

ADVANCING MATERNAL, INFANT, AND YOUNG NUTRITION (MIYCN) IN NIGERIA: INNOVATIONS AND STRATEGIC PARTNERSHIPS FOR SUSTAINABLE IMPACT

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Why MIYCN?

The Holy book states: “if the foundation be destroyed, what shall the righteous do?”

The first 1,000 days (from conception to a child’s second birthday) present a unique window of opportunity. If we act decisively, we can break the intergenerational cycle of malnutrition and promote better health, cognitive development, and productivity for decades to come.

It is not just a health issue, it is a development issue, an economic issue and a social justice issue.

Adequate nutrition is a human right and not a privilege

We need to lay a good foundation for a healthier, productive and prosperous nation.

The current situation

Nigeria continues to hold great promise, but we are still challenged by persistent nutrition issues.

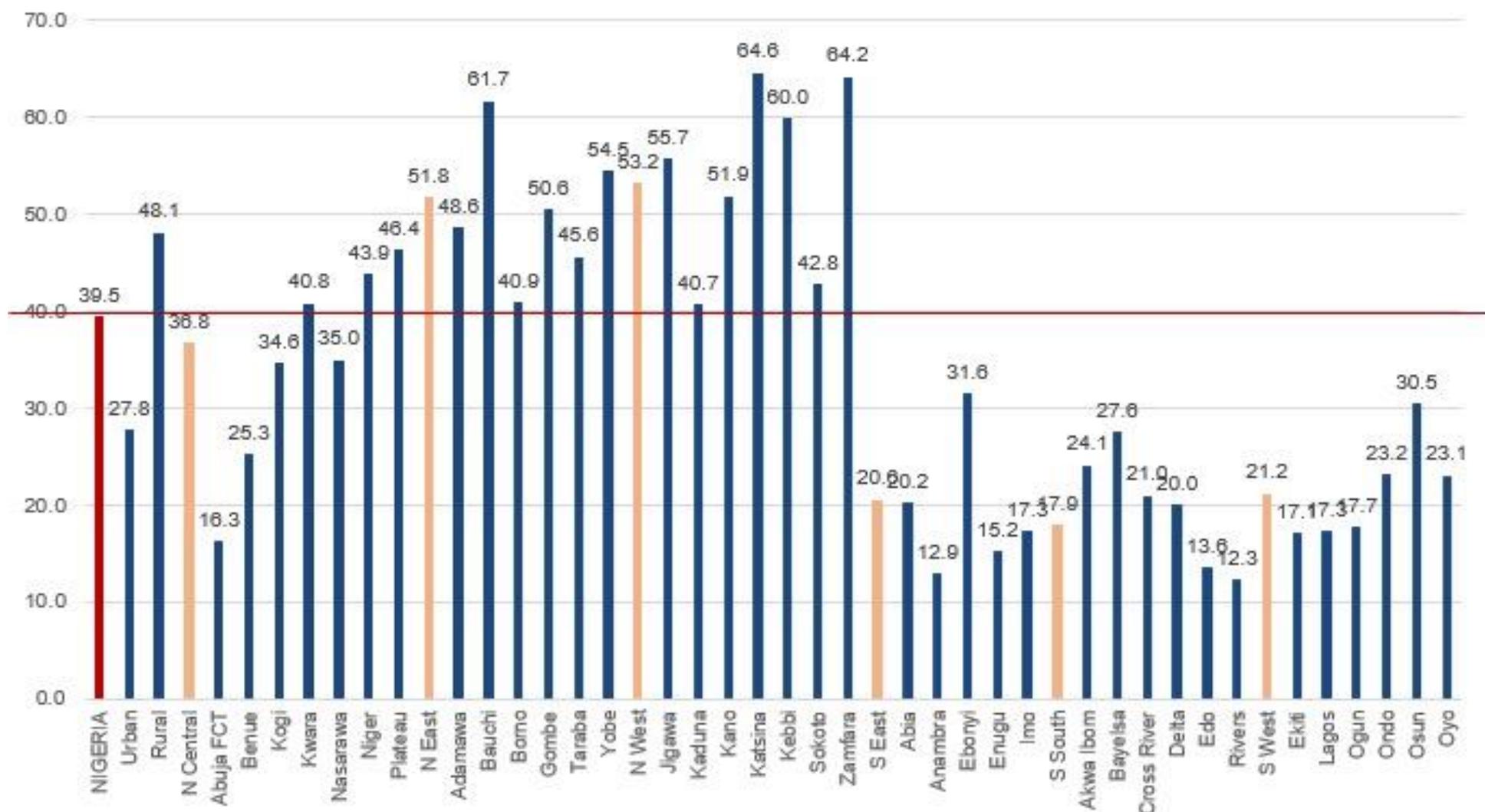
Hunger, food insecurity and malnutrition in all its forms are still major public health issues.

