

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 13

1 to 7 November 2005

I. Highlights

- A project for 79 000 Euros, for expansion of the current national communicable diseases surveillance system to include nutritional surveillance through the timely collection of data on malnutrition and analysis for appropriate response in Niger, was submitted to the Humanitarian Aid Department of the European Commission (ECHO) by the WHO Niger Representative.
- WHO and partners are scheduling additional training courses for healthcare workers on the treatment of malnutrition from all eight regions of Niger (Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabery and Zinder) to respond to increased requests. It was planned to provide training for 450 healthcare workers by the end 31 December 2005. This has already been exceeded. By 7 November, 503 healthcare workers had received training. Of the 503, 48 participated in the training for healthcare trainers on the treatment of malnutrition and 455 participated in training on the treatment of malnutrition.
- The WHO collaborating centre, Burlo-Garofolo Regional Paediatric Hospital Institute of Child Health, Trieste, Italy, seconded a paediatric-nurse to WHO Niger for the period of one month from the 4 November 2005. The paediatric-nurse is based at the Tillaberi Hospital and Intensive Nutritional Rehabilitation Centre and will provide technical support to paramedical personnel in charge of the treatment of children under five years suffering from severe malnutrition upon request of the local authorities.
- Partners of the interagency group on nutrition provided an update of activities at the weekly coordination meeting held at UNICEF on 4 November 2005.
 - As of the 3 November 2005 there are 700 Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) currently in operation in Niger. A total of 198 888 children had been admitted in CRENI and CRENA facilities operated by 20 health partners around the country. Of the 198 888 cases, 138 696 were admitted for moderate malnutrition and 60 192 were admitted for severe malnutrition.

Although partners had hoped to see a decrease in admissions after the harvests, these figures show that the number of admissions to CRENI and CRENA continues to remain high. Some centres have an average of 1000 admissions per week and new centres have recently been opened. NGOs are looking to continue activities after 31 December 2005.

II. The WHO emergency programme

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 is working with National and Regional Minister of Public Health and Endemic Disease authorities and UNICEF to establish pilot state-managed Intensive Nutritional Rehabilitation Centres (CRENI), Outpatient Nutritional Rehabilitation Centres CRENA and training and supervision of national healthcare workers to continue to provide for children under five years suffer-

ing from malnutrition when partner NGOs phase out their operations – funding, personnel and equipment.

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 - The UNICEF nutritionist presented an update on the training programme for healthcare trainers and workers on the treatment of malnutrition.
 - An overview of the national Health Development Plan: Strategies and Operations 2005-2009 was presented by UNICEF.

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 Partners Coordination meeting was held at the Regional Department of Public Health (DSRP) on 31 October. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, WHO, UNICEF, Caritas Development Niger, GOAL, Helen Keller International (HKI), Human Appeal International, MSF-Belgium, MSF-Switzerland, Sentinelle and Save The Children.
 - MSF- Switzerland and MSF Belgium noted a fall of the number of admissions and an increase in the number of released children from their Intensive Nutritional Rehabilitation Centres (CRENI). However, an increase in admissions was noted in new centres recently established in areas that had not previously been covered.
 - MSF –Belgium announced that they will be closing their centres in December 2005 and Care International announced that they will be closing their centres in January 2006.
 - MSF-Switzerland will be conducting a nutritional study in the areas of Mirriah, Magaria and Tirmini in November 2005. Care International will be conducting a nutritional study for the area of Tarka in January 2006.
 - WHO announced the installation of 7 high frequency Radios BLU in the areas of Zinder and Maradi and the upcoming programme for the community healthcare worker on the detection and treatment of malnutrition.
 - The absence of supervision of NGOs by the Regional Department of Public Health (DSRP) and the importance to plan for continuation of management and treatment of malnutrition after the departure of NGOs was raised.
 - NGOs were reminded to communicate their monthly reports to the DRSP.
- The monthly Tillaberi Regional Health Partners Coordination meeting was held at the Regional Department of Public Health (DSRP) on 1 November 2005. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, WHO staff from Niamey, World Food Programme (WFP), Mercy Corps, MSF- Spain, VALPRO and World Vision. The Governor of Tillaberi was also present at the meeting.

