

Nigeria Nutrition Situation & Response



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Good nutrition

- Is essential for human survival, growth, cognitive and physical development and productivity
- Strengthens the immune system to reduce morbidity and mortality
- Improves adherence to and effectiveness of some medications
- Builds a productive society and improves quality of life

However, malnutrition is a major challenge in achieving optimal nutrition.

Malnutrition – What do we mean

- Stunting, wasting, underweight
- Hidden Hunger- micronutrient deficiencies – Vit A, Iron, Iodine, Zinc
- Diet related conditions – Obesity, diabetes and other chronic diseases
- Malnutrition is can be transferred from generation to generation
- Intergenerational cycle of growth failure starting from conception to newborn until the baby grows into an adolescent and then an adult



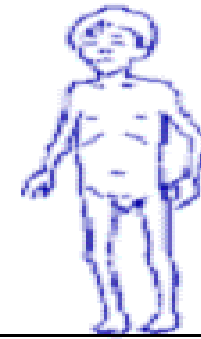
Normal
Normal weight
and height



Wasted
Thinner than
normal



Stunted
Shorter than
normal



Wasted and stunted
Thinner and shorter
than normal

Two main forms of malnutrition

Wasting (child too thin)



- A potential **death sentence**
- Requires a drastic intervention.

Stunting (child too short)



- A **life sentence**, if not addressed after 2 years
- Poor IQ

Drivers of Malnutrition burden

- **Immediate drivers:** Inadequate food intake ; Lack of dietary diversity; Infectious diseases.
- **Underlying drivers:** Food insecurity, inadequate child and maternal care; poor access to health services; unhealthy environment;
- **Basic drivers:** Poverty; Population ; failure in governance; gender inequality.
- **Other Factors:** Internally Displaced Persons (IDPs); Epidemics e.g. Cholera, Ebola; Natural disasters.

Malnutrition - why should we be concerned?

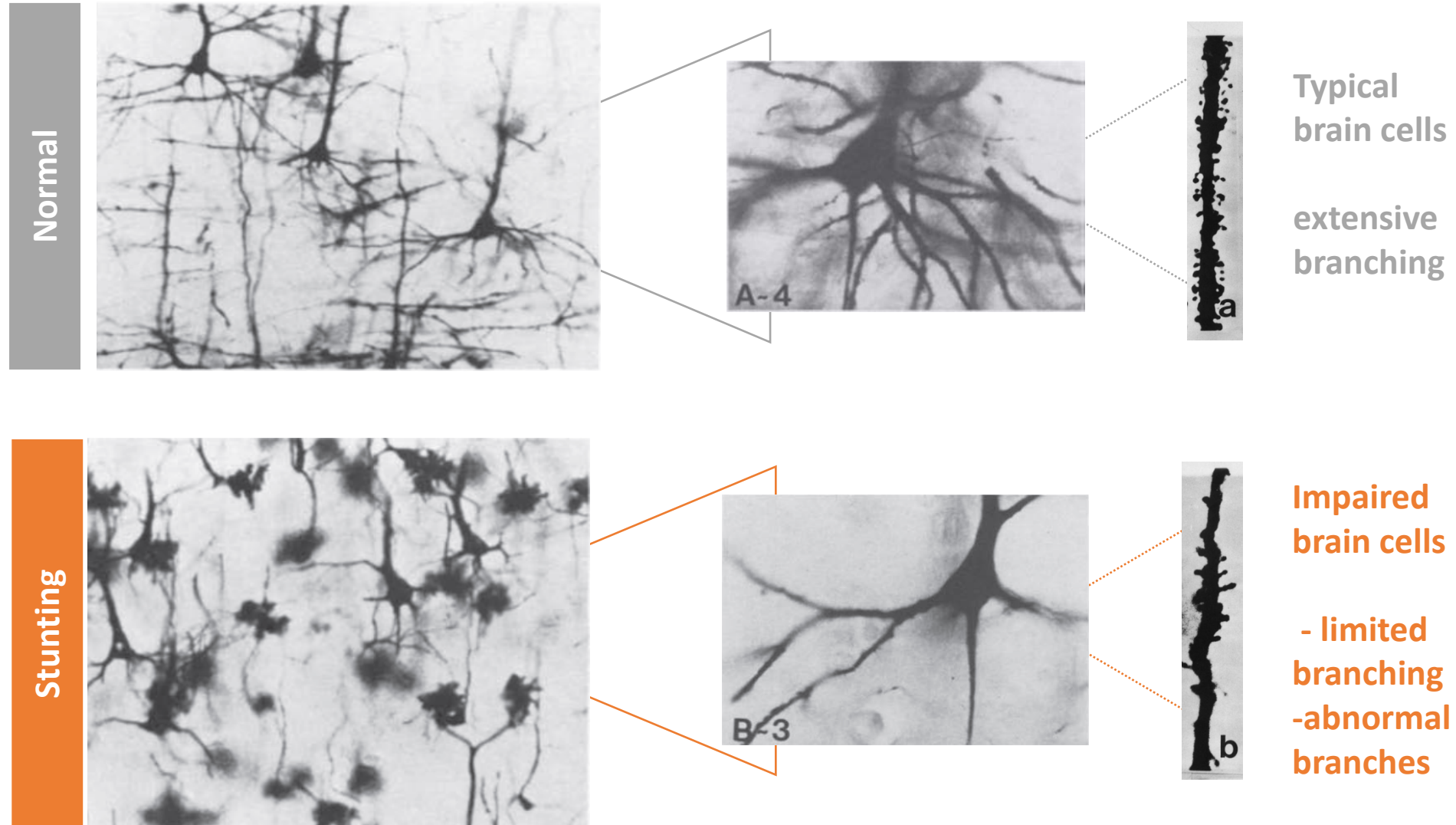
- Individual productivity
- Economic growth & development
- Health & mortality



1. Effects on Individual Productivity

- ❑ Stunting leads to cognitive impairment
- ❑ Stunting is associated with reduced school performance equivalent to losing 2-3 yrs of schooling
- ❑ Stunting is associated with reduced income earning capacity (on avg ~22% less income, up to ~45%)
- ❑ Stunted girl is more likely to give birth to a stunted child, perpetuating the cycle of inter-generational impact

