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Programme
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de Alimentos

**Executive Board
First Regular Session**

Rome, 9–10 February 2015

COUNTRY PROGRAMMES

Agenda item 6

For approval



Distribution: GENERAL
WFP/EB.1/2015/6-A
13 January 2015
ORIGINAL: ENGLISH

COUNTRY PROGRAMME MADAGASCAR 200733 (2015–2019)

Gender marker code 2A
<https://www.humanitarianresponse.info/system/files/documents/files/gm-overview-en.pdf>

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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Should you have any questions regarding availability of documentation for the Executive Board, please contact the Conference Servicing Unit (tel.: 066513-2645).

EXECUTIVE SUMMARY

Madagascar is emerging from the 2009–2013 political crisis, which undermined development efforts. Poverty has increased over recent years and today, 72 percent of its estimated 22 million inhabitants live below the national poverty line. Many of these people have limited access to basic services, are vulnerable to natural disasters and have suffered as a result of political and economic crises. The southern part of the country suffers the most from food insecurity as a result of recurrent shocks such as locust plagues, droughts and inadequate access to food.

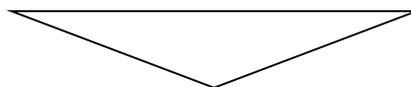
Evaluations of the previous country programme highlighted the need for strengthened partnerships. The current country programme supports fragile state institutions in line with the Government's strategy and the United Nations Development Assistance Framework. Focusing on strengthening national capacities, WFP will support long-term development and reconstruction, and address food insecurity in the three most vulnerable southern regions.

WFP will: provide multi-fortified school meals in rural areas of the South and in priority urban areas; support the development of a national school feeding policy; assist in setting up a nationally owned school feeding system; and pilot Home-Grown School Feeding and cash transfers in urban areas to increase sustainability.

With regard to nutrition, WFP will support national coordination and provide technical assistance in the development of policies and protocols. Building on a context-specific understanding of the determinants of malnutrition, WFP will contribute to the development of effective national responses. Smallholder farmers will be supported to increase the quantity and quality of their agricultural production, reduce post-harvest losses and improve their handling of crops, allowing them to sell to WFP and other buyers.

In addition to the United Nations Development Assistance Framework (2015–2019) the country programme will contribute to WFP's Strategic Objectives 3 and 4. It is also aligned with Millennium Development Goals 1 through 7 and pillars 1, 2, 4 and 5 of the Zero Hunger Challenge.

DRAFT DECISION*



The Board approves proposed country programme Madagascar 200733 for 2015–2019 (WFP/EB.1/2015/6-A), for which the food transfer requirement is 49,677 mt at a cost of USD 31.6 million, the cash and voucher transfer cost is USD 3.2 million, and the capacity development and augmentation cost is USD 7 million. The total cost to WFP is USD 69 million.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

PROGRAMME RATIONALE

1. Madagascar is a low-income food-deficit country, which ranked 155th out of 187 countries in the 2014 human development index.¹ In 2013, 72 percent of its 22 million inhabitants lived below the national poverty line.² The country is one of the few in the world to have experienced a stagnation in per capita income over the past decades coupled with a rise in absolute poverty.³
2. More than five years of political crisis (2009–2013) have negatively affected government institutional capacity, economic growth and development, jeopardizing vulnerable people's access to basic services and their ability to prevent and recover from frequent shocks. Madagascar is vulnerable to cyclones, floods and droughts. One quarter of the population – some 5 million people – live in areas highly vulnerable to frequent natural disasters. Because of their adverse impacts on agriculture, these natural hazards are a major threat to food security. Climate change is likely to exacerbate these risks and further increase household vulnerability.⁴
3. Farming, fishing and forestry form the basis of Madagascar's economy, accounting for 25 percent of the gross domestic product (GDP) and 77 percent of employment.² Agriculture is dominated by rain-fed, small-scale subsistence farming: 70 percent of smallholder farmers cultivate 1.2 hectare parcels on average, and 23 percent smallholder farmer households are headed by women. Agricultural productivity remains low as a result of the continued use of traditional techniques, and the country is a net importer of rice, the preferred staple food. Barriers to increased productivity include: limited access to agricultural inputs, credit and technical support services; gender inequality;⁵ poor farming and post-harvest techniques; lack of land-tenure security; soil degradation and poor natural resource management practices; lack of access to markets and market information for smallholder farmers; and limited off-farm employment opportunities.
4. Food insecurity results primarily from inadequate access to food. The 2013 crop and food security assessment mission (CFSAM) found that nearly 4 million people – 28 percent of the rural population – were food-insecure.⁶ Households headed by women are more heavily affected because of lower education, socio-cultural factors and women's unequal access to resources.⁷ The highest rates of food insecurity were found in the southern and south-western regions, which are characterized by degraded land and droughts.⁸

¹ United Nations Development Programme (UNDP). 2014. *Human Development Report*. New York. Data for the 2013 gender inequality index are missing.

² National Statistics Institute (INSTAT). 2012–2013. *Millennium Development Goals (MDGs) National Survey*. Antananarivo.

