The Issue Of Malnutrition In Niger

Anderson went to Niger in late July 2005. Originally he was in Rwanda on vacation. He saw a new report about starvation in Niger and decided to take a trip there. In the book, Dispatches from the Edge, Cooper states that Nigerians diets are very poor and they have little access to medical care. Cooper went to a makeshift hospital and saw dozens of mothers sitting with their malnourished children to see if they were malnourished enough to get help and be saved. Doctors Without Borders was fearlessly helping the children. They sent out a warning for severe malnutrition in February of 2005 because they expected things to get bad. But because of Nigers political standing, they had a longer delay and began to get help in July. Copper personally meet some of the children and was able to know their stories. Many of the doctors there are unable to know whether or not the children will make it. Sometimes children die and they are surprised because it was unexpected, but most of the time the can tell. Other times they expect the worst to happen and then a miracle happens. Doctors Without Borders saved about 1,500 people that month and lost around 50 people (Cooper, 2009)

Doctors Without Borders has been working with Niger's Ministry of Public Health for the last fifteen years to help provide the best possible treatment for children suffering from severe acute malnutrition. This partnership introduced ready- to- use therapeutic food in 2005 which was the starting mark for other successful innovations. Beginning in 2005, poverty and structural issues caused a large scale food crisis. Many children were diagnosed with severe acute malnutrition. Approximately 70,000 children were treated in Niger, 60% of them were supported by Doctors Without Borders. In 2018, Doctors Without Borders treated more than 443,00 children diagnosed with malaria, malnutrition, or other illnesses. The Niger government registered more than 2.75 million cases of malaria just in between the months of July and October. Roughly 3,000 of these were fatal. Children under the age of five accounted for half of the deaths. The severe acute malnutrition came to a level of 3.2%, which is 1.2% above the emergency threshold. On a positive note, the Nigerian health care has taken many steps since the ready- to- use therapeutic food. These steps include having more inclusive criteria to define malnutrition, progress on child feeding practices, home- based screening of potential malnourished children, rapid diagnostic tests for malaria, seasonal malaria chemoprevention, as well as improvements in ambulatory and facility- based treatments. Currently, in 2019, more than 300,000 children were treated by Doctors Without Borders with the help of the Ministry of Public Health. Malnutrition is still an underlying contributing factor in nearly half of the deaths among the children. Those children that survive have severe development problems. Doctors Without Borders has been trying to prepare for the seasonal peak of malaria and malnutrition by doubling or tripling its hospitalization capacity. They also are raising awareness to help prevent these diseases ("Niger," 2019).