



NUTRITION NIGER

Taking action against acute malnutrition

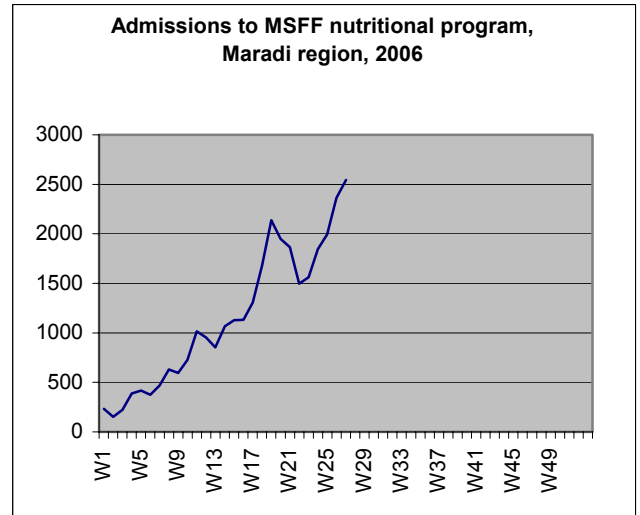
The aim of this letter is to promote discussion on the new strategies involved in treating acute malnutrition. The analysis of results of MSF France's nutritional program in the Maradi region of Niger is set to stimulate debate based on operational data. We felt it important to systematize the information and to share it with health authorities, various aid providers and nutrition specialists.

The arrival of Ready-to-Use Therapeutic Food (RUTF), rich in micronutrients, has been a revolution in the medical field. These treatments have paved the way for a new and more efficient way of operating. Compared to traditional nutritional centres, ambulatory care involving less-intensive medical follow-up and home treatment under parental supervision has led to a ten-fold increase in the number of children being treated. The results have also been improved, with cure rates in excess of 90%.

Médecins Sans Frontières has been able, with this strategy, to give a nutritional treatment to more than 63.000 severely malnourished children in several districts in Niger in 2005.

In 2005, Ready-to-Use Therapeutic products have been used on a large-scale basis in Niger and have proved their efficiency in the treatment of acute severe malnutrition. The potential of these products is still to be explored, particularly in the treatment of acute moderate malnutrition.

It's clear that the potential of this new approach goes far beyond the borders of Niger. On an international scale, acute malnutrition affects 60 million children under five, and is a contributing factor in 5 million deaths a year. While not claiming to be a magic formula, these new strategies deserve better recognition and greater usage as they could lead to millions of lives being saved each year.

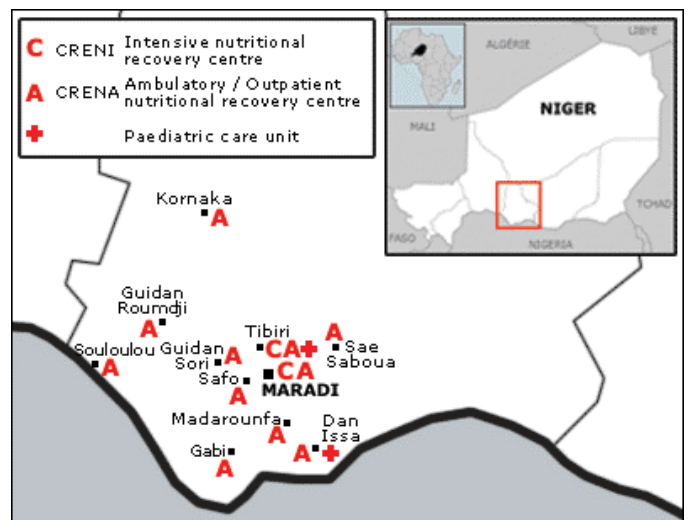


Week 27 figures

- 2545 admissions in week 27
- 9289 children were present in the program.

Our results (week 1-27)

- 31091 admissions
 - o 89,2% admitted directly in ambulatory centre
 - o 91,3% are acutely moderately malnourished
- 23334 discharged
 - o 94,7% cured
 - o 0,8% died
 - o 3,7% defaulted
 - o 0,7% transferred



For more information, please go to the malnutrition dossier on our web site le site www.msf.fr or contact Anne Yzèbe on 00 33 1 40 21 28 43 (anne.yzebe@paris.msf.org).

A uniform treatment for all acutely malnourished children

The MSF nutritional program is located in the districts of Guidan Roumji and Madarounfa – epicentre of the nutritional crisis in 2005. In addition to the two hospitalisation centres (CRENI), our teams work in eleven ambulatory/outpatient nutritional centres which are integrated in public health centres.

The first five months of operation show that acute malnutrition is still raging this year in Niger. Children under three in the poorest families are still without access to food adapted – both in quality and quantity – to their nutritional needs.

In 2006, we decided to treat moderate malnutrition using the same mode of operation that had proved so efficient the previous year in treating the severely malnourished children.

As recently as a few years ago, severely malnourished people were being hospitalised and given a therapeutic milk, whereas the moderately malnourished were receiving food rations. This mode of operation was cumbersome for families and medical staff, and certain results proved unsatisfactory.

At present, the difference in treatment is no longer based on the nutritional status of the child but on the need for hospitalisation. The large majority of malnourished children can follow treatment at home under weekly medical supervision. On the other hand, children who have no appetite or who suffer from severe medical complications (severe malaria, severe anaemia, pneumonia, meningitis, etc.) require hospitalisation and intensive nutritional and medical treatment.

This year, non-complicated cases of acute malnutrition – be it a child whose weight is below at least 20% (moderate level) or 30% (severe level) in relation to the median level – are treated in ambulatory/outpatient clinics. Children suffering from complicated acute malnutrition, on the other hand, are admitted to the CRENI.

This mode of operation is made possible owing to a new therapeutic product in the form a peanut butter. Manufactured in individual doses (sachet or jar), its complex composition is rich in micronutrients that allow the child to make a rapid recovery.

Despite the obvious advantages of these ready-to-use therapeutic products, they have been only used on a minimal basis and exclusively in the treatment of severe malnutrition. A better response, however, can be introduced in the treatment of moderate malnutrition – a serious acute childhood pathology.

The preliminary results have been very encouraging in moderately malnourished children treated exclusively in ambulatory/outpatient clinics. The average length of time children spend is 28 days (calculated on the basis of 702 cured on departure). On departure the height to weight ratio is 85% that of the median. The weight gain is 4.5g/kg/day (with two Plumpy'nut © a day), in other words, a weight gain of 12.7%. These results are considerably higher than those obtained using enriched flour.

In the first six months of 2006, nine out of ten children admitted in our programs were suffering from moderate acute malnutrition. Our objective is to reduce the annual death rate, particularly during the hunger season. Although a child suffering from severe acute malnutrition is more at risk of dying, the sheer number of those suffering from acute moderate malnutrition means they account for a large percentage of the total number of deaths linked to malnutrition. To limit the number of children dying, we now provide this efficient treatment before the onset of the severe stage of malnutrition .

If you wish to contribute to (reactions, analysis, information, questions, etc.) and participate in the debate, send an email to the following address: treatmalnutrition@msf.org