AMBULATORY TREATMENT FOR SEVERE ACUTE MALNUTRITION MSF-F Maradi (Niger)

CTC Workshop

Dublin, October 2003

Niger
International boundary
Department (département) boundary
National capital
Department (département) capital
Railroad
Road
Track
The capital district of Niamey has status equal to that of a department.
0 100 200 Kilometers
0 100 200 Miles
ALGERIA
LIBYA
MALI
CHAD
BURKINA FASO
BENIN
TOGO
NIGERIA
CAMEROON
AGADEZ
TAHOUA
ZINDER
DIFFA
MARADI
TILLABÉRI
DOSSO
Agadez
Arlit
Bilma
Madama
Tahoua
Maradi
Tessaoua
Dakoro
Zinder
Tânout
Gouré
Magaria
Diffa
Mainé-Soroa
Nguigmi
Niamey
Ayorou
Téra
Say
Birnin Konni
Madaoua
Dogondoutchi
Tamanrasset
In-Guezzam
Djanet
Kidal
Gao
Sokoto
Katsina
Kano
Kaduna
Abuja
Jos
Bauchi
Gombe
Maiduguri
Potiskum
N'Djamena
Kontagora

Context

<u>Population:</u>

Department of Maradi: 2,484,348 p

Maradi Commune : 381,723 p

73,345 children < 5years

<u>Geography</u>: (41,811 sq Km) disperse population, Sahel environment

<u>Livelihood</u>: agro-pastoralist, trade

- Chronic situation of Acute Malnutrition
- Cultural, economic, social and religious aggravating factors
- Seasonality of population life activities
- Large population figures and cases spread along a vast territory (restricted access)
- No other effective humanitarian actors

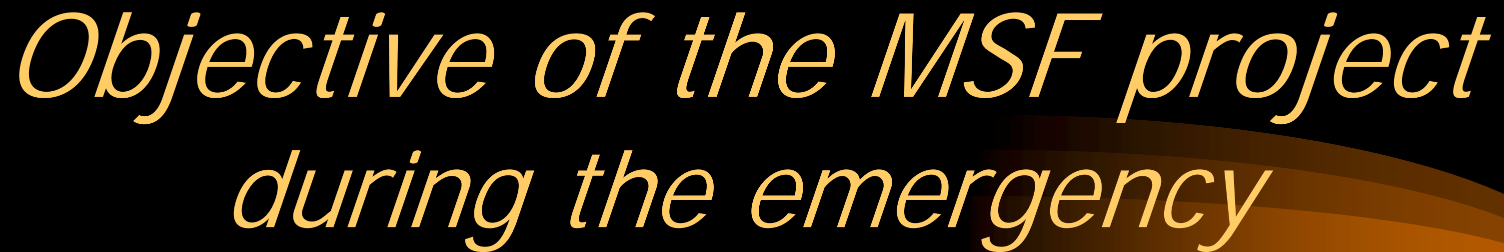
Health actors

- Government / MoH:
  - CRENI in Maradi Hospital
  - CRENA in the CSI of the department
  - Cost-recovery. Estimated access to health care: 20%.
- Unicef
- Local groups
- MSF technical and logistic expertise

Epidemiology of malnutrition

Prevalence of Acute Malnutrition (Maradi commune, 2001) in Zscores:

- Global Acute Malnutrition 8.4%
- Severe Acute Malnutrition 1.6%
  - 4,585 severely malnourished children expected



- GENERAL OBJECTIVE:
  - To reduce mortality and morbidity due to severe acute malnutrition

- STRATEGY:
  - Ambulatory treatment

Objectives of the strategy

- To improve access and acceptability of the programme for a population living in rural areas
- To reduce length of hospitalisation in the feeding centre, diminishing cross infection risks

Further objectives

- To provide effective care for severe malnutrition by using local resources
- To offer an affordable alternative to the current health system for the treatment of malnutrition in Niger

CRENI (hospital) + 3 (4) ambulatory sites (CRENA in CSI):

Support in:

- Human resources + technical expertise
- Therapeutic food and medical supplies
- Logistic means

