Niger: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Niger, since 46 percent of children under five are stunted (have low height-for-age) and 10.7 percent are acutely malnourished or wasted (low weight-for-height) (INS 2019).

Background

With a population of over 22 million and a poverty rate of 44.1 percent, Niger is one of the poorest nations in the world. Although poverty is declining in Niger, it remains widespread, especially in rural areas (UNICEF 2019; World Bank 2017). Because of the country's extremely high fertility rate (7.8)—the highest in the world—70 percent of Niger's population is under 30 years of age (Feed the Future 2018). Unchecked population growth, driven by high fertility, is thwarting Niger's development efforts, and gives the country the unfortunate distinction of having the lowest Human Development Index in the world (Feed the Future 2018; UNDP 2019).

Since 2010, Niger has had a functioning multi-party democratic system. However, regional instability has led to an influx of refugees into Niger from Mali and Nigeria, exacerbating food insecurity (USAID 2017). Niger has some of the lowest education and literacy rates in the world, as 60 percent of men have no education and 58 percent are illiterate, and 72 percent of women have no education and 85 percent are illiterate. This lack of literacy and education sharply curtails livelihoods, business opportunities, and life skills (INS and ICF International 2013). Extreme poverty, limited livelihood opportunities, profound and deeply entrenched structural gender inequities, and recurrent environmental shocks all contribute to food insecurity in Niger (USAID 2017). The 2019 Global Hunger Index reports that Niger faces a serious level of hunger, ranking it 101st out of 117 countries (von Grebmer et al. 2020).

Largely rain-fed and oriented toward the production of staple crops for consumption and domestic commercialization, the agriculture sector in Niger employs about 80 percent of adults, contributing about 47 percent of the gross domestic product (GDP) (Feed the Future 2018). GDP growth is being outstripped by rampant population growth, so GDP growth per capita only grew around 1 percent per year from 2001 to 2010, and has fluctuated significantly since then (World Bank 2013b).

Currently, Niger ranks 157th out of 166 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2020). In 2015, Niger was ranked 175 out of 179 countries on the Mothers Index, according to Save the Children's *State of the World's Mothers Report*. This is because women in Niger have a 1 in 20 lifetime risk of maternal death. Although maternal mortality has been reduced, it is still very high at 535 maternal deaths per 100,000 live births (INS and ICF International 2013). In addition, although Niger still has some of the highest under-five infant and neonatal mortality rates in the world, all three rates have dropped since 2006. Between 2006 and 2012, under-five, infant, and neonatal mortality declined from 198 to 127 deaths, 81 to 65 deaths, and 33 to 24 deaths, respectively, per 1,000 live births (IRIN 2014; INS and Macro International, Inc. 2007; INS and ICF International 2013). This is likely due, in part, to increased access to and utilization of obstetric services and health services for children under five years, although issues with the health system also remain (e.g., supply chain management issues that slow the restocking of essential drugs) (Mathys, Oot, and Sethuraman 2017). According to the *2012 Demographic and Health Survey* (DHS),

the leading causes of child mortality are malaria (27 percent), cough and cold (19 percent), pneumonia (11 percent), and diarrhea (10 percent), with malnutrition most likely a large underlying contributor (INS and ICF International 2013).

Nutrition and Food Security Situation

In the past decade, Niger has continued to see mortality rates (e.g., maternal, infant, child) fall; however, the country is still plagued by extremely high levels of both stunting and wasting that not only impact the health of the nation, but its development and economic goals, as well. Stunting has remained above 40 percent for the last quarter century, with minimal improvement during that time. According to the *2019 National Nutrition Survey*, referred to as the SMART survey—45.7 percent of children under five years are stunted—which is "very high" according to the 2017 WHO/UNICEF public health prevalence thresholds (INS 2019; WHO and UNICEF 2017). While there were slight reductions in stunting prevalence in several regions between the 2012 DHS and the 2019 SMART survey, stunting remained consistently high across most of the country, where one child under five years out of two is stunted. In addition, there is a huge disparity in stunting according to maternal education and wealth levels—27 percent of children whose mothers have secondary education or more are stunted—while the rate rises to 48 percent of children whose mothers had no formal education. Although the prevalence of wasting has declined since 2012 (when it was 18 percent), it remains high at 11 percent and there is a significant increase in wasting during the lean season (INS 2019, Feed the Future 2019).

