CHILD NUTRITION INDICATORS

- 34.5% of children under five are stunted (too short for their ages)
- 3.8% of children under five are wasted (too thin for their heights)
- 19.1% of children under five are underweight (too thin for their ages)

NDHS 2018

INFANT AND YOUNG CHILD FEEDING

- Only 69.4% of children (6-59 months) receive Vitamin A
- Only 51.4% of children (12-59 months) receive De-worming tablets
- 49.5% of children under-five are Exclusively Breastfed (Below WHO/UNICEF target of at least 50%)
- 46.8% of children 6-23 months consume Minimum Dietary Diversity (NNHS 2018)

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 Government of Oyo state improves investments 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 state budget, release timely and ensure transparency and accountability of funds for nutrition.
2. Scale up of key nutrition specific interventions by fully implementing the state 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 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.

Malnutrition situation: Oyo state is home to a large population of malnourished children, with an under-five mortality rate of 73 deaths per 1000 live births, and an infant mortality rate of 59 per 1000 live births (MICS, 2016). Interestingly, nutrition which is an essential component of wellbeing over the years has been neglected with 34.5 percent of children under five are stunted, 3.8 percent are wasted; 19.9 percent are underweight (NDHS 2018) and only 49.5 percent of children less than 6 months are exclusively breastfed (MICS, 2016). Adequate nutrition is essential to children’s growth and development.

**POLITICAL COMMITMENTS FOR NUTRITION-OYO STATE**

<table>
<thead>
<tr>
<th>COMMITMENTS</th>
<th>RESPONSE</th>
<th>CS-SUNN’s ASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Costed Multi-Sectoral Nutrition Plan</td>
<td>Yes</td>
<td>Implement State Multi-Sectoral Nutrition Plan</td>
</tr>
<tr>
<td>Separate Nutrition Budget line and timely release</td>
<td>Yes (in some Nutrition line MDAs)</td>
<td>Create specific nutrition budget lines in MDAs</td>
</tr>
<tr>
<td>Maternity Leave</td>
<td>4 months (16 weeks), paid</td>
<td>Extend Maternity Leave to 6 months to enable mothers Exclusively Breastfeed</td>
</tr>
<tr>
<td>State Committee on Food and Nutrition (SCFN) functional?</td>
<td>Yes</td>
<td>However, SCFN needs to be more effective in coordinating nutrition interventions in the state</td>
</tr>
</tbody>
</table>

**IMPROVING NUTRITION CONTRIBUTES TO:**

- Reducing maternal and child mortality rates
- Preventing chronic conditions later in life
- Promoting optimal growth and development
- Increasing future earnings potential
- Decreasing risk of infectious diseases

**Trends in nutrition allocation in Oyo State**

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.

**OYO STATE GOVERNMENT**

**Nutrition - Specific Budget Allocation and Releases**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2015</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2016</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>2017</td>
<td>5.557m</td>
<td>205.2m</td>
</tr>
<tr>
<td>2018</td>
<td>34.653m</td>
<td>450m</td>
</tr>
<tr>
<td></td>
<td>93.461m</td>
<td></td>
</tr>
</tbody>
</table>

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

A total of N205.2 million representing 0.01 percent of Oyo State total budget was allocated to the identified nutrition specific interventions. In 2017 and 2018 Nutrition specific allocation was 450m representing 0.2% of total budget of Oyo State.
In the fiscal year 2014, a total sum of 285.2 million was allocated to the identified Nutrition-sensitive interventions which come to approximately 0.19 percent of Oyo State’s enacted budget.

Allocation decreased in relative and absolute terms in the fiscal year 2015. A total of N172.2 million representing 0.02 percent of Oyo State aggregate expenditure was allocated to the identified nutrition sensitive intervention. Figures for 2016, 2017 and 2018 were 143.1m, 397.5m and 636.6m respectively.
CONCLUSION

Oyo State Government 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 Oyo State Government is paying little attention to malnutrition, which is alarming by all measurable indicator.

Given that Oyo has a large population of malnourished women and children under-five in Nigeria, with an infant mortality rate of 59 per 1,000 live birth and an under-five mortality rate of 73 deaths per 1,000 live births (MICS 2016), it is essential that the Oyo state government increases investment in nutrition specific and sensitive interventions.

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Oyo State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>70 per 1000 live births</td>
<td>59 per 1000 live births</td>
</tr>
<tr>
<td>Under-Five Mortality Rate</td>
<td>120 per 1000 live births</td>
<td>78 per 1000 live births</td>
</tr>
</tbody>
</table>

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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