POLICY BRIEF
DRIVING COMMITMENT FOR NUTRITION

CHILD NUTRITION INDICATORS

20.2% of children under five are stunted (too short for their ages)

2.8% of children under five are wasted (too thin for their heights)

12.8% of children under five are underweight (too small for their ages)

NDHS 2018

INFANT AND YOUNG CHILD FEEDING

- Only 40.6% of children (6-59 months) receive Vitamin A
- Only 43.3% of children (12-59 months) receive De-worming tablets
- 52.0% of children under-five are Exclusively Breastfed (Below WHO/UNICEF recommendation which is 50%)
- 33.1% of children 6-23 months consume Minimum Dietary Diversity

INVESTMENT CASE

According to the World Bank (2016), every dollar invested in nutrition interventions, would yield between $4 and $35 in economic returns. If the Authority of Federal Capital Territory (FCT) improve investments in nutrition and releases funds timely for nutrition specific and sensitive interventions, this will:

- Reduce the proportion of persons who suffer from hunger by 50% by 2025
- Increase Exclusive Breastfeeding rate by 50%
- Reduce stunting among children under five by 50%
- Increase Vit. A Supplementation by 50% by 2025

KEY ‘ASKS’

1. Increase funding for nutrition in the 2020 FCT budget, release timely and ensure transparency and accountability of funds for nutrition.
2. Scale up of key nutrition specific interventions by fully implementing the FCT multi-sectoral strategic plan of action for food and nutrition.
3. Ensure an effective institutional system for nutrition. This is because nutrition requires coordinated agency with investments in key nutrition interventions.
MALNUTRITION SITUATION

FCT is home to a large population of malnourished children, with an under-five mortality rate of 71 deaths per 1000 live births, and an infant mortality rate of 44 per 1000 live births in 2013 (MICS, 2016). Interestingly, nutrition which is an essential component of wellbeing over the years has been neglected with 20.2 percent of children under five are stunted, 2.8 percent are wasted; 12.8 percent are underweight (NDHS 2018) and only 52.0 percent of children less than 6 months are exclusively breastfed (MICS, 2016). Adequate nutrition is essential to children’s growth and development. The first 1,000 days of a child’s life (the period from conception to age 2) is especially important for optimal physical, mental and cognitive growth, health and development.

Malnutrition is a condition that occurs when people consistently do not consume or absorb the right amounts, types of food and essential nutrients. One of the main indicators of childhood malnutrition is stunting—when children are too short for age. Stunted children have poor cognitive and brain development which prevents them from reaching their full potential in life in an increasingly competitive world. Malnutrition is caused by several factors including lack of food, improper feeding and caring practices, economic and political structures, low status and lack of education among women, etc. Therefore, a multi-sectoral approach is required for a reduction and eventual eradication of the scourge. As a matter of urgency, there has to be multi-faceted, multi-stakeholder and multi-level interventions at scale in order to produce substantial outcomes in the short to medium term.

POLITICAL COMMITMENTS FOR NUTRITION-FCT

<table>
<thead>
<tr>
<th>COMMITMENTS</th>
<th>RESPONSE</th>
<th>CS-SUNN’s ASK</th>
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<tbody>
<tr>
<td>State Costed Multi-Sectoral Nutrition Plan</td>
<td>No</td>
<td>Develop and Implement FCT</td>
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<tr>
<td></td>
<td></td>
<td>Multi-Sectoral Nutrition Plan</td>
</tr>
<tr>
<td>Separate Nutrition Budget line and timely release</td>
<td>No</td>
<td>Create specific nutrition budget</td>
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<tr>
<td></td>
<td></td>
<td>lines in MDAs</td>
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<tr>
<td>Maternity Leave</td>
<td>12 weeks 50% paid</td>
<td>Extend Maternity Leave to 24 weeks</td>
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<tr>
<td></td>
<td></td>
<td>to enable mothers Exclusively</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breastfeed.</td>
</tr>
<tr>
<td>State Committee on Food and Nutrition (SCFN)</td>
<td>No</td>
<td>SCFN needs to be more effective</td>
</tr>
<tr>
<td>functional?</td>
<td></td>
<td>in coordinating nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>interventions in the state.</td>
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</table>

Trends in nutrition allocation in FCT

Government investments in the key nutrition interventions have been insufficient. A close look at the budgetary allocation to nutrition from 2015 to 2018 depicts an underfunded sector that has resulted in poor nutrition outcomes and indices in the state.

