

Madagascar Water, Sanitation and Hygiene (WASH) Sectoral and OR+ (*Thematic*) Report

January - December 2016



Teenage girl fetches water in a newly built water point in a rural village in Analanjirifo, in Eastern Madagascar
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Contents

1. Abbreviations and Acronyms	3
2. Executive summary	5
3. Strategic context of 2016.....	6
(a) Situation of children and women related to WASH	7
(b) Scope	9
(c) Scale	9
4. Results in water, sanitation and hygiene 2016	10
(a) Progress towards this outcome is on track.	10
(b) Assumptions:	13
(c) Bottlenecks:	14
(d) Risks:	14
(e) Actions taken / Risk Mitigation:	14
(f) Results Assessment Framework:	15
Outcome	15
5. Financial Analysis	19
6. Future Workplan	21
7. Expression of Thanks	22
8. Annexes	23
Human Interest Story: Providing safe water in schools improve children learning outcomes	23
Donor Feedback Form	25

1. Abbreviations and Acronyms

Acronym Term	Definition
AFD	French Development Agency / <i>Agence Française de Développement</i>
AfDB	African Development Bank
BAT	WASH Bottleneck Assessment
C4D	Communication for development
CCC	Core Commitments for Children
CHW	Community Health Worker
CLTS	Community-Led Total Sanitation
CO	Country Office
COMESA	Common Market for Easter and Southern Africa
CPD	Country Program Document
Diorano-WASH	WASH Coalition Platform
DREAH	Regional Direction of Water, Sanitation and Hygiene
EU	European Union
GSF	Global Sanitation Funds
HHWT	Household Water Treatment
HWWS	Hand-washing with Soap
IEC	Information, Education and Communication
ILO	International Labor Organisation
INStat	National Institute of Statistics
IWRM	Integrated Water resources Management
JICA	Japan International Cooperation Agency
JMP	Joint Monitoring Program
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MID	Ministry of Interior and Decentralisation
MoE	Ministry of Education
MODA	Child Poverty & Multiple Overlapping Deprivation Analysis
MoF	Ministry of Finance
MoH	Ministry of Health
MoW	Ministry of Water, Sanitation and Hygiene
NDP	National Development Plan
NGO	Non-Governmental Organisation
ODA	Net Official Development Assistance
ODF	Open Defecation-Free
OIF	International Organization of the Francophonie
PASSOBA	Basic Social Services Support Programme
PCR	Programme Component Result
SDG	Sustainable Development Goals
SESAM	Evaluation and Monitoring Information System
SWA	Sanitation and Water for All
SWAp	Sector-wide Approach
TF	Thematic Funds
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
WAM	WATER AID Madagascar

WASH	Water, Sanitation and Hygiene
WB	The World Bank
WFP	World Food Programme
WHO	World Health Organisation
ZAP	Administrative Pedagogical Zone

2. Executive summary

The UNICEF Madagascar Country Programme (CPD) started on 1 March 2015. Aligned with the 2015-2019 UNDAF, the 2015-2019 Country Programme contributes to the attainment of programme objectives for public health in the National Development Plan (NDP) as well as the Agenda 2030 to ensure equitable and sustainable access to water and management of water resources. The current CPD places a great emphasis on tackling equity issues to improve the use of safe and sustainable water and sanitation in deprived rural areas as a means to assure the rights of all to quality health, nutrition and education.

As Madagascar remains off the map for many donors, UNICEF Madagascar continued to seize every opportunity to bring visibility to the reality of Madagascar's approximately 23 million people of whom a large share is severely impoverished (91 per cent live on less than 2 dollars a day¹) over half of whom are children, and to advocate for increased resources for the social sectors. With the end of the political crisis, the past year has witnessed some reengagement by donors. Madagascar received significantly increased international attention in 2016, notably through high level visits from international organizations and development partners and the Government's accelerated efforts to "re-enter the concert of nations" for example through its chairmanship of COMESA and incoming chairmanship of the International Organization of the Francophonie (OIF).

However, the funds coming in, mainly through direct budget support, are still below pre-crisis levels, rendering the situation difficult for the country, which relies heavily on external aid. This means that most public services are critically underfunded and that UNICEF's unique expertise in ensuring equitable access to quality social services with the limited funds available is in high demand. Our results for children and the most vulnerable communities would not have been possible without flexible Thematic Funding, which helped fill funding gaps for the delivery of water and sanitation services that are sustainable and equitable, including infrastructure provision through construction and rehabilitation of water points for communities, especially health and nutrition centers and schools.

The country office aimed to achieve equity outcomes collectively, intersectorally and based on current evidence. These outcomes included: (i) increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale and for the most disadvantaged populations; (ii) use of safe water, hand washing with soap and use of latrines by children in schools and patients going to health centres; (iii) improved sustainable access to safe drinking water; (iv) less open defecation and more use of improved sanitation facilities and appropriate hygiene practices; and (v) increased access to water and improved sanitation facilities, facilitating hand washing with soap and household water treatment for the populations affected by emergencies.

Target regions were selected based on an analysis of the most vulnerable regions, where an inter-sectoral intervention of all four UNICEF sectors of intervention (Education, Health, Wash, Nutrition, Child and Social Protection), as well as other UN agency partners was possible.

In 2016, the majority of UNICEF's support was directed through the Regional Directions of Water, Sanitation and Hygiene (DREAH) to achieve maximum impact for children by intervening as closely as possible to where they live and go to school. This downstream work was possible thanks to our close collaboration with women, communities, traditional and local leaders and other influential actors, who provide knowledge and feedback to fine tune our strategies and make them more efficient. At

¹ MDG survey 2012–2013

the same time UNICEF continued its advocacy with central government authorities for equity and evidence-based policy decisions.

As a result, UNICEF has contributed to an increase in the number of communities who have access to water and sanitation facilities and who have appropriate hygiene practices. Through WASH initiatives in 2016, an additional 213,700 people use safe and sustainable water for drinking. An additional 40,400 children have benefited from new water access points at 79 primary schools. And more than 325,000 people have changed behaviour and are now consistently using latrines built by themselves (more than 40,000 in 2016). In all, over 3,200 villages, representing nearly 539,000 people, were verified as Open Defecation Free (ODF) in 2016. These gains also represent UNICEF's contributions to the equity and innovation agenda, as they include sustainable access to WASH in drought affected areas of Southern Madagascar, where UNICEF has met immediate life-saving needs for water while evolving rather than replacing weak systems to improve the resilience of communities to future climate shocks and facilitate their sustained development.

