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How Africa Can Build a Future Free
from Hunger and Malnutrition



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NIGERIA



CASE STUDY



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In Nigeria, levels of undernutrition were reduced between 2000 and 2016. The Global Hunger Index decreased from 41 to 26 (equivalent to a 38 percent change) and the prevalence of stunting decreased from 40 percent to 33 percent over the same period. However, given Nigeria's high population, 33 percent represents a large number of people affected. At the same time, overweight and obesity rose to 33 percent and 11 percent respectively, indicating that Nigeria is facing a growing prevalence of the double burden of malnutrition. The government's institutional and programmatic reforms, such as the creation of the Nutrition and Food Safety Division in the Ministry of Agriculture and the implementation of innovative approaches, contributed significantly to improvements in the overall nutritional situation.

INSTITUTIONAL REFORMS

The recognition of the importance of a multisectoral approach to tackling malnutrition led to substantial institutional reforms in favor of nutrition. In 1990, a National Committee on Food and Nutrition, situated in the National Planning Commission, was created to coordinate and provide leadership to articulate a comprehensive policy to effectively reduce or eliminate malnutrition. In addition, a Nutrition and Food Safety Division was created in the Ministry of Agriculture to increase and sustain the availability, accessibility, affordability, and consumption of nutritious and diverse foods.¹ Furthermore, a Nutrition Division was created within the Department of Family Health in the Ministry of Health in 2008 with responsibilities based on the national nutrition policy that include improving and sustaining the nutritional status of Nigerians as well as addressing nutrient deficiencies, especially micronutrient deficiencies and protein-energy malnutrition.² This division of the Ministry of Health is also responsible for implementing activities toward the Scaling Up Nutrition (SUN) movement, which Nigeria joined in 2011. In 2017, the National Council on Nutrition was established which will constitute the highest decision-making body on food security and nutrition in Nigeria.

POLICY AND PROGRAMMATIC INTERVENTIONS

Several programs have been put in place to address malnutrition in Nigeria. Following the launch of the National Food and Nutrition Policy in 2002, the National Plan of Action on Food and Nutrition (NPAFN) was formulated in 2004. The NPAFN included projects and activities to improve the nutritional status of all Nigerians, with an emphasis on the most vulnerable groups including children, women, and the elderly. In 2002, the government adopted fortification of staple crops with vitamin A, and the Ministry of Industry published mandatory standards for vitamin-A fortification of vegetable oil, sugar, and flour. The large-scale fortification program is targeted at fortifying wheat flour, sugar, and corn flour with vitamin A, providing iron-folic acid supplementation during pregnancy, and iodizing salt.⁴

There are ongoing efforts to introduce a budget line dedicated to nutrition in line ministries at the national and state levels. However, to date the level of investment remains low. In 2014, the Government of Nigeria spent only 0.8 percent of its budget on nutrition specific interventions.⁵ Steps have been taken to strengthen and scale up specific nutrition interventions, including the Community Management of Acute Malnutrition program. In addition, the Ministry of Agriculture is promoting the production of high-energy food and food fortification in collaboration with local enterprises.

Some nutrition interventions have been shown to enhance progress in reducing malnutrition levels. One focuses on deworming and commu-

nity-based management of severe acute malnutrition targeting children aged 6-59 months.⁶ This program, which is currently being scaled up, provides improved access to and coverage of appropriate clinical and nutritional care before life-threatening complications set in. Between September 2009 and October 2014, approximately one million children with severe acute malnutrition were treated across 11 states in northern Nigeria⁷ and 173,000 deaths were prevented. As of July 2014, the program was available in 91 out of 259 local government areas in 11 states, with an estimated population of 60 million.⁸

With the expansion of the program, more timely monitoring has become a necessity. In July 2013, the government in collaboration with UNICEF and other implementation partners successfully launched the SAM reports tool (Rapid SMS) in three states in northern Nigeria. The tool uses mobile phones at the health center for real-time reporting and stores data to improve the treatment of acute malnutrition.⁹

Agricultural programs were also at the center of the NPAFN, as one of its objectives was to improve food security at the household and aggregate levels to guarantee that families have access to safe food adequate to meet the nutritional requirements for a healthy and active life. In this context, the government identified biofortification as a priority initiative in its efforts to support nutrition through agriculture. The support for the rapid adoption of biofortification to complement supplementation and fortification efforts made it possible to integrate biofortification into major agriculture and health programs, particularly the Agricultural Transformation Agenda and the Micronutrient Nutrient Deficiency Control programs. Under the program, cassava, a major staple food in Nigeria, which is consumed daily by more than 100 million people, is biofortified with vitamin A, essential for a healthy and productive life. In 2014, vitamin-A cassava varieties, which provide up to 40 percent of the recommended daily vitamin A requirements for children under five, were released. In addition to their higher beta-carotene content, vitamin-A cassava varieties also show improved pest- and disease-resistance traits and higher yields.¹⁰

The institutional and programmatic interventions implemented in Nigeria to have contributed to progress in addressing malnutrition. However, recent data show that the double burden of malnutrition is rapidly becoming a challenge. To accelerate progress, interventions through both the health and agricultural sectors need to be sustained and scaled up, and the quality of food supplied improved. Recent efforts to address malnutrition move in this direction: Nigeria's 2016-2020 agriculture sector strategy for food security and nutrition addresses the incorporation of the recommendations enshrined in the Malabo Declaration to address malnutrition in all its forms.¹¹ However, at 2 percent, Nigeria's spending on agriculture falls short of the commitment set out in the Malabo Declaration (10 percent of public spending), while spending in the health sector (6.7 percent of public spending in 2012) does not yet fully meet the 15-percent commitment set out in the Abuja Declaration. Spending on nutrition-sensitive and nutrition-specific interventions in 2017 was a meagre 0.2 percent according to the Global Nutrition Report.^{12,13} Furthermore, action needs to be taken urgently to end the violent conflict in northeastern Nigeria, which has weakened already fragile livelihoods resulting in a deep humanitarian crisis and undermining any progress in improving malnutrition levels while causing acute hunger and starvation in some areas.

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