

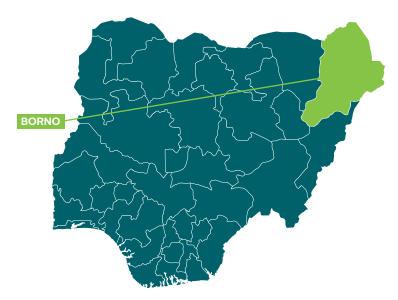
# **BORNO STATE** NUTRITION PROFILE

Accelerating the scale of Maternal, Infant, and Young Child Nutrition (MIYCN) in Borno State

Improving maternal, infant, and young child nutrition (MIYCN) requires concerted efforts by multiple partners seeking to realize a common vision – a world where all women and children benefit from good nutrition. Working towards this goal, Alive & Thrive is supporting the Government of Nigeria at the national and state levels to advance progress towards the 2025 World Health Assembly nutrition targets.

From 2021-2026, Alive & Thrive, in collaboration with the State Ministry of Health and Human Services, State Primary Health Care Development Agency, and the Borno State Ministry of Finance, Budget & Economic Planning (BMoFBEP), is supporting the scale up of MIYCN services, the adoption and implementation of national policies and guidelines, and increased investment in the state nutrition plan.

The purpose of this document is to provide stakeholders a snapshot of the situation in Borno State in 2022. The indicators show that much work needs to be done to achieve the 2025 World Health Assembly nutrition targets (see page 2).



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# INFANT AND YOUNG CHILD FEEDING PRACTICES, BORNO STATE



**20.8%** Early initiation of **breastfeeding** within the first hour



**29.5%** Exclusive breastfeeding of infants **under 6 months** 



**35.8%** Minimum dietary diversity (6-23 months)



**18.4%** Minimum acceptable diet (6-23 months)

Source: SMART Survey 2018; NNHS 2018.

# CHILD NUTRITION INDICATORS, BORNO STATE <sup>1</sup>



**36.4%** Of children under-five are **underweight** 

**45.0%** Of children under-five are **stunted** 

**17.0%** Of children under-five are **wasted** 



**21.8%** Of children are born with **low birthweight** 

Source: SMART Survey 2018; NNHS 2018. <sup>1</sup>Global Nutrition Report, 2021.

# Strategic program intervention towards ending malnutrition in Borno state

Borno State plays a critical role in helping Nigeria achieve progress toward global nutrition targets through successful adoption and implementation of MIYCN policies and programs. From 2021-2026, A&T is supporting the scaling up of MIYCN coverage in Borno State by working with the State Ministry of Health and Human Services, State Primary Health Care Development Agency, and the Borno State Ministry of Finance, Budget and Economic Planning (BMoFBEP) to specifically strengthen local capacities, recognizing the importance of maternal nutrition for better health and wellbeing outcomes for both women and their children. This commitment will be achieved through the following:

#### **SCALING UP MIYCN INTERVENTIONS**

- Implement a comprehensive package of MIYCN interventions to reduce anaemia, prevent low birth weight, promote, early and exclusive breastfeeding, and reduce wasting, and stunting
- Engage mass media to improve awareness of MYCN practices among mothers and their family members
- Work with community-based organizations (CBOs) to engage mothers, influential family members, and religious and traditional leaders for increased demand for MIYCN services
- Support government and CBOs to lead and sustain the delivery of MIYCN interventions

#### SYSTEMS STRENGTHENING

- Support the state government to align nutrition plans and budgets with national guidelines and the National Multi Sectoral Plan of Action for Food and Nutrition
- Strengthen states' capacity for monitoring and enforcement of the International Code of Marketing of Breastmilk Substitutes
- ► Engage political leaders and champions to advocate for dedicated nutrition financing for MIYCN at the national and state levels

#### **CAPACITY BUILDING**

- Provide training, mentoring, and coaching to health providers in support of effective interpersonal communication (IPC) on maternal nutrition and IYCF practices
- ► Strengthen community-based organizations' capacity and technical skills so they can lead implementation of IPC and community engagement initiatives
- ▶ Work with relevant MDAs and Technical Working Groups to enhance technical skills, guidance, and monitoring of MIYCN outcomes at the national and state levels.

## HEALTH FACILITIES BY OWNERSHIP AND LEVEL OF CARE



#### lealth Care 23.1%

Of Women of reproductive age are **thin (BMI<18.5)** 

Of Women of reproductive

age (15-49 years) are **anaemic** 



**1.8%** Of Women of reproductive age are of **short stature** 



**12.6%** Of Women of reproductive age are **acutely malnourished** 



**415,064** # of Women who accessed IFA June 2020 - Feb 2021 (NHIMS Routine Data)

Source: SMART Survey 2018; NNHS 2018.

## WORLD HEALTH ASSEMBLY GLOBAL NUTRITION TARGETS 2025



**40%** Reduction in the number of children under-five who are **stunted** 



**0.5%** Reduced and maintained Childhood **wasting** 



**50%** Reduction of **anaemia** in women of reproductive age



50% Increased rate of exclusive breastfeeding in the first 6 months



**30%** Reduction in **low birth weight** 

https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2

MATERNAL NUTRITION INDICATORS, BORNO STATE

53.9%