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Draft country programme document**

Madagascar

Summary

The draft country programme document (CPD) for Madagascar is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$28,240,000 from regular resources, subject to the availability of funds, and \$82,118,000 in other resources, subject to the availability of specific-purpose contributions, for the period 1 October 2021 to 31 December 2023.

* E/ICEF/2021/23.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 16 June to 6 July 2021. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2021 second regular session and in the other designated languages four weeks in advance.

Programme rationale

1. With a population of 25.7 million, Madagascar has one of the world's highest percentage of people living in extreme poverty – the World Bank estimates that 77.4 per cent of the population earned less than \$1.90 per day in 2020, a 3 per cent increase over 2019, as a result of the coronavirus disease 2019 (COVID-19) pandemic.¹ More than four out of five children live in monetary poverty.² Madagascar ranked 162nd on the 2019 Human Development Index, having slipped seven places since 2014.³ Some 20.7 million Malagasy (80.5 per cent of the population) live in rural areas, where key indicators are almost always worse. Nearly half of the population (12.8 million) is under 18 years of age, and by 2030 it is estimated that this figure will rise to 17 million.⁴

2. The 2020 UNICEF Multiple Overlapping Deprivation Analysis showed that 67.6 per cent of children in Madagascar are multidimensionally poor, experiencing material deprivation in at least two major areas of child well-being. Even more disturbing, nearly one quarter of all Malagasy children (23.7 per cent) suffer extreme multidimensional poverty, experiencing more than four deprivations.

3. The official COVID-19 death toll in Madagascar remains relatively low, but a second wave in early 2021 once again stretched health system capacity. The pandemic is causing significant immediate and longer-term damage. The fragility of social systems has been exposed and exacerbated, and revenue-generating industries, such as tourism and mining, have shut down. The gross domestic product (GDP) of Madagascar contracted by 4.2 per cent in 2020, but is expected to return to pre-pandemic growth levels of 5 to 6 per cent in the period 2022–2023.

4. Current trajectories suggest that Madagascar is unlikely to reach any of the Sustainable Development Goals by 2030, although some key indicators for mothers and children improved slightly during the past decade. Median under-5 child mortality rates declined from 68 to 51 deaths per 1,000 live births between 2010 and 2019. Stunting rates for children under 5 years of age declined from 49 per cent in 2012 to 42 per cent in 2018. By 2020, 41 per cent of the population had access to basic water services, up from 28 per cent in 2012. However, there has been little discernable progress for other key indicators, such as maternal mortality, learning outcomes and child marriage, during the past decade.

5. The ability of the Government of Madagascar to fund social services is hampered in part by its extremely low tax-to-GDP ratio: 10.5 per cent in 2019, compared to the 18.6 per cent average for Africa. The Ministry of Public Health was allocated just 6.7 per cent of the 2020 budget, well short of the commitment of 15 per cent set out in the Abuja Declaration in 2001, and well below the average for African countries. The education sector fared better, with 15.2 per cent of the budget in 2020, but the budget for the water, sanitation and hygiene (WASH) sector was below 2 per cent. In addition to these inefficiencies in allocation, ineffective domestic spending in all social sectors represents a major bottleneck to the improved provision of basic services.

6. The health infrastructure of Madagascar conforms to World Health Organization (WHO) standards, with one health centre per 8,200 inhabitants and a hospital in each of the country's 114 districts. However, severe problems related to the availability, distribution and quality of health-care staff and equipment result in very poor basic

¹ World Bank “Madagascar Economic Update: Setting a Course for Recovery”, 2020.

² Ibid.

³ United Nations Population Fund, 2019.

