

**Joint SDG Fund**  
**Joint Programme Final Narrative Report**  
**PORTOFLIO ON INTEGRATED POLICY AND LNOB**



©UNICEF Madagascar/2021/Rakotovoahangy

**Date of Report:** 24 / 05 / 2022

***Programme title, Number and Country***

**Country:** Madagascar

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

**MPTF Office Project Reference Number<sup>1</sup>:** *Integrated and inclusive social protection system for Madagascar*

<sup>1</sup> The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page on the [MPTF Office GATEWAY](#).

**Programme Duration**

**Start date**<sup>2</sup> (day/month/year): 4 November 2019  
**Original End date**<sup>3</sup> (day/month/year): 31 January 2022  
**Actual End date**<sup>4</sup> (day/month/year): 31 March 2022

**Have agencies operationally closed the Programme in its system?** *No, financial closure will take place by the end of the financial closure date*

**Expected financial closure date**<sup>5</sup>: 30 March 2023

**Participating Organizations / Partners**

**RC:** Issa SANOGO **E-mail:** [issa.sanogo@un.org](mailto:issa.sanogo@un.org)

**Government Focal Point:** Tsarahita Ghisbert RIVOMANANA, General Director of Ministry of Population, Social Protection and Promotion of Women

**RCO Focal Point:** Sabine LAUBER / Hasina RAKOTONDRAZAFY

**E-mail:** [sabine.lauber1@un.org](mailto:sabine.lauber1@un.org) / [hasina.rakotondrazafy@un.org](mailto:hasina.rakotondrazafy@un.org)

**Lead PUNO Focal Point:** Erica MATTELLONE **E-mail:** [emattellone@unicef.org](mailto:emattellone@unicef.org)

**Other PUNO Focal Points:** Nombana RAZAFINISOA **E-mail:** [razafinisoa@ilo.org](mailto:razafinisoa@ilo.org) ; Frederica ANDRIAMANANTENA **E-mail:** [frederica.andriamanantena@wfp.org](mailto:frederica.andriamanantena@wfp.org) ; Lantsoa RAHAJAVOLOLONA **E-mail:** [rahajavololona@unfpa.org](mailto:rahajavololona@unfpa.org)

**Programme Budget (US\$)**

**Total Budget 1 999 723 USD**

**Agency/Other Contributions/Co-funding: 2 238 700 USD**

**Joint SDG Fund Contribution<sup>6</sup> and co-funding breakdown, by recipient organization:**

Agency/others	Joint SDG Fund contribution	Co-funding	Total
UNICEF	744 720	998 000	1 742 720
ILO	438 700	70 000	508 700
WFP	564 853	840 700	1 405 553
UNFPA	251 450	330 000	581 450
<b>Total</b>	<b>1 999 723</b>	<b>2 238 700</b>	<b>4 238 423</b>

<sup>2</sup> The start date is the date inserted in the original ProDoc submitted and approved by the Joint SDG Fund.

<sup>3</sup> As per approval of the original project document by the relevant decision-making body/Steering Committee.

<sup>4</sup> If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).

<sup>5</sup> Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

<sup>6</sup> Joint SDG Fund Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#).

## Table of Contents

<b>Cover page</b> .....	<b>1</b>
Date of Report .....	1
<i>Programme title, Number and Country</i> .....	1
<i>Programme duration</i> .....	1
<i>Participating Organizations / Partners</i> .....	2
<i>Programme Budget</i> .....	2
<b>Executive summary</b> .....	<b>4</b>
<b>Result 1: Strengthening the social protection system toward a more universal and integrated model</b> .....	4
<b>Result 2: Developing a disability sensitive social protection model</b> .....	5
<b>Result 3: Producing evidence to inform national policy making</b> .....	5
<b>I. Overall progress and priority, cross-cutting issues</b> .....	<b>5</b>
<b>I.1 Context and the overall approach</b> .....	5
<b>I.2 Update on priority cross-cutting issues</b> .....	6
<b>II. Final Results</b> .....	<b>9</b>
<b>III. JP finalization and evaluation</b> .....	<b>12</b>
<b>Annex 1: Consolidated Final Results</b> .....	<b>14</b>
<b>1.1. JP contribution to global Fund's programmatic results</b> .....	14
<b>1.2. Results as per JP Programmatic Results Framework</b> .....	15
<b>Annex 2: Strategic documents</b> .....	<b>23</b>
<b>2.1. Contribution to social protection strategies, policies and legal frameworks</b> .....	23
<b>2.2. Focus on vulnerable populations</b> .....	24
<b>Annex 3: Results questionnaire</b> .....	<b>25</b>
<b>Annex 4: Final report on JP evaluation</b> .....	<b>25</b>

