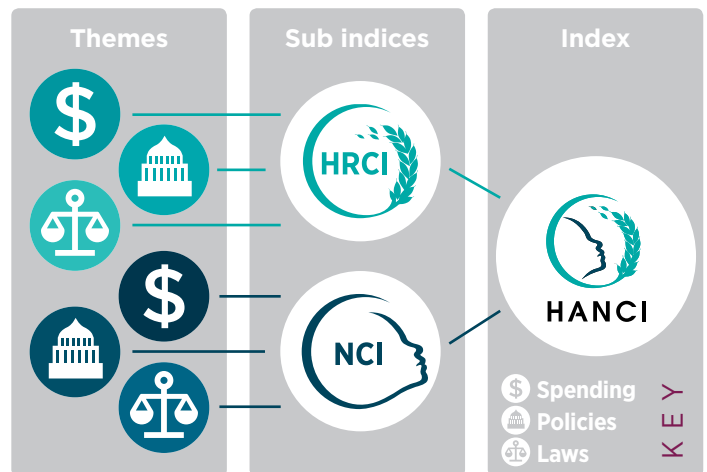
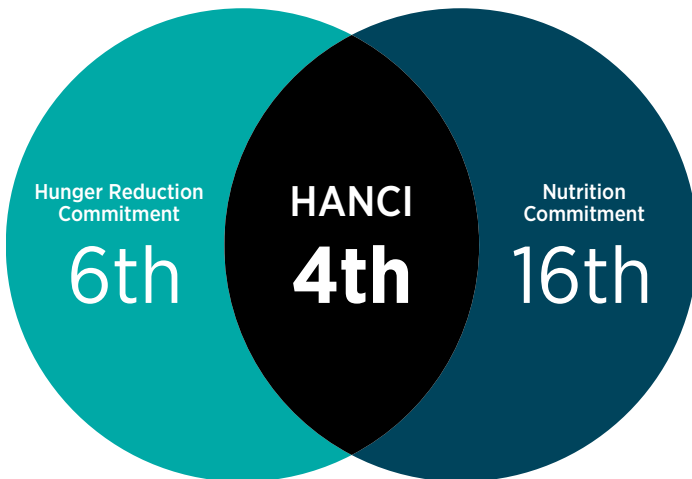


Key data for Madagascar



Existing rates of: **Wasting: % Stunting: 47% Proportion of population underweight: 32%**

Source: Government of Madagascar (ENSOMD, 2008-09)

Strong Performance

- The Government encourages varied agricultural research and extension services, and local farmer organisations are involved in setting policy priorities. The extension system is effective and properly reaches out to poor farmers. Government policies, strategies and mechanisms seek to ensure gender equity in access to extension services.
- Madagascar instituted a separate budget line for nutrition, enabling transparency and accountability for spending.
- The National Nutrition Policy/Strategy identifies time bound nutrition targets and a multisectoral and multistakeholder policy coordination mechanism has been set up.
- The Government has fully enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of Madagascar promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 97% of children in 2015.
- In Madagascar, constitutional protection of the right to social security is strong.





















Areas for improvement

- Spending on agriculture (1.9% of public spending in 2016), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- In Madagascar, the law gives women and men equal economic rights and equal legal access to agricultural land. However, these laws are not effectively enforced and discriminatory practices against women continue, increasing their vulnerability to hunger and undernutrition.
- Policymakers in Madagascar do not benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2012-2013.
- Weak access to an improved source of drinking water (53.3% in 2015) and an improved sanitation facility (9.7% in 2015) prevents positive outcomes for hunger and nutrition in Madagascar.
- Social safety nets in Madagascar are basic and only cover few risks for a limited number of beneficiaries.









Key data for Madagascar




Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
 Public spending on agriculture as share of total public spending ¹	 1.9%	2016	Joint 39th
 Public spending on health as share of total public spending ²	 15.6%	2015	2nd
Policies			
 Access to land (security of tenure) ³	 Moderate	2016	Joint 19th
 Access to agricultural research and extension services ³	 Strong	2013	Joint 5th
 Civil registration system — coverage of live births	 83%	2012-2013	13th
 Functioning of social protection systems ³	 Weak	2016	Joint 21st
Laws			
 Level of constitutional protection of the right to food ³	 Moderate	2016	Joint 8th
 Equality of women's access to agricultural land (property rights) ⁴	 In Law, not in Practice	2014	Joint 1st
 Equality of women's economic rights ⁴	 In Law, not in Practice	2014	Joint 1st
 Constitutional right to social security (yes/no)	 Yes	2006	Joint 1st

























¹ Possible scores are:  <75% of agri. spending pledges (AU commitments set out in the Maputo Declaration)  >=75% & <100%  >=100%

² Possible scores are:  <75% of health spending pledges (AU commitments set out in the Abuja Declaration)  >=75% & <100%  >=100%

³ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong

⁴ Possible scores are:  Not in Law  In Law Not in Practice  In Law & Practice

Nutrition Commitment Index (NCI)

Public spending	Score*	Year	NCI Rank of 45
 Separate budget for nutrition (No/Sectoral only/Yes)	 Yes	2017	Joint 1st
Policies			
 Vitamin A supplementation coverage for children	 97%	2015	Joint 8th
 Government promotes complementary feeding (yes/no)	 Yes	2010	Joint 1st
 Population with access to an improved water source	 53.3%	2015	45th
 Population with access to improved sanitation	 9.7%	2015	43rd
 Health care visits for pregnant women	 82.1%	2012-2013	37th
 Nutrition features in national development policy ¹	 Moderate	2015-2019	19th
 National nutrition policy/strategy (yes/no)	 Yes	2017	Joint 1st
 Multisector and multistakeholder policy coordination (yes/no)	 Yes	2017	Joint 1st
 Time bound nutrition targets (yes/no)	 Yes	2017	Joint 1st
 National nutrition survey in last 3 years (yes/no)	 No	2012-2013	Joint 36th
Laws			
 ICMSB [^] Enshrined in domestic law ²	 Fully Enshrined	2016	Joint 1st

¹ Possible scores are:  Very Weak/Weak  Moderate  Strong/Very Strong (Note: Performance relative to other countries).

² Possible scores are:  Not Enshrined in Law  Few/Many Aspects Enshrined  Fully enshrined.

[^] International Code of Marketing of Breastmilk Substitutes