3. Strategic context of 2016

Madagascar continued to be marked by political, economic and natural disaster-related changes. Cautious optimism on economic development was coupled with a renewed government re-shuffle. Concerns about prevailing high poverty levels and the continuing drought emergency in the South made 2016 another difficult year for the country and a challenging and demanding context for the UNICEF programme.

The reality for Madagascar is that, despite continued progress in certain sectors, the investments made on behalf of women and children, especially the most vulnerable, are not yet sufficient to ensure the long-term realisation of their rights and ensure that Madagascar will make progress with the Sustainable Development Goals (SDGs). The country remains on the lower ranks of many international indices. It currently ranks 154 out of 188 on the Human Development Index², 123 out of 133 on the Social Progress Index³, 141 out of 150 on the World Happiness Report⁴, and 166 out of 178 on the Environmental Performance Index⁵.

While Madagascar is often characterised by its rich ethnic, cultural and biological diversity, persistent poverty and political instability remain the main barrier for development. As of the last MDG survey, 91 per cent of the Malagasy population live on less than US\$2 a day.⁶ In the latest Global Monitoring Report from the World Bank, Madagascar occupies the 1st place with a poverty rate of 81.8 per cent, showing the largest number of poor.⁷ It is the only country in the region with a historically declining GDP. According to the World Bank, families are on average 40 per cent poorer than they were in 1960.⁸

Around half of Madagascar's population is under 18 years and almost 16 per cent are under the age of 5.⁹ These youth are a cohort who represent a 'window of opportunity' for embedding positive life-

² HDI 2015

³ SPI 2016

⁴ WHR 2016

⁵ EPI 2014

⁶ Millennium Development Goal Survey (ENSOMAD), 2012

⁷ World Bank, 2016; INSTAT/EPM, 2010

⁸ Razafindrakoto, 2013; IRD, 2016

⁹ State of the World's Children 2015

long behaviours in favour of positive social change and environmental protection and resilience, but the challenges facing them are formidable.

In global comparisons, Madagascar ranks 4th in the world for highest rate of chronic malnutrition¹⁰ and 4th in the world with the worst WASH indicators, with 40 per cent of people practicing open defecation. Open defecation, coupled with the lack of safe, clean water and poor hygienic practices, like hand washing with soap, are directly responsible for 90 per cent of cases of diarrhoea and have a significant impact on the alarming rate of chronic malnutrition and mortality among children.¹¹ This, in turn, contributes to the fact that almost 1.7 million school-age children are out of school and of those children in school, only 3 out of 10 complete the primary cycle.

Furthermore, the island is exposed to the hazardous effects of climate change. It ranks among the top ten countries most vulnerable to cyclones and with the weakest coping capacities.¹² Among the countries most affected by the impacts of weather-related loss events (storms, floods, heat waves etc.) in 2015, Madagascar ranked 8th.¹³ The average direct annual loss from earthquake, floods, and tropical cyclones is approximately \$100 million.¹⁴ Since 2015, nearly 1.5 million people have been affected by an ongoing drought with 53 per cent of them facing severe food insecurity and in urgent need of assistance.¹⁵ This is the third consecutive year that the southern part of the country has seen little rain and points to the effects of climate change that especially impact the most vulnerable populations in rural areas.

(a) Situation of children and women related to WASH

Madagascar was not able to achieve MDG 7 by 2015, which aimed to halve the proportion of people without sustainable access to water and sanitation; and despite some recent progress, it will require a concerted and sustained effort on the part of the government and the population to achieve Sustainable Development Goal (SDG) 6, which seeks access to water and sanitation for all by 2030.

Children and women suffer disproportionately in Malagasy society due to numerous factors, including difficult access to basic social services, an insecure economy, climate change and certain traditional beliefs and practices that affect the well-being of children and women. These practices and beliefs vary throughout the country but include for example nutritional restrictions for women during pregnancy or refusal of latrine use.

Neglect of WASH practices is directly linked to a high percentage of child mortality and is one of the key causes for high stunting levels in Madagascar. Only 52 per cent of the population has access to clean water, which means that 11.6 million people face the health risks and the social and economic consequences of not drinking safe water. For sanitation, only 12 per cent of the population use improved sanitation facilities, and handwashing with soap is not commonly practiced by the population. More than 9.4 million people still practice open defecation.

¹² World Risk Index 2016

¹² World Risk Index 2016

¹² World Risk Index 2016

¹³ Global Climate Risk Index 2017

¹⁴ World Bank/ GFDRR, 2016, http://reliefweb.int/sites/reliefweb.int/files/resources/madagascar_1.pdf

¹⁵ IPC 2016

The greatest inequities, for both water and sanitation services, can be seen through wealth disparities and geographic location. In terms of geographic equity, 82 per cent of people living in urban areas have access to safe water while, in rural areas, the number drops to 35 per cent. Moreover, the latest household survey¹⁶ shows that the *overall* coverage rate of 52 per cent for access to drinking water in Madagascar masks the fact almost 80 per cent of the top wealth quintile has access, but less than 20 per cent of the bottom quintile do. The 65 per cent of Malagasy people who live in rural areas and lack access to safe water represent 67 per cent of those without access to improved sanitation facilities.¹⁷

Women and girls also are affected disproportionately by lack of access to clean water and basic sanitation. Girls must spend hours every day accessing water instead of going to school; boys spend hours every day leading cattle to water instead of going to school; and children with diarrhoea struggle to recover from dehydration. This is time that cannot be spent on more productive social and educational activities. Even for girls (and boys) in school, only 18 per cent of schools have access to water and only 56 per cent have sanitation facilities.¹⁸ For women and adolescent girls, the lack of privacy and dignity related to the lack of improved sanitation facilities has especially negative impacts on health and safety, self-esteem, education and well-being. They spend a great deal of time each day queuing for public toilets or seeking secluded spots to defecate, putting them at risk of sexual and other types of violence.

