Representative Office in Niger

THE FOOD CRISIS IN NIGER: STRATEGIC APPROACH AND PLAN OF ACTION

For the period: August - December 2005
BACKGROUND

A COUNTRY IN A CHRONIC STATE OF CRISIS

According to the UNDP World Development Report 2004, Niger, where life expectancy at birth is 46.2 years, lies in 176th position out of 177 on the human development scale. The state of health of children is marked by high mortality of under five year olds (274 per 1000). Even under normal circumstances, moderate and severe malnutrition affects 39% of children. Maternal mortality is very high: 1600 deaths per 100 000 live births.

The poor level of education, poverty, malnutrition, limited access to drinking water and to basic sanitation foster the development of disease. Health indicators are well below the minimum international norms. Niger's epidemiological profile is marked by the predominance of endemic and epidemic communicable diseases and the emergence of noncommunicable diseases. The leading communicable diseases that pose a serious public health problem include malaria, of which an average of 850 000 cases are notified each year. Malaria, which in 90 to 95% of cases is caused by P. falciparum, accounts for 30% of outpatient consultations each year and for 50% of deaths among children aged under 5 years. The other conditions include:

- a) Infectious diseases such as acute respiratory infections, bacterial diarrhoeas including cholera and shigellosis, yellow fever, typhoid fever, tuberculosis and HIV/AIDS, whose seroprevalence rate is 0.87% among the adult population.
- b) Vaccine-preventable diseases such as measles, poliomyelitis, meningitis and maternal and neonatal tetanus.
- c) Parasite-borne diseases such as schistosomiasis, onchocerciasis, dracunculiasis and lymphatic filariasis

The situation of noncommunicable diseases is poorly known because there is no permanent surveillance system; however recent surveys have pointed to the emergence of high blood pressure, diabetes and cancer.

The health system has a three-tier structure: central, intermediate and peripheral. The central level, which comprises the Office of the Minister and the central directorates, is responsible for determining health policy, mobilizing resources, management control and performance evaluation. The intermediate level, which comprises eight regional directorates, is responsible for coordination and for providing support to the peripheral level, which comprises 42 districts. The quality of the services available and their geographical coverage are very limited. Staff is unevenly distributed between the regions, and at the regional level between urban and rural areas. The Niamey urban community, which is home to 7% of the total population, employs 34% of staff. Moreover, 65% of staff work in the administrative centres of departments and only 35% in rural areas. Almost 46% of the population are without access to health services and users have to pay high access fees which they cannot always afford.

THE CURRENT CRISIS

Niger's population is suffering from a food crisis, for which last year's poor harvest and the invasion of locusts are responsible. The shortage is particularly acute in the poorest and the most vulnerable farming and grazing regions of Tillabéri, Tahoua, Maradi, Diffa, Agadez, Zinder and Gaya.

More than 3.5 million people, more than one third of the population, are directly affected by the food shortage; 800 000 of them are children aged under five years. Some 160 000 of these children are suffering from malnutrition and 32 000 from severe malnutrition.

According to MSF, in 2002, 2003 and 2004, each month an average of 500 children were treated for malnutrition at Maradi. Since January 2005, the monthly figure has risen to more than 1 000 children.
THE IMPACT ON HEALTH

The survival of those affected by the crisis is first of all threatened by communicable diseases, which are likely to be worsened by the high prevalence of malnutrition (caused by the shortage of food at home) and micronutrient deficiency. In addition, an increase is expected in the incidence of numerous communicable diseases in the weeks to come on account of the onset of the rainy season, the lack of drinking water and poor hygiene.

EVALUATIONS CARRIED OUT BY WHO

Two WHO evaluation missions, conducted in June and July 2005 identified the following:

- there is limited access to facilities and systems designed to detect and treat malnutrition;
- there are disparities between regions in respect of the response to health aspects of the food crisis;
- data and information on nutrition covering all the areas affected need to be collected;
- guidelines are needed to direct interventions by the numerous actors involved in the response to the crisis.

THE LINES OF INTERVENTION

The global objective of the WHO intervention, as set forth in the revised version of the United Nations Flash Appeal for the food crisis in Niger, is to help save the lives of severely and moderately malnourished children and to build up primary health care capacity in the regions affected. The following four main lines of action have been defined:

- Improving the capacity of health centres to treat severe malnutrition by providing training for staff and ensuring therapeutic food is available;
- Improving coordination in the health sector and management of information to achieve a better focused and more appropriate response to the needs of areas not receiving enough assistance;
- Helping the national and local authorities (integrated health centres - CSI, elementary health centres - CSE) and other partners to provide early detection and control of epidemics and to enhance preparedness for potentially epidemic diseases by means of technical advice and pre-positioning Kits;
- Helping the national and local authorities to develop emergency policies and strategies and alternatives to ensure better access to care and to nutritional rehabilitation.
LINE OF ACTION 1

Improving the capacity of health centres to treat severe malnutrition by providing training for staff and ensuring therapeutic food is available;

Most cases of severe malnutrition are managed and treated in nutritional rehabilitation centres set up by NGOs and international organizations in response to the crisis. Few cases are referred to and treated in national care facilities. Malnutrition is a chronic problem (39% of children suffer from malnutrition under normal circumstances) and consequently, it is essential to improve the response capacity of the health services. It will be necessary to discuss the rehabilitation of intensive (CRENI) and outpatient (CRENA) nutritional rehabilitation centres with the partners of the Ministry of Public Health, the World Food Programme (WFP) and of UNICEF.