⁴ United Nations, World Population Prospects, 2019.

health indicators nationwide. Just half of the country's expectant mothers attend four or more antenatal consultations, only 46 per cent of births are accompanied by a qualified professional and even fewer (39 per cent) take place at a health centre. Malaria, diarrhoea and respiratory disease are among the main threats to children, but fewer than half of all children with these ailments are seen by a health provider and fewer than one in five cases results in appropriate treatment.⁵

7. With 40 per cent of the population practising open defecation and large discrepancies in the practice between regions and wealth quintiles, access to WASH services in Madagascar compares unfavourably with global standards. Only 17 per cent of Malagasy have their own toilet and only 23 per cent have access to a handwashing facility with soap and water. The latter indicator presented challenges when the pandemic took hold. Although access rates are higher in urban areas, where COVID-19 cases are also more prevalent, UNICEF nevertheless provided communal handwashing facilities in major cities. Women and girls have a disproportionate responsibility (75 per cent) for collecting water for their households, which often takes more than one hour per day. The water collected is highly likely to contain traces of *E. coli*.

8. Despite recent progress in reducing the under-5 stunting rate, chronic malnutrition rates augur negatively for the current and future development potential of Madagascar. The stunting rate is the tenth worst in the world, with wide regional disparities. Boys are more likely to be stunted than girls. Even the richest households are not spared: 36 per cent of children in the highest wealth quintile are stunted. Stunting contributes to infant mortality and keeps school performance and household incomes low. It is estimated that Madagascar loses between 7 and 14.5 per cent (\$743 million–\$1.5 billion) of its GDP every year because of chronic malnutrition and hunger.⁶

9. For every 100 Malagasy children born, just 15 will attend (compulsory) preschool, 76 will go to primary school, 27 to lower secondary and 13 to upper secondary. Primary completion rates fell from 69 per cent in 2012 to 56 per cent in 2018. More than half of all children aged 6 to 10 years with disabilities are out of school; the rate rises to 80 per cent for secondary education. While lack of access is a serious impediment, of equal importance is the low quality of education services available to most children. Many teachers either lack the skills to teach or fail to appear in classrooms. In a 2016 survey administered to primary school teachers in three key subjects, only 6 per cent achieved a passing score in mathematics and none did so in French.⁷ Even children attending school do not learn basic skills. Among children aged 7 to 14 years, only 7 per cent demonstrate basic competencies in math and 23 per cent in reading.

10. Violence is part of children's daily lives and is largely tolerated in Malagasy society. Some 86 per cent of children aged 1 to 14 years have experienced violent discipline and 24 per cent of girls between 15 and 19 years of age have experienced physical violence by a partner. Forty per cent of women aged 20 to 24 years marry before reaching the age of 18 years. Almost half of all Malagasy children work. Pre-trial detention rates for children in prison hover around 80 per cent. The lack of a formalized social service workforce for child protection and the limited availability and variable quality of response services impede an effective response to such challenges faced by children.

⁵ UNICEF, Multiple indicator cluster survey, 2018.

⁶ National Nutrition Office and UNICEF, "Madagascar Nutrition Investment Case", 2017.

⁷ World Bank, "Afrique, Présentation de services d'éducation à Madagascar : Résultats de l'enquête sur les indicateurs de prestations de services 2016", 2017.

11. Coverage by social protection programmes has increased but is still insufficient to meet children's needs. Barely 4 per cent of men, 3 per cent of women and 2 per cent of children are covered by health insurance. Tax-financed social transfers – which do not include support for schooling and retirement pensions – cover just 5.5 per cent of households and 6.4 per cent of children. Three per cent of households receive free food, 2 per cent receive cash transfers and 2 per cent participate in cash for work. To begin to address these challenges the Government approved a national social protection policy and strategy.⁸ To date, however, national social protection programmes cover only about 2.4 per cent of households, 2.5 per cent of the population and 3.1 per cent of children, despite a major increase in shock-responsive social protection programmes in response to COVID-19 and other emergencies.

12. Over the past 30 years, Madagascar's average monthly temperature has risen by about 0.5 to 1.0 degree Celsius and is expected to be 2.5 to 3.5 degrees hotter by 2100. Increased temperatures cause a hotter and drier dry season and a wetter rainy season. This has several important consequences for the country's resilience: more destructive droughts, intensification of cyclones, increased incidence of flooding and landslides, soil degradation and erosion. Knock-on effects include reduced crops; widespread food insecurity; increased vector-borne diseases, including plague; and the destruction of wildlife habitats and coral reefs. Viewed together, these factors make Madagascar one of the countries most vulnerable to climate change in the world. Poverty and environmental mismanagement have led to devastating impacts on the country's unique biosphere. Much of the land is slashed and burned in an agricultural tradition that destroys habitats and pollutes the air, primary forests are disappearing due to illegal trade in precious hardwoods, the seas are overfished and the livelihoods of traditional fishery communities are under existential threat. The country's most recognizable icon, the lemur, has less and less habitat to call home. Madagascar will need to make quick and significant progress on conservation management if it is to avoid such dramatic, and possibly catastrophic, impacts.

