

## Madagascar Nutrition Country Fiche

Despite the major improvements in health and nutrition indicators that occurred over the past decade, the prevalence of stunted children under-5 in Madagascar remains unacceptably high. The strong political commitment to act is diluted by a poor perception of what nutrition problems really are and which interventions are needed, particularly at the sub-national level. Other sectors relevant to nutrition need to be mobilised to integrate nutrition into their development plans. The EU, through its interventions in health/education, rural development and infrastructure, has a real opportunity to improve nutrition across sectors.

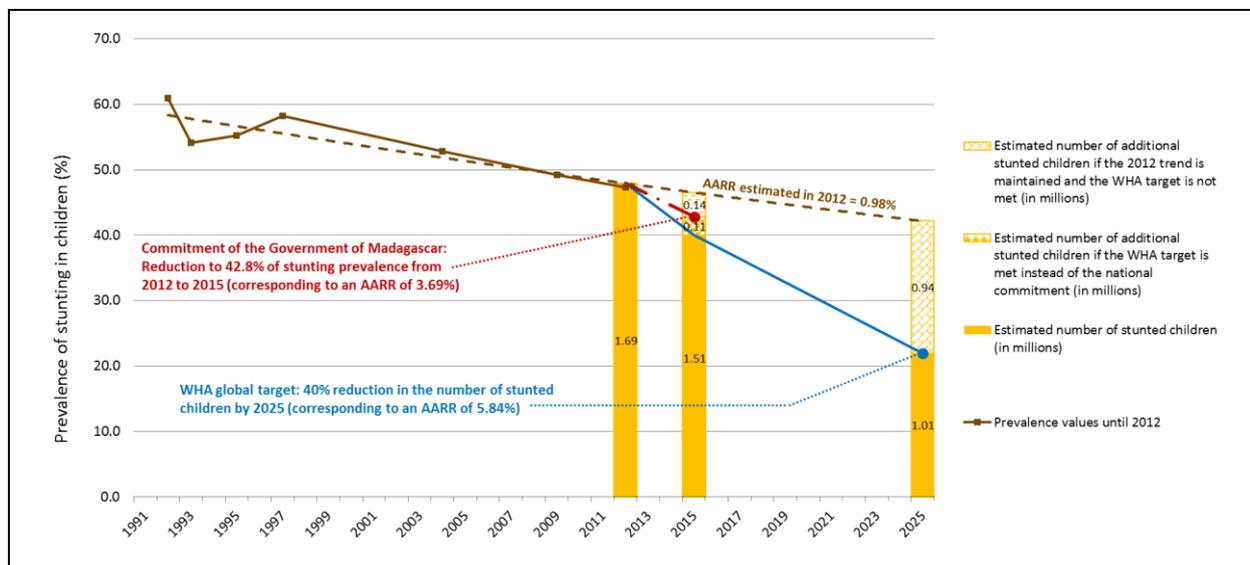
### Progress against the World Health Assembly targets<sup>1</sup>

WHA Nutrition Indicators	GNR 2015 analysis of progress <sup>2</sup>
Stunting of children under-five years of age	
Wasting of children under-five years of age	NA
Overweight of children under-five years of age	NA
Anaemia of women of reproductive age	
Low birth weight	NA
Exclusive breastfeeding of infants under six months	

### Data last referenced by EU

Prevalence	Year
47.3%	2012 <sup>3</sup>
8.2%	2012 <sup>3</sup>
NA	NA
35.3%	2009 <sup>4</sup>
12.7%	2009 <sup>4</sup>
41.9%	2012 <sup>3</sup>

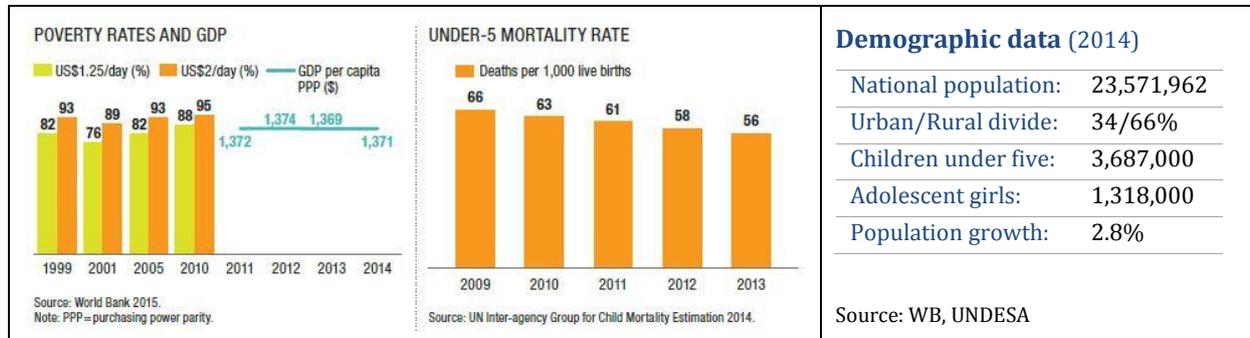
### EU Analysis of Stunting Trends and Projections



### Implications for Development Planners<sup>5</sup>

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 0.98% (brown dotted line) as well as the projected AARRs of 3.69% (red broken line) and 5.84% (blue line) to meet the government's own commitment and the WHA target (respectively). In 2012, **1,690,000 children under-five were stunted**. Given the current trend and considering the population growth, 1,950,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 940,000 children and avert them from stunting.

