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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Madagascar

Proposed indicative UNFPA assistance:	\$36.2 million: \$14.6 million from regular resources and \$21.6 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. Madagascar is the world's fifth largest small island developing State, with a population that has doubled from 12.2 million in 1993 to 25.7 million in 2018. At the current annual growth rate of 3 per cent, the population is projected to reach 37 million by 2030. Young people aged 10-24 years account for 32 per cent of the population, with a dependency ratio of 84.3 per cent. The total fertility rate declined from 6.1 children per woman in 1992 to 4.3 in 2018, reflecting a demographic transition with an opportunity to harness the demographic dividend through multisectoral investments, in line with the National Development Plan, 2019-2023.
2. Madagascar recorded economic growth of 5.7 per cent in 2021, a rebound from the 7.1 per cent contraction from the impact of the COVID-19 pandemic in 2020. Frequent natural disasters over the past 20 years, from the impact of climate change and the global economic downturn, have led to humanitarian and public health emergencies, with economic costs of over \$1 billion.¹ In 2021 and 2022, 2.21 million people were affected by drought in the Grand Sud region, and by cyclones and floods in the coastal regions, with disruptions in the performance of the health system, including access to sexual and reproductive health and rights (SRHR) services, and increased vulnerability of women and girls to gender based violence (GBV). This underscores the urgency for health system resilience and strengthened capacities for preparedness and response, with a differentiated focus on the regions most impacted by humanitarian crises.
3. Madagascar has one of the highest poverty rates in the world, with multidimensional poverty affecting 74.2 per cent of the population; it has a Gini index of 40.2 (2019). One in two people in Madagascar live in extreme poverty, and the main drivers of marginalization are informal sector jobs, residence in rural areas, illiteracy and disability, according to the common country analysis (2022). Poor households are more vulnerable to catastrophic health expenditure, due to high out-of-pocket health expenditure, which accounts for one third of the current health expenditure per capita and represent a major barrier to accessing health care. This underscores the urgent need for accelerated efforts and investments in situating sexual reproductive health in universal health coverage in order to reach those left furthest behind and enable equitable progress on the three transformative results: ending preventable maternal deaths; ending the unmet need for family planning; and ending gender-based violence and harmful practices.
4. The maternal mortality ratio decreased from 488 per 100,000 live births in 1997 to 408 in 2018,² emphasizing the significantly higher rate of reduction needed to achieve the national target of 200 per 100,000 births by 2030. There are significant disparities between rural and urban areas (426 and 312 per 100,000 live births, respectively) and between regions (ranging from 159 per 100,000 live births in Itasy to 928 in Vatovavy and Fitovinany). Over half (56 per cent) of maternal deaths result from delayed decision-making in seeking care, which is underpinned by customary practices and social norms; 21 per cent of maternal deaths result from limited physical access to health facilities and 8 per cent from poor quality of care within the health facilities. The proportion of births attended by a qualified health provider remains low (46 per cent), while only 21 per cent of health centres in the prioritized emergency obstetric and neonatal care network have the capacity to deliver life-saving care.
5. During 1997-2021, the modern contraceptive prevalence rate increased from 10 per cent to 43 per cent, with significant variations between rural and urban areas (44 per cent and 39 per cent respectively) and by poverty levels (30 per cent in the lowest wealth quintile against 41.5 per cent in the highest). Similarly, the unmet need for family planning decreased from 28 per cent to 15 per cent, requiring acceleration to achieve the national target of 8 per cent by 2030. Strong community-level interventions, Government leadership on family planning and the enactment of 2019 law on SRHR and family planning were instrumental in the increase in modern contraceptive prevalence rates. Bottlenecks remain, however, notably limited domestic resources for procurement of contraceptives, weak supply chain management, and insufficient

¹ World Bank, Climate Change Knowledge Portal.

² Demographic and Health Survey (DHS) 1997 and DHS 2021.

quality of care. The adolescent fertility rate is high (143 per 1,000 girls aged 15-19 years) and 31 per cent of adolescent girls aged 15-19 years have begun childbearing, with an increased level of 57 per cent for the less educated and 48 per cent for those from poor households (DHS 2021). In adolescents aged 15-19 years, the modern contraceptive prevalence rate is 34.1 per cent and the unmet need for family planning is 12.7 per cent. The persistence of discriminatory and harmful social norms, inadequate comprehensive life skills education, and insufficient youth-responsive services limit access to and uptake of high-quality SRH information and services and are a barrier to acceleration towards ending unmet need for family planning, especially in underserved regions.

