

## WHO Emergency Health Programme for the Food Crisis in Niger

### Situation Report # 10

11 to 17 October 2005

#### Highlights

- Training of healthcare trainers and healthcare workers on the treatment of malnutrition is continuing at a fast rate. As of 15 October, 369 health care workers had received training. It is planned to provide training for a total of 570 healthcare trainers and healthcare workers by 31 December 2005.
- On Monday 10 October, the Honorable Margherita Boniver, Italian Under-secretary of State, responsible for humanitarian affairs, met with heads-of-agency from WHO, FAO, WFP, OCHA UNICEF to discuss the current situation in Niger. The Italian Government has pledged €400 000 to WHO emergency operations in Niger
- The recently appointed UNDP Administrator, Mr Kermal Dervis visited Niger 12-14 October 2005. The WHO Niger Representative, Niger Embassy representatives and other heads of UN agencies accompanied Mr Dervis on a field trip to the Zinder and Agadez regions.
  - In the Zinder region, the delegation visited an Intensive Nutritional Rehabilitation Centre (CRENI) operated by MSF-Switzerland.
  - The UNDP Community Nursery Project was officially opened by the inauguration of the first community nursery in Zinder. It is planned to open a total of 1000 nurseries in the southern areas of the regions of Maradi and Zinder. The target population of the nurseries is 1.5 million people, comprising women and their children aged between 6 months and 5 years. This UNDP initiative, combined with the WHO training to community healthcare workers, is an important step in the creation of durable community-based projects for the prevention of malnutrition.
- A seminar on “Support of the Niger Islamic Associations for poliomyelitis vaccination and malnutrition in Niger”, financed by WHO, was held in Niamey, 13-15 October 2005 for over 350 ulemas from around the country. The objective of the seminar was to involve these ulemas in the mass vaccination campaigns and the response to malnutrition in Niger.

#### *Outcomes:*

- heightened awareness and engagement to support and promote vaccination campaigns as well as other health projects that aim to promote the health of women and children;
- engagement of the ulemas to teach, through religious services, the importance of vaccination and other health projects that aim to promote the health of women and children.

At the close of the seminar, a consensus was reached on the importance of the support of ulemas for a successful vaccination campaigns.

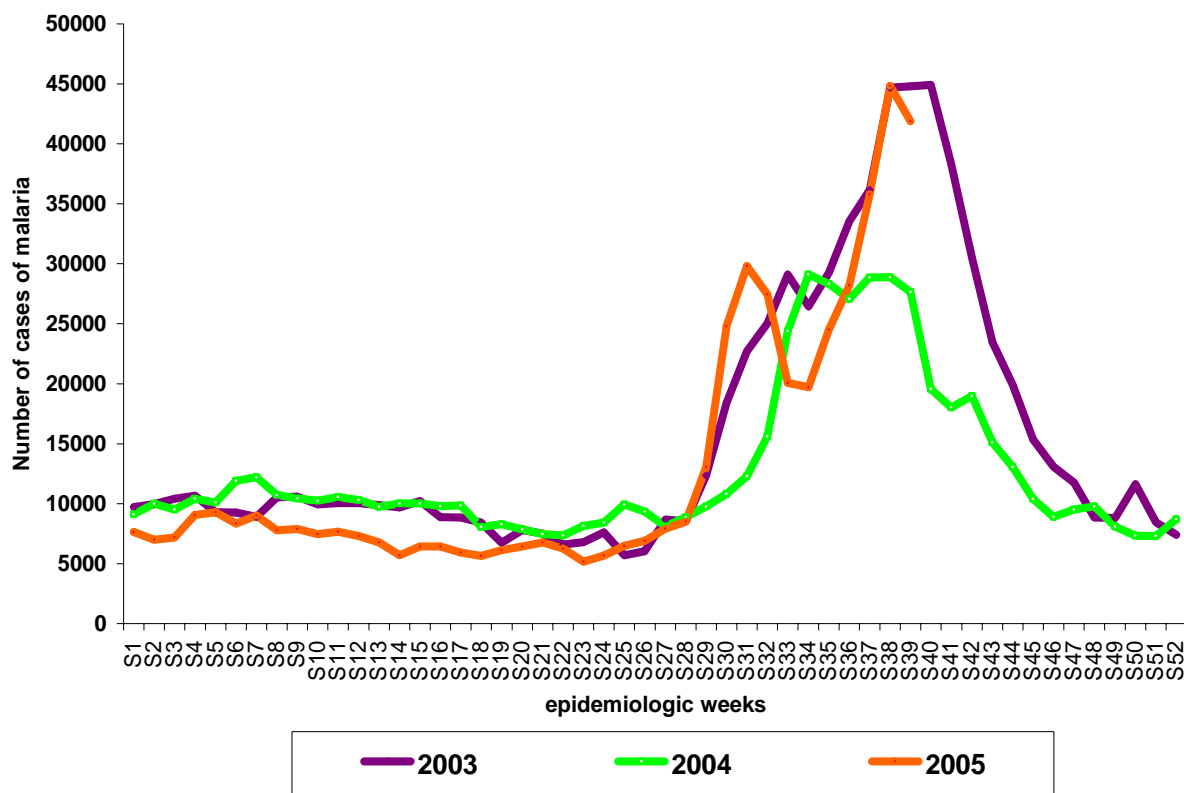
***Axis 1: Enhance capacities to treat severe malnutrition at health centre levels by ensuring that staff receive focused training and that therapeutic food supplies are available.***