## Executive summary

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

- The four components of the programme have been operationalized in the intervention areas (with different timetables and challenges). A package of child-sensitive and gender-transformative cash transfers, agricultural insurance, health protection, GBV and livelihood services is currently implemented in the communes of interventions each targeting specific vulnerabilities and needs. The JP addresses gender inequalities by spending most of the disbursed funds on gender equality and women's empowerment.
- The program was rapidly adapted to provide a shock responsive mechanism to support vulnerable households cushioning the negative impacts of the COVID-19 and the drought.
- A set of common tools was developed as part of the JP, including the set-up of a single window and unique registration tools for social protection. This contributed to strengthen the national social protection system, particularly at the decentralized level. However, the operationalization of those common structures and instruments has been delayed and they have been utilized only partially by March 2022.
- At the Government's request, various studies and analyses have been conducted, providing recommendations to the Government on how to strengthen its social protection system. This analytical and advocacy work informed some initial reforms of the national system and some of those recommendations have been gradually integrated in the design of national social protection programmes.
- The programme contributed to develop a more disability-sensitive social protection system and it was key in mobilizing additional resources for inclusive social protection in addition to the initial funds provided by the JP. An equal opportunity grant has been designed and it being launched in mid-2022, as well as a specific identification tools to enroll children and adults living with disability in social protection programmes minimizing exclusion errors.

Overall, the JP faced important challenges during its implementation, particularly the COVID-19 pandemic and the severe drought in southern Madagascar. It has been, however, able to adapt its design to better respond to the social protection needs of the targeted population and initiate a catalytic effect to attract additional funds, particularly for disability.

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

*Estimated rate of completion: 80%*

Given the drought crisis in the south of Madagascar, the focus of the cash transfer component has been to respond to the most urgent humanitarian needs. Humanitarian cash transfers have been implemented over the past 18 months, reaching more than 9,000 households. The design of the other components has been less affected by the crisis. Those changes have slowed down the reforms expected to be implemented to make social protection more inclusive and integrated. The regular social protection programme will resume in May 2022, with the implementation of a universal and inclusive child grant and increased linkages with other programmes via the single window.

Output 1.5 – SBC (Social and Behavior Change) and GBV (Gender Based Violence) protection activities implemented: 100% (SBC plan available, awareness campaign through the media carried out, GBV survivors have access to care and support services through listening and counseling centers)

### **Result 2: Developing a disability-sensitive social protection model**

*Estimated rate of completion: 90%*

The most important steps of this component have been completed (assessment of the system to make it more inclusive, tools to identify children and adults living with disability, and advocacy work). The screening of people with disability using the new tools has also been completed. The first payment of the equal opportunity grant will be organized in July 2022. The disability social protection programme is currently also piloted in another region (not covered by the JP) in the south-east of the country.

### **Result 3: Producing evidence to inform national policy making**

*Estimated rate of completion: 100%*

Over the course of the programme, capitalization studies of ongoing activities and research products were carried out, in a view to gather evidence based on lessons learned from the JP as well as international best practice. The evidence gathered was presented to the Government in order to inform national policy making on integrated social protection. An independent evaluation firm has prepared the final report of the evaluation, that has been finalized and validated by stakeholders in May 2022.

