Nigeria: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. These consequences of malnutrition should be a significant concern for policy makers in Nigeria, which has the highest number of children under 5 years with chronic malnutrition (stunting or low height-for-age) in sub-Saharan Africa at more than 11.7 million, according to the most recent Demographic and Health Survey (DHS) (National Population Commission and ICF International 2014).

Background

Nigeria is the most populous nation in Africa with almost 186 million people in 2016 (UNICEF 2017). With a high fertility rate of 5.38 children per woman, the population is growing at an annual rate of 2.6 percent, worsening overcrowded conditions. By 2050, Nigeria's population is expected to grow to a staggering 440 million, which will make it the third most populous country in the world, after India and China (Population Reference Bureau 2013). A scarcity of resources and land in rural areas has resulted in Nigeria having one of the highest urban growth rates in the world at 4.1 percent (Nigeria Federal Ministry of Health 2014).

Currently, Nigeria ranks 145th out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent Demographic and Health Survey in Nigeria (2013) the lifetime risk of maternal death related to pregnancy or childbearing is 1 in 30 women One in every 15 Nigerian children will die before reaching 1 year, and 1 in every 8 will not survive to their fifth birthday (National Population Commission and ICF International 2014).

According to the World Bank (2017), Nigeria's economy is the largest in Africa and is well-positioned to play a leading role in the global economy. Despite strong economic growth over the last decade, poverty has remained significant, with increasing inequity and regional disparities. It is estimated that 69 percent of Nigerians live below the relative poverty line (US$1.25 per day), which is a significant increase from 27 percent in 1980. Nigeria's economy is largely dependent on its expansive oil and gas reserves. The sharp decline in oil prices beginning in 2014 posed major challenges to the country's finances. However, with a renewed focus on economic diversification and promoting growth in the private sector, GDP grew by 0.6 percent in the second quarter of 2017, driven also by growth in agriculture, which contributes to about 40 percent of Nigeria's total GDP (World Bank 2017; Central Bank of Nigeria 2013).

The national elections held in 2015 marked the first time in Nigeria's history that it saw a peaceful transfer of power between two political parties. The current administration, led by President Muhammadu Buhari, identifies fighting corruption, increasing security, tackling unemployment, diversifying the economy, enhancing climate resilience, and boosting the living standards of Nigerians as its main policy priorities (World Bank 2017). The country is also facing a major challenge and threat in the northeast: the militant Islamist group Boko Haram, which is destroying infrastructure and conducting assassinations and abductions. As of August 2017, conflict in northeastern Nigeria had displaced more than 1.7 million people within the country and forced nearly 205,000 people to flee into neighboring Cameroon, Chad, and Niger, straining food resources in the region. Violence has disrupted agricultural and income-generating activities, reducing household purchasing power and access to food. Populations in areas of northeastern Nigeria are inaccessible to humanitarian assistance and markets are in dire condition (USAID 2017).

Nutrition and Food Security Situation

In Nigeria, 37 percent of children under 5 years are stunted. The prevalence of stunting increases with age, peaking at 46 percent among children 24–35 months. While stunting prevalence has improved since 2008 (41 percent), the extent of acute malnutrition (wasting or low weight-for-height) has worsened, from 14 percent in 2008 to 18 percent in 2013 among children under 5 years (National Population Commission and ICF International 2009 and 2014). Women's nutrition is also of concern in Nigeria, facing the double burden of malnutrition: prevalence of undernutrition is 11 percent and prevalence of overweight/obesity is 25 percent (National Population Commission and ICF International 2014). One driver of Nigeria's high rate of growth is that childbearing begins early in Nigeria. By age 19, 41 percent of adolescent girls had begun childbearing in 2013, which is an increase from 38 percent in 2008. This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby, who is more likely to become malnourished and be at increased risk of illness and death than those born to older mothers (National Population Commission and ICF International 2014). The risk of stunting is 33 percent higher among first-born children of girls under 18 years, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Children in rural areas are more likely to be stunted (43 percent) than those in urban areas (26 percent), and the pattern is similar for severe stunting (26 percent in rural areas and 13 percent in urban areas). The North West has the highest proportion of children who are stunted (55 percent), followed by the North East (42 percent) and North Central (29 percent). At the state level, Kebbi has the highest proportion of stunted children (61 percent), while Enugu has the lowest proportion (12 percent). A mother's level of education generally has an inverse relationship with stunting: stunting ranges from a low of 13 percent among children whose mothers have a higher education to a high of 50 percent among those whose mothers have no education. A similar inverse relationship is observed between household wealth and stunting. Children in the poorest households are three times as likely to be stunted (54 percent) as children in the wealthiest households (18 percent) (National Population Commission and ICF International 2014). Prevalence of early initiation of breastfeeding decreased from 38 percent in 2008 to 33 percent in 2013, while children who received a pre-lacteal feed increased from 56 percent in 2008 to 59 percent in 2013. In addition, prevalence of breastfed children 6–23 months receiving a minimum acceptable diet decreased from 9 percent in 2008 to 4 percent in 2013 (National Population Commission and ICF International 2014).

