

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 16

22 to 28 November 2005

I. Highlights

- At the invitation of the President of the Republic of Niger, the World Health Organization Office for Africa Regional Director, Dr Luis Gomes Sambo, visited Niger from 24 to 26 November 2005. The purpose of the visit was to strengthen cooperation between the Niger Government and WHO.

The WHO Regional Director met with the President of the Republic of Niger, the President of the National Assembly and the Prime Minister. Dr Luis Gomes Sambo was awarded the Gold Medal for Health by the President of Niger for his contribution to public health since he came into office. Dr Sambo thanked the President for the award and the Niger authorities for their mark of confidence. He reaffirmed his determination to work to achieve improved public health throughout Africa.

During his visit, consultations were held with the Ministry for Public Health and Endemic Diseases, the Ministry of Higher Education and Technology, United Nations' agencies and development partners. The Regional Director visited the national medical research centre (CERMES) the national public health Laboratory (LANSPEX), the Niamey National Hospital and the University of Niamey Faculty of Health Science. Dr Luis Gomes Sambo travelled to the region of Tillaberi presented the regional Hospital with a gift of a computer, Long Lasting Insecticidal Mosquito Nets, childrens' blankets and medication and visited an Intensive Nutritional Rehabilitation Centre. Dr Luis Gomes Sambo also visited the regional hospital of Dosso.

- Final results from the fourth round of the national immunization campaign 12 to 17 November 2005 show a coverage of 3 414 778 of a targeted 2.9 million children under 5 years. Last year, of a targeted 2 824 115 children 3 210 438 were vaccinated. Of the 3 414 778 children vaccinated in November 2005, over 86 000 children had never been visited during previous national vaccination campaigns and did not have access to the routine Expanded Programme of Immunization (EPI). During the 12-17 November campaign, Vitamin A was administered along with the polio vaccination to children women. A total of 2781172 children between the age of 6 and 59 months and a total of 53 577 women postpartum received vitamin A supplements.

Region	Children targeted 2005	Children vaccinated November 2005					
		0-11 months		12-59 months		TOTAL	
		Zero Dose	Already received Oral Polio Vaccine	Zero Dose	Already received Oral Polio Vaccine	Total Children vaccinated	Total Zero Dose
P	A	B	D	E	G = C+F	H = A + D	
AGADEZ	80,698	1,929	13,058	25	69,343	84,355	1,954
DIFFA	76,551	5,151	15,703	422	88,501	109,777	5,573
DOSSO	376,724	8,680	76,643	38	354,634	439,995	8,718
MARADI	574,337	18,253	126,669	8	557,332	702,262	18,261
TILLABERI	486,260	16,089	91,463	17	432,232	539,801	16,106
TAHOUA	522,505	13,282	105,818	10	487,904	607,014	13,292
ZINDER	628,297	21,503	154,458	72	569,410	745,443	21,575
NIAMEY	166,291	792	29,921	-	155,418	186,131	792
Total Country	2,911,663	85,679	613,733	592	2,714,774	3,414,778	86,271

- A joint World Food Programme, UNICEF, WHO strategy planning mission travelled to the field to visit various nutritional centres. The objective of this joint mission is to elaborate an Integrated Programme for Nutrition Reinforcement. The use of a programme approach should allow for the establishment of mechanisms to plan activities through a coherent process with the definition of strategies and activities based on clearly-defined nutritional objectives and the identification of resources and means for their implementation.

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 25 November 2005.

As of 25 November 2005, there were 806 Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) in operation in Niger.

A total of 226 929 admissions have been registered in CRENI and CRENA facilities operated by 20 health partners around the country. Of the 226 929 admissions, 162 005 were admitted for moderate malnutrition and 64 924 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.

- Please find below, the table of admissions for the treatment of malnutrition, in the Maradi region, for week 45:

**Treatment of malnutrition, in the Maradi region,
for the week 45, between the 07 and the 13 of november 2005**

DISTRICTS SANITAIRES	SEVERE MALNUTRITION		MODERATE MALNUTRITION		TOTAL MALNUTRITIONS	
	New Cases	Deaths	New Cases	Deaths	CASES	DEATHS
Aguié	129	2	258	N/A	387	2
Tessaoua	79	N/A	399	N/A	478	N/A
Dakoro	50	2	88	N/A	138	2
Guidam Roumji	406	11	N/A	N/A	406	11
Maradi	307	9	2	N/A	309	9
Madarounfa	113	0	413	N/A	526	0
TOTAL	1 084	24	1160	N/A	2244	24

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 22 November. The meeting was chaired by the representative of Care International and included representatives of WHO, WFP, UNICEF, BALD, the French Red Cross, Human Appeal International, MSF Belgium, MSF Switzerland, and the Red Crescent Qatar.

