

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 14

8 to 14 November 2005

I. Highlights

- **The fourth round of the national immunization campaign 12-17 November 2005** was officially launched in Doutchi, region of Dosso on the 12 November by the Ministry of Public Health and Endemic Disease, the Governor of Dosso, the WHO Niger Representative, UNICEF and partner organizations.

The national vaccination campaigns target over 3.5 million children under 5 years. A total of 16000 people - 8000 teams of two will be mobilized throughout the six days of the campaign. Each passage costs approximately two million United States dollars.

In order to eradicate the wild poliovirus throughout the sub-region, the campaigns will be synchronized with similar campaigns in Burkina-Faso, Cape Verde, Côte- d'Ivoire , Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Senegal, Sierra Leone and Togo. Three polio immunization campaigns have already been conducted during the first trimester of the year. A fifth round is planned for 10 to 15 December 2005.

During the 12-17 November campaign, 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. Two teams have been sent to the district of Doutchi, 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 fourth round of vaccinations 12 to 17 November 2005.

- **A WHO expert arrived in Niamey from WHO Headquarters, Geneva** for three weeks to provide technical support for the development of strategies that allow vulnerable groups to have access to health services during crisis situations and for the maintenance of access to health services post crisis.
- **Training courses for healthcare workers in the case management of malnutrition** are continuing to be carried out by WHO and partners. It was planned to provide training for 450 healthcare workers by the end 31 December 2005. This has already been exceeded. By 11 November, 507 healthcare workers had received training. Of the 507, 48 participated in the training for healthcare trainers on the treatment of malnutrition and 459 participated in training on the treatment of malnutrition.
- **Visit of the Humanitarian Aid Department of the European Commission delegation.** The WHO Niger Representative and the coordinator of the WHO Niger Operations attended a meeting of health partners at the office of the European Union on 11 November 2005. The purpose of the meeting was to provide an overview from partners in the field of the current crisis situation, needs and strategies for 2006 to the visiting Humanitarian Aid Department of the European Commission (ECHO) delegation. The meeting was chaired and attended by Mr Brian O' Neil, Head of the West Africa Sector Humanitarian Aid Department of the European Commission (ECHO), Mr Stephan Quinton, Chef of the Regional office (ECHO), Mr Gilles Collard, assistant regional technical officer (ECHO), WHO, World Food Programme, UNICEF, Action Against Hunger, Care International, the Red Cross and OXFAM.

The results of the WFP preliminary investigation into the food security situation in Niger, as well as studies conducted by UNICEF, Action Against the Hunger and MSF-Spain, were presented and revealed similar conclusions:

- although it was reported that recent harvests were good, the nutritional situation remains alarming;
- poverty is increasing;
- depending on the region, current food supplies will only be sufficient for 3 to 4 months;
- current strategies should combine emergency aid and development aid in order to respond to the current food crisis and allow for future economic growth.

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.

- Partners of the interagency group on nutrition provided an update of activities at the weekly coordination meeting held at UNICEF on 11 November 2005.

- As of on 10 November 2005, there are 710 Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) currently in operation in Niger.

A total of 204 232 admissions have been registered in CRENI and CRENA facilities operated by 20 health partners around the country. Of the 204 232 admissions, 142 603 were admitted for moderate malnutrition and 61 629 were admitted for severe malnutrition.

It is important to note the number of admissions does not correspond to the actual number of children receiving treatment as children transferred from an intensive rehabilitation centre to an outpatient centre or vice versa, are entered as separate admissions. These numbers are not complete as nearly half of the NGOs have not communicated their weekly reports.

- Partners stressed that the crisis is not over. New nutritional rehabilitation centres are being established in areas not previously covered. Some partners have reported an increase in admissions and although some of the partners reported a slight decrease in the weekly number of admissions, the number remains extremely high.
- The WHO medical-nutritionist presented an update on the training programme for health-care trainers and workers on the treatment of malnutrition.
- The World Food Programme presented the preliminary results of their Niger Food Security Investigation October 2005.