The causes of malnutrition and food insecurity in Nigeria are multifaceted and include poor infant and young child feeding practices, which contribute to high rates of illness and poor nutrition among children under 2 years; lack of access to healthcare, water, and sanitation; armed conflict, particularly in the north; irregular rainfall; high unemployment; and poverty (Nigeria Federal Ministry of Health, Family Health Department 2014). Although chronic and seasonal food insecurity occurs throughout the country, and is exacerbated by volatile and rising food prices, the impact of conflict and other shocks has resulted in acute levels of food insecurity in the North East zone (FEWSNET 2017). An estimated 3.1 million people in the states of Borno, Yobe, and Adamawa received emergency food assistance or cash transfers in the first half of 2017 but, because much of the North East zone has been inaccessible to aid agencies, the number who need assistance is likely much greater (FEWSNET 2017). Diet-related non-communicable diseases are also on the rise in Nigeria due to globalization, urbanization, lifestyle transition, socio-cultural factors, and poor maternal, fetal, and infant nutrition (Nigeria Federal Ministry of Health, Family Health Department 2014).

Nigeria Nutrition Data (DHS 2008 and 2013; MIS 2010 and 2015)		
Population 2016 (UNICEF 2017)	185.99 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	31.8 million	
	2008	2013
Prevalence of stunting among children under 5 years (0–59 months)	41%	37%
Prevalence of underweight among children under 5 years (0–59 months)	23%	29%
Prevalence of wasting among children under 5 years (0–59 months)	14%	18%

Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)*	8%	8%
Prevalence of anemia among children 6–59 months	72% (MIS 2010)	68% (MIS 2015)
Prevalence of anemia among women of reproductive age (15–49 years)	NA	NA
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m^2)	12%	11%
Prevalence of thinness among adolescent girls (15-19 years)	19%	23%
Prevalence of children 0–5 months exclusively breastfed	13%	17%
Prevalence of children 4–5 months exclusively breastfed	7%	10%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	38%	33%
Prevalence of children who receive a pre-lacteal feed**	56%	59%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet***	35%	11%
Prevalence of overweight/obesity among children under 5 (0–59 months)	9%	4%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	22%	25%
Coverage of iron for pregnant women (for at least 90 days)	15%	21%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	26%	41%
Percentage of children 6–59 months living in households with iodized salt	NA	NA

NA: Not Available

**Birth weight was reported for only 18 percent and 16 percent of children born in the five years preceding the 2008 and 2013 NDHS surveys, respectively.*

***Among last-born children born in the 5 years preceding the 2008 survey and among children born in the 2 years preceding the 2013 survey*

**** The percentages from 2008 and 2013 are not comparable as the definition changed from consuming 3+ food groups and minimum times or more in 2008 to consuming 4+ food groups and minimum meal frequency in 2013.*

Global and Regional Commitment to Nutrition and Agriculture

Nigeria has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Nigeria pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. In 2012, Nigeria held its first Nutrition Summit to create a “Roadmap to Scaling up Nutrition in Nigeria.” In July 2017, the SUN Business Network

		(SBN) in Nigeria celebrated its first anniversary where they presented their 3–5 year Strategic Business Plan in partnership with Accenture Development (SUN 2017).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa's Development 2009).