WFP requested partners to submit their therapeutic food requirements for the first quarter of 2006.

The CRENAS in the districts of Kantché and Gouna operated by MSF-Switzerland and the CRENAM in the district of Tanout operated by the African Islamic Agency have been shut down.

Although GOAL covers the treatment costs for children in certain Integrated Health Centres (CSI), children do not received this treatment. GOAL also repeated the difficulties faced when mothers arrive at the treatment centres at closing times;

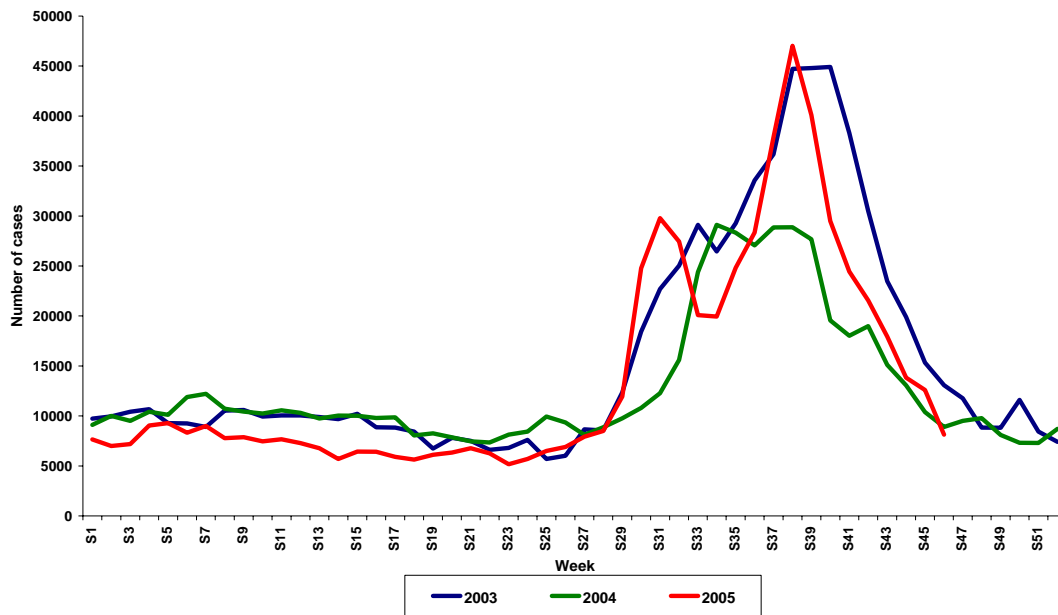
NGOs requested the DRSP to work with all partners and to find solutions to problems that arrive.

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

- WHO malaria consultant participated in the planning meeting for next steps of third round of the Global Fund project for the distribution of artemisinin-based combination drugs in Niger for the treatment of malaria (Maradi, 23 to 25 November 2005). The meeting included representatives of the National Malaria Programme of the Ministry of Public Health and Endemic Diseases and representatives of the National Health Information System (SNIS), the directors, malaria coordinators and Provincial Health Information System from the eight Regional Department of Public Health (DSRP), the 25 district Global Fund project focal points, the Global Fund, World Health Organization and the Local Fund Agency. An evaluation of the entire third round of the project is planned for December 2005.

- 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.

**WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM YEAR 2003 TO 2005 (CASES AND DEATHS)**



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

- Technical support for the development of concepts on the access of vulnerable groups to healthcare services at the regional and peripheral levels is continuing. Activities throughout the week included: field mission to the district of Ouallam, region of Tillaberi and the districts of Dosso and Gaya, region of Dosso, meetings with regional health authorities, various NGOs and responsible officers of community-based cost recovery programmes.

These activities revealed:

- A paradox in districts that have a surplus of cereal reserves but ongoing nutritional problems (for example in the districts of Dosso and Gaya in the Dosso region);
- Pre-existing mechanisms to improve quality and access to healthcare;
- A thorough understanding of the pilot project implemented by Dosso Regional Hospital based on an improved system of treatment, accounting and access to medication.
- The importance of involvement of all partners in the development of a plan for the implementation of recommendations from the evaluation of the cost recovery system before June 2006.
- The existence of small-scale cost recovery mechanisms managed by community Islamic women's associations.

