



NIGER

NUTRITION at a GLANCE



Country Context

HDI ranking: 182nd out of 182 countries¹

Life expectancy: 51 years²

Lifetime risk of maternal death: 1 in 7²

Under-five mortality rate: 167 per 1,000 live births²

Global ranking of stunting prevalence: 14th highest out of 136 countries²

Technical Notes

Stunting is low height for age (too short).

Underweight is low weight for age (too small).

Wasting is low weight for height (too thin).

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 Niger Stand?

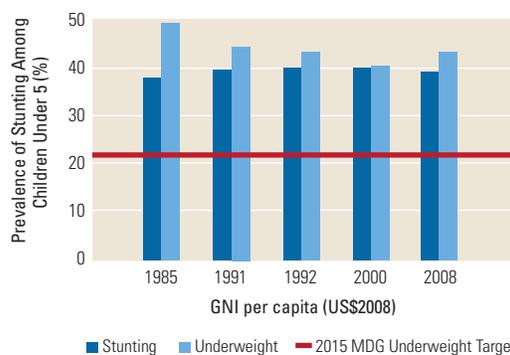
- 47% of children under the age of five are stunted, 36% are underweight, and 12% are wasted.²
- 27% of infants are born with a low birth weight.²

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.⁶

As shown in **Figure 1**, the overall prevalence of stunting and underweight has remained about the same over the past two decades. Niger will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁶

As seen in **Figure 2**, Niger has higher rates of stunting than some of its neighbors and income peers in the Africa region. That countries such as Eritrea, Mozambique, and Guinea exhibit lower rates of child undernutrition with similar per capita income shows that undernutrition is not a function of income alone.

FIGURE 1 Niger is Not on Track to Meet MDG 1



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

Annually, Niger loses over US\$92 million in GDP to vitamin and mineral deficiencies.^{3,4} Scaling up core micronutrient interventions would cost less than US\$10 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.

Achieve universal salt iodization.

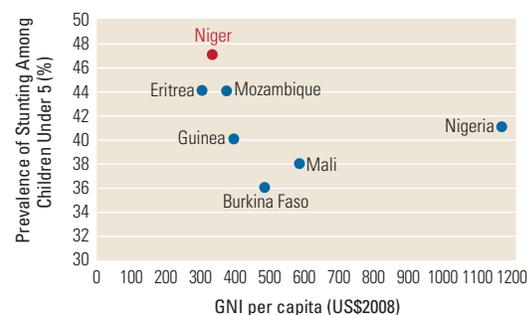
Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

Undernutrition is not just a problem of poverty. As **Figure 3** shows, children are stunted in 37% of even the richest households. This is not an issue of food access, but of caring practices and disease.

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 Niger, as indicated in **Figure 4**.

FIGURE 2 Niger Has Higher Rates of Stunting Compared to 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.

Poor Infant Feeding Practices

- Almost two-thirds (62%) of all newborns in Niger do not receive breast milk within one hour of birth.²
- Only 4% 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, two-thirds 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.

High Disease Burden

- 21% and 29% of deaths of children under five are due to diarrhea and pneumonia, respectively.⁵
- 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

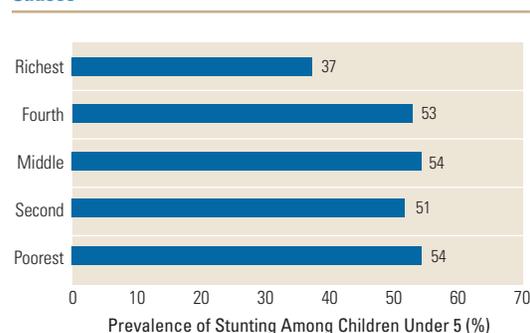
- 28% of households are food insecure, according to an indicator of per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

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

References

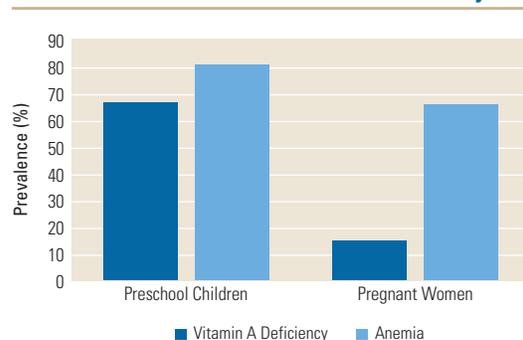
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FIGURE 3 Undernutrition Affects All Wealth Quintiles: Poor Infant Feeding Practices and Disease are Major Causes



Source: DHS 2006 (figures based on the WHO Child Growth Standards).

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



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

- **Vitamin A:** Two-thirds of preschool aged children and 15% of pregnant women are deficient in vitamin A.⁸ Supplementation of young children

and dietary diversification can eliminate this deficiency.

- **Iron:** Rates of anemia among preschool aged children and pregnant women are extremely high at 81% and 66%, 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.
- **Iodine:** Less than half of households consume iodized salt, leaving 427,000 infants unprotected from iodine deficiency disorders.⁶
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition Related Activities in Niger

The World Bank is supporting the \$35 million Niger Institutional Strengthening and Health Sector Support Project which aims to address the major institutional and organizational bottlenecks hindering progress towards MDGs.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹⁰

