

# NIGER CASE STUDY URC-CHS

## EMERGENCY CONTEXT

- 2005 Food Crisis
- 2006 (start-up of program): SAM: 1.5% nationally (DHS 2006); SAM prevalence > 1.5% in four of eight regions, ranging from 1.7% in Zinder region to 2.4% in Dosso region (Oct. 2006 National Nutrition Survey; INS-Niger, UNICEF and WFP)
- April-May 2007 (end of program): National GAM rate 11.2%, reaching 14.2% in Zinder region and 19.6% in Diffa region.
- SAM national prevalence 1.0%, ranging from 0.7% in Tahoua region to 2.1% in Agadez region (April-May 2007 National Nutrition Survey, INS-Niger, UNICEF, WFP).

## INTERVENTION AREA

15 MOH hospitals in seven of eight of Niger's regions (35% of Niger's MOH reference hospitals). District-level coordination of CMAM referral and counter-referral services between outpatient and inpatient facilities in 15 districts.

## CMAM SERVICE SITES

CMAM services integrated into routine pediatric services in 15 MOH district and regional hospitals by MOH providers (nurses, nutritional counselors, physicians) and MOH administrators. District Health Management Team support for improved district-level coordination of MOH outpatient and inpatient CMAM services in 15 districts.

- Inpatient care: 15
- Outpatient care: in some MOH health centers via NGO and MOH regional initiatives
- Supplementary feeding or services for MAM present to varying degrees in targeted districts via NGO and MOH initiatives.

## PROCESS OF INTEGRATION

- At the start of the 2005 Food Crisis, MOH CMAM services were non-existent in Niger.
- The Niger National Guidelines for Management of Acute Malnutrition issued in 2005, were revised in 2006 to include CMAM.
- Primary goal of the URC-CHS program is to integrate CMAM services into routine pediatric services along with improved district-level coordination of MOH outpatient and inpatient care services.
- URC-CHS has collaborated closely with the MOH, UNICEF, HKI and other partners.
- Program planning and implementation have reflected the primary goal of integrating CMAM into national health system, with MOH officials and providers (national and regional) collaborating closely in the planning and implementation of all key program activities.

## PROGRESS AND CHALLENGES IN INTEGRATION

### Enabling Environment for CMAM

- Integration of new national CMAM guidelines into standard MOH services has posed challenges in context of weak MOH leadership and poor coordination of CMAM services among MOH and partners.
- MOH to include CMAM activities as part of minimum required activities for public sector pediatric outpatient and hospital health services (including updated provider job descriptions).

### Access to CMAM Services

- Limited access to care for acutely malnourished children. Weak community mobilization to identify cases, referrals and follow-up.
- Integration of CMAM standards into national health system pediatric services including routine screening using MUAC for all children.
- Referral protocols and systems for improved coordination of inpatient and outpatient CMAM services at decentralized district and sub-district levels.

### Access to CMAM Supplies

- Support for MOH on-site quality improvement (QI) teams to stock and manage essential CMAM equipment and supplies.
- Lack of essential therapeutic inputs (F-100/RUTF) in many MOH facilities.

### Quality of CMAM Services

- Formation of QI teams comprised of local on-site MOH facility personnel in each targeted MOH facility for integration of CMAM and quality improvement of local health systems.
- Monthly supportive supervision to 15 targeted MOH facilities by regional MOH supervisors (assisted by URC-CHS).
- Promotion of CMAM building for regional MOH officials to address weak MOH CMAM monitoring capacity.

### Competencies for CMAM

- Lack of trained MOH personnel and frequent staff turnover. Absence of CMAM pre-service training for providers.
- Standardized training module to promote national CMAM guidelines, including promotion of QI skills and in-service training of MOH providers.
- Provider job-aid package with comprehensive in-patient CMAM standards for MOH hospitals and counseling posters for integration of BCC as a routine part of CMAM services.