Ecoute et de Conseil Juridique (CECJs)?
        iii. If yes, what kind of support and services do CECJs provide?
        iv. If yes, how accessible are CECJs to the community?

8. Do you receive information/communications about the Fagnavotse program regularly? Please describe.
    a. If so, what information, from whom, and how often?
    b. How could this communication be improved?

Conclusion

8. Do you have any suggestions on what the government and other organizations can do to best meet the needs of your community?

Interviewer: *That is all of my questions. Is there anything else that you would like to add to our conversation? Do you have any questions for me? If not, thank you so much for your time and sharing your thoughts.*

Quantitative Survey:

MADAGASCAR FAGNAFOTSE FORMATIVE EVALUATION QUANTITATIVE MONITORING SURVEY

BENEFICIARY INSTRUMENT

2021/2022

*Order of modules is illustrative and can differ based on programming software

SECTION 0. COVERSHEET / META DATA:

No	Question	Response	No	Question	Response
1	Date of interview	|___|___| - |___|___| - |___|___|	5	Village	
2	Time start (MM:HH)	|___|___| : |___|___| 24-hour clock	6	Commune	
3	Name of supervisor / code		7	Is the household available to be interviewed?	1 = Yes 2 = No >> End of interview (Section 00)
4	Name of enumerator / code		8	Is the interviewee male or female?	1 = Male 2 = Female

SECTION 00: END OF INTERVIEW

No	Question	Response	No	Question	Response
1	Response status	1 = Complete interview 2 = Partially complete 3 = Non-contact (location unknown) 4 = Refusal 9 = Other (specify:_____)	3a	Latitude	N |___||___||___|.|___||___||___||___||___||___|
			3b	Longitude	E |___||___||___|.|___||___||___||___||___||___|
			4	Who was the main respondent of the questionnaire?	
2	Overall Comments/ Observations (If refused, or partially complete, give reasons for refusal; If moved, and within the study districts, give details		5	What was the main language of the interview?	Malagasy .....1 French .....2 Other 3

	on contact / location information)				
			6	Contact number	|___||___||___||___||___||___||___||___||___||___|

SECTION 0A. INFORMED CONSENT (PRIMARY RESPONDENT)

The informed consent is administered to all main respondents. In the case the primary respondent is a legal minor (<18 years), the informed consent is administered to the legal guardian and he/she is administered the assent form. If the main recipient of the cash transfer or insurance is not available, or another member of the household is expected to be the primary respondent for household-level modules, the informed consent is also administered to this member.

[ENUMERATOR: READ SCRIPT BELOW]

Hello. My name is _____ from ATW, based in Antananarivo. In collaboration with the American Institutes for Research (AIR), we are conducting a study to understand the living conditions of vulnerable families in this area either receiving the emergency cash transfer or agricultural insurance. You have qualified for this survey and we would like you, the main recipient of the program to answer questions about your health, education, economic situation of your household and questions specifically about your children's education.

The answers provided will help the UNICEF Madagascar Country Office and the Government of Madagascar to understand the living conditions and needs of families like your own. The information will be used to improve services in your district. Approximately 120 families are participating in this study in Tanandava Sud, Ifotaka and Behara communes.

I want to be clear that there is no direct benefit to your household for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your household or any of its members receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask you. Please know that you do not have to answer any question you do not want to answer. Simply tell me when you do not want to answer a specific question and I will move to the next. We will not share your answers with anyone in your household or your community. Only the researchers leading this study will have access to the personal details of participants. Your name will be kept separately from your answers in a private, secure location.

The questions may take up to 1.0 hours of your time. We will leave a card with information about the study and with telephone numbers in case you would like to know more or you have questions even after our visit. Also, after the interview we may offer you information or a direct referral to services, for example health or other social action services, which could help you in the future. In the case we believe you, or any of the children in your household, are in immediate harm or danger, we are mandated by law to directly refer you to these services.

Finally, due to the coronavirus pandemic, we are taking precautions to protect you and your household, including offering you a mask to wear during the interview - if you wish - and standing two meters apart during the course of the interview. We want to emphasize that the risk of contracting the coronavirus in Madagascar is low, however it is spread through face-to-face air droplets which could be transmitted during an interview. If you have any concerns about this or the risk the interview may poise, I'm happy to give you more information.

Signature of Enumerator_____ Date_____

Enumerator: Sign above to witness the verbal consent of the participant. Keep one copy for the PIs records and leave the second copy with the participant.

Who is sponsoring this study?

This research is funded by UNICEF Madagascar (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact [add name ATW Field manager] (Tel: + [add phone]) from ATW. If you have questions about your rights you may reach out to the [Madagascar IRB] (Tel: [IRB phone]) or the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

SECTION 0B. INFORMED ASSENT (CAREGIVER & HOUSEHOLD, LEGAL MINORS)

The assent is administered to all participants who are legal minors (<18 years), while the informed consent is administered to her legal guardian.

[ENUMERATOR: READ SCRIPT BELOW]

Hello. My name is _____ from ATW, based in Antananarivo. In collaboration with the American Institutes for Research (AIR), we are conducting a study to understand the living conditions of vulnerable families in this area either receiving the emergency cash transfer or agricultural insurance. You have qualified for this survey and we would like you, the main recipient of the program to answer questions about your health, education, economic situation of your household and questions specifically about your children's education.

The answers provided will help the UNICEF Madagascar Country Office and the Government of Madagascar to understand the living conditions and needs of families like your own. The information will be used to improve services in your district. Approximately 120 families are participating in this study in Tanandava Sud, Ifotaka and Behara communes.

I want to be clear that there is no direct benefit to your household for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your household or any of its members receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask you. Please know that you do not have to answer any question you do not want to answer. Simply tell me when you do not want to answer a specific question and I will move to the next. We will not share your answers with anyone in your household or your community. Only the researchers leading this study will have access to the personal details of participants. Your name will be kept separately from your answers in a private, secure location.

The questions may take up to 1.0 hours of your time. We will leave a card with information about the study and with telephone numbers in case you would like to know more or you have questions even after our visit. Also, after the interview we may offer you information or a direct referral to services, for example health or other social action services, which could help you in the future. In the case we believe you, or any of the children in your household, are in immediate harm or danger, we are mandated by law to directly refer you to these services.

Finally, due to the coronavirus pandemic, we are taking precautions to protect you and your household, including offering you a mask to wear during the interview - if you wish - and standing two meters apart during the course of the interview. We want to emphasize that the risk of contracting the coronavirus in Madagascar is low, however it is spread through face-to-face air droplets which could be transmitted during an interview. If you have any concerns about this or the risk the interview may poise, I'm happy to give you more information.

Signature of Interviewer_____ Date_____

Interviewer: Sign above to witness you have read the assent to the participant. Keep one copy for the PIs records and leave the second copy with the participant.

This research is funded by UNICEF Madagascar (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact [add name Dalberg Field manager] (Tel: + [add phone]) from ATW. If you have questions about your rights you may reach out to the [Madagascar IRB] (Tel: [IRB phone]) or the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

SECTION 1: HOUSEHOLD MEMBERS

Instruction: *Please give me the names of all persons who usually live with this household and eat from the same pot. Start with the head of household and include visitors who have lived with the household for six months or more. Include usual members, who are away visiting, in hospital, at boarding schools or college or university, etc.*

A1	A2	A3	A4	A5	A6	A7
					ONLY FOR MEMBERS AGE 10 AND OLDER	
ID	Name of the member	Sex 1 = Male 2 = Female	What is [NAME'S] relationship with the head? 1 = Head 2 = Spouse 3 = Son/Daughter 4 = Grandchild 5 = Parent/Parent-in-law 6 = Son/Daughter-in-law 7 = Other relative 8 = Non-relative	How old is [NAME] now? Record exact age in completed years for all members.	What is [NAME'S] present marital status? 1 = Married or living together, monogamous 2 = Married or cohabiting, polygamous 3 = Divorced or separated 4 = Widowed 5 = Never married or cohabited	Does the household earn a regular income? 1 = Yes 2 = No 9 = Do not know
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SECTION 2: EDUCATION OF HOUSEHOLD MEMBERS AGED 4-18 YEARS

	B1	B2	B3	B4	B5
	MEMBERS AGED 4-18 YEARS				
ID	Has [NAME] ever attended school? 1=Yes >>B3 2=No	What was the main reason [NAME] never attended school? **[SEE CODES BELOW] >>NEXT PERSON**	What is the highest educational level [NAME] completed? **[SEE CODES BELOW]**	Is [NAME] currently attending school? 1=Yes >> **Next section** 2=No	Why is [NAME] not currently in school? **[SEE CODES BELOW]**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Codes for B3: Pre-school ..... 01 Primary (G1) ..... 02 Primary (G2) ..... 03 Primary (G3) ..... 04 Primary (G4) ..... 05 Primary (G5) ..... 06 Junior secondary (G6) .... 07 Junior secondary (G7) .... 08 Junior secondary (G8) .... 09 Junior secondary (G9) .... 10 Senior secondary (G10) . 11	Senior secondary (G11) . 12 Senior secondary (G12) . 13 Higher education ..... 14 Don't know 98	**Codes for B2 & B5:** Too young ..... 1 Already attained the level they wanted 2 Required for work or care activities including on farm or household ..... 3 Not interested in school ..... 4 Too expensive to go to school ..... 5 School too distant ..... 6 Not appropriate for female children to go to school (culture) 7	Schooling believed not to increase income 8 Could learn everything useful at home ..... 9 Too sickly to attend ..... 10 No places available in local school ..... 11 No school of appropriate religion available ..... 12 Not safe ..... 13 Got pregnant or married ..... 14 Due to COVID-19 ..... 15 Child has disability / learning limitation ... 16 Other reason (specify) 17

SECTION 3A - ADULT AND CHILD FUNCTIONING (ALL HOUSEHOLD MEMBERS AGE 5-18) – Based on Washington Group short set and WG/UNICEF Child Functioning Module

C1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES [NAME] MAY HAVE. DOES (*name*) WEAR GLASSES OR CONTACT LENSES?	Yes ..... 1 No 2	2 ⇒ C3
C2. WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	1 ⇒ C4 2 ⇒ C4 3 ⇒ C4 4 ⇒ C4
C3. DOES (*name*) HAVE DIFFICULTY SEEING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty ..... 2 A lot of difficulty ..... 3 Cannot do at all 4	
C4. DOES (*name*) USE A HEARING AID?	Yes ..... 1 No 2	2 ⇒ C6

C5. WHEN USING HIS/HER HEARING AID, DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	1⇘C7 2⇘C7 3⇘C7 4⇘C7
C6. DOES (*name*) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C7. DOES (*name*) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?	Yes..... 1 No 2	 2⇘C9
C8. WHEN USING HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING OR CLIMBING STEPS? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C9. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (*name*) HAVE DIFFICULTY WALKING OR CLIMBING STEPS? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C10. DOES (*name*) HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING HIM/HERSELF? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	

C11. COMPARED PEOPLE OF THE SAME AGE, DOES (*name*) HAVE DIFFICULTY REMEMBERING THINGS? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C12. DOES (*name*) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT HE/SHE ENJOYS DOING? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C13. WHEN (*name*) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	
C14. WHEN (*name*) SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD? WOULD YOU SAY (*name*) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?	No difficulty ..... 1 Some difficulty..... 2 A lot of difficulty..... 3 Cannot do at all..... 4	

SECTION 3B: HEALTH OF ALL HOUSEHOLD MEMBERS

	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11
ID	Has [NAME] been sick or injured during the **last 2 weeks**? 1=Yes, sick/ injured 2=No>>D8 9=Don't know>>D8	During the last 2 weeks, did [NAME] have to stop the usual activities because of this condition? 0=No IF YES: PUT NUMBER OF DAYS (1 – 14)	During the last 2 weeks has [NAME] consulted a health practitioner, visited a health facility or consulted a traditional healer for this injury/illness? 1=YES (>>D5) 2=NO	If no, what was the main reason not to? 1=Lack of money/ too expensive 2=Too far 3=Do not believe in medicine 4=Lack of health professionals 5=Poor quality/services 6=Did not require medical assistance/not severe enough 7=Due to COVID-19 8=Other, specify >>D8	On the most recent visit whom did [NAME] consult? 01=Doctor 02=Dentist 03=Nurse 04=Medical assistant 05=Midwife 06=Pharmacist 07=Drug/chemical seller 08=Community Health Worker 09=Traditional Healer 10=Trained TBA 11=Spiritualist 12=Other (specify) 98=DK	Where did the consultation take place? 1=Public facility 2=Private Facility 3=Pharmacy 4=Traditional Healer 5=Drug store 6=Drug seller 7= Other (Specify) 9=DK	How much in total was spent on [NAME]'s medication and consultation **in the last 2 weeks?** **[INCLUDE BOTH CASH AND IN KIND]** **[GIVE AMOUNT IN MGA]** **[ENTER '00' IF NONE]**	During the last 2 weeks did [NAME] buy any medicine or medical supplies? **[OTHER THAN ALREADY INCLUDED IN Q7!]** 1=YES 2=NO (>>D10)	How much in total was spent on [NAME]'s medicine or medical supplies **in the last 2 weeks?** **[GIVE AMOUNT IN MGA]**	In the past month, did [NAME] have any disability related costs? (other than already included in D7 or D9) 1=Yes 2=No (>>D12)	How much in total was spent on [NAME]'s disability related costs (e.g. aids, equipment) **in the past month?** **[GIVE AMOUNT IN MGA]**
1											
2											
3											
4											

