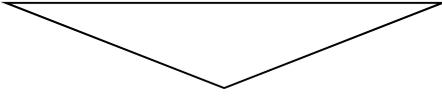




**MADAGASCAR TRANSITIONAL INTERIM COUNTRY
STRATEGIC PLAN
(2018-2019)**

Duration	January 2018 to June 2019
Total cost to WFP	USD 59 664 639
Gender and Age Marker Code	2A

EXECUTIVE SUMMARY



WFP's 2018–2019 Transitional Interim Country Strategic Plan for Madagascar is based on: i) lessons learned ii) consultations with the authorities including the relevant ministries iii) national priorities iv) the three-pronged programming approach; vi) the Southern Africa Regional Bureau Implementation Strategy for Gender Policy 2016 – 2020; and vii) an assessment of funding possibilities. WFP will maintain its capacity to respond to humanitarian crises arising from natural disasters while supporting the Government to address the root causes of undernutrition, strengthening the resilience of communities, and supporting social protection mechanisms such as the provision of school meals, and, strengthen the existing systems, mechanisms and institutions for disaster preparedness and response.

Taking into account the persistently high rates of chronic malnutrition, WFP has integrated nutrition both in the framework of crisis response and addressing the root causes of undernutrition, with mainstreamed behaviour change communication throughout its portfolio. Gender and protection analyses will also be utilised to inform the implementation of the T-ICSP to ensure the mainstreaming of gender-transformative and “do no harm” approaches.

This T-ICSP will support the Government in achieving the following strategic outcomes:

- i) Populations affected by natural disasters have access to adequate food and nutrition during and in the aftermath of crises.
- ii) School children in southern and central regions receive safe, adequate and nutritious food throughout the year.
- iii) Malnourished populations in targeted districts have improved nutritional status in line with national targets.
- iv) Vulnerable communities, smallholder farmers in crisis-prone areas have increased resilience to shocks
- v) Government institutions and the humanitarian community in Madagascar are supported in their efforts to improve the effectiveness and efficiency of crisis response and prevention.

WFP's main partner in Madagascar is the Government and its decentralized institutions. Other major partners of WFP in the country include the following: the Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the World Health Organization (WHO), the Scaling Up Nutrition (SUN) initiative, the African Development Bank (ADB) and the World Bank.

The WFP Transitional Interim Country Strategic Plan for Madagascar is aligned with the National Development Plan (2015 – 2019) and the Madagascar United Nations Development Assistance Framework (UNDAF 2015–2019), contributing to Strategic Results 1, 2, 3, and 8 of WFP's Strategic Plan (2017–2021).

1. COUNTRY ANALYSIS

1.1. COUNTRY CONTEXT

1. Madagascar is a low-income food-deficit country ranking 158 out of 188 countries and territories in the 2016 Human Development Index (HDI).¹ Around 90 percent of the country's population lives below the international poverty line;² and 5 million³ people live in areas prone to natural disasters such as cyclones, floods and droughts. In addition, low levels of agricultural productivity, poor school enrolment (69 percent, 2012) and completion rates (33 percent, 2012),⁴ limited economic opportunities, inadequate social services, coupled with deep gender disparities,⁵ in the context of recurrent climatic shocks continue to undermine efforts in achieving a sustainable and inclusive socio-economic progress.
2. Madagascar figures among the six countries with the highest rates of chronic malnutrition and around half of children under five years of age⁶ are affected by stunting. The average national global acute malnutrition (GAM) prevalence is 8 percent, while anaemia affects 35 percent of girls and women aged 15-49 years and 50 percent of children under five years of age. Child and maternal⁷ mortality remain high at 56 per 1,000 and 440 per 100,000 respectively and according to WHO, TB incidence was reported at 236 cases for every 100,000 people (2015).⁸
3. The impact of the El-Niño climatic phenomenon on rain-fed agriculture had been particularly severe in the southern regions of Madagascar, resulting in up to 90 percent of crop losses during the 2015/2016 harvest season.
4. In Madagascar, women and girls represent 51 percent of the population and about 25 percent of households are headed by women. Women's limited access to resources including land, credit and agricultural inputs has made them highly vulnerable to food insecurity and malnutrition.⁹

1.2. PROGRESS TOWARDS SDG 2

5. With a score of 35.4 on the 2016 Global Hunger Index, Madagascar's food and nutrition situation is classified as "alarming". While relative improvements have been observed over the last two decades as Madagascar's GHI score reduced from 44.2 in 2000, to 37.1

¹ See UNDP Human Development Report 2016: <http://hdr.undp.org/en/countries/profiles/MDG>

² Calculated on the basis of a poverty headcount ratio at USD 3.10 a day (2013 PPP)

³ Sex and Age Disaggregated Data are not yet fully available. A gender context analysis and implementation of SAD data collection mechanisms is foreseen to be conducted in the second quarter of 2017 with the support of seconded gender advisor.

⁴ For primary and secondary school enrollment and attendance data male/female:

https://www.unicef.org/infobycountry/madagascar_statistics.html.

⁵ WFP is currently in the process of compiling sex and age disaggregated data

⁶ 47 percent of children under 5 years of age are stunted, INSTAT. 2012-2013. *MDG national survey*

⁷ The adolescent birth rate (girls aged 15-19) 2006-2010 was 147.1/1000 women. While specific data on adolescent maternal mortality are not available, it has to be noted that young age is one of the highest risk factors for maternal mortality.

⁸ World Health Organization, Tuberculosis Country Profiles, [Madagascar](#) (2015 data). Estimated TB incident for >14 is slightly higher for men (29 thousand) than for women (20 thousand).

⁹ The Research for Monitoring the MDG (ENSOMD), conducted in Madagascar in 2012-2013, showed that among women who worked during the 12 months prior to the enquiry, only one third could use their income according to their own decisions (National Strategy on Gender Based Violence for Madagascar, 2017-2021).

in 2008 and 35.4 in 2016, the country still figures among the seven countries severely affected by hunger.

6. Madagascar currently faces significant challenges to achieve Zero Hunger by 2030 as per the targets of SDG 2. The National Development Plan (2015 – 2019) prioritizes human development through the fight against malnutrition, improvement of healthcare and education systems, enhancing community resilience to shocks and natural disasters and promoting gender equality. Food security and nutrition figure under the strategic pillar 4 “adequate human capital for the development process” of the Government’s National Development Plan.

Access to food

7. In Madagascar, households’ access to food is constrained by poverty, low productivity, inadequate employment opportunities, high food prices, recurrent climatic shocks¹⁰ and economic instability. Food insecurity is primarily due to inadequate economic access to food. According to the 2016 Crop and Food Security Assessment (CFSAM) conducted in the drought-prone areas of southern Madagascar¹¹, nearly 1.2 million people (60 percent of the population) were food insecure.¹² Female-headed households¹³ are primarily affected due to discriminatory socio-cultural factors, including limited access to resources and education for adult women.
8. The highest rates of food insecurity were observed in the southern and south-western regions, characterized by degraded land and recurrent droughts.¹⁴ In 2016, the recent El-Niño climatic phenomenon caused widespread crop failures, thereby further deteriorating the food insecurity of populations in southern regions. In the south-eastern coastal regions, food insecurity is manifested by an increase in the number of moderately food insecure households as compared to previous years, mainly due to difficulties in having an adequate access to food, caused by excessive rainfall during the harvest season.¹⁵

End malnutrition

9. Madagascar has one of the highest rates of stunting in the world, with 47.3 percent¹⁶ of children under five affected by stunting.¹⁷ The average national global acute malnutrition (GAM) prevalence is 8.2 percent with no significant differences between boys and girls.¹⁸ According to the findings of the Cost of Hunger in Africa study conducted in Madagascar in 2016, the country is losing more than 3,384 billion Malagasy Ariary (MGA) (equivalent to USD 1,533.6 million) or 14.5 percent of its Gross Domestic Product (GDP) per year, to the effects of child undernutrition.¹⁹
10. Undernutrition occurs at an early stage highlighting the key role of maternal health and traditional practices and beliefs on nutrition. In Madagascar, only 42 percent of infants aged 0-6 months are exclusively breastfed and 31 percent of those aged 6-23 months

¹⁰ See Annex 2 – extreme weather related hazard risk map

¹¹ Regions of Anosy, Adroy and Atsimo-Andrefana

¹² As per the 2016 CFSAM findings, covering the three southern regions, 1.2 million people were found to be insecure; 616,869 people in moderate food insecurity and 599,653 people in severe food insecurity.

¹³ 45 percent of female headed households against 34 percent of male-headed households, CFSAM 2016.

¹⁴ CFSAM 2016

¹⁵ This led to significant post-harvest losses and an increase in food prices in the region.

¹⁶ Stunting prevalence for boys: 50.2% and for girls: 44.5%. INSTAT. 2012-2013. *MDG national survey*.

¹⁷ INSTAT. 2012-2013. *MDG national survey*. Determinants of stunting include poor maternal nutritional status, inadequate infant and young child feeding practices (IYCF), food insecurity, recurrent illnesses exacerbated by the poor access to health services and women’s weak decision-making power over the use of income within the household.

¹⁸ *Ibid.*

¹⁹ The Cost of Hunger study in Africa is a multi-country initiative led by the African Union Commission, under the coordination of the New Partnership for Africa (NEPAD), with the support of the United Nations Economic Commission for Africa (ECA) and WFP. Complete Country Report for Madagascar is available at: <http://www.costofhungerafrica.com/country-reports/>

receive an acceptable diversified diet.²⁰ The prevalence of micronutrient deficiencies is also persistently high: 35 percent of adolescent girls and women aged 15-49 years and 50 percent children under five suffer from anaemia.²¹

11. Undernutrition also increases the risk of aggravated consequences for people living with Tuberculosis (60,000 new cases expected per year) and HIV (54,000 cases, of which 23,000 women).²² Over half of TB patients suffer from acute malnutrition at the time of their admission to the clinic.