Nigeria's nutrition landscape is still characterized by a high burden of malnutrition (double/triple burden):

under nutrition (stunting, wasting, and underweight),

micronutrient deficiencies (hidden hunger), as well as the

emerging concerns of over nutrition (overweight/obesity) and their co-morbidities: the diet-related non-communicable diseases such as type 2 diabetes, hypertension, metabolic syndromes, some cancers, among others.



Federal Ministry of Health and Social Welfare of Nigeria (FMoHSW), National Population Commission (NPC) [Nigeria], and ICF. 2024. *Nigeria Demographic and Health Survey 2023–24: Key Indicators Report*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

Micronutrient Deficiencies: Public Health Challenge

- The recent 2024 National Food Consumption and Micronutrient survey (Federal Government of Nigeria (FGoN) and International Institute for Tropical Agriculture (IITA), 2024) has provided some up-to-date evidence on the micronutrient status of children 6-59 months, adolescent girls (10-14 years), women of reproductive age (WRA) and pregnant women.
- The survey revealed that micronutrient deficiencies are still high especially for **folate, serum vitamin A and zinc**, with folate deficiency common in all areas, while zinc and vitamin A are twice as high among poor households compared to richer households.
- **Any anaemia** was found in over 30% of children (6-59 months) and pregnant women.

What has been done ?

The ~~2016-2025 National Policy on Food and Nutrition (NPFN)~~ has set bold goals to reduce malnutrition. It outlines goals and strategies for implementation across different sectors.

The **National Multisectoral Plan of Action for Food and Nutrition (NMPFAN) (2021–2025)** provides a detailed roadmap to combat malnutrition across all sectors, defining the roles of various ministries, departments, and agencies.

The plan aims to reduce the proportion of people who suffer malnutrition by 50%, increase **exclusive breastfeeding rate to 65%** and **reduce stunting in children under five to 18% by 2025** by scaling up impact nutrition-sensitive and nutrition -specific interventions.

Coordination

Multi-sectoral coordination

Efforts have been made to strengthen multisectoral coordination platforms at both national and sub-national levels to ensure alignment and accountability among different government agencies, civil society, and development partners.

This has been achieved by the establishment of the Committees of Food and Nutrition (CFN) at the:

National (NCFN),

State (SCFN) and

Local government (LGCFN) levels.

FORTIFICATION PROGRAMMES

Food Fortification: The government has implemented programs for the mandatory fortification of staple foods like salt, flour, vegetable oils and sugar with micronutrients like vitamin A. The mandatory iodisation of salt is an apparent success, nearly wiping out severe iodine deficiency across the country and marking one of our proudest public health achievements.

Biofortification Programs: This is a programme that has been coordinated by HarvestPlus since 2010 aimed at reducing the widespread micronutrient deficiencies by bringing nutrient-enriched staple crops like vitamin A cassava and maize; iron pearl millet, and zinc maize, including the Orange-fleshed sweet potato (OFSP) into the diets of rural families who might otherwise have little access to fortified or supplemented foods.

This programme is said to have benefited 13 million consumers by 2021

Other programmes and Initiatives

In July 2024, the government announced its participation in the "***Grand Challenges Nigeria (GCNg) Project***" in partnership with the Nutrition Society of Nigeria to further combat malnutrition.