- The WHO medical-nutritionist presented the advancement of the training programme for healthcare trainers and healthcare workers on the treatment of malnutrition at the weekly health coordination meeting, 12 October 2005. It is planned to provide training for a total of 570 healthcare trainers and healthcare workers by 31 December 2005. Since July 2005, 369 healthcare workers had received training. Of the 396, 48 participated in the training for healthcare trainers on the treatment of malnutrition and 321 participated in training on the treatment of malnutrition.
- Supervision manuals have been finalized and will be distributed to help ensure long-term effectiveness of the training.
- The interagency group on nutrition reported an overall decline in the nutritional status of children under 5 years at their weekly coordination meeting held at UNICEF on the 14 October 2005.
  - There are 570 Intensive Nutritional Rehabilitation Centres (CRENI) and Outpatient Nutritional Rehabilitation Centres (CRENA) currently in operation in Niger.
  - As of on 13 October 2005, a total of 152 344 children have been admitted in CRENI and CRENA facilities operated by 20 health partners around the country. Of the 152 344 cases, 97 369 were admitted for moderate malnutrition and 54 975 were admitted for severe malnutrition. It is important to note that these numbers are not complete. Ten partners have not communicated their weekly data, and only six of the twenty partners have communicated their monthly reports.

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

- The eighth interagency health coordination meeting at the WHO Niamey operations room, 12 October 2005. The meeting was co-chaired by the Ministry of Public Health and Endemic Disease and WHO and comprised of health sector partners from the Ministry of Public Health and Endemic Disease, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), NGOs and USAID.
  - The representative from the Ministry of Health reiterated the importance of thorough surveillance. All relevant health information must be communicated in a timely manner to the nearest CSI, to Provincial Health Information System (SPIS) of the Regional Department of Public Health (DRSP) and then to the National Health Information System (SNIS).
  - The importance of continuing targeted free food distribution to the most vulnerable groups until 2006 was discussed. In order to develop effective post crisis plans, the food distribution should be accompanied by systematic surveillance of the nutritional status in all regions. The USAID Regional Advisor for West and North Africa expressed agreement on the importance of surveillance and informed that USAID would like to become involved in the nutritional surveillance.
  - MSF/Switzerland, MSF-France and Islamic Relief provided updates on their activities.
  - The coordinator of the Health National Malaria Control Programme and the WHO National programme officer on Malaria co-presented and analysed the malaria epidemiological data for 2003, 2004 and 2005.

