

## WHO Emergency Health Programme for the Food Crisis in Niger

### Situation Report # 11

18 to 24 October 2005

#### Highlights

- On the occasion of World Food Day on 16 October, the Executive Director of WFP, James Morris, cited the current situation in Niger as an example of where there are very few safety nets for the most vulnerable populations.

*“With any luck, next year will be a good year for Niger. Maybe the rains will come on time, the locust swarms will be manageable and no other unexpected disaster will occur. If that happens – and it’s a bit of a long shot – we expect only about 450 of Niger’s children to die every day of hunger related causes during the lean season. And some consider that good news.”*

- At the request of the Ministry of Public Health and Endemic Disease, WHO supervised the a series of training managed by the National Malaria Control Programme using the WHO developed modules on the rational use of Artemisinin-based Combination Therapies (ACTs) as first line treatment of uncomplicated malaria. The training was held on 17-18 October 2005, with 81 healthcare workers from the region of Tillaberi completing the training. The training session was financed by the Global Fund, which aims to see 420 healthcare workers trained before the end of October 2005.
- The training on the treatment of malnutrition is continuing for healthcare trainers and workers from the regions most severely affected by the current crisis (the regions of Agadez, Dosso, Maradi, Tahoua, Tillabery and Zinder).

#### ***Axis 1: Enhance capacities to treat severe malnutrition at health centre levels by ensuring that staff receives focused training and that therapeutic food supplies are available.***

- The WHO medical-nutritionist presented an update on the training programme for healthcare trainers and workers on the treatment of malnutrition at the weekly coordination meeting of the interagency group on nutrition coordination. The meeting was held at UNICEF on the 21 October 2005. The WHO training programme is continuing: 14 healthcare workers from the region of Tillaberi completed training in Niamey, 22 October; since July 2005, 383 healthcare workers had received training. Of the 383, 48 participated in the training for healthcare trainers on the treatment of malnutrition and 335 participated in training on the treatment of malnutrition. WHO and partners plan to provide training for a total of 570 healthcare trainers and healthcare workers, 450 by 31 December 2005.

**Axis 2: Strengthen health sector coordination and information management to ensure better targeting and to address needs in under-serviced areas**

- The Zinder Region Health Coordination meeting was held at the Regional Department of Public Health (DRSP) on 18 October. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, National Health Information System (SNIS), WHO staff from the Niamey office, UNICEF, Care International, MSF-Belgium, MSF-Switzerland, Islamic Relief, BALD/Catholic Mission, the Red Crescent/Qatar, African Moslems Agency (AMA), Human API International, GOAL, Karkara, Helen Keller International (HKI), Sentinelle and Save The Children.
  - Discussions focused on the high case fatality rate (CFA) observed in moderately malnourished children. The major contributing factors include the problem of access to healthcare and infections associated with malnutrition, in particular malaria. According to MSF-Belgium, 55 % of children suffering from malnutrition in the CSI of Tanout, test positive for malaria. This high CFA may continue to increase as the cold season approaches if counter measures are not put in place.
  - GOAL has begun local initiatives for the exemption from or refunding of payment for care for those suffering from malnutrition in the Integrated Health Centres (CSI), while waiting for the solidarity fund "Santé de proximité" to be adopted by the Government. It was suggested that partners begin to refer patients suffering from moderate malnutrition from their centres of treatment to the attached Integrated Health Centres (CSI) for treatment and reimbursement - especially if they do not have the necessary competencies to deal with the associated pathologies of malnutrition.
  - Representatives of the joint Ministry of Public Health and Endemic Disease and WHO mission, visited the region to present tools for data collection relating to malnutrition.

**Number of children treated in the region of Zinder, week 35 to week 40.**

	<b>ADMISSIONS</b>	<b>DEATHS</b>	<b>ABANDONNED</b>	<b>TRANSFERRED AND REFERRED</b>	<b>CASE FATALITY RATE (CFR)</b>
<b>Severely malnourished children</b>	13 105	272	501	277	2,08%
<b>Moderately malnourished children</b>	41 913	207	602	858	0,49%
<b>Total</b>	55 018	479	1103	1135	0,87%

*(Source: Zinder Regional Department of Public Health)*

- The Maradi Region Coordination meeting was held at the Regional Department of Public Health on 21 October 2005.
  - World Food Programme (WFP): a team made up of the Representative of WFP for West Africa and a representative of the United States Embassy assessed the current situation in Niger in preparation for future programs of work.
  - Save The Children U.K: noted an increase in the number of reported children receiving treatment for malnutrition during week 41 compared to the previous week where numbers decreased. It was assumed that mothers were occupied by the harvest during the week that the decrease was noted.