³ Gross national income (GNI) per capita is USD 440; gross domestic product (GDP) per capita is USD 471. World Bank, 2013. <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

⁴ World Bank. *Climate Change Knowledge Portal*.

http://sdwebx.worldbank.org/climateportalb/home.cfm?page=country_profile&CCode=MDG

⁵ Madagascar ranked 30th out of 86 countries in the Organisation for Economic Co-operation and Development (OECD) 2012 social institutions and gender index.

⁶ The 2014 CFSAM covered only eight regions and showed that 35.8 percent – 2.2 million people – of the rural population in the surveyed regions is food-insecure. In 2013, these regions accounted for 32 percent of food-insecure people among the rural population.

⁷ According to the 2014 CFSAM, food insecurity affects 45 percent of households headed by women and 34 percent of households headed by men.

⁸ In Androy, 83 percent of households are food-insecure; in Atsimo Andrefana, 74 percent of households are food-insecure. CFSAM, 2014.

5. Madagascar has one of the highest rates of stunting in the world, with 47.3 percent of children under 5 affected. Determinants of stunting include poor maternal nutrition, inadequate infant and young-child feeding practices, food insecurity, recurrent illness exacerbated by the poor access to health services and women's limited decision-making power over the use of household income. The average prevalence of global acute malnutrition (GAM) in Madagascar is 8.2 percent, with no significant difference between boys and girls.
6. Undernutrition occurs at an early stage in life, highlighting the critical role of maternal health and nutrition. Only 42 percent of infants aged 0–6 months are exclusively breastfed and 31 percent of those aged 6–23 months receive an acceptable diversified diet. Feeding practices of boys and girls are affected by gender roles: for example, solid or semi-solid foods are introduced earlier to boys than to girls.²
7. Prevalence of micronutrient deficiencies is high: 35 percent of women aged 15–49 years and 50 percent of children under 5 suffer from anaemia.⁹
8. The country has a high incidence of tuberculosis (TB), with an estimated 60,000 people (a 1.5 men: 1 woman ratio) infected each year and 26,000 new cases detected in 2013.¹⁰ About 5 percent of cases are fatal and 9 percent of those treated for TB do not complete the six-month treatment regime, risking the onset of multi-drug-resistant TB.
9. HIV prevalence – estimated to be 0.5 percent in adults, with no notable gender differences – is one of the lowest in sub-Saharan Africa, with infection contained in high-risk groups. Case detection is a main priority, given that an estimated 98 percent of cases are undiagnosed.¹¹
10. The closure of a significant number of primary health-care centres during the political crisis, coupled with insufficient qualified health staff, has caused a decrease in health service attendance and has raised concerns about maternal and child health. The child mortality rate is high at 62 per 1,000 live births – and is even higher in rural areas. Maternal mortality has remained at 498 deaths per 100,000 live births since the 1980s. Access to water and sanitation is limited: just 17.7 percent of the rural population has access to safe water and 3.6 percent has access to improved latrines.²
11. Compounding these factors, Madagascar's serious political crisis led to its suspension from many regional and international organizations, and interruption of external assistance. As a consequence, public spending on education was reduced and net enrolment in primary education decreased sharply from 96.2 percent in 2006 to 69.4 percent in 2012. Enrolment rates are significantly lower for the poorest households and in rural areas, particularly in the southern regions. For example, in Androy, because pre-adolescent boys traditionally herd livestock, primary-school enrolment and completion rates are higher for girls – 47.1 percent – than for boys – 33.7 percent for boys.² The political crisis negatively impacted disposable income, especially among poor people in urban areas, resulting in increased school drop-outs for boys and girls, and the adoption of negative coping mechanisms such as abandonment of children, child labour and sex work.

⁹ INSTAT. 2008–2009. *Demographic and Health Survey*.

¹⁰ A high rate of smoking by men accounts for higher prevalence in men.

¹¹ Comité national de lutte contre le sida (National AIDS Commission) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), 2012.

12. Madagascar was classified as an “aid orphan” by the OECD, with USD 17.5 of net official development assistance per capita, compared with an average of USD 47.5 for Africa in 2012.¹² Since the national budget is highly dependent on official development assistance, and considering the magnitude of the country’s many challenges, it is expected that a return to constitutional order will lead to increased donor support.
13. The General State Policy prioritizes the fight against poverty along three axes: good governance, economic recovery and access to basic social services. Food security features prominently within the social protection and rural development priorities. The Government endorsed the 2015–2019 United Nations Development Assistance Framework (UNDAF), which mirrors these three axes.
14. Through the National Nutrition Action Plan II (2012–2015), and by joining the Scaling Up Nutrition (SUN) movement, the Government has renewed its commitment to addressing undernutrition. However, a lack of harmonization and insufficient mobilization of actors have hindered progress. Efforts towards multi-sector coordination of the nutritional response under the leadership of the National Nutrition Office need to be supported. Treatment of severe acute malnutrition is integrated into the National Health Service; treatment of moderate acute malnutrition (MAM) is included in the national protocol, but has not been implemented.
15. The new Government’s strategy aims to reintegrate out-of-school children, introduce free primary education, provide nutritional support in disadvantaged areas and improve the quality of the education system. Improvements in education are being made through the Interim Education Plan (2013–2015) and the National Programme for School Feeding, Nutrition and Health (2013–2015). These two frameworks recognize the effectiveness of school feeding in promoting school access and retention, and reducing school exclusion. In addition, through the Systems Approach for Better Education Results (SABER) action plan,¹³ the Government has renewed its commitment to supporting the development of a comprehensive national school feeding programme.
16. Country programme (CP) 103400 was initially approved from 2005 through 2009. Following the protracted political crisis, three budget revisions enabled the extension of the CP from 2010 to 2014.¹⁴ CP 103400 had three main components: i) support to basic education through a school meals programme; ii) mitigation of natural disasters and environment protection; and iii) blanket supplementary feeding to fight malnutrition, TB and HIV/AIDS.
17. Since 2005, WFP has provided school meals to primary schoolchildren in the South and vulnerable children in urban areas receiving formal and non-formal education. Evaluations conducted in 2012¹⁵ identified the need to extend the programme into adjacent areas with similar indicators and found that school meals and the essential package of WFP activities improved access to education, attendance, health and nutrition of school children.
18. CP 103400 has been effective in preventing seasonal peaks of acute malnutrition, maintaining GAM prevalence below 10 percent. An evaluation of the ongoing

