

MSF WaCA

ACTIVITY REPORT 2022

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WaCA

MSF CHARTER



Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in while carrying its duty.

Members are committed to their ethical principal of their profession and reman independant from any political, economic or religious force.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

EDITORIAL



This report outlines the activities carried out by Médecins Sans Frontières WaCA during the year 2022. It reflects the participatory and inclusive work of our target populations, our associates, our fieldteams, as well as headquarters,

thanks to the goodwill of our generous donors to whom we should give account for our social mission. This document reports our activities, operations, achievements as well as the various challenges we faced during the past year.

We would like to thank everyone who contributed in writing this document and to appreciate the full involvement of health authorities, communities and all our external and internal partners, for their contribution to the success of our operations

Finally, 2022 was marked by the third WaCA General Assembly focusing on the theme of inclusion and representativeness of women and people with disabilities so that WaCA can integrate it into its operational and associative plan.

Dr. Salha Issoufou

Director of Operations – MSF WaCA

SUMMARY

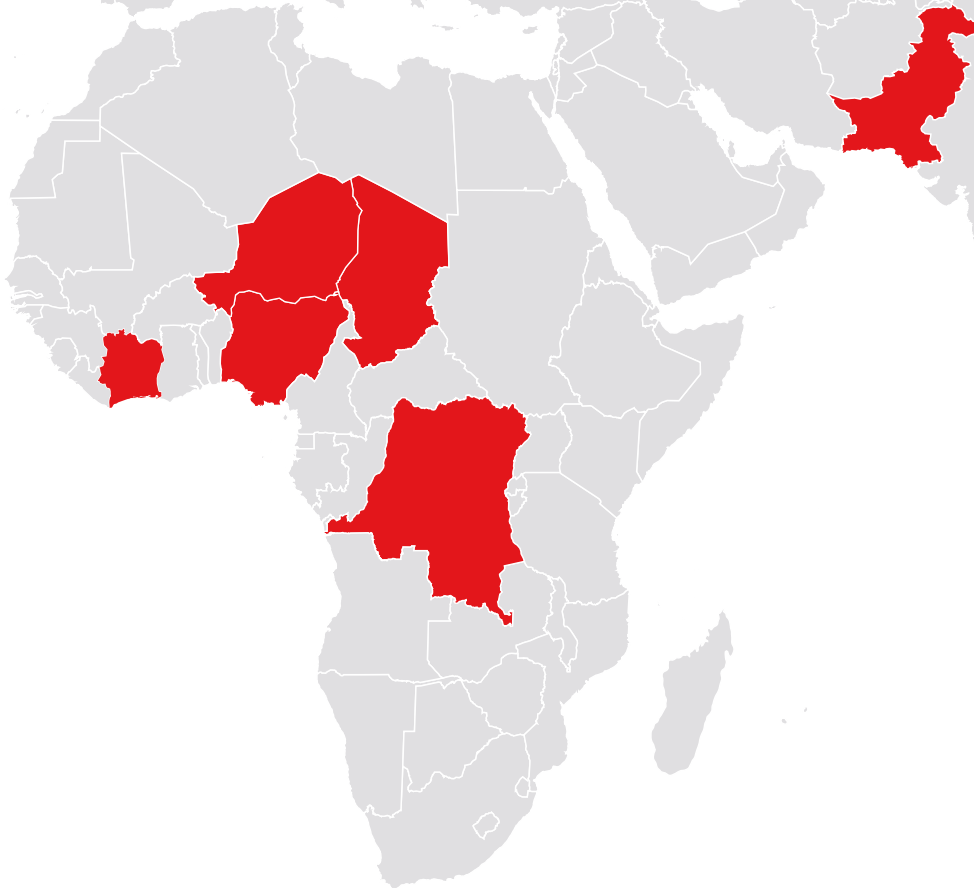


MSF International Charter	2
Editorial	3
Project mapping	5

THE MEDICO-OPERATIONAL ASSESSMENT 6

Preamble	
1- Achievements	7
Medical activities	7
2- Activities by country	9
Côte d'Ivoire	9
- The Bouake project	9
- The Agboville project	10
Niger	12
- The Madaoua project	12
- The Guidam Roundji project	15
Nigeria	18
- The Kano project	18
- The Cross River project	25
Democratic Republic of Congo	23
- The Kinshasa project	23
Chad	25
- The N'Djamena project	25
Pakistan	29
- Overall context of intervention	29