National Nutrition Policies/Legislation, Strategies, and Initiatives

Nigeria's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Vision 20:2020 and the National Strategic Health Development Plan (2009–2015):

- National Policy on Food and Nutrition (2013)
- National Strategic Plan of Action for Nutrition (2014–2019)
- National Policy on Infant and Young Child Feeding in Nigeria (2010)
- Agricultural Sector Food Security and Nutrition Strategy

As outlined in the National Policy on Food and Nutrition and National Strategic Plan of Action for Nutrition, Nigeria has set the following targets between 2014 and 2018: reduce the number of under-5 children who are stunted by 20 percent; reduce low birthweight by 15 percent; ensure no increase in childhood overweight; reduce and maintain childhood wasting to less than 10 percent; reduce anemia in women of reproductive age by 50 percent; and increase exclusive breastfeeding rates in the first 6 months to at least 50 percent. Comprehensive legislation is in place for the implementation of the International Code of Marketing of Breast Milk Substitutes. The addition of vitamin A to wheat flour, maize meal, vegetable oil, and sugar, as well as the addition of iron, zinc, folic acid, B vitamins, niacin, thiamine, and riboflavin to wheat, are mandated by law. Nigeria received Universal Salt Iodization certification in 2005 (Kuku-Shittu et al. 2016).

In April 2016, Nigeria launched its "Zero Hunger Initiative" to achieve the goal of eliminating undernutrition by 2025—ahead of the 2030 deadline of the UN's SDGs. The initiative is being convened by the former President of Nigeria, Chief Olusegun Obasanjo.

A multi-sectoral National Committee on Food and Nutrition (NCFN) is chaired and facilitated by the National Planning Commission. The NCFN is replicated at the sub-national level as the State Committee on Food and Nutrition. The Nutrition Division, located in the Department of Family Health in the Federal Ministry of Health, serves as the government body responsible for scaling up nutrition and convening government ministries and departments including the Ministries of Health, Education, Agriculture, Women Affairs, Finance, Information, Science and Technology, and Water Resources, and the Planning Commission. All relevant ministries are also engaged through the Nutrition Partners Forum, which meets four times a year with external partners including national and international non-governmental organizations, UN agencies, donors, the private sector, and media, to discuss strategy development and decisions relating to funding and nutrition emergencies (Nigeria Federal Ministry of Health, Family Health Department 2014).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Nigeria. The U.S. Government selected Nigeria as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy.

Selected Projects and Programs Incorporating Nutrition in Nigeria

Name	Dates	Description
Feed the Future Nigeria Nestle Maize Improvement Activity	2017–2020	The Nigeria Nestle Maize Improvement Activity aims to reduce the levels of aflatoxins and other contaminants in maize and soybean produced by smallholder farmers.
Maternal and Child Survival Program (MCSP)	2014–2019	MCSP Nigeria's goal is to reduce newborn and maternal mortality by increasing the quality and utilization of key, evidence-based interventions at health facilities in Kogi and Ebonyi states. To do this, they are working on enhancing clinical governance and capacity building at the facility level, and promoting the adoption of new innovations through national advocacy and phased implementation at state and facility levels. MCSP advocates for greater attention to barriers to optimal maternal and young child nutrition. It integrates nutrition and WASH counseling for pregnant women and caregivers of children under 5 years during antenatal visits, postpartum care, immunization clinics, and through SMS messaging. (Maternal and Child Survival Program 2017).
Feed the Future Nigeria Livelihoods Project	2013–2018	Feed the Future, the U.S. government's global hunger and food security initiative, has an overarching mission to increase agricultural productivity and generate opportunities for economic growth and trade; increase resilience; boost the harvests and incomes of rural smallholder farmers; improve agricultural research and development; and provide proven technologies to more people. The Nigeria Livelihoods Project's goal is to reduce poverty and improve household nutrition in Nigeria; it is operating in Sokoto, Kebbi, Federal Capital Territory (Abuja), Adamawa, Borno, and Yobe states.
Food for Peace (FFP)	Ongoing	USAID's Office of Food for Peace (FFP) partners with nongovernmental organizations and UN agencies to provide emergency food and nutrition assistance to conflict-affected populations in northeastern Nigeria. FFP is providing targeted cash transfers and food vouchers to displaced persons and host community members in Adamawa, Borno, Gombe, and Yobe states. This cash-based assistance is increasing household access to food while supporting local markets and contributing to dietary diversity. FFP targets the most vulnerable populations, including pregnant and lactating women, female-headed households, and households with children under 5. Where markets are not functioning, FFP supports the World Food Program (WFP) to distribute food procured in Nigerian and regional markets. FFP also supports complementary nutrition programming that helps families use locally available foods to meet nutritional requirements. Activities include radio messaging, small group meetings, and cooking demonstrations. FFP is also providing in-kind, ready-to-use therapeutic food for the treatment of severe acute malnutrition, and supports capacity building in emergency response within the Government of Nigeria through its contribution to WFP (USAID 2017).