¹² OECD. 2013. *Identification and monitoring of potentially under-aided countries*. Paris.

¹³ A SABER consultation was held in Madagascar in July 2014 with the World Bank and the Partnership for Child Development; Madagascar is at the “latent” level.

¹⁴ Budget revision 16 will extend CP 103400 by two months to bridge the gap before approval of CP 200733.

¹⁵ United Nations Children’s Fund (UNICEF). 2013. *Evaluation of WFP School Feeding Programme, Madagascar*. Antananarivo.

small-scale pilot stunting-prevention project¹⁶ at the end of 2015 will better inform future implementation modalities for stunting prevention.

19. Through nutritional recovery of malnourished TB clients and better adherence to treatment, the treatment success rate in WFP-assisted facilities improved from 79 percent in 2005 to 89 percent in 2013.¹⁷ Lessons learned from WFP's food-by-prescription programme – including the impact of gender on treatment adherence – will support the National Tuberculosis Programme in setting-up a standardized national protocol for the nutritional care of TB clients.
20. A 2014 evaluation of pilot cash projects showed that cash was appropriate because: i) livelihood insecurity was mainly a result of people's inability to access local food; ii) cash helped people to take responsibility for their own recovery; iii) cash was often the most effective way of delivering assistance; and iv) cash enabled seasonal food diversification based on local eating habits.
21. Participatory national gap analysis with the Government, United Nations agencies and donors, and lessons learned from past interventions, led to the formulation of a new WFP country strategy, aligned with the UNDAF and the Government's development strategy.

PROGRAMME PRIORITIES AND PARTNERSHIPS

22. CP 200733 will focus on technical assistance and capacity development to ensure the sustainability of interventions and support fragile state institutions in their transition to development. This five-year programme contributes to priorities 2 and 3 of the Madagascar 2015–2019 country strategy and priorities 1 and 3 of the 2015–2019 UNDAF.¹⁸ It is aligned with WFP Strategic Objectives 3 and 4,¹⁹ pillars 1, 2, 4 and 5 of the Zero Hunger Challenge and Millennium Development Goals 1–7.
23. CP 200733 will run alongside protracted relief and recovery operation (PRRO) 200735 (2015–2017), which will complement the CP by providing relief assistance, restoring food security and strengthening resilience of the most vulnerable in food-insecure and shock-prone areas. Although there is a geographical overlap between the CP and the PRRO, their activities will remain distinct but mutually supportive: the PRRO will focus on activities linked to relief, recovery, disaster preparedness and resilience-building and for example, the promotion of nutritious and diversified foods will reinforce the impact of nutrition interventions implemented in component 2 of the CP.
24. The CP will be implemented in the three most food-insecure regions of Madagascar – Atsimo Andrefana, Androy and Anosy – and the three vulnerable urban areas of Antananarivo, Tamatave and Tulear. Its long-term objectives are to:
 - support human development by increasing education access and retention (Strategic Objective 4);
 - enhance socio-economic capacity and resilience by investing in human capital and improving vulnerable groups' nutrition (Strategic Objective 4); and

¹⁶ The Nutrition Capacity Strengthening Plan (NCSP) demonstration model.

¹⁷ The national average is 82 percent.

¹⁸ UNDAF (2015–2019) Priority 1 – Improve access to income and employment opportunities in an inclusive development process; Priority 3 – Improve access to basic social services and nutritional status of populations.

¹⁹ Strategic Objective 3 – Reduce risk and enable people, communities and countries to meet their own food and nutrition needs; Strategic Objective 4 – Reduce undernutrition and break the intergenerational cycle of hunger.

- improve food security and resilience by supporting the economic empowerment of smallholder farmers (Strategic Objective 3).