Programmes like the ***Accelerating Nutrition Results in Nigeria (ANRiN)*** project have demonstrated that contracting both government and non-government providers, linking them through real-time digital monitoring, and rewarding performance can significantly expand coverage, reaching over ten million women, children, and adolescents in just a few years.

The school feeding programmes are nourishing more than nine million pupils daily, improving attendance and learning outcomes while providing markets for our smallholder farmers.

Establishment of Nutrition Departments and Budgeting: The government has directed the establishment of Nutrition Departments in all relevant , departments and agencies (MDAs) and the creation of specific budget lines for nutrition activities.

In some states, measures such as ***six months of maternity leave*** for public sector workers have shown how policy can directly promote exclusive breastfeeding

More initiatives

Nutrition 774 (N-774) Initiative: This is the first government-led, grassroots-focused and community-driven nutrition program designed to strengthen local governance and accountability.

It is a flagship programme under the National Council on Nutrition (NCN) chaired by the Vice President of the Federation. With endorsement from the National Economic Council, it solidifies Nutrition as a national priority within administrative development agenda. Bringing nutrition programmes to the grassroots is an opportunity that should be taken seriously.

Integrated Management of Acute Malnutrition (IMAM): The government has endorsed guidelines for managing acute malnutrition, especially in vulnerable populations like children and pregnant women.

Food and Nutrition Security (FNS) Task Forces: These task forces were established to ensure cross-sectoral collaboration and to push for the prioritization of nutrition interventions in the national budget.

The question is: how successful have these programmes been?

Before answering the question, let us look at a few of Nigeria's food, health and nutrition indices.

We have already seen the NDHS 2023-2024 stunting data

The 2024 NFCMS showed that coverage of food and nutrition intervention programmes (such as **supplementation, fortification, biofortification, optimal IYCF, deworming**, etc.) which are known to improve diet quality, and micronutrient intake was very poor, with wide disparities observed by residence, zones, wealth quintiles and education.

Coverage of some interventions

	NATIONAL	OTHER DISPARITIES
Children who Received Vitamin A capsule in the last 6months	25%	35% in Urban, 19.5% in Rural; 42% in N. Central, 8% in North West
Use of iron/micronutrient powder	7%	10.4% in South West, 2% S. East
Deworming	27.5%	60.2%, 7.5% in North West; 41% in Urban, 20% in rural
Use of iron or iron/folic acid	14%	18% urban, 11.5% rural

Consumption of fortified foods

Consumption of fortified foods: fortified staples (wheat, maize flour) that could improve the nutrient deficient diets were less utilized than fortified foods that serve as ingredients (vegetable oil, sugar and bouillon).

Consumption of Biofortified foods: Only 3%, 5% and 14% of respondents consumed yellow cassava (vitamin A cassava), orange-fleshed sweet potato, and orange maize in the previous 30 days.

The mean estimated daily intake of yellow cassava by non-pregnant women and children was 1.36 g and 0.39 g, respectively.

The contributions of the biofortified staples are less than 1% of energy and vitamin A intakes.

A recent study by Atanasova et al. (2025), showed that the current state of **biofortification** has limited reach due to availability, affordability and consumer preferences.

Food insecurity and Nutrient intake inadequacies

Food insecurity

About 79% of households were found to be food insecure; with 22% being severely food insecure. Some 42% of the households did not have enough food or money to buy food in the past 7 days before the survey.

Nutrient intake inadequacies

Over 90% across all categories of WRA and 63% of children 24-59 months had inadequate intake of folate;

Over 90% of the women and children had inadequate calcium intakes, between 38%- 43% of women and 18% of the children had inadequate intake of iron,

26%- 46% of WRA and 3-5% of children had inadequate zinc intakes,

26-58% of women and 12.4% of children had inadequate intake of vitamin A.

DIET QUALITY

Minimum Dietary Diversity (MDD): only 28% of non-pregnant women and 29% of pregnant achieved the minimum dietary diversity for women (MDD-W), with an average score of 3.6 food groups out of 10.

For children (6-23 months), 58% achieved MDD, 41.4% achieved minimum acceptable diet (MAD), with a lowest percentage (28%) of children 18-23 months achieving MAD. Only 35% of children consumed eggs/flesh foods.