Smallholder productivity and incomes

12. Farming, fishing and forestry form the basis of Madagascar's economy, accounting for 25 percent of Gross Domestic Product (GDP) and 77 percent of employment.²³ Agriculture is dominated by rain-fed small-scale subsistence farming²⁴ and 70 percent of smallholder farmers grow crops on an average of 1.2 hectare (ha) land plots. While rice is the preferred staple and ranks first in the national agricultural production, the country is a net importer of this commodity. Agricultural productivity remains low due to the use of rudimentary farming techniques; limited access to inputs, credit and technical support services; gender inequality in access to resources;²⁵ poor post-harvest techniques; land tenure insecurity; soil degradation; smallholder farmers' limited access to markets, and limited off-farm employment opportunities.

Sustainable food systems

13. Due to the population's high dependency on agricultural systems, natural disasters pose a major threat to the country's food security. A quarter of the population (five million people) live in areas highly vulnerable to natural disasters. The most affected areas are the southern regions due to recurrent droughts, and the eastern coastline, prone to tropical cyclones and floods. Climate change is likely to exacerbate these risks and further increase household vulnerability.²⁶ The country is also prone to locust invasions, which have a detrimental impact on agriculture.²⁷ These events, coupled with cyclones and erratic rainfalls, resulted in food production decreases and higher food prices, forcing households to adopt negative coping strategies.²⁸

Macro-economic environment

14. Following the five-year political crisis (2009-2013), economic recovery remains slow. In 2015, economic growth stagnated at 3.1 percent,²⁹ failing to attain the 5 percent target set in the National Development Plan 2015-2019. With an annual population growth rate of

²⁰ Fill the Nutrient Gap study 2016. Feeding practices of boys and girls are affected by gender roles and cultural proclivities and may differ in the 3 to 6 month period after birth with an earlier introduction of solid or semi-solid foods for boys

²¹ INSTAT.2008-2009. *Demographic and Health Survey (DHS)*.

²² Respectively WHO and UNAIDS data, 2015.

²³ INSTAT. 2012-2013. *MDG national survey*.

²⁴ 23.1 percent of the smallholder farmer households are female headed, *ibid*.

²⁵ The percentage of women employed in the agricultural sector (according to World Bank data for Madagascar, in 2012 the female employment in agriculture – compared to the total female employment in all sectors – was 73%, against 77% of male: <http://data.worldbank.org/indicator/SL.AGR.EMPL.ZS?locations=MG>) potentially represents a means of achieving sustainable food security in the country. Women are traditionally dedicated to the cultivation of fresh vegetables rich in vitamins, which could improve and contribute to the diversification of food in local markets. However, traditional practices limiting heritage and access to land for women, restricted opportunities – as compared to men – in receiving market information, higher and non-recognized household workload for women, further limit the realization of these potentialities.

²⁶ “Projected temperature increases could disrupt unique and critical micro-climates and lead to significant changes to local farming systems, with implications for food security”. Impacts and Vulnerabilities section of the Madagascar Country Profile, *Climate Change Knowledge Portal*, World Bank.

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

²⁷ In 2013, two thirds of Madagascar's territory was affected by locust invasions.

²⁸ Qualitative data shows that when facing food shortages, women are the first ones to reduce their portions or number of meals in favor of men and children. Source: “Identification of the socio-cultural determinants of stunting: qualitative analysis in three districts of Madagascar”, Institut Pasteur de Madagascar, 2015.

²⁹ World Bank data, 2017

2.8 percent estimated in 2015 and a population of 23 million out of which 41.7 percent is below 15 years of age, the Government's capacity to deliver adequate social services remains limited.

Key cross-sectorial linkages

15. A significant number of primary health care centres were closed during the crisis period. Since the re-establishment of the constitutional order, improvements have been observed in the healthcare sector. Nevertheless, the insufficient number of qualified health staff has resulted in the decrease of health service attendance rates. As a result of these gaps in the healthcare sector, child mortality remains high at 62 per 1,000 (higher in rural areas) and maternal mortality stagnates at a high 498 per 100,000.³⁰ Access to water and sanitation remains poor; in rural areas only 17.7 percent of the population has access to safe water and only 3.6 percent has access to improved latrines.³¹
16. During the crisis period, public spending on education was also reduced. Net enrolment in primary education abruptly decreased from 96.2 percent in 2006 to 69.4 percent in 2012. Enrolment rate is significantly lower for the poorest households living in rural areas, particularly in the southern regions.³²
17. Madagascar is gradually recovering from a political crisis that resulted in temporary suspension from major regional and international organizations and a significant reduction of international aid. The country was classified as an "aid orphan" by the Organization for Economic Cooperation and Development (OECD) with some USD 17.5 of net official (ODA) per capita, as compared with an average of USD 47.5 in Africa for seven consecutive years (2006-2012).³³ Nevertheless, during the Paris Donor and Investors Conference (2016), partners have pledged USD 6.4 billion to Madagascar for the period 2017-2020 to contribute to the economic recovery of the country.
18. Gender inequalities, which are still widespread in the Malagasy society have a negative impact on food security. Despite their important contribution to food production, women appear to be the most disadvantaged, both in terms of direct access to food and its production. At household level, although they are often at the last place of food hierarchy, women³⁴ are traditionally considered as the only children's caregivers. Although in Madagascar there are no legal restrictions on women's access to land,³⁵ in practice land acquisition is strongly dependent on discriminatory customs against women, particularly in the south of the country.³⁶

1.3. HUNGER GAPS AND CHALLENGES

19. According to the CFSAM 2016, Madagascar currently meets approximately 86 percent of its internal cereal demand. A gradual increase in the national cereal gap has been observed over the past 16 years; increasing from 92,000 tons in 2000 to 518,000 tons in 2016. The low supply of locally produced cereals, has been mainly covered by imports. This has

³⁰ Since national measures of this indicator in the 1980s.

³¹ Improved latrines ensure a hygienic separation of human excreta from human contact (UNICEF). Data source: INSTAT, 2012-2013. *MDG national survey*.

³² 53.3 percent in Atsimo-Andrefana, 41.6 percent in Anosy and 40.1 percent in Androy, *Ibid*.

³³ OECD, 2013. *Identification and monitoring of potentially under-aided countries*.

³⁴ Traditional practices, which are usually disseminated by grand-mothers and sometimes reinforced by traditional birth attendants, often reiterate negative beliefs that might compromise the infant's growth and development— as unhealthy practices to avoid a difficult delivery, ignorance about protective quality of the colostrum, erroneous perception on lactation, and practices to maintain a low weight of the coming baby to avoid troubles during labor.

³⁵ Ordinance No. 60-146 of 1960 relating to land ownership gives men and women equal rights to become landowners.

³⁶ While the Malagasy legislation (law 68-012 of 1968), grants surviving male and female spouses equal inheritance rights to property, in practice it remains important to pass down the father's name and estate through male heirs.

resulted in higher cereal prices, creating an additional obstacle to accessing food by the most vulnerable. In Madagascar, where three out of four households are affected by poverty and around 85 percent of the poor live in rural areas and highly depend on agriculture as a source of livelihoods, household food insecurity results primarily from inadequate economic access to food. Any effort to reduce food insecurity must emphasize on the following existing gaps:

- i) **Inadequate implementation of policies and programmes.** While food security and nutrition are part of the Government's National Development Plan and National Nutrition Action Plan III was launched recently, Madagascar continues to experience high levels of food and nutrition insecurity. The effects of the political crisis, an insufficient infrastructure to support development efforts and the absence of long term investments in social sectors do not enable the adequate implementation of existing policies and strategies.
- ii) **The absence of adaptation or disaster risk preparedness plans for erratic rainfalls and drought.** While considerable investments have been made on cyclone and flood disaster risk preparedness, an effective preparedness plan is to be developed for drought-related shocks. Drought early-warning systems and preparedness measures are still lacking in the country.
- iii) **Limited integration of smallholder farmers into markets.** Weak agricultural productivity is mainly attributed to the low level of the intensification of agricultural systems, and limited access to technologies that can promote agricultural intensification. While there are 36 million hectares of arable land in Madagascar, only 3 million are exploited.³⁷ Smallholder farmers are also not active value chain actors and are poorly linked to markets.
- iv) **Inadequate skills and technologies.** Inadequate skills, including in harvesting, post-harvest storage and handling result in significant food losses. This problem is exacerbated by poor transport, processing, packaging and the absence of dynamic marketing systems.
- v) **Lack of awareness on food and nutrition security.** The population of Madagascar does not perceive malnutrition as a significant problem. Particularly, communities lack understanding on the social effects of malnutrition and the importance of a balanced and diversified diet.
- vi) **Lack of available malnutrition treatment.** Community health centres require further investments to be able to integrate the treatment of acute malnutrition into their routine activities. It is also crucial to improve nutrition monitoring and strengthen early warning systems for the timely detection of deteriorating nutritional outcomes.
- vii) **Limited access to education.** Although in Madagascar education for all is considered as an inalienable right, in practice chronic or seasonal food insecurity considerably limit access to education. Initiatives such as school feeding are a social safety net that can help guarantee the right to education for the most vulnerable groups living in disaster-prone areas.
- viii) **Persistence of gender inequality.** Gender inequalities intrinsically exacerbate each one of the identified existing gaps, representing a hidden but constant challenge to sustainable food security. Recognising the demonstrated link between gender,

³⁷ As an example, the productivity of rice which is a common staple, remains low with an average of 2 tons per hectare.

protection, food security, resilience and preparedness and reflecting them in gender-transformative interventions, is key to sustainably overcoming food insecurity.