**WEEKLY EVOLUTION OF MALARIA IN NIGER  
2003, 2004, 2005 (CASES AND DEATHS)**



*The epidemiologic curves above show peak transmission during the rainy season.*

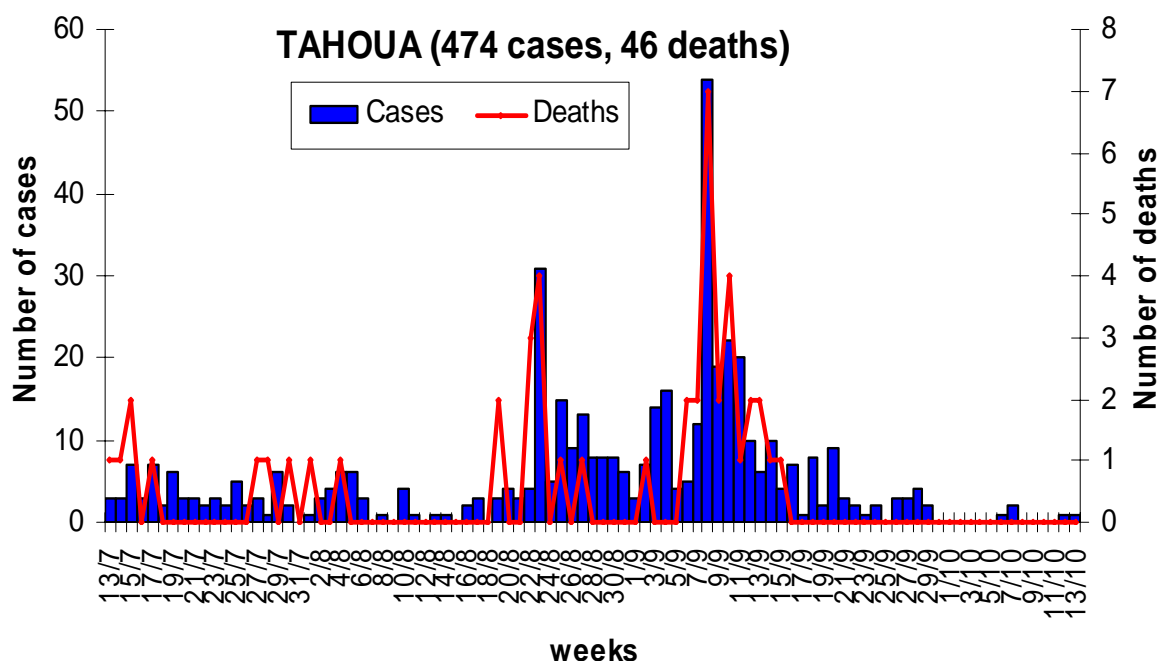
- WHO has begun training of trainers and training of healthcare workers on first line treatment of uncomplicated malaria in children under five years to the CRENI and CRENA, and distribution of medication has begun in the regions of Agadez, Diffa, Dosso and Tillaberi.
- To further support the on going training of healthcare workers on first line treatment of uncomplicated malaria, WHO is organizing additional shipments of anti-malaria medication for distribution to children under 5 years to the regions of Agadez, Diffa, Dosso and Tillaberi.
- The Zinder Region Coordination meeting was held at the Regional Department of Public Health on 11 October 2005.
  - All of the NGOs working in the Zinder region were present at the meeting and all specified the national public health structures where they function;
  - WHO distributed to all partners all documents produced by the crisis operations response team;
  - Local medical authorities and WHO reminded NGOs of the necessity of communicating all data collected to the Integrated Health Centres (CSI) that service the villages and areas where they are present;
  - In response to the magnitude of malaria in the region, the Chief of the paediatric department at the Zinder regional hospital appealed for more supplies of medication and paediatric nasal glasses for treatment of malaria of those who can not afford prescriptions. WHO engaged to supply nasal glasses to complement the shipment of anti-malaria medication delivered on the 9 October to the Regional Department of Public Health (DRSP). The NGO Islamic Agency for Africa (Agence Musulmane d’Afrique) offered to provide 20 paediatric beds;
  - The Regional Director requested NGOs that are buying and treating malaria with chloroquine to conform to national directives.

