

WHO Emergency Health Programme for the Food Crisis in Niger

Situation Report # 9

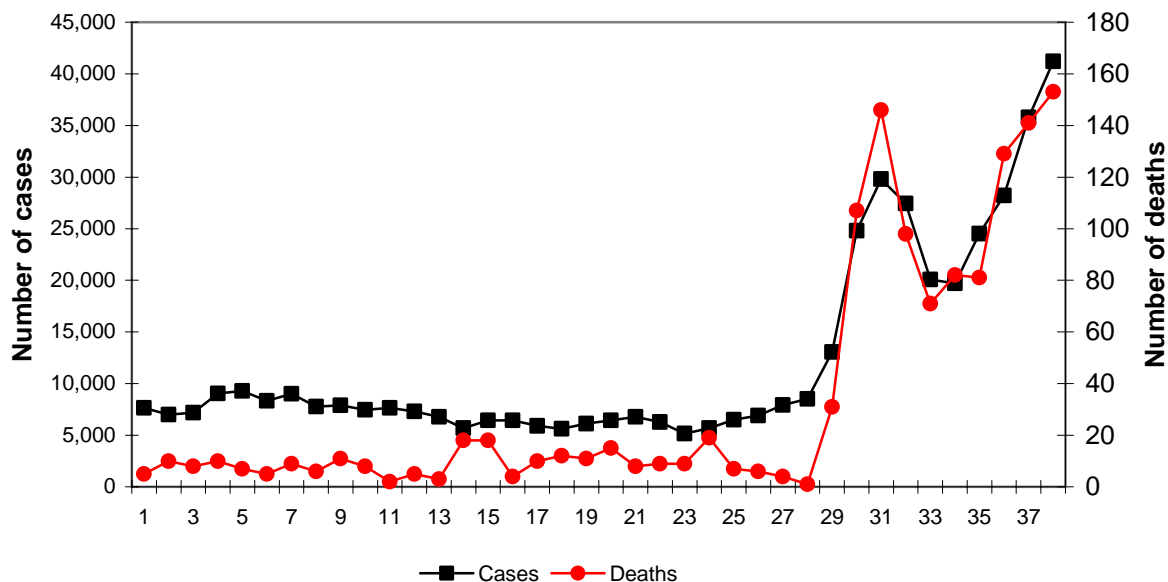
04 to 10 October 2005

I. Highlights

- The inter-ministerial Food Crisis Group (Cellule de Crise Alimentaire or CCA) meeting to discuss the current nutritional situation and future actions needed for the post-crisis phase was held on 6 October 2005:
 - Arguments in favour of postponing the date of halting free food disbursement were presented. It was proposed to continue the free distribution after the 10 October 2005, and to identify the most vulnerable groups to enable the continuation of targeted distribution. Discussions continue on the post-crisis action plan.
 - At the end of the rainy season, the total rainfall has been judged satisfactory for all regions.
 - Birds are attacking crops in the district of Abalak, Tahoua region. Measures are being established to protect the crops.
 - WHO presented an update on the current cholera outbreak with no new cases reported since 29 September 2005, 100,000 "3+3" blisters of artesunate/amodaquine for first line treatment of uncomplicated malaria for children under 5 years, have been made available to the Ministry of Health. WHO also reported on the 94% coverage in the Diffa and Agadez regions of the measles vaccination campaign which has contributed to the reduction of the overall mortality and morbidity.
- Distribution of the 20 000 early diagnosis rapid tests for malaria in severely malnourished children, provided by WHO, has begun. National nutrition centres in the district of Agadez in the Agadez region, have received 5000 kits. 3000 kits have been delivered to the national nutrition centres in district of Abalak, Tahoua region. The districts of Tillabéri and Dakoro in the Maradi region will soon receive 5000 kits per district and 2000 kits will be distributed in the district of Tanout, Zinder region.
- The distribution of the 100,000 "3+3" blisters of artesunate/amodaquine for first line treatment of uncomplicated malaria for children under five years to the Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA), has begun. The districts of Abalak, Agadez, Keita, Tchinta and Tillabéri, of the Agadez region, and Illéla of Tahoua region have received training and medication for first line treatment of uncomplicated malaria. The Regional Department of Public Health (DRSP) officially received shipments from WHO of antimalarial and antipyretic drugs as well as perfusion material and Diazepam® medication on 9 October in Zinder and on 10 October in Maradi.

