

WHO Emergency Health Programme for the Food Crisis in Niger

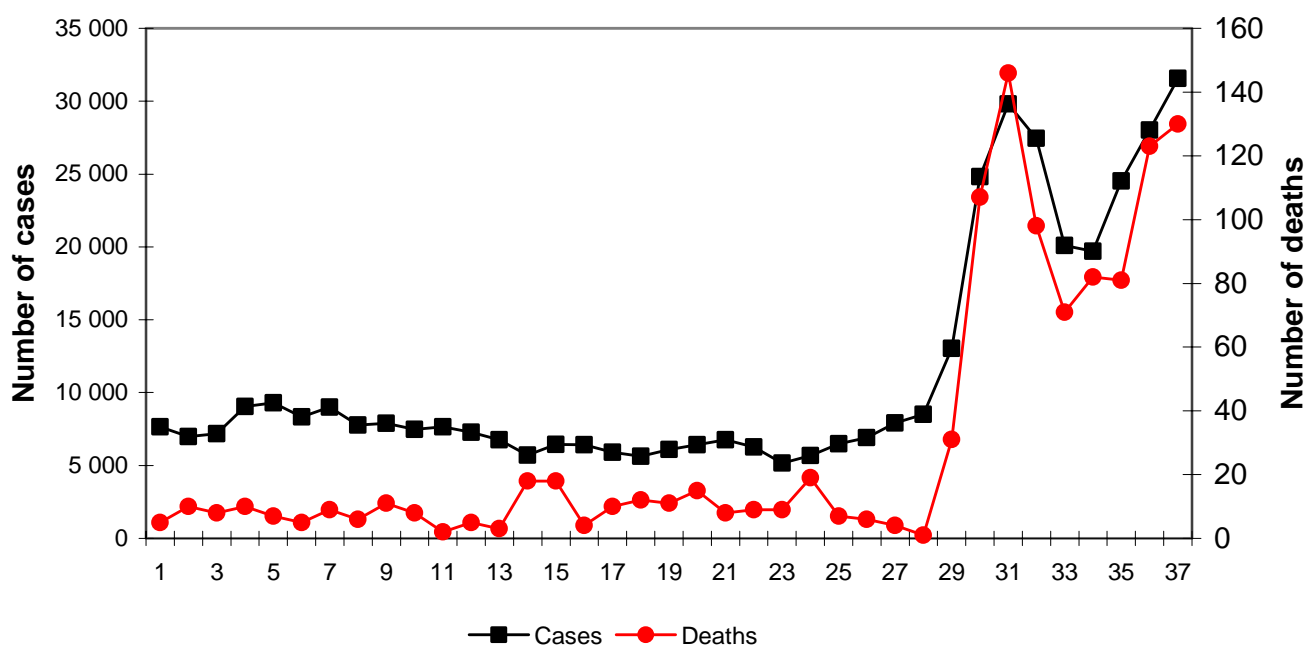
Situation Report # 7

20 to 26 September 2005

I. Highlights

- The inter-ministerial Food Crisis Group (Cellule de Crise Alimentaire or CCA) meeting was held on the 22 September 2005. The agricultural situation was judged satisfactory. The report of the nutritional status showed an 82% recovery rate for children suffering malnutrition and 91% recovery rate for children suffering severe malnutrition. Free food disbursement is set to come to an end on the 10, October 2005. It is planned to develop an "action plan" before this date, to identify the most vulnerable groups and enable the continuation of targeted distribution. Participating partners were asked to develop new approaches and plans for the post-crisis stage.
- 20 000 malaria rapid tests for the early diagnosis of Malaria in severely malnourished children arrived in Niamey. Children under five years in the districts of CRENI and CRENA, will receive 100,000 "3+3" blisters of artesunate/amodaquine for first line treatment of uncomplicated malaria.
- Malaria continues to be the leading cause of mortality and morbidity. As shown in the graph below, the number of malaria cases has constantly increased.

