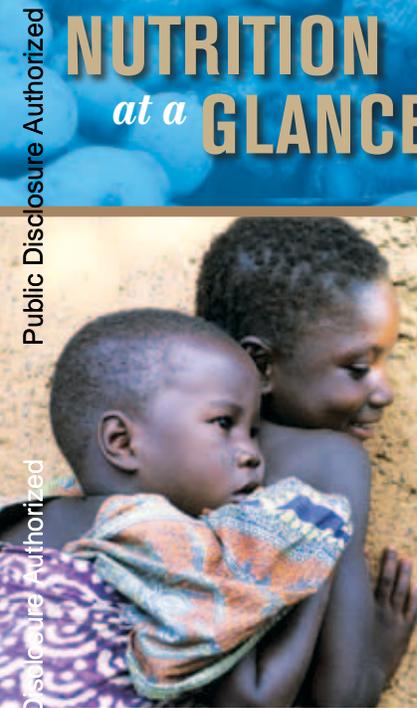




NUTRITION at a GLANCE

NIGERIA



Country Context

HDI ranking: 158th out of 182 countries¹

Life expectancy: 48 years²

Lifetime risk of maternal death: 1 in 18²

Under-five mortality rate: 186 per 1,000 live births²

Global ranking of stunting prevalence: 32nd-highest out of 136 countries²

Technical Notes

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the trend data shown in Figure 1, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at:

www.worldbank.org/nutrition/profiles

The Costs of Undernutrition

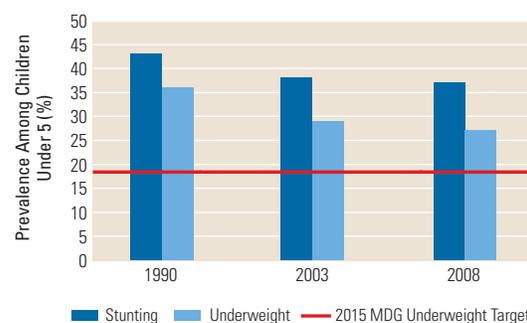
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁵

Where Does Nigeria Stand?

- Nigeria is the country with the 3rd highest absolute number of children who are stunted.²
- 41% of children under the age of five are stunted, 23% are underweight, and 14% are wasted.²
- 14% of infants are born with a low birth weight.²
- Nigeria has achieved near universal salt iodization: 97% of households consume iodized salt.⁶ This is a major factor in preventing iodine deficiency, which can cause IQ loss in infants and young children. Nigeria should be commended for this achievement and universal salt iodization is important to continue.

As shown in **Figure 1**, although the overall prevalence of stunting and underweight has been decreasing over the past two decades, progress in Nigeria has not been sufficient to meet MDG 1c (halving 1990 rates of child underweight by 2015).⁶

FIGURE 1 Nigeria's Progress Toward MDG 1 is Insufficient



Source: WHO Global Database on Child Growth and Malnutrition (figures based on the NCHS/WHO reference population).

Annually, Nigeria loses over US\$1.5 billion in GDP to vitamin and mineral deficiencies.^{3,4} Scaling up core micronutrient interventions would cost less than US\$188 million per year.

(See *Technical Notes* for more information)

Key Actions to Address Malnutrition:

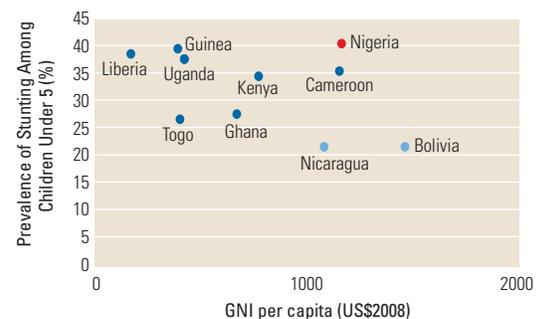
Increase nutrition capacity within the Ministries of Health and Agriculture.

Improve infant and young child feeding through effective education and counseling services.

Increase coverage of vitamin A supplementation and deworming for young children and iron supplementation for pregnant women.

Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

FIGURE 2 Nigeria has Higher Rates of Stunting than its Neighbors and Income Peers



Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

As seen in **Figure 2**, Nigeria has higher rates of stunting than some of its neighbors in the Africa region and income peers in other regions. It will be critical to engage policymakers on the importance of nutrition to development, and to allocate resources toward health and nutrition of vulnerable groups (women, infants and children). Much more could be done in Nigeria to improve nutrition.

Undernutrition is not just a problem of poverty. As **Figure 3** shows, children are undernourished in over one-fifth of even the richest households. This is not typically an issue of food access, but of caring practices and disease.

Poor Infant Feeding Practices

- Two-thirds of all newborns do not receive breast milk within one hour of birth.²
- Only 13% of infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, one-quarter of infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.⁷

High Disease Burden

- 13% of child deaths under five are due to diarrhea.⁶
- Undernutrition increases the likelihood of falling sick and severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

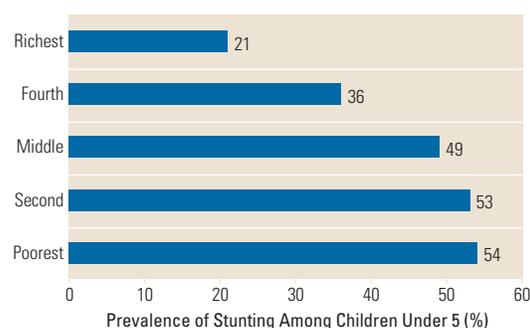
- Fewer than 10% of households are food insecure as defined by available calories per capita.⁸ Achieving food security, however, means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.
- High rates of micronutrient deficiencies in Nigeria indicate that dietary diversity may be low.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

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FIGURE 3 Undernutrition Affects All Wealth Quintiles – Poor Infant Feeding Practices and Disease are Major Causes



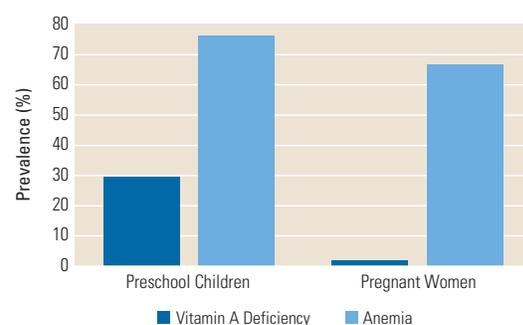
Source: DHS 2003 (figures based on the WHO Child Growth Standards).

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are pervasive in Nigeria, as indicated in Figure 4.

- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 76% and 67%, respectively.⁹ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- **Vitamin A:** One-third of preschool aged children are deficient in vitamin A.¹⁰ Supplementation of young children and dietary diversification can eliminate this deficiency.
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from concep-

FIGURE 4 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: WHO Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005; WHO Worldwide Prevalence of Anemia 1993–2005.

tion to age 24 months is critical for child growth and mental development.

World Bank Nutrition Related Activities in Nigeria

The World Bank is supporting Nigeria's efforts to improve nutrition problems through health and agricultural sector projects, including 1) a US\$90 million extension of the Second Health Systems Development Project to target maternal and child health, 2) a US\$450 million of the Third National FADAMA Development Project which has a goal to reduce food insecurity of FADAMA users, 3) and a US\$150 million Commercial Agriculture Development Project which strengthens market access by small and medium farmers and agricultural production. A sector study to fill in the knowledge gap in nutrition is being done through a landscape analysis of existing experiences in community health and nutrition programs.



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