WASH contributes to UNICEF's mandate for the protection of children's rights, to help them meet their basic needs and to expand the opportunities to reach their full potential. WASH interventions make important contributions to reducing undernutrition, helping boys and girls realize their right to education, reducing the burden – particularly on girls and women - of fetching water, ensuring dignity and preventing gender-based violence associated with inadequate access to water and sanitation.

But to change Madagascar's present WASH situation and advance the Sustainable Development Goals agenda is not an easy task due to a combination of factors, including the lack of resources available for the sector and the deeply rooted traditional behaviors being the most important ones.

In response and in order to better address the challenges to achieving the country programme objectives, UNICEF streamlined its WASH programming under one main strategic outcome area in 2015: "By the end of 2019, households and communities have access to safe drinking water, sanitation and healthy environments and good hygiene practices are equitably improved in target regions."¹⁹ The activity outputs²⁰ building up to this goal maintain the comprehensive programme scope and scale.

¹⁶ JMP 2015

¹⁷ JMP 2015

¹⁸ Ministry of Education, 2014. Malagasy law obliges the construction of latrines for all buildings, but does not oblige the construction of water points. Water is also not available in a large majority of school environments.

¹⁹ UNICEF CPAP 2015-2019

²⁰ The outputs are: **OUTPUT 1:** By the end of 2019, the government demonstrates increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale at national and sub-national levels; **OUTPUT 2:** Community-level institutions improve the use of safe water, hand washing with soap and use of latrines by children and families through promotion of good hygiene practices and meeting of WASH infrastructure standards; **OUTPUT 3:** Community demand for sustainable safe drinking water sources is improved and met; **OUTPUT 4:** All communities eradicate open defecation and the use of improved sanitation facilities in combination with appropriate hygiene practices is generalized; and **OUTPUT 5:** Population affected by emergencies have access to water, improved sanitation facilities and appropriate hygiene practices (hand washing with soap and household water treatment).

(b) Scope

Implementation of the 2015-2019 UNICEF – Government of Madagascar Country Programme of Cooperation contributes to the achievement of national development goals related to children and women, ensuring that they align with the SDGs. UNICEF implements, in line with the Ministry of Water, Sanitation and Hygiene, a multi-layered programme strategy, combining support to up-stream policy, legislative frameworks and systems development at the central level, and maintaining a focus on decentralized social sector capacity development, results monitoring and management at the regional level.

UNICEF's programmes respond to the multiple and overlapping needs of Malagasy children and their families. Rather than focusing on one issue or child, the Madagascar programme aims at strengthening the social system, including Health, WASH, Nutrition, Education, Social Protection, Social Policy and Research, that safeguards a better future for all children. The scope of UNICEF's work in Madagascar sets it apart from other organisations in four important ways:

- 1) Our ability to work at both the field and the policy levels, pursuing both long-term and short-term results through advocacy and groundwork means that UNICEF supports the development of national plans and long-term visions, while assuring capacity building for regional authorities and stakeholders at the community level. This is achieved by having UNICEF technical assistants on the ground in regional ministry offices as well as a focus on community-level capacity building and communications.
- 2) Through its programme approach, UNICEF looks at social sectors as a whole and identifies opportunities and obstacles which need to be part of a holistic response to system-level development by strategically supporting sub-sectors that contribute decisively to overall impact. For example, WASH training and water services are installed at schools and health centers, as well as in communities to reinforce WASH practices in all aspects of community life. Also, groups of neighbouring communities are mobilized for CLTS campaigns, so they can mutually support and sustain changes in sanitation practices.
- 3) UNICEF's programmes and activities are aligned with national development goals and are articulated in the United Nations Development Assistance Framework (UNDAF). Priorities and activities supported by UNICEF are therefore in-line with international development agendas, global UNICEF strategic directions, country-level plans and respond to needs expressed by the government and its decentralised authorities.
- 4) UNICEF's approach is an integrated one, supporting children and their environments from all angles – education, health, nutrition, water, hygiene and sanitation and protection, obtaining results for children through a range of partnerships at all levels, with the state, civil society, communities and local organisations. We also join forces with other UN agencies, such as FAO, IFAD, ILO, WHO and WFP, to ensure greater coverage and impact.

(c) Scale

UNICEF Madagascar is one of the few organizations in Madagascar that can reach even very remote areas to provide equitable results for children. Through UNICEF's service delivery, in coordination with national and regional partners, we are able to benefit children across the country.

A revised national WASH policy framework, currently under discussion, is one of the major upstream focus areas aimed at providing a holistic response to meet the WASH needs of the entire Malagasy population estimated at over 24 million (World Bank, 2015).

Direct beneficiaries of UNICEF's support to WASH in the seven target regions²¹ include:

- 500,000 additional people who use safe and sustainable water sources.
- 3,000,000 people who abandon defecating in the open.
- 500,000 people (of the 3,000,000 ODF) who gain access to improved sanitation and have appropriate hygiene behaviour.
- Approximately 667,000 children in primary schools who benefit from drinking safe water, using sanitation facilities and practicing sustainable and appropriate hygiene behavior, such as handwashing with soap.
- Approximately 42,500 children at 250 schools who benefit from the construction of new WASH infrastructure.²²

Indirect beneficiaries include all mothers and children under the age of two years,²³ who visit certified nutrition and health centers in the seven targeted regions and benefit from drinking safe water, using sanitation facilities and practicing sustainable and appropriate hygiene behavior, as well as 100 per cent of visitors to 100 health or nutrition centers in the 7 regions, who will benefit from the construction of new WASH infrastructure.

4. Results in water, sanitation and hygiene 2016

The WASH programme in Madagascar promotes WASH as a key means for women and children to realize and protect their basic human rights and realize their full potential, reducing deaths and undernutrition, as well as improving access and performance in school and reducing gender-based violence. This includes WASH as an immediate and lifesaving response or prevention tool to humanitarian situations.

The main strategy of the WASH strategic outcome is to support and strengthen the national system, especially in schools and health centres, to ensure that it is providing equitable and sustainable access to sanitation, water and improved hygienic practices for all people living in the most deprived areas. The following outcome and output level results in 2016, bottleneck analysis and recommended applications of lessons learned are steps towards achieving programme goals.