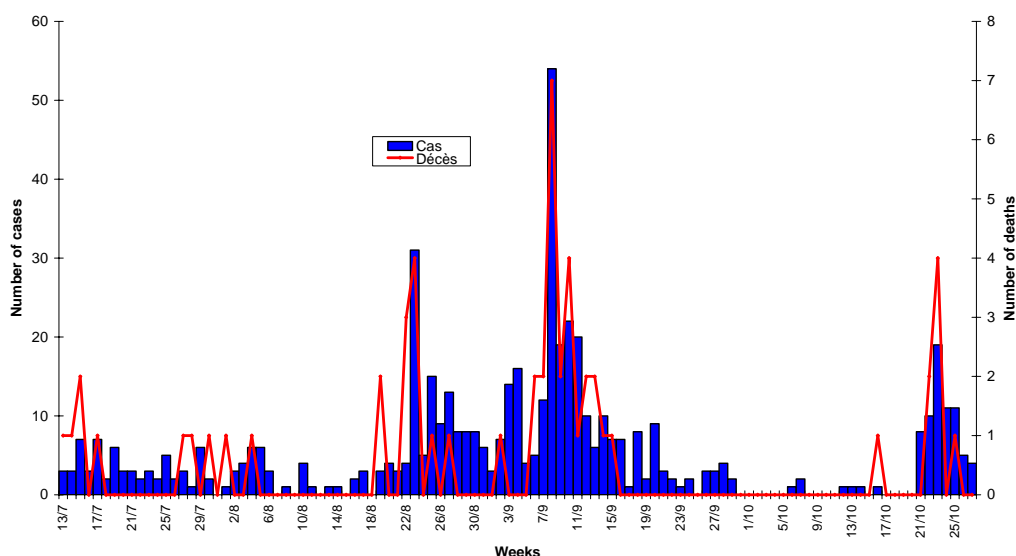
- The Governor thanked all partners for their technical and financial assistance and raised two priority areas: the need for regular and sustainable surveillance systems for malnutrition and the need to modernize and support the agriculture and farming industries.
He requested that NGOs ensure adequate transferral activities with other partners when they phase out their operations.
- The head of the DRSP Reproduction department presented an overview of the healthcare workers that had received training on the treatment of malnutrition. The region has two trainers and 108 healthcare workers who have received training. Of the 108, 26 healthcare workers have received training for the treatment of severe malnutrition in Intensive Nutritional Rehabilitation Centres (CRENI) and, and 82 for the treatment of moderate malnutrition in Outpatient Nutritional Rehabilitation Centres (CRENA).
- An overview of partners activities was presented:
World Vision employs national healthcare workers at a rate of 5000 CFA per day for an assistant director in an Integrated Health Service (CSI) and 2500 CFA per day for a healthcare worker. World Vision has begun training for community healthcare workers without adhering to the national protocol. It was recommended that they obtain a copy of the new protocol from the DRSP.
- VALPRO, who until recently mainly worked in the field of elimination of illiteracy and the care of livestock have established 9 Outpatient Nutritional Rehabilitation Centres, trained 11 CSI healthcare workers and plan to expand their activities into the districts of Kollo and Say.
- Mercy Corps who have been present in the north of the district of Filingué since September 7, 2005 raised the issue of families not immediately seeking treatment for their children because of the stigmatization attached to children suffering from malnutrition.
- MSF-Spain who intervene in the district of Ouallam, are looking for partners to take over their activities before the end of December 2005.
- WFP is planning to cease activities in the Tillaberi region by the end of November and is investigating the possibility of establishing cereal banks and implementing irrigation projects
- WHO presented a summary of activities undertaken since the beginning of the crisis and appealed to partners to recognize the extent of the crisis and to obtain the necessary funding in order to continue activities.
WHO also presented the new form that is being implemented in the regions of Maradi and Zinder for the collection of weekly data concerning malnutrition and offered to reproduce the form for use in the region of Tillaberi. The new form was adapted by the National Health Information System from the existing mandatory weekly list of mandatory notifiable communicable diseases to include weekly malnutrition data
- At the end of the meeting the following recommendations were presented by the DRSP:
The DRSP should:
 - Provide statistical data on malnutrition in the region by 15 November 2005;
 - Ensure the supervision of healthcare workers that have received training;
 - Investigate methods for improvement of the current surveillance mechanisms through official telegrams and consider implementing the new adapted mandatory weekly list of mandatory notifiable communicable diseases that includes weekly malnutrition data.NGOs should:
 - Utilize the form for the collection of data prepared by the DRSP that was distributed two months ago, communicate their data in a timely manner and submit their monthly reports;