Poor infant and young child feeding (IYCF) practices are pervasive in Niger, including a very low prevalence of exclusive breastfeeding for the first six months of life (23 percent), low prevalence of early initiation of breastfeeding (53 percent), and inadequate complementary feeding (only 9 percent of children 6–23 months received a minimally acceptable diet). These are significant drivers of both stunting and wasting in Niger. The prevalence of underweight children decreased slightly from 2006 to 2012, from 39 to 36 percent, respectively (INS and ICF International 2013).

Poor maternal nutrition, which is highly prevalent in Niger, especially among adolescent girls, significantly contributes to an intergenerational cycle of malnutrition and poverty and, in some way, negatively impacts IYCF, especially breastfeeding. Sixteen percent of women 15–49 years of age are underweight (BMI < 18.5), and among adolescent girls 15–19 years of age, 31 percent are underweight. Although undernutrition remains a significant issue in Niger, overweight/obesity are also becoming concerns, with 18 percent of women overweight or obese (INS and ICF International 2013). Nationwide, more women are overweight or obese than underweight (18 versus 16 percent), with overweight/obesity prevalence rising to 44 percent in Niamey and to 37 percent among women in the highest wealth quintile (INS and ICF International 2013).

In 2012, 75 percent of adolescent girls had begun childbearing by age 19, which is an increase from 2006 when 65 percent of girls had begun childbearing by age 19 (INS and ICF International 2013; INS and Macro International, Inc. 2007). The high prevalence of adolescent underweight combined with the persistent and high adolescent pregnancy rate is a disturbing trend. Adolescent pregnancy is associated with a 50 percent increased risk of stillbirths and neonatal deaths, and an increased risk of low birth weight, premature birth, asphyxia, fistula, and maternal mortality (Bhutta et al. 2013; WHO 2007). Reducing the adolescent fertility rate and delaying first pregnancies beyond adolescence will reduce the risk of low birth weight and stunting in children and will allow adolescent girls to grow to their full potential, protecting their own nutritional status over the long term.

Micronutrient deficiencies of iron, vitamin A, and iodine also continue to affect the health and well-being of Nigeriens. Although there are no recent data on iodine deficiency in the country, the *2013 National Strategy for the Prevention of Chronic Malnutrition* "WADATA YARA" mentions that iodine deficiency is prevalent among school-age children (6–12 years), and coupled with the low levels of salt iodization (only 59 percent of households in Niger had iodized salt), it can be assumed that iodine deficiency is an issue in Niger (INS and ICF International 2013). According to the 2012 DHS, only

60 percent of children 6–59 months received vitamin A supplementation (VAS).[1] Coupled with the low consumption of vitamin A–rich foods among children 6–23 months (37 percent), this indicates that vitamin A deficiency, particularly among children under five years, is likely an issue (INS and ICF International 2013). In addition, anemia continues to be a widespread problem. Its prevalence is 61 percent among children under five years and 45 percent of pregnant women (INS 2019).

Overall, key drivers of malnutrition in Niger are inadequate access to quality health services (including treatment and prevention services and family planning), inadequate access to high quality and diverse foods (which is exacerbated by shocks, climate change, deep-rooted poverty, and population growth, among other factors), poor IYCF practices, high prevalence of childhood illness (which are likely worsened by poor hygiene practices, low access to sanitation facilities, and a lack of continuously reliable improved water sources), low levels of education, pervasive gender inequity, high levels of early marriage and pregnancy, and social norms that impede optimal nutrition practices (Mathys, Oot, and Sethuraman 2017; SPRING 2017).