5											
6											
7											
8											

	D12	D13	D14	D15	D16
ID	How would you rate [NAME]'s health in general? 1=Poor 2=Fair 3=Good 4=Very good 5=Excellent	Compared with one year ago, would you say that [NAME]'s health is: 1=Better 2=About the same 3=Worse	Is [NAME] currently registered or covered by health insurance? 1=YES 2=NO (>> **NEXT PERSON/SECTION)**	How much is the fee for the health insurance per year? [**GIVE AMOUNT IN MGA]** **Don't know==99**	Who paid for the fee? 1= Household 2= Government 3= NGO 4= Exempt 5=Friend or relative 6=Organizations (UNICEF/ OMS/ WFP) 7=Other (specify)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

SECTION 4: EXPENDITURE AND LIVELIHOOD

		E1	**E2**	
		What are the three main economic activities of the household? **NB** Economic activity is any activity that generates income or payment in kind. **SEE CODES BELOW**	Income in the last 30 days If payment in-kind estimate value **In MGA**	
	01			
	02			
	03			

	Question	**Answers**	**Skip**
E3	Do you have access to cultivatable land?	Yes, but does not own ..... 1 Yes, owns cultivated land ..... 2 Yes, but land is currently uncultivated ..... 3 Yes, cultivated by someone else..... 4 No 5	**If No>>E9**

		E5	**E6**	
		What are the three main crops grown by the household? **SEE CODES BELOW**	Estimate the harvested crop production during the last main agricultural season **In kg**	
	01			
	02			
	03			

CODES FOR E1 **1 =** The products of your own farm **2 =** Retail (food products, non-food, prepared food) **3 =** Wholesale (food products, non-food, prepared food) **4 =** Sale animals / animal products **5 =** Sale fishery products **6** = Sale of charcoal, timber sale	**11 =** regular skilled labor **12** = civil service (government) **13 =** Sale of handicrafts (production / sales) **14 =** Land annuities and other annuities **15 =** Welfare (pensions, donation, help from the state) **16 =** Contributions by NGOs, UN or private organizations (incl. cash transfers for round 1&2)	**CODES FOR E5** 1=Rice 2=Cassava 3=Sweet potatoes 4=Maize 5=Beans 6=Bananas	10=Lentils 11=onions 12= pumpkin 98=Other, please specify

7 = Agricultural work (working day of sale) **8 =** irregular unskilled labor **9** = regular unskilled work **10 =** irregular skilled labor	**17 =** Transfers of people living abroad **18 =** Transfers of people living in Madagascar **19 =** Begging **20** = Loans 21= Cash transfer program **99** = Other (specify)	7=Cactus 8=Sisal 9= black eyed peas	

	Question	Answers	Skip
E7	How was last season's total agricultural output compared to the year before?	Much less..... 1 Somewhat less ..... 2 The same ..... 3 Somewhat more ..... 4 Much more ..... 5 NA..... 6	
E8	What do you expect of this year's agricultural output compared to the last season's harvest?	Much less..... 1 Somewhat less ..... 2 The same ..... 3 Somewhat more ..... 4 Much more ..... 5 NA 6	

	E9	**E10**	
	What were your major expenses during the last 30 days? Indicate spending in priority order: 1 = more important, 2, 3, 4, 5, 6 **SEE CODES BELOW**	What was the expenditure in the last 30 days? **In MGA**	
01			
02			
03			
04			
05			
06			

CODES FOR E9 **1 =** Food **2 =** Charcoal, other type of fuel	**11 =** Education, pocket money school children, school supplies		

3 = Candles **4 =** Soap **5 =** Telephone calls **6** = Clothing / shoes **7** = Transportation **8** = Repayment of debt **9** = Ceremonies (including burial) **10 =** Health Care	**12 =** Agricultural inputs (seeds, tools, fertilizers, pesticides, animal feed etc.) **13 =** Purchase of productive assets (sewing machine, bicycle ...) **14 =** Housing equipment (tv, radio, pots, ...) **15 =** Transfer to other household **16 =** Payment to authorities **17 =** Rent for Housing **18 =** Rent of land **19 =** Livestock **20=** Other (specify)		

	Question	Answers	Skip
E12	Estimated total expenses during the last 30 days? NB: Begin by asking the amount of other non-spending cited above; Then make the total amount of the above expenses	.....MGA	
E13	Do you pay rent for your home?	Yes, cash.....1 Yes, in-kind.....2 No.....3	
E15	Do you pay rent for your land?	Yes, cash.....1 Yes, in-kind.....2 No.....3 No land.....4	
E17	Does your household have debts at the moment?	Yes.....1 No.....2	**IF NO >> E22**
E18	What is the current amount of the debts?	.....MGA	
E19	What is the main source of the loans?	Family/Friend/Neighbor .....1 Formal Bank .....2 Money lender.....3 Village savings and loans scheme .....4 Village/Religion leader.....5 Trader/Store .....6 Farmer.....7 Other (specify) 8	
E21	What were the main purposes of the loan? (multiple answers possible, do not read options)	Food .....1 Medical care.....2	

		Rent (house or land) .....3 Other housing costs (incl. fuel) .....4 Transportation .....5 Ceremonies (including funerals, weddings) .....6 Soap, laundry .....7 Clothing .....8 Education .....9 Purchase of productive assets / investment in livelihoods 10 Other 11	
E22	Some people try to save some money for emergencies or to buy something special in the future. Are you currently saving (in cash)?	Yes .....1 No 2	**IF NO >> NEXT SECTION**
E24	How often do you save money?	Daily .....1 Every week .....2 Every month .....3 Several times a year .....4 Once a year .....5 No frequency .....6 Other 9	

SECTION 5: FOOD SECURITY

	Question	Answers	Skip
F1	How many meals excluding snacks do you normally have in a day?	One.....1 Two.....2 Three .....3 More than three.....4	
F2	In the **past four weeks**, did you or others in your household worry about not having enough food to eat because of a lack of money or other resources?	Never.....1 Rarely (once or twice) .....2 Sometimes (3-10 times) .....3 Often (10 or more times) 4	
F3	In the past **four** weeks, were you or any household member not able to eat healthy and nutritious food because of lack of money or other resources?	Never.....1 Rarely (once or twice) .....2 Sometimes (3-10 times) .....3 Often (10 or more times) 4	
F4	In the past **four** weeks, was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	Never.....1 Rarely (once or twice) .....2 Sometimes (3-10 times) .....3 Often (10 or more times) 4	
F5	In the past **four** weeks, was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	Never.....1 Rarely (once or twice) .....2 Sometimes (3-10 times) .....3 Often (10 or more times) 4	

SECTION 6: SHOCKS AND COPING MECHANISMS

		G1	G2	G2A
SHOCK ID		During the last 12 months, was your household affected negatively by any of the following [SHOCK]? Yes=1 No=2 (**>>NEXT SHOCK**)	What did your household do in response to [SHOCK] to try to regain your former welfare level? NOTE THE TWO MOST IMPORTANT COPING STRATEGIES FOR THE SHOCK. IF SHOCK HAPPENED MORE THAN ONCE DURING THE LAST 12 MONTHS, ASK ABOUT THE MOST RECENT INCIDENT. IF ONLY ONE STRATEGY, MARK '00' FOR SECOND. **Use coping strategy codes**	
			Most important coping strategy	**Second most important coping strategy**
101	Drought/irregular rains			
102	Floods/Landslides			
103	Crop got destroyed (ex. Fire, disease)			
104	Livestock died			
105	Unusually low prices for agricultural output			
106	Unusually high costs of food or agricultural inputs			
107	End of regular assistance/aid remittances from outside household			
108	Serious illness or accident of household member(s)			
109	Birth in the household			
110	Death of household income earner			
111	Break-up of household (divorce/separation/death/migration)			
112	Theft of money/valuables/assets/agricultural output			
113	High education costs			
114	House destroyed (for example, burning, flood, winds)			
115	Conflict in the community			
116	COVID-19			

COPING STRATEGY ID: Relied on own savings .....1 Received unconditional help from relatives/friends .....2 Received unconditional help from government.....3 Received unconditional help from NGO/religious institution .....4 Changed eating patterns (relied on less expensive or less preferred food options, reduced the proportion or number of meals per day, increased consumption of wild foods, members eating away from home, etc.) .....5 Household members took on more employment.....6 Adult household members who were previously not working had to find work.....7 Household members migrated.....8 Reduced expenditures on health and/or education .....9 Obtained credit/took loan.....10	Sold agricultural or durable assets, land/building, crop stock, livestock or other..... 11 Intensified (more days, longer hours) fishing/farming .....12 Sent children to live elsewhere.....13 Engaged in spiritual efforts – prayer, sacrifices, diviner consultation .....14 Cash transfer payment .....15 Agricultural insurance .....16 Planted trees or built conservation structures .....17 Children sent to paid work .....18 Children worked more at home or family farm/enterprise (unpaid) .....19 Did not do anything .....20 Other (specify) .....21 None 99

SECTION 7: EXPERIENCE WITH OTHER PROGRAMS

		H1	H2a	H2b	H3a	H3b	H4
	Name of Program or Service	Can you name some social protection programs or services that are available in this community? (For example : government programs, programs that give services or goods for free) [**DO NOT PROMPT – MARK '1' FOR ALL THAT APPLY]**	Is any member of your household **currently** receiving money or goods, including food, clothing, livestock or medicines, or benefited from any of the following types of programs? 1=YES 2=NO**>> NEXT PROGRAM/ H3A**	Who is providing this support or offering this service? 1 = Government program 2 = NGO or church program 3= International organizations (UNICEF, WHO, WFP) 9 = DK **>> if answered H2b, then go to H4**	**In the last 12 months**, has any member of your household received money or goods, including food, clothing, livestock or medicines, or benefited from any of the following types of programs? 1=YES 2=NO**>> NEXT PROGRAM/ Q4**	Who was providing this support or offering this service? 1 = Government program 2 = NGO or church program 3= International organizations (UNICEF, WHO, WFP) 9 = DK	What is the total value of assistance received from this program in the last 12 months? **[CONVERT IN-KIND ASSISTANCE TO MGA]** **>>NEXT PROGRAM**
01	Cash transfer program [FIAVOTA]						
02	Emergency cash transfer [TOSIKA VONJY AINA]						

03	Agricultural insurance program						
04	Livelihood or agricultural support program (including livestock or input subsidy)						
05	Health insurance						
06	Food assistance program (in-kind)						
07	Other programs/services for income generation including entrepreneurship or micro-credit, small business training						
08	Community health campaign or health program						
09	Education or school support program						
10	Listening and Legal Advice Centres (CECJ centres)						
	Any other program, specify						

SECTION 8A: OPERATIONAL PERFORMANCE CASH TRANSFER PROGRAM

No.	Question	Answers
I1	Are you aware of the FIAVOTA cash transfer program [or other local name commonly used] that is operating in this community? **[ENUMERATOR: If 'NO', explain what the cash transfer program is to double-check respondent's awareness.]**	Yes No
I2	Who do you think is eligible to receive a transfer from the FIAVOTA cash transfer program? [Mark all that apply]	Households/Women with young children Households/Women with primary school-a children old Individuals caring for many orphans/childr Sick individuals Widowed individuals Individuals who are not able to work Individuals with a disability Old individuals Very poor individuals Other (Specify) Don't know
I3	Do you think the selection process for the FIAVOTA program is **clear**?	Yes, very clear Yes, somewhat clear Neutral No, not so clear No, not clear at all
I4	Have you or any other member of the household **ever** received payments or other services from the program?	Yes No
I6	Are you or any other members of your household **still** participating in the program, and expecting to receive payments or other services from the program?	Yes No
I7	If not, why not?	No longer eligible Beneficiary moved out of household Missed the collection of consecutive paym Voluntarily left the programme: didn't nee Voluntarily left the programme: programm work properly Voluntarily left the programme: too many conditions Enrolled in another cash transfer program Did not follow rules (conditions) Other, specify _____ Don't know/
I10	When was the last time you received a payment? **List month and year.**	Month: Year: |___|___
I11	How much did you receive?	Amount received in MGA Don't know/remember
I12	In total, how many payments have you received?	Number
I12a	How often do you get the payment? *(added for round 2 &3)*	Every month Every two months Every four months Not at regular times Other
I13	What is the total value of assistance received from this program in the last 12 months?	Amount received in MGA Don't know/remember
I14	When do you expect the next payment?	In the next 2 weeks (round 3 only)

		Next month (round 3 only) ..... In the next 2 months..... In the next 6 months..... In the next 12 months ..... Don't know.....98 Never.....
I15	How long in the future do you expect to continue receiving this money?	0-6 months..... 6 months-1 year..... 1-2 years ..... Don't know.....98 Longer/rest of my life.....
I16	For the last payment, what payment method was used	Cash payment in the community ..... E-payment.....
I16B	For Fiavota, how do you receive information about the program and payments? *(added for round 2 &3)*	Informed in public (in front of other comm members) by: 1 = community leader (non government / 2 = chief /government representative 3 = another beneficiary 4 = other community member 5 = family member 6 = payment point staff Informed in private by: 8 = community leader (non government / 9 = chief/government representative 10 = another beneficiary 11 = other community member 12 = family member 13 = payment point staff member 15 = Saw others going to collect the payme 16 = Other (specify)_____
I17	For the last payment, how long did you need to travel to the Payment point to collect the payment and coming back? [Only travel time] **[Always record both hours and minutes. E.g. 1,5 hours is 1 hour 30 minutes. 40 minutes is 0 hours and 40 minutes. 2 hours is 2 hours and 0 minutes]**	Hours:..... Minutes: ..... Don't know/remember .....
I18	For the last payment, how much money did you spend on transportation to travel from your house to the payment point and back again?	Amount spent on transport in MGA Don't know/remember .....
I19	Have you identified someone that can represent you at the payment point to collect your payment if you are sick, injured or not able to collect the payment yourself?	Yes, spouse..... Yes, other household member (not spouse Yes, relative..... Yes, friend ..... Yes, village leader..... No.....
I20	At any point before or after payment were you **asked to** give money/ gifts OR **voluntarily gave** money / gifts to anyone in order to receive payment?	Asked to give and did so ..... Asked to give and refused..... Voluntarily offered and person accepted th gifts ..... Voluntarily offered but person refused to t gifts ..... Don't know/refused.....