## **I. Overall progress and priority, cross-cutting issues**

### **I.1 Context and the overall approach**

#### *Ensuring an adaptive and strategic JP*

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

- COVID-19: The pandemic and the associated restrictions in movement had a major impact on certain aspects of the JP, by delaying the international technical assistance necessary for the establishment of a common administrative system for the different components of the programme. For this reason, in 2020 the programme prioritized urgent, humanitarian, activities (cash transfers, COVID-19 awareness-raising support) to system strengthening, which was then postponed mostly to 2021.
- The integrated social protection programme was launched just before a major drought that escalated into a humanitarian crisis in the south, which had significant negative impacts on the implementation of the programme. The initial design of the cash transfer has been adapted to respond to the humanitarian situation with higher level of benefits and higher coverage, this required the mobilization of additional sources of funding to cover the increased cost of the programme. Also, based on increased cost and resources available, the cash component refocused only on two communes, rather than three.
- The National Social Security Fund, provided for in the National Strategy for Universal Health Coverage (2015) and which the project was supposed to support, had to stop its activities prematurely. The project had to redirect its support and activities accordingly. Thus, the health component supported the implementation of the Universal Health Coverage, and the structuring of the social protection

architecture in health in Madagascar. The activities were refocused on building the capacity of the CACSU and national advocacy for the extension of health coverage. The component implemented social protection in health in the intervention zone, with contributory and non-contributory mechanisms. In Amboasary district, the health component is currently implementing two social protection mechanisms: (1) a non-contributory mechanism that targets the most vulnerable households identified in the single register, including GBV victims; and (2) a contributory mechanism, up to 20%, for the beneficiaries of the agricultural insurance.

#### *Link with UNDAF/ UNSD Cooperation Framework*

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

#### *COVID-19 impact*

The JP contributed to address the consequences of the economic slow down caused by COVID-19 by providing a set of risk management schemes to the population. In particular, the cash component has continued with no major disruption and this represented an important economic support for households which have been significantly affected by the economic impact of the pandemic. To address the socio-economic impact of COVID-19, the JP strengthened the people with disabilities through vocational training and the provision of start-up kits for income-generating activities in Antananarivo, increasing their resilience.

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

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

## **I.2 Update on priority cross-cutting issues**

#### *UN Development System reform - UN coherence at the country level*

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

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

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

### *SDG acceleration*

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

- The humanitarian cash transfer programme supported basic household consumption and food security during the pandemic and the drought.
- SDG 1: Social protection system strengthening has been mostly focused on increasing shock responsiveness, but improvement have been made also on the development of common tools and more integrated systems.
- SDG 3: SDG Target 3.8: Support for the structuring of the social health protection architecture towards the Universal Health Coverage, including adoption of the SNFS (National Health Financing Strategy) and at the local level preparation of household enrolment for financial protection in health.
- SDG 5: Target 5.2: The integration of GBV survivors and the person with disabilities among the beneficiaries of the cash transfer, the agricultural insurance and the health insurance contributed to increase women's resilience to gender-based violence and accelerate the achievement of SDG-5.
- SDG 10: The development of specific tools and programmes for the inclusion of children and adults living with disability has contributed to the advancement of this indicators.

### *Policy integration and systems change*

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

### *Contribution to improvement of the situation of vulnerable groups*

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

- 5 500 smallholders have been supported with agricultural insurance, of which 75% are women and girls;

- 1 127 most vulnerable households received support in have been supported with livelihood activities such as livestock and staple crop's seed;
- 200 most vulnerable households have been included in the non-contributory health protection scheme;
- 1 648 survivors of GBV and abuse have also benefited from the operationalization of Counselling and Legal Advice Centers (CECJs), of which 94% are women;
- 20 people with disabilities have received vocational training on the manufacturing of mobility materials and start-up kits for income-generating activities.

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

#### *Mainstreaming Gender equality and women empowerment*

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

- Overall, 60% disbursed funds were spent on Gender equality and Women empowerment, with some component above 95%.

#### *Human rights*

In accordance with Recommendation 121.19 of 3 rd cycle of UPR “Strengthen efforts to prevent and combat all forms of discrimination and violence against women” The integrated social protection programme has considered the inclusion of all types of people without exception, including women, children, people with disabilities, the poorest and victims of droughts.

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

Recommendation 121.7 of 3 rd cycle of UPR Develop a capacity-building plan for public officials in the area of human rights: Members of CSOs/persons with disabilities working in the field of disability inclusion have increased their knowledge on human rights and protection against GBV.