THE GLOSSARY 30



Consultations

535 563

Views <5

447 279

Hospitalizations

40 546



Malaria

257 758



Nutrition moderate cases

17 007

Severe case nutrition

7 454



Total Mental Health

1119

Telemedicine consultations

6043



Antenatal

33 011

Postnatal

6 139

Childbirth

3163



Total routine vaccination

3582

Measles vaccination

178 243

I- THE MEDICO-OPERATIONAL ASSESSMENT

PREAMBLE

«Based on a partnership and open collaboration with various ministries, communities, local actors, and MSF sections as a whole, this report is rooted in the 2021-2025 medical-operational strategic plan, which was approved by the Board of Directors during the September 2022 session.

The medical-operational strategic plan stems from the overall strategic plan of MSF WaCA, voted on in June 2021. Its development process was inclusive, incorporating the vision of MSF WaCA and organizational values, with strategic alignment related to the global context. This forces us to adapt our responses and operational mechanisms to meet the current needs. The plan aims to present only the main lines of our key actions and is intended to highlight our operational ambitions and intentions, as well as the translations of these into tangible achievements. Our organization is still young, and thus, we have much to learn from both our successes and, especially, our failures to transform them into solutions that can benefit us in the years to come.

Our strategic key activates the will to be agile, close to the community, and to our patients, with decision-making authority and autonomy delegated to our project teams, involving patients and communities in decision-making. The patient becomes an actor/decision-maker in their health, having been consulted and involved in therapeutic decisions. Therefore, in collaboration with various actors and stakeholders, our fields, and communities, we believe transparently that we can contribute our efforts to improve our operations and share our experiences with the MSF movement.

We must also anchor our work in the regional civil society by leveraging its resources, academic expertise, research, and medical skills to build a model for MSF that serves patients innovatively, in a multicentric manner, with networking and beyond national interests. This means that we need to generate a completely autonomous regional dynamic to provide an operational response.

Another aspect of our strategic plan is the simplification of our actions and interaction by opening up to other actors who could mutually help us better meet the needs of our patients. We are consciously aware that the time for isolation and working in silos is over; instead, it's about integration and synergy of interventions to better address the various challenges we face.

Our goal is to train the new generation to take charge of MSF WaCA and contribute human resources integrating performance and efficiency to the rest of the movement. Moreover, for MSF WaCA, the patient is the primary actor in their health, and this has been clearly stated in our strategic documents. To achieve this, we focus on three intervention axes that place each actor at the center of the operational framework: [Additional information is needed to complete the translation of the specific axes of intervention.

a - Emergencies: The effort to pre-negotiate easy access in case of emergencies in West and Central African countries started with a delay. Work is ongoing to obtain pre-signed letters of agreement with the health ministries of these countries. This will enable us to respond to emergencies within a relatively short timeframe.

b - Projects for people without access to care: our desire is to have a project whose duration does not exceed more than 3 years. To do this, the majority of our projects were built with the health and customary authorities and local organizations in our countries of intervention. This effort will continue to enable ownership and sustainability of activities.

c - Research and innovation: Research and Innovation: Innovations focus on the approach to accessing care for hard-to-reach individuals. Methodical research was initiated in 2022 and will continue in 2023 through a human-centered approach. Technological tools have been assessed and continue to be evaluated to support the implementation of the approach, as well as the support provided to the community.