- Ensure the families of children receiving treatment in the CRENI and CRENA, receive adequate food rations for the entire family so that the children suffering from malnutrition receive their therapeutic food rations;
 - Ensure that financial or logistic support is provided to children returning to their families when they leave the Nutritional Rehabilitation Centres.
- The Maradi Regional Health Partners Coordination meeting was held at the Regional Department of Public Health (DRSP) on 4 November 2005. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, WHO staff from the Maradi and Niamey offices, World Food Programme (WFP), the Federation of the Red Cross, African Muslim Agency (AMA) and World Vision.
 - The Regional director of the DRSP announced that, with the support of WHO, the new forms for the collection of data on malnutrition have been distributed to the integrated health services (CSI) throughout the region and reminded NGOs to communicate relevant health information in a timely manner to the CSI in the districts where they work.
 - The DRSP is producing a paper on malnutrition in the region of Maradi, January to October 2005.
 - The Federation of the Red Cross is working to incorporate their community health activities with the national Integrated Health Services (CSI).
 - World Vision is planning to continue activities in the region of Maradi until February 2006.

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 pre-positioning of medical kits

- **Cholera.** The total number of reported cases of cholera in Niger is 547, including 54 deaths. The overall case fatality rate (CFR) is 9.87%. Since 13 July 2005, 544 cases including 54 deaths have been reported in the region of Tahoua. Since 15 September 2005, 3 cases but no deaths have been reported from the region of Tillabéri. No new cases have been reported since the 27 October 2005.

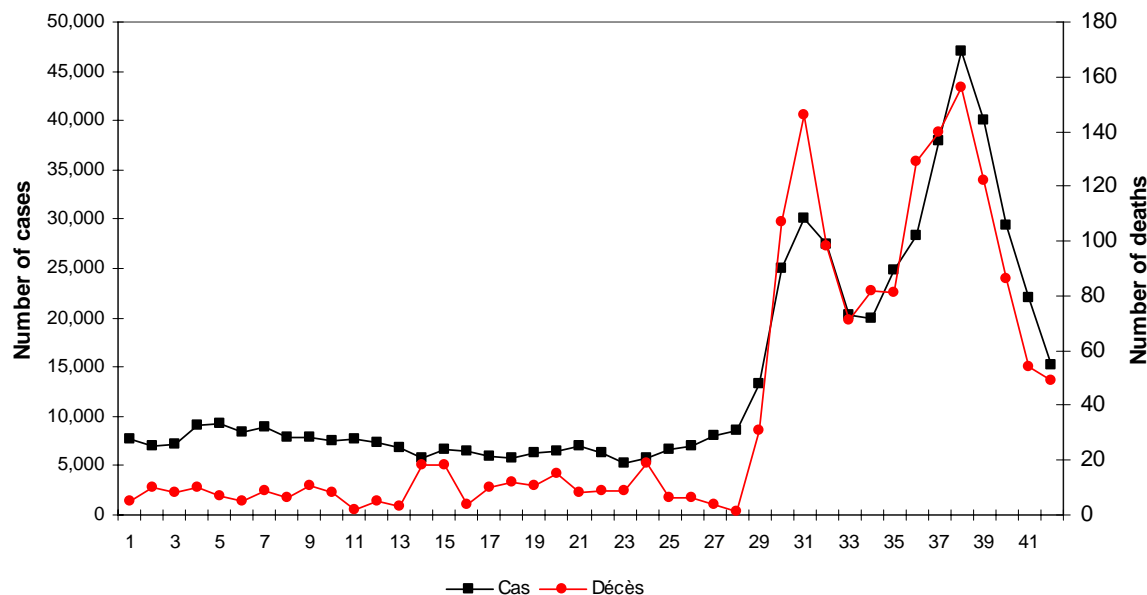
Case of cholera in Niger 13 July to 7 November 2005
547 cases, 54 deaths