13. Slow progress in human development is rooted in weak governance and capacity at the executive level. Transparency and accountability in public affairs are often undermined, and the fight against corruption suffers as a result.⁹ A robust legislative framework is in place and mandates fiscal and political decentralization, but implementation and results on the ground have been negligible. As a result, government capacity to deliver services at the decentralized level remains very weak.

14. Gender inequalities permeate every aspect of social, economic and political life: women and girls have very limited voice in decision-making at the individual, household, community or political level, and their agency is constricted by persistent patriarchal social norms. Girls are affected by the inability to make their own sexual and reproductive choices: 36 per cent of women between the ages of 20 and 24 years give birth before reaching the age of 18 years; widespread sexual exploitation – driven by predatory foreign tourism and damaging customary practices – monetizes their sexuality. Females are exposed to multiple forms of gender-based violence (GBV): 25 per cent of girls (aged 15–17 years) have suffered physical or sexual violence; child marriage is widespread; 49 per cent of adolescents who give birth are assisted by a traditional practitioner and 64 per cent of adolescents deliver at home – in a context in which maternal mortality is stalled at 426 deaths per 100,000 live births. Only one in five girls aged 15 to 17 years owns a mobile phone and just half have

⁸ The national poverty line is estimated at \$143 annually while the extreme poverty line is \$100. Considering the country's annual inflation rate, the poverty lines are \$237 and \$166, respectively, at 2020 prices.

⁹ Plan-cadre de Coopération des Nations Unies pour le Développement Durable de Madagascar 2021-2023 (Draft).

access to media. Government leadership and the policy framework on gender are evolving, but are still inadequate to foster a consensual gender agenda. Public resources allocated to this effort are scarce and the national system for reporting and responding to GBV is fragmented and lacking in implementation capacity.

15. The development of the new country programme was informed by an updated situation analysis of children and a country programme evaluation. The latter highlighted the need for stronger programme coordination within UNICEF, including at the field level, and with United Nations agencies. The country programme is also devoted specifically to building back better in the wake of COVID-19, while also stressing such cross-cutting issues as climate change and gender equality.

Programme priorities and partnerships

16. The proposed country programme is aimed at supporting the Government of Madagascar to meet its commitment to respect, protect and fulfil children's rights in line with the Convention of the Rights of the Child. It aligns with the Government's national development plan (*Plan pour l'Emergence de Madagascar* (PEM)) and the UNICEF Strategic Plan and is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF).

17. The theory of change for the country programme is as follows: if more children enjoy greater access to and use of strengthened service-delivery systems (in health and nutrition; WASH; early and basic education; and child and social protection), and communities are enabled to claim their rights and adopt positive social norms and practices, then children will survive, thrive and develop to their full potential.

18. The strategic approaches of the country programme are informed by lessons learned from past programme cycles and prioritize the following change strategies:

(a) Systems strengthening, including at the decentralized level, for sustainable and at-scale results;

(b) Bolstering supply and demand for services through better understanding of local contexts;

(c) Integrating cross-cutting themes (adolescent development and participation; early childhood development (ECD); children with disabilities; climate change; urban approaches);

(d) Reducing gender inequalities;

(e) Developing community-based approaches to delivering a high-impact package of interventions, including feedback mechanisms;

(f) Partnerships with bilateral and multilateral organizations, the private sector and civil society organizations (CSOs) with strong nationwide reach, such as the Scout and Girl Guides movement, faith-based organizations and Rotary and Lions Clubs of Madagascar.