Outcome: By the end of 2019, households and communities have access to safe drinking water, sanitation, and healthy environments and good hygiene practices are equitably improved in target regions

(a) Progress towards this outcome is on track.

The programme has continued the consolidation of the scale up strategy during 2016. UNICEF maintained its support to the government to put necessary sector regulations and plans in place such

²¹ Madagascar is divided into 22 regions, and the UNICEF WASH Programme will focus on 7 of those regions, and all of the 38 districts therein. The 7 regions are: Analanjirifo, Androy, Anosy, Atsimo Atsinanana, Atsimo Andrefana, Boeny and Analamanga. Emergency response activities cover all geographic areas that require assistance after a natural disaster or conflict.

²² Calculated using an average of 170 students per school.

²³ The population of children under two is the same population targeted by Nutrition interventions to improve infant diets.

as costed plans in 7 Regions that will allow local authorities to pledge to the MoF and international donors for the funds needed to achieve universal coverage.

In 2016, more households and communities had access to safe drinking water. Sanitation, healthy environments and good hygiene practices were equitably improved in target regions. The percentage of the population in rural areas using surface water decreased from 38 per cent in 2013 to 31 per cent in 2015. The percentage of the population using an improved sanitation facility also improved slightly to 12 per cent, up 1 per cent from 2013. And while the percentage of rural populations using an improved source of drinking water has remained at 35 per cent since 2013, with ongoing support to public and private service providers, who assure the maintenance and sustainability of the infrastructure and services, an increasing proportion of the population should realize the right to “... equitable access to safe and affordable drinking water” (SDG 6.1) before the end of the programme in 2019.

In 2016, UNICEF worked cross-sectorally to coordinate sanitation and handwashing with soap in health centers where deliveries take place, in pre-schools and in primary schools, providing WASH infrastructure and training to encourage healthy hygiene practices. This is known as the Star approach.²⁴ The programme also minimized its impact on the environment by using solar energy to pump water.

In order to increase the sustainability of WASH systems, UNICEF strengthened its work with national partners and the private sector,²⁵ by increasing our partnerships and capacity building of small businesses to encourage their participation in operation and maintenance of water systems. We advocated with national partners for an equity approach to assure that remote rural areas are also covered.

In 2016, 310 schools and 52 health centres were certified as One Star by regional, district and commune authorities. This certification confirms the existence of good practices and active promotion of the three key behaviors (hand washing, latrine use and water filtration). This brings the total number of children and others benefitting from the promotion of good hygiene practices and meeting WASH infrastructure standards for the period 2015-2016 to more than 141,300 children, of whom 68,700 are girls, in 652 schools and 96 health centres certified as One Star. In addition, extensive C4D campaigns supported the implementation of that strategy to extend its reach to more children and health center visitors (mostly women and children). This included consistent diffusion of radio messages, posters and other promotional activities in schools and health centres. In schools and health centres, which are already meeting the One Star standards, UNICEF supported in 2016 the connection to water systems in 30 schools and 11 health centres with maternity services. UNICEF also rehabilitated 130 boreholes with hand pumps located near primary schools and 12 more near health centres. As a result of this: 79 schools have been certified as Two Star and UNICEF's work in schools has provided access to water to more than 40,400 children, 20,500 of them girls. In addition, 958 schools have initiated the One Star approach during 2016, benefitting more than 139,000 children.

During 2016, more than 325,000 people abandoned open defecation and started using latrines. 40,300 new latrines were constructed with the support of UNICEF Madagascar. Overall, UNICEF continued to support evidence generation of good practices, implementation of effective models including

²⁴ Star Approach: One Star includes providing ceramic water filters, hand washing devices and soap + information about key WASH messages; Two Star includes providing water supply and/or latrines + information about key WASH messages; Three Star include Water supply and Sanitation infrastructures following national regulations provided + information about key WASH messages.

²⁵ For example, three local private service providers in the Boeny region (PATY, FENOAMBY and FALY Enterprises) received training in water service management, and for the first time, each maintains 2 water system.

monitoring mechanisms, and emphasis of the critical role that social norms play in relation to sanitation and hygiene. In order to achieve sustained change, UNICEF involved all actors, including traditional authorities and communities themselves to discuss social values and norms and to get to an agreement on why to change behaviors and how.. This included an intersectorial approach, mobilizing community health workers (CHWs) in promoting change and in the implementation of most of the follow up activities supported by village, fokotany, commune and districts committees. Being part of communities on a permanent basis, the role of CHWs represents a unique comparative advantage compared to other models, relying on external capacities who proved less reliable for activity implementation and follow up during or after achieving ODF status.

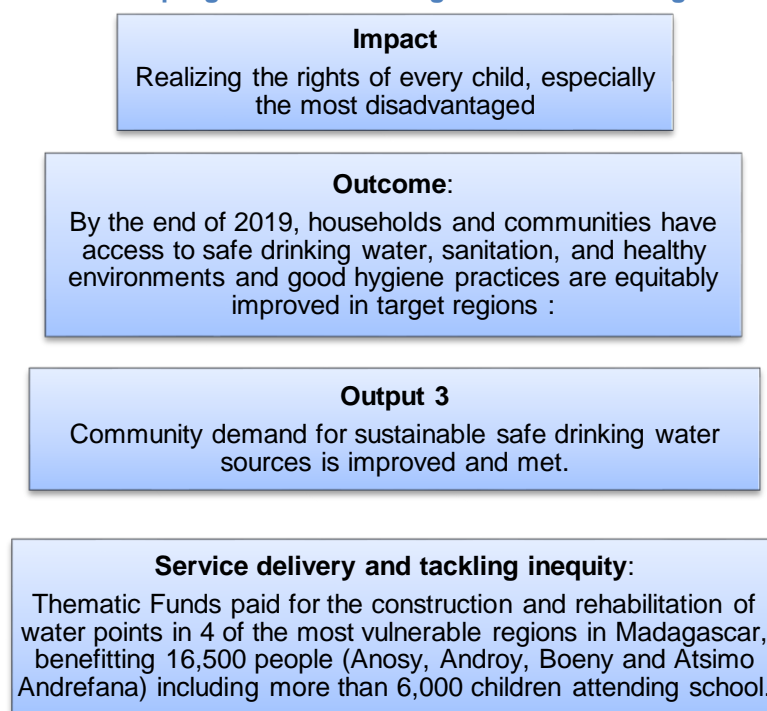
With the support of UNICEF Madagascar during the reporting period, a total of 51 additional communes, representing 539,050 people living in 3,290 villages became ODF. The adoption of the CLTS model, the self-construction of latrines and their use has produced a fundamental change in society that resulted in the improved well-being of women, children and their communities. Particular progress has been made in the south of the country, where consistent behaviour change related to sanitation and hygiene has been achieved.

During 2016, UNICEF supported MoW and National Statistics Institute (INSTAT) to implement an independent certification process for ODF in UNICEF supported regions. The office also advocated that this will be adopted by other sector partners in order to assure data reliability and sector transparency in reporting results achieved. Along these lines, UNICEF Madagascar led several sector discussions in 2016 on how to assure the necessary elements for achieving sustainable change on sanitation and hygiene and is currently implementing a strategy to ensure sustainability post-ODF. The C4D strategy played a key role in promoting handwashing with soap. Related IEC tools and approaches were used throughout the year with a special focus on mothers with children under the age of two years.

To address the key challenges in the sector related to national system data collection, UNICEF Madagascar supported the government to pilot SMS and smart phone data collection of progress made in 2015. The positive results of the pilot resulted in a scale up of the smart phone monitoring in 2016 to the seven target regions.

Thematic funds were very important to strengthen the scale and equitable reach of these outcome results in 2016. They were used to fill funding gaps that resulted in inputs benefitting more children and communities. Since target populations always include the most vulnerable, this means more goods and services were available and accessible to the most disadvantaged. Figure 1 below outlines how Thematic Funds have been programmed to help strengthen the scale and scope of our strategic interventions in terms of our progress towards the WASH Outcome Area.

Figure 1. How Thematic Funds are programmed to strengthen WASH strategic interventions²⁶



In 2016, more than 213,700 people gained access to an improved and sustainable water point. UNICEF contributed to the achievement of this progress through its support to two main actions by the Ministry of Water (MoW), Ministry of Interior and Decentralisation (MID) and small-scale private operators: 1) provision of sustainable services of water in areas where the population does not have access; and 2) development of a sustainability strategy to keep existing water points functional and ensure water provision on a permanent basis.

Thematic funds made essential contributions to extending this equity-focused service delivery, paying for the construction and rehabilitation of 76 water points and co-financing the construction of water supply system where there previously were no services in the regions of Anosy, Androy, Boeny and Atsimo Andrefana, benefitting 16,500 people, including more than 6,000 school children.

(b) Assumptions:

UNICEF assumes that continued close technical dialogue with MoW authorities and technicians will remain possible due to political stability. A related assumption is that the whole sector will align behind government priorities, and each partner will contribute to the achievement of the SDGs and national goals of universal WASH coverage by 2025 (2030 for the SDGs). Moreover, we assume that the sector will be able to learn from evidence and base its management decisions on results achieved in order to improve sector performance as a whole and put in place a new set of effective sector coordination mechanisms, especially for the most deprived. Another key assumption is that an enabling environment will exist for service providers to install and maintain WASH infrastructures and that there is a demand for services and desire to change behavior on the part of the community. Finally, although it is impossible to predict, we assume that emergency response capacities will not be overwhelmed by simultaneous crises.

²⁶ Thematic funding was used in support of Output 3 (Sustainable Access to Safe Drinking Water), while Output 1 (Policy and Capacity Development), Output 2 (Wash in Health, Nutrition and Education), Output 4 (Sanitation and Hygiene) and Output 5 (WASH in Emergencies) were financed with other funds.

(c) Bottlenecks:

The major bottlenecks to achieving more significant advances towards water access, healthy environments and good hygiene for all were weak leadership, coordination and planning capacities, as well as a lack of priority for WASH (particularly sanitation and hygiene) at government level. Weak capacity in the private sector in terms of the absence or immaturity of private sector markets, management and credible supply chains for building and maintaining WASH infrastructures also hampered progress towards sustainable water provision. In addition, decision-makers were not accustomed to regularly generating or effectively using data and information, which meant that decisions and planning often did not lead to the expected results for children and communities and often did not consider the neediest. Moreover, the levels of poverty in households, combined with competing priorities on how to use the few funds available, remained a challenge to sustaining the demand for water services. Poverty as well as certain social norms continued to be a moderate barrier to sustainable behavior change for improved sanitation and hygiene. The absence of effective social protection policies and mechanisms to allow poor people access basic social services is preventing large groups of people to pay for safe and sustainable water and sanitation services.

(d) Risks:

The ongoing loss of national budget for the WASH sector is the main risk to ensuring that sector activities are sustained and scaled up to improve the health, education and well-being of children and their families. Ineffective administration and financial management due to weak capacities also present a risk to efficiency and transparency in the sector. In addition, if the private sector service providers are not involved in sector development and/or do not fully benefit from capacity building opportunities, this could put at risk the sustainability of sector improvements.

Lack of coordination to maximize human resources and capacities may be aggravated by humanitarian situations (such as cyclones) that stretch the already limited human resources or by turnover of national staff due to political instability. Another major risk in the context of Madagascar are the many other urgent issues to address that also require communities' attention: food insecurity, flooding and drought, and polio, for example. Although stakeholders have been engaged in WASH-related initiatives thus far, key partners may also be diverted from water and sanitation planning and monitoring by other issues.

(e) Actions taken / Risk Mitigation:

To overcome these constraints, UNICEF continues to build capacity at the central level and advocate for stronger decentralisation through recruitment of Assistant Coaches by the MoW. These Assistant Coaches are MoW staff at the commune level, who will take on a mentoring role in their offices in order to build capacity, monitor and ensure prioritization of WASH objectives (particularly sanitation and hygiene). UNICEF has also placed its own staff as Regional Technical Assistants in the decentralized government offices in order to strengthen capacity and ensure transparent management of funds.