I21	In general, do you feel safe collecting the money from the payment point and taking it back home?	Yes, I feel safe ..... No, I feel unsafe during transit ..... No, I feel unsafe at the payment point ..... No, I feel unsafe at the payment point AND home .....
I22	In this household, who generally decides how the payment from the program is used?	Member ID: ..... |___
I23	In general, who does [NAME] consult with when deciding how to use the payment from the program?	Alone ..... Spouse..... In consultation with other adult family me In consultation with children ..... In consultation with ALL family members.. In consultation with someone else in the c
I24	Did you give any of the money to family, friends or others living outside your household as gifts or contributions for social causes?	Yes..... No.....
I25	In general, what are the three main things that the payment from the program are used for.	Food and nutrition ..... Formal government education (fees, textb uniforms etc.)..... Other education (nursery, other religious s Health care..... Shelter / Accommodation / Rent ..... Clothing / Shoes (does not include school u Investment/small business ..... Formal social occasions such as weddings a ..... Savings/VSLA..... Other spending, specify _____
I26	For problems with payment or other parts of the Fiavota programme, who can you contact? [select all that apply; ***reassure the participant this does not influence them receiving the cash transfer***] *(added for round 2 &3)*	1 = community leader / non-government / 2 = chief /government representative 3 = another beneficiary 4 = other community member 5 = family member 6 = payment point staff 10=Other Specify_____
I27	Have you contacted anyone about problems regarding the program? *(added for round 2 &3)*	Yes..... No.....
I28	What problems did you encounter with the FIAVOTA? (CIRCLE UP TO THREE-LIST IN ORDER OF IMPORTANCE) [***reassure the participant this does not influence them receiving the cash transfer***] *(added for round 2 &3)*	A = Transportation costs B= Travel time C= Problems with getting informed of payment D= Missing payments E= Payments not enough F= Bribes/gifts G = Unsafe payment pickups H= Unhappy with treatment from paypoint staf I= Payments not received in-time J = Other (Specify)

I30	Are you aware of the [TOSIKA VONJY AINA] emergency cash transfer program [or other local name commonly used] that is operating in this community? **[ENUMERATOR: If 'NO', explain what the cash transfer program is to double-check respondent's awareness.]** *(round 3 only)*	Yes..... No 2
I31	Are you or any other members of your household participating in the program, and expecting to receive payments or other services from the program? [TOSIKA VONJY AINA]	Yes..... No.....

	(round 3 only)	
I32	When was the last time you received a payment? **List month and year.** *(round 3 only)*	Month: ..... Year: ..... |___|___
I33	How much did you receive? *(round 3 only)*	Amount received in MGA Don't know/remember .....
I34	In total, how many payments have you received? *(round 3 only)*	Number
I35	How often do you get the payment? *(round 3 only)*	Every month..... Every two months..... Every four months..... Not at regular times..... Other.....
I36	How long in the future do you expect to continue receiving this money? *(round 3 only)*	0-6 months ..... 6 months-1 year ..... 1-2 years ..... Don't know.....98 Longer/rest of my life.....

SECTION 8B: OPERATIONAL PERFORMANCE AGRICULTURAL INSURANCE

No.	Question	Answers	Skip
J1	Are you aware of the agricultural insurance program [local name] that is operating in this community? **[ENUMERATOR: If 'NO', explain what the agricultural insurance is to double-check respondent's awareness.]**	Yes .....1 No 2	→ **Finish survey**
J2	Who do you think is eligible to receive a transfer from the cash transfer program? [Mark all that apply]	Households with a farm ..... A Households/Women who are part of a savings group.....B Very poor individuals..... C Other (Specify)..... D Don't know .....E	
J3	Do you think the selection process for the program is **clear**?	Yes, very clear.....1 Yes, somewhat clear.....2 Neutral.....3 No, not so clear .....4 No, not clear at all 5	
J4	Were you ever part of the agricultural insurance program?	Yes .....1 No 2	**If 2 → Finish survey**
J6	Do you know how to file a claim to the insurance?	Yes .....1 No 2	
J7	Is it **clear** when the program would pay out money?	Yes, very clear.....1 Yes, somewhat clear.....2 Neutral.....3 No, not so clear .....4 No, not clear at all 5	
J8	Have you or any other member of the household **ever** received payments or	Yes .....1 No 2	**If 2 → Finish survey**

	other services from the program?		
J9	Are you or any other members of your household **still** participating in the program, and expecting to receive payments or other services from the program?	Yes .....1 No 2	→ **J11**
J10	If not, why not?	No longer eligible .....1 Beneficiary moved out of household .....2 No longer part of savings group .....3 Voluntarily left the programme: didn't need it .....4 Voluntarily left the programme: programme did not work properly .....5 Voluntarily left the programme: too many conditions .....6 Enrolled in agricultural programme .....7 Did not follow rules (conditions).....8 Other, specify _____ .....9 Don't know/.....10	
J11	When was the last time you received a payment? **List month and year.**	Month:..... |___|___| Year: ..... |___|___|___|___|	
J12	How much did you receive?	Amount received in MGA Don't know/remember 99999	
J13	In total, how many payments have you received?	Number	
J14	What was the reason you received the payment?	1= reduced yields due to droughts 2= reduced yields due to parasites 3= reduced yields due to diseases 4= reduced yields due to floods 5=reduced yields due to other weather circumstances 6= low market prices 7=reduced yields due to theft or conflict 8= other, specify	
J15	How long in the future do you expect the program to continue?	0-6 months .....1 6 months-1 year .....2 1-2 years .....3 Don't know.....98 Longer/rest of my life 99	
J16	In this household, who generally decides how the payment from the program is used?	Member ID: ..... |___|___|___|	
J16B	For agricultural insurance, how do you receive information about the program, enrollment and payments? *(added for round 2 &3)*	Informed in public (in front of other community members) by: 1 = community leader (non government / elder) 2 = chief /government representative 3 = another beneficiary 4 = other community member 5 = family member 6 = payment point staff	

		Informed in private by: 8 = community leader (non government / elder) 9 = chief/government representative 10 = another beneficiary 11 = other community member 12 = family member 13 = payment point staff member 15 = Saw others going to collect the payment 16 = Other (specify)_____	
J17	In general, who does [NAME] consult with when deciding how to use the payment from the program?	Alone .....1 Spouse .....2 In consultation with other adult family members.....3 In consultation with children.....4 In consultation with ALL family members .....5 In consultation with someone else in the community6	
J18	Did you give any of the money to family, friends or others living outside your household as gifts or contributions for social causes?	Yes .....1 No 2	
J19	In general, what are the three main things that the payment from the program are used for.	Food and nutrition..... A Agricultural inputs ..... B Education (fees, textbooks, uniforms etc.) ..... C Health care ..... D Shelter / Accommodation / Rent .....E Clothing / Shoes (does not include school uniforms).....F Investment/small business.....G Formal social occasions such as weddings and funerals ..H Savings/VSLA .....I Other spending, specify _____ ..... J	

Annex D: Strategies for Conducting Research With Disabled Children

AIR and other members of the research team will be trained to pay attention to how participants are perceived, treated, and spoken to and about during research interactions. If needed, AIR will make special accommodations or modifications for children with disabilities to ensure that they can fully participate in this study. Some strategies that AIR will adopt in this study to ensure this population is able to effectively participate include:

- ***Building trust.*** Children may initially feel nervous speaking about their personal experiences with a stranger. Spending a few minutes at the beginning of a conversation or conducting shot preliminary interviews with the child, will establish the trust that is needed to effectively conduct research with these children.

- ***Finding a comfortable setting.*** Helping children, particularly those with disabilities, to feel at ease will be critical for their full participation. In this study, AIR will adopt three main strategies to help children with disabilities to feel more comfortable. First, we will conduct all research activities in a setting that is familiar to the child (such as a home environment). Second, we will begin all discussions with introductory questions about child's fun activities, and interests. Finally, AIR will incorporate different kinds of activities—e.g., card sorting activities—and rest breaks to help children to feel more comfortable during the discussion.

- ***Addressing questions directly to the child.*** If a family member, teacher, or friend accompanies the student to the interview, questions will be addressed directly to the child rather than the person(s) accompanying them. This allows research to be more inclusive of the perspectives of those children.

- ***Posing questions clearly.*** Speaking clearly is essential interview etiquette regardless of the population. For interviews with children with disabilities, however, it is incredibly important to speak clearly and at a normal tone and volume and ask questions in a simple, but age-appropriate way.

- ***Allowing sufficient processing time.*** Children with disabilities may need clarification or additional time to think about a question and their response after each question is asked. For this reason, AIR will ensure that all researchers allow sufficient processing time for the children and do not rush the child's answer.

Annex E. ToR

26 March 2020

UNICEF Madagascar is recruiting:

Title of the consultancy	Institutional contract to conduct a country-led formative evaluation of the integrated social protection programme in the south of Madagascar (United Nations Joint SDG Fund)
Objective	Design and implement the evaluation of the integrated social protection programme (implemented by UNICEF, WFP, ILO, UNFPA, and funded by the United Nations Joint SDG Fund)
Location	Remote and in country (Antananarivo and Anosy region, Madagascar)
Length of the contract	From April 2020 to April 2022 including an approximate 22 weeks of work
Supervision	Research and Evaluation Specialist, UNICEF, jointly with the MPSPPW, WFP, UNFPA and ILO

1. INTRODUCTION

In an effort to promote accountability and enhance learning and documentation, the Ministry of Population, Social Protection and Promotion of Women (MPSPPW), jointly with UNICEF, WFP, ILO and UNFPA are commissioning a country-led formative evaluation of the integrated social protection programme (ISPP) in the south of Madagascar. These Terms of Reference (ToR) set out the purpose and objectives, methodological options and operational modalities for an institutional contract with a team of at least two evaluation consultants. Findings and recommendations from this formative evaluation will inform the replication and scale-up of integrated social protection programmes in Madagascar. Implementation of this model programme will begin in January 2020 and continue into 2021. The evaluation is expected to be conducted from April 2020 to April 2022 for a total duration of approximately 18 working weeks (90 days). It will be supervised by the UNICEF Research and Evaluation Specialist in Madagascar, in collaboration with a focal point from MPSPPW, WFP, UNFPA and ILO, and in coordination with a social protection technical working group and the UNICEF Regional Office for Eastern and Southern Africa (ESARO).

2. BACKGROUND AND RATIONALE

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.

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 social safety nets (SSN) programme (pillar 1 of the National Social Protection Strategy, NSPS) and developing a more integrated model. 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 health protection coverage through both contributory and non-contributory mechanisms. Fagnavotse program will build on this renewed political commitment for social protection and will support the Government in establishing a more efficient, integrated and inclusive social protection model.

Four UN agencies (UNICEF, WFP, ILO and UNFPA) under the leadership of UNICEF have developed a joint programme for social protection in Madagascar. The programme is initiated under the United Nations Sustainable Development Goal Fund (Joint SDG Fund) and it will be implemented between January 2020 and December 2021 in the Anosy region (South of Madagascar). It has a total budget of USD 4,238,423.00 including the following contributions: Joint SDG Fund: USD 1,999,723.00; UNICEF: USD 998,000.00; WFP: USD 840,700.00; ILO: USD 70,000.00; and UNFPA: USD 330,000.00.

