

MADAGASCAR ECONOMIC UPDATE: AID EFFECTIVENESS DURING POLITICAL INSTABILITY –A LOOK AT SOCIAL SECTORS

World Bank – April 1, 2011

In Madagascar, donors have traditionally counted for almost half of the Government's budget and have been, by far, the main source of funding in social sectors. Since the beginning of the crisis, official aid toward education, health and social protection surged, reaching almost US\$260 million in 2010 against US\$180 million in 2008. This increase failed nonetheless to improve significantly social indicators. Does it mean that (i) aid works but the country did not get enough of it to counterbalance the effects of the current political and economic crisis, or (ii) aid effectiveness has been limited and there is a need to improve its quality rather than its quantity?

Official aid flows have been cut since the beginning of the political crisis except to social sectors where *donors have increased significantly their disbursements between 2008 and 2010*. This increase has been justified on humanitarian grounds, to respond to the growing social distress of the population. Unfortunately, most social indicators have continued to fall, as evidenced by the recent drop in net registration rate in primary schools, the rate of births attended by medical staff, and the use of external medical consultations. For some observers, this deterioration is viewed as an argument for more external funding: aid works; we just do not do enough of it. For others, it reveals the need to improve not only the quantity but also the quality of foreign assistance. Both sides have good arguments. Although more social aid will be necessary to account for the pressing needs of the population (which itself growing fast), this note will subscribe to the second view and, ultimately, argue that aid effectiveness must be improved in priority if donors want to contribute significantly to Madagascar's development both in the short and longer terms.

Lower aid but not to social sectors

Since the beginning of the political crisis, donors have reduced their disbursements toward Madagascar by about US\$200 million per year (Table 1).¹ This decrease is the result of the non-recognition of the Transition Government by the international community and the quasi-absence of new projects that are not directly justified on humanitarian grounds. The most significant drops were observed in the areas of infrastructure, productive activities, and institutional support.

¹ All figures on aid reported in this note are based on the information provided by donors and collected by the Coordinating Unit in the Prime Minister Office. It has to be acknowledged that this base might not be fully accurate, adjusted on a continuous basis, and that some key partners are still missing, including China, India and most Arab countries. For more details, see www.amp-madagascar.gov.mg.

Contrary to this global trend, the amount of official aid toward social sectors surged from US\$180 million in 2008 to US\$260 million in 2010.² This increase is the combination of growing support in health (up by 75%), social protection (42%), and the relative stagnation in education (down by 6%).³ A closer look at the composition of official aid in each of these social areas helps to understand better the quantitative and qualitative changes that occurred over the past couple of years (Annex 1 for fuller details).

Table 1: Lower Aid inflows except in social sectors (in US\$ millions)

	2008	2009	2010
Education, health, social protection	179.8	182.9	255.8
Water, transports, energy, communication	168.6	77.6	79.9
Financial sector, mines, industry, commerce, employment, tourism	43.4	14.9	11.3
Agriculture, fishery	42.2	69.9	50.8
Environment	50.1	24.4	16.2
Institutional support	45.7	25.7	27.0
Non allocated budgetary support	96.6	5.7	5.5
Total	626.4	401.4	446.5

Source: Database of the Prime Minister office/UN.

- **Education:** The level of external financing remained almost stable, varying from US\$61.7 million to US\$57.8 million between 2008 and 2010. Before the crisis, foreign assistance was consolidated around “three” donors: the Education-For-All Catalytic Fund/World Bank (US\$24 million), Norway (US\$15 million) and the African Development Bank (US\$8.3 million). In 2010, aid became more fragmented, with the emergence of new donors such as UNICEF (US\$28 million, including the taking over the management of the Catalytic Fund), *Agence Française de Développement* (4.5 million), OPEP (US\$3 million), and the International Labor Organization (US\$2 million).
- **Health:** The level of external financing jumped from US\$92 million to US\$160 million between 2008 and 2010. In 2008, USAid, the World Bank and the Global Fund (VIH, Malaria, and Tuberculosis) accounted for 80% of donors’ assistance. In 2010, USAid and the Global Fund remained top funders but new donors emerged such as the Global Vaccine Initiative (US\$9 million), the UNFPA (US\$10 million), and UNICEF (US\$5.8 million).
- **Social Protection:** External assistance increased from US\$26 million to almost US\$38 million between 2008 and 2010. The main donors have been the World Bank, the World

² The external support toward agriculture and fisheries also increased between 2008 and 2010 but not by the magnitude observed in social sectors.