Component 1: Supporting the National School Feeding Programme

25. This component will support the national school feeding programme through: micronutrient-fortified hot meals for primary schoolchildren; implementation of the essential package of activities;²⁰ and technical assistance for the Government. School feeding is estimated to cost an average of USD 43 per child, per year.
26. WFP will continue to implement school feeding in priority districts in the three most food-insecure regions of southern Madagascar and in vulnerable urban areas where education indicators are particularly poor and children depend on school meals.²¹
27. Partnerships with UNICEF and the International Labour Organization (ILO) will increase the impact of school meals on children's enrolment, attendance and performance. WFP and its partners will highlight the need to address gender gaps in enrolment through the Ministry of Education's national school campaign. Community sensitization will improve the working conditions of women cooks and ensure equitable distribution of responsibility between men and women in local school feeding management committees.
28. WFP will pilot Home-Grown School Feeding (HGSF) in the South and cash transfers in urban areas to increase the sustainability of school feeding and pave the way for national ownership.²² These approaches rely on local food production and support smallholder farmers, building synergies with component 3 of the CP; food procurement will follow a transparent process in line with WFP food procurement procedures, and will include testing to ensure the absence of aflatoxins and other toxic agents. Community provision of fresh foods and HGSF, along with cash transfers, will contribute to more diverse diets.
29. WFP will support national capacities and institutions in preparation for a national scale-up of the school feeding programme. This includes: supporting the development of a national school feeding policy; assisting in the establishment of a nationally owned school feeding system; and providing technical assistance to a national steering group.²³ Building on its experience in urban areas, WFP will also support the Government in designing a sustainable urban school feeding model. A national cost-benefit analysis will be conducted to build a stronger evidence base for the value and impact of school feeding.

Component 2: Improving Nutritional Outcomes for Vulnerable Groups

30. Stunting prevention will take a central place in this component through: i) the scale-up of a WFP/United Nations Population Fund (UNFPA) initiative to address stunting using an integrated mother-and-child health and nutrition approach;²⁴ and ii) a joint United Nations nutrition initiative to analyse the context-specific determinants of undernutrition and address

²⁰ The essential package includes basic education, health, nutrition and hygiene education, micronutrient supplementation, access to potable water and sanitary latrines, promotion of girls' education, deworming, school gardens, improved stoves, psychosocial support, malaria prevention and HIV/AIDS education. It will be implemented in partnership with non-governmental organizations (NGOs), government institutions and UNICEF.

²¹ In 2015, an urban vulnerability assessment will be carried out to target schools.

²² These pilot activities will be designed according to the outcomes of feasibility studies, which will include cost-efficiency calculations. The caloric and nutritional support provided through these rations will be consistent with in-kind school feeding rations, taking into account seasonality and price fluctuations.

²³ The SABER national action plan will inform the establishment of a nationally owned school feeding programme.

²⁴ The NCSP demonstration model pilot uses Nutributter® in blanket supplementary feeding for children under 24 months combined with SuperCereal for pregnant and lactating women; it focuses on the first 1,000 days.

them within a concentrated geographical area.²⁵ Research for the mother-and-child health and nutrition pilot will identify the socio-cultural barriers to adequate feeding practices, especially for boys under 6 months, and men will be involved in behaviour-change strategies along with women. The knowledge built through these two activities will support the formulation of a national stunting-prevention approach and feed into the next national nutrition action plan (2016–2020).

31. MAM prevention through blanket supplementary feeding will be maintained to prevent seasonal increases in acute malnutrition; it will focus on improving the availability of – and access to – nutritious complementary foods in markets. The activity will target the poorest households through a social safety net programme during the lean season and influence nutrition behaviours beyond the target group.²⁶ This will involve strengthening the cooperation between WFP local producers and civil society partners.
32. Along with the Government and UNICEF, WFP will analyse bottlenecks in the management of acute malnutrition to identify weaknesses in national delivery and formulate a national capacity development plan. WFP will also support government MAM treatment for pregnant and lactating women and children, as part of a United Nations joint nutrition initiative.
33. In collaboration with the national TB programme, WFP will support improved nutrition for malnourished TB clients receiving food by prescription.
34. At the national level, WFP will support the National Nutrition Office and establish a foundation for national ownership of large-scale food-based interventions for stunting prevention, MAM treatment and the nutritional rehabilitation of malnourished HIV and TB clients. This will include technical assistance in the development of policies and protocols, and the evaluation and strengthening of operating capacity.

Component 3: Increasing Access to Markets for Smallholder Farmers

35. Component 3 seeks to build upon the lessons from the global Purchase for Progress pilot initiative²⁷ by: increasing smallholder farmer’ opportunities to access agricultural markets; and supporting the economic empowerment of women and men. Smallholder farmer organizations will receive technical assistance, support for value-chain development and improved market information. Together with supply-side partners, WFP will assist women and men farmers in increasing the quantity and quality of their yields, reducing post-harvest losses and improving storage, transport and handling of crops. This will allow farmers to sell surpluses that meet international standards to WFP’s operations and other buyers; part of these surpluses will be purchased to provide food assistance through component 1.
36. The selection of farmer organizations will be based upon their capacity to increase production and generate marketable surpluses of staple crops such as maize, pulses and sorghum. Selection criteria will also include the presence of supply-side partners supporting

²⁵ Through the NCSP Trust Fund, WFP will support the Government and its partners in analysing nutrient access in regions where stunting rates are above 40 percent.

²⁶ WFP will study the feasibility of using vouchers to increase beneficiaries’ access to fortified complementary foods available on the market in order to prevent acute malnutrition during the lean season.