- The number of reported cases of malaria appears to be decreasing. However, this tendency can only be confirmed when all data has been collected from all health facilities. The Global Fund has completed their training courses for district healthcare workers on the treatment of malaria.

**WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM WEEK 1 TO WEEK 42*, 2005 (CASES AND DEATHS)**

**Data for weeks 40-42 are not final*



- The Core Group in charge of distribution logistics for the national vaccination campaign days (12-17 November and 10-15 December) held micro-planning meetings in Niamey on 1 November and 4 November 2005. The planning meetings were held to define the logistic requirements of all the partners to facilitate the distribution of resources (medical, technical and personnel). Two teams have been sent to the district of Douthi, in the Dosso region and to the district of Tchirozérine, in the Agadez region to establish and test pilot systems for the distribution of Long Lasting Insecticidal Mosquito Nets during the first round of vaccinations 12 to 17 November 2005.

The Ministry of Public Health and Endemic Disease, the WHO Niger Representative and partner organizations will official launch the national vaccination campaign 2005 in the district of Douthi, region of Dosso on 12 November 2005.

The national vaccination campaign days target children under 5 years and will be synchronized with similar polio campaigns in Burkina-Faso, Cape Verde, Côte- d'Ivoire , Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone and Togo.

In Niger, 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.

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

- As part of the long-term planning to counter the problem of access of the most vulnerable groups to healthcare services, partners are working to include the concepts of the solidarity fund into the National Health Development Plan 2006. A WHO expert will travel to Niger from Headquarters to provide technical support for the development of these concepts, from 8 November to 5 December 2005.

III. Operations

Travel

- Two members of the WHO Niger Crisis Operation team are visiting various districts in Maradi and Zinder as well as the WHO sub-office in Maradi. One purpose of the visit is to verify the distribution of the rapid tests and artesunate/amodaquine medication for first line treatment of uncomplicated malaria for diagnosis in severely malnourished children in health centres in the two regions.

