MADAGASCAR

Call for Commitments for Nutrition



Demographic data (2010, WPP 2012)

Population: 21.1 million
Children under 5: 3.4 million
Population growth rate: 2.84%

Nutrition data (DHS 2008-2009)

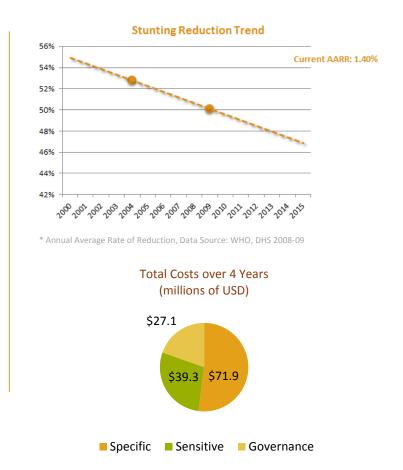
Stunting: 50.1%
Wasting: 15.2% (2004)
Low Birth Weight: 12.7%
Overweight: 6.2%
Exclusive Breastfeeding: 50.7%

National Nutrition Action Plan (PNAN II) (2012-2015)

Total Cost (4 years) \$138.2 million
Annual Cost: \$34.6 million
Per Capita Annual Cost: \$1.45

Break-down:

Nutrition-specific interventions: 52.0% Nutrition-sensitive approaches: 28.4% Strengthening Governance: 19.6%



Coverage of Nutrition-Specific Interventions

Good nutrition practices	
Exclusive breastfeeding (0-6 months)	50.7%1
Complementary feeding with at least 4 groups per day (6-23 months)	62.8%1
Vitamin and mineral intake	
Zinc treatment for diarrhoea	1.4%1
Pregnant women attending 4 or more ANC visits (proxy for iron and folate supplementation)	49.3%1
De-worming (12-59 months)	69.1%1
Vitamin A supplementation (6-59 months)	72.2%²
Presence of iodised salt in the house	52.6% ¹

Comprehensive data on coverage of treatment for acute malnutrition, and micronutrient fortification are not available

Source: ¹DHS 2008-2009; ²UNICEF 2013

Madagascar in the SUN Movement

Madagascar joined the SUN Movement in February 2012 and appointed the National Coordinator of the National Nutrition Office (ONN; housed within the Office of the Prime Minister) as the SUN Focal Point. The ONN, established in November 2004, is mandated to oversee multi-sectoral coordination of the National Nutrition Policy through the implementation of the *Plan National d'Action pour la Nutrition* (PNAN). UNICEF acts as the SUN Donor Convener and donors meet quarterly regarding technical and financial support.

Madagascar National Nutrition Action Plan or Plan National d'Action Pour la Nutrition

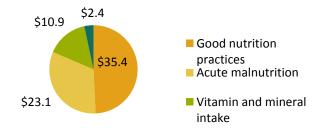
Madagascar's second *Plan National d'Action pour la Nutrition* (PNAN II), ratified in July 2012, was the result of a collaborative multi-sectoral planning process led by ONN, engaging many key nutrition stakeholders. It is a detailed plan with a strong multi-sectoral focus.

Cost of the National Nutrition Action Plan

The total cost of the PNAN II over four years is approximately \$138 million, averaging \$35 million annually with a per capita annual cost of \$1.5

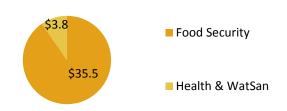
Costs of Nutrition-Specific Interventions over 4 Years

Nutrition-specific interventions cost \$71.9 million, representing about half of the PNAN II total cost. About 50% is allocated to good nutrition practices and over one third allocated to treatment of acute malnutrition.



Costs for Nutrition-Sensitive Approaches over 4 Years

Nutrition-sensitive approaches represent \$39.3 million, or nearly $\frac{3028}{}$ % of the total plan costs. The vast majority is allocated to food security approaches.



Costs for Strengthening Governance over 4 Years

Strengthening governance to implement nutrition-specific and nutrition-sensitive approaches accounts for the remaining \$27.1 million, or about 20% of the total cost of the PNAN II.



Priorities, Implementation & Accountability

The PNAN II is fully supported at the highest levels of government and there is firm commitment to a multi-sectoral approach. The PNAN II activities are currently undertaken through two structures, the PNNC (Programme National de Ia Nutrition Communautaire) and le Programme de Surveillance Alimentaire et Nutritionnelle (PSN). The PNNC operates at the community level with a focus on Strategic Axe 1 of the PNAN II: Prevention of malnutrition. PSN focuses on Strategic Axes 2 and 4 of PNAN II, nutrition and food security of vulnerable groups and emergency rehabilitation and development to reduce the risk of malnutrition in emergency-prone regions.

Domestic & Donor Financing Commitments

The PNAN II is heavily reliant on external support as the government has committed its limited resources to macroeconomic stabilisation. Government budget support for nutrition has focused on funding the ONN and a large-scale community-based nutrition programme. The Ministries receive little funds for their nutrition activities. For example, reported government funding of the Ministry of Health nutrition interventions amounts to 0.3 per cent of the budget. Support from international donors is shrinking, however, and is contingent on political stabilisation. It is probable that 2013/2014 will be a more difficult year for funding than 2012.

Funding Gap

Despite a modest and realistic budget and plan, there is a significant funding gap.

Critical Areas

Key areas for Madagascar are:

- Outcome of the upcoming elections foreseen for July 2013 which may enable donors to re-engage with longerterm plans for support, channeled through government coordination mechanisms.
- Increasing engagement at regional level to ensure that activities tailored to the specific needs of different regions are adequately supported.
- Improving coordination at the regional level and effective monitoring and evaluation of activities.
- Sensitizing decision-makers to mobilise government resources after the election.