Niger Nutrition Data (DHS 2006 and 2012 Survey)[2]		
Population 2018 (UNICEF 2019)	22.4 million	
Population under 5 years of age (0–59 months) 2018 (UNICEF 2019)	4.5 million	
	DHS 2006	DHS 2012
Prevalence of stunting among children under 5 years (0–59 months)	50%	42%[3]
Prevalence of underweight among children under 5 years (0–59 months)	44%	36%
Prevalence of wasting among children under 5 years (0–59 months)	10%	10%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	21%	12%
Prevalence of anemia among children 6–59 months	84%	73%
Prevalence of anemia among women of reproductive age (15–49 years)	46%	46%
Prevalence of thinness among women of reproductive age (15–49 years) (BMI less than 18.5 kg/m^2)	19%	16%
Prevalence of thinness among adolescent girls (15–19 years)	34%	31%
Prevalence of children 0–5 months exclusively breastfed	14%	23%
Prevalence of children 4–5 months exclusively breastfed	8%	13%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	48%	53%
Prevalence of children who receive a pre-lacteal feed	50%	49%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	6%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	<1%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	13%	18%
Coverage of iron for pregnant women (for at least 90 days)	14%	29%
Coverage of vitamin A supplements for children (6–59 months)	70%	60%
Percentage of children 6–59 months living in households with iodized salt	46%	59%

NA: Not Available

[1] The 2014 UNICEF annual report indicates that VAS of children 6–59 months is 95 percent, an improvement from the figure cited in the 2012 DHS of 60 percent (UNICEF 2014; INS and ICF International 2013).

[2] The most recently published DHS was conducted in 2012. Fieldwork for the latest DHS was carried out from July to October 2017, but the results were not validated.

[3] Data for stunting and wasting were available from a *2016 National Nutrition Survey*. Stunting in the 2012 DHS was 44 percent, while wasting was 18 percent.

Global and Regional Commitment to Nutrition and Agriculture

Niger has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	Committing to Child Survival: A Promise Renewed	Niger pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2015).
2011	Scaling Up Nutrition (SUN) Movement	In 2011, Niger joined SUN, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The European Union is the convening donor for SUN in Niger. SUN's priority commitments in Niger for 2017–2018 are to strengthen the food safety control system, strengthen the national nutrition surveillance system, enhance the evaluation of nutrition interventions, and mobilize resources for the National Multisectoral Nutrition Security strategic plan (SUN 2017).
2009	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development.

Nutrition Policies, Strategies, and Initiatives

Niger's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's Vision 2035:

- National Multisectoral Nutrition Security Policy "PNSN" (2017–2025)
- Les Nigériens Nourrissent les Nigérien (3N) (2011–2015; 2016–2021)
- National Protocol on Integrated Management of Acute Malnutrition (2012)
- National Food and Nutrition Policy (2011)
- National Strategy for the Prevention of Chronic Malnutrition "WADATA YARA" (2013)
- National Child Survival Strategy Document (2012)
- National Strategy for Infant and Young Child Feeding (2008)

In January 2016, the Government of Niger launched its first multi-sectoral nutrition security strategy, titled *Politique National Multisectorielle de Sécurité Nutritionnelle* (PNSN), which seeks to address both the immediate and underlying causes of malnutrition. Also in 2016, the acting Minister of Public Health delivered a strong statement in support of breastfeeding and highlighted the importance of improving breastfeeding in the country to strengthen the nation's overall development, in conjunction with the PNSN. The PNSN was updated in 2018 and comprises eight nutrition commitments: governance and multi-sectoral coordination of nutrition; nutritional interventions in the health sector; nutrition-sensitive agriculture and food systems; nutrition-sensitive water, sanitation, and hygiene (WASH); nutrition and social protection; nutrition and education; nutrition and non-communicable diseases; and communication and advocacy for nutrition.

The ongoing 3N Initiative also helps guide the overarching framework for food security and nutrition. The 3N Initiative seeks to strengthen national capacities for food production, supply, and resilience in the face of food crises and disasters.

