



Integrating Malnutrition Screening into SMC in Niger

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U.S. President's Malaria Initiative

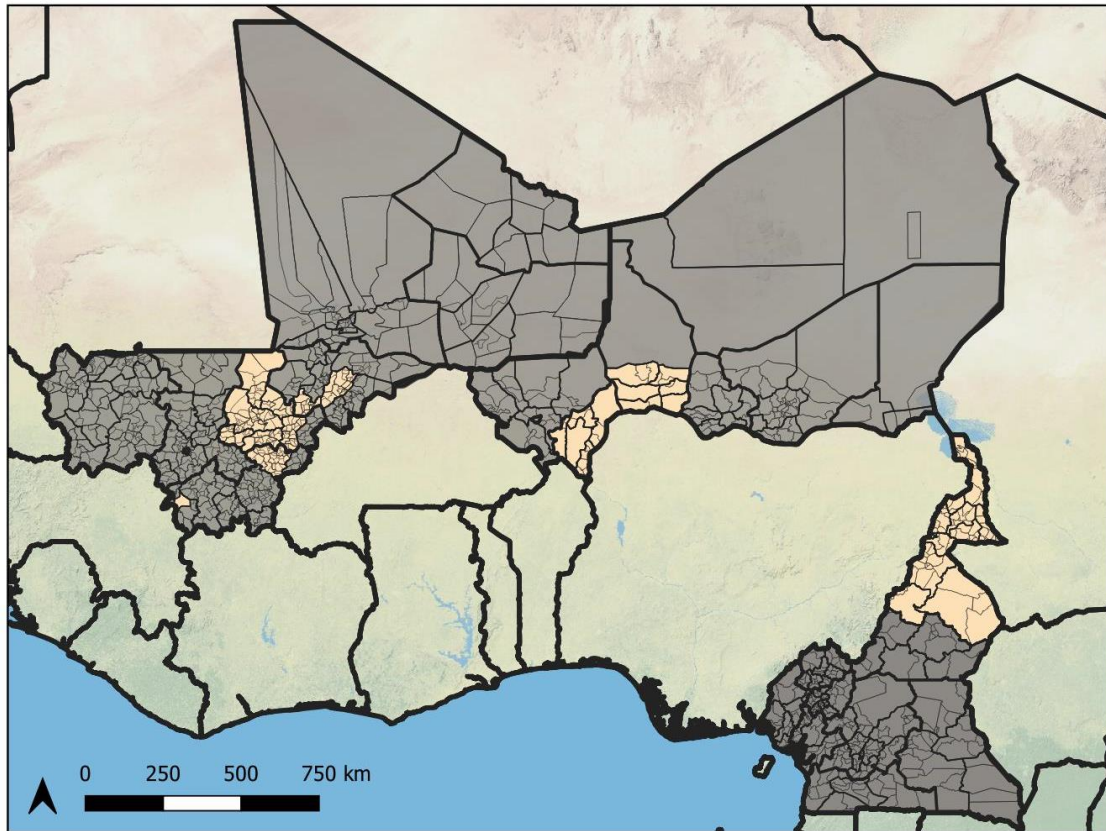
PMI
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MALARIA
Advancing Malaria Service Delivery



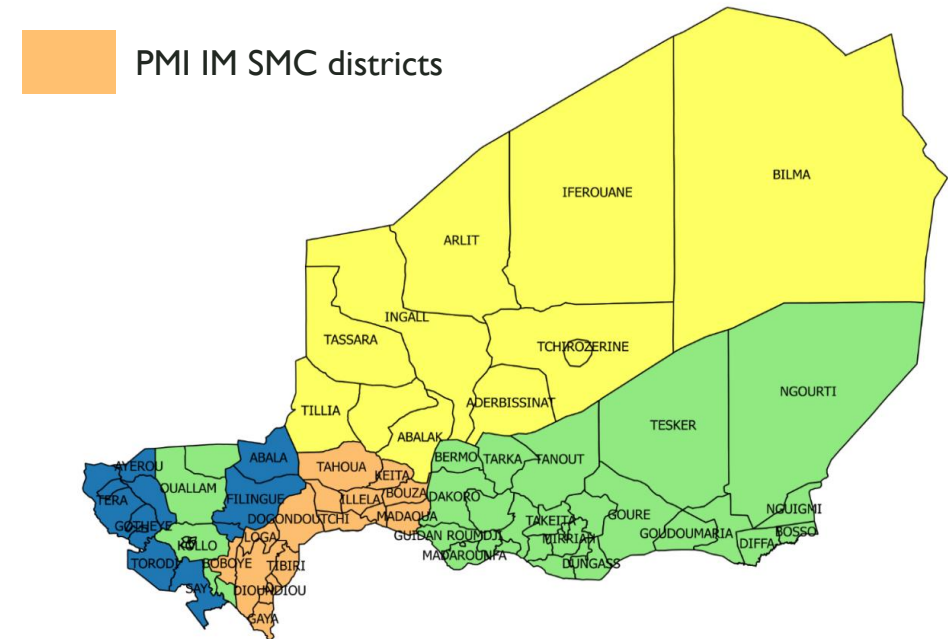
Agenda

- Implementation areas
- Why integrate malnutrition screening into SMC in Niger?
- Integration results from 2019 and 2020
- The added value of integration
- Possible constraints and corrective measures