UNICEF provided resources for the recruitment of other consultants in the targeted communes to support the roll out and monitoring of activities. Additionally, we advocated for the Regional Directors to partner with other decentralized Ministries, such as Education, Health, Environment, and Population and with regional authorities, such as Prefects and Assistant Prefects, Chiefs of Regions and Police in order to support the implementation of the main activities. Additionally, UNICEF capitalized on its partnerships to mitigate the risk of insufficient local level capacity, linking with the

technical staff of the EU-funded Health System Strengthening (PASSOBA) Programme to monitor the capacities of district technical staff to supervise sanitation and hygiene promotion activities. We also advocated for the sector-wide support of all partners to build the professional capacity of the private sector to respond to tender process requirements, build water systems and assure permanent system operation and maintenance at the commune level. A long term exercise of UNICEF Madagascar is to support MID to assure a more effective staffing model to support sub-regional authorities in their role of assuring sustained service models and effective management.

UNICEF is doing intense research and adaptation of different field strategies to increase the impact of CLTS in the population such as public massive commitments, high level value discussion with traditional leaders, amplifying the signs of change, 'shit festivals' and role modelling. The results achieved so far are quite promising and there is increased confidence of being able to address this situation at the same speed of programme scale up. In addition, UNICEF is strengthening the sustainability strategy around key elements much based in sustaining demand and providing technical information and support to build improved latrines with locally available materials rather than relying in sanitation marketing models that have proven to be inefficient and not able to generate business in poor and remote rural areas, where indeed most of the target population lives.

Capacity building and social mobilization through media campaigns is a long-term, cross-sectoral (with C4D, Nutrition, Health and Education) exercise in which UNICEF is engaged. UNICEF, the MoW, and other sector partners have also committed to the development of private sector capacity. The sustainable models being developed are based on the need to put in place affordable tariffs that factor in the level of service provided in ways that clearly convey the value of WASH services to the target populations.

(f) Results Assessment Framework:

The following table summarizes the indicators in the outcome area and the results achieved by 2016. Baseline and target indicators provide a reference to analyse progress.

Outcome: by the end of 2019, households and communities have access to safe drinking water, sanitation, and healthy environments and good hygiene practices are equitably improved in target regions			
OUTCOME INDICATORS	BASELINE (% OR #)	TARGET 2019 (% OR #)	PROGRESS 2016 (% OR #)
% of population in rural areas using an improved source of drinking water	35% (2013)	50%	35% (JMP 2015)
% of population in rural areas practising open defecation	48% (2013)	<1%	40% (JMP 2015)
% of population in rural areas using surface water	38% (2013)	20%	31% (JMP 2015)
% of population using an improved sanitation facility	11% (2013)	50%	12% (JMP 2015)

Output 1: By the end of 2019, the government demonstrates increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale at national and subnational levels.

OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Costed Plans (Regional objective based planning and budgeting) per Region	5 (2015)	22	12 costed plans in 12 Region finalized with the support of UNICEF and 5 additional plans finalized with the support of Water Aid; 5 additional Regions started with support of USAID and WaterAid.
Updated and validated policies: 1) WASH Policy, 2) WASH legislation/code, 3) Integrated Water Resource Management (IWRM), 4) WASH in Schools including equity & gender	0 (2013)	All new and updated documents available	Newly revised Water and Sanitation Code under validation (2016); Code of Water and Decree for regulatory body creation are on hold, Establishment of IWRM regulatory body in progress (2016).
Sanitation and Water for All biannual Action Plan is developed and implemented	Action Plan exists (2015)	Biannual Action Plan implemented and achieved	After change in MoW, this is on hold since it's assigned to a task force group that has not been endorsed by the new MoW.
Sector Wide Approach (SWAp) document and action plan	SWAp document and action plan available (2015)	Sector Wide Approach action plan implemented	After change in MoW, this is on hold since it's assigned to a task force group that has not been endorsed by the new MoW.
Sector Information Management System (SESAM) providing complete information is available, reliable in timely manner	SESAM existing but only partially operational 14 out of 22	SESAM fully operational in 22 regions	Implementation of version 2 of SESAME in process
Sustainability strategy developed and implemented	Sustainability strategy developed	Sustainability strategy developed implemented	Implementation in process
New evidence generated for the sector (Studies and Research)	0 new sources of evidence (2012)	6 new sources of evidence	Business Case, Sustainability Check 2, WASH Fact sheets, Key Results Framework, use of WASH kits at HHs level and water use and consumption in the south done.

Output 2: Community-level institutions improve the use of safe water, hand washing with soap and use of latrines by children and families through promotion of good hygiene practices and meeting of WASH infrastructure standards.

OUTPUT INDICATORS (TARGET REGIONS)	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Additional primary schools having WASH facilities meeting national standards	0 (2014)	250	97 schools with WASH facilities meeting national standards and 71 more with access to safe water through a rehabilitated borehole in the school (2016)
Additional health or nutrition centers having WASH facilities meeting national standards	0 (2014)	100	22 health or nutrition centres with water supply facilities meeting national standards 66 more with access to safe water through a rehabilitated borehole in the Health Centre compound
% of health, nutrition and education certified centers in target regions promoting change and generating demand (One Star)	0 (2014)	50%	9.3% of schools in targeted areas are certified One Star 10.1% of Health and Nutrition Centres in targeted areas are certified One Star (2016)

Output 3: Community demand for sustainable safe drinking water sources is improved and met.

OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Additional number of people using safe and sustainable water for drinking	0 (2014)	500,000	367,102 (2016)

Output 4: All communities eradicate open defecation and the use of improved sanitation facilities in combination with appropriate hygiene practices is generalised.

OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
Number of additional people abandoning open defecation in targeted regions	0 (2014)	3,000,000	1,590,000 (2016)
Cumulative number of people sustaining Open Defecation Free (ODF) behavior	375,000 (2014)	3,375,000	1,112,000 (2016)
Increased cumulative number of people using an improved sanitation facility in 7 target regions	252,600 (2015)	500,000	499,600 (2016)
Increased cumulative number of people that have hand-washing facilities with water and soap/ash available	0 (2015)	3,000,000	1,462,000 (2016)
Increased cumulative number of people treating their water before drinking	0 (2015)	1,500,000	53,800 (2016)

Output 5: Population affected by emergencies have access to water, improved sanitation facilities and appropriate hygiene practices (hand washing with soap and household water treatment).