References

A Promise Renewed. 2017. "Nigeria." Available at: http://www.apromiserenewed.org/countries/nigeria/

Central Bank of Nigeria. 2013. "Annual Report 2012: Statement of account for the year ended December." Abuja, Nigeria: Central Bank of Nigeria.

Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, M., and Fawzi, W.W. 2014. "Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries." *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.

FEWSNET. 2017. "Nigeria Food Security Outlook, June 2017 to January 2018: Populations in the Northeast Remain Highly Dependent on Humanitarian Assistance." Famine Early Warning Systems Network. Available at: http://www.fews.net/sites/default/files/documents/reports/NIGERIA%20Food%20Security%20Outlook-June%202017%20to%20January%202018.pdf

Kuku-Shittu, O., Onabanjo, O., Fadare, O., and Oyeyemi, M. 2016. "Child Malnutrition in Nigeria: Evidence from Kwara State." Volume 33, *NSSP Working Papers*. Washington, DC: International Food Policy Research Institute.

National Malaria Elimination Programme (NMEP), National Population Commission (NPopC), National Bureau of Statistics (NBS), and ICF International. 2016. *Nigeria Malaria Indicator Survey 2015*. Abuja, Nigeria, and Rockville, Maryland, USA: NMEP, NPopC, and ICF International.

National Population Commission (NPC) [Nigeria] and ICF Macro. 2009. *Nigeria Demographic and Health Survey 2008*. Abuja, Nigeria: National Population Commission and ICF Macro.

National Population Commission (NPC) [Nigeria], National Malaria Control Programme (NMCP) [Nigeria], and ICF International. 2012. *Nigeria Malaria Indicator Survey 2010*. Abuja, Nigeria: NPC, NMCP, and ICF International.

National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

Maternal and Child Survival Program. 2017. "Nigeria." Available at: http://www.mcsprogram.org/where-we-work/nigeria/

New Partnership for Africa's Development. 2009. "Signed Comprehensive Africa Agriculture Development Programme (CAADP) Compact." Available at: http://www.nepad.org/sites/default/files/Nigeria-Signed-Compact.pdf

Nigeria Federal Ministry of Health, Family Health Department. 2014. *Health Sector Component of National Food and Nutrition Policy: National Strategic Plan of Action for Nutrition.* Abuja, Nigeria: Federal Ministry of Health.

Population Reference Bureau. 2013. "2013 World Population Data Sheet." Available at: http://www.prb.org/pdf13/2013-population-data-sheet_eng.pdf

Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).

Save The Children UK. 2012. "Social protection and child malnutrition: Nigeria." Available at: http://www.savethechildren.org.uk/sites/default/files/docs/social-protection-Nigeria-briefing-BT.pdf

SUN. 2017. "Nigeria." Available at: http://scalingupnutrition.org/sun-countries/nigeria/

UNICEF. 2017. *The State of the World's Children 2017*. Available at: https://www.unicef.org/sowc/

USAID. 2017. "Food Assistance Fact Sheet: Nigeria." Available at: https://www.usaid.gov/nigeria/food-assistance

World Bank. 2017. "Nigeria Country Overview." Available at: http://www.worldbank.org/en/country/nigeria/overview