- As shown in the graph below, malaria continues to be the leading cause of mortality and morbidity.

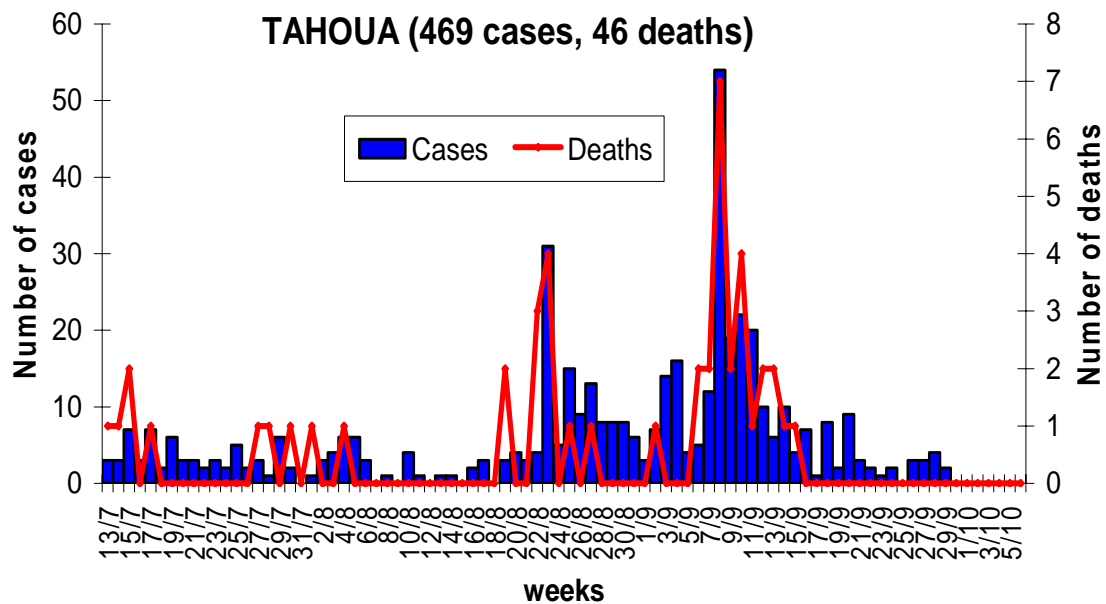
**WEEKLY EVOLUTION OF MALARIA IN NIGER
FROM WEEK 1 TO WEEK 38, 2005 (CASES AND DEATHS)**



- As part of the national policy for the treatment of malaria in Niger, WHO conducted training courses on the rational use of Artemisinin-based Combination Therapies (ACTs) as first line treatment of uncomplicated malaria, for 80 health care workers from 7 districts of the regions of Tahoua, Tillabéri, Maradi, Dakoro, and Guidam Roundji. WHO also contributed to training course held for healthcare workers from the region of Agadez. The Global Fund financed training courses in a further 10 districts affected by the food crises. In total, 420 healthcare workers have received training on the rational use of Artemisinin-based Combination Therapies (ACTs) as first line treatment of uncomplicated malaria.

- Between the 28 September to 29 September 2005, 6 new cases of cholera were reported in the Tahoua region. No new death notifications have been reported since 15 September 2005. Between 13 July and 6 October 2005, a total of 469 cases including 46 deaths have been reported. The case fatality rate (CFR) is 9.8%.

CHOLERA IN NIGER FROM 13 JULY TO 6 OCTOBER



- The Italian Government has pledged €400 000 to WHO emergency operations in Niger and the UK's Department for international Development (DFID) has contributed USD 250,000.

• 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.

- 22 healthcare workers from the districts of Tillabéru, Filingué and Téra have completed training in Niamey on the treatment of malnutrition. UNICEF provided funding for training of 26 healthcare workers on the treatment of malnutrition for healthcare workers from in Zinder. A WHO funded training course on the treatment of malnutrition will begin in Niamey on 10 October for 12 healthcare workers. Additional courses on the treatment of malnutrition are planned for healthcare workers from Maradi, Tahoua and Zinder regions. The interactive training course for 12 healthcare trainers in the management of malnutrition, concluded in Maradi on the 2 October 2005. To date, a total of 82 healthcare workers (including 10 health care trainers) have received training on the treatment of malnutrition.
- On 7 October, the coordination meeting for the interagency group on nutrition reported the admittance of 130 193 children in Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) around the country. Of the 130 193 cases, 92 678 were admitted for moderate malnutrition and 37 515 were admitted for severe malnutrition. These figures include data from NGOs including MSF-France.

- In preparation for the establishment of the post-crisis plan of action, the World Food Programme (WFP) requested all NGOs to submit situation reports of the areas that they are currently working.
- The new WHO nutritionist underlined the importance of following the official procedure for data collection to ensure a comprehensive overview of the health situation. All data should be communicated from the NGO to the Integrated Health Centres (CSI) that service the area where they are working. The data will then be communicated through the Regional Department of Public Health (DRSP) to the National Health Information System (SNIS) and be available to all partners.
- The Zinder Coordination meeting was held at the Regional Department of Public Health on 4 October 2005.
 - In order to ensure the collection of comprehensive national data, NGOs were reminded to communicate all data collected to the Integrated Health Centres (CSI) that a service the villages and areas where they are present.
 - Concerns were raised on the availability medication in the Integrated Health Centres (CSI), for the treatment of malaria in malnourished children.
 - Data received by 7 October, for week 39 for the Zinder region, reveal 6 616 cases of severe malnutrition and 19 737 cases of moderate malnutrition. These figures will be updated when all NGOs communicated their data.
- 17 new Rehabilitation Centres for Moderate malnutrition (CRENAM) are being established by NGOs in the Zinder region. Human Appeal International is establishing a CRENAM in Baban Baki, and a CRENAM in Baboulwa. Save the Children is opening a CRENAM in both Yékoua and Daratchama. The NGO Sentinelles, is looking to establish either a CRENAM or a Rehabilitation Centre for Severe Malnutrition (CRENAS) in Zermou, and GOAL has established 13 CRENAM that are already operational in the region. MSF-Switzerland has established an Intensive Nutritional Rehabilitation Centre (CRENI) in Magaria.

The table below shows the number of children treated for malnutrition by some of the NGOs present in the Zinder region at the end of week 39.

NGO	Intensive Nutritional Rehabilitation Centres (CRENI)	Rehabilitation Centres for Severe Malnutrition (CRENAS)	Rehabilitation Centres for Moderate Malnutrition (CRENAM)
Association Musulmane d'Afrique	-	-	2 049
BALD	-	18	106
CARE	-	-	131
Catholic Relief International	-	-	13 290
Human Appeal International	16	-	546
MSF-Switzerland	742	5 030	-
MSF-Belgium	83	927	-
Save the Children	-	-	4 161
Total	841	5 975	20 283

- MSF-Belgium continues treatment and diagnosis of malnutrition in Mallawa and has enlarged their coverage to include Bangaza and Dogo Dogo in the Zinder region.
- Comments and suggestions for the improvement of training sessions for healthcare workers were collected.
- The WFP and its partners are continuing free food distribution. Discussions to reduce the quantities of food distributed are continuing. The partners feel that it is too early to draw concrete conclusion on the overall nutritional status of the region.

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

- The second edition of WHO's *Health Action*, monthly newsletter will be published on the 10 October 2005.
- The fourth issue of *the Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin*, which will feature data analysis for week 37 and 38, will be published on the 10 October by the Minister of Health, 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 preposition of medical kits

- WHO estimates that, 100 000 children under 5 years will receive Artemisinin-based Combination Therapies (ACTs) for first line treatment of uncomplicated malaria by 31 December 2005.

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

- The Recovery of Costs concept paper for the solidarity fund "Santé de proximité" was presented at the National Workshop on the 2006 Action Plan, Niamey, 6 October 2005. Participants at the workshop agreed on the importance of the solidarity fund to deal with the current crisis situation as well as a tool for the long-term healthcare coverage. Participants recommended that the Ministry of Health accelerate the adoption of the solidarity fund to allow for the mobilisation the necessary funds.

III. Operations

Travel

- The coordinator of the WHO operations office in Niger visited the Zinder district and the WHO office in Maradi from the 7 to 11 October 2005.

Personnel

- The paediatrician– nutritionist consultant departed from the WHO Niamey operations office.
- A nutritionist was recruited for the WHO Niamey operations office.
- A logistician recruited for the WHO Niamey operations office.