The main objective of the joint programme is to develop and implement an integrated package of social protection interventions tailored to the needs of vulnerable households living in extreme poverty, especially people living with disabilities. The integrated package will include a combination of SSN, social health protection and gender-based violence (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, including 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 integrated social protection model that could be scaled-up nationally. The programme is fully aligned with the NSPS for the period 2019-2023, approved by the Government in 2019.[6]

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 national safety nets programme (Conditional Cash Transfer) 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. The joint programme will link beneficiaries of the existing national safety net programme (financed by UNICEF and the World Bank), to insurance mechanisms and productive activities to reduce their long-term vulnerability and increase their resilience. This approach will simultaneously support households to ease 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. In addition, 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 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 Theory of Change of the joint programme is available in Annex I of these ToR.

The joint programme specifically targets extremely vulnerable households with a special focus on people living with disabilities. It is expected to reach a minimum of 4,000 vulnerable households, mostly households with young children, including children with disability. A more precise profile of targeted households will be defined in collaboration with the MPPSPF by May 2020 based on an ongoing review of social protection programmes. Extremely poor households comprise people facing different types of deprivations: they are primarily families with a constrained access to the basic socio-economic services namely nutrition, health, education and productive activities. In addition, because of their restricted capacity to cope with natural disasters, socio-economic crisis and resulting shocks, they have greater exposures to their negative impacts. This joint programme is intended to provide an integrated package of social protection interventions to targeted beneficiaries. The integrated package of programmes comprises interventions that have been recognized as Government priorities under the NSPS: (i) safety nets programme (social protection strategy), (ii) health protection (access to basic social service), (iii) agricultural insurance and livelihood promotion (agriculture), and (iv) gender-based violence protection (national strategy against gender-based violence). Rather than creating new programmes, it will enhance and build on the existing ones, making those interventions more sensitive to the needs of vulnerable people. This is a brief outline of targeted beneficiaries by the programme and the main activities that will be delivered. Full programme description and results framework, detailing the components of the programme and the responsibility of each UN agency, is in Annex II.

The first semester of the joint programme (January 2020 to June 2020) 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. A 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

[6] Ministère de la Population, de la Protection Sociale et de la Promotion de la Femme (2019), Stratégie Nationale de La Protection Sociale

current implementation timeline, registration of beneficiaries in the new common system will be done in July 2020 and the integrated package of interventions will be delivered from July/August 2020.

The evaluation plan for this joint programme is also expected to be developed during the first semester of 2020 in order for the evaluation plan to be effectively implemented by July 2020 (when the integrated package of interventions will be delivered). UNICEF as lead agency for the joint programme is responsible for commissioning and managing an independent evaluation, in collaboration with the other UN agencies. To this end, UNICEF, jointly with the MPSPPW, WFP, UNFPA and ILO, is commissioning an evaluation to assess the relevance, effectiveness, efficiency and sustainability of the joint programme before future replication and scale-up. The evaluation is anticipated to be learning-oriented. It will help identify lessons learned, good practices and innovations to inform the strategic direction of integrated social protection in Madagascar.

3. PURPOSE, OBJECTIVES AND SCOPE OF WORK

The purpose of this evaluation is **knowledge generation and high-quality lessons learned (learning)**. As described before, the pilot was designed to test a model of integrated social protection system. In addition, a formative part of evaluation is planned to reinforce evaluability of the programme.

In that sense the evaluation objective is manifold, first, to determine the overall functioning and finetuning of the joint programme supported by UNICEF, WFP, UNFPA and ILO to meet the needs of vulnerable households. The evaluation will also help the MPSPPW and the UN explore ways to further adapt and **improve social protection services in Madagascar**. The initial evaluability assessment will provide programme staff and partners with evidence on the extent to which results can be demonstrated based on programme documentation and the monitoring systems being established. The evaluability assessment will provide assurance to stakeholders that the programme is robust, that objectives are adequately defined, that causal linkages are clarified, that its indicators are validated and measurable, and that systems are in place to measure and verify results. The subsequent **formative component of the evaluation will examine whether the proposed programme elements are likely to be needed, understood, and accepted by the population to be reached with a view to allow for modifications of the programme before full implementation begins.**

The primary users of the evaluation include the MPPSPPF, UNICEF, WFP, UNFPA and ILO (duty bearers). Secondary users include the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the World Bank (WB), GIZ, FID, the Ministry of Agriculture, the Ministry of Public Health along with the Couverture de Santé Universelle (CSU) and the Caisse Nationale de Solidarité pour la Santé (CNSS). And finally, another non-negligible stakeholder is the Groupe Thématique de Protection Sociale (GTPS), the national platform for coordinating social protection interventions, which include various government departments involved in social protection programming and financing. This platform is also decentralized at regional level and it is operational in the area of intervention.

The evaluation **will be used to inform the replication of inclusive social protection** services in other districts in Madagascar. It will identify lessons learned, good practices and innovations for scaling up support that will be provided to the MPSPPW, collaborating ministries, and other implementing partners for their consideration.

The objectives of the evaluation are as follows:

- To examine the conceptual underpinnings and design of the integrated social protection programme including its underlying Theory of Change (ToC) integrated(in the course of the evaluability assessment); and provide an assessment of how developed the services are based on evidence from programme experiences and approaches that have proven effective in meeting the needs of vulnerable households, in particular people living with disabilities;

- To assess the relevance, effectiveness, efficiency, coherence and sustainability of the joint programme from its inception to its completion, with focus on its ability to respond to the needs of the most vulnerable households, including people with disabilities;
- To assess whether the integrated social protection services are in line with the national social protection strategy provided by the MPSPPW using the ToC, in terms of: (i) coordination, collaboration and organisational structures formed for modelling integrated social protection services; (ii) quality of the outreach/communication for development plan in the district; (iii) delivery of planned integrated services; (iv) the internal M&E system;
- To examine the evolution of the integrated social protection services being provided until 2021, its relationship with, and the immediate impact in the district, and the possible expansion of services altogether over time; and
- To document and provide recommendations regarding lessons learned, good practices and innovations that can be applied to other regions in Madagascar.

The formative evaluation will provide an independent assessment of the joint programme, and it will be forward-looking by reinforcing good practices, identifying areas for improvement and providing conclusions and recommendations. It will be conducted to assess and improve programme process, and not to judge the performance of individual staff members. The evaluation will not focus on identifying impacts and outcomes of services, instead it will attempt to assess the approach taken by UNICEF, WFP, UNFPA and ILO, whether the assumptions made in the ToC are appropriate, whether activities and interventions are indeed contributing to progress within the framework of the ToC, whether the proposed approach is scalable and to determine why or why not progress is occurring. Of course, where the evaluation does yield evidence in relation to impact and outcomes, these will be reflected upon in the evaluation report.

Within the policy context of integrated social protection services, the evaluation will cover the development and evolution of the social protection strategy from 2020 onwards, paying particular attention to the policy framework in relation to people living with disability. Data collection will focus on the district where the joint programme is being implemented. To the extent possible, the evaluation should be participatory in nature and include the views of young children with developmental delays and disabilities and their families. District authorities, social workers, medical social workers, health workers, teachers as well as programme beneficiaries should be consulted during the data collection.

Formative evaluation evidence will be judged using modified Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) criteria of relevance, effectiveness, efficiency and sustainability, as well as equity, gender equality and human rights considerations. Key evaluation questions (and sub-questions) include the following:

Relevance of integrated social protection services provided in the district of Amboasary in relation to the national social protection priorities and policy and the needs of households in Madagascar:

- How relevant are the integrated social protection services to priorities and policy at the national level?
  - Are the activities and outputs of the joint programme consistent with the national social protection strategy and the attainment of its objectives?
  - Have contextual factors (specific to each of the programme sites) been considered in the design and implementation and adaptation of integrated social protection services?
- How relevant are the integrated social protection services to the needs of the most vulnerable households?
  - To what extent are the integrated social protection services relevant to the most vulnerable households? Have services been fully adapted to meet the needs of different groups, in particular people living with disabilities?

- Are the activities and outputs of the joint programme consistent with the intended plan for service delivery?

Coherence: The evaluation will assess the coherence of the programme with key international commitments including gender equality and women's empowerment, equity for children, and the human rights-based approach; the comparative advantage of this joint programme over other social protection programmes to deliver expected results; and added value of coordination and convening roles:

- To what extent is the programme addressing gender and equity? Are the rights of people with disabilities consistently integrated in all aspects of programming and implementation?
- What are the comparative strengths of the joint programme in comparison to other social protection programmes?
- What are the comparative strengths of the coordination and convening roles of the joint programme?

Effectiveness of the integrated social protection services in achieving its programme development objectives, including:

- How feasible are the social protection services with respect to meeting the needs of vulnerable households, and what are the major influencing factors?
  - To what extent have the programme objectives been achieved in each site? Were they achieved on time?
  - What have been the major factors influencing the achievement or non-achievement of the programme objectives in providing integrated services?
  - What have been the main challenges faced during the implementation of the joint programme?
  - To what extent is the responsibility for ensuring adherence to human rights, equity and gender equality objectives well-articulated in the programme monitoring framework and implementation plans?

Efficiency of integrated social protection services outputs – both qualitative and quantitative – in relation to the inputs provided:

- How efficiently have the integrated social protection services been managed, given the human and financial resources available? What have been the costs, including both funds and in-kind support?
  - Are activities low in cost and affordable (yet, of adequate quality to improve the situation of vulnerable households)?
  - Is the current organisational set-up, collaboration and contribution of concerned ministries and others working effectively to help ensure accountability? What more might be done?
  - Have the integrated social protection services been implemented in an effective and efficient way, both in terms of human and financial resources to other alternatives?

Sustainability of the benefits of the integrated social protection services provided:

- To what extent have the strategies adopted by the joint programme contributed to sustainability of results, especially equity and gender-related results?
- To what extent is the joint programme supporting long-term buy-in and ownership by duty bearers and rights holders?
- What is the likelihood of the integrated services objectives to be sustained beyond the duration of the joint programme?
  - What are the lessons learned about the provision of integrated social protection services?
  - To what extent are the benefits of the joint programme likely to continue?
  - What have been the major factors that influenced the achievement or non-achievement of sustainability of the joint programme in Amboasary?

- In what ways should the current joint programme approach be revised or modified to improve the sustainability of the programme services?

4. EVALUATION APPROACH AND METHODOLOGY

Based on the objectives of the evaluation, this section indicates a possible design, approach, methods and processes for the evaluation. **Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology proffered in the ToR and improve on it or propose an approach they consider more appropriate. In their proposal, the bidder should refer to triangulation, sampling plan and methodological limitations and mitigation measures.** Bidders must also demonstrate methodological expertise and considerable experience in evaluating social protection programmes.

The evaluation will employ both a theory-based, iterative (using a developmental approach) and a mixed methods approach drawing on key background documents and the internal M&E system. The actual M&E plan includes:

- A baseline and end line surveys7,
- A regular context/situation monitoring survey2 (planned to be monthly) that cover the three communes treatment and other communes and districts broader,
- An annual and a final narrative consolidated report,
- A mid-term progress review,
- A regular update on financial delivery (frequency to be determined); and
- An annual and a final financial report.

In initial inception phase, the evaluation should undertake an evaluability assessment. The purpose of the Evaluability Assessment is not to question whether an evaluation is possible; but to inform the evaluation of evaluability constraints early in the process. This will include the following (i) clarify logic and coherence of the programme, (ii) assess the adequacy and validity of the indicators, tools and systems for monitoring, measuring and verifying results, (iii) assess, according to the learning purpose, the adequate availability of human resources and financial resources to monitor and evaluated the expected results and (iv) provide guidance on approaches to the evaluation of the programme.

For this last point the evaluator should review the feasibility and adequacy of delivering a quasi-experimental design for some key quantitative indicators. In addition to this, a refinement or reprioritisation of initial evaluation questions should be planned within a participatory approach after conducting a stakeholder mapping.

The timing of this independent evaluation is such that it will take an iterative and utilization-focused approach, identifying and assessing the feasibility and likely results of the joint programme in terms of inputs and outputs, as well as service sustainability and potential for replication and scaling-up. The M&E system should be reviewed, and data used (anonymously) to assess the delivery of social safety nets. The evaluation should consider throughout issues of equity, gender equality and human rights, in line with the CRC, the CRPD, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), Revised Evaluation Policy of UNICEF (2018) and the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016).

At a minimum, the evaluation will draw on the following methods:

- Literature review and desk review of background documents and other relevant data, including review and analysis of secondary quantitative data;

[7] Data collection for this M&E system in the Amboasary district will be done by a local firm that will be recruited directly by the Evaluation team.