#### *Partnerships*

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

Partnerships with the WHO (co-implementer of the health component), the World Bank and P4H4H (Social Health Protection Network) supported the harmonisation of social protection objectives in health in Madagascar. Working with GIZ, supported the implementation of the agriculture insurance component, that has been building on the experience of the other model of index insurance implemented in Madagascar.



### *Mobilizing additional funding and/or financing*

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

### *Strategic meetings*

<b>Type of event</b>	<b>Yes</b>	<b>No</b>	<b>Description/Comments</b>
Annual JP development partners'/donors' event*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The launch event was organized in November 2020 in south Madagascar, it had national media coverage.
Final JP event (closing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A joint mission with key partners and social protection donors will be organized by the Resident Coordinator on May 9-13
Other strategic events	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

### *Innovation, learning and sharing*

As part of the innovation a sharing plan, the JP is conducting a formative evaluation (see main conclusion and lessons learned in section III). The evaluation already conducted two rounds of data collection and produced two intermediary reports containing recommendations on how to improve the design and structure of the JP. Those recommendations have been widely disseminated and discussed in meetings with stakeholders and some of them have been integrated, when possible, in the ongoing implementation. The final evaluation report has been prepared and will be officially validated by all stakeholders in May 2022. In addition to the formative evaluation, the JP has produced various studies on the overall social protection system (gender, inclusiveness, disability, health protection). The results and recommendations are systematically discussed in national workshop with stakeholders. The implementation of an integrated social protection system including cash transfer, agricultural insurance and health insurance with a cross-cutting component for the protection against GBV and the inclusion of people with disabilities is an innovation

## **II. Final Results**

### *Overall progress*

- All expected results achieved
- Majority of expected results achieved
- Only some expected results achieved

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

### *Contribution to Fund's global results*

#### ⇒ **Contribution to Joint SDG Fund Outcome 1 (as per targets set by the JP)**

- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope: Three additional thematic areas have been added to the initial design of the national social protection programme, initially based only on a cash transfer component.
- Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scale: in terms of scale, the JP has so far been implemented only in initially targeted areas, with no geographic expansion at this stage. Continued efforts will be done in the coming months to advocate for an expansion, with Government own funds and/or other contributions, to scale up this integrated model in full or in some of its components.

#### ⇒ **Contribution to Joint SDG Fund Output 3 (as per targets set by the JP)**

- Integrated policy solutions for accelerating SDG progress implemented
- ⇒ The programme tested various innovative solutions: 1) a package of complementary social protection interventions to manage various type of risks has been introduced; 2) a new unified single window has been set up to ensure better integration; 3) new tools for the identification of people of disability based on functional approach have been introduced. All this has been done under the leadership of the Ministry of Population and other sectoral ministry involved in the programme.

### *JP Outputs and Outcomes*

#### ⇒ **Achievement of expected JP outputs**

- Output 1.1: The implementation of the cash transfer is on track with 4 000 households benefiting from the program in 2020 and 9 064 households in 2021 et first quarter 2022. However, since December 2020, the design of the project has been modified (increased amount and increased coverage) to address the humanitarian situation
- Output 1.2: Social health protection is operationalized in the intervention area: i) Survey on the perceptions and expectations of households dependent on the informal economy with regard to access to health (financial access and health care) in the District of Amboasary Sud, Anosy Region. Based on the results of the survey, interventions at the level of the quality of the services offered (training of health workers in the three CSBs and acquisition of medicines based on the needs expressed); ii) Enrolment of vulnerable households, as identified by the single social register, into a mutual fund, and capitalization activity carried out, drawing lessons for the operationalization of social health protection at the national level.
- Output 1.3: The agricultural insurance scheme was operationalized in 2020 and has been successful since it has protected and provided payout to 3 500 farmers for the two failed harvest of 2021. By the end of 2021, additional 2 000 farmers enrolled for the second year of the programme. The total number of persons who are involved are 5 500 farmers, 67 per cent women. The smallholder farmers could afford agricultural inputs, harvested from vegetable garden, generated incomes from the product in livelihood. In addition, members of Village Savings and Loan Associations (VSLA) have improved their skills when implementing various

activities related to reinvestment in social adaptation to climate change such as agroecology/windbreaks, crop diversification and rotation, soil restoration, duns fixation as well as, plantation of trees, lands management and economical needs.