1.4. KEY COUNTRY PRIORITIES

Government priorities

20. The National Development Plan of Madagascar 2015-2019 focuses on: i) food and nutrition security; ii) infrastructure development and environmental management, protection and conservation, iii) nutrition policy and legislation; and iv) improved social services and the eradication of poverty through human capital development. The National Development Plan has major areas of intersection with WFP's areas of work.
21. Through the upcoming National Nutrition Action Plan III (PNAN III 2017–2020), the Government has renewed its commitment to addressing under-nutrition. School feeding has also been defined as a key priority in the Government's Education Sector Plan. Furthermore, the National Humanitarian Response Plan³⁸, aims at improving life-saving interventions in combination with the provision of development support in protracted crises.

United Nations and other partners

22. The Government endorsed the 2015–2019 UNDAF³⁹ which reflects the national priorities defined by the Government and taking into consideration the comparative advantages of the UN System in Madagascar in view of supporting the post-2015 development agenda as well as the challenges the country is facing in terms of development.
23. WFP coordinates its work through the UN country team and closely collaborates with UNICEF, FAO, WHO and UNFPA.

2. STRATEGIC IMPLICATIONS FOR WFP

2.1. WFP'S EXPERIENCE AND LESSONS LEARNED

24. Consultations with the Government and partners and the major findings of the mid-term evaluation⁴⁰ conducted for the Protracted Relief and Recovery Operation (PRRO) recommended that WFP focus on the following:
 - Continue to position itself as a leading actor in the field of humanitarian response, providing life-saving food and nutrition assistance adapted to different needs in situations of emergency.
 - As WFP shifts to include more recovery and resilience-building activities, build government institutions and cooperating partners' capacity in this regard, and create the momentum for increased cooperation in resilience projects.
 - Support the Government and other partners in translating policy into action more effectively at the community level. There are significant financial and human resource gaps in district- and commune levels organizations: effective programming must therefore involve more consultation with communities, on the basis of equal

³⁸ The National Humanitarian Response Plan was updated with the involvement of all relevant partners in 2016

³⁹ UNDAF 2015-2019 for Madagascar: http://mg.one.un.org/content/dam/unct/madagascar/docs/UNDAF_2015-2019-web.pdf

⁴⁰ The Madagascar PRRO 200735 mid-term operation evaluation: <https://www.wfp.org/content/madagascar-prro-200735-mid-term-operation-evaluation>

participation, better data management,⁴¹ and increased engagement with development actors.

- Continue to contribute to Scale Up Nutrition (SUN) interventions, and the UN SUN platform, reflecting political commitment and prioritization. According to the fill the nutrient gap findings, there is a need to increase the nutrient density of locally available foods in a cost-effective manner.
- Following the snow-ball process of gender mainstreaming within the entire range on WFP's interventions which is ongoing at country level,⁴² ensure the integration of a gender approach both at strategic and field levels to contribute to gender equality.

⁴³

2.2. OPPORTUNITIES FOR WFP

25. The 2015-2016 PRRO Evaluation encouraged a shift of strategy towards longer term planning of resilience-building initiatives. Accordingly, whilst WFP strives to retain its flexibility and ability to provide assistance at short notice in situations of crises, the transition towards longer-term programming in alignment with the SDGs has been initiated. In this respect, WFP will increasingly emphasize on resilience building activities in close collaboration with other actors, including RBAs, in view of enabling communities to cope with future shocks.

26. WFP's comprehensive approach harmonizes its activities, ensuring geographic consistency and complementarity among different areas of work. The nutrition-sensitive approach in all programming addresses the various aspects of malnutrition. Gender and protection analyses and the "do no harm" concept will inform programme design and implementation throughout the portfolio.⁴⁴

2.3. STRATEGIC CHANGES

27. Whilst the major strategic changes will be defined as following the Strategic Review, WFP will increasingly mainstream capacity development and nutrition-focused behavior change communication into its activities.

28. In the current post-political crises context and in view of gradual changes in the country's donor architecture with increasing pledges to support the country's development efforts,

⁴¹ Improved data management including sex and age disaggregated data collection and gender analysis

⁴² WFP Madagascar is currently finalizing the elaboration of a 5 year Gender Action Plan, aiming to implement and monitor gender and social inclusion approaches in all ongoing and planned WFP interventions. In this respect, with the support of a Gender Advisor, an assessment of the gender situation in the context of the El-Niño response and of a probable new drought is being undertaken to guide and inform the design and implementation of food and cash assistance as well as resilience activities. A revision of sex and age disaggregated data gathering, monitoring and analysis mechanisms is also ongoing. In addition, engagement with internal and external counterparts is being reinforced to highlight potential gender based violence and protection risks related to WFP projects and programmes. WFP will support gender awareness also regarding crisis and emergency response to improve effectiveness and efficiency, given that natural and human-made disasters affect different population groups in different ways, as a function of the gendered role these groups have in their specific society. All this, coupled with a training on gender approaches and GBV prevention for WFP staff and field partners, will ultimately contribute to interventions proposed for the T-ISCP being gender transformative, ensuring that "the different food security and nutrition needs of women, men, girls and boys are addressed", as stated in the WFP Southern Africa Regional Bureau Implementation Strategy for Gender Policy 2016 – 2020.

⁴³ In this sense, recent proactive engagement of WFP in the new-born GBV Sub-Cluster and revitalization of participation in UN Gender Thematic Group represent important windows of opportunity to identify windows for joint analysis and activities guided by gender approach.

⁴⁴ This also includes frameworks of accountability to affected populations as well as feedback and community consultation mechanisms.

WFP will continue to position itself as a lead Agency in the field of food security and nutrition and conduct a donor mapping exercise to explore windows of opportunity.⁴⁵

29. In line with the Country Strategy, WFP will focus on activities linked to disaster preparedness, relief, early recovery and resilience strengthening to break the cycle of food insecurity. Special attention will be given to the analysis of gender roles in agricultural production, with a strong focus on supporting activities that offer opportunities to improve women's access resources.
30. WFP will continue to enhance populations' resilience by increasing access to education and retention through school meals, improving vulnerable groups' nutrition and strengthening access to markets for smallholder farmers where both programmes geographically overlap. Using the Seasonal Livelihood Planning (SLP) process, WFP will ensure that the identified interventions are complementary and are designed to address overall vulnerability.

3. WFP STRATEGIC ORIENTATION

3.1. DIRECTION, FOCUS AND INTENDED IMPACTS

31. The T-ICSP period is aligned with UNDAF 2015–2019 and the National Development Plan 2015-2019. In line with the identified opportunities, WFP will maintain its capacity to respond to emergencies through life-saving assistance to the affected populations, while enhancing its focus on “life changing” activities that will strengthen self-reliance. Following the “equal rights-different needs-adapted responses” principle, WFP will enhance efforts to integrate a gender-transformative approach in all its strategic outcomes. In particular, WFP will aim to achieve five outcomes, out of which four are focused on SDG 2 and one on SDG 17.
32. The scaling-up of the cash transfer modality, based on a participatory gender analysis, and utilization of SCOPE was effectively tested in 2016 and included the roll-out of the SCOPE platform, WFP's beneficiary and transfer management system.
33. While continuing direct support to pregnant and lactating women, girls and children, WFP is increasing its technical assistance to national counterparts, the National Nutrition Office (ONN) and civil society, through operational research. In addition, WFP will support the ONN for strengthening existing nutrition coordination mechanisms at different levels, in collaboration with other nutrition stakeholders to renew focus on nutrition and strengthen WFP's role as a key stakeholder in addressing the nutritional needs of vulnerable groups. WFP aims to further develop nutrition-sensitive approaches so that other sectors contribute to positive nutrition outcomes.⁴⁶
34. In 2017, WFP, in partnership with UNDP and OCHA and under the leadership of the Government, is supporting the set-up of a government-owned Early Warning System (EWS) for droughts which will be effective from 2018 onwards.

⁴⁵ This will determine WFP Madagascar's action plan for mobilizing resources for the T-ICSP and consequently, the CSP from mid-2019 onwards.

⁴⁶ This includes an increased involvement of men in sensitization activities on nutrition to make them, together with women, agents of change towards improved nutritional practices, intending to generate progress on food security while promoting gender equality.

35. The T-ICSP will cover the period from January 2018 to June 2019 and the CSP is expected to begin in July 2019. To ensure the successful transition from project documents to T-ICSP, WFP Madagascar has proceeded with budget revisions of PRRO 200735 and CP 200733 to align the duration of these projects with the T-ICSP.

3.2. STRATEGIC OUTCOMES, FOCUS AREAS, EXPECTED OUTPUTS AND KEY ACTIVITIES

Strategic outcome 1: Populations affected by natural disasters have access to adequate food and nutrition during and in the aftermath of crises.

36. High levels of disaster risk and difficulties in coping with shocks create a cycle of food insecurity and poverty. WFP-supported relief interventions adapted to different needs aim at meeting basic needs of vulnerable households, strengthening their food security and nutritional status, increasing their crisis response capacity, and contributing to the protection of productive assets.

