

## **Working for better child health**

Doctor Maigari is head doctor at the Therapeutic Feeding Centre in Tillaberi, Niger and sees on a daily basis the impact of malnutrition on children. Established by Islamic Relief in 2005, the health centre provided nutritional support to hundreds of children suffering from severe malnutrition and their mothers during the food crisis. Now that the crisis is over the centre also offers medical care for children suffering from a range of health problems. But there are still large numbers of children being treated every month for malnutrition.

### **Comprehensive treatment**

During the food crisis the health centre provided children with a 'package of treatment' for malnutrition and other diseases. Children would usually stay around 2 weeks, and would undergo three stages of treatment.

"During Stage One the child is weighed everyday. Most of the time when they first come in they can't digest milk and so have to be fed through a tube," said Dr Maigari. "The main indicator to decide that a child can go from Stage One to Stage Two is that the child is willing to eat and to take milk. The milk at the first stage allows the child to be stabilised but not to gain weight, when he is admitted to Stage Two he is given milk with more calories as well as iron and vitamins to allow him to gain weight."

"From the beginning of the food crisis up to today the feeding centre has admitted over 500 children. Out of those 500, 470 were cured, some were transferred to main hospital of Niamey, some left before their treatment finished and unfortunately a few children died."

### **Gaining skills and confidence**

According to Doctor Maigari until the food crisis in 2005 none of the medical staff at the centre had any experience treating malnutrition. "Before the food crisis the hospital was not dealing with malnutrition as we did not have the skills or equipment to deal with it," he said. "Before the feeding centre was set up if we received a malnourished child at the health centre we automatically transferred them to hospital. Most of the time the parents refused to go and went back to their village where unfortunately the child often died."

"When it came to treating a malnourished child and a nurse had to insert a feeding tube they were scared because they weren't qualified. But now it is a common act for them because they received training from Islamic Relief." He added, "There is a big difference between before we had Islamic Relief support and now. Even as Head of the Centre, if a malnutrition case came in I panicked because I did not have means, knowledge and practice. Thanks to this training and the support and equipment from Islamic Relief, this centre is now better equipped than the national hospital in Niamey."

### **Addressing root problems**

"From my point of view malnutrition is a structural problem, there are some root causes that contribute towards it and which need to be addressed," Doctor Maigari said. "We admitted 242 cases of severe malnutrition during 2005, but why during 2006 when the crisis was meant to be over did we admit even more?"

Dr Maigari believes that large numbers of children are still suffering from malnutrition because the root causes of the problem have not been addressed. These causes include the crippling poverty that is pervasive throughout the region, a shortage of health care and hygiene awareness and a lack of family planning services which mean that women have large numbers of children.

To help tackle some of these root causes, mothers who come to the centre with their children are provided with health and hygiene advice, such as the importance of breastfeeding and adequate spacing between children.

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