1. Individual productivity: Effects of stunting on brain development



Source: Cordero E et al, 1985 (Adapted from Figure 2 & Figure 4), Benitez-Bribiesca et al. 1999 (Adapted from Figure 4)

2. Effects on Economic Growth & Development



SCHOOLING

Early nutrition programs can increase school completion by one year



EARNINGS

Early nutrition programs can raise adult wages by 5-50%



POVERTY

Children who escape stunting are 33% more likely to escape poverty as adults



ECONOMY

Reductions in stunting can increase GDP by 3-16% in Africa



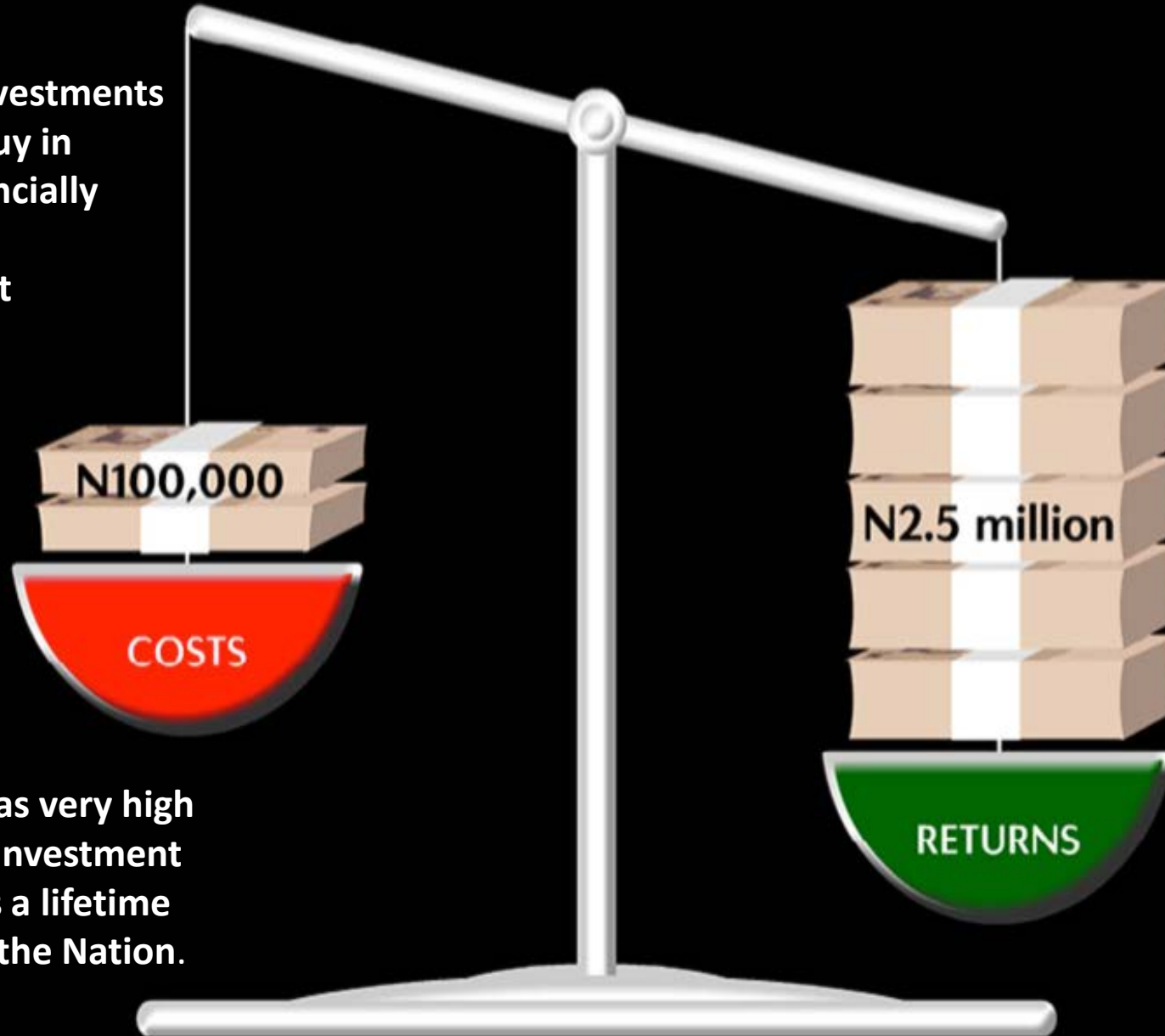
HEALTH

Improve maternal and child health of the country

Nutrition Investment boosts annual GDP as much as 11%

Economic Returns on Nutrition Investments

Nutrition investments are a best buy in today's financially strapped environment



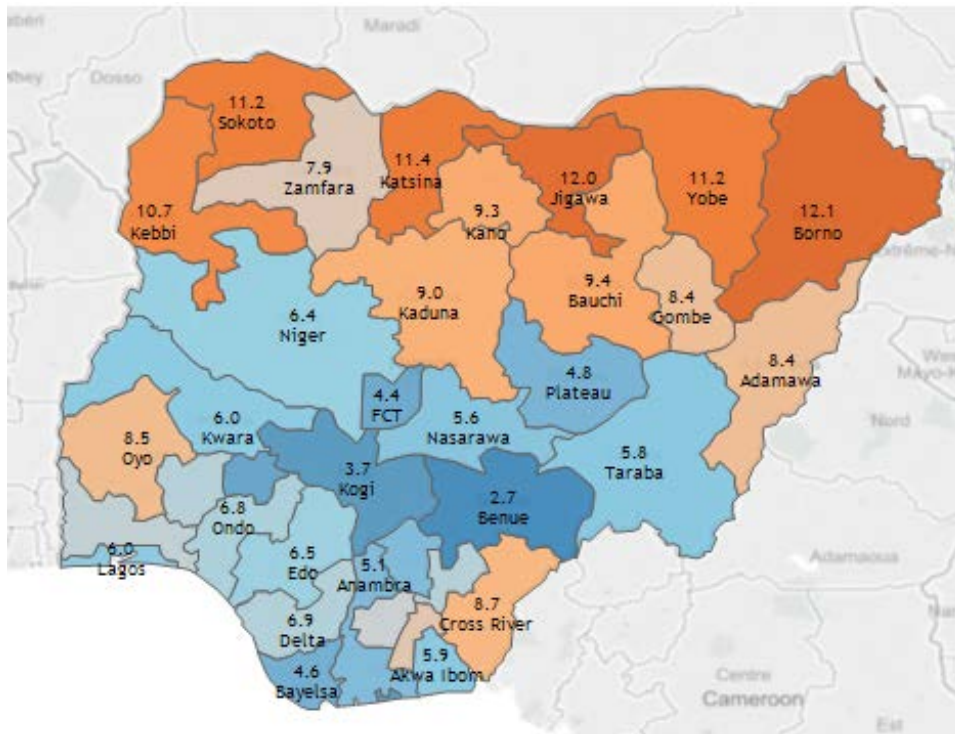
Nutrition has very high returns on investment and creates a lifetime benefit for the Nation.