19. The proposed programme brings together humanitarian and development programming. The vulnerability of Madagascar to natural disasters puts public services at risk, sets back development gains and diverts political attention, resources and energy from regular programmes. Creating sustainable solutions in response to emergencies is indispensable for Madagascar, especially as the country emerges from COVID-19.

20. UNICEF enjoys excellent partnerships with the resident development community in Madagascar, notably the World Bank, the European Union and development agencies from France, Germany, Japan, Norway, the Republic of Korea,

the United Kingdom of Great Britain and Northern Ireland, and the United States of America. UNICEF works closely with the Ministry of Economy and Finance and with sectoral ministries, for many of which UNICEF serves as a primary financial and technical resource. UNICEF also works with regional directorates of sectoral ministries and collaborates with governors and other subnational entities. Finally, UNICEF has a small but important portfolio of partnerships with CSOs and non-governmental organizations (NGOs).

21. The UNSDCF binds UNICEF in close collaboration with the 17 resident and non-resident United Nations agencies in Madagascar. UNICEF's policy development, legislation, governance and decentralization work aligns with UNSDCF pillar 1 (outcomes 1.1, 1.2, 1.3). Its interventions in the social sectors, including systems strengthening, service provision, demand creation and community-based approaches, align with UNSDCF pillar 2 (2.1, 2.2, 2.3). Interventions focusing on environmental conservation and climate change, including disaster risk reduction and climate-specific WASH programmes, align with UNSDCF pillar 4 (4.2, 4.3).

Health

22. The health programme component, implemented in conjunction with national institutions and decentralized services, focuses on access to and the utilization of high-quality maternal, neonatal, child and adolescent health services, especially among vulnerable populations. This is a critical focus of UNICEF work considering the country's poor immunization performance; elevated neonatal, child and maternal mortality; and vulnerability to epidemics (polio, plague, measles, COVID-19). UNICEF will support four specific outputs for improving health outcomes: (a) strengthening the health system, from the development and implementation of an effective policy framework to advocacy for the allocation of resources necessary to achieve results; (b) strengthening the functional platform for maternal, newborn, child and adolescent health in targeted regions; (c) effective immunization services for all children and pregnant women and girls; and (d) health services in emergencies.

23. These outputs will be implemented through (a) community-led interventions supported by strong social mobilization; (b) bolstering the quality and accessibility of services (including the reinforcement of the cold chain and supply chain); (c) coordination among partners involved in health systems strengthening; and (d) low-cost innovations, such as kangaroo mother care or oxygenotherapy. Community health services and workers will play a catalytic role in raising community awareness about sexual and reproductive health and GBV prevention, reporting and referrals, as well as fostering active, positive participation by men and boys in parenting and sexual and reproductive health. The health programme will mobilize government partners at the central and decentralized levels (especially the Ministry of Public Health), as well as United Nations partners, complementary donor programmes, the private sector and religious and community-based actors.

Water, sanitation and hygiene

24. The WASH programme component is aimed at strengthening government capacities both nationally and locally to support children and their families to live in a climate-resilient environment and use sustainable WASH services. The component will focus on three outputs: (a) providing sustainable WASH services to residents of rural areas and small towns; (b) developing resilience to climate change and natural disasters; and (c) strengthening the capacity of government partners to manage the WASH sector effectively.

25. UNICEF will focus on demand for and the supply of WASH services in communities and ensure that appropriate management systems are in place, paying particular attention to linking humanitarian and development needs. UNICEF will

strengthen intersectoral coordination and facilitate convergent approaches, especially those involving the private sector. The WASH component's emphasis on climate resilience will be aided by such innovations as satellite mapping, new types of water systems, new sources and methodologies for water extraction, multiple uses of water and support to watershed stabilization. Partnerships, especially public-private, will be employed to support infrastructure projects. UNICEF will accelerate work in new areas: peri-urban areas and small cities, a higher-risk, higher-return project; menstrual hygiene management; and the development of market-based sanitation solutions. Subsidies for water costs, a successful strategy during the COVID-19 pandemic, will be scaled up, where appropriate.