OUTPUT INDICATORS	BASELINE (% OR #)	TARGET (% OR #)	PROGRESS (% OR #)
% of affected people in humanitarian situations who access and use safe drinking water, adequate sanitation facilities, and use hand-washing facilities	N/A	100%	43% in 2016 (of WASH Cluster target population)
% of affected people in humanitarian situations receiving critical Wash-related information	N/A	100%	43% in 2016
WASH emergency interventions comply with Core Commitments for Children (CCCs) and other emergency standards	N/A	100%	100% in 2016

5. Financial Analysis

To provide the MoW with reliable and accurate work plans based on a mixture of actual and probable amounts of money available, the UNICEF WASH programme continues to share its annual work plan. The shared work plan is based on funds available at the beginning of the year added to in-coming funds that it is certain to receive (on the basis of signed agreements etc.).

As a conservative measure, the planned budget for the year differs from the final amount funded by approximately 20 per cent. UNICEF has learnt that such conservative planning avoids creating unnecessary expectations with partners for a plan that is based on often un-realistic funding needs, rather than funds actually available. As new funds come in during the year, the annual work plan is adjusted and priority areas are funded as necessary. The table below shows the budget for 2016.

Outcome Area 3: Water, Sanitation and Hygiene Madagascar Planned and Funded for the Country Programme 2016 (in US Dollar)

Table 1: Planned Budget for Outcome Area 3: Water, Sanitation and Hygiene

Outputs	Funding type ²⁷	Planned Budget ²⁸
03-01 WASH policy and capacity development	RR	110,600
	ORR	54,000
03-02 Sanitation	RR	376,100
	ORR	54,892
03-03 Water supply	RR	287,600
	ORR	1,289,300
03-04 WASH in Schools and ECD centres	RR	106,700
	ORR	925,690
03-05 WASH and emergencies	RR	55,300
	ORR	72,750
03-06 WASH # General	RR	313,700
	ORR	265,400
TOTAL BUDGET		3,912,032

UNICEF's own Regular Resources funding for the programme represents around 20% per cent of the total budget, illustrating the fact that the programme continues to rely heavily on Other Resources Regular (ORR) to support its implementation. It is important to highlight the pivotal role that thematic funding plays in the WASH programme in Madagascar. As the WASH programme has appropriate levels of OR generally, it is not regarded as priority in terms of RR distribution. Flexible funds are therefore in short supply. Thematic funding gives the WASH programme one of its only sources with which to fill significant funding gaps, to balance funding allocations across the OR range of supported activities and to maintain its innovative and dynamic approach to better respond to emerging needs in the lives of Malagasy children.

²⁷ RR – Regular Resources; ORR – Other Resources - Regular

²⁸ Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost. Figures come directly from official annual work plan for 2015-2016 signed with MoW.

Outcome Area 3: WASH

Thematic Contributions Received for Outcome Area 3 by UNICEF Madagascar in 2016 (in US Dollars)

Table 2: Country-level thematic contributions to outcome area received in 2016

Donors	Grant #	Contribution Amount	Programmable Amount
Netherlands Com for UNICEF	SC1499030074	137,969	126,932
Norwegian Com for UNICEF	SC1499030110	42,012	38,651
United States Fund for UNICEF	SC1499030129	197,500	181,700
Total		377,481	347,283

The flexibility of thematic funds has been crucial for targeting areas for which it has been difficult to raise funds, and have thus allowed the CO to fill gaps.

Outcome Area 3: WASH Madagascar 2016 Expenditures by Key-Results Areas (in US Dollars)

Table 3: Expenditure in the Outcome Area

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
03-01 Water supply		4,539,849	316,915	4,856,764
03-02 Sanitation		338,889	92,299	431,188
03-04 WASH in Schools and ECD centres		778,220	69,686	847,906
03-05 WASH and emergencies	1,035,016		123,857	1,158,872
03-06 WASH # General	6,174	398,253	698,313	1,102,740
Total	1,041,189	6,055,211	1,301,070	8,397,470

*Expenditure figures provided do not include recovery cost, and are indicative figures obtained from UNICEF Performance Management System.

The actual expenditures in 2016 were much higher than the amount budgeted at the beginning of the year. Most part of this difference is due to the fact that UNICEF WASH Madagascar received a) 10 times more funds for the emergency response to the draught crisis in the South; and b) USD 3.6M extra from the DFID Accelerating Sanitation and Water Access for All programme.

The WASH section has been able to absorb the extra funds to scale up the programme and boost its emergency response in the South. But the challenges Madagascar face in all social sectors are enormous, and the Thematic Funds have allowed the programme to reach more people with no previous access to WASH.

Table 4: Thematic Expenses by Programme Area

Fund Category	All Programme Accounts
03-01 Water supply	257,555.58
03-04 WASH in Schools and ECD centres	6,545.35
03-06 WASH # General	20,808.88
Grand Total	284,909.81

The table below shows a more specific breakdown of actual funds used by specific intervention code. While all interventions contribute to the overall goal of sustainable access to water and sanitation services and sustainable behavior change, the priority interventions of Water Supply Sustainability and the fight against open-defecation received the most funds as they are the foundation of the entire system. Water Supply Sustainability includes actions to induce demand, capacity building of service maintenance providers and support to the private management of water systems.

Table 5: Expenses by Specific Intervention Codes

Row Labels	Expense
03-01-01 Rural water supply	1,099,991
03-01-03 Water safety (including Household Water Treatment and Safe Storage)	(1,763)
03-01-04 Water Supply Sustainability	3,758,537
03-02-01 Open defecation elimination and improved sanitation: rural	398,055
03-02-02 Open defecation elimination and improved sanitation: peri-urban and urban	33,133
03-04-01 WASH in Schools (general)	611,678
03-04-02 WASH in Schools hygiene promotion	236,228
03-05-01 WASH coordination # humanitarian	1,158,872
03-06-01 WASH sector coordination (non-humanitarian)	255,305
03-06-03 WASH # General	847,434
Grand Total	8,397,470

*Total Utilized figures exclude recovery cost and are indicative figures obtained from UNICEF Performance Management System.