³ It can be argued that part (but not all) of the budget support provided by donors in 2008 (US\$89.5 million) was allocated to the social sectors and, so, its quasi-elimination has affected social sectors in 2009 and 2010. This argument will be taken into account in the next section of this note by observing that the total expenditures spent by the Ministries of Education and Health declined between 2008 and 2010 but not as much as the increase in external funding directly allocated to these social sectors.

Food Program, and France but the number of donors and projects increased significantly over this period.

More aid as the response to social distress

The political and economic crisis has produced an undisputable increase in social distress in Madagascar. Such deterioration has to be expected during an economic slowdown when people are losing jobs and revenues. More recently, the surge in international prices of food and crude oil has also worsened the situation of many vulnerable households. The recent household survey confirms that poverty is 9 percentage points higher in 2010 than in 2005 (reaching 77% of households) and that many social indicators have deteriorated, including the ratio of births attended by skilled health workers (down from 51% in 2006 to 44% in 2009), external consultations to health services (down by 8 percentage points between 2005 and 2010), and the net enrollment rate in primary schools (down from 83% in 2005 to 73% in 2010).⁴ Recent evidence collected by UN agencies in Antananarivo and Toliara also reveals that: (i) many households have suffered from significant financial losses and so are less able to finance their education and health expenses;⁵ and (ii) the public health and education systems are lacking of funding and materials, especially in rural areas.⁶

Furthermore, the State has shown limited capacity to respond to the pressing social needs of the population in view of its budgetary constraint. The Ministries of Education and Health have seen their non-wage and capital expenditures (funded on their own resources) declined by 20 and 70% respectively between 2008 and 2010 (Figure 1). Such cuts explained lower maintenance and equipments shortages (such as books and medicine) reported in many schools and health centers over the past two years.⁷

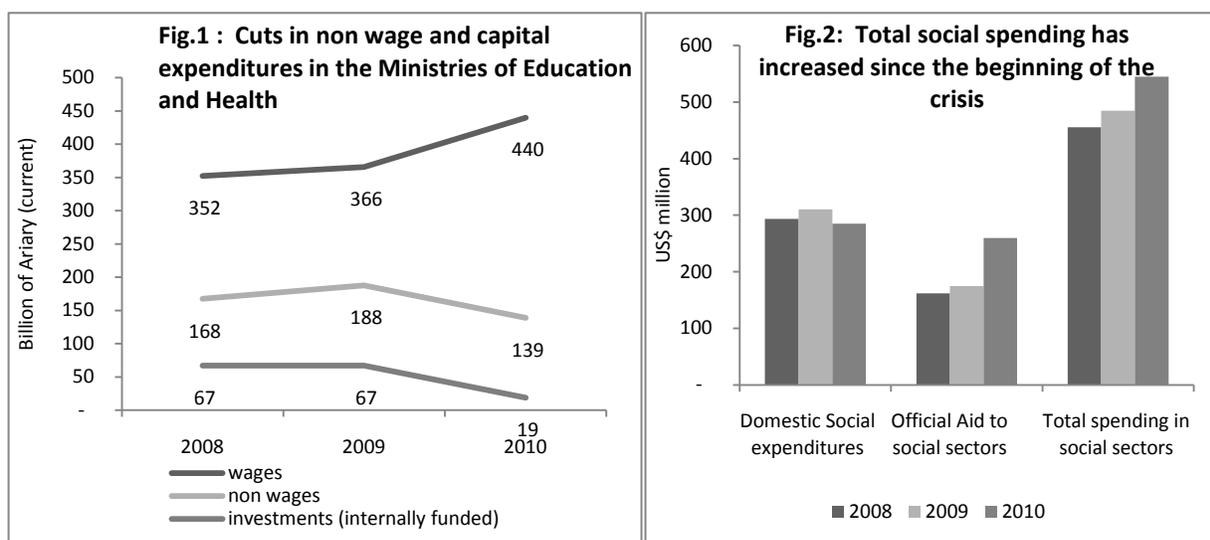
Consequently, the combination of higher social distress and limited capacity of the State has motivated the increase in aid toward social sectors. During the crisis, donors have often acted as “the lender of last resort”, and without them, the social situation in Madagascar could have been arguably worse than it is today. The truth is that a large fraction of teachers are now paid directly by the Education-For All Catalytic Fund managed by UNICEF, a growing number of health centers are funded by donors, and emergencies in children malnutrition and climatic disasters are increasingly covered by targeted programs financed by external funds.

