COUNTRY SITUATION
Nigeria faces a double burden of malnutrition, where undernutrition and micronutrient deficiencies are juxtaposed with the challenges of obesity and diet-related non-communicable diseases. According to the 2018 Nigeria Demographic Health Survey, 58% of women of reproductive age experience some form of anaemia, while 30% of children under five suffer from vitamin A deficiency. Additionally, Nigeria holds the distinction of having the highest number of children suffering from stunted growth in sub-Saharan Africa, ranking second globally with over 10 million stunted children.

OVERVIEW OF WORK
In Nigeria, Nutrition International directly supports program implementation in nine states and collaborates with the Government of Nigeria, state governments and other stakeholders to strengthen maternal and child health and nutrition, as well as child survival programs. At the national level, we provide vitamin A capsules to all states in Nigeria through an in-kind assistance program.

Nutrition International provides financial and technical support to Nigeria’s Federal Ministry of Health (FMoH), Federal Ministry of Budget and National Planning and National Primary Health Care Development Agency to build capacity and support the development of policies, guidelines and tools. We also extend specific assistance to the NPHCDA, the national coordinating agency for Maternal and Child Health Weeks (MNCHW), by facilitating review, planning, coordination and data management.

Our work in Nigeria was supported by 11 staff members and six program extenders in 2022.

PROGRAM HIGHLIGHTS
• 1,416,325 individuals were reached with a behaviour change campaign aimed at improving the knowledge of caregivers and influencers on timely healthcare-seeking behaviour and to encourage adherence to zinc and low-osmolarity oral rehydration salts (LO-ORS) for the treatment of childhood diarrhoea.
• Technical and financial support provided to the FMoH to implement the revised 2023 National Micronutrient Deficiency Control Guidelines at the national level and facilitated adaptation and implementation at the state level.
• More than 90,000 bottles of multiple micronutrient supplementation (MMS) procured to support distribution to more than 45,000 pregnant women through MMS implementation research in Bauchi State.
• Over 60 health facilities, places of worship, markets and schools received gender sensitive behaviour change communication materials to create awareness for regular antenatal care attendance and daily iron and folic acid consumption.
• Nutrition International partnered with the Society for Women Development and Empowerment, a local women’s rights organization, to conduct a sex and gender-based analysis to reveal the barriers and enablers of maternal and child health programs in six target states.
KEY EVENTS

• Advocacy meetings with state-level policy makers were held to leverage the State Committee of Food and Nutrition’s quarterly meetings to prioritize iron and folic acid (IFA) supplementation, while sensitizing on MMS, vitamin A supplementation (VAS), zinc and LO-ORS.

• A webinar, organized by Nutrition International and the FMoH, was held to explore the experiences of gender-responsive behaviour change interventions and their applicability to broader maternal and child nutrition.

• Nutrition International in collaboration with FMoH, NPHCDA and other key stakeholders convened the National Nutrition Technical Working Group to provide guidance on the transition from IFA to MMS. The insights gained will inform strategies for improved adherence and future scaling of MMS within existing antenatal care services.

• A high-level advocacy and accountability meeting, attended by 36 Commissioners of Health, utilized Maternal and Child Health Week Scorecards to secure state governments’ commitment to MNCHW efforts across the country.

NEW FUNDING

Nutrition International was awarded USD $3,999,982 in funding from the Bill & Melinda Gates Foundation to support programs at both the national and state level.

LOOKING AHEAD

Nutrition International will maintain close collaboration with the FMoH, NPHCDA, the Ministry of Budget and National Planning and other development partners to support nutrition programs including the provision of VAS, technical and financial assistance for MNCHWs, maternal and adolescent nutrition MMS scale-up, social safety strategies, and zinc and LO-ORS through DRF schemes. We remain committed to exploring additional opportunities for scaling up innovative evidence-based, high-impact programs and interventions.

IMPACT HIGHLIGHTS

- **2.3M** children aged 6–59 months received two doses of vitamin A
- **1.2M** pregnant women received iron and folic acid supplementation
- **157K** caregivers received gender sensitive messages to addressing barriers to care seeking and negative gender norms
- **1.4M** pregnant women attended at least one antenatal care visit
- **210K** childhood diarrhoea cases treated with zinc and low-osmolarity oral rehydration salts