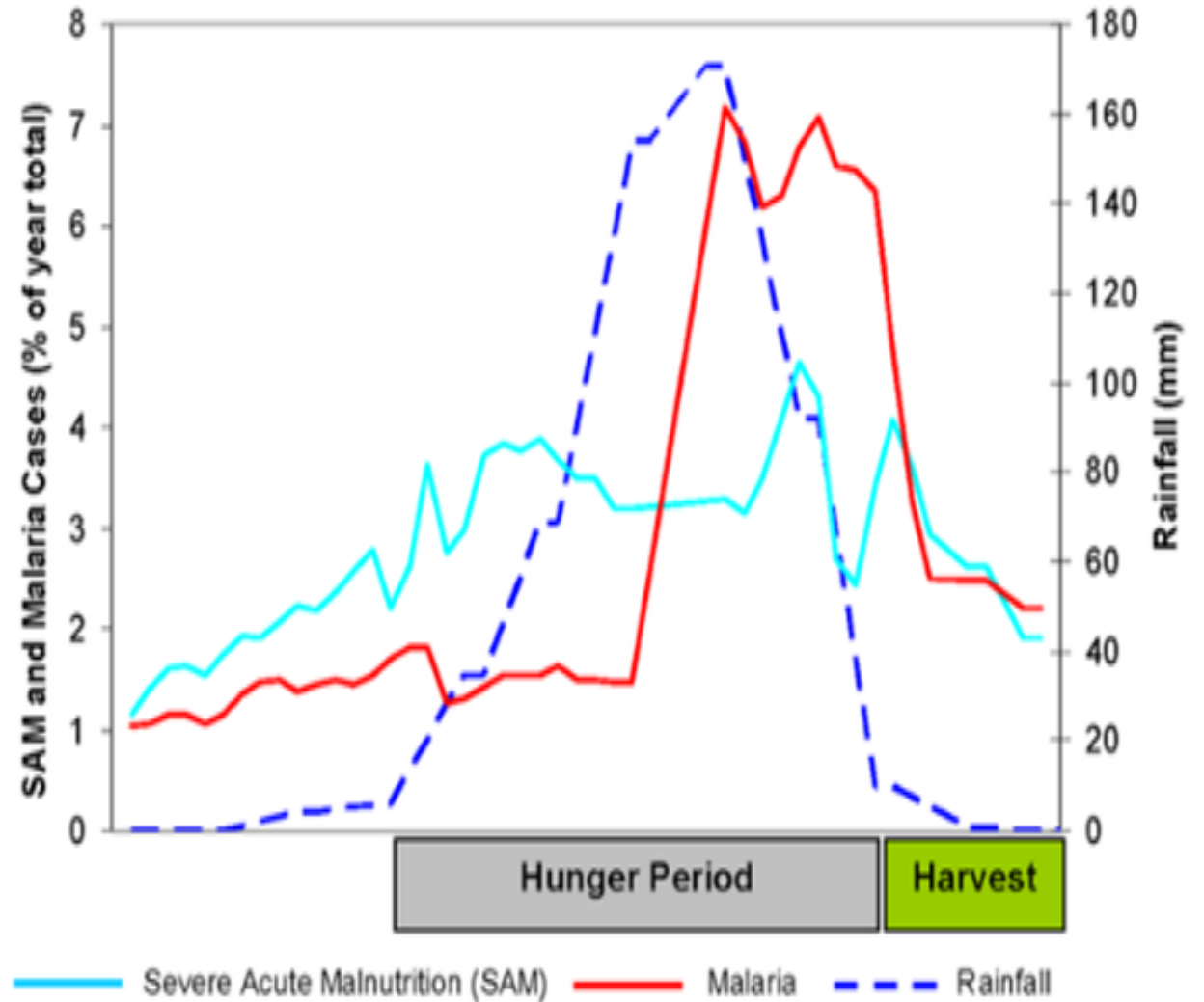
IM Implements SMC in Southern Niger



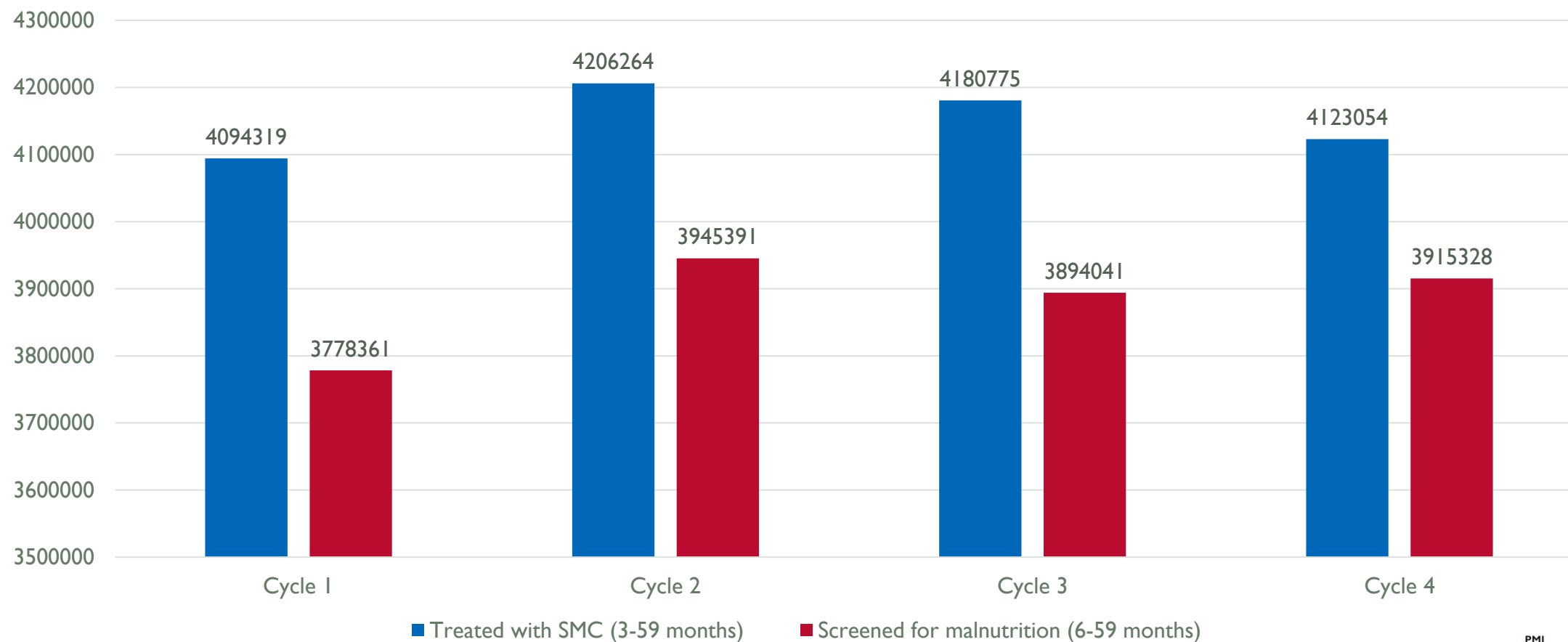
Mapping Health Districts in Niger



Why integrate malnutrition screening into SMC in Niger?



In 2019, health authorities in Niger reached more than 4 million children during the SMC campaign...



...and detected over 500,000 cases of malnutrition. This year's numbers are comparable

Cycle	Total cases of malnutrition detected in 2019	Cases of moderate malnutrition detected in 2019	Cases of severe malnutrition detected in 2019	Total cases of malnutrition detected in 2020	Cases of moderate malnutrition detected in 2020	Cases of severe malnutrition detected in 2020
1	160 715	129 975	30 740	161 613	128 103	33 510
2	145 752	116 510	29 242	150 648	118 838	31 810
3	126 786	99 558	27 228	136 390	107 512	28 878
4	124 836	98 150	26 686			
Total	558 089	444 193	113 896			

In IM zones in 2020, >12,000 malnourished children **per cycle and per region** were admitted to case management centers

Cycle	PMI Regions	SMC 2020			Malnutrition detected during SMC in 2020		
		Target 3-59 months	Children 3-59 months treated	%	Moderately malnourished children referred and admitted to care centers 6-59 months	Severely malnourished children referred and admitted to care centers 6-59 months	Total malnourished children admitted to care centers during SMC
2020	Dosso	529 380	518 947	98	14 278	3 289	17 567
	Tahoua	721 071	764 283	106	9 682	2 355	12 037
2020	Dosso	529 380	536 192	101	12 376	2 899	13 324
	Tahoua	721 071	775 819	108	11 533	3 286	14 819

The Added Value of Integration

At the central level

- Strengthening collaboration between the NMCP and the Department of Nutrition
- Pooling financial, human, and material resources
- Reduced costs and time

At the sub-national level

- Integrating supervision for two public health interventions
- Capacity building for community actors on malaria and malnutrition case management
- Double impact in preventing cases of severe malaria and malnutrition in children <5 years

Possible Constraints and Corrective Measures

At the central level

- More complexity during the planning phase

- Strong coordination between the two programs

At the sub-national level

- Ensuring quality administration of AQSP drugs and the detection of malnutrition in the community
- Monitoring of referred malnutrition cases
- Increasing demand for malnutrition services

- Continuous capacity building for distributors through supervision
- Strengthening parental awareness of the importance of sending children to the health center
- Plan and make available inputs for case management