3. Effects on Health & Mortality

- ❑ 45% of all deaths of under 5 children are linked to malnutrition
- ❑ Wasted children are 3 -11 times more likely to die, than non-wasted children
- ❑ Stunted children are 2 -5 times more likely to die, than non-stunted children
- ❑ Stunted children are more likely to develop chronic diseases in adulthood

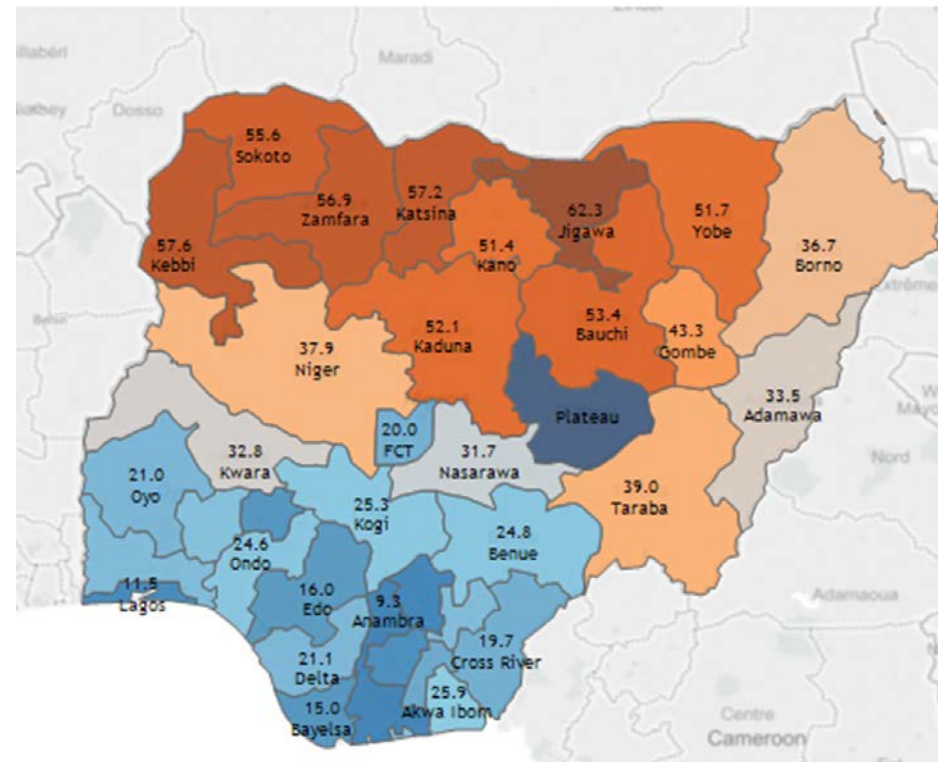
Wasting and Stunting affects Northern Nigerian States more