Nutrition

26. The nutrition component targets children, adolescents and women, especially the most vulnerable, to improve their access to and use of essential nutrition services and promote positive nutrition practices, and reflects the importance of cross-sectoral support and political commitment commensurate with the magnitude of chronic malnutrition. The component will focus its three outputs on nutrition governance, including (a) improving the broader, multisystem enabling environment; (b) increasing the supply of and access to improved nutrition services at key delivery points; and (c) stimulating demand for better nutrition.

27. Programme strategies will focus on mobilizing the Government and key actors in the private and development spheres, capacity strengthening (especially the supply chain) and reliable sex- and age-disaggregated data collection to inform decision-making. UNICEF will adopt innovative approaches, such as mobilizing the private sector to discourage breastmilk substitutes and promoting healthy and age-adapted infant food, iodized salt and other fortified foods. UNICEF will also strengthen the domestic capacity to produce therapeutic food products and will promote locally available resources as alternative food sources to benefit nutrition and economic development.

Education

28. The education component is aimed at increasing boys' and girls' access to pre-primary, primary and lower secondary education, improving their learning outcomes and enabling the development of skills that will help them live an enriching life. The component encompasses all forms of education, including life-skills and community-based education, as well as formal, school-based education in both development and emergency contexts. The component's three outputs are aimed at: (a) strengthening sector governance at the central and decentralized levels; (b) increasing the availability of services, from pre-school to lower secondary, with a focus on vulnerable and disabled children in key regions; and (c) improving the quality of teaching and learning in schools.

29. The education component will emphasize cross-sectoral links with WASH, the environment, gender, protection and social policy, in close coordination with other partners, to ensure that such complementary measures as cash transfers and school feeding programmes are effective in improving learning outcomes. The issue of gender in education is complex: parity is largely attained at the primary level, but gender disparities become more evident for adolescent girls beginning in lower secondary school. The reasons for boys' and girls' dropout differ and vary across the country, necessitating careful understanding and nuanced programming. UNICEF will mobilize parents and other stakeholders in schools and communities to address barriers to education.

Child protection

30. The child protection component is to ensure that girls and boys, particularly the most vulnerable, are better protected from violence, exploitation, abuse, neglect and child marriage. The component will strengthen human rights-based governance and justice and help to construct effective protection systems. The component will focus on: (a) policy and institutional frameworks that protect children from violence, exploitation, abuse, neglect and child marriage; (b) quality, integrated and gender-sensitive prevention and response services; and (c) raising awareness about social and gender norms and behaviours that support children's right to protection from harm and prevent GBV.

31. Results for children will be achieved by strengthening the institutional framework for justice, including referral mechanisms for child protection and prevention and response to GBV, while advocating for enhanced accountability in line with international norms. UNICEF will support improved data collection and analysis, the professionalization of the social service workforce for child protection and the strengthening of prevention and behaviour-change interventions. This will require greater capacity within ministries directly responsible for child protection and other social ministries (e.g., health, education), as well as coordination with NGOs, the media, youth, faith-based groups, security forces and multisectoral child protection networks.

Social policy

32. The social policy component is aimed at progressively reducing monetary and multidimensional child poverty and enhancing the child-rights environment through inclusive, gender-transformative and child-sensitive social policies. The component will focus on three outputs: (a) monitoring and advocating for the rights of children through better data and monitoring and evaluation systems; (b) child- and gender-sensitive domestic planning and budgeting; and (c) inclusive, integrated and shock-responsive social protection that is sensitive to the needs and rights of children and women as well as those living with disabilities.

33. As part of the social policy component, UNICEF will advocate for addressing social and economic vulnerabilities through information transparency, meaningful analysis and advocacy to promote children's rights, and demonstrated efficacy of those approaches. UNICEF will support the Government to develop its capacity to leverage available data and public resources and strengthen the national social protection system. These will be crucial to ensuring that results are achieved at scale, are sustainable and contribute to accelerating progress towards the Sustainable Development Goals.