²⁷ An ongoing Howard G. Buffett Foundation Trust Fund initiative is developing the Madagascar country office’s capacity to make local purchases from smallholder farmers.

production and post-harvest handling,²⁸ the formal organization of groups and the representation of women as members and leaders.

37. WFP will also enhance nutrition impacts among smallholder farmers by encouraging crop diversification, increasing nutrient-dense food crops for home consumption to improve diets and micronutrient intake. By raising farmers' incomes, WFP seeks to turn local food procurement into an additional means of improving food security and nutrition.
38. Special attention will be given to the gender roles and gaps in agricultural production, with a focus on improving women's farmer organization membership, access to credit and participation in decision-making. As stakeholders, men will be actively engaged in gender sensitization activities such as training.
39. Alliances with FAO, IFAD and private-sector partners will be reinforced. Best practices from the pro-smallholder experience will be documented and widely shared to promote national adoption of mechanisms for improving market access.

TABLE 1: BENEFICIARIES BY COMPONENT (mt)				
		Men/boys	Women/girls	Total
Component 1 – School feeding	South: in kind	229 000	263 000	492 000
	Urban: in kind	21 000	23 000	44 000
	HGSF	20 000	23 000	43 000
	Urban: cash	21 000	24 000	45 000
Component 2 – Nutrition	MAM prevention	128 000	239 000	367 000
	Stunting prevention	47 000	55 500	102 500
	MAM treatment	4 000	4 000	8 000
	TB nutrition support	8 000	5 000	13 000
Component 3 – Market access		12 000	13 500	25 500
TOTAL		490 000	650 000	1 140 000

²⁸ In collaboration with a project carried out by the International Fund for Agricultural Development (IFAD), *Appui au renforcement des organisations professionnelles et aux services agricoles* (AROPA, Support to Farmers' Professional Organizations and Agricultural Services Project) and the Food and Agriculture Organization of the United Nations (FAO).

TABLE 2: FOOD RATION/TRANSFER BY COMPONENT (g/person/day)

	Component 1 – School Feeding			Component 2 – Nutrition				
	School feeding – in kind	HGSF	Urban school feeding – cash	Acute malnutrition prevention (children 6–23 months)	Supplementation* (pregnant and lactating women)	Chronic malnutrition prevention (children 6–23 months)	MAM treatment (children 6–59 months)	TB nutrition support (individual ration)
Cereals	140	-	-	-	-	-	-	-
Pulses	30		-	-	-	-	-	-
Vegetable oil	10	-	-	-	20	-	-	20
Micronutrient powder	0.4	0.4	0.4		-		-	-
SuperCereal	-	-	-	-	200	-	-	200
PlumpyDoz	-	-	-	46	-	-	-	-
Nutributter®	-	-	-	-	-	20	-	-
PlumpySup	-	-	-	-	-	-	92	-
TOTAL	180.4	0.4	0.4	46	220	20	92	220
Total kcal/day	681	N/A	N/A	247	940	108	500	940
Cash/vouchers (USD/person/day)	-	0.15	0.15	-	-	-	-	-
Number of feeding days/year	175	175	175	90	180	360	60	180

* For pregnant and lactating women in MAM treatment to prevent acute and chronic malnutrition.

40. Nutrition products have been selected in line with WFP's nutrition policy; cost-effective small and medium quantities of lipid-based nutrient supplements will be introduced. For cash transfers, an average cost of USD 0.15 per meal is budgeted based on the costs of balanced meals from locally available and seasonal food products.²⁹

²⁹ Schools receiving cash transfers are expected to provide diversified meals including cereals, fresh vegetables or fruits, pulses, meat or fish and oil.

TABLE 3: TOTAL REQUIREMENTS BY COMPONENT				
		Component 1 – School feeding	Component 2 – Nutrition	Total
Rice	<i>mt</i>	1 843	-	1 843
	<i>USD</i>	654 277	-	654 277
Crushed maize*	<i>mt</i>	31 450	-	31 450
	<i>USD</i>	12 186 905	-	12 186 905
Pulses	<i>mt</i>	7 122	-	7 122
	<i>USD</i>	3 038 073	-	3 038 073
Vegetable oil	<i>mt</i>	2 385	404	2 789
	<i>USD</i>	1 998 570	338 747	2 337 317
Micronutrient powder	<i>mt</i>	95	-	95
	<i>USD</i>	2 939 581	-	2 939 581
SuperCereal with sugar	<i>mt</i>	-	4 042	4 042
	<i>USD</i>	-	1 919 760	1 919 760
PlumpyDoz	<i>mt</i>	-	1 201	1 201
	<i>USD</i>	-	4 382 194	4 382 194
Nutributter®	<i>mt</i>	-	995	995
	<i>USD</i>	-	4 031 370	4 031 370
PlumpySup	<i>mt</i>	-	50	50
	<i>USD</i>	-	154 008	154 008
TOTAL	<i>mt</i>	42 985	6 691	49 677
	<i>USD</i>	20 817 406	10 826 077	31 643 484
Cash/vouchers (<i>USD</i>)		3 172 739	-	3 172 739
Capacity development and augmentation (<i>USD</i>)				7 063 265
TOTAL (<i>USD</i>)		23 990 145	10 826 075	41 879 488
% of total requirements		69	31	100

* According to Malagasy phytosanitary legislation, only crushed or broken maize grains are allowed if maize is intended for direct consumption.

PROGRAMME AND RISK MANAGEMENT

41. WFP will ensure coordination with government counterparts, partners and other United Nations agencies through the sectorial coordination working groups, the UNDAF joint steering committee, the United Nations country team, the SUN initiative and other coordinating mechanisms.

Contextual Risks

42. In the event of political instability, WFP will remain flexible in its response to administrative changes and will rely on its network of qualified partners using field-level agreements. Ministries will hold officials accountable for any corruption and weak governance. If extreme weather hampers the implementation of any components of CP 200733 or PRRO 200735, a response plan will be activated to meet relief needs.

Programmatic Risks

43. A comprehensive risk analysis for cash transfers, including gender and protection considerations, will identify risks and corresponding mitigating actions. Sector-specific capacity assessments and market analysis will be regularly updated to determine the feasibility of expanding cash transfers to the school meals programme and ensure optimal design. Staff capacity to undertake cash and voucher transfers will be reinforced.
44. Technical support and training for smallholder farmers will ensure an acceptable quality and quantity of crop production in line with WFP's standards. WFP will continue to monitor market prices and will opt for regional or international procurement in the event of inflation risk.
45. WFP and partner staff will be trained to ensure adequate knowledge and skills related to gender, protection and accountability, including prevention of sexual exploitation and abuse. Feedback and complaints mechanisms will be set up to encourage both men and women beneficiaries to report problems. Principles of participation, inclusiveness, equality, safety and accountability will be fully embedded into all programming. Attention will be paid to the power relations between men and women, and between WFP and partner staff and beneficiaries.

Institutional Risks

46. One of the most severe institutional risks is a lack of resources, which could lead to pipeline breaks. WFP will engage with its traditional donors, develop partnerships with emerging donors and strengthen joint programming and fundraising with other United Nations agencies in order to ensure predictable multi-year funding. WFP will also ensure the continued implementation of internal controls and monthly reconciliations of food and cash.

Security Risk Management

47. Some communities in the South are prone to cattle theft and inter-communal fighting, which could hamper WFP's ability to provide assistance. The United Nations security system has categorized the risk in these regions as level 3 – moderate. Some roads can only be accessed by convoys and although WFP complies with the Minimum Operating Security Standards, constant monitoring is required. The United Nations security system categorizes other parts of Madagascar as level 2 – low.

MONITORING AND EVALUATION

48. A baseline survey for establishing outcome indicators will be carried out at the beginning of implementation. Community and household surveys will be conducted annually to monitor outcomes. They will elicit household and individual perceptions on targeting, access to and satisfaction with assistance, and data on the evolving food security situation in the target regions. A mid-term evaluation will be conducted in early 2017 and a final

evaluation in 2019: these evaluations will disaggregate data by gender and age group to ensure the accuracy of analysis and follow up.

49. Output indicators will be collected each month in cooperation with government agencies and other partners. WFP will also conduct regular on-site beneficiary monitoring and periodic joint monitoring with partners. Standard project reports will be produced annually based on progress achieved throughout the year and will contribute to WFP's Annual Performance Report.
50. WFP field monitors will assess domestic market commodity prices on a monthly basis. Government and partner monitoring systems will be strengthened to track challenges, lessons learned and best practices.
51. Monitoring and assessment activities will include gender and protection analysis, and gender disaggregated data; whenever possible, they will be performed by both women and men enumerators.
52. Food security and market analysis will be regularly conducted to update the Comprehensive Food Security and Vulnerability Analysis and CFSAM reports released in 2014.

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
Food			
Cereals	33 383	12 841 180	
Pulses	7 122	3 038 075	
Oil and fats	2 789	2 337 316	
Mixed and blended food	6 287	10 487 332	
Others	95	2 939 581	
Total food	49 677	31 643 484	
External transport		3 313 347	
Landside transport, storage and handling		3 995 000	
Other direct operational costs – food		2 587 711	
Food and related costs¹		41 539 543	41 539 543
Cash and voucher transfers		3 172 739	
Related costs		321 454	
Cash and vouchers and related costs		3 494 192	3 494 192
Capacity development and augmentation		7 063 265	7 063 265
Direct operational costs			52 097 000
Direct support costs (see Annex I-B) ²			12 454 163
Total direct project costs			64 551 163
Indirect support costs (7.0 percent) ³			4 518 581
TOTAL WFP COSTS			69 069 744

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support cost allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
Staff and staff-related	
Professional staff	4 572 713
General service staff	1 974 610
Danger pay and local allowances	29 000
Subtotal	6 576 323
Recurring and other	1 563 236
Capital equipment	253 141
Security	613 727
Travel and transportation	2 198 235
Assessments, evaluations and monitoring¹	1 249 500
TOTAL DIRECT SUPPORT COSTS	12 454 163

