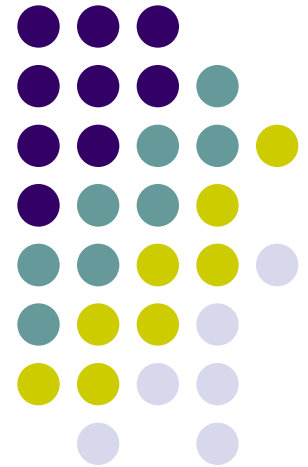


MSFF nutritional programs in Niger



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)

Maradi , Niger



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 :

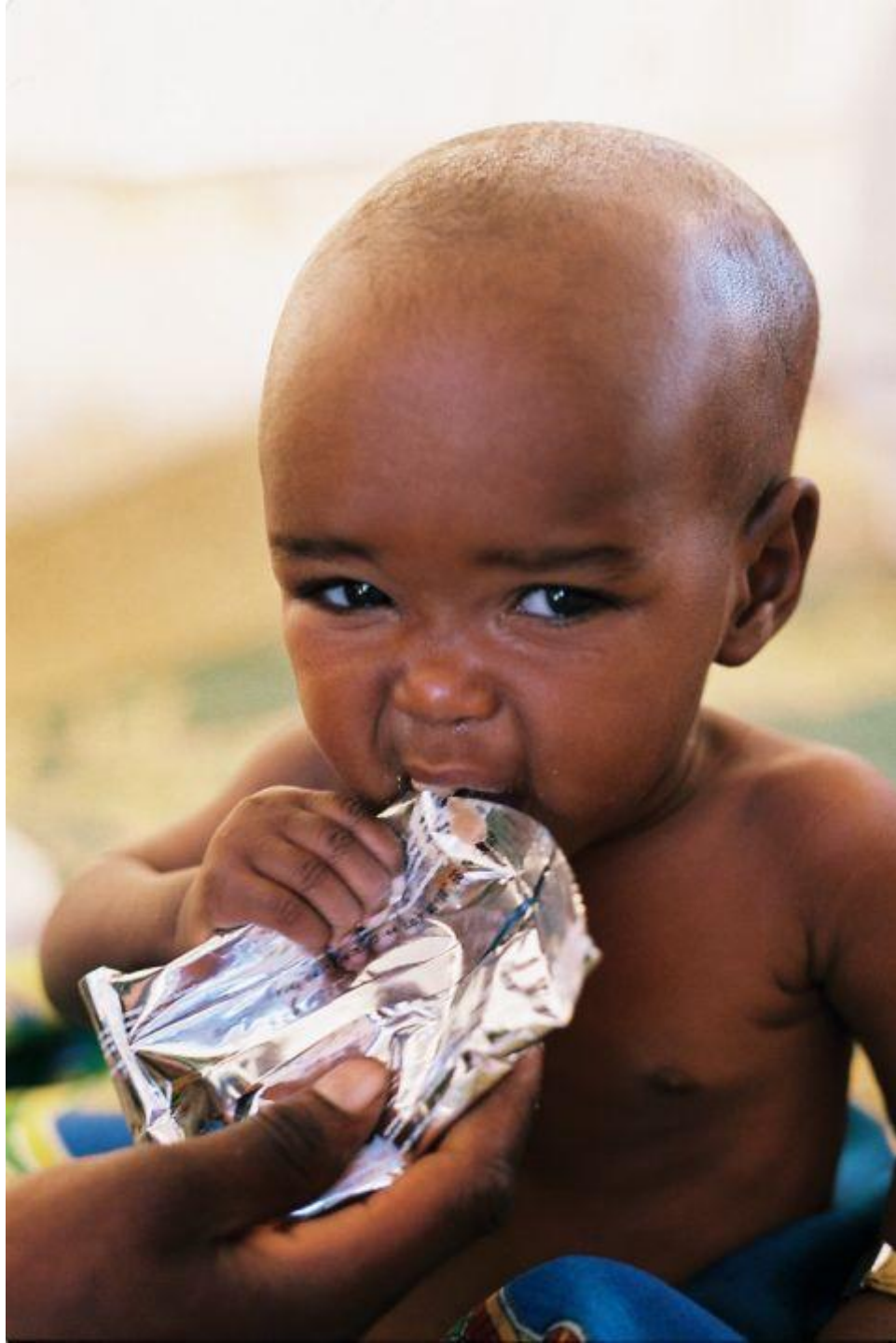
- Stable, resistant to spoilage
- Met the nutritional needs
- Tastes good
- Can be consumed alone or mixed with other foods
- Can easily divide the dose during the day
- Can be locally produced & stimulate local economy

- Disadvantage

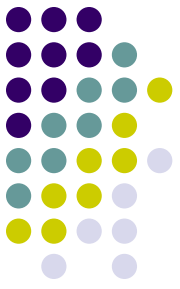
- Price







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



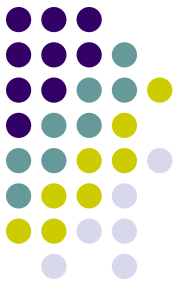
- Internal debates :
 - Crisis, emergency, chronic problem, role of MSF ?
- External debate :
 - Development approach (cereal bank, sale with moderate price) response to an emergency situation
 - Nutritional crisis / food crisis : mistargeting of aid
- Government of Niger
 - Division inside the government : 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

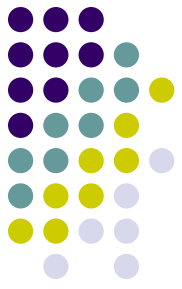


- 2 positions within MSF:
 - End of the project because objective to treat SAM is met
 - The situation in the south of Niger can be qualified as a medical catastrophe and the ready to use food offer large scope of possibilities to continue to improve management of malnutrition
- MSFF program :
 - To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

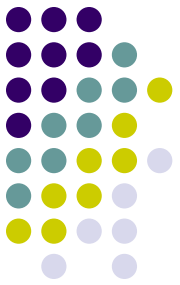




2008 - 2009



- 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



2009 Partnership Forsani - 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)