Programme effectiveness

34. The programme effectiveness component will ensure the mainstreaming of communication for development (C4D), including community engagement and the strengthening of C4D skills in emergency preparedness and response; external communication and advocacy; youth mobilization; ECD; and gender equality. The component also focuses on effective planning and monitoring (including real-time end-user supply monitoring), evaluation and knowledge management as well as greater coordination with resident and non-resident United Nations agencies and enhanced field presence, including the establishment of new field offices. Procurement and logistics and financial and implementing-partner management are part of this component.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	5 400	21 488	26 888
Water, sanitation and hygiene	4 500	20 000	24 500
Nutrition	4 050	8 663	12 713
Education	3 375	16 380	19 755
Child protection	2 475	4 230	6 705
Social policy	2 700	5 593	8 293
Programme effectiveness	5 740	5 765	11 505
Total	28 240	82 118	110 358

Programme and risk management

35. This CPD outlines the UNICEF contribution to national results and serves as the primary tool for accountability to the Executive Board for results alignment and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

36. The UNSDCF calls for greater United Nations collaboration in programming. UNICEF will contribute as a lead agency for UNSDCF pillar 2, while chairing the monitoring and evaluation group of the United Nations country team. Under the UNSDCF, UNICEF will: (a) lead on programme coordination in its areas of expertise; (b) participate in system-wide interventions (according to UNSDCF operating principles), communications activities and gender coordination; (c) drive efficiency efforts as part of the common back office initiative; and (d) establish United Nations-wide reporting mechanisms on sexual exploitation and abuse.

37. UNICEF will address risks to the programme, and identify cost saving opportunities, taking into account the fragile State context and the vulnerability of the country to natural disasters. UNICEF will work with a broad set of partners with diverse portfolios, scaling up training on programme and financial management and the prevention of sexual exploitation and abuse. UNICEF will establish field offices to ensure better-coordinated programming at the community level, adopt real-time monitoring of programme interventions and strengthen early warning/disaster risk management systems and rapid response to emergencies. All actions will take into account the revised Core Commitments to Children in Humanitarian Action, with particular emphasis on gender equality.

38. Over the years, UNICEF Madagascar has developed a proactive fundraising strategy that builds on diversified funding sources, programme excellence, the careful management of client relations and exhaustive recourse to existing international funding mechanisms, as well as the use of innovative funding for emerging trends. The office will build on these efforts to grow its resource portfolio to \$50 million per year.

39. UNICEF Madagascar will continue to use corporate risk management tools and ensure their full operationalization. Internal management mechanisms, such as the

country management team and partnership review committee, will strengthen risk management and increase programme quality, efficiency and effectiveness. The management of the harmonized approach to cash transfers will be strengthened to mitigate risks to programme implementation. Emphasis will be placed on closer cooperation with the national audit and anti-fraud authorities of Madagascar and reinforcing the capacity of line ministries' audit units. UNICEF will strengthen internal and implementing partner risk management related to the prevention of sexual exploitation and abuse.

Monitoring and evaluation

40. UNICEF Madagascar foresees an important strengthening of the monitoring and evaluation function within the United Nations country team monitoring and evaluation group, using UN INFO to generate visibility and accountability for system-wide results. Joint efforts will support the Government to enhance national statistical capacity to undertake data collection, monitoring, reporting and analysis for decision-making. These efforts will also strengthen the harmonized framework for the monitoring and evaluation of national and global development goals, a key element of the social policy programme component.

41. UNICEF will work to strengthen the collection, analysis and reporting of disaggregated administrative data through greater attention to local data platforms and the use of technology, including in emergencies. It will greatly strengthen accountability to affected people, involving programme beneficiaries in the design, monitoring and evaluation of interventions. Four evaluations are proposed to be carried out during the country programme period, and progress will be measured regularly in annual management plans and internal reviews with implementing partners.

42. Given the prevalence and diversity of humanitarian situations in Madagascar, UNICEF will continue to support and innovate on humanitarian performance management, working with government partners and using its own resources to improve the understanding of and response to crises.