MARADI DEPARTMENT

OUTPATIENTS SITES

AGADEZ

Légende

TAHOUA

ZINDER

Maradi

NIGERIA

Nutritional protocol

Ph1 (inpatients): therapeutic milk F100 8 times

Ph2 (inpatients) : therapeutic milk F100 (2) + RTUTF (4)

Ph2 (outpatients) : 2 – 4 RTUTF / day distributed once a week

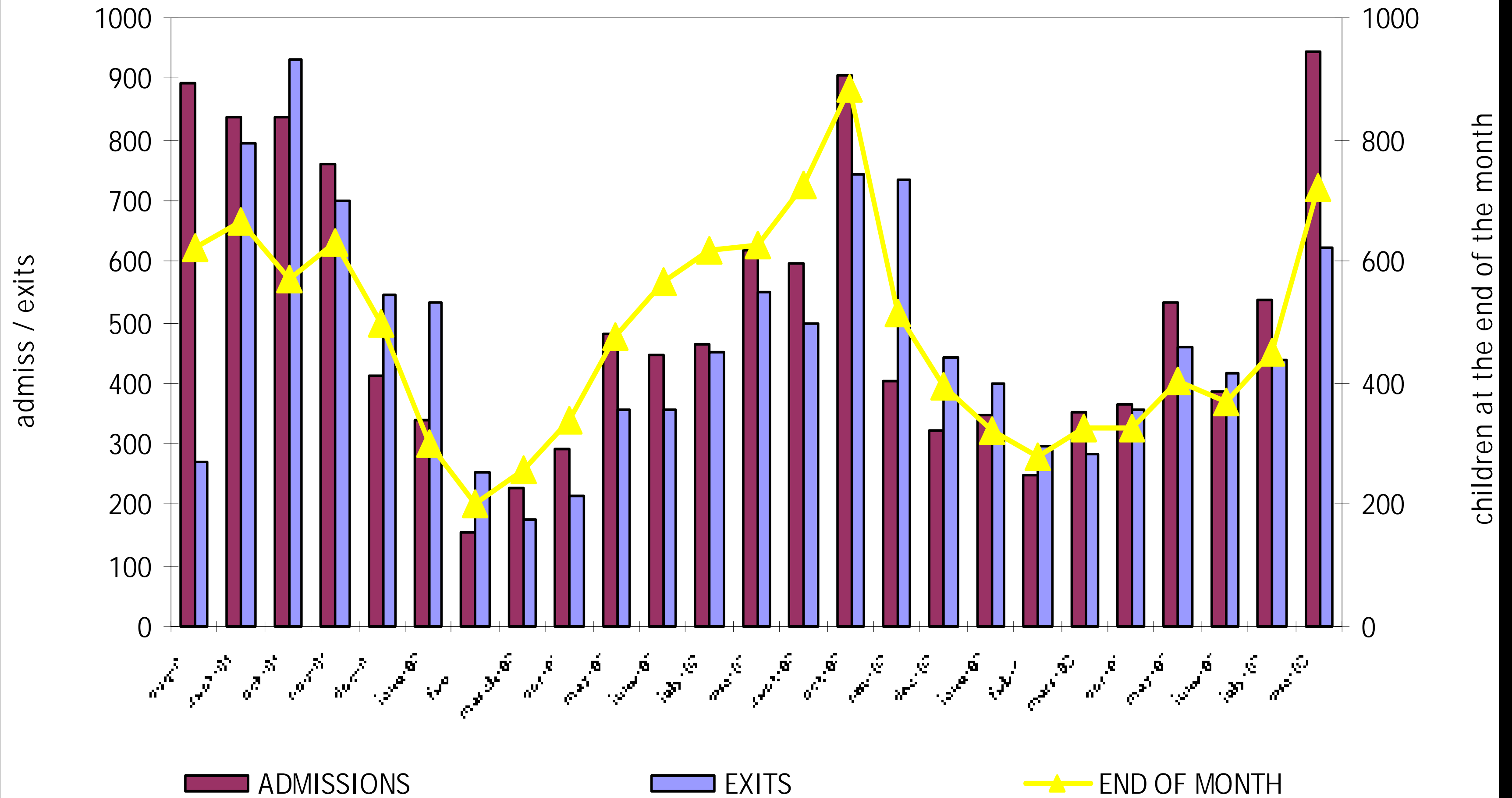
CRITERIA FOR TRANSFER TO OUTPATIENTS:
medical, nutritional and socio-economic