Focus area

37. The focus of this outcome is crisis response, as it seeks to provide relief during periods of lean season, which can vary from moderate to severe crisis levels.

Expected outputs

38. This outcome will be achieved through the following outputs:

- i) Disaster affected-populations (tier 1) receive food-based transfers in a timely manner in line with the National Contingency and Humanitarian Response Plan (*Category A1*) in order to meet their basic food and nutrition needs (SR1).
- ii) Disaster affected-populations (tier 2) benefit from rehabilitated and enhanced community assets (*Category D*) in order to improve their capacity to meet their basic food and nutrition needs (SR 1).
- iii) Targeted children under 5 years of age and pregnant and lactating women (tier 1) receive specialized nutritious foods and benefit from improved knowledge or improved knowledge of their caregivers in nutrition (*Category B*) in order to improve their nutritional status (SR2).
- iv) TB - patients on DOTS treatment (tier 1) receive adequate food and nutritional supplements (*Category B*) to ensure that they meet their nutrient intake (SR2) during and after crises.

Key activities

Activity 1: Provide food and nutrition assistance to vulnerable populations affected by crisis (category 1, modality: food, CS, CBT)

39. ***Food and nutrition assistance to crisis affected populations.*** WFP provides food and cash-based unconditional relief and early recovery⁴⁷ support to cover the needs of the most vulnerable populations affected by natural disasters and supports the rehabilitation of essential community assets through food assistance for assets (FFA) initiatives following slow and sudden onset disasters. The recovery component invests in community-based FFA activities during the lean season aiming at enhancing food production and mitigating the effects of future shocks.⁴⁸

⁴⁷ Low tech, low risk food assistance for assets are related to activities which do not require strong preparation (cleaning of irrigation canals, rural roads etc.)

⁴⁸ Assistance will be informed by market and gender analysis, and sex, age and disability related data and targeting will be based on household vulnerability status. Protection standards and prevention of sexual exploitation and abuses will be respected throughout the activity cycle, and opportunities to enhance the protection of beneficiaries and transmit messages on gender and nutrition and, GBV prevention will be explored with other actors.

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40. *Acute malnutrition treatment in districts with GAM above 10 percent rates.* WFP seeks to implement nutrition-support through relief activities in the same locations to increase synergies between food security and nutrition outcomes.⁴⁹ To foster a virtuous cycle of gender equality-food security, WFP's intervention provides adapted sensitization and communication to all beneficiaries and key stakeholders on nutrition and IYCF practices.
41. Nutrition-focused behaviour change communication will also be part of programmes for lean-season support, asset creation, seasonal livelihood programming and community-based participatory planning. It will focus on improved feeding practices, diet diversification and the utilisation of fortified foods.
42. *Supplemental feeding to TB patients on DOTS treatment.* The Ministry of Health, with the support of WFP, developed a harmonized national nutrition management protocol for HIV and TB patients.⁵⁰ Combining medical treatment with prescribed nutritional support improves adherence to the treatment, while reducing morbidity and mortality rates. This approach also prescribes social protection measures for patients' households, through the distribution of family rations in the form of CBT. The program will be implemented under the supervision of National Tuberculosis Programme (NTP) in diagnostic and treatment centres (CDT) in regions affected by food insecurity.
43. *Supplemental feeding for fistula patients.* WFP, in close collaboration with UNFPA, supports the provision of supplemental feeding (in form of food rations under GFD) to women and girls suffering from obstetrical fistula.⁵¹ This condition mainly affects isolated vulnerable poor young women in rural areas with limited access to healthcare services, who are already at high risk of food insecurity and malnutrition, further worsened during times of crisis.

Strategic outcome 2: School children in southern and central regions receive safe, adequate and nutritious food throughout the year.

44. WFP will continue to implement the school feeding programme in the most food insecure southern regions and marginalized areas of three urban zones, where education indicators are particularly poor. WFP will thereby contribute to SDG 4 and support the Government's goal of improving access to education, as stated in the National Education Plan and the National School Feeding Policy.
45. The 2015 Systems Approach for Better Education Results (SABER)⁵² analysis of school feeding concluded that the policy framework for school meals which has been established cannot become fully operational due to the lack of financial and institutional capacity for coordination and implementation.

Focus areas

46. The focus area of this outcome is root causes as it emphasizes on the underlying constraints leading to low school attendance rates of school-aged children in the targeted food-insecure areas.

⁴⁹ WFP's MAM treatment will automatically enroll children discharged from UNICEF's Severe Acute Malnutrition (SAM) programme.

⁵⁰ The protocol has an approach based on the "food-by-prescription" model through which TB and/or HIV patients benefit from nutritional counselling, an assessment of their nutritional status as well as nutritional support for malnourished patients (a ration composed of fortified flour and vegetable oil)

⁵¹ An estimated 4,000 Malagasy women and girls contract obstetrical fistula each year, most of these women are between 15 and 19 years old and face a great risk of isolation and vulnerability as a result of social segregation and lack of access to health services.

⁵² SABER Madagascar report available: <http://saber.worldbank.org/index.cfm?indx=2&ctrn=MG>

Expected outputs

47. This outcome will be achieved through two outputs and links to SDG 4 outcomes:

- i) School children (tier 1) in 13 CISCOS⁵³ (tier 1) receive nutritious meals every school day (*Category A2*) in order to meet their basic food needs (SR1) and to improve school retention rates (SDG4).
- ii) School children in Madagascar (tier 3) benefit from the improved capacity of national authorities to manage the school feeding program (*Category C*) in order to meet their basic food and nutrition needs (SR1).

Key activities

Activity 2: Provide school meals in the central and southern regions of Madagascar (category 4, modality: food, CBT)

48. WFP will implement school feeding in priority districts in the three food insecure regions of southern Madagascar and three urban. School children in these targeted areas receive daily hot fortified school meals.⁵⁴ In urban areas, the provision of cash transfers to schools is also under consideration to enable the purchase of fresh foods, contributing to the dietary diversification of school children. Implementation will progressively shift towards home-grown school feeding (HGFS) to ensure the sustainability of the programme and pave the way to local ownership. The operating model will include a transparent food procurement process.⁵⁵ Community contributions through the provision of fresh foods, HGFS and cash transfers will enable dietary diversification.

49. Jointly with other partners including the Ministry of Education, Ministry of Health, UNICEF, ILO and NGOs, WFP will continue to focus on a multi-sectorial and integrated approach to deliver a package of assistance which includes sensitization on hygiene practices (hand-washing, utilization of latrines), nutritional education, food fortification, deworming,⁵⁶ gender equality, prevention and response to sexual and gender-based violence in a school environment and the promotion of healthier work conditions during the preparation of meals, through clean stoves and already tested use of fuel efficient cooking with solar modality. As schools constitute a favorable environment for spreading key messages, the possibility of developing different communication tools adapted to each audience to raise awareness on specific messages will be evaluated.

50. In parallel, WFP will work capacity strengthening of relevant authorities at national and sub-national levels for the management of the school meals programme to ensure the progressive hand-over to the Government in line with the SABER evaluation. This will be done through the deployment of technical staff to strengthen institutional capacities for programme design and implementation and enhance monitoring and evaluation systems. Staff from the Ministry of Education at different levels will be trained on the management of school canteens, including gender aspects of nutrition practices, advancing towards gender equality through nutrition, and prevention of SGBV in the school environment.

Strategic outcome 3: Malnourished populations in targeted districts have improved nutritional status in line with national targets.

⁵³ Toamasina I, Analamanga, Toliara I, Toliara II, Sakaraha, Betioky, Ampanihy, Bekily, Beloha, Tsihombe, Ambovombe, Amboasary, Taolagnaro.

⁵⁴ School meals provided are fortified with Micro-Nutrient Powders (MNP)

⁵⁵ In line with WFP's food procurement procedures.

⁵⁶ This activity is implemented in some of the schools which benefit from the school feeding programme, in partnership with the Ministry of Health, Ministry of Education and WHO. WFP is also part of a multi-stakeholder steering committee led by the MoE on food, nutrition and health in schools.

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51. WFP will support the Government's nutrition goals by promoting research for more effective policies and programmes and implementing nutrition specific interventions. Specifically, based on the findings of the *Fill the Nutrient Gap Analysis*, WFP will support the national counterpart to identify context-specific strategies for improving the nutritional intake of vulnerable populations, particularly during the first 1,000 day window of opportunity. Due to the gendered nature of nutrition, particularly during the 1,000 days window, identification of context-specific strategies will be informed by gender analysis, SADD collection, and participatory assessments.
52. Addressing the persistently high rates of stunting will be central along with the scaling up of the joint United Nations approach⁵⁷ aiming to prevent stunting through an integrated Maternal Child Health and Nutrition (MCHN)⁵⁸ approach. SBCC will complement WFP's activities to promote the adoption of adequate nutrition habits: beside women, also girls, boys, men, grandparents, traditional and local authorities, health and nutrition agents, traditional birth attendants and other key stakeholder identified in each contexts will be involved to know and raise-awareness through key messages on positive nutrition practices, not-discriminatory attitudes on gender and nutrition, and gender equality.
53. WFP will continue to strengthen the capacity of the Government to implement the National Nutrition Policy and Nutrition Action Plan that are currently under preparation. At national level, WFP will support ONN capacities and advocate for national ownership of large-scale food-based interventions for stunting prevention, MAM treatment and nutritional rehabilitation of malnourished HIV/TB clients. It will include technical assistance in the development of policies and protocols, including gender aspects relevant to nutrition, evaluation and strengthening of the national operational capacities.
54. In the SUN framework, WFP in collaboration with all relevant stakeholders will ensure that nutrition policies are coherent and that nutrition is integrated in all sectors. WFP will increase its commitment to SUN by continuing to support civil society platforms and the private sector. Gender mainstreaming will be constantly developed within all networks to ensure that the link between gender and nutrition guide more adapted strategies and interventions. Strategic outcome 3 contributes to the National Nutrition Action and to outcome 1 of the UNDAF food and nutrition security priority area. It is aligned with SDG target 2.2, WFP's Strategic Result 2 and the Government's SUN commitments.

Focus areas

55. This outcome focuses on the root causes of undernutrition, which has seen only marginal progress in the last two decades. The areas of intervention include improving the diets of nutritionally vulnerable groups, increasing access to low-cost fortified foods, reducing stunting and micronutrient deficiency rates, promoting gender equality in access to adequate food as well as optimizing the Government's nutrition programming.

Expected outputs

56. This outcome will be achieved through three outputs:
- i) Children under 5 years of age and PLW in southern parts of the country (tier 1) receive food and nutrition supplements (*Category B*) to ensure that required nutrient intake is met in particular during the lean season (SR2).

⁵⁷ The Nutrition Capacity Strengthening Plan (joint MIARO project) demonstration model pilot uses nutri-butter in blanket supplementary feeding for under twos, combined with the provision of Super Cereal for pregnant women and malnourished lactating women.

⁵⁸ Covering the first 1000 days window of opportunity.

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- ii) Vulnerable households (tier 2) benefit from mothers and caregivers improved knowledge in IYCF and hygiene practices (*Category E*) in order to prevent malnutrition (SR2).
 - iii) Vulnerable populations (tier 3) benefit from increased capacity of national nutrition institutions to deliver nutrition services (*Category C*) in order to deliver nutrition services and improve their nutrition status (SR2).

Key activities

Activity 3: Provide undernutrition prevention in districts with high rates of undernutrition (category 6, modality: food, CS)

57. *Moderate acute malnutrition prevention in districts with above 15 percent GAM.* As part of this activity, the 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. This will involve strengthening the cooperation between WFP local producers and civil society partners with an attentive promotion of equal gender participation through contextualised gender analysis. This activity will be complemented by the provision of SBCC to beneficiaries to promote the adoption of adequate nutrition behaviours (output 2).
58. *Stunting prevention activities in districts with above 30 percent stunting rates.* Based on the demonstration model MIARO, WFP is partnering with ONN, UNFPA, UNICEF, WHO and FAO in support of the Government’s community-based approach to address stunting in districts where it is prevalent. WFP will continue conducting operational research and pilot test programme types, including research and analyse a range of policy and operational issues that are gender transformative, targeting methods, product choices and complementary services to promote cost-effective, equitable and inclusive programming.
59. Opportunities for food fortification will be explored through a scoping exercise that will assess and guide national and community level fortification programming. This will include a small scale implementation of community-based fortification to generate evidence and learnings.
60. Nutrition-focused behaviour change communication will be part of programmes for lean-season support. It will focus on feeding practices, a diversified diet and fortified foods; and include gender analysis with a view to involving men as stakeholders and change agents in household nutrition, as well as other key informants (authorities, health and nutrition workers, midwives).
61. Building on proposed activities, WFP will enhance SADD data collection and gender participatory analysis (including on complaints received through the recently activated beneficiary feedback hotline) to more efficiently identify specific needs and adapted solutions for groups in condition of extreme vulnerability.⁵⁹ This protection approach will be implemented further engaging into collaborative working with specialized actors at national and field levels (UN Agencies, Ministries, and civil society), identifying with them possible interventions linked to the access to nutrition services that can further reduce

⁵⁹ As SGBV survivors, women and girls affected by fistula, orphan children, child and adolescents head of households.

Strategic outcome 4: Vulnerable communities, smallholder farmers in crisis-prone areas have increased resilience to shocks and benefited from enhanced in-country emergency preparedness capacities.

62. Taking into account its experience in implementing the Purchase for Progress (P4P) programme as well as expertise in local and regional procurement, WFP will continue supporting small-holder farmers in view of improving their access to markets, increasing their incomes and thus, access to food. The difficulties that women smallholder farmers face, particularly concerning access to resources and inputs, will guide the identification of gender-transformative interventions.
63. Local purchases of food can stimulate markets and encourage production, including that of nutritious and drought-resistant crops (small grains and pulses), which are traditionally cultivated by women and are major sources of protein. This strategic outcome is informed by lessons learned from the Purchase for Progress pilot, and contributes to the national result “development of agricultural strategic sectors and high potential value chain”.

Focus areas

64. The focus of this outcome is resilience building as it aims to strengthen the capacity of communities to cope with future disasters and shocks by improving their livelihoods and productive assets.

Expected outputs

65. This outcome is expected to be achieved through the following outputs:
- i) Targeted smallholder farmers (tier 1) benefit from improved knowledge in post-harvest activities and increased market access (*Category F*) in order to improve their incomes and livelihoods (SR3)
 - ii) Smallholder farmers and the local community (tier 2) benefit from the construction or rehabilitation of productive assets (*category D*) in order to improve their livelihoods (SR3) and mitigate climate-change impact (SDG 13)
 - iii) Vulnerable communities (tier 3) benefit from improved knowledge of national authorities and organizations in emergency preparedness (*Category C*) in order to meet their basic needs in times of crisis (SR1)

Key activities

Activity 4: Provide support to smallholder farmers and vulnerable communities in market access, resilience, and disaster preparedness (category 7, modality: CBT, CS)

66. *Market support activities to smallholder farmers.* This activity will assist 25,500 smallholder farmers living in targeted areas by increasing their opportunities to access agricultural markets and supporting the economic empowerment of women and men. This component seeks to build upon the lessons learned from the global Purchase for Progress pilot initiative. To perform this activity, WFP will provide (i) technical assistance on food value chains (ii) market information and logistics services (iii) local procurement to link with HGSEF, Food Assistance for Assets (FFA) and nutrition support activities. In addition,

⁶⁰ Examples of activities are: the possibility of including a GBV caseworker supporting nutrition staff, or the establishment of informal support groups for women at distribution sites, the promotion of sensitization sessions/messages on GBV prevention, reference and assistance during nutrition activities, and training on GBV prevention and response to field nutrition partners.

WFP will strengthen the capacity of the Ministry of Agriculture and its decentralized branches in the elaboration of policies and action plans. This activity will convey to all involved stakeholders, including government structures at central and decentralized levels, the recommendations of the Committee on World Food Security on connecting smallholders to markets and providing an environmental scheme for sustainably improving smallholders' access to markets.

67. *Food assistance for assets to vulnerable communities.* Vulnerable communities and Fokontany⁶¹ in southern areas will be identified through the Integrated Context Analysis (ICA) approach. This activity targets 200,000 vulnerable and food insecure women and men who are affected by recurrent shocks through conditional food or cash based transfer during 20 days of assistance per month, eight months a year,⁶² sustainable FFA programme design will include climate change adaptation through innovative tools such as the C-ADAPT⁶³, FoodSECuRE⁶⁴, R4⁶⁵, SAFE⁶⁶, as well as gender and protection lenses by involving women and men in the decision making processes. Based on these tools and analysis, specific efforts will be dedicated to the identification of FFA activities which can have gender-transformative, sustainable and inclusive impacts.

68. *Emergency preparedness strengthening to national and community organizations.* In coordination with BNGRC and humanitarian clusters, WFP Madagascar will continue its efforts to reinforce national and sub-national emergency preparedness and disaster risk reduction capacities. Assistance will be mainly focused on the assessment of national capacity on emergency preparedness, contingency and drought disaster risk reduction plans, simulation exercises, donation of IT equipment and emergency kits for crisis management operational centres and early warning systems. A strong importance will be given to gender dimension of assessment and response planning, including training on gender-related risks and adequate preparedness to natural disasters and emergencies.

Strategic outcome 5: Government institutions and the humanitarian community in Madagascar are supported in their efforts to improve effectiveness and efficiency of crisis response

69. WFP aims to continue to support national efforts to improve disaster preparedness and to fill gaps which are expressed by the Government, in particular the BNGRC, in coordination with key humanitarian actors. These activities contribute to strengthening the capacities of the Government and the humanitarian community as a whole as well as the overall improvement of emergency preparedness and coordination, timeliness, appropriateness and cost effectiveness of an emergency response, disaster risk reduction and resilience building programmes. As the lead of Logistics and Emergency and Telecommunications clusters, WFP will also facilitate the provision of services to the entire humanitarian community.

Focus Area

70. The focus of this outcome is resilience: the aim is to assist all relevant stakeholders to provide efficient and effective response in times of crisis.

Expected outputs

⁶¹ Fokontany: villages

⁶² January-April and September- December

⁶³ C-ADAPT: Climate Adaptation Management and Innovation Initiative

⁶⁴FoodSECuRE: Food Security Climate Resilience

⁶⁵ R4: Rural Resilience Initiative

⁶⁶ SAFE: Safe Access to Fuel and Energy

71. This outcome is expected to be achieved through two outputs:

- i) Vulnerable communities in Madagascar (tier 3) benefit from the improved access of the government and partners to accurate data on food security (*Category C*) in order to better respond to crises (SR 8)
- ii) Vulnerable communities (tier 3) benefit from the access of humanitarian partners to supply chain and IT services at national and sub national level (*Category H*) in order to meet their needs in times of crises (SR8).

Key activities

Activity 5: Provide analysis and assessment activities to the government and partners (category 12, modality: CS)

72. WFP Madagascar will provide support to government entities, humanitarian actors and other stakeholders to ensure the continuous availability, timeliness and accuracy of data disaggregated by sex and age related to food security and livelihoods of vulnerable and disaster-affected communities. Assessments will include regular market analysis and price monitoring (mVAM), CFSAM, IPC analyses and gender and protection analysis. Coordination activities including food security cluster coordination at national and regional levels will also be undertaken.

Activity 6: Provide shared services and platforms to partners (category 10, modality: SD)

73. Through the channel of bilateral logistics service provision, WFP will provide transport, warehousing, emergency procurement and relevant services to governmental, humanitarian and development actors in times of crisis.

3.3. TRANSITION AND EXIT STRATEGIES

74. WFP's approach to supporting a gradual transition to national ownership is as follows:

- Capacity development and technical assistance. WFP will focus on the enhancement of government systems, institutions and programmes that sustainably address hunger. Strengthening disaster preparedness and response capacities of national institutions will also ensure the sustainability of WFP's interventions.
- WFP is engaged with the Government in ensuring transfer of skills and competencies. During this T-ICSP, WFP will support the Government and strengthen capacities in early warning, food security monitoring and emergency response.
- Technical assistance provided by WFP to the Ministry of Education for the implementation of the national school meals and home-grown school feeding programmes will ensure the progressive transition of the school meals programme to national counterparts and ensure its sustainability.

4. IMPLEMENTATION ARRANGEMENTS

4.1. BENEFICIARY ANALYSIS

TABLE 1: FOOD & CASH TRANSFER BENEFICIARIES BY STRATEGIC OUTCOME & ACTIVITY				
Strategic Outcome	Activities	Female	Male	Total
Strategic Outcome 1	Activity 1: Provide food and nutrition assistance to vulnerable populations affected by crisis			
	Unconditional Food Assistance complemented by early recovery activities			
	<i>GFD Cyclone (in-kind)</i>	11 832	11 368	23 200
	<i>GFD Cyclone (cash)</i>	17 748	17 052	34 800
	<i>GFD drought (in-kind)</i>	20 400	19 600	40 000
	<i>GFD drought (cash)</i>	30 600	29 400	60 000
	<i>FFA Cyclone (in-kind)</i>	20 910	20 090	41 000
	<i>Food Assistance for Assets Cyclone (cash)</i>	31 365	30 135	61 500
	<i>Food Assistance for Assets - Drought (in-kind)</i>	28 560	27 440	56 000
	<i>Food Assistance for Assets - Drought (cash)</i>	42 840	41 160	84 000
	Provide treatment for Moderate acute malnutrition in districts with above 10 percent GAM rates through nutritional supplementation and SBCC			
	<i>Children under (6-59months) food</i>	15 300	14 700	30 000
	<i>Protection rations for MAM treatment</i>	59 529	61 138	120 667
	Food by prescription for TB patients on DOTS treatment through nutritional supplementation and SBCC			
	<i>TB patients (food)</i>	3 570	3 430	7 000
Sub-total SO1	282 654	275 513	558 167	
Strategic Outcome 2	Activity 2: Provide school meals in the central and southern regions of Madagascar			
	<i>School meals provision (in-kind)</i>	134 504	154 475	288 979
	<i>School meals provision (cash)</i>	24 162	27 750	51 912
	Sub-total SO2	158 666	182 225	340 891
Strategic Outcome 3	Activity 3: Provide undernutrition prevention in districts with high rates of undernutrition			
	Provide -acute malnutrition prevention activities in districts with above 15 percent GAM rates			
	<i>Children 6-23months of age (food)</i>	20 926	39 074	60 000
	<i>Pregnant and lactating women and girls (food)</i>	30 000	-	30 000
	Provide stunting prevention activities in districts with above 30 percent stunting rates			
	<i>Children 6-23months of age (food)</i>	35 766	42 234	78 000
	<i>Pregnant and lactating women and girls (food)</i>	7 600	-	7 600
	Provide stunting prevention activities in districts with above 30 percent stunting rates			
	<i>Children 6-23months of age (food - fortification)</i>	11 463	13 537	25 000
	<i>Pregnant and lactating women and girls (food - fortification)</i>	25 000	-	25 000
Sub-total SO3	130 755	94 845	225 600	
Strategic Outcome 4	Provide support to small-holder farmers and vulnerable communities in market access, resilience, and disaster preparedness			
	<i>DRR (in-kind)</i>	78 934	81 066	160 000
	<i>DRR (cash)</i>	118 400	121 600	240 000
	Sub-total SO4	197 334	202 666	400 000
TOTAL excluding overlap		760 971	763 687	1 524 658

75. The provision of relief food assistance in drought affected areas will gradually decrease as beneficiaries shift to FFA and benefit from complementary activities under strategic

outcome 4 and gender-transformative assets created enhance resilience. The families of children suffering from MAM will benefit from protection rations to avoid the sharing of specialized nutritional products (provided to MAM children).

76. The beneficiaries of the school feeding programme are school children living in the most food insecure regions of Madagascar, where education indicators are of particular concern.
77. The acute malnutrition treatment activity will be implemented in districts with above 10 percent rates, supporting children 6-59 months of age. WFP will make efforts to implement nutrition-support and relief food assistance activities in the same locations to increase synergies between food security and nutrition, including gender considerations. WFP in partnership with other organizations, will support of the Government's community-based approach to address stunting in districts where stunting is prevalent (above 30 percent stunting rates).
78. 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 production and post-harvest handling, formal organization of groups and the representation of women as members and leaders.
79. Food security and livelihoods assessments and monitoring information will inform geographic prioritization for FFA activities. Consultative processes⁶⁷ involving a communities, government, and partners will be used to identify the most appropriate range of interventions.
80. As part of the technical support provided to the Government, mainly the BNGRC and its decentralized structures, the Government staff members will benefit from capacity building activities for designing and implementing a sustainable system for food security monitoring and evaluation as well as an early warning system.
81. WFP will also strengthen communities and national capacities in emergency preparedness through training and equipment. National capacities for post emergency food security and nutrition assessments will be developed to inform Government-led coordination of the response. Nutritional emergencies detection and response will be integrated in the national capacity development plan. At community level, WFP will support the development of disaster risk reduction plans with local risk and disaster management committees.
82. WFP will also ensure an effective and comprehensive use and appropriation of the resilience building process and the 3PA by government agencies, partners and targeted communities.

⁶⁷ This includes the Seasonal Livelihoods Planning.

4.2. TRANSFERS

4.2.1. FOOD AND CASH-BASED TRANSFERS

Strategic Outcome	Strategic Outcome 1											Strategic Outcome 2		Strategic Outcome 3						Strategic Outcome 4		
Activity	Unconditional					MAM Treatment	Food by prescription for TB patient	Early recovery				Activity 2. School Meals		MAM prevention		. Stunting prevention				Activity.4 .Food Assistance for assets		
Beneficiary type	Standard (GFD cyclone)	Standard (GFD drought)	Standard (Protection ration for MAM treatment)	Standard (GFD cyclone)	Standard (GFD drought)	Children under 5	TB patient	Standard (FFA cyclone)	Standard (FFA drought)	Standard (FFA cyclone)	Standard (FFA drought)	Children	Children	Children (6-23m)	Pregnant/lactating women	Children (6-23m)	Pregnant / lactating women and girls	Children (6-23m) Fortification	Pregnant / lactating women - Fortification	Standard (FFA)	Standard (FFA)	
modality	Food	Food	Food	CBT	CBT	Food	Food	Food	Food	CBT	CBT	Food	CBT	Food	Food	Food	Food	Food	Food	Food	CBT	
cereals	400	400	400					400	400			140									400	
Pulses	60	60	60					60	60			30									60	
Oil	35	35	35				20	35	35			10			20		20					
Plumpy Sup						100																
Plumpy Doz														50								
Nutributter																20						
Salt																						
Sugar																						
Supercereal							200								200		200					
Supercereal Plus																						
micronutrient powder												0.4										
total kcal/day	1954	1954	1954			543	929	1954	1954			681		268	929		929				1645	
% kcal from protein	10.4	10.4	10.4					12.3	12.3												12.3	
cash (US\$/person/day)				0.4	0.4					0.4	0.4		0.15						0.5	0.5		0.26
Number of feeding days	15	120	60	15	120	60	180	60	120	60	120	175	175	90	90	180	180	360	360	160	160	

4.2.2. FOOD AND CASH-BASED TRANSFERS

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS & VALUE		
Food type / cash-based transfer	Total (mt)	Total (USD)
Cereals	25 504	9 920 321
Pulses	4 559	2 078 005
Oil and Fats	1 637	1 489 541
Mixed and Blended Foods	1 926	3 135 550
Other	39	680 483
TOTAL (food)	33 664	17 303 900
Cash-Based Transfers (USD)		15 580 490
TOTAL (food and CBT value – USD)	33 664	32 884 390

83. WFP will ensure that internal controls including on-site monitoring and monthly reconciliations of amounts of food and cash distributed continue to be implemented. In addition, WFP will continue to sensitize communities on their rights and obligations under the project. Complaint and feedback committees will be trained to report problems related to the amount of food or cash distributed and protection aspects, and results will be analysed to further improving existing mechanisms.
84. WFP has opted for a cash delivery mechanism, through cash accounts on mobile phones. WFP will use innovative approaches to safely and rapidly register and serve beneficiaries while enhancing information and data base management.⁶⁸
85. Various feasibility and market studies will be conducted, in addition to updating the country risk register, with specific attention to cash transfer risks to better plan the scaling-up of cash interventions in Madagascar, including gender analysis.

4.2.3. CAPACITY STRENGTHENING INCLUDING SOUTH-SOUTH COOPERATION

86. WFP will maintain its capacity to provide humanitarian relief assistance, while increasingly focusing on and mainstreaming the capacity strengthening of government systems, institutions and programmes.
87. An exchange visit to the WFP Center of Excellence in Brazil for a delegation of Malagasy officials involved in the HGSF programme and WFP staff in charge of the school feeding program took place in May 2017. This visit was an opportunity for a stronger South-South collaboration and peer to peer learning to strengthen the HGSF approach in Madagascar.

4.3. SUPPLY CHAIN

88. Food commodities are supplied through in-kind donations, regional and international procurement and WFP's Global Commodity Management Facility (GCMF). Food is procured in accordance with ethical standards and the principles of competition, transparency, separation of duties and accountability. Food is stored in WFP facilities and transported by WFP; cooperating partners are responsible for extended delivery points, transport to final delivery points and distribution. Delivery mechanisms for CBTs include mobile money and cash-in-transit.

⁶⁸ This includes beneficiaries/ration e-cards, digital finger print, system for cash operations SCOPE, new cash transfer monitoring and control systems.

4.4. PARTNERSHIPS

89. In alignment with its partnership strategy, WFP is increasing its focus on strategic partnerships in view of achieving joint outcomes. WFP has established strategic partnerships with international and national NGOs, including members of the humanitarian clusters (Food Security and Livelihoods Cluster, Logistics Cluster, Emergency telecommunication Cluster, Cash Working Group and Gender Based Violence Sub-Cluster) and is member of the UN Gender Thematic Group led by UNFPA.
90. WFP closely collaborates with the BNGRC to provide humanitarian response to natural disasters; with the ONN (under Prime Minister's office) for nutrition programmes; with the Ministry of Population, Social Protection and Women's Promotion, Agriculture and Livestock, and the Ministry of National Education and UNICEF for the school feeding and home-grown school feeding programmes. WFP coordinates its CBT activities with UNICEF, the World Bank and DFID. The Ministry of Health and the ONN lead the work on nutrition and fortification in partnership with WFP, UNICEF, FAO, WHO and UNFPA. WFP is actively part of the National Platform for Gender Equality lead by the Ministry of Population, Social Protection and Women's Promotion.
91. WFP collaborates with FAO and IFAD for enhancing the capacities of smallholder farmers and local procurement and with the Ministry of Agriculture for FFA interventions and the provision of technical support. To strengthen the capacities of local authorities to design and manage resilience programmes, WFP will partner with the local authorities through SLP and community-based participatory approaches.

5. PERFORMANCE MANAGEMENT AND EVALUATION

5.1. MONITORING AND EVALUATION ARRANGEMENTS

92. WFP Corporate Monitoring Normative Framework and Regional Bureau Monitoring Strategy will guide the monitoring of T-ICSP activities. A Monitoring, Review and Evaluation Plan will be elaborated to guide T-ICSP activities, defining the frequency and methodology for collection of indicators.
93. The baselines and targets for all the outcome indicators will be set after the baseline survey which will be conducted three months after the T-ICSP starting date. Increasingly, WFP will engage in joint monitoring activities with other partners to increase the efficiency and improve the quality of data through cross triangulation and other means. Other monitoring mechanisms such as third party and outsourced monitoring approaches will also be explored. All monitoring activities will have a gender-responsive approach, integrating gender in all processes and contents.
94. WFP will use individual, household and community interviews, while increasing the use of real-time data collection and reporting technologies such as Open Data Kit and data visualization ONA. Standard project reporting conducted through SCOPE and COMET and will include statistical reports illustrated by graphs.
95. WFP's strategic outcomes describe short- and medium-term progress towards national SDG 2 and SDG 17 targets; monitoring of national SDG indicators is the responsibility of authorities, with assistance from the United Nations.
96. Two operations evaluations have been conducted in the last three years in Madagascar, and the office of evaluation has planned to commission a country portfolio evaluation in early 2018 to inform the country strategic plan. Depending on the findings of the Country

Portfolio Evaluation, a decentralised evaluation will be considered in late 2019 or early 2020.

97. The findings of the Country Strategic Review will help WFP in defining the best operational strategies to be implemented during the CSP proposal design and formulation. WFP and Cooperating Partners' staff will benefit capacity strengthening to ensure a better performance management quality.

5.2. RISK MANAGEMENT

98. Contextual Risks: Political, economic or climatic conditions continue to constitute risks to attaining development objectives. WFP will continue working on long-term sustainable development and resilience while responding to humanitarian needs.
99. Programmatic Risks: These include delayed food deliveries due to road cuts after natural disasters. Pre-positioning sites are carefully identified to avoid exposed roads and minimise delays from transport for a rapid emergency response. Emergency preparedness planning will ensure rapid and appropriate emergency responses and minimize operational impediments.
100. Operational risks associated with CBTs will be addressed through regular price monitoring, the beneficiary feedback mechanism, and regular review exercises to be conducted together with the financial service providers.
101. Pipeline breaks will be mitigated through a WFP resourcing strategy that fosters engagement with its traditional donors and develops partnership with emerging donors.
102. Lack of partners which have sufficient capacity to ensure the adequate implementation of activities formulated in the T-ICSP constitutes a programmatic risk. Therefore, WFP will regularly explore the possibility of establishing new strategic partnerships with NGO implementing partners and authorities at the decentralized level. The capacities of partners will be continuously strengthened to prevent this risk.
103. The inadequate integration of gender equality and protection in all aspects of the humanitarian cycle – from training and planning to operation and evaluation – risks to hamper the capacity to successfully implement all strategic objectives, provide adequate response and preparedness, and achieve sustainability.
104. The United Nations security system has categorized the security risk in the south of Madagascar as level 3 “moderate”. Some roads can only be accessed in convoys and, though WFP complies with the minimum operating security standards, constant monitoring is required. Other parts of Madagascar are categorized as level 2 or “low”.

6. RESOURCES FOR RESULTS

6.1. COUNTRY PORTFOLIO BUDGET

105. The USD 59.6 million budget for this 18 month T-ICSP will enable WFP to respond in situations of natural disasters, while simultaneously focusing on strengthening the resilience of communities and supporting long term development initiatives.
106. Strategic outcome 1 ensures that populations affected by natural disasters have access to adequate food and nutrition during and in the aftermath of crises, accounts for 36 percent of the total budget. Given the vulnerability of Madagascar to tropical cyclones, relief food

assistance and early recovery support to cyclone affected communities are also foreseen in this category.

107. Strategic outcome 2 “School children in southern and central regions receive safe, adequate and nutritious food throughout the year”, accounts for 27.6 percent of the budget.
108. Strategic outcome 3 “Malnourished populations in targeted districts have improved nutritional status in line with national targets” composes 8 percent of the budget.
109. Strategic outcome 4 strengthens the resilience of vulnerable communities, smallholder farmers in crisis-prone areas to shocks, accounts for 28 percent.
110. Strategic outcome 5 which aims to support government institutions and the humanitarian community in their efforts to improve effectiveness and efficiency of crisis response” accounts for 0.4 percent of the budget.
111. WFP will utilize a combination of food and cash based modalities to provide assistance. The cash modality will be used when markets are proven to be available, accessible and functional through market assessments and gender analysis. A total of 13 percent of funds are allocated to gender transformative interventions under each Strategic Outcome.

COUNTRY STRATEGIC PLAN INDICATIVE ANNUAL BUDGET REQUIREMENT (USD)			
Strategic Outcome	Year 1 2018	Year 2 2019	Total
Strategic Outcome 1	13 838 610	7 728 565	21 567 176
Strategic Outcome 2	10 080 851	6 415 518	16 496 369
Strategic Outcome 3	3 494 066	1 095 533	4 589 599
Strategic Outcome 4	11 779 305	5 017 639	16 796 945
Strategic Outcome 5	154 267	60 283	214 550
TOTAL	39 347 100	20 317 539	59 664 639

6.2. RESOURCING OUTLOOK

112. Resourcing forecast for the T-ICSP is based on the long-term support that WFP has received to date and the estimated resource outlook for the T-ICSP period is USD 34.5 million.

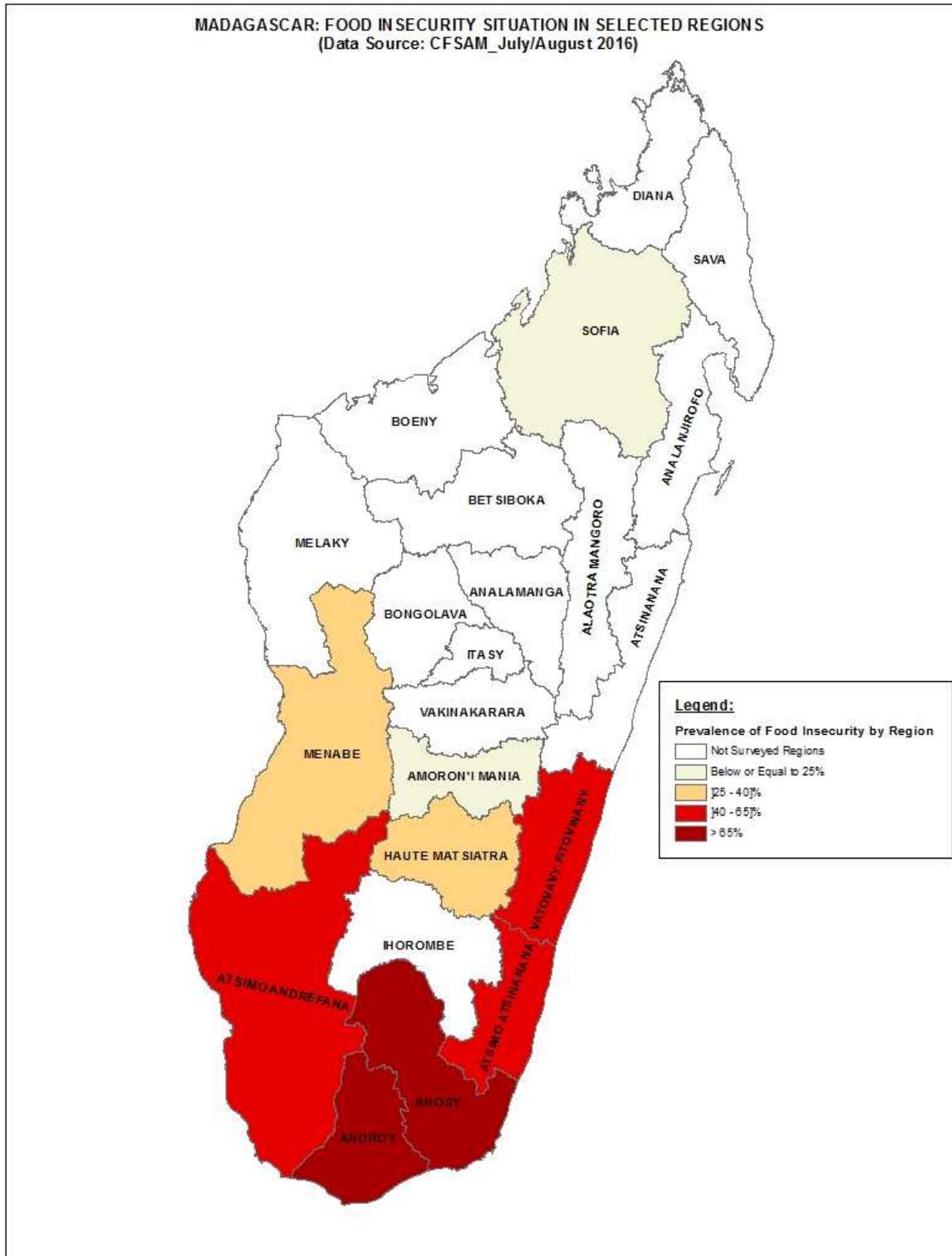
6.3. RESOURCE MOBILIZATION STRATEGY

113. While Madagascar received an unprecedented attention from the international donor community due to the El-Niño induced drought in 2016, the country is classified still among those receiving the least international aid per inhabitant. The budgets of humanitarian actors is usually under-funded and competition for resources is high among different actors.
114. During the ICPS implementation period, WFP will advocate to ensure multi-year funding, and diversify its partnerships with non-traditional donors as well as the private sector. Donor visibility will be improved and joint mobilisation efforts with other UN partner organisations, particularly Rome-Based Agencies will be further developed.

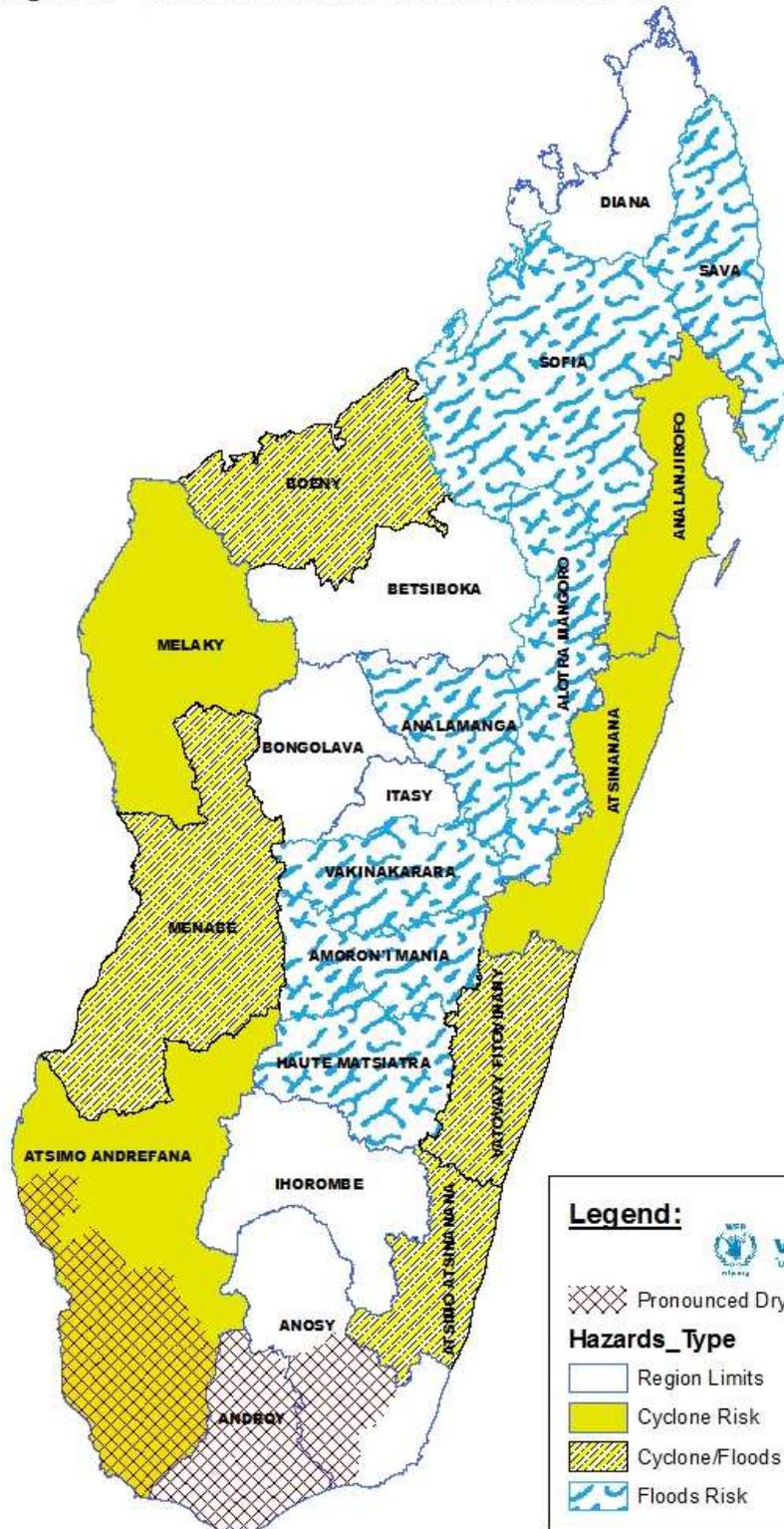
ANNEX I: INDICATIVE COST BREAKDOWN

INDICATIVE COST BREAKDOWN ALONG STRATEGIC OUTCOME (USD)						
WFP Strategic Results / SDG Targets	SR 1, SDG 2.1	SR 1, SDG 2.1	SR 2, SDG 2.2	SR 3, SDG 2.3	SR 8, SDG 17.16	Total
WFP Strategic Outcomes	Strategic Outcome 1	Strategic Outcome 2	Strategic Outcome 3	Strategic Outcome 4	Strategic Outcome 5	
Transfer	17 482 509	13 592 881	3 754 328	13 856 596	189 335	48 875 650
Implementation	1 555 751	970 917	295 195	967 294	0	3 789 157
Adjusted DSC (%)	1 117 979	853 369	239 822	874 189	11 179	3 096 538
Sub-total	20 156 239	15 417 167	4 289 345	15 698 079	200 514	55 761 345
ISC (7%)	1 410 937	1 079 202	300 254	1 098 866	14 036	3 903 294
TOTAL	21 567 176	16 496 369	4 589 599	16 796 945	214 550	59 664 639

ANNEX II: MAPS



Madagascar - Extreme Weather Related Hazards Risk



ANNEX III: ACRONYMS

ADB	African Development Bank
BNGRC	Bureau National de Gestion des Risques et Catastrophes
CBT	cash-based transfer
CDT	diagnostic and treatment centres
CISCO	<i>Circonscription Scolaire, district-level education authorities</i>
CSP	country strategic plan
DOTS	Directly Observed Treatment
DREN	Direction Régionale de l'Éducation Nationale (Regional Directorate of National Education)
FAO	Food and Agriculture Organization of the United Nations
FFA	food assistance for assets
GAM	Global Acute Malnutrition
GBV	gender-based violence
GCMF	global commodity management facility
GDP	gross domestic product
GHI	global hunger index
ICA	Integrated Context Analysis
IFAD	International Fund for Agricultural Development
MNP	Micro-Nutrient Powders
MOSS	United Nations minimum operating security standards
NGO	non-governmental organization
NTP	National Tuberculosis Programme
OECD	Organization for Economic Cooperation and Development
ONN	<i>Office National de Nutrition – National Nutrition Office</i>
PND	<i>Plan National de Développement 2015- 2019 National Development Plan 2015-2019</i>
P4P	Purchase for Progress
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SLP	Seasonal Livelihood Planning
SUN	Scaling Up Nutrition
TB	Tuberculosis
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization
IYCF	Infant and Young Child Feeding

