

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 17

29 November to 5 December 2005

I. Highlights

- On 2 December 2005, the United Nations called for \$145 million US dollars for West Africa as part of the Humanitarian Appeal 2006. The Humanitarian Appeal covers health, food, water, and hygiene sectors in 16 countries of West Africa: Benin, Burkina Faso, Cap Vert, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Niger, Nigeria, Mali, Mauritania, Senegal, de la Sierra Leone and Togo.
- Following announcement on 23 November, 2005 from the World Food Program that millions of people in Niger would be exposed to extreme sufferings and difficulties for the second consecutive year if the international community did not renew its engagement, the Minister of Public Health and Endemic Diseases and the Minister of Agriculture and Development held a press briefing on the food crisis. The Minister for the Minister Public Health announced that the action plan for 2006 "will be implemented without delay covering all public sectors and offering substantial support for the Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) in all regions and districts" and that "from now on, all NGO and international organization interventions must be made through the PDS (National Health Development Plan) 2005-2009".
- During the opening ceremony of the joint World Food Program and Niger Government's Review of Performance of action throughout the foods crisis 2005, the Prime Minister expressed the "government's and the people of Niger's gratitude to the international organizations and NGOs for their assistance" and asked the international community and humanitarian agencies to respect the sovereignty of Niger. The Prime Minister announced the strategy to reduce poverty developed by the President of the Republic as part of a large scale development programme involving the irrigation of 80.000 hectares over a period of 5 years at a total cost of approximately 300 million US Dollars. The government of Niger has committed approximately 80 million US Dollars towards this project."
- The Minister of Public Health and Endemic Disease, officially launched World Day AIDS Day Niger, 1 December 2005, in the presence of the WHO Niger Representative, the Vice President of the National AIDS Committee, the UNDP Representative and the President UNAIDS Niger committee.

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.

- 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.

- **Accumulated evolution of admissions for the treatment of moderate and severe malnutrition in Niger. August 22 to November 25, 2005.**

Week	Number of expected admissions from 01 July to 31 December 2005			Total number of accumulated admissions recorded		
	Severe malnutrition	Moderate malnutrition	Total	Severe malnutrition	Moderate malnutrition	Total
W34	29 115	171 573	200 688	916	27 103	28 019
W35	58 583	251 749	310 332	15 851	38 514	54 365
W36	59 845	256 149	315 994	20 034	54 124	74 158
W37	49 715	275 378	325 093	26 384	62 284	88 668
W38	ND	N/A	N/A	29 447	74 865	104 312
W39	58 555	273 849	332 404	35 993	86 658	122 651
W40	57 555	206 599	264 154	37 515	92 678	130 193
W41	69 569	204 499	274 068	44 555	108 373	152 928
W42	69 569	204 499	274 068	48 211	116 070	164 281
W43	69 569	204 499	274 068	54 421	118 823	173 244
W44	70 147	208 422	278 569	60 192	138 696	198 888
W45	70 147	208 422	278 569	61 629	142 603	204 232
W46	70 147	211 999	282 146	62 867	149 613	212 480
W47	75 397	217 099	292 496	64 924	162 005	226 929

N/A : Data not available

Source : UNICEF

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

- The Maradi Region Health Partners Coordination meeting was held at the Regional Department of Public Health (DRSP) on 2 December. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, WHO, UNICEF, Action Against Hunger, the African Muslim Agency, the International Federation of Red Cross and Red Crescent Societies, MSF-France, Save the Children and World Vision.
 - The International Federation of Red Cross and Red Crescent Societies have integrated their activities with the state managed Integrated Health Centres (CSI).
 - World vision will continue activities until March 2006 Action Against Hunger leave the district of Dakoro by 31 December 2005, but will continue activities in the district of Mayahi.
 - African Muslim Agency will stop activities by 31 December 2005.
 - Save the Children UK has developed and implemented community based nutrition surveillance system.
- The *Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin*, for week 44 and 45 was published and distributed by the Ministry of Public Health and Endemic Disease, with the support of WHO and UNICEF.

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

- As part of the fifth round of the Global Fund project for the distribution of antimalarial medication in Niger; the WHO malaria consultant and UNDP provided support to the National Malaria Programme of the Ministry of Public Health and Endemic Diseases to develop the schedule of activities and distribution of the antimalarial medication (COARTEM®).
- The Core Group in charge of distribution logistics for the fifth round of national vaccination campaign days 19 to 24 December held micro-planning meeting in Niamey on 30 November 2005. Lessons learnt from the fourth round of held from 12-19 November highlighted and logistic requirements for all partners for the distribution of resources (medical, technical and personnel) were discussed.

The national vaccination campaign days target over 3.5 million children under 5 years in Niger. During the fifth round vaccinations over 2 million Long Lasting Insecticidal Mosquito Nets 10-15 will be distributed along with the administration of the polio vaccination.