⁴ The sources are the Households survey of 2005 and 2010 and the SOWC of 2008 and 2011.

⁵ The cost of school materials can be difficult to bear for families with many children and few resources: A basic package of school materials for one first grader (notebooks, pencils/pens, etc.) costs approximately 4,100 Ariary (around 2 USD), while a second grader needs around 5,000 Ariary (or 2.5 USD) to cover basic school materials.

⁶ In the South, it is observed that less than one out of two basic health facilities are staffed according to national norms and as much as one out of three basic health centers considered operational are managed by support staff only. A recent survey carried out in six regions shows that there are no antibiotics available in 30 % of basic health centers (source: UNICEF newsletter, N. 3, September 2010).

⁷ In 2009, the government reduced the budget covering operational costs of health centers at district level by 30%.



Sources: Ministry of Finance and Prime Minister Office/PNUD

Notes :

1/ Domestic social expenditures are defined as the total spending of the Ministries of Education and Health excluding investment funded by external resources.

2/ Official aid is defined as the disbursed amounts reported by donors.

What about aid effectiveness?

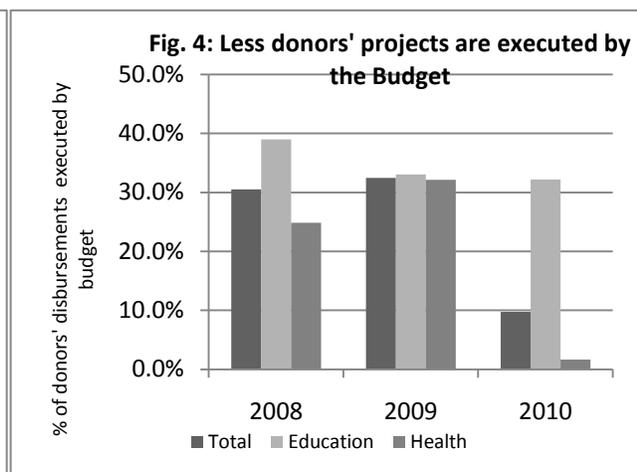
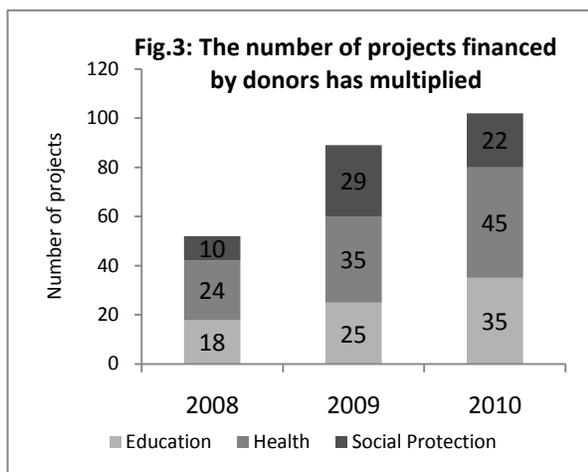
Aid has helped to reduce the impact of the current crisis on households and preserve at certain level of social services. Yet, one has to wonder if this assistance has been optimal, or, in other words, more could have been expected from the recent increase in foreign assistance.

Two evidences support such questioning. First, the total resources allocated to social sectors are 20% higher today than in 2008 since the increase in foreign funding has more than compensated for the decline in the Government's budget (Figure 2). Second, social needs were already pressing before the crisis. In 2008, the Government and donors, with less money, were able to contain the impact of six tropical storms/cyclones in the first four months⁸ and of the global financial crisis as well as the surge in international food and crude oil prices. The argument is not to compare the magnitude of social distress before and during the crisis but rather to examine more carefully if aid has been effective over the past two years.

Since the beginning of the crisis, the delivery mechanisms of aid in social sectors can be captured through the following shifts:

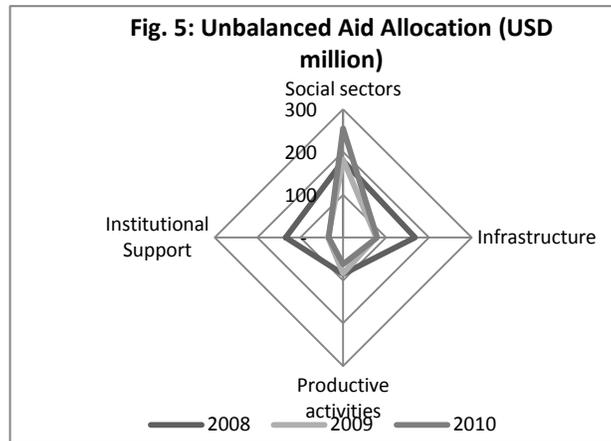
⁸ The quasi-absence of major climatic disasters over the past two years has to be contrasted with the huge damages produced by the 2008 cyclones estimated to more than US\$330 million by the UN/World Bank affecting more than 300,000 people. Source: Joint Damage, Loss and Needs Assessment (JDLNA). http://www.gfdr.org/gfdr/sites/gfdr.org/files/documents/Madagascar_PDNA_GLANCE.pdf

- Donors' intervention has become increasingly fragmented since the number of externally funded projects in social sectors skyrocketed from 52 to 102 between 2008 and 2010 (Figure 3). The median size of those projects declined by 54% in social protection, 26% in health, and 22% in education. Such a trend makes it more difficult to coordinate external support and to align it on the country's priorities, with a risk of duplication.⁹
- A growing share of external support has been channelized outside of the public sector since less than 10% of donors' disbursements in social areas were executed by the Ministries of Education and Health in 2010 against 30% in 2008 (Figure 4).¹⁰ Such decline captures the shift toward Non-Governmental Organizations and local communities adopted by several donors to reduce their fiduciary and political risks. As a result, the public social system is now almost excluded from donors' money distribution channels.
- The good performance of the health and education sectors requires not only effective targeted programs in these areas but also good infrastructure (water and roads), decent sources of revenues (otherwise households cannot spend on social services), and good institutional capacity. For example, the lack of access to safe water, and its implications on diarrhea related illnesses, is estimated to generate 5 millions of lost working days per year and is the second cause of children mortality among children under 5 years. Those interconnections are essential but failed to materialize because of the dramatic decline of aid toward those last three pillars since the beginning of the political crisis (Figure 5).



⁹ Of course, small projects in themselves are not bad. They are an important source of experimentation and innovation. They may be able to provide exactly what is needed in isolated communities where small amounts of money can make a significant difference in people's lives. However, the fragmentation of aid comes at a heavy price. Each project must be prepared, negotiated, supervised, and reported on.

¹⁰ These figures might also reflect reporting gaps between donors and the Government as well as within the Government, as some disbursements executed at the Ministerial level are not included in the budget.



Those shifts have been partly motivated by the current political context since the absence of recognition of the Government by the international community has obliged many donors to go around public administration. Political instability and interferences have also justified the use of “second best” channels, relying on local communities and NGOs in the absence of any credible public alternatives, to reach out vulnerable groups.

Unfortunately, the recent international experience and empirical evidence has showed that too high projects’ fragmentation, the lack of coordination between donors and the public sector, and an unbalanced allocation of resources across sectors are bad for aid effectiveness.¹¹ The lessons from the field have stressed that too many projects increase administrative and coordination costs for both donors and the recipient country: think about the difficulties to manage and coordinate, over 40 projects and 17 donors in the health sector. Envisioning a performing and sustainable education and health system is hard when almost all external funds are executed outside of budgetary procedures. These sectors require a strong public administration, not only to deliver those public services but also to supervise and regulate them. Finally yet importantly, the excessive concentration of aid in a few sectors can be counterproductive because it might exceed the absorptive capacity of the recipient country (possibly leading to corruption and the misallocation of funds) and it fails to account for intersectoral synergies.