6. The global gender gap index for Madagascar was 0.74 in 2022 depicting high levels of gender inequality, with GBV and harmful practices, including child marriage remaining prevalent. In 2021, 35 per cent of women aged 15-49 years reported experiencing GBV, and 31 per cent reported experiencing intimate partner violence, with a higher prevalence in urban areas (48 per cent) and the highest wealth quintile (47 per cent) (DHS 2021). The effects of the lockdown during the COVID-19 pandemic led to an increase in incidents of GBV, with a 2020 UNFPA study reporting an increase in GBV reported by 78 per cent of respondents. This underscores the need for resilient systems and structures with capacity to respond to shocks and disruptions. The Government aims to reduce incidence of GBV by 50 per cent by 2030 and recognizes the need to elaborate a gender policy to advance progress towards gender equality. Child marriage is increasing, with an estimated 38.8 per cent of women aged 20-24 years married before age 18. The proportion is even higher among the poorest and uneducated (49 per cent and 53 per cent, respectively). Although the legal age of marriage is 18 years, the predominance of customary practices, combined with permission to marry before the legal age granted by tribunals at the parents' request, perpetuate the practice of child marriage.

7. The national prevalence of HIV doubled (from 0.3 per cent in 2018 to 0.6 per cent in 2021),³ with higher rates among men having sex with men (14.8 per cent), sex workers (5.8 per cent) and injectable drug users (8.4 per cent). A steep increase of 240 per cent in annual new HIV infections (from 2,800 in 2020 to 9,500 in 2021) reflects a potential transition from a concentrated to a generalized epidemic. Some 47 per cent of new infections occur among young people aged 15-24 years, while vertical transmission of HIV accounts for 41.3 per cent, with only 30 per cent of pregnant women knowing their status.

8. Young people in Madagascar have limited engagement in humanitarian-development and peace related policymaking and programming, with implications for targeted adolescent and youth responsive interventions. A 2022 United Nations study found that approximately 36 per cent of young people interviewed believe that they are only moderately involved in decision-making on development and peace building initiatives.⁴ Malagasy social norms limit intergenerational contributions to national development and social accountability mechanisms. Youth unemployment and social entrepreneurship is limited, with 2.5 per cent of young people being employers or self-entrepreneurs, and 65.2 per cent of young workers are underqualified.

9. While Madagascar has conducted a range of national surveys in recent years, including the Population and Housing Census (PHC) 2018 and the Demographic and Health Survey 2021, the national data systems remain weak. The National Strategy for the Development of Statistics, 2023-2030, identified key areas which require improvement, including data generation, analysis and disaggregation for health, gender, governance, climate change, and humanitarian issues, and regular updates of programme monitoring and implementation data.

10. Achievements of the previous country programme (2018-2021) include contributions to: (a) increased modern contraceptive prevalence rate (from 41 per cent to 43 per cent); (b) increased skilled birth attendance (from 44 per cent to 46 per cent); (c) increased proportion of deliveries in health facilities (from 35 per cent to 39 per cent); (d) strengthened supply-chain management and last-mile assurance; (e) enactment of the GBV law and implementing decree; (f) increased proportion of school districts adopting comprehensive sexuality education (CSE)

³ UNAIDS, Spectrum, 2020.

⁴ UN Joint Project study, "Improved living conditions for young people and adolescents to help the country benefit from the demographic dividend and achieve the SDGs," 2022.

(from 3.4 per cent in 2016 to 38.6 per cent in 2022); (g) data availability through the Population and Housing Census 2018, the Demographic and Health Survey 2021 and the Household Survey, 2021-2022; and (h) the national roadmap for achieving the demographic dividend (2021-2025). UNFPA played a pivotal role along with partners, in capacity building, advocacy and policy development, and providing technical assistance in support of these achievements.

11. Lessons learned and good practices from the previous country programme cycles include (a) the opportunities provided by investment cases for the three transformative results to secure greater proportions of domestic resources, including \$5.2 million committed by the Government through co-financing mechanisms in 2023-2024; (b) UNFPA catalytic support to the midwifery workforce facilitated integration of services within the public health sector and strengthened human resources for health; (c) strategic engagement of men and boys and traditional institutions helped address harmful social norms through positive masculinity underpinned by human rights-based and gender-transformative approaches; (d) mobile clinics and community-based services for SRH, GBV and HIV helped reach those furthest left behind, including young people and people living with disabilities; (e) capacity building of health care providers and national institutions on preparedness and response allowed continuity of services in emergencies within the Grand Sud, and enabled innovative mobile services during the COVID-19 pandemic.

12. According to the common country analysis 2022 and the prospective analysis Madagascar 2030/2040/2063, the future of Madagascar will be determined by strengthening governance and resilience in the face of risks linked to the environment, cyclical natural disasters, human capital development, including youth, gender equality and technological innovations, as well as macro-economic stability and private sector development.

13. UNFPA will contribute to the United Nations Sustainable Development Cooperation Framework (UNSDCF) strategic priorities related to (a) strengthening good governance, the rule of law and security; (b) ensuring the development of human capital; and (c) strengthening sustainable, resilient and inclusive environmental management. UNFPA will bring its comparative advantage in SRHR, youth and women's empowerment, through human rights-based and gender-transformative approaches by leaving no one behind, to accelerate demographic transition and harness the demographic dividend.

II. Programme priorities and partnerships

14. The proposed country programme is aligned to the priorities of the national development plan, 'Plan Emergence Madagascar,' 2019-2023, which envisions Madagascar as an emerging country where future generations can live better together, sharing prosperity and collective happiness. The programme is also aligned to the UNSDCF, 2024-2028, the African Union Agenda 2063, the ICPD Programme of Action, and UNFPA strategic plan, 2022-2025. It is aligned to the 2030 Agenda for Sustainable Development, and prioritizes contributions to Sustainable Development Goals (SDGs) 1, 2, 3, 4, 5, 10, 13, 16 and 17. The programme was developed in close consultation with the Government, United Nations entities and civil society organizations, including women and youth-led organizations, and groups representing those furthest left behind who face intersectional barriers, including people living with disabilities.

15. The vision of the country programme is to accelerate universal access to sexual and reproductive health and rights in Madagascar, with a focus on the most vulnerable, especially adolescent girls and young women, people living with disabilities and populations in the Grand Sud and south-eastern parts of the country. Recognizing the youthful population, the programme will prioritize targeted investments in adolescents and youth as an entry point to accelerate the achievement of the three transformative results across the prevailing humanitarian and development contexts in the country. Guided by a country gap analysis, coordinated high-impact interventions in health, education, social protection and empowerment of young people will have the potential to unlock the demographic dividend and contribute to the country's socio-economic transformation. Given the significantly high and increasing rates of HIV, the

programme will also focus on ending new HIV infections, by targeting the young people furthest left behind.

16. The programme will achieve this through four interconnected outputs (a) strengthening national and subnational capacities to provide integrated high-quality SRH, GBV and HIV services; (b) empowering adolescents and youth to exercise their bodily autonomy and effectively lead and participate in development and humanitarian programmes; (c) strengthening national and community capacities to address discriminatory gender and social norms; and (d) strengthening national capacities for the generation and use of disaggregated data to guide decision-making and accountability for results. It will also prioritize its normative role across all four outputs, including working with partners to advance Madagascar's voluntary commitments to the ICPD agenda. It will also leverage the investment cases on the three transformative results to advocate and mobilize greater proportions of domestic resources to close the funding and financing gaps hindering scaling-up of high-impact strategies.

17. The programme will have a twin-track approach across parts of the country by prioritizing the regions furthest behind with high humanitarian needs and other regions with development programming, all towards achieving the transformative results. The priority regions targeted with a humanitarian-development continuum approach include the Grand Sud (including Atsimo Andrefana, Anosy and Androy regions), which continues to experience drought, and the South-East (including Vatovavy and Fitovinany regions), which has suffered repeated cyclones in recent years. In line with the principle of 'leaving no one behind,' the programme will prioritize vulnerable women, adolescents and young people, particularly those in rural areas, and leverage joint programmes with other United Nations agencies, to scale-up results in the focus regions.

18. The country programme will leverage accelerators to fast-track progress, including (a) applying human rights-based and gender-transformative approaches to tackle harmful gender and social norms that limit progress; (b) scaling up data and evidence generation to inform inclusive policies and programmes, including the use of risk-profile data to inform early warning and early action; (c) leveraging innovation and digitalization to support high-impact interventions in the focus regions; (d) building resilience, adaptation and complementarity across development and humanitarian efforts that strengthen health and protection systems.

19. The programme will apply the following modes of engagement (a) advocacy and policy dialogue to integrate SRH/HIV/GBV into national policies and programmes; (b) knowledge management for evidence-based solutions and scaling-up of best practices; (c) capacity development for resilient strong systems for sustainability; (d) coordination and partnership, including with government ministries and parliamentarians, United Nations agencies, civil society organizations, bilateral and multilateral donors, international financial institutions, non-traditional partners, the private sector and academia.

A. Output 1. By 2028, the capacities of national institutions and communities are strengthened to provide integrated, high-quality and rights-based sexual and reproductive health, gender-based violence and HIV information and services to women, adolescents and youth, and vulnerable groups.