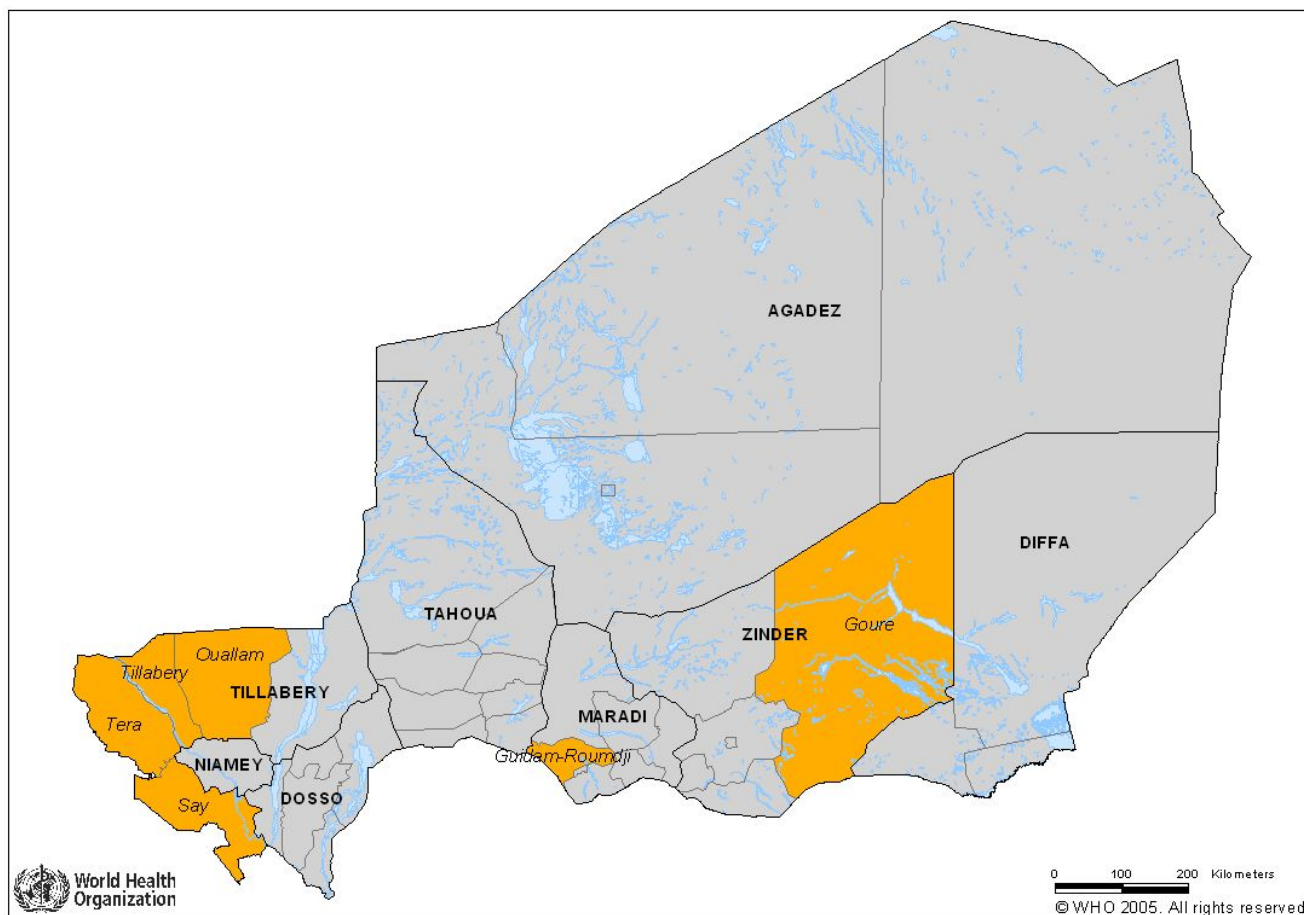
The other purpose is to enable the team to discuss and follow-up directly with partners on the progress of the implementation of the pilot system for the communication of nutritional data to the Integrated Health Centres (CSI) that service the villages and areas. The CSI are now using the new forms developed by the National Health Information System and WHO.

- The WHO medical-nutritionist and a representative of the Ministry of Public Health and Endemic Disease accompanied the visiting paediatric-nurse from the WHO collaborating centre, Burlo-Garofolo Regional Paediatric Hospital Institute of Child Health, Trieste, Italy to Tillaberi where she will be based for a period of one month.

Meetings

- The coordinator of the WHO Niger Crisis Operation team met with representatives from Action Against Hunger, and Save the Children. The purpose of these meetings was to discuss the implementation of the pilot nutritional surveillance system developed by the National Health Information System (SNIS) in collaboration with WHO and the development of an effective post crisis strategic plan 2006 and beyond.
- The coordinator of the WHO Niger Crisis Operation travelled to Tillaberi on 1 November to meet with the Director of the Regional Department of Public Health (DSRP) to discuss the weekly collection of malnutrition data and to attend the monthly interagency coordination meeting.

The six pilot districts selected for the implementation of a nutritional surveillance system as part of the Humanitarian Aid Department of the European Commission (ECHO) project.



Region of Maradi

District:

- Guidam Roundji

Region of Tillaberi

Districts:

- Ouallam
- Say
- Tera
- Tillaber

Region of Zinder

District:

- Goure