MSFF nutritional programs in Niger
Main changes in the nutritional program

- **1997**: MSF withdraws because of lack of possibilities to treat effectively severe acute malnutrition
- **2001**: technical innovation (ready to use therapeutic food) leads to new possibilities to treat severe malnutrition. Pilot project for emergencies interventions (displacement of population)
- **2005**: Nutritional crisis in Niger
- **2006 / 2007**: Recognition of Niger as a field of intervention for MSF: medical catastrophe
- **2008-2009**: deterioration of political context changes the operational strategy (but not the objective)
1997 Nutritional program

- Therapeutic feeding program in Zinder to take in charge severely malnourished children
- MSF withdraws in 1998 because of mediocre results and lack of any promises to improve those results
- Treatment of severe malnutrition is complicated and required at least 1 month of hospitalization
2001 pilote project after an emergency

- Opening of MSF feeding program in Maradi
  - in accordance with traditional MSF criteria of intervention (measles outbreak)
  - 58.3% cured, 34.8% defaulted in the nutritional program

- Decision to remain in Maradi
  - MSF’s desire to develop a more effective strategy with new products, ready to use food
  - Niger, ideal context to develop new strategies

- In Niger:
  - National health plan: priority given to prevention (health education, food education, vaccination)
  - No treatment of malnutrition
2002-2004 out-patient strategy

- Drastic change in medical and nutritional practices
- Results improved
- Efficacy of out-patient strategy demonstrated in 2004 (Epicentre survey)
- Out patient strategy used in Darfur at the beginning of 2004
  - Development of a pilot strategy for other fields
  - Little progress in the understanding of nutritional situation in Niger
  - Except MSF, no treatment of severe malnutrition in Niger
Milk Fortified spread or Ready to Use Therapeutic Food

Advantages:

- Stable, resistant to spoilage
- Met the nutritional needs
- Tastes good
- Can be consumed alone or mixed with other foods
- Can easily divide the dose during the day
- Can be locally produced & stimulate local economy

Disadvantage:

- Price
2005 Nutritional crisis

- Increase in admissions in MSF program starting in February
- Opening of new programs all over the country by all MSF sections
- Validation at large scale of the out patient strategy
  - more than 65 000 children severely malnourished, > 85% cured
- Improvement of understanding of the malnutrition in Niger:
  - 95% of severe malnourished children are under 3 years old
  - They are mainly coming from the southern districts of Maradi and Zinder (agricultural areas)
  - Economic crisis: artificial shortage
  - Political decisions: priority is protection of the market
  - Pauperisation of farmers (land do not belong to them, in debt)
  - Children’s diet: for 5 months a year diet is exclusively millet and water, no milk in agricultural areas
2005 nutritional crisis

- Internal debates:
  - Crisis, emergency, chronic problem, role of MSF?

- External debate:
  - Development approach (cereal bank, sale with moderate price)
  - response to an emergency situation
  - Nutritional crisis / food crisis: mistargeting of aid

- Government of Niger
  - Division inside the government: President Tandja does not recognize the crisis, Prime Minister asked for international aid.
  - NGOs accused to give a poor image of Niger and to collect money by showing images of nigerien children

- New actors on the treatment of malnutrition:
  - NGOs, donors, Unicef, WFP
2006 - 2007

- 2 positions within MSF:
  - End of the project because objective to treat SAM is met
  - The situation in the south of Niger can be qualified as a medical catastrophe and the ready to use food offer large scope of possibilities to continue to improve management of malnutrition

- MSFF program:
  - To treat each year thousands of severely malnourished is not a reasonable option, the development of ready to use food offers other possibilities (early treatment, prevention at home).
  - To develop an effective program to take in charge malnutrition
  - Continue to raise awareness on the efficacy and perspectives of the ready to use food

- Niger:
  - Fragile recognition of the problem of malnutrition
  - Plan 2006 : 600 000 malnourished
  - Meeting between President Tandja and the president of MSF
MSF program in 2007

- Distribution to all the under 3 years old children in one district:
  - Ready to use complementary food
  - With the objective to decrease the number of patients severely malnourished and severely sick
  - Local production
  - Objective to handover the distribution to private sector or national NGO

- All severely malnourished who need a specific medical follow-up are treated as previous years
  - Inside MOH structures but:
    - MOH hospital 25 beds of pediatric and reinforcement by MSF: 300 beds
    - In health centers, maximum 1 nurse
2008 - 2009

- Worsening of the political context:
  - President revoked the Parliament, forced the constitution to extend his own mandate, issued arrest warrants against his main political opponents

- About malnutrition:
  - deny the problem, or the cause of the problem (education of the mothers), forbidden any kind of communication (poor image of the country), increase the control on NGOs

- Suspension of MSF activities in July 2008:
  - Starting after visit of a donor from Emirates
  - Reproaches: big camps with malnourished, creation of malnutrition

- MSF supports a National Medical NGO to take over a part of his program
  - some members of this NGO were working with MSF
New project with same objective (continue to improve the treatment of malnutrition) with a different operational set up (partnership)

12,000 severe malnourished children treated with similar results than in MSF programs

Integration within the health system with some limits

Drastic decrease of funding (weariness, problem of integration)

Crisis in 2010?
Different roles for MSF?

- Response to an emergency
- Medical innovations
- Impact on international recommendations
- Development of medical strategy to address a long term problem (recurrent malnutrition)