

NUTRITION IN NIGER



STRENGTHENING RESILIENCE BY INVESTING IN NUTRITION

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GLOBAL HUNGER INDEX (GHI)
34.5 (SERIOUS)

GLOBAL FOOD SECURITY INDEX
29
(110 OUT OF 113)

STUNTING PREVALENCE (CHILDREN UNDER 5)
46.4%
6-23 MONTHS 45.2%
24-59 MONTHS 47.1%

GLOBAL ACUTE MALNUTRITION (6-59 MONTHS)
15%
6-23 MONTHS 23.2%
24-59 MONTHS 10.9%

MODERATE ACUTE MALNUTRITION PREVALENCE (6-59 MONTHS)
12.5% BOYS
8.4% GIRLS

15.5%
LOW BODY MASS INDEX AMONG WOMEN OF REPRODUCTIVE AGE

PREVALENCE OF MICRONUTRIENT DEFICIENCIES
73.4%
ANAEMIA AMONG CHILDREN 6-59 MONTHS (GIRLS: 74.5%; BOYS: 72.3%)
45.8%
ANAEMIA AMONG WOMEN OF REPRODUCTIVE AGE



Good nutrition is widely recognized as an essential element for a healthy and productive life. Chronic malnutrition has devastating impacts, particularly during a child's first 1,000 days. It affects brain development, immunity and health. Malnutrition can also lower school performance, ultimately reduce the opportunities, productivity and wellbeing of communities and nations, and perpetuate an intergenerational cycle of poor nutrition.

In Niger, almost 2 million children are affected by stunting and the global acute malnutrition rate is near the World Health Organization (WHO) threshold for a critical situation. Malnutrition among the Nigerian population has been heavily impacted by chronic food insecurity, as well as limited access to health, educational and social services, poor maternal and child health practices and inadequate social protection.

EVOLUTION OF MALNUTRITION IN NIGER



TOWARDS ZERO HUNGER

The elimination of stunting is central to sustainable development

Nutrition is both an objective and an outcome of the Sustainable Development Goals. The eradication of poverty and progress towards reducing inequality depend upon improvements in the nutritional status of the most vulnerable. Stunting negatively affects cognitive function, health and survival, school attainment and productivity. Ensuring adequate nutrition, specifically during pregnancy and early childhood, provides the foundation for sustainable development.



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HOW DOES WFP WORK IN NIGER?

The World Food Programme (WFP) Niger nutrition programme involves a comprehensive, community-based lifecycle approach, which focuses on children aged 6-23 months, pregnant and lactating women and adolescent girls. The nutrition strategy in Niger is aligned with the global WFP Nutrition Policy, as well as Niger's 2016-2025 National Nutrition Security Policy, which combines nutrition-specific and nutrition-sensitive approaches.

PILOTING NEW PREVENTION APPROACHES

WFP leads or participates in pilot projects and studies throughout Niger in partnership with the Government, other United Nations system agencies and civil society. Jointly with other United Nations agencies, WFP supports the Government to implement the 'convergence municipality approach', which offers an integrated, nutrition-sensitive package of interventions. In addition, a pilot project targeting adolescent girls was conducted in

three priority communes in the Zinder region between 2012 and 2015 to help break the intergenerational cycle of malnutrition in Niger. WFP also collaborates with GRET, a French non-governmental organization, to support the local production of nutritious fortified foods, such as fortified flour for children, focusing on women's groups. In 2017, WFP will locally purchase fortified flour through women's groups to distribute to children during the lean season.

ENHANCED COORDINATION FOR GREATER IMPACT

On 14 February 2011, the Republic of Niger joined the Scaling Up Nutrition (SUN) Movement, a collaborative effort to end malnutrition involving governments, civil society, United Nations system agencies, donors, businesses and researchers.

The following year, Niger joined REACH, a collaboration involving WFP, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization (FAO) and the International Fund for Agricultural Development (IFAD), which aims to eradicate child hunger and nutrition and directly supports the SUN Movement. REACH has now been taken over by the Government with the support of United Nations agencies.

KEY RESULTS

- In 2015, WFP supported the treatment of more than 650,000 moderately malnourished children aged 6 to 59 months and 490,000 malnourished pregnant and lactating mothers in nutrition centres in Niger. Among children, girls account for 52% of admissions and children aged 6 to 23 months account for 68%. Performance indicators were very satisfying, with a more than 95% recovery rate and 3.7% default rate. The coverage of lean season nutritional supplementation was above the objective with 84% of children enrolled in the programme.
- WFP's integrated approach appears to be having a positive impact on household dietary diversity and food consumption. According to a qualitative survey conducted in sites in July 2016, WFP intervention has contributed to increasing the attendance level in health centres, improving breastfeeding and complementary feeding practices and strengthening the nutritional status of children.
- The adolescent pilot project has demonstrated strong results, including decreasing anaemia rates and improving school performance. This has led WFP to mainstream specific targeting of adolescent girls into its new project.

Nutrition specific
Integrated community-based programming

TREATMENT OF MODERATE ACUTE MALNUTRITION

support to government programme in health centers, strengthening of active malnutrition screening, referral of malnutrition cases

PREVENTION OF ACUTE MALNUTRITION

through the distribution of specialized nutritious foods to children 6-23 months during the lean season and cooking demonstrations in priority communes

PREVENTION OF CHRONIC MALNUTRITION

community-based awareness raising sessions on key family practices, focus on the extended 1,000 days, including adolescent girls

ADDRESSING MICRONUTRIENT DEFICIENCIES

Iron and folic acid supplementation for adolescents from very poor households during the lean season (starting in 2017), integration of fortified flour (super cereal) in all household food baskets

ENSURE ALL WFP ACTIVITIES CONTRIBUTE TO IMPROVED NUTRITION OUTCOMES

Nutrition sensitive
Mainstreaming of nutrition

Asset creation:
Awareness sessions on key family practices and malnutrition screening at site level, for both women and men; promotion of activities that increase dietary diversity (gardening, fish farming, etc.)

Unconditional food assistance:
coupled with nutritional supplementation, malnutrition screening, awareness sessions on key family practices and cooking demonstrations

Education:
communication strategy on nutrition and health in schools, school garden, school grant for adolescent girls of the very poor households in secondary schools

Local purchase: support to the local production of nutritious foods to empower women groups to transform and produce fortified foods and to improve the availability of nutritious foods in the markets

ENABLING ENVIRONMENT

Support to the Government of Niger in the development and implementation of policies and strategies related to nutrition, both specific and sensitive, especially the National Nutritional Security Policy in Niger as well as operational framework, participation in REACH and SUN Movement, technical support to health services at all levels.



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