Wasting per state



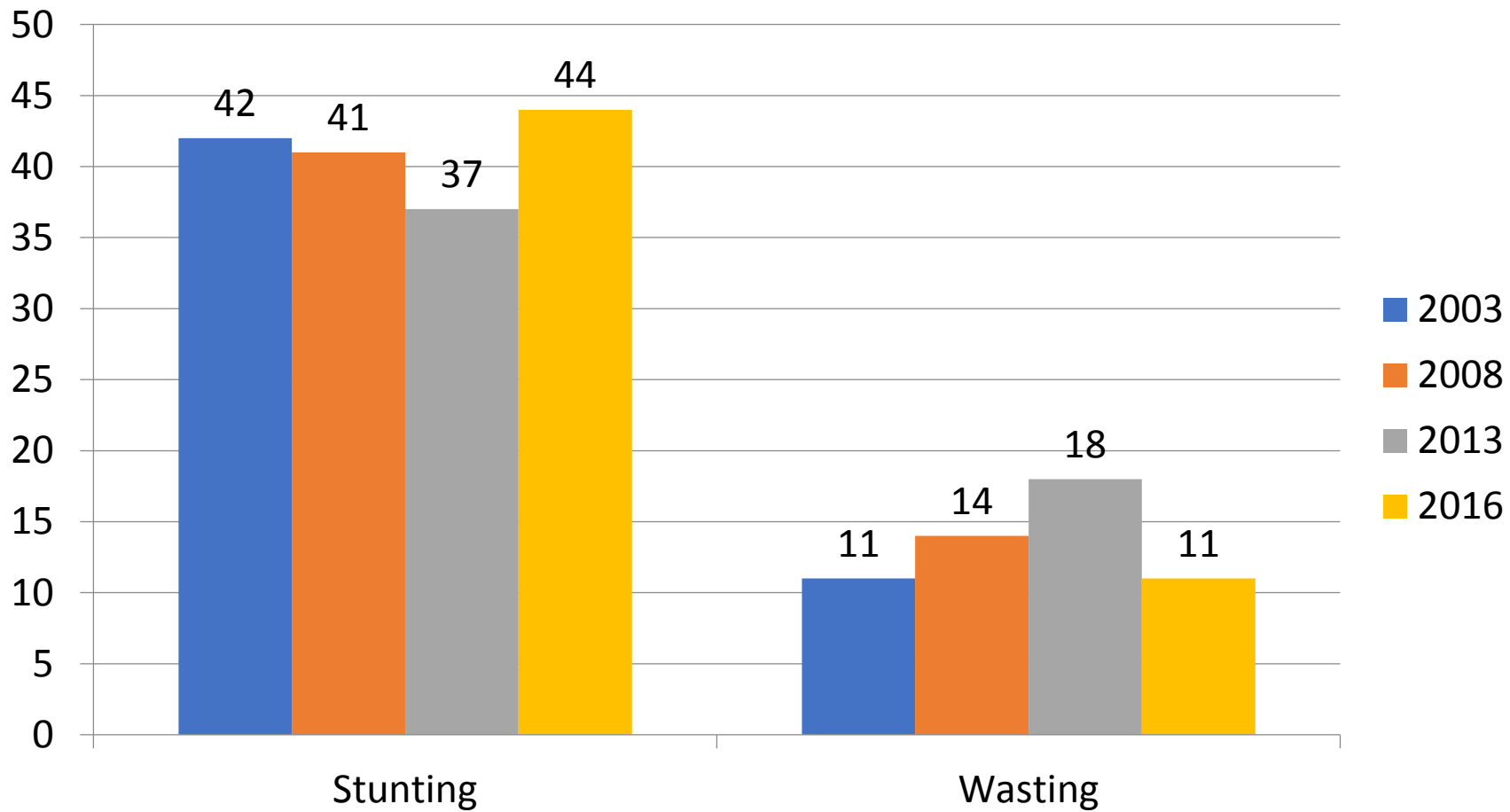
2.5 million children affected

Stunting per state



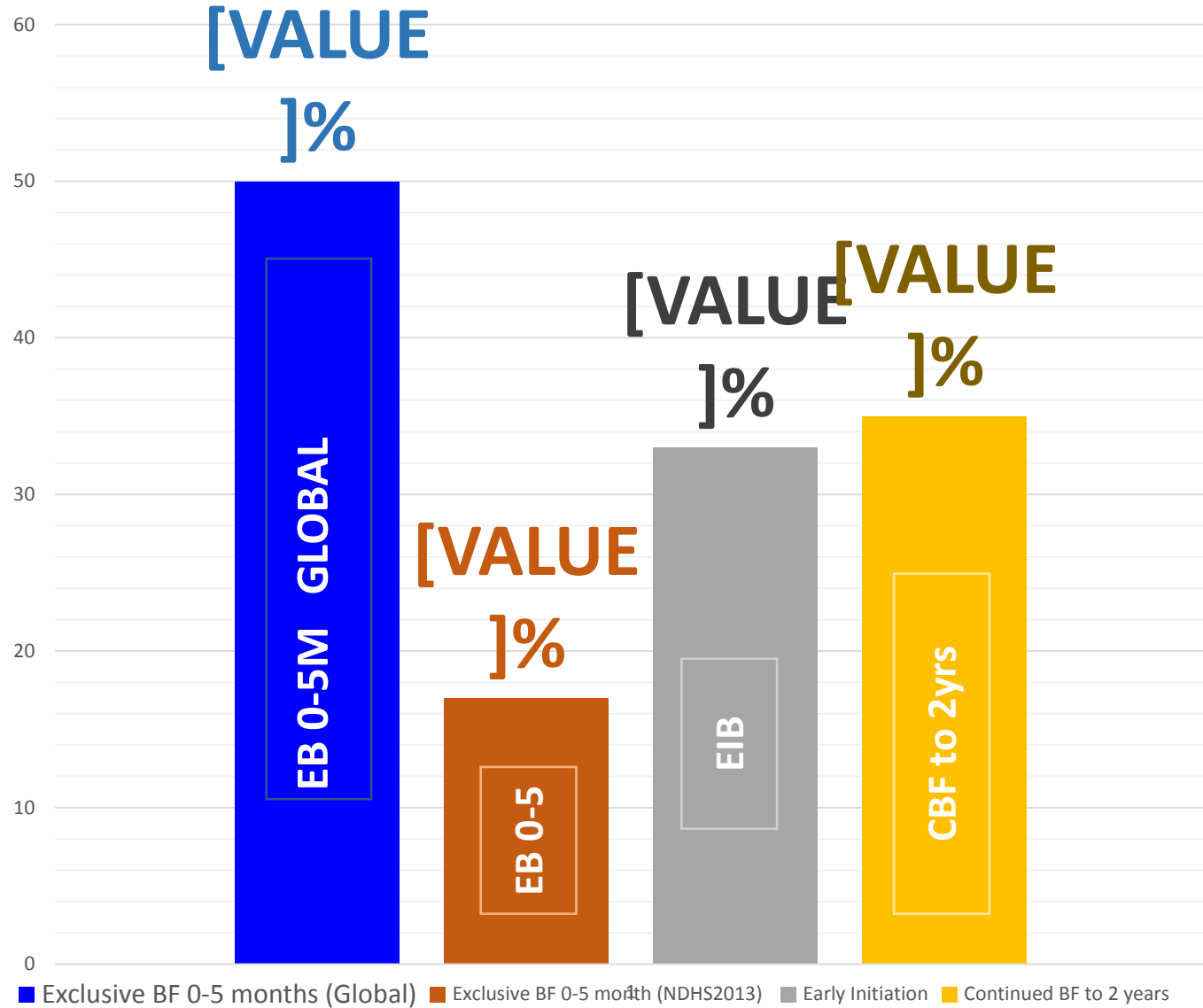
Over 10 million children affected

Child Nutritional Status in Nigeria is Getting Worse: trend analysis 2003 - 2016



Source: NDHS 2003, 2008, 2013 and MICS 2016-17

Breastfeeding rates in Nigeria



Optimal breastfeeding practices have the following potential for Nigeria

103,742

Child Death Prevented

10 million avoidable

Cases of Childhood Diarrhea & pneumonia Prevented

\$21 Billion (N6.6 Trillion)

Additional income generated for the economy

4.1%

of Gross National Income over Children productive years

\$22 Million (N6.93 billion)

Treatment Cost Saved.

Cost of Breast milk substitute eliminated

\$38 million (N11 Billion)

Proven solutions exist against malnutrition

- ❑ Since the early 2000's is **Ready to Use Therapeutic Food (RUTF)** is available to treat wasting
 - ❖ RUTF is a peanut-based product **enriched with vitamins and minerals**
 - ❖ RUTF is a **medicine (not just food)** and has been added to the national essential drug list
 - ❖ RUTF is being produced locally in Nigeria since September 2017 (Lagos – DABS)
 - ❖ Community-based Treatment of wasting (CMAM) started in Nigeria in 2009 using RUTF

- ❑ Beyond **treatment**, the Lancet 2013 series provides 8 evidence-based **preventive** interventions against malnutrition



Our investment portfolio: High-Impact Nutrition-Specific Interventions



- Breastfeeding counseling
- Complementary feeding education
- Iron and folic acid supplements
- Micronutrient powders in pregnancy
- Adequate Nutrition in Pregnancy
- Intermittent preventative treatment of malaria for pregnant women

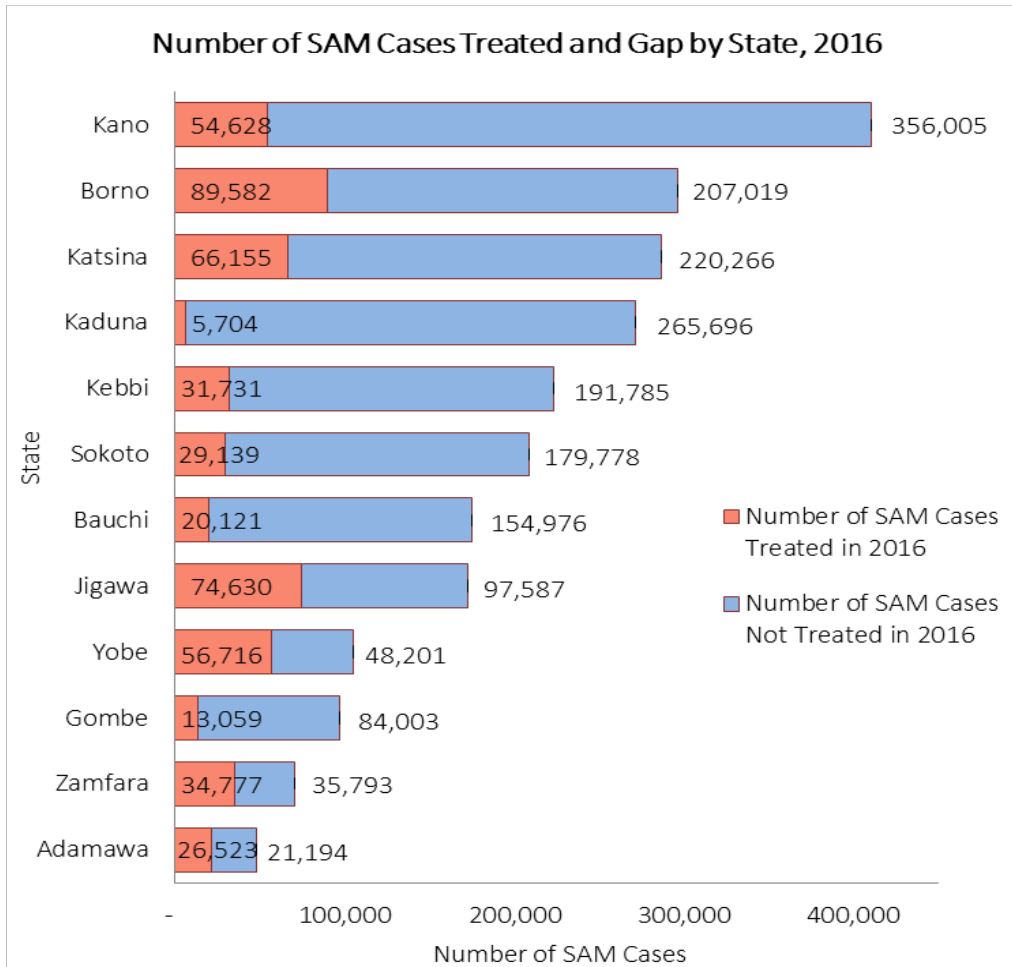
For the General Population:

- Staple food fortification
- Pro-breastfeeding social policies
- Media strategy for breastfeeding promotion

- Vitamin A supplements
- Prophylactic zinc supplementation
- Micronutrient powders
- Public provision of complementary food
- Treatment of severe acute malnutrition
- Growth Monitoring and Promotion



The current response to malnutrition is inadequate



- ❑ Only 12 States covered by the CMAM programme (caseload of 2.1 million)
- ❑ 25 states not covered though they host many cases of acute malnutrition (caseload of 400,000)
- ❑ ~500,000 SAM cases received treatment in 2016 and **95,000** lives saved (20% out of 2.5 million total caseload)

The current response to malnutrition is inadequate (cont)

- ❑ Vitamin A supplementation and deworming are the only preventive interventions implemented nationwide, but coverage is low
 - ❖ 49% for Vitamin A
 - ❖ 29% for deworming

- ❑ Only 6% of eligible children are reached with Micronutrient powder

- ❑ Only 10% of child caregivers are reached with adequate counselling on child feeding
 - ❖ Exclusive breastfeeding is low at 17%
 - ❖ Only 13 % of children 6-23 months have adequate diet