ABUJA MUNICIPAL AREA COUNCIL

Budgetary Allocation

Nutrition-Specific Interventions

Exclusive Breastfeeding, Fortification of foods, Micronutrient supplementation and Treatment of Severe Acute Malnutrition.

**TREND ANALYSIS OF NUTRITION BUDGET IN NIGERIA (2015-2018)**
KWALI AREA COUNCIL

Budgetary Allocation

2018 Budget Estimate
N36m

2017 Budget Estimate
N40m

2017 Actual Spending
N20m

TREND ANALYSIS OF NUTRITION BUDGET IN NIGERIA (2015-2018)

2018 Nutrition Budget Relative to size of Budget

Comparative Analysis: Malnutrition Indicators

Source: State governments
✓ For Imo State (Figure are for fiscal year 2017)

NUTRITION PER CAPITA

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<tbody>
<tr>
<td>Gombe</td>
<td>188.25</td>
<td>536,747</td>
<td>1,041,966</td>
<td>1,578,414</td>
<td>3,472,223</td>
<td>55.91</td>
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<tr>
<td>Imo</td>
<td>43.7</td>
<td>1,147,630</td>
<td>1,729,870</td>
<td>2,877,500</td>
<td>5,766,233</td>
<td>15.19</td>
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<tr>
<td>Rivers</td>
<td>114</td>
<td>1,549,747</td>
<td>2,345,361</td>
<td>3,895,108</td>
<td>7,888,893</td>
<td>29.33</td>
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<tr>
<td>Kwara</td>
<td>61</td>
<td>677,468</td>
<td>1,017,100</td>
<td>1,694,568</td>
<td>3,390,332</td>
<td>36.00</td>
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<tr>
<td>Oyo</td>
<td>450</td>
<td>1,663,675</td>
<td>2,571,777</td>
<td>4,181,452</td>
<td>8,392,290</td>
<td>2.51</td>
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<tr>
<td>FCT</td>
<td>N/A</td>
<td>756,236</td>
<td>1,287,814</td>
<td>2,044,814</td>
<td>4,292,714</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: State government, NPC, NBS, Unicef, RAF, World Bank, CBN Statistical Bulletin
✓ Population estimate used in for 2017 CBN Statistical Bulletin
✓ 2018 Budget allocation for Nutrition specific and Nutrition Sensitive Intervention
✓ For Imo State (Figure are for fiscal year 2017)

BUDGET ALLOCATION

Source: State Government
For Imo State (Figures are for 2017)
CONCLUSION

FCT Authority’s investments in the key nutrition interventions have been very poor between 2015 and 2018. Most times despite budgetary allocation, little or no funds are released. It has been observed that even when the government expands the size of the state budget, the budget for nutrition specific interventions do not follow the same trajectory. When aggregate expenditure is cut, budgetary allocation for key nutrition-specific interventions is slashed more in relative terms. The Government is paying little attention to malnutrition, which is alarming by all measurable indicator.

Given that FCT has a large population of malnourished women and children under-five in Nigeria, with an infant mortality rate of 44 per 1,000 live birth and an under-five mortality rate of 71 deaths per 1,000 live births (MICS 2016), it is essential that FCT Authority increases investments in nutrition specific and sensitive interventions.

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<thead>
<tr>
<th></th>
<th>National</th>
<th>FCT</th>
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<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>70 per 1000 live births</td>
<td>44 per 1000 live births</td>
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<tr>
<td>Under-Five Mortality Rate</td>
<td>120 per 1000 live births</td>
<td>71 per 1000 live births</td>
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ACKNOWLEDGMENTS

This brief was made possible by the generous support of the SUN Movement under the Pooled Fund Project. The contents are the responsibility of Civil Society - Scaling Up Nutrition in Nigeria (CS-SUNN). CS-SUNN is a coalition, made up of non-governmental, non-profit organizations with a shared vision to transform Nigeria into a country where every citizen is food and nutrition secure. CS-SUNN raises awareness about the importance of investing in maternal and child nutrition. We engage government and mobilize non-state actors to advocate for relevant policies, funding and program implementation; help generate evidence, build capacity of local communities to scale-up nutrition. The Pooled Fund project is being implemented in six locations in Nigeria; Oyo, Kwara, Imo, Rivers, Gombe and FCT.

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References:

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