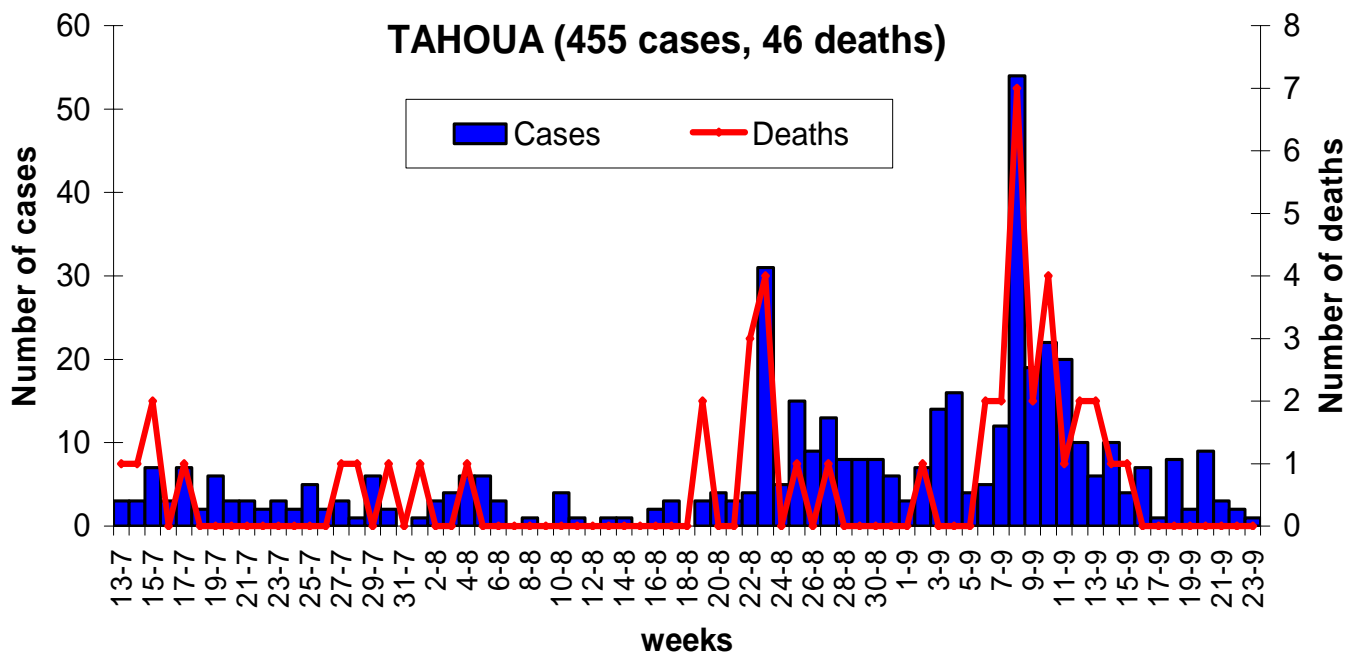
WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM WEEK 1 TO WEEK 37 IN 2005 (CASES AND DEATHS)