6. Future Workplan

The results of the programme showed that the most vulnerable regions, especially the southern regions, continue to face greater challenges to equitable and sustainable water and sanitation access when compared to other regions. We know that intensified and long-term support to these regions is needed if the regional equity gaps that remain are to be closed.

A mix of innovative strategies, incorporating C4D components, advocacy and intersectoral partnerships will guide activities and support a human rights based approach of inclusion and participation. An multisectoral strategy at the central and subnational level will be implemented with the integrated contributions of the Education and Health sectors to sustain WASH activities in schools and health centers. A major push will be given to develop innovative approaches that increase the

resilience of the population to face climate shocks and assure links with small scale livelihoods. This will be done alongside the development of technically advanced options for drought areas to identify ways to increase sustainable water availability for the most disadvantaged populations.

UNICEF will continue to build capacity to improve WASH policy environment and operationalize the information management system, in addition to advocating for and providing technical support to the private sector to become an important participant and service provider. Moreover, the WASH programme will continue to embed technical assistants in each of the seven target DREAH as a means of building capacity. Lastly, UNICEF will work with its partners to expand the coverage of WASH services in emergencies to improve access to basic services (WASH, education, health, etc.).

The future work plan is based on the assumption that the financial and human resources required to deliver the expected results will be available. Major national or global economic crises, as well as changes in political priorities that affect funding could create funding shortfalls that negatively impact progress toward our goal of ensuring equitable and sustainable access to sanitation, water and improved hygienic practices for all people living in the most deprived areas. Grouping flexible funding sources, such as thematic funds; working collectively and sharing resources with other UN sectors; and ongoing advocacy for increased funding allocation on the part of the Government will mitigate this risk.

7. Expression of Thanks

UNICEF Madagascar would like to express sincere appreciation to all its donors for their essential and highly valued support toward the Water, Sanitation and Hygiene programme. Your generous thematic contributions have allowed UNICEF to be flexible and provide comprehensive programmatic assistance to the WASH sector in Madagascar.

UNICEF also wishes to thank its education programme partners for their effective collaboration as part of the programme, and to all the communities in the target regions and its government partners, from central to regional as well as district and local level, without whom UNICEF's work to ensure the rights of all children are realised would not have been achieved.

8. Annexes

Human Interest Story: Providing safe water in schools improve children learning outcomes

Fitahia attends Fanjahira Public Primary School in Taolagnaro, in Madagascar's south-eastern Anosy region together with 446 other students. For a long time, the school did not have access to water. Every morning, Fitahia had to fetch water for his family at the Ifaho River, some 2 kilometres away. He remembers: "In the morning I did not have time to shower and get ready for school because I had to go to the river." Fitahia adds "I was often sick with diarrhoea. And when I was sick I had to stay at home and missed classes." Now things have changed for Fitahia and his fellow students. As Constance Beby, the Director of the school says "Since our students can fetch water from the water point at the school and have filtered water, Fitahia did not miss any more classes because of diarrhoea." And she continues, smiling "In fact, he is now the first student to arrive at school every day."



Fitahia is now the first student to arrive at school every day

Thanks to the support from its donors, UNICEF Madagascar was able to support Fanjahira primary school by building improved, gender-appropriate latrines for boys and girls), new primary school classrooms, a new preschool classroom and by ensuring access to safe water through the construction of a water point. This is part of UNICEF's Star Approach,²⁹ aiming to teach students key messages with regard to water, sanitation and hygiene:

- (1) Practice hand washing with soap,
- (2) Drink safe water and
- (3) Use latrines.

The school received ceramic water filters, handwashing devices and soap bars as well as pedagogical guides and Information, Education and Communication material which helps the teachers to convey these key messages to the students to ensure behaviour change. Furthermore, the whole community benefitted from a Community Led Total Sanitation approach (CLTS), which aims to eliminate open



The new preschool classroom in Fanjahira

²⁹ The STAR Approach helps schools to meet the essential criteria for a healthier and more protective learning environment for children by taking simple steps to ensure that all students wash their hands with soap, have access to safe drinking water, and are provided with clean, gender-segregated and child-friendly latrines at school. The intervention is divided in three components:

- The "One Star" schools promote healthy habits in daily routines at school (daily supervised group hand washing, use and cleaning of toilets and use of filtered water for drinking);
- The "Two Star" schools achieve incremental improvements through hygiene education and facilities, improved sanitation facilities and the introduction of improved water points;
- The "Three Star" schools meet national water, hygiene and sanitation standards.

defecation, a habit still widely practiced in Madagascar. Open defecation is a major cause of diseases and malnutrition.

And indeed, Director Constance notes, "The students have really taken up these key messages. They have adopted the habit to wash their hands before class, before they eat, after they finished playing and after they went to the toilet."

In the past, whenever the parents needed their children's help, students were obliged to drop out and work in the fields or herd the cattle to support their families. Now, Constance observes, this has started to change: "This Star approach is an important motivation for students to enrol and stay in school. In the past two years, the number of children attending our school has increased from 312 during the 2014/2015 school year to 447 in 2015/2016."

Asked what she thinks has created this dynamic, Constance replies: "The students are very motivated to go to school because they can drink safe water when they come back thirsty after doing sports and they do not have to be afraid to fall sick from water-borne disease and suffer from several days of tummy ache."

Story & Photo Credits:

Andrindrainy Diamondrasoa, WASH Regional
Technical Assistant, Anosy Region, UNICEF
Madagascar, July 2016.



The students play during their break. The water point, equipped with a hand pump, serves them water right next to the school so they do not have to go far to the river to fetch water



The students use the water filters to drink safe water when they are thirsty after playing.

Donor Feedback Form

Title of Report/ Project: Thematic Report WASH 2016

UNICEF Office: Madagascar

Donor Partner:

Date:

Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Daniel Ziegler

Email: dziegler@unicef.org

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

SCORING: 5 indicates "highest level of satisfaction" while
0 indicates "complete dissatisfaction"

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for completing this form!