In the past, Niger's focus on malnutrition has mostly been on the treatment of acute malnutrition. Given the negative impact of chronic malnutrition on the health and development of the nation, however, Niger recognized the need for prevention, developing a strategy to address the high prevalence of chronic malnutrition in 2013. The government's priority nutrition interventions are identified in its 2013 National Nutrition Strategy to Prevent Chronic Malnutrition "WADATA YARA." The document outlines the need for both nutrition-specific and nutrition-sensitive actions. Nutrition-specific activities focus on the need to improve IYCF, address micronutrient deficiencies, and improve preventive services (e.g., growth monitoring and promotion), while nutrition-sensitive interventions focus on addressing poor WASH practices, low utilization of pre- and post-natal care, and family planning.

USAID Programs: Accelerating Progress in Nutrition

As of April 2020, the following USAID programs, with a focus on nutrition, were active in Niger. The U.S. Government selected Niger as one of 12 Feed the Future target countries for focused investment under the new U.S. Government Global Food Security Strategy (GFSS). The Resilience in the Sahel Enhanced (RISE II) program (2019–2024) is USAID's primary contribution to the GFSS in this region.

The goal of RISE II is to enable chronically vulnerable populations in Niger (and in Burkina Faso) to effectively manage shocks and stresses and pursue sustainable pathways out of poverty. The RISE II results framework includes five key objectives: to enhance social and ecological risk management systems; to increase and sustain economic well-being; to improve health, family planning, and nutrition outcomes; to enhance governance of institutions and organizations; and to enhance the social, economic, and political agency of women and youth. The RISE II initiative is a set of USAID development and humanitarian assistance projects and activities, including those in the following table.

Selected Projects and Programs Incorporating Nutrition in Niger		
Name	**Dates**	**Description**
Breakthrough ACTION	2018–2022	Breakthrough ACTION is a global social and behavior change (SBC) project. Its objective is to improve maternal, newborn, child, and adolescent health; nutrition; family planning; and WASH outcomes among populations in select regions of Niger. Its inclusive and co-creative approach drives the provision of technical assistance to government entities and program implementers.
Breakthrough RESEARCH	2018–2022	Breakthrough RESEARCH is a global project that generates evidence to address SBC research and evaluation needs across a range of health elements and development sectors, including maternal, newborn, and child health; nutrition; family planning; and WASH. The project is implementing a rigorous mixed-methods evaluation of integrated SBC in the context of the RISE II regions within Niger. The objectives are to assess the effectiveness, cost effectiveness, and cost benefit of integrated, cross-sectoral, and multi-health component SBC programming.

Girma, Development Food Security Activity (DFSA)	2018–2023	With funding from USAID Bureau for Humanitarian Assistance (BHA), Girma is a 5-year multi-sectoral food and nutrition security program implemented by Catholic Relief Services in 11 communes in Zinder region. The objective is to improve and sustain resilience and food and nutrition security among extremely poor and chronically vulnerable communities.
Hamzari, Development Food Security Activity (DFSA)	2018–2023	With funding from USAID BHA, Hamzari is a 5-year multi-sectoral food and nutrition security program implemented by CARE in 4 communes in Maradi. The objective is to build sustainable, equitable, and resilient food and nutrition security for vulnerable groups.
Wadata, Development Food Security Activity (DFSA)	2018–2023	With funding from USAID BHA, Wadata is a 5-year multi-sectoral* food and nutrition security program implemented by Save the Children in 4 communes in Zinder region. The objective is to improve access to adequate and diverse foods at all times; and improve nutrition, health, and hygiene for pregnant and lactating women, adolescents, children under 5, and their families. *All three DFSAs in Niger implement integrated nutrition, agriculture/livelihoods, and WASH activities.
USAID Yalwa	2020–2025	Niger's Markets and Nutrition Activity, named Yalwa ("fulfillment" or "blossoming" in Hausa), supports USAID's RISE II objectives by transforming market ecosystems in the Maradi, Tillabéri, and Zinder regions. Yalwa expands and improves market linkages; builds individual and institutional capacities; encourages vulnerable populations to buy and consume safe and nutritious foods; and engages processors and traders to profitably meet this demand.

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