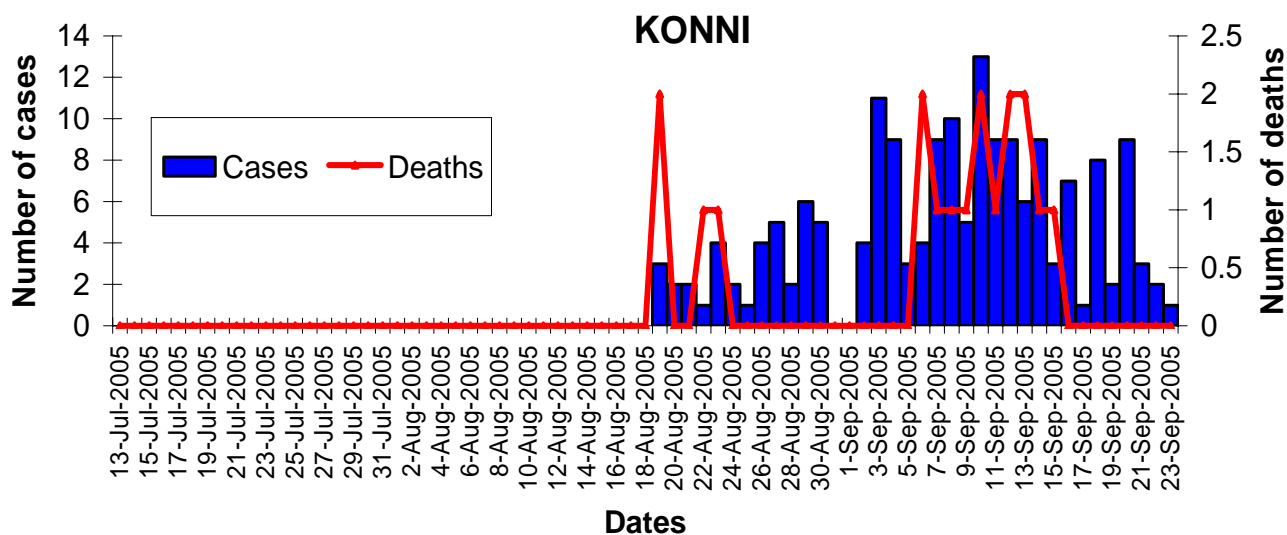
- The training of 80 health care workers on the rational use of Artemisinin-based Combination Therapies (ACTs) as first line treatment of uncomplicated malaria began in all 7 districts.

- At the request of the MoH, additional CFA 1 575 000 francs was given to the Regional Department of Public Health (DRSP) in for the Tahoua to help fight cholera in the Konni district.
- During the fourth week of September, 15 new cases of cholera with no deaths were reported in the Tahoua district. Between 13 July and the 23 September 2005, a total of 455 cases including 46 deaths have been reported. The case fatality rate (CFR) is 10.1%.

CHOLERA IN NIGER
FROM 13 JULY TO 23 SEPTEMBER



OUTBREAK OF CHOLERA IN THE DISTRICT OF KONNI
FROM THE 13 JULY TO 23 SEPTEMBER



- The third issue of *the Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin* is being published on 26 September by the MoH with the support of WHO and UNICEF, featuring data analysis for week 36.
- The funding situation has not changed: the UK's Department for international Development (DFID) has contributed USD 250,000 to WHO emergency operations. No new funds have been received; a shortfall of USD 1 million remains.

II. The WHO Emergency Programme

Axis 1: Enhance capacities to treat severe malnutrition at health centre levels by ensuring that staff receive focused training and that therapeutic food supplies are available.

- The trainings of trainers in the management of malnutrition is planned to begin on the 29 September in Niamey and Maradi. The training of health care workers will begin on 3 October in Niamey and Zinder. In total, over 70 health care workers will be trained.
- The Norwegian Paediatric Association held their monthly meeting on the 24 September with paediatricians from around the country. The WHO expert expressed the need to support the MoH with the medical care of children, especially children suffering from malnutrition.
- The nutrition group interagency coordination meeting held at UNICEF on 23 September revealed that, as of 22 September, 104 312 children had been admitted in CRENI and CRENA facilities, of whom 29 447 were severely and 74 865 moderately malnourished. This includes data from all NGOs including MSF-F.

Number of children receiving care in the Zinder Region

| | ADMISSIONS | DEATHS | CASE FATALITY RATE (CFR) | ABANDONS | TRANSFERRED AND REFERRED |
|---|------------|--------|--------------------------|----------|--------------------------|
| Severely malnourished children | 1649 | 41 | 2,5% | 67 | 117 |
| Moderately malnourished children | 7717 | 46 | 1,0% | 79 | 124 |
| Total | 9366 | 87 | 0,9% | 146 | 241 |

(Source UNICEF Niger)

- The WHO Nutritionist arrived in Maradi on 19 September to support training and the strengthening of nutritional surveillance and data collection/transmission from district to national level, including figures from NGOs.
- The WHO working group on nutrition reported on the strengths and weaknesses of the training courses in the management of malnutrition in Niger (21 July - 20 September). A Trainer's guide and Trainee guide have been finalized.