20. This output contributes to UNSDCF Outcome 2 (young people, especially girls, adolescents and the most vulnerable and marginalized people, have improved access to opportunities for creating the human capital necessary for the fulfillment and enjoyment of their rights) and Outcome 4 (current and future populations, especially the most vulnerable and women, enjoy better living conditions and greater resilience in the face of risks and climate change, and work with key state and non-state actors to develop and manage natural resources and ecosystems in a sustainable, inclusive and risk-sensitive way).

21. To address the root causes limiting progress on the reduction of preventable maternal deaths, unmet need for family planning, GBV and harmful practices, as well as new HIV infections, the programme will further strengthen performance and resilience of national systems to provide high-quality SRH, GBV and HIV information and services in an integrated manner, across humanitarian and development settings. It will also strengthen community

resilience and demand generation by addressing structural community barriers and discriminatory gender and social norms that limit uptake of services. This will, in turn, enable human capital formation and contribute to national resilience, in line with the relevant UNSDCF outcomes.

22. This output will be achieved through the following strategies: (a) advocating for implementation and enforcement of policies and laws on SRH, GBV, and HIV, with complementary financing and accountability mechanisms, including integration of SRHR into the universal health coverage benefit package, financing and financial risk protection; (b) strengthening human resources for health, in particular the midwifery workforce, to enhance skilled birth attendance and the expansion of a skilled community workforce through task shifting and private sector involvement; (c) strengthening readiness and functionality of the health system to deliver high-quality, integrated SRH, HIV and GBV information and services, including emergency obstetric and neonatal care, HIV prevention, scaling up access to modern contraceptives, the essential services package for GBV, and youth-responsive services, while prioritizing those furthest left behind, such as people living with disabilities and key populations; (d) enhancing minimum preparedness actions; and (e) strengthening supply-chain management to ensure availability of commodities across humanitarian and development contexts.

23. The strategies will be guided by human-rights-based and gender-transformative approaches, innovation and digitalization, resilience building, with use of data and evidence to leave no one behind as key accelerators. UNFPA will collaborate with a range of governmental and non-governmental partners and United Nations agencies to deliver these strategies.

B. Output 2. By 2028, adolescents and youth have enhanced their agency and life skills to exercise their bodily autonomy and effectively lead and participate in humanitarian and development programmes.

24. This output directly contributes to UNSDCF Outcomes 2 and 4. Since a significant population of young people in the country are among those furthest left behind on key SRHR indices, a targeted focus on adolescent-responsive and youth empowerment interventions, particularly for young women, is envisioned to catalyse the acceleration of the transformative results and, by extension, the demographic dividend. This output will also promote adolescent and youth participation in humanitarian and development efforts, in line with the UNSDCF focus on resilience-building, human capital formation and fulfillment of rights for the most vulnerable and marginalized people.

25. This output will be achieved through the following strategies, underpinned by human-rights-based and gender-transformative approaches: (a) advancing the leadership and participation of young people in decision-making, programming and youth-led accountability, by strengthening partnerships with youth-led movements, networks and organizations, including those furthest left behind; (b) entrenching responsive roles of duty bearers within communities and religious institutions to provide supportive mechanisms that advance fulfilment of the rights of adolescents and youth; (c) prioritize, in the focus regions, agency and resilience of young people to serve as change agents in the design and implementation of development and humanitarian programmes, including at the intersection of SRHR, gender and climate change; (d) strengthen the capacity and knowledge of adolescents and youth to adopt positive behaviours, and realize their SRHR and bodily autonomy. This will include scaling-up comprehensive life skills education, including for in-school and out-of-school CSE, social and behaviour change interventions and strengthening linkages with youth-responsive health services.

26. These strategies will be implemented in collaboration with United Nations agencies, including the International Labour Organization (ILO) and UNDP, within the Youth Thematic Group co-led by UNICEF and UNFPA.

C. Output 3. By 2028, the capacities of national institutions and communities are strengthened to address discriminatory gender and social norms to promote gender equality and women's participation and reduce GBV and harmful practices.

27. This output contributes to the UNSDCF Outcome 1 (the Malagasy people, especially those left furthest behind, enjoy their rights in a climate of political stability, social cohesion and lasting peace, where the social contract is strengthened) and UNSDCF Outcome 2.

28. This output contributes to the transformative results by addressing the root causes and structural inequalities that are a persistent barrier to acceleration. The chosen interventions will prioritize the capacities of women, young people, communities and institutions to address harmful gender and social norms and discrimination that limit equitable access to high-quality integrated SRH, HIV and GBV information and services. Through its focus on community engagement and women's empowerment, this output will contribute to the UNSDCF focus on strengthening human capital and civic participation.

29. This will be achieved through the following strategies: (a) strengthening the generation, analysis and use of data on GBV and related social, behavioural and cultural issues, in order to inform evidence-based policies and programmes; (b) enhancing the capacity of national institutions to implement the GBV law and corresponding implementation decree; (c) focusing on: (i) strengthening community mechanisms for the prevention and response to GBV and child marriages, with the involvement of religious and traditional leaders, parents, teachers, men and boys; (ii) strengthening the capacity of men and boys' organizations, networks and coalitions to promote positive masculinities; (iii) enhancing the capacity of the organizations, networks and coalitions, including those led by people living with disabilities, in advocating and addressing harmful social and gender norms, stereotypes and discriminatory practices; and (iv) supporting women's empowerment and participation in the economy, to promote GBV prevention and access to SRHR.

30. These strategies will be implemented in collaboration with United Nations agencies, including ILO, UNDP and UNICEF, within the Gender Thematic Group led by UNFPA.

D. Output 4. By 2028, data and evidence-generation systems that account for megatrends, including demographic shifts and climate change, are strengthened to inform evidence-based policies and programmes for accelerating progress on the SDGs, transformative results and the ICPD Programme of Action.

31. This output is focused on data and evidence for policy formulation and programming. It aligns to the UNSDCF Outcomes 2 and 4, through its focus on data that contributes to human capital formation and adaptive programming approaches in anticipation of future risks. It is the foundation for accelerating the achievement of the first three country programme outputs, ensuring that disaggregated, high-quality data and evidence inform the policies and strategies for achieving the transformative results. It will prioritize working with the Government and research partners to address data gaps on the groups furthest left behind, including hard-to-reach populations, minorities and people living with disabilities, to ensure they are counted and accounted for across development and humanitarian efforts.

32. This output will be achieved through the implementation of the following strategies: (a) supporting the implementation of the National Strategy for the Development of Statistics, 2023-2030; (b) advocating for the implementation of the action plan of the demographic dividend roadmap; (c) providing technical support for the implementation of the investment cases on the three transformative results to scale up results; (d) strengthening the integrated national monitoring and evaluation systems, with a focus on SRHR and ICPD indicators; (e) strengthening the capacities of national institutions to analyse the impact of climate change on the vulnerability of women and young people, including access to SRH, GBV and HIV services; and (f) supporting a population situation analysis and readiness assessments, including on the minimum initial service package for reproductive health and on maternal and perinatal death surveillance and response, to identify and reach those furthest left behind with targeted programming.

33. UNFPA will work on this output in collaboration with United Nations agencies, including UNICEF, the World Health Organization, the International Organization for Migration, ILO and UNDP.

III. Programme and risk management

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

35. UNFPA will utilize an optimal mix of implementation modalities, in collaboration with government partners, civil society and community-based organizations, the private sector and academia, to deliver the programme. Following the principles of the harmonized approach to cash transfers, UNFPA will select its implementing partners based on their expertise and comparative advantage and will coordinate with other United Nations agencies, to manage financial risks. UNFPA will continue to engage in the United Nations reform process, including by participating in the continued design and implementation of the business operations strategy.

36. UNFPA has developed a resource mobilization and partnerships strategy geared towards strengthening relationships with existing partners and expanding partnerships with new and emerging actors. This will include identifying new opportunities for innovative financing and expanding partnerships with international financial institutions, the private sector and new donors, while enhancing the H6 partnership. The plan builds on networks established during the previous country programme and will seek to pursue joint resource mobilization efforts with other United Nations agencies through joint programmes and will strengthen South-South and triangular cooperation to leverage financing and exchange knowledge.

37. A human resource realignment, initiated during the previous country programme cycle, is ongoing to ensure that the new country programme is adequately equipped to deliver programme priorities. This includes enhanced upstream work, leading and convening GBV coordination and gender thematic groups, an increased focus on gender and social norm change programming, and scaling-up high-impact adolescent and youth interventions. The human resources plan emphasizes building capacity of operations staff to enhance programme delivery in the focus regions and creating channels for the inclusion of young professionals and volunteers within relevant initiatives. The programme will receive technical support from the Regional Office and UNFPA headquarters. The country office will leverage expertise within the United Nations system, national partners, other development actors and regional technical institutions, including academia, to support the delivery of results.

38. UNFPA will conduct regular operational risk and programme criticality assessments, in collaboration with other United Nations agencies. Potential risks include climate-related disasters, humanitarian and public health emergencies, epidemics and pandemics. These risks could exacerbate multidimensional poverty and undermine the delivery of programme results and resource mobilization efforts.

