



FEDERAL MINISTRY OF HEALTH, NIGERIA

Malnutrition: Nigeria's Silent Crisis

FREQUENTLY ASKED QUESTIONS

Questions About the Presentation

Q. The presentation is called “Malnutrition: Nigeria’s Silent Crisis.” Why is it a “silent” crisis?

A. Malnutrition is called a silent crisis because it can be happening around us, and we do not always know it is there. Although we have all seen photos of malnourished children who look sick and very thin, they only represent a small portion of children who are suffering from malnutrition. As we have seen in the presentation, there are many children who do not look that way and yet they are also malnourished because they are not receiving the nutrients they need to grow and develop to their full potential. For these children, malnutrition over a period of time (especially in the 1000 day window of opportunity between conception and a child’s 2nd birthday), silently causes poor brain and body development, weakens the immune system, and worsens the impact of common illnesses such as diarrhoea.¹ Malnutrition contributes to the deaths of about a half-million Nigerian children each year.²

Q. Where do the data used in the presentation come from? Are the data accurate and up-to-date?

A. We used the most up-to-date nutrition data available at the time the presentation was developed. The primary data source for the health statistics is the 2013 Nigeria Demographic and Health Survey, along with some smaller nutrition studies by local researchers in selected urban and rural areas (Google Earth Satellite Map segment). Data on the economic impacts of malnutrition are derived from the most recent regional calculations by international experts.

Q. Who is the target audience for this presentation?

A. This presentation is designed for government policymakers such as ministry officials and parliamentarians, community and traditional leaders, civil society, journalists, and donors, among other influential players. It is intended to support those who work directly in nutrition, as well as those in related or influential fields such as agriculture, child health, gender, and finance. The presentation aims to engage and motivate decisionmakers to TAKE ACTION – whether that means making nutrition a more explicit goal in their work plans or strategies, allocating more resources to nutrition activities, advocating for strengthening nutrition services, or improving policies and programmes to reduce malnutrition.

Potential audiences at the national level include: Ministers of Health, Women Affairs and Social Development, Finance, and Agriculture as well as the Federal Executive Council, National Assembly, Nigeria Governors Forum, various National Councils (such as Economic, State, Agriculture, Health, and Education), the National Planning Commission, and the Top Management Committees in respective Federal Ministries. At the state level, audiences could include: state governors, legislators, Local Government Council chairmen, civil societies, NGOs, and the private sector.

Questions About Malnutrition

Q. What is the difference between hunger and malnutrition?

A. Hunger is a feeling that the body uses to signal that it needs food and generally relates to a lack of food. Meanwhile, malnutrition relates to a lack of nutrients and vitamins that are essential for physical and mental growth and development.³ Accordingly, a person or child who has enough food to stave off hunger can still be malnourished if she or he is not eating the right types and quantities of healthy, nutritious food.

Q. Why is there always so much emphasis on stunting?

A. Globally, stunting is now recognized as the main indicator of malnutrition.⁴ Stunting indicates long-term, cumulative effects of inadequate nutrition and poor health status; thus, it gives a broad representation of the nutritional status in the country.⁵ In low- and middle-income countries, 26 percent of children under 5 are stunted.⁶ Even when stunted children survive, there are several long-term impacts such as reduced educational achievement and economic productivity, and perpetuation of an intergenerational cycle of poverty and ill health.⁷ Stunting is preventable by employing good care and feeding practices such as exclusive breastfeeding and complementary feeding during a child's first two years of life.⁸ Given its severe effects and the fact that simple, feasible solutions are available, it is important that we address stunting.

Q. How do we detect malnutrition and stunting in children at an early age so we can intervene before it's too late?

A. Malnutrition, including conditions such as stunting and underweight among children, is most commonly detected through body measurement indices including weight and height. These measurement indices are compared to the World Health Organization's growth standards, which provide a comparison to the average measurements of children the same age.⁹ It is important to take children regularly for medical check-ups or to community health screening events, so they can be weighed and measured and any signs of malnutrition can quickly be detected and addressed. Body measurements can usually be done during other well-child visits such as for vaccinations.

Questions About Malnutrition in Nigeria

Q. How does Nigeria compare to other countries with regard to malnutrition indices among children?

A. Nigeria has over 11 million stunted children and ranks #2 (behind India) among all countries with the greatest number of stunted children.¹⁰ An estimated 37 percent of Nigeria's children are stunted.¹¹ This is higher than in nearby Senegal, where the proportion of stunted children is 27 percent.¹² Nigeria has about 27 million children under 5, compared to the United States, which has about 22 million children under 5 but only 3 percent are stunted.¹³ Another important nutrition indicator is exclusive breastfeeding. In Ghana, 63 percent of infants under 6 months are exclusively breastfed, while in Nigeria, only 17 percent are exclusively breastfed.¹⁴

Q. In the presentation, it is mentioned that 2 out of 3 children in Nigeria are not receiving the right foods. What exactly does this mean?