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

- The ninth interagency health coordination meeting was held at the WHO Niamey operations room, 11 November, 2005, in the presence of the representatives of the French Co-operation, European Union, UNICEF, UNFPA, WFP, Care International, Help and MSF-Spain.
 - The WHO malaria consultant presented an overview of findings from the mission to Maradi and Zinder conducted in order 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.
 - It was noted that the number of Integrated Centres of Health (CSI) and Hospital personnel trained in the treatment of malaria was insufficient and those that do receive training had not transferred the knowledge to their colleagues. It was also noted that although some personnel had received training they did not always implement the new national policy.
 - It was discovered that distribution of the medication provided by WHO for the treatment of uncomplicated malaria had not followed WHO recommendations.
 - It was recommended that the distribution of the malaria medication be closely monitored at the regional and peripheral levels and that healthcare workers who had been trained receive on-site supervision.
 - The WHO Expanded Programme of Immunization (EPI) presented the upcoming activities for the fourth round of the national immunization campaign 12 to 15 November 2005.
 - The WHO medical-nutritionist presented an update on the training programme for healthcare trainers and workers on the treatment of malnutrition.
 - The WHO Representative stressed the importance and urgency of developing effective post crisis plans that include training programmes for healthcare workers on the case management of malnutrition.
 - The UNICEF nutritionist presented a progress report on the number of admissions in Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA). The number of children under five years who are suffering from moderate malnutrition remains very high. The continued treatment of children who are suffering from moderate malnutrition should lead to the decrease in the number of children suffering from severe malnutrition.
 - UNICEF, WFP and partners (MSF-Belgium and MSF-Spain) continue to provide "blanket feeding". In the region of Maradi, more than 45 300 children and their families have received food. In the region of Zinder nearly 30 000 of the anticipated final total of 33 000 children and their families have already received food. UNICEF and WFP will continue their activities until the end of March 2006.
 - UNICEF is collating action plans and projected dates of departure of all partner NGOs to ensure that high risk areas continue to be covered at least until the end of March 2006.

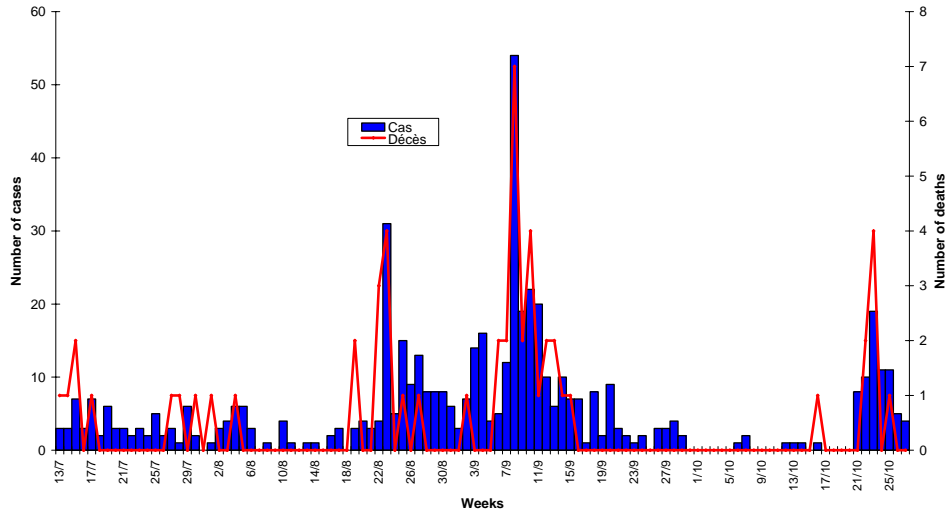
- MSF-Spain announced that they will be leaving the region of Tillabéri at the end of the year and that they are seeking partners to transfer their activities.
- Help, is waiting to receive confirmation for the extension of their mission into 2006.
- Care International continues its activities in the regions of Tahoua and Zinder. They operate two Outpatient Nutritional Rehabilitation Centres in the district of Tahoua and one in the region of Zinder. Children who are suffering from severe malnutrition are referred to the Intensive Nutritional Rehabilitation Centres managed by MSF.
- The Zinder Region Health Partners Coordination meeting was held at the Regional Department of Public Health (DRSP) on 8 November. The meeting was chaired by the interim Regional Director of the DRSP and included representatives of the Regional Department of Public Health, the WHO Niamey Operations teams, WFP, Caritas Development Niger, GOAL, Helen Keller International (HKI), Human Appeal International, MSF-Belgium, MSF-Switzerland, Sentinelle and Save The Children.
 - All NGOs use rapid diagnostic tests for malaria, *Paracheck*, provided by MSF-Belgium.
 - It was noted that the reduction in the distribution of protective food rations of the previous week coincided with the end of Ramadan.
 - Helen Keller International plans to continue their activities in the region of Zinder until February 2006.
 - The French Red Cross is planning to cease activities by mid-December 2005.
 - Caritas International is planning to conduct a nutritional survey before the end of 2005.
 - The DRSP asked that NGOs incorporate their activities with the national Integrated Health Services (CSI).
 - The WHO malaria consultant visiting the region presented the national malaria treatment policy and distributed WHO publications. It has been noted that, 17 000 doses of artesunate/amodiaquine medication had been distributed throughout the region: 6 000 doses for the district of Gouré; 5 000 for the district of Magaria and 6 000 doses for the district of Tanout.

