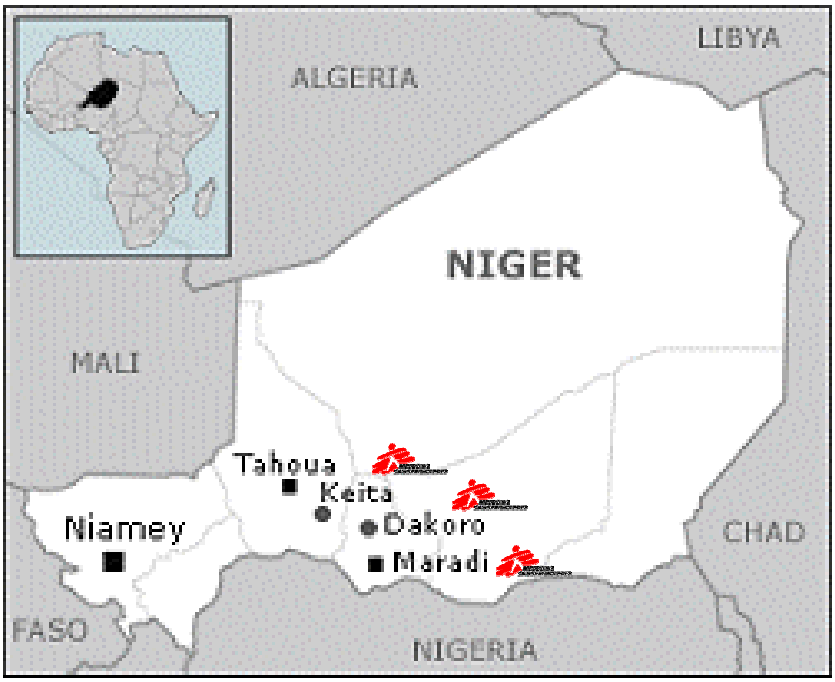
NUTRITIONAL EMERGENCY IN NIGER



April 2005

In response to a significant deterioration in the nutritional situation in Niger, Doctors Without Borders/Médecins Sans Frontières (MSF) is increasing its capacity to treat people for severe malnutrition. For months, MSF doctors and nurses have been treating three times the number of patients than they had during the same period in previous years. MSF calls upon other agencies to mobilize resources to respond to this crisis.

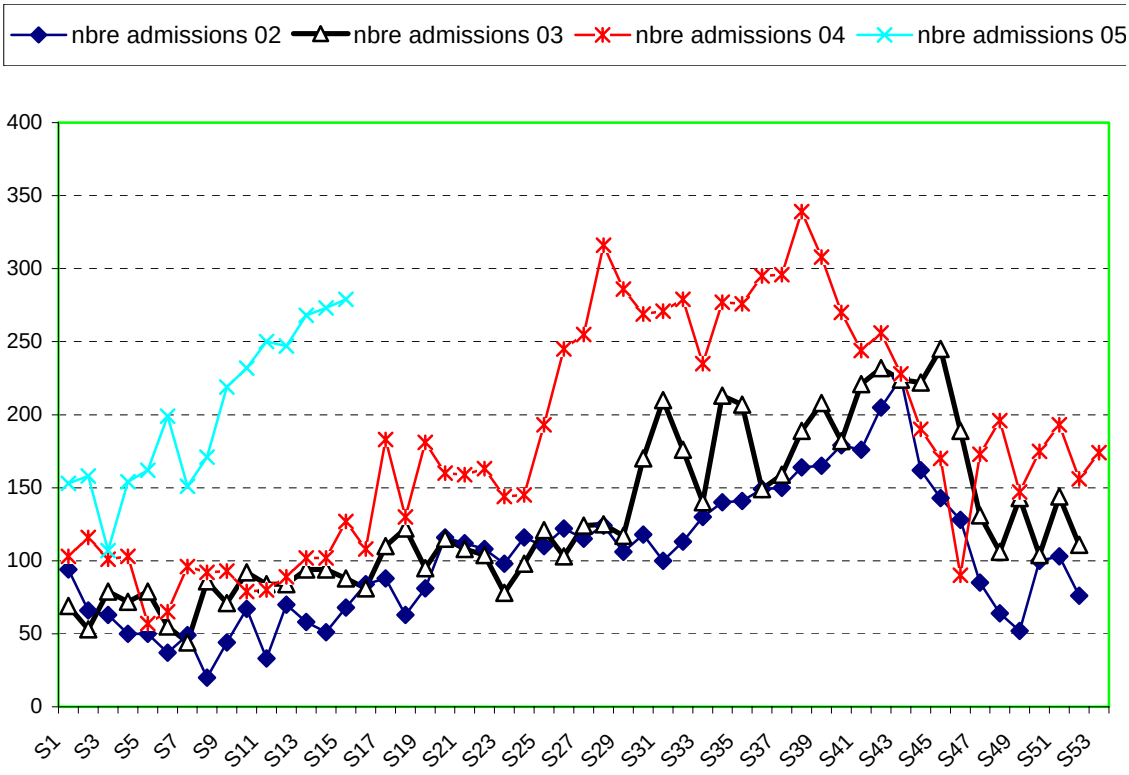
I. Alarming nutrition and food situation

MSF has been present in the Maradi region of Niger since 2001. Today, medical teams are treating thousands of severely malnourished children, and an already alarming situation is rapidly getting worse.