¹ Reflects estimated costs when these activities are carried out by third parties.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Cross-cutting		
Gender Gender equality and empowerment improved	Proportion of women beneficiaries in leadership positions of project management committees Proportion of households where males make decisions over the use of cash, voucher or food The project has activities to raise awareness of how gender equality goals can increase effectiveness of WFP interventions (yes/no) Proportion of households where females make decisions over the use of cash, voucher or food Proportion of households where females and males together make decisions over the use of cash, voucher or food	
Partnership Food assistance interventions coordinated and partnerships developed and maintained	Number of partner organizations that provide complementary inputs and services Proportion of project activities implemented with the engagement of complementary partners	
Protection and accountability to affected populations WFP assistance delivered and utilized in safe, accountable and dignified conditions	Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)	



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
Strategic Objective 3: Reduce risk and enable people, communities and countries to meet their own food and nutrition needs		
Outcome 3.1 Increased marketing opportunities for producers and traders of agricultural products and food at the regional, national and local levels	Food purchased from regional, national and local suppliers, as % of food distributed by WFP in-country Food purchased from aggregation systems in which smallholders are participating, as % of regional, national and local purchases	Purchase order not delayed by administrative issues
Output 3.1 Increased WFP food purchase from regional, national and local markets and smallholder farmers	Quantity of food purchased locally from pro-smallholder aggregation systems (in mt) Number of farmers' organizations trained in market access and post-harvest handling skills Number of smallholder farmers supported	
Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger		
Outcome 4.1 Increased equitable access to and utilization of education. Support the National School Feeding Programme, through fortified hot meals for primary school children, the implementation of the essential package of activities and technical assistance to the Government to strengthen national school feeding policy, institutions and capacity in preparation of the national scale-up of school feeding programme.	Attendance rate (boys) in WFP-assisted primary schools Enrolment (boys): Average annual rate of change in number of boys enrolled in WFP-assisted primary schools Attendance rate (girls) in WFP-assisted primary schools Drop-out rate (girls) in WFP-assisted primary schools Enrolment (girls): Average annual rate of change in number of girls enrolled in WFP-assisted primary schools Drop-out rate (boys) in WFP-assisted primary schools	The financial, human and physical resource capacities of the educational districts/communes are adequate
Outcome 4.2 Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels	National Capacity Index (NCI): Nutrition programmes NCI: School Feeding	To be formulated
Outcome 4.3 Increased nutritional quality of the school meals programme to contribute to the nutritional needs of school-age children	Average number of schooldays per month on which multi-fortified foods or at least 4 food groups were provided	HGSF-related activities implemented and owned by community members