- Output 1.4: The livelihood support has been launched by the end of the year with small livestock and agricultural equipment done or ongoing distribution of agriculture inputs for short cycle crops such as vegetables. Those vulnerable beneficiaries selected by their pairs will receive continuous training for the first months to maintain those livelihoods.
- Output 1.5: 1 648 GBV survivors of violence and abuse have also benefits from the operationalization of Counselling and legal advice Centers (CECJ) of which 92 per cent are women. The broadcasting of TV programs and the reinforcement of GBV awareness have helped increase the population's and survivors' knowledge about the existence of services.
- Output 2.1: Referral system developed: a unified questionnaire has been developed and registration of the population living in selected areas has been conducted by the Ministry of Population. A single window has been created in Amboasary district. The referral system is however not yet operational because the window has been recently set up (recruitment of dedicated staff in December 2021) and they have mostly focused on disability work in the first term of 2022.
- Output 2.2: Revision of legal and institutional framework: an equal opportunity benefit (EOB) has been prepared as well as specific identification tools to enroll them in the programme (the EOB has been launched in May 2022 in Ifotaka).
- Output 2.3: Social health protection and benefits from an integrated framework within the social protection system in Madagascar: i) Capacity building of Universal Health Coverage (UHC) actors in Madagascar through tailored course by ILO and WHO experts and participation to the ILO-ITC Turin course on Social Health Protection from February to March 2022; ii) Study implemented on the cost of UHC to gather evidence for decision-making as well as for advocacy purposes.
- Output 2.4: Evidence generated to support social protection programmes: i) Two rounds of data collection surveys have been completed; and ii) Two technical evaluation reports available. Final evaluation report under finalization and validation from stakeholders.

⇒ **Achievement of expected JP outcomes**

**Outcome 1:** An integrated package of social protection interventions to protect from risks and promote human and capital investments, tailored to the needs of poorest people, including people living with disability, is operationalized in the Anosy region: the package of intervention is operational in the selected areas. However, their effective integration remains limited. Integration is supposed to be achieved when the common tools and systems developed will be fully operational. The single window has begun its work in the first quarter of 2022 but focusing mostly on disability screening so far.

**Outcome 2:** Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability: the programme contributed significantly on this outcome. Various studies have been undertaken with clear recommendations on how to strengthen the system. In addition, major

reforms have been initiated, including the development of a single window and specific tools for better integration of people with disability.

⇒ **Monitoring and data collection:**

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

- Data and monitoring specific for certain project components (ex: Post Distribution Monitoring for cash transfer and agricultural assistance, A data collection and processing tool is used by the Legal Advice Centers. It helps in the processing and sharing of information on GBV cases farming practices assessments).
- Survey data generated by the formative evaluation covering indicators for the various components. Two rounds of data collection were produced.

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

### III. JP finalization and evaluation

#### *Final JP evaluation and lessons learned*

The date when the evaluation was launched (month/year): March 2021

The date when the evaluation report was approved (month/year): May 2022

The formative evaluation of the programme was completed and approved in May 2022. The main findings and lesson learn from the draft final report are the following:

- **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. However, 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.
- **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.** UN 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 JP, respondents frequently referred to the first two years of the JP 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.
- **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 JP.** 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 the JP 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, 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 JP. 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.

#### *After the JP: follow-up and possibilities for sustainability of the impact and further scaling*

The integrated model piloted under the JP will continue its implementation in the south of Madagascar. The agencies have secured some funds to continue the implementation of the various components even after the closing of the JP. In addition, efforts for fund mobilization to continue the JP are ongoing and a field visit has been led by the Resident Coordinator with the main social protection donors in the south to advocate for additional financial support.

The JP has contributed to establish a more decentralized framework for social protection, with the creation of a single window attached to the Ministry in charge of Social Protection (embedded in its organigram). This approach ensures that a more integrated model can more easily be replicated by the Government, even in the future, in the absence of donor support. The model was not fully piloted during the JP timeline, but it is currently been launched (single window operational since early April 2022 in Ifotaka).