- The Maradi Region Coordination meeting was held at the Regional Department of Public Health on 14 October 2005:
  - WHO will take over the task of organizing the weekly regional meetings;
  - WHO distributed to all partners all documents produced by the crisis operations response team;
  - The Governor of the Maradi announced that in spite of the current harvest, 350 villages do not have adequate food supplies;
  - The Regional Director requested partners, who intend to establish nutritional rehabilitation centres, to do so within the national Integrated Health Centres (CSI) and to associate the existing personnel of these centres in the overall management.
  
- The fifth issue of *the Epidemiological Weekly Morbidity, Mortality and Nutritional Surveillance in Niger Bulletin*, which will feature data analysis for week 39, will be published on the 17 October by the Ministry 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**

- Cholera. **Five (5) new cases of cholera** were reported in the Tahoua region between 7 and 14 October 2005. Since 13 July 2005, 474 cases including 46 deaths have been reported in Tahoua. Since 15 September 2005, 3 cases but no deaths have been reported from the region of Tillaberi. The total number of reported cases in Niger is 477, including 46 deaths. The overall case fatality rate (CFR) is 9.6%.

**Case of cholera in the Tahoua region of Niger  
13 July to 13 October 2005**



- The Core Group in charge of distribution logistics for the national vaccination campaign days, to be held 12-17 November and 10-15 December, took place in Niamey, 14-15 October 2005. The two-day planning meeting was held to define the logistical requirements of all the partners to facilitate the distribution of resources (medical, technical and personnel). The national vaccination campaign days target children under 5 years. Along with mass vaccination, over 2 million Long Lasting Insecticidal Nets will be distributed as well as vitamin A and anti-helminth medication.
- From 12-14 October 2005, WHO hosted a three day workshop in Niamey for the Niger Rapid Intervention Team (ENIR), on the preparation and the response to the epidemics.
  - The objectives of the workshop were to reinforce the capacity of the members of the regional and central teams in disease surveillance and rapid response to epidemics;
  - Seventeen participants including personnel of the National Health Information System (SNIS), the Director for Child Immunization (DIE), the national representative of the Haemophilus influenzae type B (Hib)-Paediatric Bacterial Meningitis Surveillance Network and technical partners (WHO, UNICEF, Belgian Technical Co-operation and the Canadian project of Support to the Integrated Epidemiologic Monitoring phase 2) attended the workshop financed by WHO. At the end of the workshop, the following recommendations were expressed:
 

Ministry of Public Health and Endemic Disease

    - To improve administrative methods, such as pre-signed mission orders;
    - To facilitate rapid response, increase the allocation of funds;
    - To have financial and logistic resources easily available for the response to epidemics.

Partners

    - To continue the technical and financial support for disease surveillance and rapid response to epidemics;
    - WHO to continue to hold international meetings on disease surveillance and rapid response to epidemics.
- A joint National Health Information System (SNIS) / WHO team is visiting the regions of Zinder and Maradi to improve the collection and analysis of malnutrition data from all stakeholders at the response level (national centres, NGOs, UN agencies,), to be forwarded to the Regional Department of Public Health (DSRP), for a more complete analysis of the situation. All regions affected by the food crisis will be visited by this SNIS/WHO team end of October 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 UK's Department for international Development (DFID) has contributed USD 250,000.
- No official feedback has been announced concerning the Recovery of Costs concept paper for the solidarity fund "Santé de proximité" which was presented to the Government at the National Workshop on the 2006 Action Plan, Niamey, 6 October 2005.