A. To be properly fed, children must eat the right types of food the right number of times a day. While the specifics vary depending on breastfeeding practices, this means that each day, children 6-to-23 months of age should receive foods from the four main food groups. Foods that would provide the appropriate nutrients include: fruits, vegetables, eggs, milk, fish, meat, and grains. Children should receive solid, semi-solid, or soft foods two-to-four times daily.¹⁵

This is why simply eating, especially if this only includes rice or porridge (common in many areas), will not ensure that a child is properly fed and receives the right amount of nutrients. Children need the right quantity and quality of foods.

Q. What is currently being done at national and state levels to address malnutrition?

A. Nigeria is taking important steps to address nutrition. For one, we have joined the SUN movement, which stands for Scaling Up Nutrition. This is an exciting new global effort aimed at bringing country and global leaders together to fight against malnutrition. Nigeria is one of the newest countries to become a SUN member, and we are joining more than 45 countries and over 100 international organizations and donors to rally around a common agenda and solutions, with the goal of mobilizing broad commitment and resources to advance our nutrition agenda.¹⁶

Secondly, we have recently revised our national policy on food and nutrition to define our goals, describe the critical interventions, and clarify roles and coordination among all the key players in nutrition and food security. To put this policy into action, we also have a national strategic plan with a costed work plan.

We also have several multi-sectoral initiatives such as Maternal Newborn and Child Health Week, Saving One Million Lives, Home Grown School Feeding & Health Programme, and Mainstreaming Nutrition in Agriculture, all of which are expanding nutrition interventions across the country to reach more of those in need.

Questions About How to Address Malnutrition

Q. Which Ministry, department, agency, or organization at national and state levels should take responsibility for nutrition?

A. Malnutrition is a national problem and finding a solution is a shared responsibility. While the Ministry of Health's Nutrition Division should steward all activities related to nutrition, making a large impact will require multi-sectoral collaboration. It is important that we all support the nutrition coordinating group headed by the National Planning Commission to ensure that all nutrition interventions support and reinforce one another. We should also engage Ministries from across various sectors such as Finance, Agriculture, Education, Women Affairs and Social Development, Environment, and Water Resources, as well as other Divisions within the MOH, such as Reproductive Health and Child Health — and find ways to incorporate nutrition into cross-sector strategies, policies, and programmes. It will be critical to our success for leadership and action to come from the community level. For example, we need to engage faith-based organizations, civil society organizations, community-based organizations, professionals, the private sector, and traditional and religious leaders.

Q. What are the issues that high-level policymakers care most about?

A. Often leaders care about short-term outcomes such as reducing deaths and illness, particularly among young, innocent children. Use the facts to appeal to their emotions and show how simple solutions like “exclusive breastfeeding” can make a world of difference and save lives.

Leaders are also concerned about the country's development. Showing them how reductions in malnutrition can lead to direct improvements in education, productivity, and GDP growth in the long term can be powerful. Well-nourished children grow into a healthier, more productive labor force as adults, and that can mean a boost in GDP growth by as much as 11 percent annually for the country.¹⁷ And finally, the bottom line is often about money—how much will it cost? So it is critical that leaders understand that while they will initially have to spend money on nutrition interventions, this investment will result in substantial savings in health care and economic gains later on. For example, a recent study in Nigeria revealed that investment in key nutrition interventions to reduce stunting would generate economic returns up to 25 times greater than the initial investment.¹⁸ For every N100, 000 spent on key nutrition interventions to reduce stunting, we would generate N2.5 million in increased income. So scaling up nutrition interventions would help reduce household poverty and increase broad-based wealth across Nigeria.

Q. There are so many competing agendas, and every problem we hear about seems important. So how can we get our officials to pay attention and spend funds on this issue in particular?

A. Yes, it is true that we are often fighting for time, money, and people's attention. That is why it is important to offer something new and interesting. The presentation “Malnutrition: Nigeria's Silent Crisis” can be used for this purpose. It is available on CD-ROM in a narrated video format to make it easier for you to show to diverse audiences; and there are accompanying nutrition materials available from the Department of Family Health, Nutrition Division at the Federal Ministry of Health (FMOH) to distribute at events.

You should also think creatively about how the presentation can be used as a platform to spur action. For example, to expand its reach, it can be shown at events organized by others, including groups not necessarily working in nutrition. To stimulate discussion and interaction, you can plan supplementary activities, such as panel discussions with nutrition experts, along with showing the presentation. And to raise awareness, you can involve local celebrities and ask the media to cover events.

Q. How can we change policies and programming within our own organizations to improve child nutrition?

- A.** Advocacy often starts at home. If your organization is already focused on child health and nutrition, it is likely that you could still do more. Look at your organization's work plans and strategies to determine whether or not they involve approaches that are well aligned with best practices known to improve nutrition among infants and young children. Determine whether adjustments can be made in your work plans and budgets so that the most resources are dedicated to high-impact interventions.

If your organization does not include nutrition in its mandate, is this an area that you could consider supporting? For example, could you support efforts to educate mothers on proper young-child feeding practices or to promote exclusive breastfeeding? Could you support initiatives to increase access to nutritious food? Determine which gaps you could best fill given your mission and strengths, and adjust your policies, programmes, and budgets as needed.

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