



Existing rates of: **Wasting: 7.6%** **Stunting: 29.6%** **Proportion of population underweight: 15.7%**

Source: Gov. of Côte d'Ivoire (DHS and MICS, 2012)

### Strong Performance

**Côte d'Ivoire** 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.

**Policymakers in** Côte d'Ivoire benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2011-2012.

**The Government** has enshrined aspects of the International Code of Marketing of Breastmilk Substitutes into domestic law.

**The Government** of Côte d'Ivoire promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 99% of children in 2013.

**In Côte d'Ivoire** 90.6% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2012.

**In Côte d'Ivoire**, constitutional protection of the right to social security is strong.

### Areas for improvement

**Spending on** agriculture (4.56% of public spending in 2013), does not meet government commitments set out in the African Union's Maputo Declaration (10% of public spending).

**Côte d'Ivoire's** spending in its health sector (8% of public spending in 2012) does not fully meet (15%) commitments set out in the Abuja Declaration.

**Government of** Côte d'Ivoire has not ensured tenure security for rural populations. Land titling is weak and land markets do not function well.

**In Côte d'Ivoire**, 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.

**Weak access** to improved sanitation facilities (21.9% in 2012) obstructs better hunger and nutrition outcomes.

**In Côte d'Ivoire**, constitutional protection of the right to food is weak.

**Social safety** nets in Côte d'Ivoire are basic and only cover few risks for a limited number of beneficiaries.

**Civil registration** rates are weak (65% in 2011-2012) and potentially hold back children's access to critical public services such as health and education.

### Hunger Reduction Commitment Index (HRCI)

Public spending	Score*	Year	HRCI Rank of 45
 Public spending on agriculture as share of total public spending <sup>1</sup>	 4.56%	2013	23rd
 Public spending on health as share of total public spending <sup>1</sup>	 8%	2012	33rd
<b>Policies</b>			
 Access to land (security of tenure) <sup>2</sup>	 Weak	2013	Joint 43rd
 Access to agricultural research and extension services <sup>2</sup>	 Moderate	2013	Joint 41st
 Civil registration system — coverage of live births	 65%	2011-2012	19th
 Functioning of social protection systems <sup>2</sup>	 Weak	2014	Joint 36th
<b>Laws</b>			
 Level of constitutional protection of the right to food <sup>3</sup>	 Weak	2011	Joint 20th
 Equality of women's access to agricultural land (property rights) <sup>4</sup>	 In Law, not in Practice	2014	Joint 4th
 Equality of women's economic rights <sup>4</sup>	 In Law, not in Practice	2011	Joint 5th
 Constitution recognises the right to social security (yes/no)	 Yes	2006	Joint 1st

<sup>1</sup> Possible scores are:  <75% of agriculture (Maputo) and health (Abuja) spending pledges  >=75% and <100%  >=100%

<sup>2</sup> Possible scores are:  Weak  Moderate  Strong

<sup>3</sup> Possible scores are:  Weak  Moderate  Strong

<sup>4</sup> 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	2014	Joint 1st
<b>Policies</b>			
 Vitamin A supplementation coverage for children	 99%	2013	Joint 1st
 Government promotes complementary feeding (yes/no)	 Yes	2010	Joint 1st
 Population with access to an improved water source	 80.2%	2012	19th
 Population with access to improved sanitation	 21.9%	2012	Joint 33rd
 Health care visits for pregnant women	 90.6%	2012	Joint 22nd
 Nutrition features in national development policy <sup>1</sup>	 Moderate	2012-2015	26th
 National Nutrition Policy/Strategy (yes/no)	 Yes	2014	Joint 1st
 Multisector and multistakeholder policy coordination (yes/no)	 Yes	2014	Joint 1st
 Time bound nutrition targets (yes/no)	 Yes	2014	Joint 1st
 National nutrition survey in last 3 years (yes/no)	 Yes	2011-2012	Joint 1st
<b>Laws</b>			
 ICMSB <sup>^</sup> Enshrined in domestic law <sup>2</sup>	 Aspects Enshrined	2014	Joint 21st

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

<sup>2</sup> Possible scores are:  Not Enshrined in Law  Voluntary Adoption  Fully enshrined.

<sup>^</sup> International Code of Marketing of Breastmilk Substitutes