The bottom-line is that foreign aid works well when it is done right. Yet, since the beginning of the political crisis, aid delivery mechanisms have deviated from the recommendations of the 2005 Paris Declaration.¹² If those deviations might be temporary and “second best”, partly justified in the current context, they have contributed to lower the impact that might be expected from aid on people and institutions. The key is to learn lessons to improve aid effectiveness.

¹¹ For references, see *Delivering Aid differently—Lessons from the Field* by Wolfgang Fengler and Homi Kharas, 2010.

¹² Paris Declaration on Aid Effectiveness, 2005. www.oecd.org/dataoecd/11/41/34428351.pdf

Looking for more aid effectiveness

Few people would disagree that official aid has helped to reduce social distress in Madagascar, and more of it will be necessary to respond to the growing need of the population in the short and longer terms. The recent experience in social sectors however illustrates that more external funding is not enough to generate automatic positive outcomes. Education, health, and social protection benefited from 40% more external resources in 2010 than in 2008 but social indicators failed to improve significantly. The quality of aid largely matters.

Improving aid effectiveness should be a priority for both donors and the Government. We advocate that success will require open information and stronger cooperation, first among donors, and second between donors and the authorities.

- Open information is a key element for achieving scalability of projects, predictability of aid flows, efficient division of labor, and low transaction cost. If donors are given information on what projects are achieving notable outcomes, they will be able to pool their resources to scale up those projects to reach more people. Projects that duplicate each other's efforts will be identified and adapted to reflect a more logical division of labor, either by splitting up different stages of the work or by operating in different geographic areas. In that sense, the new database on donors' projects gathered by the UN and the Prime Minister Office has been a major step forward in providing information on what donors have been doing. This information still needs to be matched with a single list of the country's needs and to alert donors to gaps.
- While a stronger cooperation with the authorities might have to wait for the full recognition of the Government by the international community, the coordination between donors should be strengthened immediately. NGOs should also be included in this effort, as their role has become even more important in these last two years. The objective should be to work together so to scale up projects that work well rather than adding many small new projects. Such cooperation might also help to improve the intersectoral allocation of aid by identifying gaps that go beyond social sectors but that affect their performance.
- Operating outside the purview of the Government may generate islands of success through dedicated non-governmental agencies and provide the fiduciary and political comfort needed for donors. However, this practice may also mask the fact that at the same time the generic public delivery system is let to collapse, with much greater negative impact on the population. This is not say that one system is superior to the other but they have to be complementary and that a broader perspective is needed in assessing coverage and efficiency.

Partly because of the special context of the current political crisis, donors have had to modify the way they deliver aid to Madagascar. Over time, restoring trust between donors and

government officials (at the policy and technical levels) will have to be at the center of the development agenda. A new consensus can be built around the ideals of information sharing and stronger collaboration. At the end of the day, the common goal is that aid money that is intended to help poor people will reach them in more efficient and equitable ways.