It is also expected that the various analyses conducted under the JP will lead to progressive reforms of the social protection system in the coming years. For example, the JP has developed technical guidelines to increase the sensitivity of social protection to people with disability. Those guidelines are currently been incorporated in the design of social protection programmes in the South but also in other regions (east of the country). On health, the technical support to development of the National Health Financing Strategy will contribute to the operationalization of Universal Health Coverage in Madagascar.

## Annex 1: Consolidated Final Results

### 1. JP contribution to global Fund’s programmatic results

- Provide data for the Joint SDG Fund global results (as per targets defined in the JP document).

#### Global Impact: Progress towards SDGs

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

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

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

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

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

Outcome indicators	Expected 2021 target	2021 result	Reasons for variance from planned target (if any)	Expected final target
1.1: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scope <sup>7</sup>	1	4	<p>These are specific themes planned to strengthen the existing national social protection system. The overrun is due to the effort made by the different agencies and all stakeholders in 2021.</p> <p>The National Health Financing Strategy was validated in December 2021, with WHO.</p> <p>The law on the protection of health care users should be voted by the National Assembly around June 2022.</p>	4
<p><i>List the policies:</i></p> <ul style="list-style-type: none"> <li>• Politique Nationale de la Protection sociale</li> <li>• The general State policy linked with South Emergence Plan through Agricultural Insurance and Livelihood Support Component</li> <li>• National Health Financing Strategy</li> <li>• Health Service Users Protection Act</li> </ul>				

<sup>7</sup>Scope=substantive expansion: additional thematic areas/components added, or mechanisms/systems replicated.

1.2: Number of integrated multi-sectoral policies that accelerated SDG progress in terms of scale <sup>8</sup>	1	1		
<i>List the policies:</i> <ul style="list-style-type: none"> <li>Cash transfert component: Adoption of local solutions at the regional level: in view of the deteriorating situation in the south, another somewhat stable region was chosen for the implementation of the universal child allowance programme</li> <li>Advocacy document for access to health services for all segments of the population.</li> </ul>				

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

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

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

Yes

No

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

## 2. Results as per JP Programmatic Results Framework

Result / Indicators	Baseline	Expected target	Results	Reasons for variance from planned target
---------------------	----------	-----------------	---------	--

<sup>8</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

				(if any)
<b>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</b>				
Outcome 1 – Indicator 1: % of households’ beneficiary of SSN receiving a complementary package of interventions (minimum 3 including SSN)	0%	35%	NA	All components are operational. However, since the common registration system has been developed, but it has not been used by the various components simultaneously, it is not possible at this stage to have data on joint participation in the various activities.
Outcome 1 – Indicator 2: % of people with disabilities among beneficiaries of the integrated package of social protection interventions <sup>9</sup>	1,4% (% of women: NA)	7% (%of women: 50%)	NA	The identification system has been developed but it is not yet operational in the JP locations. So far, the only estimates available are the one from the FID MIS which account for less than 2% of people with disability. However, this figure is underestimated because the current registration system lacks appropriate questions to identify people with disability.
<b>Output 1.1 – Conditional cash transfer provided to poorest households</b>				

<sup>9</sup> Indicators proposed in the results framework measure the inclusion of HH (including people with disabilities) in the integrated package of interventions. In addition, follow up and final evaluation surveys will measure the progresses of the expected outcomes at HH level: increased consumption, school enrollment, access to health facilities, and agricultural production. However, setting targets for the short to medium term for those indicators is difficult as i) the integrated package will be delivered to HH from 2020 (given the preparation phase), ii) changes in those indicators are likely to be measurable over the longer term. For those reasons the proposal does not include those indicators in the results framework, but they will be measured via the M&E system to identify if a positive trend occurs.