In addition, training will be provided for national trainers (from health and other sectors) involved in management of severe malnutrition. The staff chosen in each region will include paediatricians or general practitioners and a nurse or midwife.

This will be followed by cascade training as required for health workers responsible for management of severely malnourished children in hospitals and other health centres.

Finally, community health/nutrition workers will also be trained to detect cases of malnutrition and to provide advice and perform elementary procedures, especially for cases of moderate malnutrition. They will also be able to provide treatment at home for malaria and diarrhoea. They will refer cases of severe malnutrition to hospitals or other health centres with facilities to manage severe malnutrition.

LINE OF ACTION 2

Improving coordination in the health sector and management of information to achieve a better focused and more appropriate response to the needs of areas not receiving enough assistance

Niger will need to set up a mechanism for cross-sectoral collaboration based on the selection of sectoral focal points and a national coordination system under the leadership of the Ministry of Public Health and Endemic Disease Control. The private sector and NGOs will be involved in nutrition activities.

A flexible mechanism operated by technicians will be required to ensure efficacy.

Surveillance and response strategies will be proposed as solutions to the paramount health problems. This will provide a common vision for country-wide intervention, with priority for areas at risk and areas receiving insufficient assistance. Collaboration among all partners will avert the dispersal of efforts.

The expected outcomes include joint evaluations with the different partners, rapid analyses combining data on health system performance, communicable diseases and nutritional status. Common strategies and programmes to come up with solutions to health problems and a common vision for intervention in areas receiving insufficient assistance will be developed. This will avert overlapping and dispersal in the provision of health services. This common effort will make it possible to regularly provide information to all actors and stakeholders.
LINE OF ACTION 3

Helping the national and local authorities (integrated health centres-CSI, elementary health centres - CSE) and other partners to provide early detection and control of epidemics and to enhance preparedness for potentially epidemic diseases by means of technical advice and pre-positioning Kits

The national health information system (SNIS) plays a vital role in the collection, processing and dissemination of information as well as in planning, follow-up and evaluation of health programmes. The epidemiological surveillance component of SNIS, which has been broadly developed as part of integrated surveillance of disease and response to epidemics (SIMR), has proved effective at all levels of the health system. Information is used appropriately in order to take decisions relating to forecasting and early detection of epidemics, follow-up and control of potentially epidemic diseases such as meningitis, cholera and measles and surveillance of acute flaccid paralysis (AFP).

Niger will need to build up its national nutritional surveillance system by integrating it into SNIS and including it within its national epidemiological surveillance system. Malnutrition will need to be added to the list of notifiable diseases (ND), and the existing communication system and disease early detection capacity reinforced.

It will be necessary to build on the progress made in epidemiological surveillance in order to reinforce health information capacity in the spheres of curative and preventive care management and management of health services. Better use should also be made of health information for decision-making in these areas. An system informal community-level system for collecting information and checking rumours needs to be set up and be capable of communicating with the nearest CSI.

Cholera kits will be pre-positioned in each region as part of the preparatory phase of the response to a cholera epidemic.

With regards to malaria, the weakness of children as a result of malnutrition and the high rainfall at this time of the year are likely to foster transmission, with a heightened risk of epidemics and severe cases. Analysis of the epidemic situation shows a trend towards the emergence of an early epidemic. Treatment will be reinforced by providing ACT in the health facilities of the 17 areas at risk, together with community case management.

On account of the weakened condition of malnourished children, incidence of both liquid diarrhoea and dysentery as well as of acute respiratory infections is likely to increase. Accordingly, emergency kits for these diseases will be pre-positioned in areas at risk.

In order to prevent epidemics of measles and meningitis, immunization campaigns will be organized in areas at risk and areas where immunization coverage is poor.

LINE OF ACTION 4

Helping the national and local authorities to develop emergency policies, strategies and alternatives to ensure better access to care and to nutritional rehabilitation

A specialist in health systems and funding will help local and national authorities and other health partners to identify equitable policies for funding essential health services. The improvement should be perceptible throughout the country, and especially in areas that receive insufficient assistance.

WHO plans to help the Ministry of Public Health and Epidemic Disease Control to prepare a strategic orientation document (DOS) to improve management of health action during the crisis. The document will be sent to the Ministry's different partners.
THE STRATEGIC APPROACH

The WHO emergency health plan to address the food crisis is an integral part of the national programme of the WHO Niger country office. On the basis of the work already carried out and building on the partnerships already developed with the local and national authorities, WHO will focus its action on nutritional and health evaluations, surveillance and early warning; epidemic preparedness and response; encouraging management of malnutrition at the health-centre level; identification of equitable policies for health service financing; coordination of action in the field of health and management of information relating to health problems. The overall implementation strategy will comprise (a) heightening awareness of the health impact of the food crisis, (b) enhancing the capacity and the role of the Ministry of Public Health for the management of the crisis and (c) strengthening the position of WHO in directing the health-sector response.

In order to make this approach possible, the WHO Office will be reinforced by the establishment of a Task Force which will provide the necessary support.

The Task Force

The Representative

The WHO Representative in Niger will be responsible for the overall supervision of the emergency health programme for the food crisis in Niger; he will delegate day-to-day management to the Task Force coordinator. The role of the Representative is to provide guidance and the overall strategy for the response, to monitor the progress made, to meet human resource and financial requirements, solve problems and to represent the programme before the Government, the United Nations country team, donors and the media.

The Task Force Coordinator

A task force coordinator, who will be responsible to the Representative, will be appointed. He will be based at Niamey but will travel as required. He will ensure linkage between technical, programme and management skills and, if necessary, ensure consistency and synergy between the different technical areas of the emergency intervention and the other activities of WHO and its partners in the field of health. The Task Force Coordinator will set up a situation room and prepare, on the basis of the four lines of action defined by the United Nations Flash Appeal, a programme of intervention determining the main expected outcomes and methods of intervention of WHO.

The WHO country office team

Because sound knowledge of the local situation and of the running of health programmes in the country is essential to the implementation of the emergency programme, the staff of the country office will be directly concerned by the management of the crisis from the start of its implementation. The Representative shall designate focal points for each of the four lines of intervention of the emergency programme. They shall work in close collaboration with the members of the international team and help to draw up the plan of action and to implement the various activities. Some 80% of their work will be devoted to activities linked to the crisis for the next six months.
The Task Force will also consist of administrative, financial and logistic staff from the country office. Analysis of the expected workload at Niamey shows that this support will break down as follows:

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<tr>
<th>Role</th>
<th>Number of persons</th>
<th>% of work time</th>
<th>Total</th>
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<tbody>
<tr>
<td>Logistics, computer services and telecommunications</td>
<td>1</td>
<td>100%</td>
<td>1</td>
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<tr>
<td>Administration and finance</td>
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<td>100%</td>
<td>1</td>
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<tr>
<td>Personnel</td>
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<td>100%</td>
<td>1</td>
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<tr>
<td>Procurement</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
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The international team

The international team will be the core of the Task Force. Its members shall bear vital responsibility for the programme's success. A short summary is given below of the principal roles:

- **The Task Force Coordinator** is responsible for the management of the programme and for ensuring that all the members of the team perform their tasks, he develops a sense of team spirit and resolves work-related problems as they arise.

- **The Specialist in health systems and finance** should ideally be based at the Ministry of Public Health and shall provide consultative support for the local and national authorities in relation to their work with health partners. This will make it possible to ensure that essential health services are accessible to all who need them, while preserving the medium- and long-term objectives of cost recovery.

- **The epidemiologist/coordinator** will work in collaboration with the local authorities and maintain close contacts with all partners providing epidemiological support in the regions affected. He shall keep track of trends in health, provide support for epidemic response, identify shortcomings and overlapping and work with NGOs and other health partners, playing an active role in the coordination of activities at the local level. In addition, he shall keep close track of the situation and draw up reports on the progress made, offering support and guidance to the WHO crisis teams for which he is responsible.

- **The nutrition specialists** shall work in collaboration with the local authorities and maintain close contacts with all partners. They shall offer evidence-based advice to the nutrition sector and support active surveillance activities, data collection and dissemination, case management protocols and training for the principal health workers. One of them will provide his support for the training in case management of malnutrition given to selected health workers and help to develop a community health module for surveillance of malnutrition and community case-management of childhood diseases.

- **The report officers** shall ensure that weekly and periodic activity reports are prepared and issued. They shall also be responsible for exchanging information with other health partners and shall maintain close links with their counterparts in the United Nations system and in particular those from OCHA and UNICEF.

- **The logistics specialist** shall ensure that transport, accommodation, supplies, purchases, computer facilities, telecommunications and other elements essential to the smooth running of operations are set up in a coordinated, effective and timely manner, and that operational problems are rapidly resolved.

The role of the AFRO Regional Office and Headquarters

To ensure success, the Task Force will require high quality and appropriate support from AFRO and Headquarters, while recognizing that responsibility for the management of operations must lie with AFRO and the country office. AFRO and Headquarters shall provide technical support in respect to specific subjects and devote special attention to questions on recruitment, finance, administration and relations with donors.