39. To mitigate these risks, UNFPA will prioritize the humanitarian, development and peace continuum approach as a way of working to ensure preparedness, response and resilience, particularly in the focus regions. UNFPA will coordinate with other United Nations agencies to conduct regular environmental scans and assessments for managing risks and will prepare contingency plans to support business continuity. Adaptive and resilience-building approaches will be harnessed to ensure the programme is responsive to the needs of those furthest left behind. In collaboration with the Government, funds may be re-programmed to respond to emergencies and related national priorities, and the programme will seek to diversify its resource base and identify innovative financing approaches to close the resource gap and deliver transformative results for women and young people.

40. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

41. UNFPA will implement results-based management systems and approaches to programming, developing a robust monitoring and evaluation plan with a dedicated budget. UNFPA, the Ministry of Economy and Finance and other partners will jointly develop and implement a monitoring and evaluation plan to ensure continuous monitoring and evaluation of the programme, at national and regional levels, for tracking and reporting on country programme results, efficient utilization of resources and accountability, in line with UNFPA policies and guidelines. The monitoring and evaluation plan is aligned with the UNFPA Strategic Plan, 2022-2025, and the UNSDCF, 2024-2028.

42. The Ministry of Economy and Finance will coordinate the overall programme and review of its progress, and an end of programme evaluation will be conducted in the penultimate year of the country programme cycle to assess the achievements of results, identify obstacles and constraints and share good practices as cornerstones of the programme implementation. UNFPA will strengthen joint monitoring and assurance mechanisms with implementing partners, including through field visits and spot checks, periodic reviews and assessments, project evaluations to generate evidence and inform programme scale-up within the complexity of the prevailing development and humanitarian contexts. To ensure risk-informed programming, analysis of major risks will be undertaken with risk-mitigation measures put in place, which may necessitate adjustment of joint workplans.

43. UNFPA will work with the Government, United Nations organizations and other partners to strengthen primary disaggregated data collection, real-time monitoring, analysis and other innovative approaches and management information systems to systematically obtain evidence to inform quarterly, annual and midterm reviews and to track results for enhancing evidence-based decisions. The programme will support capacity building initiatives on results-based management for UNFPA staff and partners. It will also support the establishment of an innovative feedback mechanism to inform programme management and learning for resilient and agile programming that is responsive to changing contexts, including during humanitarian and public health emergencies.

44. UNFPA will contribute to an integrated and multidimensional programming process through active participation in joint planning, programming, monitoring, reporting and evaluation of the UNSDCF. UNFPA will participate in the technical working groups related to the United Nations monitoring and evaluation, data for development, human development, gender and human rights, HIV and AIDS, and other relevant strategic result areas. It will also contribute to joint activities, including periodic programme reviews, quality assurance and reporting through UNInfo. As part of the evaluation plan, the programme will support innovative and participatory approaches for assessment and preparation of voluntary national reports and universal periodic reviews, among others.

RESULTS AND RESOURCES FRAMEWORK FOR MADAGASCAR (2024-2028)