ANNEX: AID DISBURSED BY DONORS AND PROJECTS –2008-2010

Table A-1: Aid Disbursed in the Education Sector, US Million

BAILLEURS	PROJETS	2008	2009	2010
	TOTAL	61.751	51.082	57.814
AFD	Education de base à Madagascar. N° convention CMG 1164 01	0.779	0.889	0.548
	EDUCATION POUR TOUS (VOLET MINESEB)/convention n°:CMG 3002 01)	1,651	9.560	4.506
GERMANY/KFW	Projet Ny Voary Vintsy. (n° convention:2003 65 056)	0.414		0.285
AFRICAN DEVELOPMENT BANK	Education III. (n°convention:2100 1500 00548/ 2100 1550 00194)	8.373	2.355	2.013
WORLD BANK (*)	Education for all Catalytic Fund I	24.940	14.197	1,692
ARAB DEVELOPMENT BANK	APPUI A L'ENSEIGNEMENT GENERAL	0.431	1.042	0.489
	Projet de construction et d'équipement de l'institut national des sciences comptables et de l'administration des entreprises. (INSCAE)		0.031	0.007
	AEP Ambalavao			0.054
ILO	Projet MEN / BIT MAG/05/M02/MAG	1.071	0.002	0.014
	Projet MEN / BIT MAG/07/M01/MAG	0.516	0.066	0.030
	Projet MEN /BIT MAG/08/M01/MAG	0.453	2.013	
	Construction d'écoles primaires à Madagascar MAG/05/M02/MAG			0.022
	Construction d'écoles primaires équipées à Madagascar (Fabrication de mobiliers scolaires)- Phase II MAG/07/M01/MAG			0.105
	Construction d'écoles primaires à Madagascar – Phase III MAG/08/M01/MAG			1.987
	Construction d'écoles primaires à Madagascar – Projet MEN/UNICEF/BIT MAG/10/01M/CEF			1.005
UNICEF	Préparation et réponse aux urgences dans l'éducation YE202 Projet 4		5.713	4,575
	Education de baseProgramme YE202 Projets 1,2 et 3		4.160	22.596
JICA	Projet de Suivi "In-Service Training" pour Enseignants			0.015
	Education Primatologique			0.011
NORWAY	Projet HIMO Bâtiments MAG/05/M01/NOR	1.751		
	Projet HIMO Bâtiments MAG/08/M04/NOR		0.377	2.501
	MAG-07/013 ILO School Construction 2008-2012	1.680		2.770
	MAG-07/014 UNICEF - ensuring the right to quality primary education	1.680	2.001	1.979
	MAG-09/015 UNICEF - minimizing the negative impact of the crisis on education		2.931	2.364
	MAG-05/012 NMS - FLM educational programme - ProVert	1.680	0.960	1.004
	MAG-04/016 Support to Education Department MAG-09/003 Addendum to MAG-04/016 MAG-09/012 Support to Education Dep. Rest payment UQAM	15.126	0.284	0.216
	MAG-09/017 Appui au programme de cantines scolaires		0.480	0.510

	MAG-09/016 Inclusion of Blind and Deaf			0.668
	MAG-10/0003 Midterm review UNICEF 2010			0.003
OPEP	Deuxième projet education			1.524
	Amélioration de l'éducation			1.319
UNDP	APPUI A L'ALPHABETISATION	0.395	0.207	0.023
FRANCE	MADES. (n°convention:2007000100)	0.315	0.529	0.505
	Appui au bilinguisme à Madagascar.(n°convention:2002009600)	0.465	0.027	
	SIST.(n°convention:2002007000)	0.023	0.057	
	Programme de bourses (Enseignement supérieur)		0.404	0.305
	Programme d'interventions ponctuelles (Enseignement supérieur et recherche)		0.140	0.080
	Assistance technique (Enseignement supérieur et recherche)		2.723	1.773
EU	EIDHR 2010 Annual Action Programme - CBSS (Country Based Support Schemes)			0.299

Source: www.amp-madagascar.gov.mg.

