World Health Organization

Health action in crisis

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 15

15 to 21 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, will visit Niger from 23 to 25 November 2005. The purpose of this visit is to strengthen cooperation between the Niger Government and WHO.

  The WHO Regional Director will meet with the President of the Republic of Niger, the President of the National Assembly and the Prime Minister. Consultations are planned with the Ministry for the Public Health and Endemic Diseases, the Ministry of Higher Education and Technology, United Nations' agencies and development partners.

  Dr Luis Gomes Sambo will also visit various health and research clinics throughout Niamey.

- A UNICEF-WFP-WHP joint two week programming mission to evaluate the past year's nutrition strategies and define joint strategies for the coming year in order to ensure the comprehensive treatment of malnutrition began on 21 November 2005.

- The fourth round of the national immunization campaign took place 12 to 17 November 2005. Final results including monitoring and supervision with quality indicators are expected on 23 November 2005.

  Prior to the beginning go the national vaccination campaign round four, a situation analysis of routine vaccination coverage and coverage of previous national vaccination campaigns for the islands of Lake Chad in the Diffa region was undertaken in order to improve overall coverage in the region. Of the 222 islands, 52 (27%) have never been visited during previous national vaccination campaigns and only 28 (13%) of the islands have access to the routine Expanded Programme of Immunization (EPI). The micro-plan was updated to include adequate transport, supply and supervision of the teams in order to reach these islands during the fourth round.

  Preliminary results from the Integrated Health Centre (CSI) of the district of Bosso that includes 56 islands, show that 19 (34%) had never been visited by the national vaccination campaigns and only 3 (5%) by the routine Expanded Programme of Immunization (EPI). These results are promising and demonstrate a significant increase in the number of children vaccinated for the first time in this high-risk zone.

- The preliminary results of the Action Against Hunger, nutritional survey conducted between 12 September to 15 October 2005 in the regions of Maradi and Tahoua communicated to WHO reveal:
  - In the agricultural zone, from a sample of 1061 children, there was a total rate of 19,2 % of malnutrition detected, of which 4,1 % were suffering from severe malnutrition.
  - In the agro-pastoral zone, in the period before harvest when food stock are low, from a sample of 1040 children, there was a total of 24,7 % malnutrition detected, of which 5,4 % were suffering from severe malnutrition.
  - In pastoral zone, after the harvest, from a sample of 746 children, there was a total of 16,4% malnutrition detected, of which 2,8 % were suffering from severe malnutrition.

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- The coordinator of the WHO Crisis Operations, the visiting WHO public health expert, the WHO medical nutritionist and the WHO Niger country office economist travelled to the region of Tillaberi on the 17 November 2005. The objectives of the mission were to investigate alternate mechanisms of health service financing and to monitor progress of the collection of nutritional data throughout the region.

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 18 November 2005.

  As of 17 November 2005, there were 765 Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) currently in operation in Niger.

  A total of 212 480 admissions have been registered in CRENI and CRENA facilities operated by 20 health partners around the country. Of the 212 480 admissions, 149 613 were admitted for moderate malnutrition and 62 867 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.

- Training courses for healthcare workers in the case management of malnutrition are continuing to be carried out by WHO, UNICEF and partners. It was planned to provide training for 450 healthcare workers by 31 December 2005. This has already been exceeded. By 18 November, 547 healthcare workers had received training. Of the 547, 48 participated in the training for healthcare trainers on the treatment of malnutrition and 499 participated in training on the treatment of malnutrition.

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 (DSRP) on 18 November. The meeting was chaired by the Regional Director of the DRSP and included representatives of the Regional Department of Public Health, the WHO, UNICEF, OCHA, World Food Programme (WFP), the Federation of the Red Cross, Care International, MSF-France and World Vision.
  - The Director of the DSRP explained the importance of the weekly data received from NGOs and reminded NGOs to communicate their monthly reports promptly to the DRSP.
  - WFP plans to continue to provide targeted food distribution until the end of March 2005.
  - WHO proposed that DSRP, WFP and UNICEF explore the possibility of reestablishing free food distribution to the national health centres under the guidance of trained healthcare workers.

- Care International conducted a study on the impact of food distribution. The study covered 6601 children in 57 villages. The study found 321 children suffering from severe malnutrition, 1572 children suffering from moderate malnutrition and 1793 children at risk. Care International has begun a behavioural programme for proper nutrition and to reduce the spread of communicable diseases.
- MSF-France is closing their Intensive Nutritional Rehabilitation Centre (CRENI) in the districts of Dakoro and Aguié. The CRENIs in the district of Maradi and Tiberi will continue to operate.
- World Vision is continuing with the distribution of food rations. World Vision is operating in 40 areas with 7 Outpatient Intensive Nutritional Rehabilitation Centres (CRENAS) attached to National Integrated Health Services, have provided public health training for 40 health educators and have donated medical supplies to various health centres.

