UNICEF NIGER **ISSUE BRIEF**

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#SCALINGUPNUTRITION

PREVENTING **UNDER-NUTRITION** IN NIGER

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THE SITUATION

Niger's children face staggering levels of stunting. Chronic malnutrition, or stunting, impairs the growth and development of a child and is a problem of staggering magnitude in Niger. 42% of children are currently stunted, which surpasses critical levels according to global thresholds (WHO, 40%), and represent one of the highest rate of stunting in the world. The trend in stunting and acute malnutrition remains unchanged over the past five years, indicating the continuous challenges faced by the children of Niger in accessing rights to adequate nutrition, health, care and stimulation.

Today, Niger has one of the highest rates and numbers of stunted children in the Sahel region. In 2016, 1.9 million children were chronically malnourished. In the face of limited progress and high population growth, **the number of stunted children will increase to 2.3 million in 2025**.

In addition to stunting, global acute malnutrition in Niger exceeds the thresholds globally accepted by the World Health Organization (WHO). **Over one in 10 children suffer from wasting** or a situation of being dangerously thin for their height and associated with high risk of mortality and morbidity. **In Niger, over one million children are estimated to suffer from acute malnutrition,** of which over 400,000 severely, putting huge number of children under a very high risk of death. Though less obvious than stunting or acute malnutrition, micronutrient malnutrition, often referred to as the silent killer is also widespread in Niger. **Over two third (73%) of the children under the age of 5 manifest anaemia**, a proxy indicator not only for iron deficiency, but also other key nutrients needed for survival, growth and development.

Stunting affects not only a child's height. It has adverse functional consequences on the child particularly in the first 1,000 days from conception until the age of two. Some of those consequences include poor cognition and educational performance, low adult wages, lost productivity and, increased risk of mortality and nutrition-related chronic diseases in adult life. The cognitive and physical damage caused by chronic under-nutrition, in the 1,000 days, is largely irreversible, jeopardizing the learning, productivity and earning capacity of the future generation of Niger.

Stunting marginalizes the future potential of children of Niger. Given the current rate, stunting can prevent future generations of Niger from reaching their full potential, contributing and benefiting from opportunities and aspirations of the country towards a better future. For example, the very poor school performance in Niger, with reported only 8% children acquiring the required basic competencies at the end of primary school, may be partially explained by the poor learning capacities of children due to stunting.

NIGER HAS THE HIGHEST RATES AND NUMBERS OF STUNTED CHILDREN IN THE SAHEL REGION

MORE THAN 4 OUT OF 10 CHILDREN UNDER 5 ARE STUNTED.

1.9 MILLION CHILDREN ARE CHRONICALLY MALNOURISHED

OVER ONE MILLION CHILDREN ARE ESTIMATED TO SUFFER FROM ACUTE MALNUTRITION, OF WHICH OVER 400,000 SEVERELY

WHY SUCH A HIGH PREVALENCE OF UNDERNUTRITION?

Optimal infant and young child feeding practices are rare

Poor nutrition: Only 6% young children 6 – 24 months get the minimum acceptable diet, and only 23% of infants are exclusively breastfed, which provides the optimal nourishment for their age. Access to a variety of foods is a significant challenge in Niger, but this alone is not sufficient to ensure optimal infant and young child feeding. Even though stunting is more prevalent among children from the poorest households, the levels among the richest and middle income families remains very high.

Repeated infection and intestinal disorders: Diseases such as malaria, diarrhoea and acute respiratory infections are widespread. While access and utilization of preventive, promotional and curative health services remain poor due to challenges with geographic access (with about 50% of the population more than 5 kms away to a primary health facility) physical and poor health seeking behaviours due to various barriers including negative social norms and quality of care.

Poor access to safe water and sanitation facilities and poor hygiene practices result in intestinal disorders called environmental enteropathy (EE), that can lead to chronic malabsorption and destruction of nutrients important for growth and development, even in the absence of diarrheal diseases.

Significant proportion of infants in Niger (18%) are born undernourished, indicating intrauterine growth retardation. This is related to poor health and nutritional status women at conception and during pregnancy. This can also be associated with child pregnancy. When a girl under 18 becomes pregnant, her physiological development competes with that of the fetus, often resulting in low birth weight (less than 2.5kg).

Inadequate care and stimulation: Primary caregivers don't have the knowledge and capacity to optimally care and stimulate their infants and young children. The marginal social status and poor decision-making power of women; especially for mothers that are children themselves often with non-supportive family environment (husbands, in-laws and co-wives). Besides heavy workload (especially for poor, young and pregnant rural women and girls from low socio economic status) and short intervals between pregnancies deplete mothers time as well as physical and mental wellbeing to provide optimal care and stimulation.

WHAT UNICEF IS DOING?

UNICEF and its partners help Niger develop a multi-sectoral nutrition response. UNICEF is working to build political commitment among government and partners towards prevention of all forms of undernutrition. UNICEF is engaged in ongoing situation analysis, through annual surveys, localized assessments/analysis as well in developing government systems and capacities.