<p>NATIONAL PRIORITY: 1. Ensuring quality health services for all and strengthening family planning. 2. Promote the empowerment of women and the protection of children's rights. 3. Ensuring more accessible, fair justice and strengthening the rule of law.</p>				
<p>UNSDCF OUTCOME: Outcome 2. Young people, in particular young and adolescent girls, and the most vulnerable and marginalized people, have improved access – in terms of quantity, quality and equity – to opportunities for creating the human capital necessary for their fulfillment and the enjoyment of their rights. Outcome 4. Current and future populations, in particular the most vulnerable and women, enjoy better living conditions and greater resilience to risks and climate change, and work - with key state and non-state actors - to develop and manage natural resources and ecosystems in a sustainable, inclusive and risk-sensitive way.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of births attended by a qualified health provider, by place of residence (%) <i>Baseline: 46% (2021); Target: 50% (2028)</i> • Proportion of women and girls aged 15 or older living with a partner who have been victims of physical, sexual or psychological violence inflicted during the previous 12 months by their current or former partner <i>Baseline: 27% (2021); Target: 22% (2028)</i> • Number of regions with and implementing a risk and disaster reduction and a disaster preparedness and response plan <i>Baseline: 1 (2021); Target: 6 (2028)</i> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 408 (2021); Target: 298 (2027)</i> • Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 49.7% (2021); Target: 80% (2028)</i> • Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations <i>Baseline: 1.5 (2022); Target: 0.3 (2028)</i> 	<p><u>Output 1:</u> By 2028, the capacities of national institutions and communities are strengthened to provide integrated, high-quality and rights-based sexual and reproductive health, gender-based violence and HIV information and services to women, adolescents and youth and vulnerable groups.</p>	<ul style="list-style-type: none"> • Number of universal health coverage related policies and plans, and other relevant laws, policies and plans that integrate sexual and reproductive health and rights, including HIV, as well as the prevention and response to gender-based violence. <i>Baseline: 0 (2023); Target: 4 (2028)</i> • Number of midwifery schools supported by UNFPA that are accredited to a national standard aligned with World Health Organization and International Confederation of Midwives standards <i>Baseline: 0 (2023); Target: 3 (2028)</i> • Number of GBV survivors who received essential care services, disaggregated by age, target regions and status of disability <i>Baseline: 34,365 (2022); Target: 70,000 (2028)</i> • Percentage of service delivery points reporting no stock-out of at least five contraceptives for the last three months, desegregated by targeted regions <i>Baseline: 91.5% (2021); Target: 95% (2028)</i> • Number of regular users of modern contraceptive methods, disaggregated by age and region. <i>Baseline: 2,238,386 (2022); Target: 3,300,000 (2028)</i> • Number of young people tested for HIV with knowledge of their status <i>Baseline: 31,849 (2022); Target: 43,000 (2028)</i> 	<p>Ministry of Public Health; Ministry of Youth and Sports; United Nations agencies, European Union, World Bank, African Development Bank, Global Fund, civil society organizations; the private sector, NGOs, International Confederation of Midwives, medical institutes, and the media</p>	<p>\$21.6 million (\$7.8 million from regular resources and \$13.8 million from other resources)</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of women and girls aged 15 or older living with a partner who have been victims of physical, sexual or psychological violence inflicted 	<p><u>Output 2:</u> By 2028, adolescents and youth have enhanced agency and life skills to exercise their bodily</p>	<ul style="list-style-type: none"> • Number of adolescents and youth reached with in-school and out-of-school CSE, in line with international standards <i>Baseline: 26,475 (2022); Target: 60,000 (cumulative) (2028)</i> • Number of youth-led networks/organizations/ coalitions, including from those left furthest behind, involved in the 	<p>Ministry of Public Health; Ministry of Education; Ministry of Youth and Sports; civil society</p>	<p>\$5.6 million (\$2.0 million from regular resources and \$3.6</p>

<p>during the previous 12 months by their current or former partner <i>Baseline: 27% (2021); Target: 22% (2028)</i></p> <ul style="list-style-type: none"> Number of regions with and implementing a risk and disaster reduction and a disaster preparedness and response plan <i>Baseline: 1 (2021); Target: 6 (2028)</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Adolescent birth rate per 1,000 women aged 15-19 years <i>Baseline: 143 per 1,000 (2021); Target: 130 per 1,000 (2028)</i> Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations <i>Baseline: 1.5 (2022); Target: 0.3 (2028)</i> 	<p>autonomy and effectively lead and participate in humanitarian and development programmes.</p>	<p>formulation and implementation of policies and programmes related to three transformative results and climate change <i>Baseline: 0 (2023); Target: 10 (2028)</i></p> <ul style="list-style-type: none"> Number of regions with institutional capacity to integrate adolescent and youth SRH dimensions into subnational plans across the humanitarian-development continuum <i>Baseline: 0; Target:5 (2028)</i> 	<p>organizations (Association des Femmes Leaders, Réseau des Jeunes Ambassadeurs engagés dans la santé de la reproduction des adolescents et des jeunes, Conseil National de la Jeunesse; African Youth and Adolescents Network (AFRIYAN); the private sector; and the media</p>	<p>million from other resources)</p>
<p>NATIONAL PRIORITY: 1. Promote the empowerment of women and the protection of children's rights. 2. Ensuring more accessible, fair justice and strengthening the rule of law. 3. Capacity building of stakeholders in the area of monitoring and evaluation.</p>				
<p>UNSDCF OUTCOME: Outcome 1. The Malagasy people, especially those left behind, enjoy their rights in a climate of political stability, social cohesion and lasting peace, where the social contract is strengthened. Outcome 2. Young people, in particular young and adolescent girls, and the most vulnerable and marginalized people, have improved access – in terms of quantity, quality and equity – to opportunities for creating the human capital necessary for their fulfillment and the enjoyment of their rights.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Proportion of accepted Universal Periodic Review 2024 recommendations implemented, per thematic area <i>Baseline: 0% (2023); Target: 50% (2028)</i> Proportion of women ministers, members of parliament, governors and mayors <i>Baseline: 26% (ministers), 18% (parliamentarians), 1% (governors), 5% (mayors) (2022); Target: TBD</i> Proportion of women and girls aged 15 years and over living with a partner who have been victims of physical, sexual or psychological violence inflicted during the previous 12 months by their current or former partner <i>Baseline: 27% (2021); Target: 22% (2028)</i> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women aged 20-24 years who were 	<p><u>Output 3:</u> By 2028, the capacities of national institutions and communities are strengthened to address discriminatory gender and social norms to promote gender equality and women's participation and reduce GBV and harmful practices.</p>	<ul style="list-style-type: none"> GBV IMS available, with quarterly updated data, at national and intervention area levels <i>Baseline: No (2022); Target: Yes (2028)</i> Number of functioning multisectoral coordination mechanisms providing the essential services package for GBV survivors in humanitarian and development settings <i>Baseline: 7 (2022); Target:17 (2028) (cumulative)</i> Number of men's and boys' organizations/networks/ coalitions promoting positive masculinities that actively advocate for achieving the transformative results <i>Baseline: 12 (2022); Target: 37 (2028)</i> Number of non-state actors, organizations, network and coalitions addressing harmful social and gender norms and discriminatory practices that limit achievement of the transformative results <i>Baseline: 12 (2022); Target: 42 (2028)</i> 	<p>Ministry of Population, Social Protection and Promotion of Women; civil society organizations; the private sector; NGOs; Caucus of Women Parliamentarians; the media.</p>	<p>\$3.3 million (\$1.8 million from regular resources and \$1.5 million from other resources)</p>