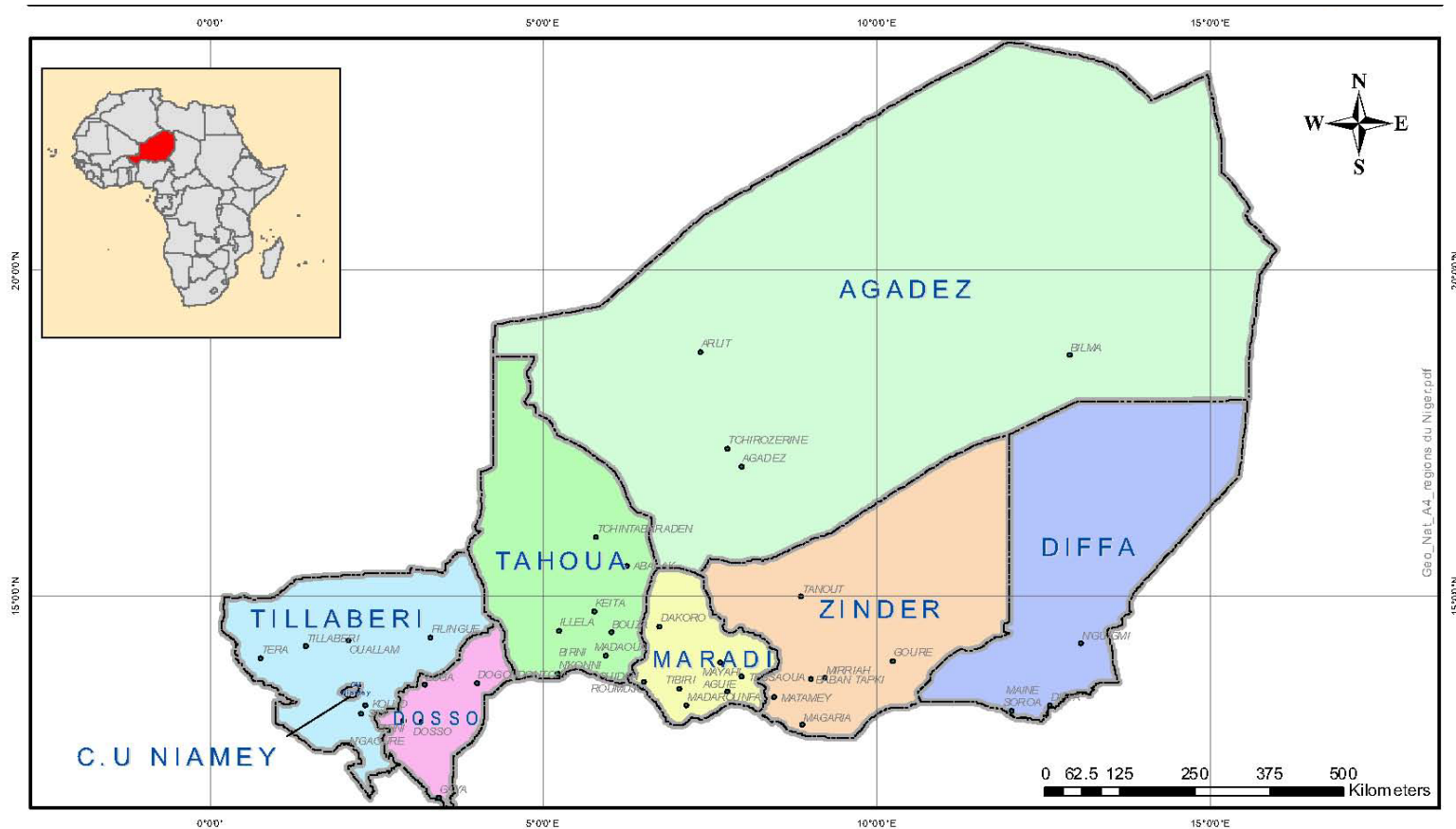
III. Operations

Travel

- The visiting WHO public health expert and the WHO Niger country office economist travelled to the district of Ouallam, region of Tillaberi, 23 November 2005. The team met with the current and new Chiefs of Staff of the Ouallam District Hospital and the MSF-Spain responsible officer. The team visited the CRENI and the CRENA managed by MSF Spain.
- These two officers also travelled to the districts of Dosso and Gaya, region of Dosso on the 24 November 2005. The team visited the regional hospital of Dosso and the district hospital in Boboye. The team met with the Director of the Regional Department of Public Health (DSRP), the Chief of Staff of the Dosso Regional Hospital, and the responsible officers of the Bonbatu Mutual System in the district of Boboye.

MAP REPRESENTING THE 8 REGIONS OF NIGER:

Agadez, Diffa, Dosso, Maradi, Niamey, Tahoua, Tillabéri, and Zinder



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Data Source: BD Niger