- Key Informant Interviews (KIIs) with the following stakeholders: the main duty bearers MPPSPPF, UNICEF, WFP, UNFPA and ILO, the implementing technical partners including the WHO, the FAO, the WB, GIZ, FID, the Ministry of Agriculture, the Ministry of Public Health along with the CSU and the CNSS, and the national platform coordinating social protection interventions, GTPS.
- Review of programme documentation in each site;
- Focus Group Discussions (FGDs) with relevant stakeholders at the national and sub-national level, including children and their families, community members and frontline workers;
- Case studies (in-depth interviews) of each core social protection services;
- Cost analysis of the implementation of the joint programme;
- Collation of existing statistical data, where available, and quantitative data relevant to the evaluation questions; and
- A quantitative survey to selected households to gather data on the effectiveness of integrated social protection services (in addition to providing data on other criteria).

Data collected should be disaggregated by age, gender, disability status, site, etc. where relevant. Sampling for conducting Key Informant Interviews and Focus Group Discussions should be done in consultation with the MPSPPW, UNICEF, WFP, UNFPA and ILO. Baseline data will be secured and/or provided based on the project document. Additionally, secondary data sources can be used, where relevant.

The proposed methodology should be based on continuous collection and analysis of key process and impact indicators during project implementation (ex: monthly surveys and administrative data collection), periodic reports (ex: every two/three months) to draw recommendations to improve the programme design. Availability/quality and access to administrative data could be a major limitation of the evaluation, other data collection tools developed (monthly surveys, KII, FGD) should integrate essential information needed for the evaluation.

Likewise, conventional ethical guidelines are to be followed during the evaluation. Specific reference is made to the UNEG Ethical Guidelines, as well as to the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, the UN SWAP Evaluation Performance Indicator, and the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis and UNICEF's Evaluation Reporting Standards. Good practices not covered therein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Management Team as soon as they are identified.

5. MANAGEMENT AND COORDINATION

The evaluation will be conducted by an independent Evaluation Team to be recruited by UNICEF Madagascar. The Evaluation Team will operate under the supervision of the Research and Evaluation Specialist at UNICEF Madagascar, in collaboration with the MPSPPW, WFP, UNFPA and ILO. They will act as Evaluation Management Team and therefore be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget. The Evaluation Management Team will assure the quality and independence of the evaluation and guarantee its alignment with the UNICEF's Evaluation Policy and Procedure, UNEG Norms and Standards for Evaluation and other relevant procedures, provide quality assurance checking that the evaluation findings and conclusions are relevant, and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. An additional layer of quality assurance will be provided by the Regional Office of UNICEF (UNICEF Eastern and Southern Africa Regional Office) that will be assess the quality of all evaluation deliverables against key standards outlined in the regional quality assurance checklists that are in Annexes III and IV. Evaluation deliverables will only be accepted by UNICEF and considered final when they receive a satisfactory rating or above.
A Reference Group will be established, bringing together representatives of the MPSPPW, UNICEF, WFP, UNFPA, ILO among others. The Reference Group will have the following role: contributing to the

preparation and design of the evaluation (including providing feedback and comments on the inception report and on the quality of the work of the evaluation team); providing comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; assisting in identifying internal and external stakeholders to be consulted during the evaluation process; participating in review meetings organized by the Evaluation Management Team, as required; playing a key role in learning and knowledge sharing from the evaluation results; and contributing to disseminating the findings of the evaluation and follow-up on the implementation of the management response.

6. EVALUATION TEAM PROFILE

The evaluation will be conducted through an institutional contract with an evaluation firm. The proposed evaluation team will consist of at minimum one (1) senior-level consultant (Team Leader) to conduct the evaluation that will be supported by at least one (1) additional consultant (Team Member/Technical Expert). Additional researchers/enumerators can be considered by the bidders to conduct the data collection.

The Team Leader should bring the following competences:

- Having extensive evaluation experience (at least 10 years) with an excellent understanding of evaluation principles and methodologies, including evaluability, capacity in an array of qualitative and quantitative evaluation methods, and UNEG Norms and Standards.
- Having extensive experience on social protection interventions – planning, implementing, managing or M&E.
- Holding an advanced university degree (Master or higher) in economics, social policy, international development, public policy, public administration, or similar, including sound knowledge of social protection; familiarity with human rights.
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions.
- Having in-depth knowledge of the UN's human rights, gender equality and equity agendas.
- Having a strong team leadership and management track record, as well as excellent interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Specific evaluation experience of social protection is essential, as well as a strong mixed-method evaluation background; previous experience in conducting developmental evaluation is considered an asset.
- Previous work experience in Africa is desirable, together with an understanding of the Madagascar context and cultural dynamics.
- The Team Leader must be committed and willing to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality.
- S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English and French.

The Team Leader will be responsible for undertaking the formative evaluation from start to finish, for managing the evaluation, for the bulk of data collection, analysis and consultations, as well as for report drafting in French and communication of the evaluation results.

One (1) national Team Member/Technical Expert:

- Holding advanced university degrees (Masters-level) in statistics, economics, international development, public policy, public administration, or similar coursework.
- Strong training and experience in social protection.
- Hands-on experience in collecting and analyzing quantitative and qualitative data, especially in relation to socio-economic interventions.
- Strong expertise in equity, gender equality and human rights-based approaches to evaluation and expertise in data presentation and visualisation.
- Be committed and willing to work in a complex environment and able to produce quality work under limited guidance and supervision.
- Having good communication, advocacy and people skills and the ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form.
- Excellent French and Malagasy communication and report writing skills.

The Team Member will play a key role in data collection, analysis and presentation, and preparation of the debriefings, and will make significant contributions to the writing of the main evaluation report.

The Evaluation Team is expected to be balanced with respect to gender to ensure accessibility of both male and female informants during the data collection process. Back-office support assisting the team with logistics and other administrative matters is also expected. **It is vital that the same individuals that develop the methodology for the request for proposals for services will be involved in conducting the evaluation. In the review of the proposals, while adequate consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (including CVs, three referees and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.**

7. EVALUATION DELIVERABLES

Expected evaluation deliverables are as follows:

1) **A stand-alone Evaluability Assessment** (in French) of the joint programme that will inform the evaluation by identifying evaluability constraints early in the process.
2) **An Inception Report** (in French), including detailed research timeline and design, a summary note in preparation for data collection and revised data collection tools for the light monthly households' survey , the KII and FGD (in French); outlining what questions can be addressed and which cannot and propose new evaluation questions.
3) **A report of the initial evaluation findings from primary data collection** (in French), including a desk review analysis and a PowerPoint presentation to facilitate a stakeholder consultation exercise; Data collection for the light monthly households' survey will be done directly by the Evaluation team by contracting a local firm/association.
4) **A semester short analysis** of programme implementation based on monthly situation monitoring data, regular financial consolidated updated data and narrative reports on implementation advancement.
5) **A draft and final Evaluation Report** (in French) that will be revised until approved (including a complete first draft to be reviewed by the Evaluation Management Team and the social protection technical working group; a second draft to be reviewed by the Reference Group and the Regional Office of ESARO, and a penultimate draft);

6) **A PowerPoint presentation** (in both French and Malagasy) to be used to share findings with the Reference Group and for use in subsequent dissemination events; and

7) **A four-page Evaluation Brief** (in both English, French and Malagasy) that is distinct from the executive summary in the evaluation report and it is intended for a broader and non-technical audience. The executive summary should also be produced both in text and video versions (i.e., 1 or 2-minute video clip). Video and photo materials should be collected as part of the evaluation to enrich the evaluation dissemination.

Other interim products are:

- Minutes of key meetings with the Evaluation Management Team and the Reference Group;
- Monthly progress reports;
- Copy of the data collected during the evaluation; and
- Presentation materials for the meetings with the Evaluation Management Team and the Reference Group. These may include PowerPoint summaries of work progress and conclusions to that point.

Outlines and descriptions of each evaluation products are meant to be indicatives, and include:

- Evaluability Assessment: The Evaluability Assessment will help validate and reconstruct the ToC and help identify evaluability constraints early in the process. The report will be 10-15 pages in length, or maximum 8,000 words, and it will be presented to the Reference Group.
- Inception Report: The Inception Report will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage, evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives of the evaluation; ii) evaluation criteria and questions; iii) evaluation methodology (i.e., sampling criteria), a description of data collection methods and data sources (incl. a rationale for their selection), draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, the field visit approach, a description of the quality review process and a discussion on the limitations of the methodology; iv) proposed structure of the final report; v) evaluation work plan and timeline, including a revised work and travel plan; vi) resources requirements (i.e., detailed budget allocations, tied to evaluation activities, work plan) deliverables; vii) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework); and viii) a summary of the evaluation (evaluation briefing note) for external communication purposes. The inception report will be 15-20 pages in length (excluding annexes), or approximately 10,000 words, and will be presented at a formal meeting of the Reference Group.
- Initial evaluation findings: This report will present the initial evaluation findings from primary data collection, comprising the desk-based document review and analysis of the technical support project. The report developed prior to the first drafts of the final report should be 10 pages, or about 8,000 words in length (excluding annexes, if any), and should be accompanied by a PowerPoint presentation that can be used for validation with key stakeholders.
- Final Evaluation Report: The report will not exceed 45 pages, or 25,000 words, excluding the executive summary and annexes.[8] The structure of the report will be agreed with UNICEF and other stakeholders at the beginning of the assignment.

[8] UNICEF has instituted the Global Evaluation Report Oversight System (GEROS), a system where final evaluation reports are quality assessed by an external company against UNICEF/UNEG Norms and Standards for evaluation reports. The Evaluation Team is expected to reflect on and conform to these standards as they write their report. The team may choose to share a self-assessment based on the GEROS with the Evaluation Management Team.

- PowerPoint presentation: Initially prepared and used by the Evaluation Team in their presentation to the Reference Group, a standalone PowerPoint will be submitted to the Evaluation Management Team as part of the evaluation deliverables.
- An Evaluation Brief, data and a four-page executive summary (with infographics) for external users will be submitted to the Evaluation Management Team as part of the evaluation deliverables.

Reports will be prepared according to the UNICEF Style Guide and UNICEF Brand Toolkit (to be shared with the winning bidder) and UNICEF-adapted UNEG Evaluation Reports Standards as per GEROS guidelines (referenced before). All deliverables must be in professional level standard French and they must be language-edited/proof-read by a native speaker.

The first draft of the final report will be received by the Evaluation Management Team and UNICEF who will work with the team leader on necessary revisions. The second draft will be sent to the Reference Group for comments. The Evaluation Management Team will consolidate all comments on a response matrix and request the Evaluation Team to indicate actions taken against each comment in the production of the penultimate draft.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

An estimated budget has been allocated for this evaluation. As reflected in Table 1, the evaluation has a timeline of 25 months from April 2020 to April 2022. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables, approximately 18 weeks on the part of the Evaluation Team.

Table G-1. Proposed Evaluation Timeline[9]

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
1. INCEPTION, EVALUABILITY, DOCUMENT REVIEW AND ANALYSIS		**6 weeks (April to May 2019)**	
1. Inception meeting by Skype with the Evaluation Management Team	Meeting minutes	Week 1	Evaluation Team, Evaluation Management Team
2. Inception visit (incl. initial data collection and desk review; stakeholder analysis; and evaluability assessment)	Meeting minutes	Weeks 2-3	Evaluation Team
3. Present Evaluability Assessment to the Reference Group	PowerPoint presentation	Week 4	Evaluation Team, Evaluation Management Team, Reference Group
4. Prepare Inception Report	Draft Inception Report	Week 5	Evaluation Team
5. Present draft Inception Report to the Reference Group	PowerPoint presentation	Week 6	Evaluation Team, Evaluation Management Team, Reference Group
6. Revise Inception Report, confirm planning for field visit	Final Inception Report	Week 6	Evaluation Team, Evaluation Management Team, Reference Group

[9] Please note that the timing of the data collection may change depending on the possibility of carrying out KIIs and FGDs and other contextual factors.

2. DATA COLLECTION		**8 working weeks (June 2020 to December 2021)**	
1. Pilot data collection tools and conduct field-based data collection (multiple rounds of data collection can be conducted over time using a developmental approach)	-	Weeks 9-15	Evaluation Team
2. Implement additional data collection - KII, case studies ...		Week 94 - 96	
3. ANALYSIS, REPORTING AND COMMUNICATION OF RESULTS		**9 working weeks (January to April 2022)**	
1. Prepare baseline findings report and prepare presentation for validation workshop to validate data collection results	Baseline findings report (incl. desk review), PowerPoint presentation, meeting minutes	Week 16	Evaluation Team, Evaluation Management Team, Reference Group
2. Prepare semester short analysis #1	-	Week 40 - 41	Evaluation Team
3. Prepare semester short analysis #2	-	Week 62 - 63	Evaluation Team
4. Prepare semester short analysis #3	-	Week 92 - 93	Evaluation Team
5. Prepare and submit first draft of Evaluation Report	Draft Evaluation Report	Week 98 - 99	Evaluation Team
6. Receive first draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Week 100-101	Evaluation Management Team
7. Prepare and submit second draft of Evaluation Report and present conclusions and recommendation in a workshop (incl. prioritization of recommendations)	Draft Evaluation Report, PowerPoint presentation, meeting minutes	Week 102	Evaluation Team
8. Receive second draft and provide feedback to Evaluation Team	Evaluation commenting matrix	Weeks 102-103	Evaluation Management Team, Reference Group
9. Prepare and submit penultimate draft of Evaluation Report	Draft Evaluation Report	Week 104	Evaluation Team
10. Submit and present final Evaluation Report to Reference Group and prepare presentation and other materials	Final Evaluation Report, Evaluation Brief, PowerPoint presentation, meeting minutes	Week 105	Evaluation Team, Evaluation Management Team, Reference Group

8. PAYMENT SCHEDULE

Unless bidders propose an alternative payment schedule, payments will be as follows:

- Approved Evaluability Assessment and Inception Report: 3 months after signing the contract; (15% of payment);
- Approved initial evaluation findings report: 18 months after signing the contract; (25% of payment);
- Approved final Evaluation Report: 23 months after signing the contract; and (35% of payment); and
- Approved final presentation and other materials: 24 months after signing the contract (25% of payment).