From June to September in Maradi, there is a "hunger gap", or a period of several months before a harvest when families begin to exhaust their food reserves. During this time, MSF doctors and nurses usually treat between 250 and 300 children each week. Following the region's October harvest, the number of those requiring treatment decreases and stays at the relatively low level of 50 to 100 children each week until May.

But since January 2005, the number of children requiring treatment for severe malnutrition has been abnormally high. In March alone, the MSF feeding program in Maradi were admitting 200 to 300 children every week.

NUMBER OF ADMISSIONS BY WEEK - FEEDING PROGRAM, MARADI – NIGER
Years 2002 to 2005 - Médecins Sans Frontières



MSF teams also noted a high rate of malnutrition in young children and a number of signs of food scarcity during an assessment of the Tahoua and Dakoro regions from March 7 to March 21, 2005. There were shortages of all basic foods, particularly millet and milk. Prices for basic foodstuffs have doubled from 2004, and people are forced to eat wild plants. In the

hardest-hit areas, harvests have been destroyed by drought or locusts. There is no more land for livestock to graze, and people have been selling off their only sources of income: even young livestock and land. Most families have already used up their food reserves, and will have to wait until October for new crops. Some of them must migrate to other cities and towns to find work.

These alarming observations are consistent with a progressive deterioration in the food situation in Niger since 2003. MSF has noted a continual increase in the number of children admitted to its Maradi feeding center: 6500 children in 2003, and 9800 in 2004. Nutritional studies are being conducted in the regions of Maradi and Tahoua to help MSF and others better understand extent of the crisis. But **MSF is already calling upon the various aid actors to mobilize.**

II. MSF is increasing its capacities

In response to this emergency, MSF is modifying its program in order to treat the estimated 20,000 malnourished children the group expects to treat in 2005 at three feeding centers and 13 ambulatory centers.

1. Two new feeding centers

To deal with the influx of cases, MSF has opened a new feeding center in Dakoro, Maradi, and plans to open a third in Keita, Tahoua. Each center has a capacity of 150 to 200 beds, and accepts the most severe cases.

Medical case management
The first phase of treatment lasts 3 to 4 days, during which children receive only small quantities of therapeutic milk. The goal is to re-accustom their bodies to digestion. Close medical supervision is essential in order to treat associated diseases like diarrhea and respiratory infections. Children are vaccinated against measles when they are admitted and then constantly monitored.

2. Six new ambulatory centers

MSF will have a network of 13 ambulatory centers for medical and nutritional supervision of children whose health status allows them to be treated on an out-patient basis. If a child with severe malnutrition has an appetite and no serious medical complications, he or she can remain at home for the duration of treatment. Weekly consultations take place at several sites near the feeding centers, where children receive medical care and supplementary food rations for the week. Such a system helps limit the number of hospitalizations required and shortens the duration of treatment, which allows MSF to treat more children. There are already seven ambulatory sites near Maradi, **and six more will open near Dakoro and in the Tahoua area.**

3. Food distribution to families

MSF is also distributing food rations to the families of children treated by MSF in an effort to limit further deterioration of the situation.

At ambulatory visits, children receive two food packets per day, which includes Plumpy'nut, a mixture of peanuts and sugar that is enriched with vitamins and minerals. If the child is also receiving substantial meals at home, this is enough. Unfortunately many children admitted to the program are not, which is why MSF has begun providing families with 55 pounds (25 kg) of enriched flour, 15 liters of oil, 110 lbs (50 kg) of grain, and 110 lbs (50 kg) of beans. This

ration helps cover the food needs for a family of eight for one month, with part of it distributed each week and the rest at the end of treatment.

MSF has ordered 850 metric tons of therapeutic food and family rations, with the first 40 metric tons arriving in Niger's capital, Niamey, Monday April 18. MSF also has 40 expatriate volunteers working to alleviate this nutritional crisis.

MSF calls on aid agencies to immediately mobilize additional resources to respond to an already existing nutritional crisis. The specific support MSF provides to malnourished children and families at risk can only have a real impact if general food support programs are put into place for people in the affected areas.