The 2024 NFCMS showed that at the national level, only 14.9% of household sample had access to relevant nutrition education.

Diet Quality: Over 70% of non-pregnant women and pregnant women had a Global Diet Quality Score (GDQS) between 15 and 23, indicating moderate risk of poor diet quality outcomes.

Over half (55%) of the children consumed unhealthy foods (70% in the urban and 47% in the rural areas).

Again, 28% consumed sweet beverages (33% in urban and 20% in the rural area).

Nutrient density of complementary foods

Apart from vitamin A for all children, vitamin B9 for children 9-11 months and vitamin C for children 12-23 months, the mean nutrient densities of other minerals and vitamins:

calcium, iron, zinc,

B1, B2, B9, and vitamin C

were either slightly lower or hugely distant from their respective recommended desired nutrient densities

MORE INDICES

- Although Under-five and Infant mortality rates (*U-5MR* & *IMR*) have decreased since 2003 (Federal Ministry of Health and Social Welfare (FMoHSW), National Population Commission (NPC), Nigeria, and ICF, 2024), *Maternal Mortality Rates (MMR)* has been on the increase since 2018 (512 deaths per 100,000 live births), 2019 estimated at 800 deaths per 100,000 live births to 993 deaths per 100,000 live births in 2023 (WHO, 2023) due to underutilization of primary health centres.
- Nigeria claims to have made some progress in the rate of exclusive breastfeeding, however, the 2023-2024 NDHS reported a rate of about 29% which is far below the WHO global target of 50%.
- Meanwhile, the 2024 NFCMS showed that only 25% of children 20-23 months were still being breastfed.
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The data presented above shows that:

many national and international targets have not been met, indicating that a lot still has to be done.

we recognise that our policy successes and interventions are **not evenly spread**; too often, effective **strategies falter during implementation**.

Without sufficient funding, strong local adaptation, and rigorous monitoring, policy remains a promise unfulfilled.

Our conference theme reminds us that the solutions require three things: **Innovation** in delivering, measuring, and sustaining nutrition interventions.

Strategic partnerships, as no single ministry, organisation, or sector can achieve this alone, and;

Sustainable impact/Sustainability involves embedding nutrition in our systems so that gains are not lost when a project concludes

What we should do

Community involvement and ownership of intervention programmes

Engagement of rural extension officers (Agriculture, Nutrition & Health)

Gender mainstreaming and equity

Improve rural women access to health care services

Expanding mother-to-mother support (MtMSG) groups

Food and nutrition literacy

Prioritize early detection and treatment

Partnership: a whole-of-society approach

Government at all levels

Private Sector

Civil Society Organizations

Academia/Research Institutions

Development partners & NGOs

Food Industry

To achieve sustainable impact

- We must bridge the gap between policy and practice by ensuring that nutrition plans are sustainably financed, implemented locally, and adapted to each community's realities.
- We should invest in resilient, climate-smart food systems capable of providing diverse, nutritious foods all year round despite climate change and economic shocks.
- We need to harness technology, from mobile messaging platforms that guide mothers through each stage of infant feeding, to digital supply chain systems that prevent stock-outs of essential nutrition commodities.
- Our shared duty is to make sure that nutrition is integrated not as an extra, but as a central force of national development. We have the proof of what works, from community participation to data-driven implementation, from cross-sectoral collaboration to targeted funding.

What remains is the collective resolve to expand these solutions, to maintain them beyond political cycles and funding opportunities, and to hold ourselves responsible for outcomes

Call to Action

As we deliberate over the coming days, I encourage us to move beyond merely diagnosing problems towards building coalitions for action.

Let our conference discussions lead to commitments, and let those commitments result in measurable change.

Imagine a Nigeria where every child is well-nourished from birth, where every mother receives the support she needs, and where every community has the resources and agency to sustain healthy diets.

This is not an impossible dream. It is a vision within our reach if we innovate boldly, partner strategically, and remain steadfast in our pursuit of sustainable impact.

Appreciation

Thank you all for your dedication, expertise, and unwavering commitment to the nutrition and health of Nigeria's people.

May our work here in Port Harcourt inspire not only our minds but also our actions in the months and years to come.