(*) This project was not included in the Prime Minister/UN database

Table A-2: Aid Disbursed in the Health Sectors, US Million

DONORS	PROJETS	2008	2009	2010
	TOTAL	92.105	91.110	161.214
ONUSIDA	APPUI A LA MISE EN OEUVRE DU PLAN STRATEGIQUE NATIONAL 2007-2012		0.006	0.020
	APPUI AUX POPULATIONS CLÉS A HAUT RISQUE ET AUX PERSONNES VIVANT AVEC LE VIH	0.134	0.259	0.088
UNDP	LUTTE CONTRE LE VIH-SIDA		0.170	0.179
FAO	Assistance d'urgence pour la surveillance de la fièvre de la Vallée du Rift		0.223	0.097
AFD	Santé. (n°convention: CMG 6009 01)			2.156
	AT et d'expertise au plan de développement Sectoriel Santé. (n°convention: CMG 6008 01)	0.182	0.103	0.036
KFW	Centre de Santé de Base Mahajanga II. (n° convention:1998 67 052)		0.022	
WORLD BANK	NUTRITION II (ONN)	3.660	2.430	2.190
	LUTTE CONTRE LE VIH-SIDA ET LES MALADIES SEXUELLEMENT TRANSMISSIBLES (MST)	9.250	1.430	4.680
	DEVELOPPEMENT D'UN SYSTEME DE SANTE DURABLE	8.510	1.120	0.060
AFRICAN DEVELOPMENT BANK	Santé II. (n°convention:2100 1500 00562/ 2100 1550 00196)	4.774	2.922	
	Appui à la Lutte contre les MST/SIDA. (n°convention:2100 1550 03674)	1.832	2.390	0.399
FONDS MONDIAL TUBERCULOSE, MALARIA, SIDA	Intensification de la lutte contre le VIH/SIDA : une approche combinant réponse local et rôle charnière (n°convention:MDG-304-G04-H)	0.133	0.208	
	Action communautaire pour combattre la malaria. (n°convention:MDG-304-G05-M)	1.232	0.800	
	Passage à l'échelle des mesures de prévention et de traitement de la malaria à Madagascar (1). (n°convention:MDG-405-G06-M, (G2))	0.715		
	Passage à l'échelle des mesures de prévention et de traitement de la malaria à Madagascar (2). (n°convention:MDG-405-G07-M, (G3))	1.291	8.610	12.299
	Réduction de la morbi-mortalité causée par la tuberculose au niveau des populations pauvres. (n°convention:MDG-404-G08-T)	1.906	1.059	
	Du controle à l'élimination de la malaria (2007-2012) - 1. (n°convention:MDG-708-G09-M)	9.712	2.846	8.586
	Du controle à l'élimination de la malaria (2007-2012) - 2. (n°convention:MDG-708-G10-M)	2.150		3.874
	Réponse au VIH et aux MST à Madagascar: une approche impliquant les populations les plus à risque dans les zones vulnérables (MDG-809-G11-H)		2.166	2.586
	Réponse au VIH et aux MST: une approche impliquant les populations à risque dans les zones vulnérables - Volet PSI (MDG-809-G12-H)		1.565	1.514
	Tuberculose Pact (MDG-810-G14-T)			1.429
	Centrale d'Achat de Médicaments Essentiels et Matériels			1.106

	Médicals (MDG-910-G15-M)			
	Speed up malaria control activities with a view to eradication in Madagascar (MDG-910-G17-M)			5.761
	speed up malaria control activities with a view to eradication in Madagascar (MDG-910-G18-M)			3.666
	speed up malaria control activities with a view to eradication in Madagascar (MDG-910-G19-M)			9.355
	Speed up malaria control activities with a view to eradication in Madagascar (MDG-910-G16-M)			9.822
	Nutrition(MDG-810-G13-T)			1.631
UNICEF	Fourniture des services de santé de base YK201 Projet 4		5.427	5.043
	Appui à la lutte contre les maladies sexuellement transmissibles YJ203 Projets 1,2 et 3		1.144	0.770
	Appui à la politique de survie de la mère et enfant YK201 - Projet 1		0.708	0.418
	Améliorer les standards de nutrition YK201 Projet 2		3.578	4.311
FNUAP	Composante santé de la reproduction	2.950	6.653	5,493
GLOBAL ALLIANCE POUR VACCINATION	Soutien aux nouveaux vaccins (SVN)	0.197	5.394	7.671
	Soutien aux services de vaccination (SSV)	1.181		
	Renforcement des systèmes de santé (RSS)	0.810		1.704
JICA	Amélioration des services de la santé maternelle et infantile à Madagascar (Projet « FAMI »)		0.812	0.029
	RENFORCEMENT DE LA PREVENTION DU VIH/SIDA		0.648	0.851
	FOURNITURE DES EQUIPEMENTS DANS LE CADRE DU PROGRAMME ELARGI DE VACCINATION		2.546	
	Projet 5S aux CHUs et CHRRs			0.046
	Projet de Suivi Mère-Enfant à Mahajunga			0.040
OMS	Appui au renforcement institutionnel (secteur sante)		0.205	0.098
	Appui à la lutte contre les maladies autre que IST/VIH		0.943	1.421
	Appui a la lutte contre les MST		0.265	0.044
	Appui a la politique de survie de la mère et de l'enfant	0.569	0.318	0.893
	URGENCES	0.453	0.698	0.029
	APPUIS DIVERS			0.024
OPEP	Appui à la Lutte contre les Maladies Transmissibles . (n°convention:6540 6540 00332)	0.051	0.075	0.279
FRANCE	ASPIC. (n°convention:2005001800)	0.248	0.101	0.256
EUROPEAN UNION	Call for proposals of RH 2003 (SANTE/2003/005897)			0.500
USAID	Utilisation Accrue des Services et des Produits de Santé Sélectionnés et des Pratiques Améliorées.(n°convention:687-0050)(n°PIP:21-250-138)	40.172	33.251	59.769

Source: www.amp-madagascar.gov.mg.