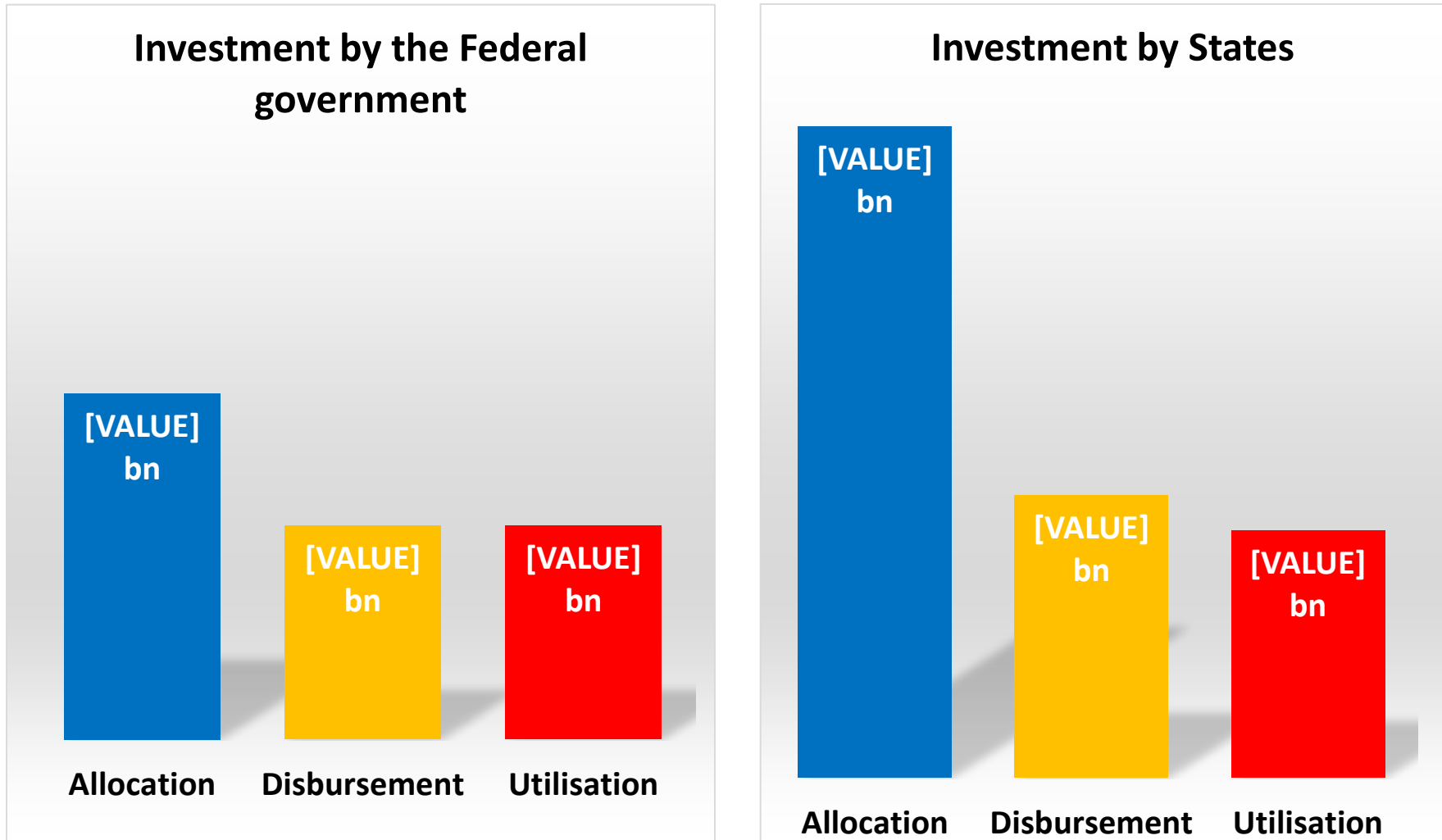
WHAT DOES IT COST TO ADDRESS MALNUTRITION IN Nigeria

- Vitamin A supplementation through MNCH week per child per year - US\$0.4 / ₦126
- Treatment of diarrhoea with Zinc/ORS per episode - US\$0.86 / ₦270
- Deworming per child per year - US\$0.44 / ₦138
- Community nutrition programmes for improved breastfeeding and young child feeding practices - US\$5 / ₦1,500
- Lifesaving Ready to Use Therapeutic Food (RUTF) to treat one severely malnourished child – US\$ 51 / ₦16,000

We need to close the GAP!

- ❑ **2+ million cases** of SAM are **untreated** such that 400,000 children are likely to die
- ❑ Only **1,200 PHC** in 160 LGAs of the 22,000 Nigerian PHC offer treatment for acute malnutrition
- ❑ Except **Vitamin A Supplementation**, all other nutrition interventions are not implemented at national level
- ❑ **~18 million children** not yet reached w/ Vitamin A supplementation
- ❑ **~23 million children** not yet reached with De-worming tablet
- ❑ **~7 million children** not yet reached with Micronutrient Power
- ❑ **~14 million caregivers** not counselled on Infant and Young Child feeding

