



TARGET ACCESS TO HEALTH

Baseline :100% of refugees in the camps have access to health

Targeted: 100%

Malian refugees (registered and awaiting registration)

REACHED

100%

Malian refugees (registered and awaiting registration)

KEY DATES

January-March 2013:

Distribution of 1st batch of ambulances

April-July 2013: mass vaccinations campaigns in all camps (EPI)

July 2013: Distribution of 2nd batch of ambulances

July-September 2013: Outbreak of cholera in Niger, 35 cases in the camps, the disease was contained

September 2013: Launch of a competitive bid to select new health partner in Tillabéri

December 2013: Sensitization about HIV in the camps

BACKGROUND

When fighting broke out in Mali in 2012, thousands of people fled the country and crossed into neighboring countries. Thousands crossed into Niger, 80% of them being women and children. These persons required among other assistance, urgent access to healthcare.

In the three camps of Tillabéri region, the 2 “Refugee Hosting Areas” of Intikane and Tazalit and for urban refugees in Niamey, access to health care was facilitated.

OBJECTIVES

- 1) To ensure that 100% of the refugees population has access to free of charge quality health care
- 2) To ensure that the referral mechanism is effective, and that the health status of the population is improved;
- 3) To build capacity of the health partners.

CHALLENGES

- 1) Malian refugees come from rural background and are not used to healthcare facilities, resorting to traditional healers.
- 2) New health partnership has started and need continuous guidance to keep the access to quality health care.
- 3) The women are not yet aware of the importance of sexual and reproductive health: antenatal, medically assisted delivery, family planning and post natal care.
- 4) Referrals of patients from Tahoua are still difficult due to the geographical access.
- 5) Immunization has to be strengthened in Tahoua, cold chain is difficult to maintain.

ACTIONS

- 1 Sensitization in the camps about the availability of healthcare, and proactive campaigns to ensure mass immunization, deworming and medical consultations.
- 2 Support provided to the new health partner in 2 camps of Tillabéri, close follow up;
- 3 Community health workers, matrone within the camps are sensitizing women to go and deliver at the Health Center;
- 4 Drafting the referrals SOP with the health partners of Tillabéri and Tahoua.
- 5 Cooperation was strengthened with the MoH at the national, district, local level to ensure access of refugees to free of charge quality health care. Regular surveillance with the MoH and partners on epidemics in and around the camps (Cholera outbreak in June-July, seasonal Malaria)

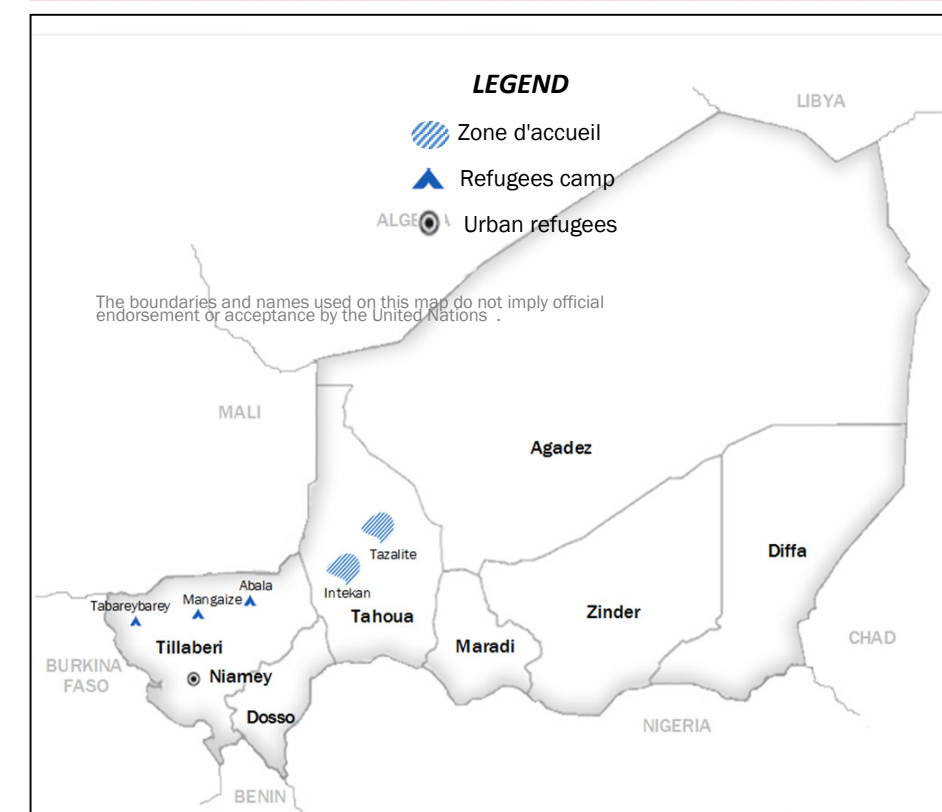
CURRENT VALUE OF BASIC INDICATORS

This matrix is based on data available on 31 december 2013.

Indicators	Public Health			
	Crude Mortality Rate	PoC have access to primary health care	Measles vaccination coverage	Under 5 Mortality Rate
Units	/10,000/day	%	%	/10,000/day
Standard	< 1	100%	100%	< 2
Target	0.7	100%	100%	
Camps /ZAR/ Urban	0.1	100	100	0.1

KEY ACHIEVEMENTS TO DATE

- ✓ UNHCR responded to the gap left with the departure of MSF-CH and engaged with Qatari Red Crescent in Tillabéri
- ✓ Some 500 patients benefitted from secondary or tertiary healthcare in Niamey for specialized medical consultations, surgeries etc. in 2013.
- ✓ UNHCR partnered with UNFPA for sexual and reproductive health
- ✓ Ambulances are operational in all camps and “Refugee Hosting Areas” to ensure referrals;
- ✓ One medical emergency kit was distributed to Tazalit Refugee Hosting Area
- ✓ Water system improved in Mangaizé health center, and consultation rooms built
- ✓ Maternity section was built in Intekan Refugee Hosting Area



Data source: UNHCR ; For more information <http://data.unhcr.org/SahelSituation/region.php?id=67&country=501> - Contact :taybi@unhcr.org; Feedback: bacharou@unhcr.org

HEALTH PARTNERS