### **III. Operations**

#### ***Travel***

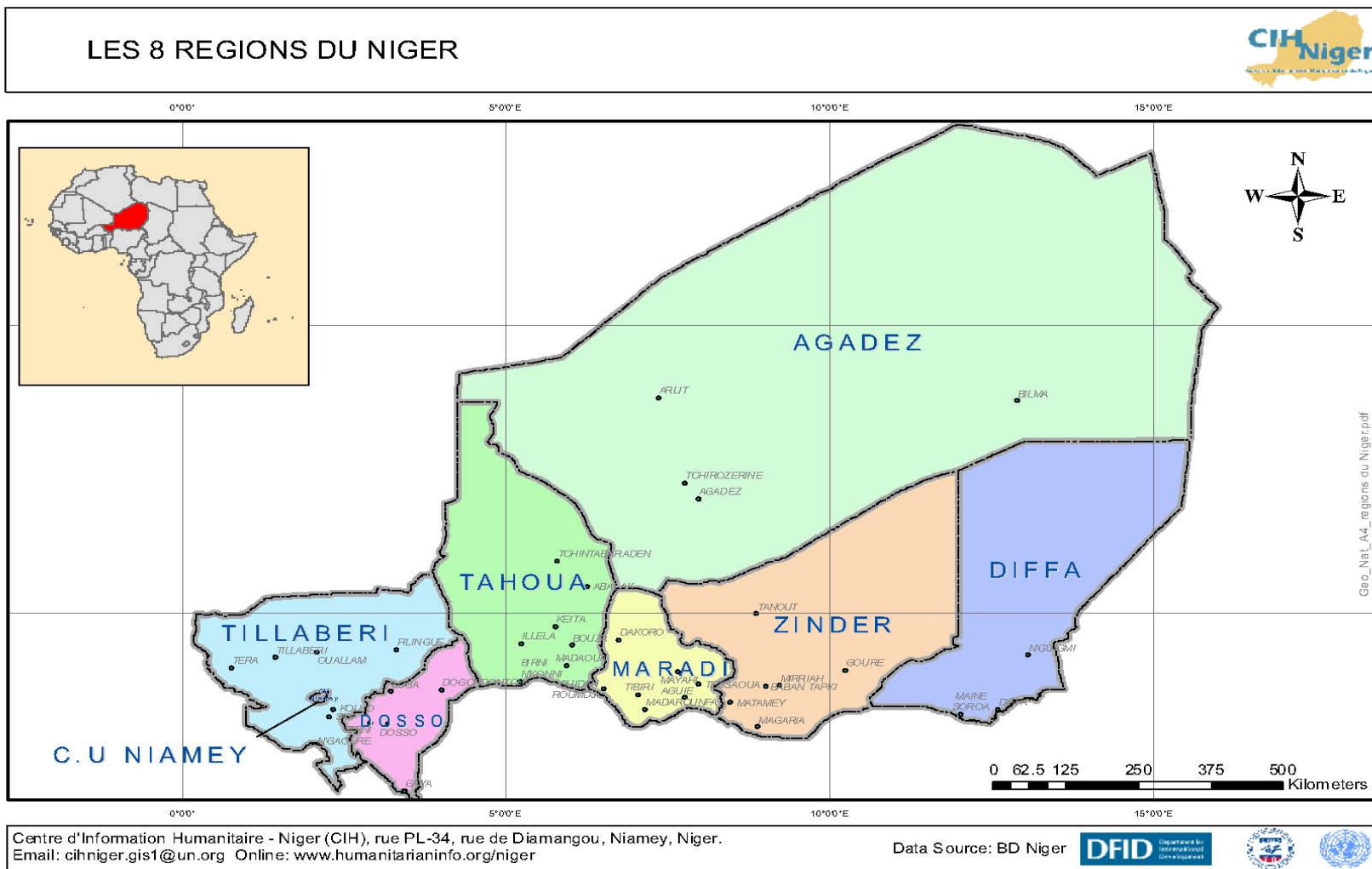
- The coordinator of the WHO Niger crisis operations team visited the region of Zinder and the WHO regional office in Maradi.
  - The regional Director of the Department of Public Health requested technical support from WHO for the analysis of the epidemiologic data of malnutrition and asked that the paediatrician-nutritionist remains permanently in Zinder.

***Personnel***

- A WHO malaria expert joined the crisis response team on the 15 October 2005 for a period of 6 weeks.

***Logistics***

200 paediatric nasal glasses have been ordered for hospitals in regions of Maradi and Zinder.



MAP REPRESENTING THE 8 REGIONS OF NIGER:



**World Health  
Organization**

## **Health action **in** crisis**

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