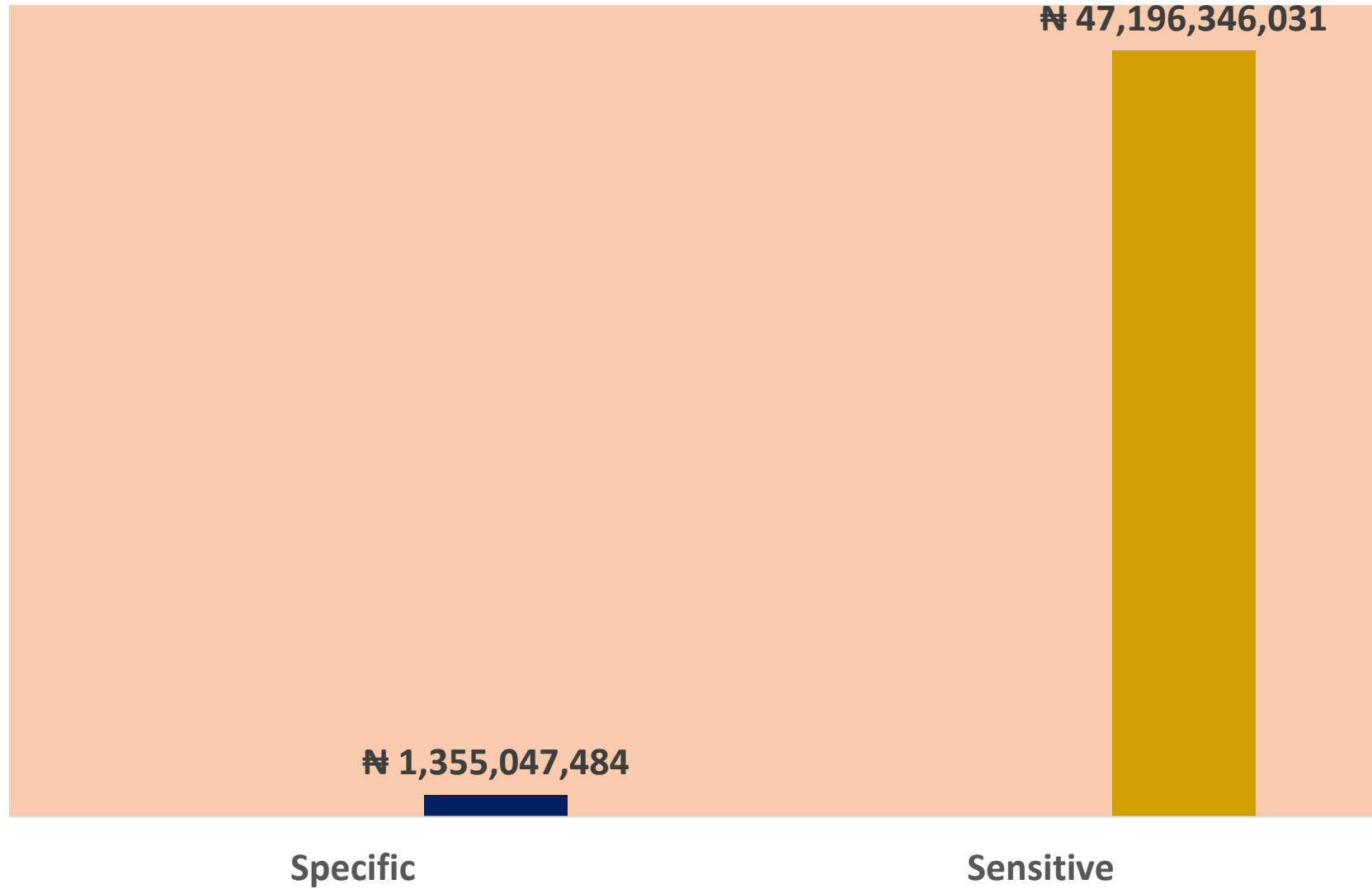
Investment in nutrition remains very low and what is budgeted is not consistently disbursed!



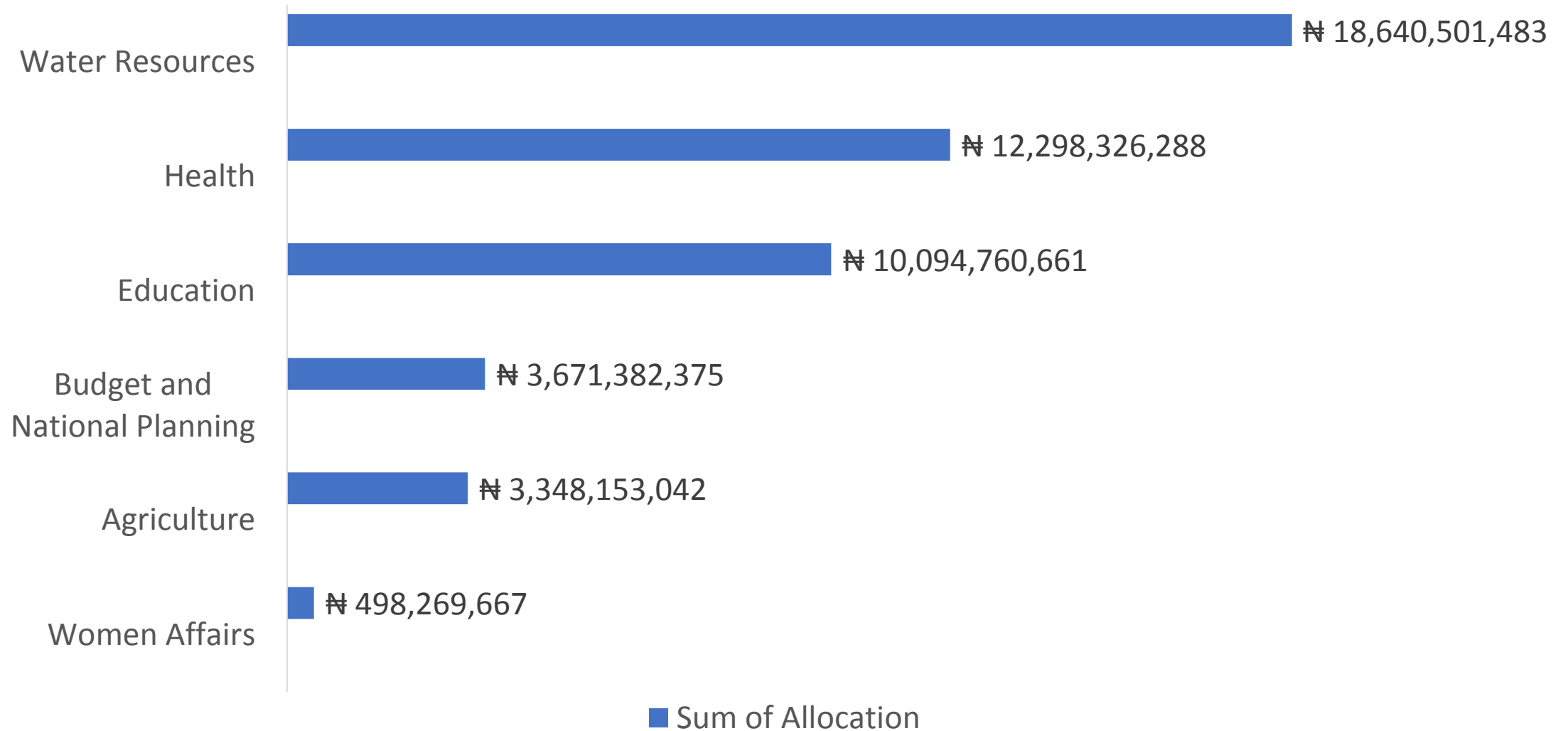
States include Bauchi, Gombe, Kaduna, Kano, Katsina, Yobe, and Zamfara. The Sectors are Agriculture, Budget & Planning, Education, Health, Water Resources and Women Affairs