9. APPLICATION PROCESS

Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both **Technical and Financial Proposals**. The Evaluation Team first reviews the Technical Proposals followed by review of the Financial Proposals of the technically compliant firms. The proposal obtaining the highest overall score after adding the scores for the Technical and Financial Proposals together, that offers the best value for money, will be recommended for award of the contract.

The Technical Proposal should include but not be limited to the following:

a) **Request for Proposals for Services Form** (provided above).

b) **Presentation of the Bidding Institution** or institutions if a consortium (maximum two institutions will be accepted as part of the consortium), including:

- Name of the institution;
- Date and country of registration/incorporation;
- Summary of corporate structure and business areas;
- Corporate directions and experience;
- Location of offices or agents relevant to this proposal;
- Number and type of employees;
- In case of a consortium of institutions, the above listed elements shall be provided for each consortium members in addition to the signed consortium agreement; and
- In case of a consortium, one only must be identified as the organization lead in dealing with UNICEF.

c) **Narrative Description of the Bidding Institution's Experience and Capacity** in the following areas:

- Evaluation of social protection interventions;
- Formative evaluation of social protection interventions, ideally implemented by government institutions and partner NGOs; previous experience in conducting developmental evaluation is considered an asset;
- Previous assignments in developing countries in general, and related to social protection programmes, preferably in Africa; and
- Previous and current assignments using UNEG Norms and Standards for evaluation.

d) **Relevant References** of the proposer (past and on-going assignments) in the past five years. UNICEF may contact references persons for feedback on services provided by the proposers.

e) **Samples or Links to Samples of Previous Relevant Work** listed as reference of the proposer (at least three), on which the proposed key personnel directly and actively contributed or authored.

f) **Methodology**. It should minimize repeating what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail.

g) **Work Plan**, which will include as a minimum requirement the following:

- General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any; and
- Detailed timetable by activity (it must be consistent with the general work plan and the Financial Proposal).

h) **Evaluation Team:**

- Summary presentation of proposed experts;
- Description of support staff (number and profile of research and administrative assistants etc.);
- Level of effort of proposed experts by activity (it must be consistent with the Financial Proposal); and
- CV and three referees of each expert proposed to carry out the evaluation.

The Technical Proposal will be submitted in hard copy and electronic (PDF) format.

Please note that the duration of the assignment will be from April 2020 to April 2022 and it is foreseen that the Evaluation Team will devote roughly 18 weeks of their time to the evaluation. The presence of a conflict of interest of any kind will automatically disqualify prospective candidates from consideration.

The Financial Proposal should include but not be limited to the following:

a) **Resource Costs:** Daily rate multiplied by number of days of the experts involved in the evaluation including the cost for monthly data collection for the light household's survey.

b) **Conference or Workshop Costs (if any):** Indicate nature and breakdown if possible.

c) **Travel Costs:** All travel costs should be included as a lump sum fixed cost. For all travel costs, UNICEF will pay as per the lump sum fixed costs provided in the proposal. A breakdown of the lump sum travel costs should be provided in the Financial Proposal.

d) **Any Other Costs (if any):** Indicate nature and breakdown.

e) **Recent Financial Audit Report:** Report should have been carried out in the past two years and be certified by a reputable audit organization.

Bidders are required to estimate travel costs in the Financial Proposal. Please note that: i) travel costs shall be calculated based on economy class fare regardless of the length of travel; and ii) costs for accommodation, meals and incidentals.

The Financial Proposal must be fully separated from the Technical Proposal. The Financial Proposal will be submitted in hard copy. Costs will be formulated in US$ and free of all taxes.

10. EVALUATION WEIGHTING CRITERIA

Proposals will be evaluated against two elements: technical and financial. The ratio between the technical and financial criteria depends on the relative importance of one component to the other. Cumulative Analysis will be used to evaluate and award proposals. The evaluation criteria associated with this ToR is split between technical and financial as follows:

- Weightage for Technical Proposal = 70%
- Weightage for Financial Proposal = 30%
- Total Score = 100%

a. Technical Proposal:

The Technical Proposal should address all aspects and criteria outlined in this Request for Proposal.

Table G-2. Evaluation of Technical Proposal

The Technical Proposals will be evaluated against the following:		
REF	**CATEGORY**	**POINTS**
1	**Overall response:** • Completeness of response • Overall concord between the ToR requirements and proposal	 2 3
2	**Company/key personnel/individual consultant:** • Range and depth of experience with similar projects • Samples of previous work • References • Key personnel: relevant experience and qualifications of the proposed team for the assignment	 8 5 5 14
3	**Proposed methodology and approach:** • Detailed proposal with main tasks, including sound methodology to achieve key outputs • Proposal presents a realistic implementation timeline	 20 13
Total Technical		**70**
Only proposals which receive a minimum of 60 points will be considered further.		

b. Financial Proposal

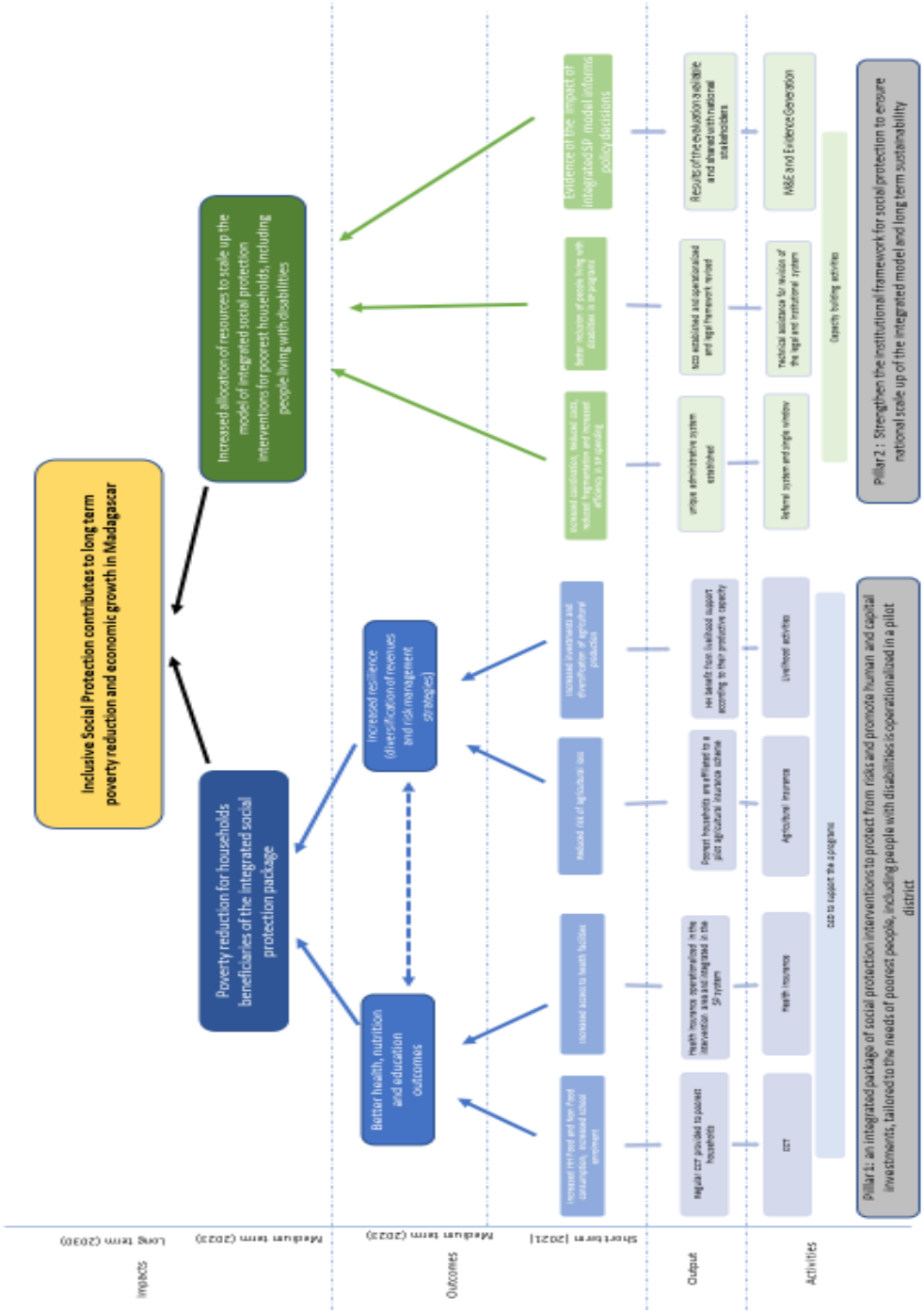
The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component.

All other price proposals will receive points in inverse proportion to the lowest price, e.g.,

$$\text{Score for price proposal X} = \frac{\text{Max. score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

L'UNICEF est un environnement libre de toute discrimination. *L'UNICEF est engagé pour la diversité et l'inclusion et invite les candidats compétents de toutes les origines nationales, ethniques et religieuses à postuler pour faire partie de notre organisation.* Les candidatures féminines qualifiées ainsi que celles de personnes qualifiées en situation de handicap sont vivement encouragées.

Annex G-I: Theory of Change



Annex G-II. Joint programme full description with the implications of each participating agency

The programme is structured around two pillars, each of them with expected outcomes and outputs, as follows:

5. **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.

   - **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 behavioral changes related to the various aspects of the programme. 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.

6. **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 programme 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.

Annex F: Fagnavotse Results as per JP Programmatic Results Framework[10]

Result / Indicators	Baseline	Expected 2021 target	2021 Results	Reasons for variance from planned target (if any)	Expected final target
Outcome 1: An integrated package of social protection interventions to protect from risks and promote human and capital investments, tailored to the needs of poorest people, including people with disabilities is operationalized in the Anosy region					
Outcome 1 – Indicator 1: % of households' beneficiary of SSN receiving a complementary package of interventions (minimum 3 including SSN)	0%	35%	13%	All components are operational. However, since the common registration system has been developed but it has not been used by the various programme component, it is not possible at this stage to have data on joint participation in the various activities. The data reported is only an estimate based on field knowledge.	No change – 13%
Outcome 1 – Indicator 2: % of people with disabilities among beneficiaries of the integrated package of social protection interventions [11]	1,4% (% of women: NA)	7% (%of women: 50%)	NA%	The identification system has been developed but it is not yet operational in the JP locations. So far, the only estimates available are the one from the FID MIS	Same

[1010] Source: Joint SDF Fund, 2021c. Joint Programme 2021 - Annual Progress Report.

[11] 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.