Annex

Results and resources framework

Madagascar – UNICEF country programme of cooperation, October 2021–December 2023

<p>Convention on the Rights of the Child: All articles</p> <p>National priorities: (related Sustainable Development Goals; other internationally recognized goals; and/or national goals) <i>Plan pour l'Emergence de Madagascar</i></p>
<p>United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:</p> <p>Strategic Priority 2</p> <p>Outcome 1: National institutions and local authorities allow the population, especially the most vulnerable, to exercise their rights in terms of health, nutrition, access to water and sanitation in order to capture the democratic dividend and achieve the Sustainable Development Goals.</p> <p>Outcome 2: National institutions and local entities implement a more integrated and inclusive national social protection system, allowing the vulnerable and marginalized as well as victims of disaster, violence, abuse or exploitation to fully enjoy their rights.</p> <p>Outcome 3: National institutions and local entities implement quality, fair, inclusive education programmes accessible to any age group, enhancing the skills of the population.</p>
<p>Related UNICEF Strategic Plan Goal Areas: Goal Areas 1–5</p>

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<p>1. Health</p> <p>By 2023, children, adolescents and women, particularly the most vulnerable, have access to and utilize high-quality maternal, neonatal,</p>	<p>Percentage of births delivered in a health facility</p> <p>B: 39%</p> <p>T: 55%</p> <p>Children under 1 year of age receiving measles-containing vaccine</p>	<p>Multiple indicator cluster survey (MICS)</p> <p>Demographic and health survey (DHS)</p> <p>Administrative Data</p>	<p>1. The Government has improved capacity for policy development, planning, monitoring and resource leveraging for health programming and health-systems strengthening.</p> <p>2. Maternal, newborn, child and adolescent health</p>	<p>Government</p> <p>United Nations agencies</p> <p>Development partners</p>	5 400	21 488	26 888

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
child and adolescent health services.	B: 93.4% T: 95%		platforms have improved capacity to provide high-impact interventions for pregnant women, newborns, children and adolescents. 3. Health facilities are able to provide and communities are able to demand immunization services for children and pregnant women in 15 targeted regions. 4. During emergencies, children and their families have access to a package of health services to respond to their immediate needs.	Civil society organizations (CSOs)			
2. Water, sanitation and hygiene By 2023, children and their families in targeted rural areas, small towns and peri-urban areas live in a climate-resilient environment and use safe and sustainable water, sanitation and hygiene (WASH) services, including in humanitarian settings.	Percentage of population using basic drinking water at the community level B: 44% T: 47%	MICS DHS WASH TrackFin	1. Communities and institutions in targeted rural areas, small towns and peri-urban areas have access to sustainable, climate-resilient WASH services. 2. The Government and its partners adopt risk-informed approaches to strengthening resilience to climate change at all levels and have increased capacity to lead and coordinate disaster preparedness and provide WASH humanitarian response.	Government United Nations agencies Development partners CSOs	4 500	20 000	24 500
	Percentage of population using basic sanitation services in target regions B:18% T: 31%						
	Percentage of national budget allocated and spent for WASH (as percentage of annual State budget)						

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	B: <1% T: 1.8%		3. The Government has improved capacity for policy development, planning, monitoring and resource leveraging for equitable and sustainable access to climate-resilient WASH services.				
3. Nutrition By 2023, children, adolescents and women, especially the most vulnerable, utilize quality essential nutrition services and benefit from positive nutrition care practices, including a more diversified diet.	Percentage of children aged 6 to 23 months fed at least a minimum number of food groups B: 25% (2018) T: 30%	DHS MICS National Vitamin A coverage survey Administrative data	1. Government capacity is enhanced for improved governance of nutrition programmes across multiple systems, including disaster risk reduction. 2. Children, adolescents and women have access to improved nutrition services at key delivery points. 3. Individuals, households and communities have the capacity to adopt optimal nutrition and caring practices.	Government United Nations agencies Development partners CSOs Private sector	4 050	8 663	12 713
	Percentage of households consuming iodized salt B: 21% T: 80%						
	Percentage of children aged 6 to 59 months with severe acute malnutrition who: (a) are admitted for treatment and recover; and (b) are admitted for treatment and default B: 80% admitted and cured; 10% admitted and default (2020) T: 80% admitted and cured; 5% admitted and default						