## Economics and Demography



## Key Dimensions of Nutrition

One in two children in Madagascar are stunted (half of them severely) making the country the 4<sup>th</sup> worst in the world in terms of stunting rate. The situation improved only marginally over the past decade. With the current trend, the number of stunted children is projected to increase. Stunting is higher in rural areas (prevalence ranging from 50% to 70% in half the provinces, based on DHS 2008-09), among poor households and children whose mothers have little or no schooling. Vitamin A deficiency and iron-deficiency anaemia are serious public health concerns. Diets are insufficiently diversified and infant feeding practices are inadequate.

## Nutrition Governance

Member of SUN Movement: Yes since 2012	HANCI ranking (out of 45): 4 <sup>th</sup> (High commitment)
<p><b>Government's commitment to nutrition (including N4G event):</b> The Government of Madagascar's own target in the "Plan National d'Action pour la Nutrition 2012-2015" is to reduce stunting from 50% to 42.8% by 2015.</p>	
<p><b>Multi-sectoral policy framework for nutrition:</b> Madagascar has a National Nutrition Policy (PNN) 2005-2015 and a National Action Plan for Nutrition (PNAN II) 2012-2015. The resources for their implementation need to be mobilised.</p>	
<p><b>Multi-sectoral platform for nutrition coordination:</b> The National Nutrition Council (CNN) coordinates the PNN. The National Office of Nutrition (ONN) is in charge of implementing the PNN and the PNAN under CNN's supervision. The CNN reports to the Prime Minister's office and consists of several ministries. Efforts are on-going to ensure an inclusive multi-sectoral, multi-stakeholder dialogue in Madagascar, as well as to decentralise similar platforms (the National Nutrition Councils) to all 22 regions.</p>	



## Support of the EU

NIP Focal Sector(s) for nutrition 2014-2020: (1) Governance (nutrition is 'indirectly' integrated, although not explicitly); (2) Infrastructure ('indirectly' integrated); (3) Rural development (leading on nutrition).

### Enhance mobilisation and political commitment for nutrition:

A potential support to the SUN Movement at country level will be considered. Any discussion around the accountability framework of the SUN Movement in Madagascar would be very useful.

### Scaling-up actions:

Interventions directly supporting vulnerable rural/urban inhabitants in the areas of health/education, rural development and infrastructure through Transition Funds (on which 11<sup>th</sup> EDF actions will build):

- Strengthened delivery of and equitable access to basic quality services in health and education. This will be done by strengthening strategic capacities of central and decentralised public administrations for effective intersectoral planning, management and delivery of services relevant to nutrition.
- Increased access to quality food of the most vulnerable inhabitants in rural areas. Activities that will be considered include: (i) improve the performance of the agricultural sector in particular strengthen the capacities of public and parastatal institutions in policy implementation and effective delivery of services relevant to nutrition and food security, (ii) support to agri-food value chains diversifying production, (iii) strengthen farmers' organisations, promoting rural entrepreneurship and better access to markets and to agricultural financing; (iv) nutrition sensitisation and (v) complementary measures (including safety nets) to strengthen resilience of the population to crises and shocks.
- Actions under infrastructure will include (i) improving the access to safe drinking water in Madagascar's capital and surroundings areas including slums<sup>6</sup>; and (ii) improving the mobility of populations, especially roads which play a key role in the regional economy and for access to social services.

### Strengthen expertise and knowledge-base:

Under review. Support to improved monitoring and evaluation systems of two major food and nutrition security projects, including "Amélioration de la Sécurité Alimentaire et Augmentation des Revenus Agricoles (ASARA)" and "Actions Intégrées en Nutrition et Alimentation (AINA)" (10<sup>th</sup> EDF). Strengthening the monitoring capacities of the Government will continue to be a key area of EU support.

<sup>1</sup> [http://www.who.int/nutrition/topics/nutrition\\_globaltargets2025/en/](http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/)

<sup>2</sup> Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.

<sup>3</sup> INSTAT/ENSOMD 2012.

<sup>4</sup> Enquête Démographique et de Santé 2008-2009.

<sup>5</sup> The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (<http://www.who.int/nutrition/trackingtool/en/>) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.

<sup>6</sup> It is worth noting stunting prevalence was 46% in Antananarivo based on the INSTAT/ENSOMD national survey 2012-2013.