Total number of children admitted: 12,694 August '01 – August '03

→ average of 508 admissions per month

Children benefiting from the ambulatory treatment: 7,597

→ 60% of total number of admissions


MONTHLY ACTIVITY CRENI MARADI 2001-02-03
admiss / exits
children at the end of the month
1000
900
800
700
600
500
400
300
200
100
0
ADMISSIONS
EXITS
END OF MONTH

Profile of the admissions

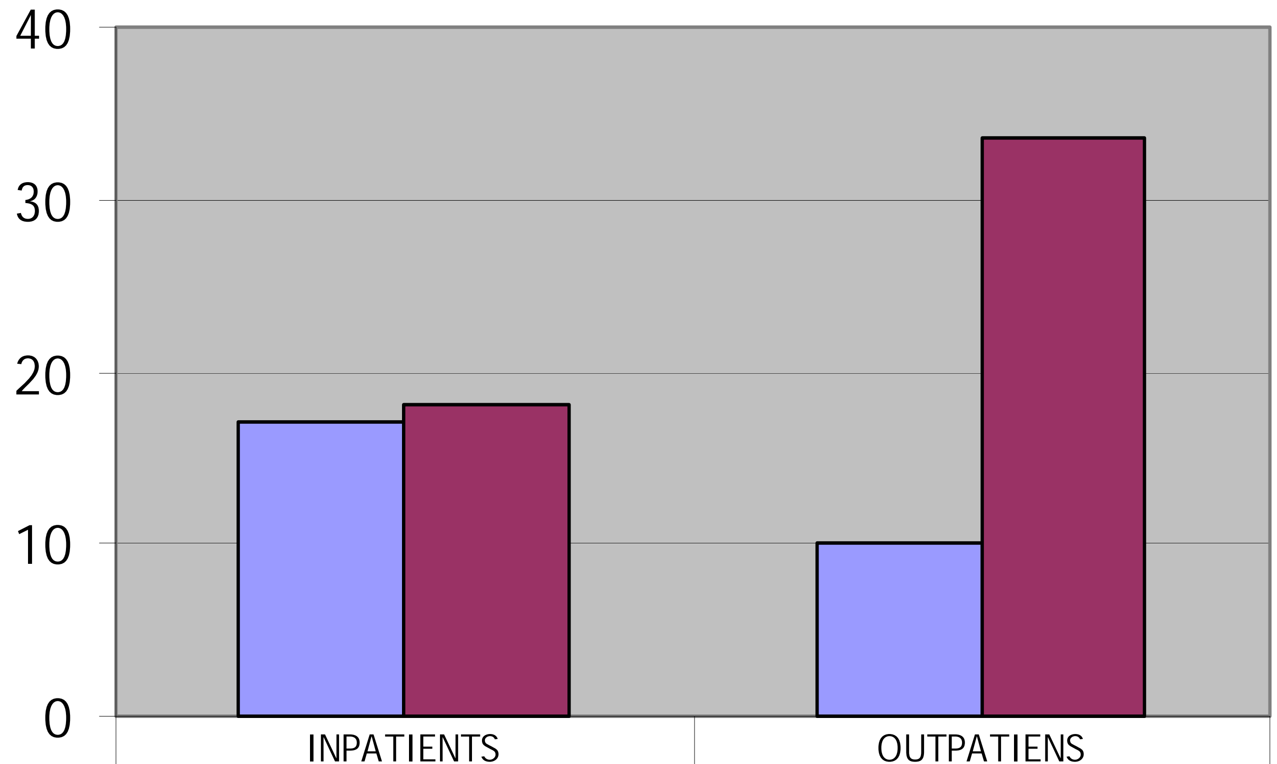
Type of the malnutrition:

- 67.4 % of admissions < -3 Z-Score
- 24% < -4 Z-Score
- < 7 % Kwashiorkor

Age: 64 % children less than 24 months

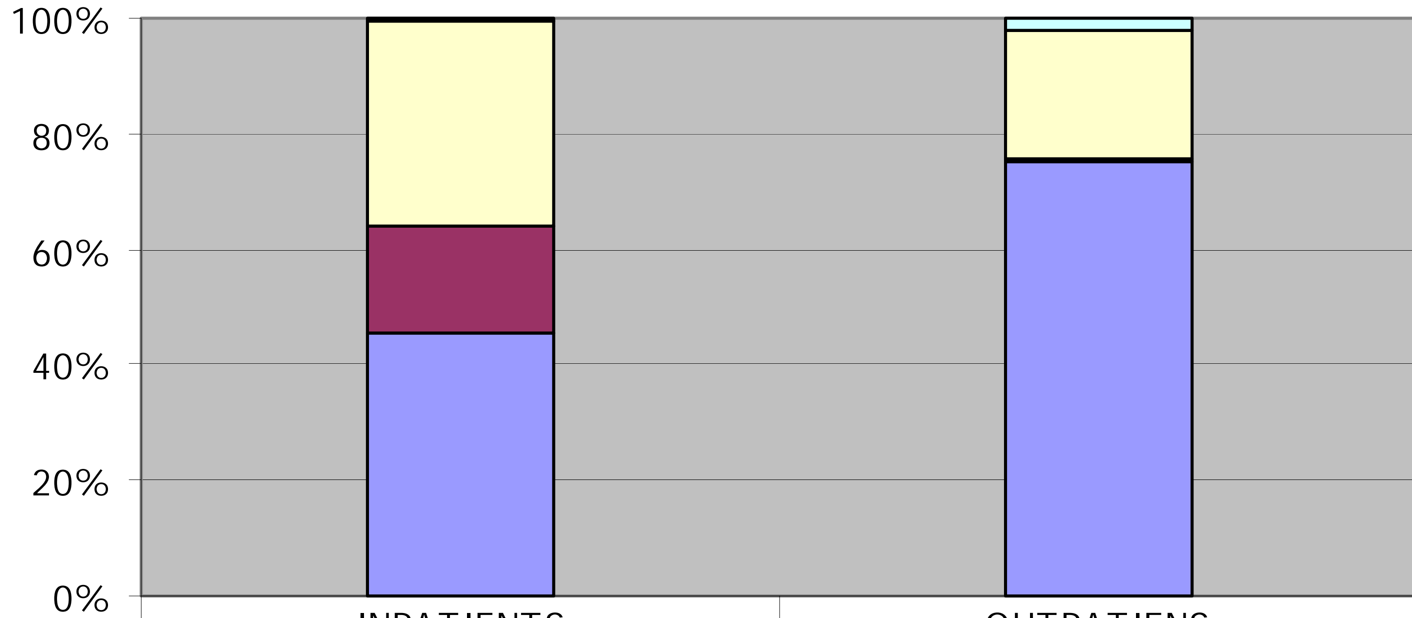
Readmissions: 3.1 %

EXIT OUTCOMES CRENI MARADI 2001-02-03



	INPATIENTS	OUTPATIENS
weight gain (g/kg/day)	17	10
length of stay (days)	18,1	33,6

EXIT OUTCOMES CRENI MARADI 2001-02-03



	INPATIENTS	OUTPATIENS
transfer	0,4	1,9
defaulter	35,7	22,4
death	18,5	0,4
cured	45,4	75,3

Strong points

- Results according to standards
  - Cured from outpatients account for more than 70 % of the total of cured
  - Return to hospitalisation: 3.6 %
  - Average attendance ambulatory phase : 74%
- Few kwashiorkor cases
- Acceptability of RTUF

Weak points

- 16.7 % of direct admissions in outpatients
  - Age of children
  - Distance and transport
  - HR understanding and acceptability
- Unknown mortality for outpatients
  - Difficulties for defaulter tracing
- Coverage
  - Few ambulatory sites functioning
  - Low MoH involvement

- Difficulties encountered: collaboration with other health actors, HR comprehension of the strategy.
- Evolution of the programme from emergency intervention to a more adapted model of care to apply at country level.