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

- The Interagency Health Meeting 23 September, was attended by the WHO Maradi Office Coordinator representatives of Regional Department of Public Health (DRSP), WFP, OCHA and NGOs. The status of compulsory reported diseases are shown below:

| DISEASE | DISTRICTS | CASES | DEATHS | ATTACK RATE |
|-------------------------------|------------|-------|--------|--------------|
| Malaria | | 6 837 | 22 | 2,6 per 1000 |
| Bloody diarrhoea | Dakoro | 58 | 0 | |
| | Maradi | 12 | 0 | |
| | Mayahi | 14 | 0 | |
| Total bloody diarrhoea | | 84 | 0 | |
| Meningitis | Madarounfa | 1 | | |

- The nutrition group interagency coordination meeting was held at UNICEF office with the participation of MSP, UNICEF, WHO and NGOs on 22 September. Modifications to the training course applications and guides for the management of malnutrition were presented. UNICEF accepted the tools and thanked WHO for their work. The International Federation of the Red Crescent continues to reinforce the care of children suffering from malnutrition in health centres. They are also involved in the treatment of malaria and other diseases such as AIDS and tuberculosis.
- The 20 September Interagency Health meeting in Zinder was attended by a representative from the Zinder Pediatric Hospital, UNICEF, WFP, WHO, OCHA, MSF-Switzerland, MSF Belgium, Catholic Dispensary, World Vision, HKI, Care International, Human Appeal International, AMA/Quatar and Save the Children. Partners reported 1 649 cases of severe malnutrition, including 41 deaths, and 7 717 cases of moderate malnutrition, including 46 deaths. The major focus remains the activities for the management of malnutrition. MSF Belgium reported that 60% of the children treated for malnutrition also present symptoms of malaria. Care International and World Vision reported on their vitamin A and folic acid distribution. WHO presented its new courses for the training of trainers and health care workers in the management of malnutrition. UNICEF announced that they aim to train 55 health care workers by 29 September. Six American Peace Corps Volunteers are supporting nutritional education in 3 villages. A WHO team is in the Zinder region promoting active surveillance on Acute Flaccid Paralysis (AFP).

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 preposition of medical kits

- WHO Malaria consultants carried out training of 39 national trainers on the use of Artemisinin-based Combination Therapy. With the support of WHO, 86 health care workers in 7 districts will be trained by 27 September 2005.
- A WHO team visited the Diffa and Agadez (Agadez, Arlit and Tchirozerin) health centres for the measles vaccination campaign planned for the 19 September to 2 October 2005. This is part of the December 2004 campaign carried out in 6 regions of Niger, in accordance with the national accelerated measles vaccination strategy 2001-2005. A total of 335 281 children aged between 9 months and 14 years are targeted.
- The Ministry of Public Health National Health Information System (SNIS), reported a new cluster of cholera in the Tera district in the Tillabéri region. After further investigation it was found that the three cases were isolated to the same family and at present, no further cases have been reported.

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

- The group for Recovery of Costs concept paper for the solidarity fund "Santé de proximité" will be presented by the MoH to the council of ministers.