UNICEF supports service delivery through partnership with government and civil society organizations. Treatment of acute malnutrition is provided throughout the country as a routine treatment, and reach over 400,000 children annually. In selected communities, a comprehensive package of high impact and integrated nutrition/health/WASH interventions are implemented, with promising result, but too small scale to change national statistics.

Parents and caregivers, including fathers and other members of the family, are counselled on optimal infants and young child feeding and care, but limited coverage. Point-of-use/Home-based fortification of complementary food (in selected districts), twice yearly mass supplementation of vitamin A and de-worming of children, as well as iron/folate supplementation to mothers are some of interventions supported towards improving the wide spread micronutrient deficiencies.

PROMOTING INFANT AND YOUNG CHILD FEEDING PRACTICES IN NIGER

A stronger focus on prevention is key to reversing malnutrition in the country

With UNICEF's technical and financial support, the country has trained more than 15,000 community volunteers and more than 5,500 mother support groups providing community IYCF counselling and support in more than 6,500 villages.

To facilitate quality IYCF counselling during newborn, vaccination, inpatient and outpatient services, trainings were provided to almost 1,000 health workers in 303 health centres and 318 health posts with UNICEF's support in 2017.

The early childhood development stimulation component was integrated into IYCF training materials used for inpatient facilities and 40 health workers were trained as trainers to expand the training.

To advance the Baby Friendly Hospital Initiative agenda, UNICEF supported the Nutrition Directorate to conduct an assessment in four regions covering 40 hospitals, which revealed that no hospital met BabyFriendly Hospital Initiative standards. As a step forward, 175 nurses were trained on the Baby Friendly Hospital Initiative in six maternity hospitals.

The community IYCF project in 17 communes and its associated resources were one of the most important catalysts for progress in the IMNCI agenda in the Niger: more than 1,200 IYCF counsellors and community volunteers meeting criteria were integrated into the total workforce of 4,265 IMNCI agents providing curative, promotional and preventive services.

Full integration of nutrition in IMNCI training, supervision tools, standard supplies and overall operationalization of the initiative was achieved, providing an element of sustainability for community IYCF services. However, the quality and content of training in IMNCI material does not cover the full skills and knowledge covered by standard community IYCF materials. This may affect the effectiveness of community IMNCI agents in providing comprehensive IYCF counselling.

WHAT **NEEDS** TO BE DONE ?

Investment to date are mainly focused on treatment of acute malnutrition with demonstrated results in mortality reduction. Investment and progress has been limited in prevention of undernutrition. With the current rate of progress, Niger is severely off track for the SDG 2 (zero hunger) with one of the indicators being a 40% reduction in number of children stunted by 2025. High levels of stunting will also have direct and indirect effect on progress in SDG 1 (No poverty) SDG3 (Good health and wellbeing), SDG4 (quality education), SDG 5 (gender equality), SDG 8 (economic growth) SDG 10 (reduce inequalities).

We know what works to protect children from stunting and improve nutrition in general. Expectant mothers need vital nutrients like iron and folic acid, deworming, and nutritional counselling on adequate diet and food supplements; they also need good health care, well-spaced births and social support in the household and community. Newborn babies need breastfeeding in that first fragile hour after birth and then exclusively for the next six months. Appropriate solid foods need to be introduced at six months, in combination with continued breastfeeding. Throughout, adequate health care and good hygiene and sanitation are vital. Poor sanitation leads to repeated bouts of diarrhoea and damages the gut, preventing absorption of food, which further contributes to stunting. Proper nutrition is vital during the 1,000-day period from a mother's pregnancy until a child's second birthday. During this time of rapid physical and mental development, the damage caused by stunted growth is largely irreversible.

Ending stunting and other forms of undernutrition saves lives, improves health and prospects for children, and improves overall development progress.

Preventing stunting and other forms of undernutrition is well positioned in the new UNICEF country program 2019 – 2021. UNICEF aspires to support the development of capacity of government, communities, families, and civil society organizations in the design, implementation and monitoring of high impact interventions.

UNICEF will engage in persistent policy dialogue at all levels and implement dynamic advocacy to ensure a well-supported and coordinated action against undernutrition. UNICEF will facilitate evidence and knowledge generation focusing on "how" to take proven high impact preventive interventions at scale in Niger context. Specific attention will be given to addressing deeply rooted social norms and structural problems that perpetuate stunting and other forms of undernutrition.

UNICEF technical Interventions will focus on the following areas:

- **Nutrition of adolescents and mothers**
- **Nutrition of infants and young children, including their psychosocial stimulation**
- **Care for children with SAM and Nutrition in Emergencies**

But the solution requires more than this

Through its work in other sectors, expanding partnership and evidence based advocacy, UNICEF aspires to influence the nutrition outcomes of investments in agriculture, education, Social protection, health care, gender quality and women's empowerment.

For more information

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