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 humanitarian cash transfer programme, as part of the humanitarian response. Payments were made on a monthly basis.
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 suspended due to the ongoing humanitarian crisis	Conditionalities suspended during the crisis, data not available
<b>Output 1.2 – Social health protection is operationalized in the intervention area</b>				
Output 1.2 – Indicator 1: Resources for financing the health coverage of the SSN beneficiary populations (who are not able to contribute) identified with the support of the project	0	1 source of funds identified 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.
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.
Output 1.2 – Indicator 3: % of safety nets beneficiaries enrolled in health protection scheme	0	20%	NA estimates) (13%	The health component did not use the registry developed by the Ministry of population and used for enrolment in the safety nets. They used a separate database developed by the WFP. Matching the two datasets to understand how many beneficiaries of SSN are enrolled in health protection is not feasible due to a lack of a common ID. The reported statistics is just an estimate based on field knowledge.
<b>Output 1.3 – Smallholders are affiliated to an agricultural insurance scheme</b>				
Output 1.4 – Indicator 1: % of safety nets beneficiaries enrolled in agricultural insurance	0	NA	NA	Since the common registration system has been developed, but it has not been used by the various components simultaneously, it is not possible at this stage to have data on joint participation in the various activities.
Output 1.4 – Indicator 2: number of people living in targeted communes enrolled in agricultural insurance (contributive and non-contributive)	0	5000		We have extended the localities to the Androy Region.
<b>Output 1.4 – Households benefit from livelihood support activities</b>				
Output 1.1 – Indicator: % of safety nets beneficiaries receiving post-harvest support	0	NA	NA	Since the common registration system has been developed, but it

				has not been used by the various components simultaneously, it is not possible at this stage to have data on joint participation in the various activities. Due to the lack of capital, asset training and implementation were a priority in front of production, the reinforcement in post-harvest lost management wasn't implemented for new beneficiaries during the second year.
<b>Output 1.5 – SBC and GBV protection activities implemented</b>				
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	515%: 1648 GBV survivors of violence and abuse have also benefits from the operationalization of Counselling and legal advice Centers (CECJ) of	The broadcasting of TV programmes and the reinforcement of GBV awareness have helped increase the population's and survivors' knowledge about the existence of services.

			which 92 % are women.	
<b>Outcome 2: Strengthen the institutional framework for social protection to ensure national scale up of the integrated model and long-term sustainability</b>				
Outcome 2 – Indicator: Number of new districts where the Government has scaled up the integrated approach with own resources	0	1	0	2021 was 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.
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.
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	The single window was put in place only in December 2021 and it is not yet operational for implementing the referral.

			programmes is not yet effective.	
Output 2.2: Revision of legal and institutional framework				
Output 2.1 - Indicator 1: NCD operationalized	0	1	0	The draft Ministerial Order to operationalize the NCD is pending review and validation of Ministry of Population, Social Protection and Women's Promotion.
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 one specific intervention for disabled people that will be operationalized in 2022.
Output 2.3 – Social Health protection and benefits from an integrated framework within the social protection system in Madagascar				
Output 2.3 – Indicator 1: Capacities of the institutions in charge of affiliating, collecting contributions and reimbursing service providers are strengthened	0% of the relevant actors have received training or information in the intervention zone (the mechanism is not operational yet).	5 key actors (at least 2 staff each, with gender diversity) have received training and improved their capacities	20 key actors have received at least one training on the humanisation of care and one training on the care of beneficiaries of the digital health social protection mechanism.	The change in the work plan of the health component has oriented the component towards improving the quality of health services, which is the second axis of universal health coverage, (in addition to households' financial access to health services).

Output 2.3 – Indicator 2: Knowledge of key institutions improved.	The capacity and exposure of key actors to practical solutions for the extension of SHP is limited.	5 key actors (at least 2 staff each, with gender diversity) have received training and improved their capacities.	11	The change in the work plan of the health component has oriented the component towards capacity building of the CACSU at the Ministry of Health, with a team of 5+ staff with gender diversity (tailored course in 2021 and ILO-ITC course in 2022). In addition, advocacy was carried out at the national level for the operationalisation of the national strategy for universal health coverage and the implementation of social protection in health at the local level.
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. Final evaluation report under finalization by 31 May 2022
Output 2.4: Number of policy briefs elaborated based on evidence generated to inform policy decisions	0	2	44	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. On health, a brief on extending social health protection in Madagascar was produced and disseminated to national stakeholders.