- The Regional Department of Public Health (DRSP): a request that all partners coordinate a post-crisis plan to cover the costs of the treatment of malnutrition at community level. The possibility of keeping personnel currently employed by NGOs was explored.
  - World Vision: outlined their “community treatment of malnutrition” programme. World Vision plans to train healthcare workers and community managers who will distribute food and provide basic knowledge concerning weaning and the promotion of hygiene within the region of Zinder.
  - WHO: within the framework to reinforce the system of surveillance and transmission of data, a team contracted by WHO is installing and repairing existing High Frequency Radios BLU in various districts of Maradi.
- The meeting of the Global Fund Country Coordinating Mechanisms (CCM) on 20 October 2005, noted that the role of the CCM was not always clear to all partners within Niger and proposed to hold a workshop with all partners on the role of the CCM Niger in the near future.
  - WHO participated in the meeting on the results of the workshop of Dakar, Senegal on the preparation of the caravan organized for the CISMA (International Conference on AIDS and Sexually transmitted diseases in Africa) Abuja, Nigeria in December 2005. The caravan aims to fight against stigmatization and discrimination. It will begin at Nouakchott, Mauritania on 4 November and arrive at Abuja on 4 December, 2005.
  - The *Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin*, for week 39 was published and distributed by the Ministry of Public Health and Endemic Disease, with the support of WHO and UNICEF. The next issue of the Bulletin will feature data analysis for week 40 and week 41 will be published on 27 October 2005.

**Axis 3: Early identification and control of suspected outbreaks, supporting health partners in surveillance systems and strengthening preparedness for epidemic prone diseases through provision of technical expertise and preposition of medical kits**

- Of the notifiable diseases in Niger, malaria continues to be the leading cause of mortality and morbidity.

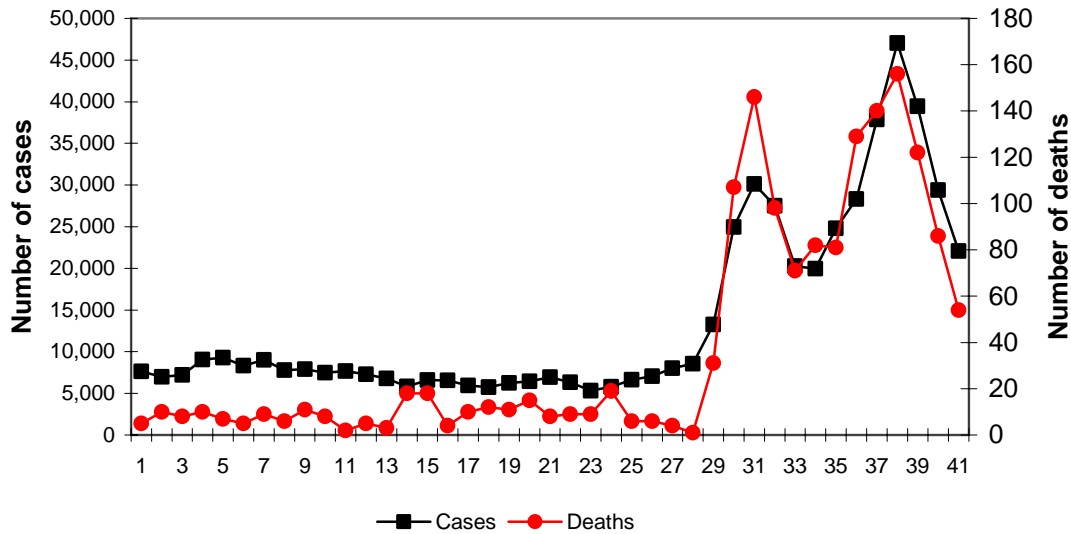
**Notifiable diseases in Niger, for epidemiological weeks 1 to 41, 2005, as of 20 October 2005**

DISEASE	TOTAL CASES	TOTAL DEATHS	CASE FATALITY RATE (CFR)
<b>Malaria</b>	571 813	1 567	0,3 %
<b>Bloody Diarrhea</b>	16 192	6	0,0 %
<b>Meningitides</b>	2 165	14	0,6 %
<b>Measles</b>	1 104	130	11,8 %
<b>Neonatal Tetanus</b>	28	8	30,8 %
<b>Whooping-cough</b>	1 078	5	0,5 %
<b>Cholera</b>	479	47	9,8 %
<b>Acute Flank Paralysis (AFP)</b>	132	3	2,3 %
<b>Diphtheria (suspected cases – investigations are ongoing)</b>	8	3	37,5 %
<b>Yellow Fever*</b>	0	0	0 %

\*3 earlier suspected cases of yellow fever were not confirmed by laboratory test.