<p>married or in a union; (a) before age 15; (b) before age 18 <i>(a) Baseline: 12.7% (2021); Target: 6% (2028)</i> <i>(b) Baseline: 38.8% (2021); Target: 35% (2028)</i></p>				
<p>NATIONAL PRIORITY: 1. Promote the empowerment of women and the protection of children's rights. 2. Ensuring more accessible fair justice and strengthening the rule of law. 3. Capacity building of stakeholders in the area of monitoring and evaluation.</p>				
<p>UNSDCF OUTCOME: Outcome 2. Young people, in particular young and adolescent girls, and the most vulnerable and marginalized people, have improved access – in terms of quantity, quality and equity – to opportunities for creating the human capital necessary for their fulfillment and the enjoyment of their rights. Outcome 4. Current and future populations, in particular the most vulnerable and women, enjoy better living conditions and greater resilience to risks and climate change, and work – with key state and non-state actors – to develop and manage natural resources and ecosystems in a sustainable, inclusive and risk-sensitive way.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2 By 2025, the reduction of preventable maternal deaths has accelerated. 3 By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of births attended by a qualified health provider, by place of residence (%) <i>Baseline: 46% (2021); Target: 50% (2028)</i> <p><u>UNSDCF outcome 2 indicators</u></p> <ul style="list-style-type: none"> Number of regions having and implementing a risk and disaster reduction plan and a disaster preparedness and response plan <i>Baseline: 1 (2021); Target: 6 (2028)</i> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of birth registrations in the country <i>Baseline: 74% (2021); Target: 85% (2028)</i> 	<p><u>Output 4:</u> By 2028, data and evidence generation systems that account for megatrends, including demographic shifts and climate change, are strengthened to inform evidence-based policies and programmes for accelerating progress on the SDGs, transformative results and the ICPD Programme of Action</p>	<ul style="list-style-type: none"> Availability of a national population data platform accessible by users for monitoring progress towards universal SRHR, of the SDGs and implementation of voluntary commitments on the ICPD agenda <i>Baseline: No (2022); Target: Yes (2028)</i> Number of national development frameworks that have integrated investments on demographic dividend <i>Baseline: 0 (2023); Target: 4 (2028)</i> Sexual and reproductive health and rights and ICPD indicators routinely collected and made publicly available as a part of the Integrated Monitoring and Evaluation System, at national and intervention area levels <i>Baseline: No (2022); Target: Yes (2028)</i> Population situation analysis conducted on population changes and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action. <i>Baseline: No (2023); Target: Yes (2028)</i> Number of vulnerability assessment(s), mapping or similar evidence gathering conducted to mitigate the potential impact of natural disasters or humanitarian crises on the achievement of the transformative results <i>Baseline: 0 (2023); Target: 5 (2028)</i> 	<p>Ministry of Economy and Finance; National Statistics Institute; National Office for Risk and Disaster Management; universities and other research institutions</p>	<p>\$4.3 million (\$1.6 million from regular resources and \$2.7 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$1.4 million from regular resources</p>