**FG interventions are from the ministries of Agriculture, Budget & Planning, Education, and Women Affairs

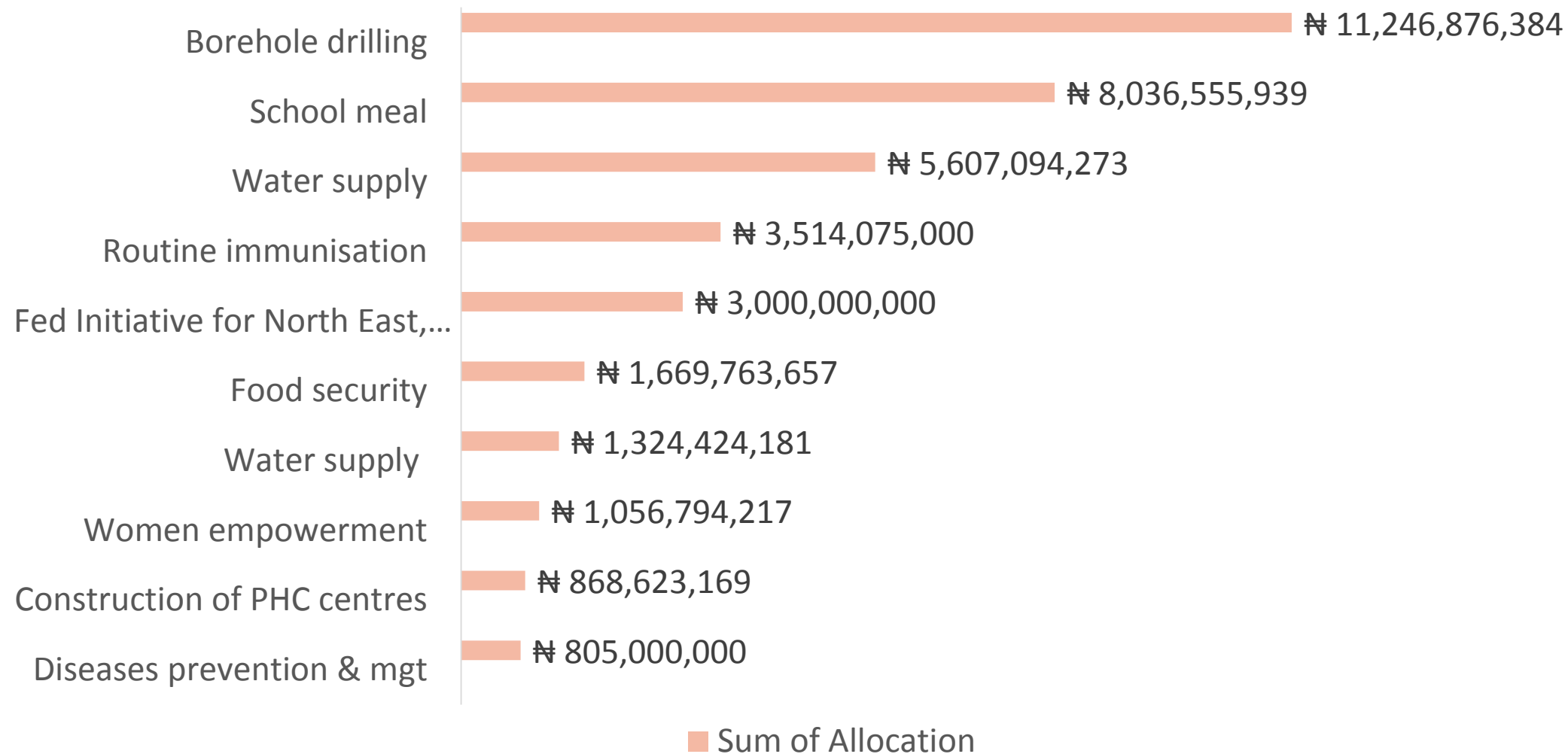
Sensitive and Specific Interventions (2010-2016)



Allocation, Disbursement & Utilisation by MDAs (2010-2016)



Top 10 investment in nutrition by activities (2010-2016)



Funding still to be released (2017)

☐ States: ~**783 million Naira**

☐ Gombe: 120 million

☐ Jigawa: 165 million

☐ Kebbi: 198 million

☐ Zamfara: 112 million

☐ Sokoto: 75 million

☐ Taraba: 15 million

☐ Plateau: 13 million

A CALL TO ACTION

- Create explicit budget lines for nutrition in health, agriculture, etc for Nutrition intervention in Nigeria.
- Ensure timely release of funds especially states such as Kebbi, Zamfara, Sokoto, Taraba that are yet to release 2017 approved funds for the treatment of malnutrition to kindly release these funds to save the lives of children.
- Commit additional resources and ensure release of funds to scale up proven nutrition interventions in Nigeria.
- Increasing the 2018 Nutrition budget allocation
- Track compliance and implementation of the approved budget and policies.
- Fully integrate nutrition in revitalization of Primary Health Care

Key take-aways & Next steps

- ❑ Nigeria's future growth directly correlates to the productivity of her children
- ❑ The magnitude of malnutrition compromises Nigeria's productivity through mortality and stunting
- ❑ Addressing malnutrition must be a national priority with greater attention and funding
- ❑ Pending appropriated funds at the state levels must be released for 2017



Focus the Nigeria investment portfolio on Nutrition Interventions...



It starts today....



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private
fundraising
and partnerships