## Annex 2: Strategic documents

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

#### Strategic documents developed or adapted by JP

Title of the document	Date when finalized (MM/YY)	Focus on extending social protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink
Programmatic Review to increase the inclusiveness of the national safety nets programme in Madagascar, UNICEF	01/21	Yes	Yes	Yes	Yes	Yes	<a href="https://www.unicef.org/madagascar/rapports/vers-une-protection-sociale-universelle-et-inclusive-pour-les-enfants-%C3%A0-madagascar">https://www.unicef.org/madagascar/rapports/vers-une-protection-sociale-universelle-et-inclusive-pour-les-enfants-%C3%A0-madagascar</a>
Country-led Formative Evaluation of the Integrated Social Protection Programme in the south of Madagascar	05/22	Yes	Yes	Yes	Yes	Yes	Available at the following link: <a href="https://www.unicef.org/madagascar/rapports">https://www.unicef.org/madagascar/rapports</a>
Briefing note on Universal Health Coverage in Madagascar	06/21	Yes	Yes	Yes	Yes	Yes	

Advocacy note for the implementation of Universal Health Coverage in Madagascar	03/22	Yes	Yes	Yes	Yes	Yes	
---	-------	-----	-----	-----	-----	-----	--

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

Title of the document	Date when finalized (MM/YY)	Focus on extending protection coverage (Yes/No)	Focus on improved comprehensiveness of social protection benefits (Yes/No)	Focus on enhancing adequacy of social protection benefits (Yes/No)	Focus on improving governance, administration and/or implementation of social protection system (Yes/No)	Focus on cross-sectoral integration with healthcare, childcare, education, employment, food security, etc. (Yes/No)	If published, provide the hyperlink
National Health Financing Strategy	12/21	Yes	Yes	Yes	Yes	Yes	
Draft bill on the financial protection of health service users	03/22	Yes	Yes	Yes	Yes	No	

**2.2. Focus on vulnerable populations**

**Strategic documents developed or adapted by JP**

Title of the document	Date when finalized (MM/YY)	Focus on gender equality and women empowerment (Yes/No)	Focus on children (Yes/No)	Focus on youth (Yes/No)	Focus on older persons (Yes/No)	Focus on other group/s (List the group/s)	Focus on PwDs (Yes/No)	Included disaggregated data by disability - and whenever possible by age, gender and/or type of disability (Yes/No)
Informal sector workers' expectations and perceptions of health services	01/2022	No	No	No	No	Rural workers (informal sectors)		Yes
JP one-pager document	08/2021	Yes	Yes	No	No	Disabled persons	Yes	No



4 bi-monthly newsletters released	06/2021 08/2021 11/2021 02/2022	Yes	Yes	No	No	Vulnerable people (livelihood affected by climate)	No	No
Evaluation of the national plan for the inclusion of people with disabilities 2015-2019	11/2020	Yes	Yes	Yes	Yes	Disables persons	Yes	No

**Strategic documents for which JP provided contribution (but did not produce or lead in producing)**

<b>Title of the document</b>	<b>Date when finalized</b> (MM/YY)	<b>Focus on gender equality and women empowerment</b> (Yes/No)	<b>Focus on children</b> (Yes/No)	<b>Focus on youth</b> (Yes/No)	<b>Focus on older persons</b> (Yes/No)	<b>Focus on other group/s</b> (List the group/s)	<b>Focus on PwDs</b> (Yes/No)	<b>Included disaggregated data by disability</b> - and whenever possible by age, gender and/or type of disability (Yes/No)
Technical Assistance Report for the Construction of a Disability-Sensitive Social Protection System in Madagascar	03/22	No	Yes	No	No	No	Yes	Yes
Gender-responsive social protection in Madagascar	03/21	Yes	Yes	No	No	No	No	Yes

**Annex 3: Results questionnaire**

<https://forms.office.com/r/DfvPvaGfsg>.

**Annex 4: Final report on JP evaluation**

Available at the following link: <https://www.unicef.org/madagascar/programme/pse>