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.

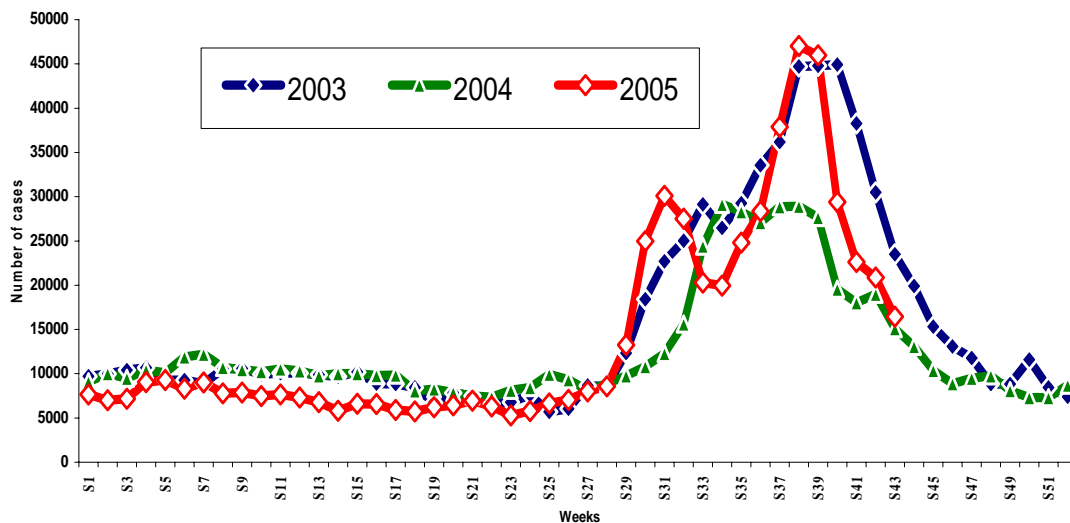


Case of cholera in Niger 13 July to 7 November 2005
547cases, 54 deaths



- **Malaria.** The number of reported cases of malaria appears to be decreasing. As shown in the graph below, the current incidence follows the pattern of the past two years with peaks in weeks 28 to 39.

**WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM YEAR 2003 TO 2005 (CASES AND DEATHS)**
**Data for weeks 40-42, 2005 are not final*



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 2005-2009. A WHO expert arrived in Niamey from WHO Headquarters, Geneva for three weeks to provide technical support for the development of these concepts.