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

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

NA – The information will be provided in the final report					
Output 1.5 – C4D and GBV protection activities implemented					
Output 1.5 – Indicator 1: New modules developed and implemented		2 (disability, GBV) developed	A training module on the rights of persons with disabilities is developed with OHCHR. The training module on protection against GBV available.		
Output 1.5 – Indicator 2: % of GBV survivors who have accessed the essential services package in the intervention areas	10% of expected 320 GBV survivors	100% of expected GBV survivors	1,207 GBV survivors of violence and abuse have also benefited from the operationalization of Counselling and legal advice Centers (CECJ) of which 94 % are women.	The broadcasting of TV programs and the reinforcement of GBV awareness have helped increase the population's and survivors' knowledge about the existence of services.	
Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability					

Outcome 2 – Indicator: Number of new districts where the Government has scaled up the integrated approach with own resources	0	1	0	The year 2021 is marked by the dissemination of the report of the programmatic review of the national social protection strategy. Therefore, the time to scale up JP with government resources is still too early for the various reasons cited in the lesson learned.	No variance
Output 2.1: Referral system developed					
Output 2.1 - Indicator 1: Harmonized questionnaire for the registration of beneficiaries in various social protection programmes developed	0	1	1	The questionnaire has been developed and the Ministry of Population used it to register the households. However, this questionnaire has been used only for the cash transfer component. Other components have developed parallel database. This is a major shortcoming of the programme implementation since it hampers its integration.	No variance
Output 2.1 - Indicator: Number of households registered in the registry and referred to a set of complementary interventions via the referral system	0	4,000	11,902 households have been registered in tow municipality Ifotaka and Tanandava 9,064 are beneficiaries of safety nets, however the referral to other programmes is not yet effective.	The single window has been put in place only in December 2021 and it is not yet operational for implementing the referral.	No change
Output 2.2: Revision of legal and institutional framework					

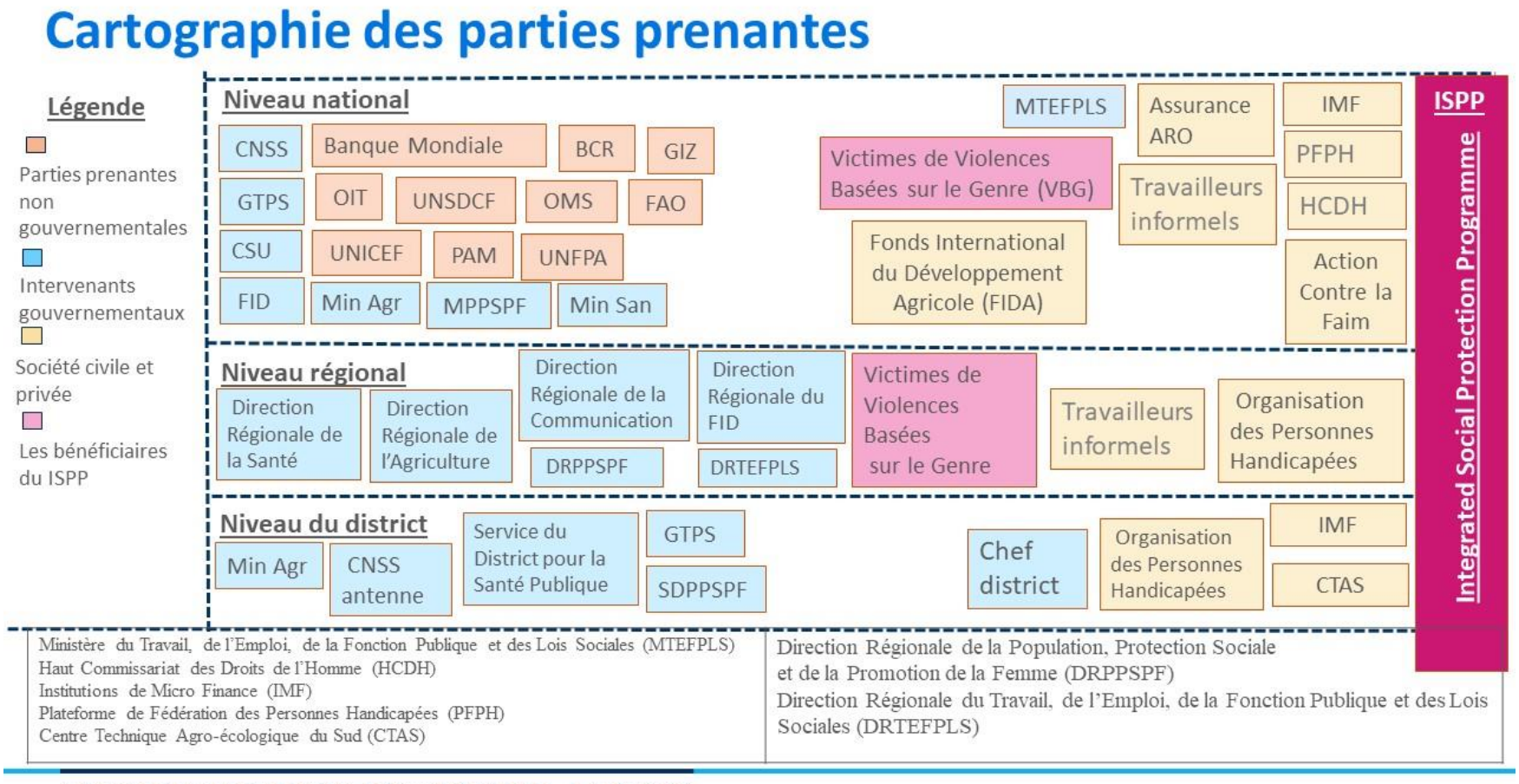
Output 2.1 - Indicator 1: NCD operationalized	0	1	0	To operationalize the commission, it is planned to update and validate the draft ministerial order issued by the Ministry of Population, Social Protection and Women's Promotion. The decree has not been issued due to frequent changes among decision makers.	
Output 2.1 – Indicator 3: A package of social protection interventions tailored to the needs of people living with disability identified	0	1	1	So far, we have modelled 1 specific intervention for disabled people that will be operationalized in 2022	No variance
Output 2.3 – Social Health protection and benefits from an integrated framework within the social protection system in Madagascar					
Output 2.3 – Indicator 1: Capacities of the institutions in charge of affiliating, collecting contributions and reimbursing service providers are strengthened	0% of the relevant actors have received training or information on the intervention zone (the mechanism is not operational yet).	5 key actors (at least 2 staff each, with gender diversity) have received training and improved their capacities	20 key actors have received at least one training on the humanisation of care and one training on the care of beneficiaries of the digital health social protection mechanism.	The change in the work plan of the health component has oriented the component towards improving the quality of health services, which is the second axis of universal health coverage, (in addition to households' financial access to health services).	At least two workers from all health facilities in the Amboasary district received training on the humanisation of care.
Output 2.3 – Indicator 2: Knowledge of key institutions improved.	The capacity and exposure of key	5 key actors (at least 2 staff each,	0	The change in the work plan of the health component has oriented the component towards advocacy at the national level for the operationalisation of the national	The health component supported and technically strengthened

	actors to practical solutions for the extension of SHP is limited.	with gender diversity) have received training and improved their capacities.		strategy for universal health coverage and the implementation of social protection in health at the local level.	CACSU/MSANP at the national level, as well as other ministries, to make CSU effective in Madagascar.
Output 2.4: M&E and evidence generation					
Output 2.4: Quantitative or qualitative surveys conducted	0	2	2	The result of the first formative evaluation and the first follow-up report (bi-annual report short survey) are available.	No variance
Output 2.4: Number of policy briefs elaborated based on evidence generated to inform policy decisions	0	2	3	The programmatic review to increase the inclusiveness of the national safety nets programme in Madagascar, UNICEF; the study on gender-sensitive social protection; and the study on the establishment of a disability-sensitive social protection system were published in 2021.	We expect to continue to advocate to the government on the revision of the national social protection policy in relation to these guidance notes/policy briefs.

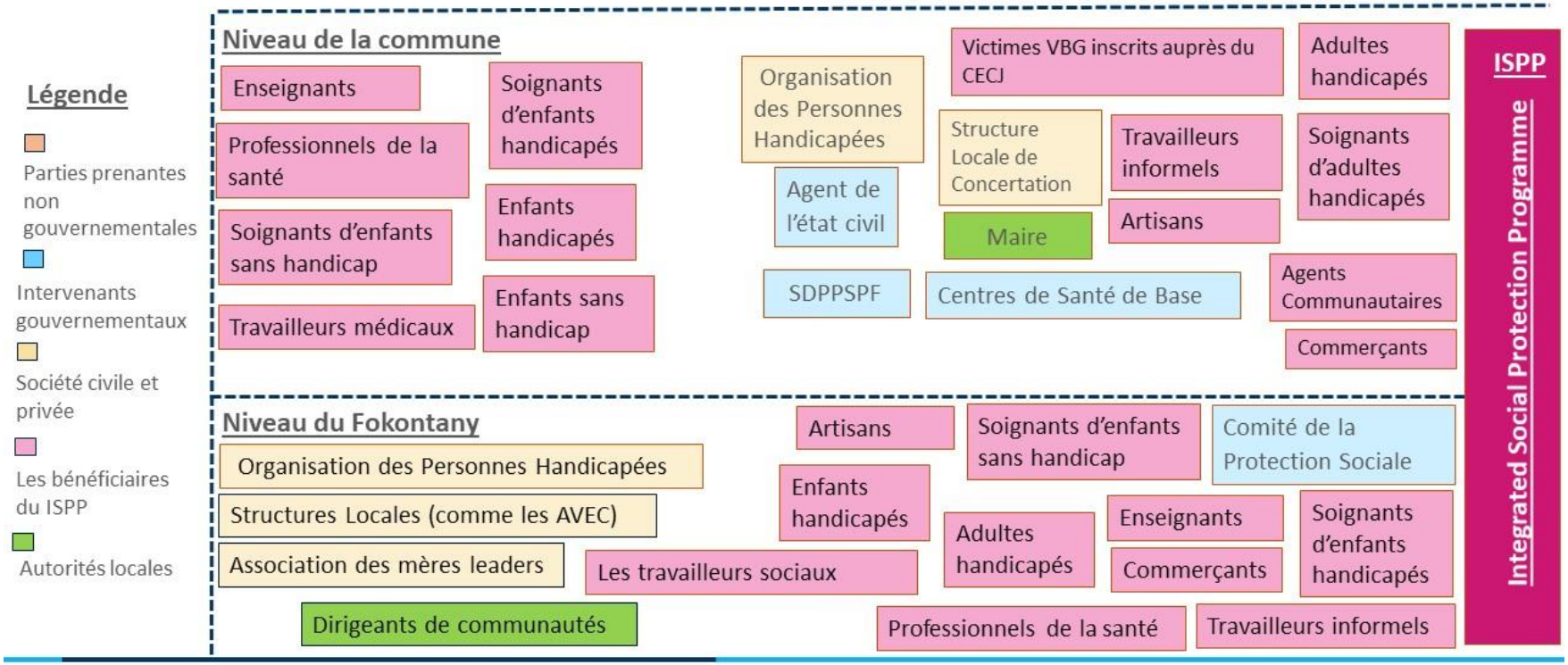
Annex G: Sample Desk Review Documentation

Document Type (e.g., UNICEF, govt, other)	Document Name
Joint SDG Fund (United Nations)	Quarterly check LNOB Q3 2020
Joint SDG Fund (United Nations)	6-month update SDG Madagascar Juin
Joint SDG Fund (United Nations) - Quarterly check	SDG Funds_quarterly template_consolidé - Q1
Joint SDG Fund (United Nations) - Quarterly check	SDG Funds_quarterly template_consolidé - Q2
UNICEF - external report	Madagascar Programmatic Review Final Report v3 21122020 DRAFT
Programme design/implementation documents related to the Fagnavotse programme	Présentation UNFPA 17122020 SDG Fund
Programme design/implementation documents related to the Fagnavotse programme	Capitalisation SDG UNICEF Dec 2020
Programme design/implementation documents related to the Fagnavotse programme	SDG Fund capitalization OIT
Joint SDG Fund (United Nations) Annual Report	Annual Progress Report 2021 Madagascar JP - SP - LNOB - Final Version
Programme communication documents (WFP)	BULLETIN D INFOS FAGNAVOTSE N3 OCT NOV21 (1)
UNICEF – external report	Note on household eligibility for and affordability of health insurance in Madagascar
UNICEF – external report	Development of a referral system to link beneficiary of safety nets to other social and productive services
Cash Working Group meeting minutes	1. Reunion hebdomadaire du joint SDG Fund 03 02 21
WFP programme report	PDM Assurance agricole report v16122021

Annex H: Stakeholder Map for Fagnavotse Programme



Cartographie des parties prenantes



Annex I: Alignment of the programme with SDGs

SDG Goals and 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”.