- The *Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin*, for week 42 and 43 was published and distributed by the Ministry of Public Health and Endemic Disease, with the support of WHO and UNICEF on 17 November 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 pre-positioning of medical kits

- The WHO malaria consultant and UNDP provided support to the National Malaria Programme of the Ministry of Public Health and Endemic Diseases to finalise the grant proposal to the Global Fund fifth round for funding for the supply of artemisinin-based combination drug treatments.
- Malaria continues to be the leading cause of mortality and morbidity in Niger.

Notifiable diseases in Niger, for epidemiological weeks 1 to 45, 2005

DISEASE	TOTAL CASES	TOTAL DEATHS	CASE FATALITY RATE (CFR, %)
Malaria (suspected)	629 563	1 669	0,27 %*
Bloody Diarrhea	17 381	7	0,04 %
Measles	2 147	14	0,65 %
Meningitides (suspected)	1 116	131	11,74 %
Whooping-cough	1 116	5	0,45 %
Cholera	547	54	9,87 %
Acute Flask Paralysis (AFP)	144	3	2,08 %
Neonatal Tetanus	26	8	30,77 %
Diphtheria (suspected)	8	3	37,50 %
Yellow Fever	0	0	/

* *This case fatality rate represents the total number of deaths from all forms of malaria as the data received from the National Health Information System (SNIS) do not distinguish between complicated and uncomplicated malaria.*

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

- A WHO expert arrived in Niamey from WHO Headquarters, Geneva, to provide technical support for the development of concepts on the access of vulnerable groups to healthcare services at the regional and peripheral level. Activities have included:
    - A meeting with the Secretary-General and the Assistant Secretary-General of the Ministry of Public Health and Endemic Diseases MoH/ED, the head of the Mutual Insurance Support team of the MoH/ED
    - A mission to the region of Tillaberi to meet with the Director of the Regional Department of Public Health (DSRP), the Chief of Staff of the Tillaberi Hospital, the manager of the Tillaberi Intensive Nutritional Rehabilitation Centre and the regional coordinator of Islamic Relief.
    - A meeting with leaders of religious associations.

  These activities revealed:
    - The MoH/ED is open to the concept of developing alternative mechanisms for cost recovery for healthcare services.
    - The commitment of the MoH/ED to support the institutional reform of the National Health Programe 2005-2009 to include cost recovery mechanisms.
    - A need to develop proposals for the implementation of a solidarity fund.
    - Grass root systems exist for alternative mechanisms for cost recovery for healthcare services such as contracts between NGOs and national health centres (eg Islamic Relief in the region of Tillaberi) and/or mutual health systems (e.g Bonbatu Mutual in the district of Boboye, Dosso region).
    - The possible development of a public service mutual insurance mechanism.
    - The importance of noting lessons learnt from the establishment of the CRENI and CRENAs, such as the time required for installation, the necessity to provide ongoing support to the system and the lack of management capacities for the centres.
    - The increase in the number of people who visit nutritional centres operated by NGOs that offer free healthcare services.
    - The need to explore the possibility of creating a community solidarity fund managed by religious organizations.

III. Operations

Travel

- The coordinator of the WHO Crisis Operations, the visiting WHO public health expert, the WHO medical nutritionist and the WHO Niger country office economist travelled to the region of Tillaberi on the 17 November 2005. The team met with the Director of the Regional Department of Public Health (DSRP), the Chief of Staff of the Tillaberi Hospital, the manager of the Tillaberi Intensive Nutritional Rehabilitation Centre and the regional coordinator of Islamic Relief.

  The team:
    - met with the paediatric nurse seconded to WHO on mission at the Tillaberi Intensive Nutritional Rehabilitation Centre (CRENI);
    - met with the Director of the Regional Department of Public Health (DSRP) and the collected up-to-date data from the Provincial Health Information System (SPIS);
    - gathered examples of increased access to healthcare services for vulnerable groups at the local level.

  The team observed the increase in support provided by Islamic Relief to the CRENI and CRENA and the importance of effective collaboration between Islamic Relief, the DRSP and the communities. It was recommended to visit other regions and districts in order to gain thorough understanding of the needs at the local level throughout the country.

MAP REPRESENTING THE 8 REGIONS OF NIGER:

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