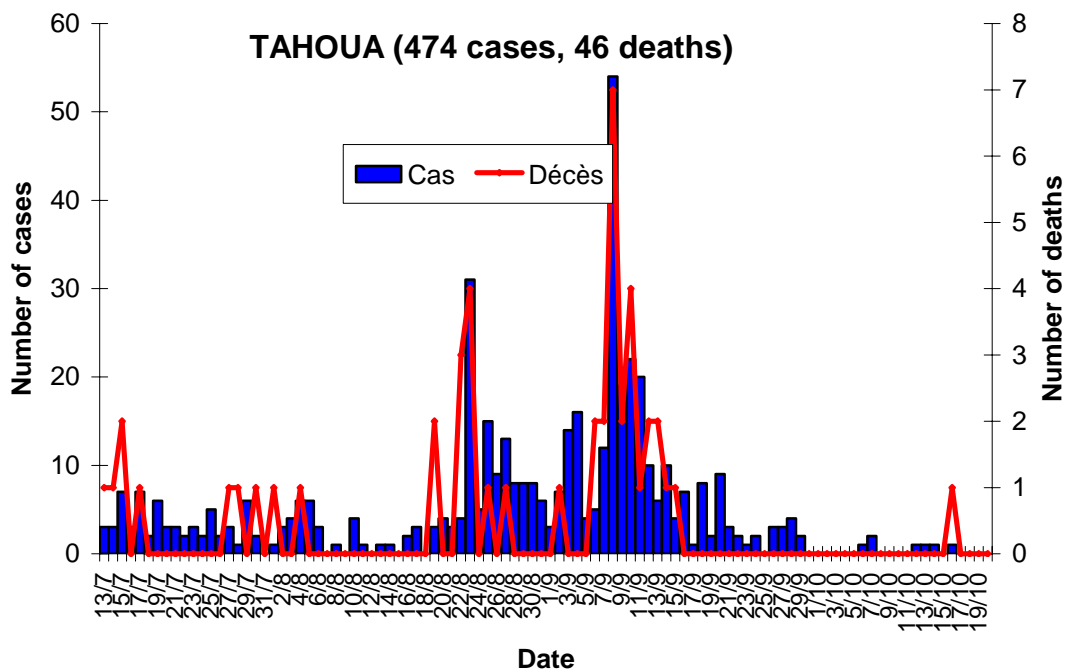
**WEEKLY EVOLUTION OF MALARIA IN NIGER  
FROM WEEK 1 TO WEEK 41\*, 2005 (CASES AND DEATHS)**

*\*Data for weeks 40-41 are not final*



- Cholera. **Two (2) cases of cholera** were reported including one death in the Tahoua region between 15 and 20 October 2005. Since 13 July 2005, 476 cases including 47 deaths have been reported in Tahoua. Since 15 September 2005, 3 cases but no deaths have been reported from the region of Tillabéri. The total number of reported cases in Niger is 479, including 47 deaths. The overall case fatality rate (CFR) is 9.8%.

**Cases of cholera in the Tahoua region of Niger 13 July to 20 October 2005**



- The Core Group in charge of distribution logistics for the national vaccination campaign days (12-17 November and 10-15 December) held a micro planning meeting in Niamey 22-24 October 2005. The national vaccination campaign days target children under 5 years. The planning meeting was to coordinate the activities and requirements that will supplement the polio vaccination during these days. During the period 12-17 November, Vitamin A will be administered along with the polio vaccination. During the period 10-15 December, along with the administration of the polio vaccination, Long Lasting Insecticidal Mosquito Nets will be distributed.

National consultants have been recruited to support the campaign. Data acquisition systems and forms have been developed. Training guides have been finalized. Educational messages have been adapted to maximize outreach.

***Axis 4: Support the development of an emergency policy and strategy to improve reliability of access to and affordability of essential health care***

- The Recovery of Costs concept paper for the solidarity fund "Santé de Proximité" which was presented to the Ministry of Public Health and Endemic Disease at the National Workshop on the 2006 Action Plan, Niamey, 6 October 2005, has yet to be brought before the council of ministers. The purpose of the fund is to provide support to the most vulnerable populations, women and children under 5 years.

### III. Operations

#### ***Travel***

- A joint National Health Information System (SNIS) / WHO team visited the regions of Zinder and Maradi from 16-20 October 2005. The purpose of the technical mission was to improve the collection and analysis of malnutrition data from all stakeholders at the response level (national centres, NGOs, UN agencies) to be forwarded to the Regional Department of Public Health (DRSP), for a more complete analysis of the situation. Standard forms for the collection and transmission of data were presented and discussed and a consensus was obtained by all partners and stakeholders in the two regions. The forms will be reproduced by the National Health Information System and the Ministry of Public Health and Endemic Disease with the financial support of WHO.
- WHO delivered to the DRSP of Maradi, 5 000 early diagnosis rapid tests kits for Malaria in severely malnourished children, intended for the medical district of Dakoro, and 2 000 early diagnosis rapid tests kits to the DRSP of Zinder, intended for the medical district of Tanout.

#### ***Personnel***

- An administrative assistant was recruited for the WHO Maradi operations office.

#### ***Logistics***

- 200 paediatric nasal glasses have been delivered to hospitals in regions of Maradi and Zinder.
- 13 high frequency BLU Radios have been delivered and installed in the regions of Maradi, Tahoua, Tillaberi and Zinder.

Map representing the distribution of Nutritional Rehabilitation Centres by organization in the Tillabéri region, Niger, October 2005