III. Operations

Travel

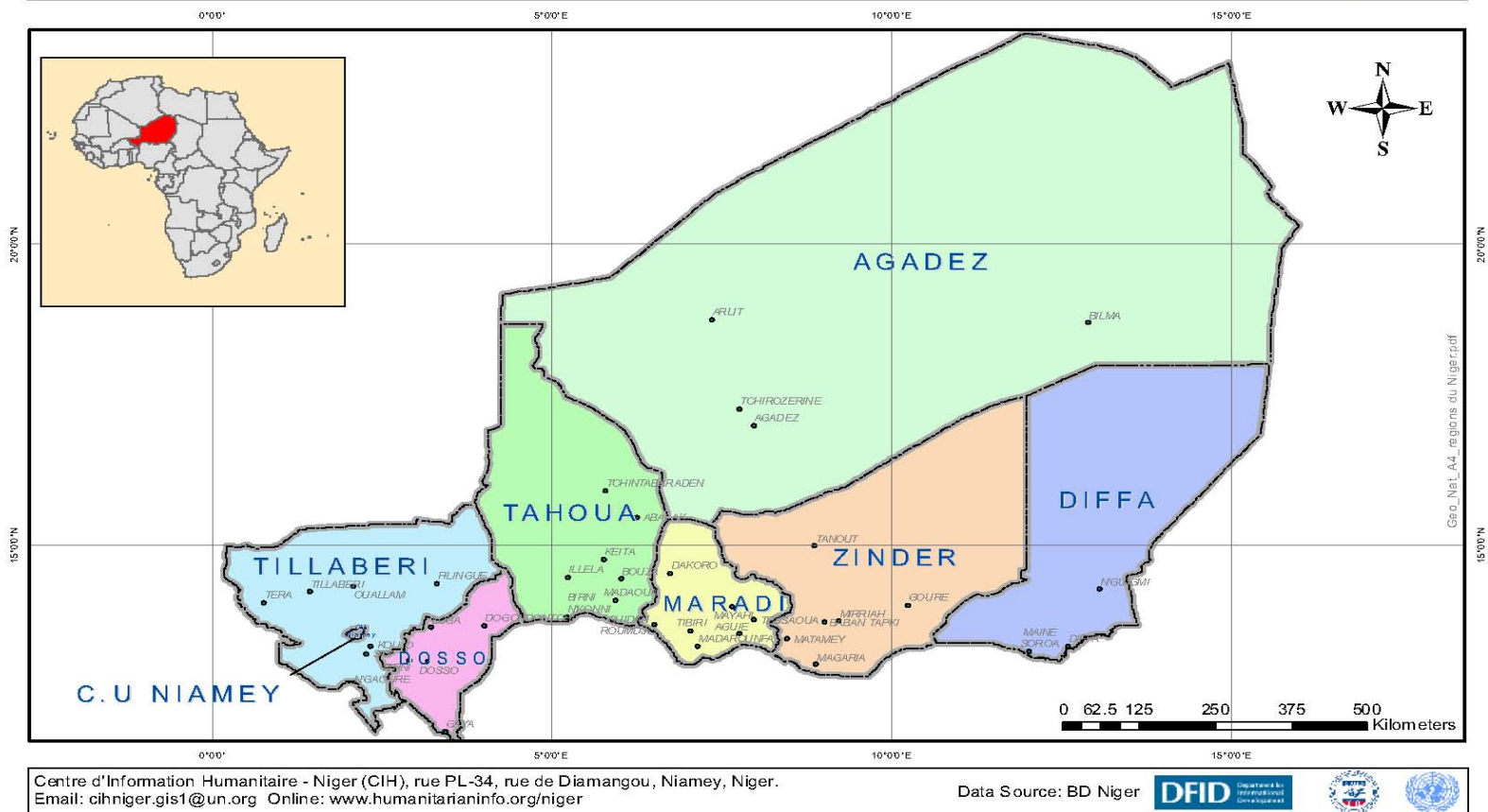
- Two members of the WHO Niger Crisis Operation team visited various districts in Maradi and Zinder as well as the WHO sub-office in Maradi from 3 to 9 November 2005.
- The WHO medical-nutritionist and a delivered 50 paediatric feeding tubes to the Intensive Nutritional Rehabilitation Centre at the Tillaberi regional hospital to assist in the treatment of children suffering from malnutrition.
- A WHO Niger Operations team accompanied the WHO Niger Representative to the official opening of the fourth round of the national immunization campaign, Douchi, 12 November 2005.

Meetings

- The coordinator of the WHO Niger Crisis Operation team met with representatives from MSF-Spain and VALPRO. 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.

VALPRO will organise the first WHO funded of training courses for community healthcare workers in the case management of malnutrition.

LES 8 REGIONS DU NIGER



MAP REPRESENTING THE 8 REGIONS OF NIGER:
 Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabéri, and Zinder