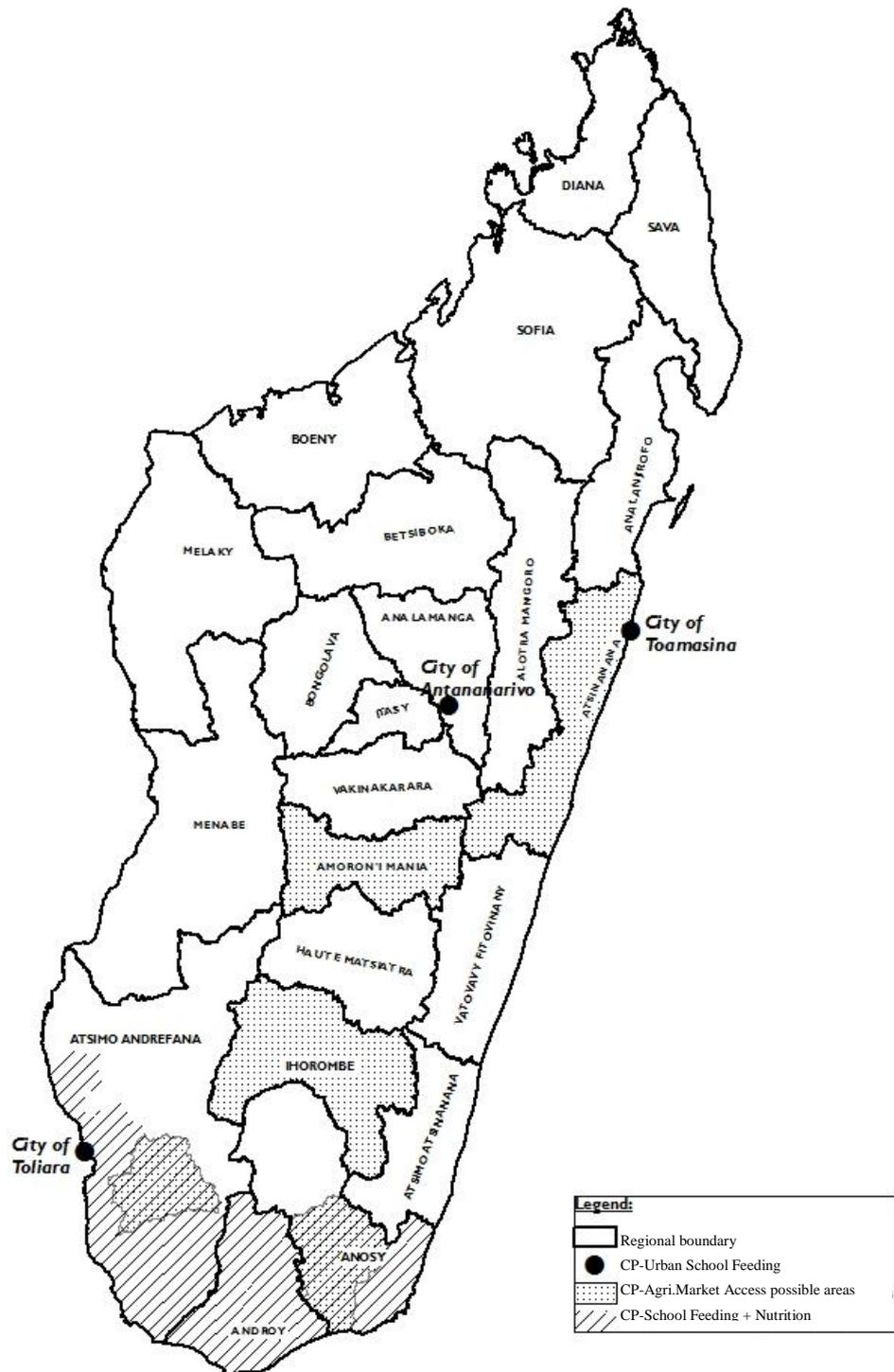


ANNEX II: LOGICAL FRAMEWORK

Results	Performance indicators	Assumptions
<p>Outcome 4.4 Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children</p>	<p>MAM treatment non-response rate (%) Proportion of children who consume a minimum acceptable diet MAM treatment recovery rate (%) Proportion of eligible population who participate in programme (coverage) MAM treatment mortality rate (%) MAM treatment default rate (%) TB Treatment Success Rate (%) TB Treatment Nutritional Recovery Rate (%) Proportion of target population who participate in an adequate number of distributions</p>	<p>The capacities of country programme staff are enhanced to implement the activities fully Timely and sufficient resources</p>
<p>Output 4.1 Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries</p>	<p>Total amount of cash transferred to targeted beneficiaries, disaggregated by sex and beneficiary category, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Number of feeding days, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned</p>	
<p>Output 4.2 Policy advice and technical support provided to enhance management of food security, nutrition and school feeding</p>	<p>Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition-related areas – technical/strategic/managerial – disaggregated by sex and type of training Number of technical assistance activities provided, by type</p>	
<p>Output 4.3 Messaging and counselling on specialized nutritious foods and infant and young child feeding (IYCF) practices implemented effectively</p>	<p>Proportion of women/men receiving nutrition counselling supported by WFP, against proportion planned Proportion of women/men beneficiaries exposed to nutrition messaging supported by WFP, against proportion planned</p>	

ANNEX III

Madagascar Country Programme Intervention Areas



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ANNEX IV

BENEFICIARIES BY YEAR						
		2015	2016	2017	2018	2019
Component 1 – School feeding¹	South in-kind	260 000	264 000	273 000	281 000	287 000
	Urban in-kind	28 000	28 000	25 000	16 000	6 500
	HGSF	6 000 ²	10 000	17 000	25 000	35 000
	Urban cash ³	0	5 000	16 000	27 000	35 000
Component 2 – Nutrition⁴	MAM prevention women	27 000	28 000	29 000	30 000	31 000
	MAM prevention children	54 000	56 000	58 000	60 000	62 000
	Stunting prevention women	1 000	3 000	4 000	5 000	5 500
	Stunting prevention children	7 500	24 000	30 000	36 000	42 000
	MAM treatment	1 000	2 000	2 000	2 000	2 000
	Food by prescription	4 000	4 000	4 500	4 500	5 000
Component 3 –Market access		4 000	6 000	9 000	13 000	15 000

¹ For Component 1, beneficiaries will increase by 6 percent per school year; the school year begins in October and ends in July of the following year. In urban areas, a gradual transition from food to cash transfers is planned, with a pilot beginning in October 2016 after a feasibility study.

² Until October 2016, there will be an overlap between the school feeding beneficiaries receiving in-kind rations in the South and those benefiting from HGSF. Only pulses will be bought locally for the 6,000 HGSF beneficiaries during the 2015/2016 school year.

³ The number of beneficiaries in urban areas receiving school meals through HGSF and cash transfers may be revised in line with feasibility studies following the pilot. However, the total number of planned beneficiaries under component 1 will not change.

⁴ The number of beneficiaries receiving MAM prevention increases with population growth. The transition to a targeted social safety net approach is not considered in this table – this would require a revised estimate of beneficiaries. The number of beneficiaries participating in stunting prevention is estimated to significantly increase in 2016 with the closure of a dedicated trust fund. MAM treatment will be maintained in one district for the entire duration of the CP as part of the inter-agency business case.

ACRONYMS USED IN THE DOCUMENT

CFSAM	crop and food security assessment mission
CP	country programme
FAO	Food and Agriculture Organization of the United Nations
GAM	global acute malnutrition
GDP	gross domestic product
HGSF	Home-Grown School Feeding
IFAD	International Fund for Agricultural Development
INSTAT	National Statistics Institute
MAM	moderate acute malnutrition
NCSP	Nutrition Capacity Strengthening Plan
OECD	Organisation for Economic Co-operation and Development
SUN	Scaling Up Nutrition movement
SABER	Systems Approach for Better Education Results
PRRO	protracted relief and recovery operation
TB	tuberculosis
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund