

Formative Evaluation of the Integrated Social Protection Programme in the South of Madagascar (United Nations Joint SDG Fund)

Final Report

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Acronyms

AIR	American Institutes for Research
CECJ	Centre d'Ecoute et de Conseil Juridique
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CNSS	Caisse Nationale de Solidarité pour la Santé
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons With Disabilities
CSU	Couverture de Santé Universelle
C4D	Communication for Development
DHS	Demographic and Health Surveys
EPM	Enquête Prioritaire Auprès des Ménages
FAO	Food and Agriculture Organization
FID	Fonds d'Intervention pour le Développement
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GTPS	Groupe Thématique de Protection Sociale
HCD	Human-Centred Design
HRBA	Human Rights–Based Approach
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDIs	In-Depth Interviews
ILO	International Labour Organization
IPC	Integrated Phase Classification

IRB	Institutional Review Board
ISPP	Integrated Social Protection Programme
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
MPPSPF	Ministry of Population, Social Protection and Promotion of Women Madagascar
NIMH	National Institute of Mental Health
NSPS	National Social Protection Strategy
OECD	Organisation for Economic Co-operation and Development
PFPH	Plateforme de Fédération des Personnes Handicapées
QA	Quality Assurance
RCT	Randomized Controlled Trial
SDG	Sustainable Development Goals
SSN	National Social Safety Nets
ToC	Theory of Change
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNEG	United Nations Evaluation Group
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1 Executive Summary

2
3 Madagascar is one of the poorest countries in Africa, with 75 per cent of the Malagasy people and 83
4 per cent of children living below the international poverty line of \$1.90 in 2019 (World Bank, 2020a;
5 CIA, 2020; Silwal et al., 2020). A recent report on child poverty using the Multidimensional
6 Overlapping Deprivation Analysis (MODA), developed by UNICEF, estimates that 67.6 per cent of
7 Malagasy children are multidimensionally poor (deprived in at least two dimensions of well-being
8 simultaneously) and that 23.57 per cent of children live in extreme poverty (deprived in four or more
9 dimensions of well-being) (UNICEF, 2020b). In 2017, 82.9 per cent of Malagasy children lived on less
10 than USD 1.90 per day, the second highest rate in the world after South Sudan (World Bank, 2020c).
11 As of 2019, Madagascar’s Human Development Index was 0.528, which is the highest it has ever
12 been, and yet still ranks Madagascar at 164 out of 189 countries and territories (UNDP, 2020). Since
13 2020, the COVID-19 (coronavirus) pandemic negatively
14 affected Madagascar’s economy, which had experienced
15 growth over the previous three years. It is expected that
16 recent declines in the poverty rate will be reversed
17 (World Bank, n.d.).

18 The extreme poverty is further aggravated by natural and
19 environmental disasters, such as cyclones and extended
20 drought in the south. In fact, the south of Madagascar –
21 one of the least developed regions of the country – is
22 facing its fourth consecutive year of drought, the effects
23 of which are expected to quadruple child malnutrition in
24 the region (UNICEF & WFP, 2021). The Anosy region is
25 one of the southern regions disproportionately affected
26 by natural disasters such as drought. According to the
27 2020 MODA analysis, 79.9 per cent of the children in
28 Anosy are multidimensionally poor (deprived in at least
29 two dimensions), and 34.0 per cent live in extreme
30 poverty (deprived in four dimensions or more) (UNICEF
31 Madagascar, 2020).

32 The existing literature on social protection in Madagascar suggests that large structural problems
33 limit the effectiveness of social protection in reducing poverty rates and that humanitarian and
34 public health crises further amplify the need for investment in social protection, human capital
35 development, health and education to support economic growth for a young and growing
36 population, especially in the southern region (UNICEF, 2021).

37 Overview of the Intervention Being Evaluated

38 The Joint Sustainable Development Goals (SDG) Fund or Fagnavotse programme in Malagasy was
39 initiated under the United Nations Sustainable Development Goal Fund and implemented between
40 January 2020 and March 2022 through the leadership of four agencies of the United Nations (United
41 Nations Children’s Fund [UNICEF], World Food Programme [WFP], International Labour Organization
42 [ILO] and United Nations Population Fund [UNFPA]), in collaboration with the Food and Agriculture
43 Organization (FAO), the World Health Organisation (WHO), and the Office of the United Nations High
44 Commissioner for Refugees (UNHCR),, and in partnership with the Government of Madagascar. The
45 Joint SDG Fund is global fund for social protection that was launched in 2019. The Fagnavotse

Evaluation approach

External evaluation timeline: March 2021–
April 2022 (In total, two data collection
rounds; baseline and endline).

Data collection sites: Three communes in
the district of Amboasary: Behara, Ifothaka
and Tanandava Sud.

Objectives: Assess the relevance,
coherence, effectiveness, efficiency, and
sustainability of the Fagnavotse programme.

Methods: Quantitative data collection through
monitoring surveys, cost analyses, and
secondary data analyses and qualitative data
collection in the form of desk reviews, key
informant and in-depth interviews with
stakeholders, and focus group discussions
with caregivers, children, and beneficiary
households.

1 programme has a total budget of USD 4,238,423, which includes USD 1,999,723 in contributions
2 from the Joint SDG Fund.

3 The objectives of the Fagnavotse programme, a Malagasy word which translates to ‘Rescue’ in
4 English, are the following: 1) at the downstream level, to promote social and economic inclusion of
5 households living in extreme poverty in Madagascar, particularly those with disabilities, by
6 integrating existing national social safety net programmes with health, social protection, gender-
7 based violence prevention, agricultural insurance and livelihood activities; and 2) at the upstream
8 level, to reinforce the national social protection institutional framework by support the Government
9 in developing an efficient model that could be scaled up nationally (UNICEF Madagascar, 2020).

10 UNICEF, together with the government, WFP, UNFPA and ILO, commissioned the American Institutes
11 for Research (AIR) to conduct an independent formative evaluation of the Fagnavotse programme.
12 While the evaluation was a requirement of the SDG Fund, the formative design was chosen by the
13 implementers to allow for frequent feedback and adjustments during the programme. The formative
14 evaluation examined the extent to which the programme’s design and initial implementation were
15 able to meet the needs of vulnerable populations, with a special focus on people with disabilities.
16 This final report takes into account all of the data collection conducted from 2020 to 2022 and draws
17 in particular on the results of the final qualitative data collection phase (December 2021) and the
18 results of the third quantitative monitoring phase (January 2022).

19 **Evaluation Purpose and Intended Users**

20 This formative evaluation seeks to generate knowledge and high-quality lessons learned about the
21 Fagnavotse programme to improve implementation and inform the replication of inclusive social
22 protection efforts in Madagascar. The primary users of this evaluation include the Government of
23 Madagascar’s Ministry of Population, Social Protection and Promotion of Women (MPPSPF), UNICEF,
24 WFP, UNFPA and ILO. The secondary users of the evaluation include WHO, GIZ, FID, the Ministry of
25 Agriculture, the Ministry of Public Health (along with Couverture de Santé Universelle [CSU]), FAO,
26 UNHCR, the World Bank, FCDO, the Norwegian Embassy, the Groupe Thématique de Protection
27 Sociale (GTPS), the Joint SDG headquarters, relevant agencies, and regional offices.

28 **Evaluation Objectives**

29 The specific objectives of the formative evaluation are to examine the design of the Fagnavotse
30 programme, to assess whether the plans for the United Nations Joint SDG Fund align with the
31 national social protection strategy and to document and provide recommendations and lessons
32 learned on the design and integration process of social protection programmes in the south of
33 Madagascar.

34 **Evaluation Methodology**

35 We developed a mixed-methods and formative approach that relied on continuous data collection
36 and regular analysis of key indicators to enable regular feedback on the performance of the
37 Fagnavotse programme, including its relevance, coherence, effectiveness, efficiency and
38 sustainability. Our methods included quantitative monitoring surveys administered in 42 households
39 in each commune (total n=126) from August 2021 – January 2022, secondary data analyses of M&E
40 programme data, cost analyses and evaluability assessment, along with qualitative methods
41 implemented from November 2020 to December 2021 such as stakeholder mapping, 81 key
42 informant interviews (KIIs), 48 in-depth interviews (IDIs), 12 focus group discussions (FDGs) and a
43 desk review. As much as possible, we used the quantitative and qualitative methods to complement
44 each other so that findings could be triangulated.

1 **Limitations and Mitigation Strategies**

2 We identified four primary limitations to the study and developed appropriate mitigation strategies:

- 3 1. Due to implementation delays linked to the COVID-19 epidemic and the drought emergency
4 in the South of Madagascar, the activities related to integration of the various programme
5 components were not implemented in time for the evaluation team to be able to observe
6 the outcomes.¹ To mitigate this limitation, we adapted the evaluation design as described in
7 Section 5 and adapted the endline research instruments to explore the barriers to
8 integration more deeply.
- 9 2. The limited time during which all four programme components were operational
10 simultaneously hindered our ability to fully assess implementation processes and
11 beneficiaries' experiences of the programme. Therefore, we were not able to capture much
12 data about the experience of beneficiaries of the social health insurance component, which
13 only became operational at the end of the programme period. To address this limitation, we
14 draw on KIIs with programme implementers and programme documents to fill that gap
15 whenever possible.
- 16 3. The evaluability assessment highlighted that there was no one available source of data to
17 evaluate baseline values of the medium-term outcomes of the programme on a
18 representative sample of the Fagnavotse target population. To the extent possible, we
19 addressed this issue by conducting interviews and surveys with actors involved in various
20 levels and roles in the Fagnavotse programme, and complementing the analysis with
21 monitoring data from system-specific components and summary data reported in
22 programme documentation.
- 23 4. The programme was not able to implement a joint monitoring system which allows for the
24 assessment of programme integration. Existing monitoring systems for different
25 components were created largely in parallel with each other without indicators that
26 measure integration. To address this limitation, we used administrative and monitoring data
27 from system-specific components to complement the analysis where possible, but we did
28 not have access to data on all components.

29 **Key Conclusions**

30 In this section, we present key conclusions based on the research findings described above,
31 organized by evaluation criteria (see Table 1).

32 **Table 1. Summary of Key Conclusions Organized by Evaluation Criteria**

Evaluation Criteria	Key Conclusions
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