Table A-3: Aid Disbursed in Social protection, US Million

DONORS	PROJECTS	2008	2009	2010
	TOTAL	25.989	40.722	36.791
FRANCE	Programme d'aide alimentaire et humanitaire		3.779	2.133
PAM	Programme pays du PAM	0.802		
	Programme pays du PAM	2.500	3.646	0.952
	Programme pays du PAM	0.445		
	Programme pays du PAM	1.389	2.025	0.529
	Programme pays du PAM	0.535		
	Programme pays du PAM	1.667	2.431	0.635
FAO	Fourniture d'intrants aux populations vulnérables dans le cadre de l'initiative aux flambées des prix des denrées alimentaires		0.073	
	Distribution of rice and bean seed to the most vulnerable rural families affected by increased food prices.		0.040	
	Réponse aux catastrophes naturelles récurrentes et à l'insécurité alimentaire à Madagascar	6.767	9.492	1.545
	Coordination and technical support to local production of improved rice seed in disaster-prone areas affected by cyclone Ivan.		0.387	
KFW	Fonds d'Etude et d'Experts IV. (n°convention:1995 70 011)		0.195	
WORLD BANK	FONDS D'INTERVENTION POUR LE DEVELOPPEMENT	10.051		0.020
	PROJET D'URGENCE RECONSTRUCTION ET SECURITE ALIMENTAIRE		3.120	21.600
FNUAP	Composante population et développement	1.550	1.139	1.769
NORWAY	MAG-10/0005 Conférence Nationale-Alliance Voahary Gasy			0.022
	MAG 10/0006 Support to Alliance Voahary Gasy – Pilot			0.119
	GESTION DES RISQUES ET CATASTROPHES NATURELS	0.279	0.644	1.244
JICA	Programme de volontaires japonais		1.313	1.185
UNICEF	Droits et protection des enfants (ex-services urbains de base)YS204 Projets 1 et 2		1.838	1.329
	Planification et suivi YI205 Projet3		0.564	0.687
UNDP	MSDLP - Moyens de subsistance durables et lutte contre la pauvreté			0.520
	MSDLP - Moyens de subsistance durables et lutte contre la pauvreté			0.346
	Appui à la promotion du genre		0.239	0.003
	PROJET D'APPUI A LA REGION ATSIMO ANDREFANA		0.008	
	PROJET D'APPUI A LA REGION ATSIMO ANDREFANA		0.033	
	PROJET D'APPUI A LA REGION ATSIMO ANDREFANA		0.008	
	PROJET D'APPUI A LA REGION ATSIMO ANDREFANA		0.033	
	PROJET D'APPUI A LA REGION VATOVAVY FITOVINANY		0.009	
	PROJET D'APPUI A LA REGION VATOVAVY FITOVINANY		0.039	
	PROJET D'APPUI A LA REGION VATOVAVY FITOVINANY		0.009	
	PROJET D'APPUI A LA REGION VATOVAVY FITOVINANY		0.039	
ILO	Programme d'Appui à la Mise en Œuvre de la Déclaration (Lettre d'accord en date du 31 octobre 2008)		0.046	0.094
	Tackling child labour through education (TACKLE)		0.038	0.445
	Contribuer à l'abolition du travail des enfants en Afrique Francophone (IPEC) RAF/06/06/FRA			0.074

EUROPEAN UNION	Assistance humanitaire en faveur des populations vulnérables au sud du Madagascar souffrant des effets de sécheresse		1.405	
	Travaux routiers post cycloniques suite aux dégâts YVAN 9 ACP RSA 042. Contrat de Subvention FER 002/FER/SUB2.UE		2.24	
	Programme d'appui à la sécurité alimentaire - ONGAllocations de 1999 à 2006		6.093	1.532

Source: www.amp-madagascar.gov.mg.