Annex J: Evaluation Matrix

Table 1. Evaluation Matrix for Relevance

Evaluation Question	Indicator(s)	Data Source(s)
How relevant are the integrated social protection services aligned with priorities and with the policy at the national level?	Alignment of the objectives of the Fagnavotse programme with the national social protection strategy, country programmes and strategic plans of UNICEF, WFP, ILO and UNFPA, as well as relevant regional plans Alignment of the objectives of the Fagnavotse programme to UNDAF and UNSDCF Madagascar Alignment with Madagascar's SDG targets Extent to which responsibility for ensuring adherence to human rights, equity and gender equality is well-articulated in the programme ToC	Document review KIIs with programme implementers and stakeholders
Are the activities and outputs of the joint programme consistent with the national social protection strategy and the attainment of its objectives?	Alignment of the activities and outputs of the Fagnavotse programme with the national social protection strategy	Document review KIIs with programme implementers and stakeholders
Have contextual factors (specific to each of the programme sites) been considered in the design, implementation and adaptation of integrated social protection services?	Extent of site-specific programme design considerations and adaptations	Document review KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries
How relevant are the integrated social protection services to the needs of the most vulnerable households?	Perceived usefulness of the programme services, according to beneficiaries	IDIs and FGDs with beneficiaries Monitoring survey
To what extent are the integrated social protection services relevant to the most vulnerable households? Have services been fully adapted to meet the needs of different groups, in particular, people living with disabilities?	Perceived usefulness of programme services, according to beneficiaries (including girls/boys, women/men, and people living with disabilities) Perceived accessibility and availability of services, according to implementers and beneficiaries (including girls/boys, women/men, and people living with disabilities)	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries Monitoring survey
Are the activities and outputs of the joint programme consistent with the intended plan for service delivery?	Fidelity of implementation (as measured by comparing implementation plans with M&E data and qualitative information from beneficiaries and implementers)	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries Document review or M&E data (if accessible)

Evaluation Question	Indicator(s)	Data Source(s)
To what extent do beneficiaries feel the programme addresses their needs that would otherwise would have been unsupported?	Perception of services accessed by beneficiaries, (including girls/boys, women/men, and people living with disabilities)	Monitoring survey IDIs and FGDs with beneficiaries

Table 2. Evaluation Matrix for Coherence

Evaluation Question	Indicator(s)	Data Source(s)
To what extent is the programme addressing gender inequalities? Are the rights of people with disabilities consistently integrated in all aspects of programming and implementation?	Household and child demographic characteristics of beneficiaries Perceived accessibility of services, according to women/men, girls/boys, and beneficiaries with disabilities Perceived changes in gender dynamics for women beneficiaries[12] Extent of documented efforts to ensure equitable participation in the Fagnavotse programme Extent to which the programme aligns with conclusions and recommendations from recent reports on Human Rights Committees such as CRC, CRPD, CEDAW, etc.	Document review M&E data (if accessible) KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries
What are the comparative strengths of the joint programme in comparison to other social protection programmes?	Extent of compounded benefits from multiple services under the Fagnavotse programme, as reported by beneficiaries Extent to which shared systems and platforms are used by different interventions and services from the Fagnavotse programme Relationship between other social protection services offered and the Fagnavotse programme	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries Document review
What are the comparative strengths of the coordination and convening roles of the joint programme? If integration has not been achieved, what impeded coordination and convening of the joint programme?	Extent to which M&E and referral systems exist (for programme components and as an integrated mechanism) and are used and adjusted over time. Perceived strength of coordination and collaboration between GTPS and programme implementers, according to implementers and stakeholders Number and type of C4D activities covering all services of the Fagnavotse programme	KIIs with programme implementers and stakeholders Document review or M&E data (if accessible)

[12] We will explore gender dynamics in interviews with beneficiaries, but since the topic of women's empowerment was not in the TOR, we did not design the study to fully address women's empowerment.

Table 3. Evaluation Matrix for Effectiveness

Evaluation Question	Indicator(s)	Data Source(s)
How feasible are the social protection services with respect to meeting the needs of vulnerable households, and what are the major influencing factors?	Perceived contribution to household consumption. Perceived contribution to health Perceived contribution to asset holding Perceived contribution to agricultural activities	Monitoring survey KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries
To what extent have the programme objectives been achieved in each site? Were they achieved on time?	Perceived contribution to household consumption. Perceived contribution to health Perceived contribution to asset holding Perceived contribution to agricultural activities Number of women accessing services at CECJs Extent to which activities of the Fagnavotse programme were implemented on time and as planned	Monitoring survey Document review M&E data (if accessible) KIIs with programme implementers and stakeholders
What have been the major factors influencing the achievement or non-achievement of the programme objectives in providing integrated services?	Operational challenges, as reported by programme implementers Factors facilitating delivery of Fagnavotse programme services, as reported by programme implementers	KIIs with programme implementers and stakeholders Document review
What have been the main challenges faced during the implementation of the joint programme?	Operational challenges, as reported by programme implementers Operational challenges, as reported by beneficiaries (including girls/boys, women/men, and people living with disabilities)	Monitoring survey KIIs with programme implementers and stakeholders, IDIs & FGDs with beneficiaries
To what extent is the responsibility for ensuring adherence to human rights, equity and gender equality objectives well articulated in the programme monitoring framework and implementation plans?	Extent to which responsibility for ensuring equity, gender equality and application of HRBA is clearly documented in M&E and implementation plans Extent to which monitoring plans/tools are gender responsive, capturing the positive and the negative impacts of the programme on diverse beneficiaries	Document review KIIs with programme implementers and stakeholders
Were there any unexpected consequences of the programme?	Operational performance Unanticipated consequences of the Fagnavotse programme, as reported by beneficiaries	Monitoring survey IDIs and FGDs with beneficiaries

Table 4. Evaluation Matrix for Efficiency

Evaluation Question	Indicator(s)	Data Source(s)
How efficiently have the integrated social protection services been managed, given the	Total programme cost up to date	Secondary cost analysis

Evaluation Question	Indicator(s)	Data Source(s)
human and financial resources available? What have been the costs, including both funds and in-kind support? If not integrated, what impeded integration?	Perceived efficiency (according programme implementers and stakeholders)	KIIs with programme implementers and stakeholders
Have the integrated social protection services been implemented in an effective and efficient way, in terms of human and financial resources, compared with other alternatives? If integration has not been achieved, has the current set up of the programme been implemented in an effective and efficient way?	Total programme cost Extent to which individuals/organizations serve in duplicate roles Perceived effectiveness of GTPS coordination, according to programme implementers and stakeholders	Secondary cost analysis KIIs with programme implementers and stakeholders Document review
Are activities low in cost and affordable (yet of adequate quality to improve the situation of vulnerable households)?	Programme cost by activity up to date Perceived quality of services, according to beneficiaries	Secondary cost analysis IDIs and FGDs with beneficiaries
Is the current organizational set-up, collaboration and contribution of concerned ministries and others working effectively to help ensure accountability and synergies? What more might be done?	Extent to which responsibilities are clearly delineated in programme documents and clear lines of accountability exist Perceived effectiveness of GTPS coordination, according to programme implementers and stakeholders Evidence that management, coordination and collaboration structures are in place and working	KIIs with programme implementers and stakeholders Document review

Table 5. Evaluation Matrix for Sustainability

Evaluation Question	Indicator(s)	Data Source(s)
To what extent have the strategies adopted by the joint programme contributed to sustainability of results, especially equity and gender-related results?	Perceptions of whether/how long the benefits of the Fagnavotse programme will be sustained, according to girls/boys, women/men, and beneficiaries with disabilities Extent to which implementers have made and documented efforts to sustain the programme benefits Household characteristics of beneficiaries	IDIs and FGDs with beneficiaries KIIs with programme implementers and stakeholders M&E data (if accessible)
To what extent is the joint programme supporting long-term buy-in and ownership by duty bearers and rights holders?	Existence of long-term commitments from stakeholders to support social protection efforts	KIIs with programme implementers and stakeholders

Evaluation Question	Indicator(s)	Data Source(s)
What is the likelihood of the integrated services objectives to be sustained beyond the duration of the joint programme? If integration has not been achieved, what has impeded integration?	Existence of long-term commitments from stakeholders to support social protection efforts Perceptions of whether/how long the benefits of the Fagnavotse programme will be sustained, according to beneficiaries	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries
What are the lessons learned about the provision of integrated social protection services?	Suggested improvements to service delivery, according to implementers and beneficiaries (including girls/boys, women/men, and people living with disabilities)	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries
To what extent are the benefits of the joint programme likely to continue?	Perceptions of whether/how long the benefits of the Fagnavotse programme will be sustained, according to beneficiaries (including girls/boys, women/men, and people living with disabilities)	IDIs and FGDs with beneficiaries
What have been the major factors that influenced the achievement or non-achievement of sustainability of the joint programme in Amboasary?	Barriers to sustainability, according to programme implementers and stakeholders Facilitators of sustainability, according to the programme implementers and stakeholders Perceptions of whether/how long and *why* the benefits of the Fagnavotse programme will be sustained, according to beneficiaries (including girls/boys, women/men, and people living with disabilities)	KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries Monitoring survey
In what ways should the current joint programme approach be revised or modified to improve the sustainability of the programme services?	Suggested improvements to service delivery, according to implementers and beneficiaries (including girls/boys, women/men, and people living with disabilities)	M&E data (if accessible) KIIs with programme implementers and stakeholders IDIs and FGDs with beneficiaries

Annex K: Qualitative Sampling

Table 1. Key Informant Interviews

Respondents	Number and Type of Data Collection	
	Baseline	Endline
National Level		
Ministry of Population, Social Protection and Promotion of Women Madagascar (MPPSPF)	1 KIIs	1 KII
UNICEF Madagascar (including staff working on referral system & communications lead)	1 KII	1 KII
World Food Programme	2 KIIs	1 KII
UNFPA (GBV and disabilities focal points)	1 KII	1 KII
International Labour Organization (ILO)	1 KII	1 KII
World Health Organization (WHO)	1 KII	1 KII
Food and Agriculture Organization (FAO)	1 KII	--
World Bank (WB)	2 KII	1 KII
GIZ	1 KII	1 KII
FID	1 KII	1 KII
Ministry of Agriculture	1 KII	1 KII
Assurance ARO	1 KII	1 KII
Ministry of Public Health	1 KII	1 KII
Caisse National de Solidarité (CNSS)	1 KII	1 KII
Plateforme de Fédération des Personnes Handicapées (PFPH)	1 KII	1 KII
Groupe Thématique de Protection Sociale (GTPS)	1 KII	1 KII
United Nations Resident Coordinator Office Staff	1 KII	--
United Nations Development Coordination Officer in charge of the United Nations Sustainable Development Cooperation Framework	1 KII	1 KII
ILO consultant responsible for health insurance component	1 KII	1 KII
Consultant working on referral system	1 KII	1 KII
Total number of national-level KIIs	21 KIIs	18 KIIs
Regional & District Level		
UNICEF	1 KII	1 KII
FID	1 KII	1 KII
WFP	1 KII	1 KII
UNFPA Regional Delegate	1 KII	1 KII
MPPSPF	1 KII	1 KII

Respondents	Number and Type of Data Collection	
	Baseline	Endline
Ministry of Agriculture	1 KII	1 KII
Ministry of Public Health	1 KII	1 KIIs
GTSP	2 KIIs	2 KIIs
Organisation des Personnes Handicapées	1 KII	1 KII
GBV and disabilities focal points	2 KIIs	2 KIIs
Total number of district-level KIIs	12 KIIs	12 KIIs
Commune/Village Level (3 communes selected)		
Respondents included chiefs/community leaders, representatives from village savings and loans groups, and representatives from CECJs Chef community leader, AVEC, CECJ	9 KIIs	9 KIIs
Total number of KIIs per data collection round	**43 KIIs (18 women, 25 men)**	**39 KIIs (16 women, 23 men)**

Table 2. In-Depth Interviews

Respondents	Number and Type of Data Collection	
	Baseline	Endline
Village Level (1 village from each of the 3 communes will be selected during inception phase)	Baseline interviews focused on needs and delivery/awareness of components of the programme that are currently implemented	Endline interviews focused on implementation and perceived benefits
Health workers (including le chef du Centre de Santé de Base)	3 IDIs (1 IDI in each of the 3 villages)	3 IDIs (1 IDIs in each of the 3 villages)
(Medical) Social worker	3 IDIs (1 IDI in each of the 3 villages)	3 IDIs (1 IDI in each of the 3 villages)
Children with disabilities	8 IDIs (2-4 IDIs in each of the 3 villages, at least 1 boy and 1 girl)	10 IDIs (2 IDI in each Behara, 1 boy and 1 girl; 4 in Tanandava and Ifotaka, 2 boys and 2 girls)
Children without disabilities	5 IDIs (1-3 IDIs in each of the 3 villages, at least 1 boy and 1 girl)	6 IDIs (2 IDI in each of the 3 villages, at least 1 boy and 1 girl)
Caregivers of children with disabilities	4 IDIs (1-2 IDIs in each of the 3 villages)	5 IDIs (1 IDI in Tanandava; 2 IDI in Behara and Ifotaka)
Caregivers of children without disabilities	2 IDI (2 IDIs in 1 the 3 villages)	3 IDI (1 IDI in each of the 3 villages)
Total number of IDIs per data collection round	27 IDIs (12 adults, including 6 women and 7 men, and 13 children, including 6 girls and 7 boys. Amongst the children, 8 were living with disabilities)	30 IDIs (14 adults, including 9 women and 5 men, and 16 children, including 8 girls and 8 boys. Amongst the children, 10 were living with disabilities)

Table 3. Focus Group Discussions

Respondents	Number and Type of Data Collection	
	Baseline	Endline
Male beneficiaries	3 FGDs (1 FGD per commune)	3 FGDs
Female beneficiaries	3 FGDs (1 FGD per commune)	3 FGDs
Total number of FGDs per data collection round	6 FGDs	6 FGDs
Total number of FGDs during project	12 FGDs (total of 24 men and 24 women)	

Annex L: List of Reference Group Members

- Ministry of Population, Social Protection and Promotion of Women Madagascar (MPPSPF)
- United Nations Children's Fund (UNICEF)
- World Food Programme (WFP)
- United Nations Fund for Population Activities (UNFPA)
- International Labor Organisation (ILO)
- Ministry of Economy and Finances in Madagascar (MEF)
- World Bank
- Fund for Development Intervention (Fonds d'Intervention pour le Développement - FID)
- Office of the Resident Coordinator in the United Nations

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