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 regions of Maradi and Zinder, meetings with regional health authorities, various NGOs and responsible officers of community-based cost recovery programmes. These activities revealed:
 - The cost recovery system that has been in place since 1995 is applied in all national medical structures.
 - As currently applied, the current system is inadequate.
 - The existence of community cost recovery mechanisms (health mutuals) at an early stage of development that should be supported for continued expansion.
 - The existence of local community cost recovery mechanisms managed by NGOs with the aim of improving access to health services.
 - There are people that can afford to pay for health services but the services are not always available.
 - Some CRENI and CRENA's are not integrated in the national health systems.

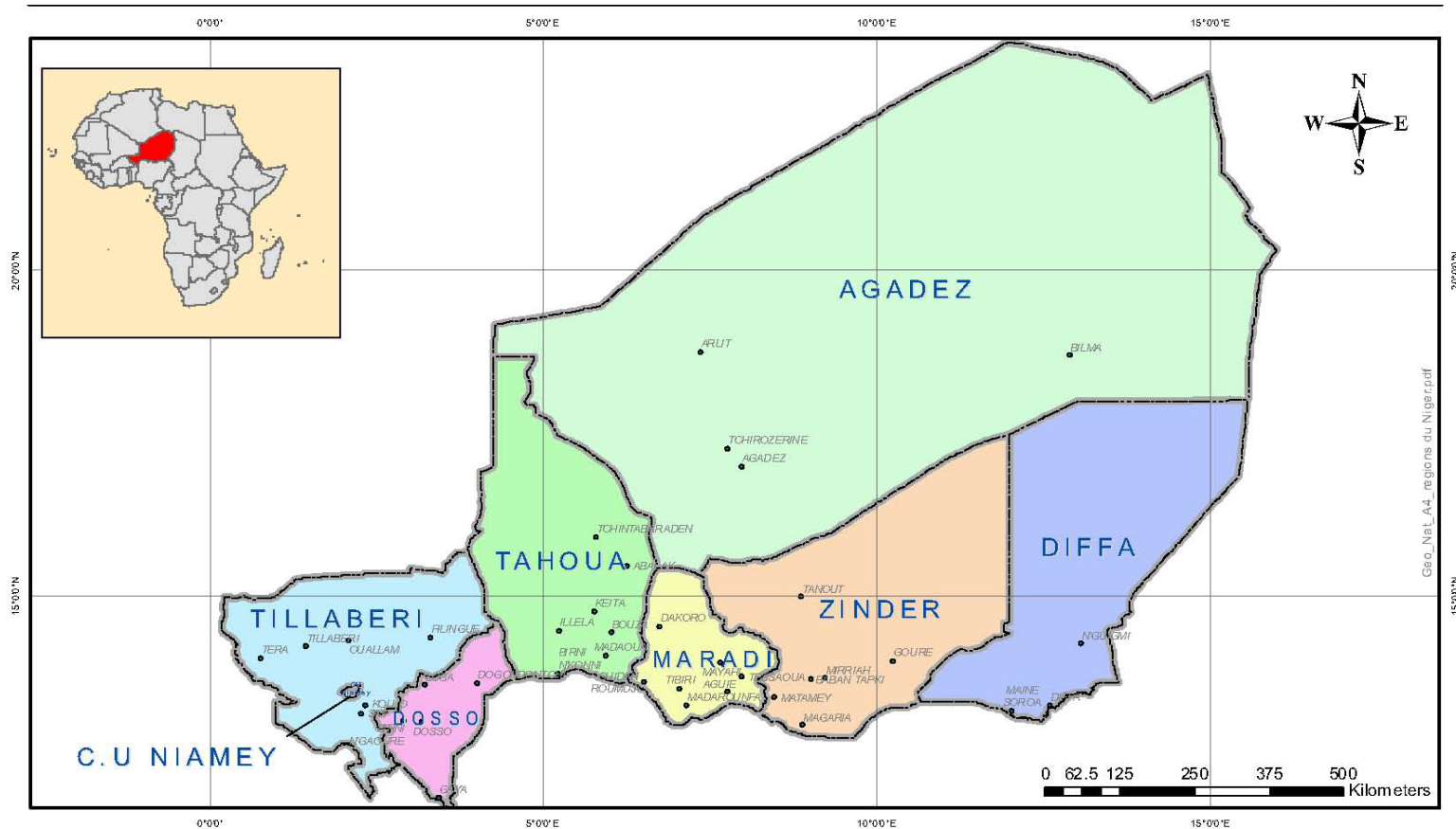
III. Operations

Travel

- The joint World Food Programme, UNICEF, WHO strategy planning mission travelled to the field to visit various nutritional centres throughout the country.
- The visiting WHO public health expert and the WHO Niger country office economist travelled to the regions of Maradi and Zinder. The mission enabled the team to see various existing systems for the improvement of access to health services and to explore alternate mechanisms.

MAP REPRESENTING THE 8 REGIONS OF NIGER:

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



Centre d'Information Humanitaire - Niger (CIH), rue PL-34, rue de Diamangou, Niamey, Niger.
 Email: cihniger.gis1@un.org Online: www.humanitarianinfo.org/niger

Data Source: BD Niger