III. Operations

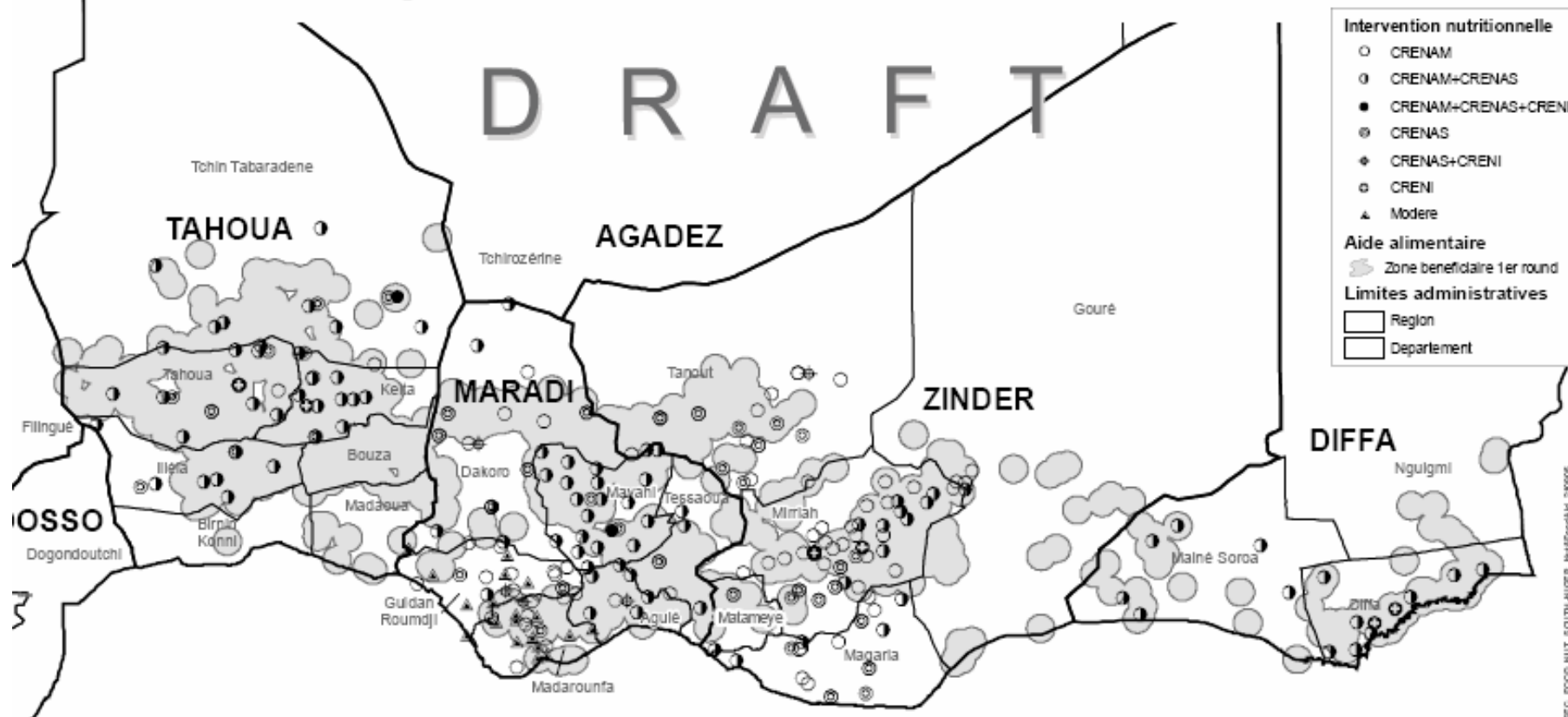
Logistics

- Broken radios are being repaired and 13 HF radios were delivered to the Direction Régionale de la Santé Publique and in Gouré district, (Zinder); Augié district (Maradi), Bouza district (Tahoua) and Filingue district (Tillabéri), in order to facilitate the transmission of disease and nutritional surveillance data. The radios will be distributed to isolated health centres.

The attached map represents the first phase of nutritional activities and food distribution for the Tahoua, Maradi, Zinder and Diffa regions. This information has been provided by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Niger.

Activites Nutritionnelles et Distribution Alimentaire (1er round)

Regions de Tahoua - Maradi - Zinder - Diffa



SEC_FOOD_NUT_SOUTH-NIGER_1418F0044_2005

Sources: Unicef, PAM, CCA, ONG
Cartographie: CIH Niger, 21 Septembre 2005

ATTENTION !

Les zones beneficiant de l'aide alimentaire representees ici sont approximatives, et ne peuvent etre analysees en tant que telles. Pour plus d'information, veuillez contacter cihniger.gis1@un.org

Cette est telechargeable sur le site www.humanitarianinfo.org/niger



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations