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>Percentage of children aged 3 to 4 years developmentally on track for reading and mathematics and physical and socioemotional development and learning</p> <p>B: 67% (2018) T: 72%</p>						
<p>4. Education</p> <p>By 2023 girls and boys, especially the most excluded, access quality pre-primary and primary education with improved learning outcomes and acquire the necessary competencies for an enriching life.</p>	<p>Gross enrolment rate for pre-primary education</p> <p>B: 34.7% (2018–2019) T: 37%</p>	<p>Statistical Yearbook and booklet, Ministry of Education</p>	<p>1. The Government and its partners are increasingly effective at governance and leadership of the system, with transparency, evidence-based decision-making and accountability, including during emergencies.</p> <p>2. The Government provides increased availability of services, from preschool to lower secondary school, attracting more boys and girls, including the most vulnerable children and during emergencies.</p> <p>3. The Government has the capacity to turn schools into child-friendly institutions that offer effective learning experiences and address diversity (e.g., in gender, disability or language).</p>	<p>Government</p> <p>United Nations agencies</p> <p>Development partners</p> <p>CSOs</p>	3 375	16 380	19 755
	<p>Repetition rate for primary and lower secondary education</p> <p>B: 26% in primary level and 9% in lower secondary T: 23% in primary level and 7% in lower secondary</p>						
	<p>Survival rate in primary and lower secondary education</p> <p>B: 28% in primary, 59% in secondary T: 30% in primary, 62% in secondary</p>						

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
<p>5. Child protection</p> <p>By 2023, girls and boys, particularly the most vulnerable, are better protected from violence, exploitation, abuse, neglect and child marriage.</p>	<p>Cumulative number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services</p> <p>B: 0 T: 17,000</p>	<p>Implementing partner reports</p>	<p>1. The Government has improved capacity to develop policy and institutional frameworks that protect children from violence, exploitation and child marriage.</p> <p>2. Integrated child protection prevention and response services are increased in target regions in both development and humanitarian settings</p> <p>3. Social and gender norms and behaviours that promote child rights and protect children from harm are promoted among children, parents and communities in target regions.</p>	<p>Government</p> <p>UN agencies</p> <p>Development partners</p> <p>Civil society</p>	2 475	4 230	6 705
	<p>Number of boys and girls subject to an alternative measure rather than a custodial sentence or pre-trial detention through UNICEF-supported programmes</p> <p>B: 0 T: 250</p>						
	<p>Number of adolescent girls and boys receiving prevention and care interventions to address child marriage through UNICEF-supported programmes</p> <p>B: 0 T: 15,000</p>						
<p>6. Social Policy</p> <p>By 2023, children, adolescents, and women, especially the</p>	<p>Percentage of children living in (a) monetary or (b) multidimensional poverty</p>	<p>National Statistics Institute annual report, poverty</p>	<p>1. The Government has improved capacity and strong systems to generate and utilize data and information on the</p>	<p>Government</p> <p>UN agencies</p>	2 700	5 593	8 293

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
poorest and most vulnerable, benefit from increasingly inclusive, gender-transformative and child-sensitive social policies at the national and subnational levels	B: (a) 82.9%; (b) 67.6% T: (a) 80.0%; (b) 65.0%	reports and child poverty reports	rights of children, adolescents and women to inform public policies and monitor the Sustainable Development Goals. 2. The Government has increased capacity to develop and successfully implement inclusive, evidence-based socioeconomic policies, plans and budgets to benefit children, adolescents and women at the national and local levels. 3. The Government has increased capacity to provide inclusive and integrated social protection services, including shock-responsive social protection and strengthened social security for children.	Development partners Civil society Intervention Fund for Development (Fonds d'Intervention pour le Développement)			
	Share of public allocation for health, education and social protection B: Health: 6.60% Education: 12.25% Social protection: 0.21% T: Health: 8% Education: 15% Social protection: 0.60%	Budget laws					
	Number of children benefitting from government-financed cash transfer programmes B: 470,000 T: 1,500,000	Implementing partner information system					
Programme effectiveness					5 740	5 765	11 505
Total					28 240	82 118	110 358