Research and Innovation: Innovations focus on the approach to accessing care for hard-to-reach individuals. Methodical research was initiated in 2022 and will continue in 2023 through a human-centered approach. Technological tools have been assessed and continue to be evaluated to support the implementation of the approach, as well as the support provided to the community.

1- ACHIEVEMENTS

In 2022, we had to slow down our operational growth ambitions, in order to better establish our foundations. We have chosen to respond to emergencies in our countries of intervention, except in cases of enormous emergency needs; as was the case in Pakistan where we had to adapt to provide support.

Medical activities

Our medico-operational interventions in 2022 were focused on the key themes of our strategic operational plan and the pillars defined in our medical strategy.

It is important to emphasize that in its approach to optimizing resources within the movement, MSF WaCA established a partnership in 2022 with the medical department of MSF OCB to benefit from technical support from its referents for all of its medical projects.

Thus from May 2022, MSF WaCA was able to benefit, thanks to this partnership, from the technical and regular support of nearly twenty referents who support the teams

at different levels, for the quality implementation of activities.

Our focus has been on maternal and child health care.

The themes of our interventions in 2022 are:

- primary health care; - nutrition ;
- response to emergencies;
- mental health and epilepsy; - neglected diseases such as Noma;
- innovation telemedicine;
- the inclusion of people with disabilities.

At the end of 2022, with six countries of intervention where 09 projects have been implemented, we were able to reach a significant number of patients compared to previous years despite the operational slowdown mentioned above. Below, some summary and summary figures of our medical activities in 2022.- inclusion of persons with disabilities.

	2020	2021	2022
Countries of operations	01	03	06
Number of projects	02	05	09
Consultations	0	259 392	535.563
Consultations < 5 years	-	-	447 279
Malaria		140 346	257 758
Hospitalizations		1 848	40 546
Antenatal consultations		4 472	33 011
Postnatal consultations			6 139
Routine vaccinations			3 582
Measles Vaccination			178 243

	2020	2021	2022
Cholera		7 365	-
Telemedicine consultations		33	6 043
Mental health consultations		650	1119
Deliveries		891	3.163
Sexual violence		1 114	-
Violence linked to political crises/injured		285	-
ATFC		7 510	17 007
ITFC		1 848	7 454
Telemedicine consultations for all ages		33	6 043
COVID-19		383	-



Departure of teams for the test and threat campaign, Madaoua - Niger

2- ACTIVITIES BY COUNTRY

CÔTE D'IVOIRE



Presence in Côte d'Ivoire - opening MSF WaCA 2021

Number of projects

02

Thematic

Mental health and
epilepsy / Telemedicine

Resources

- International: 06
- Nationals : 40
- Incentivized : 93

Annual expenses

€ 2,339,500

THE BOUAKE PROJECT

Thematic : Mental Health and Epilepsy

Launched in May 2021, the project aims to meet the needs of populations suffering from disorders related to mental health and epilepsy, in a context of unavailability of care at the primary and community level. The absence of links between traditional therapeutic pathways and conventional hospital structures leads to the isolation of patients in prayer camps which do not take into account the comorbidities from which they could suffer. The intervention strategy is based on the decentralization

of care in mental health and epilepsy at secondary, primary and community levels through capacity building of health workers and awareness raising for better knowledge of these pathologies.

Advocacy is also a priority axis of the project, in order to strengthen collaboration between families and care structures (traditional and health) and to encourage support for the project by all key stakeholders (ministry of health, local and health authorities, etc.).

a - The operational system

- **Community level and prayer camps:** communication, awareness, case detection;
- **Front-line structure level:** training and case management through the following structures:
 - 03 urban health centers
 - 04 rural health centers
 - 01 general hospital
- **Tertiary level:** psychiatric hospital for cases requiring specialized.

b - Results

DISTRIBUTION BY GENDER AND BY PATHOLOGY

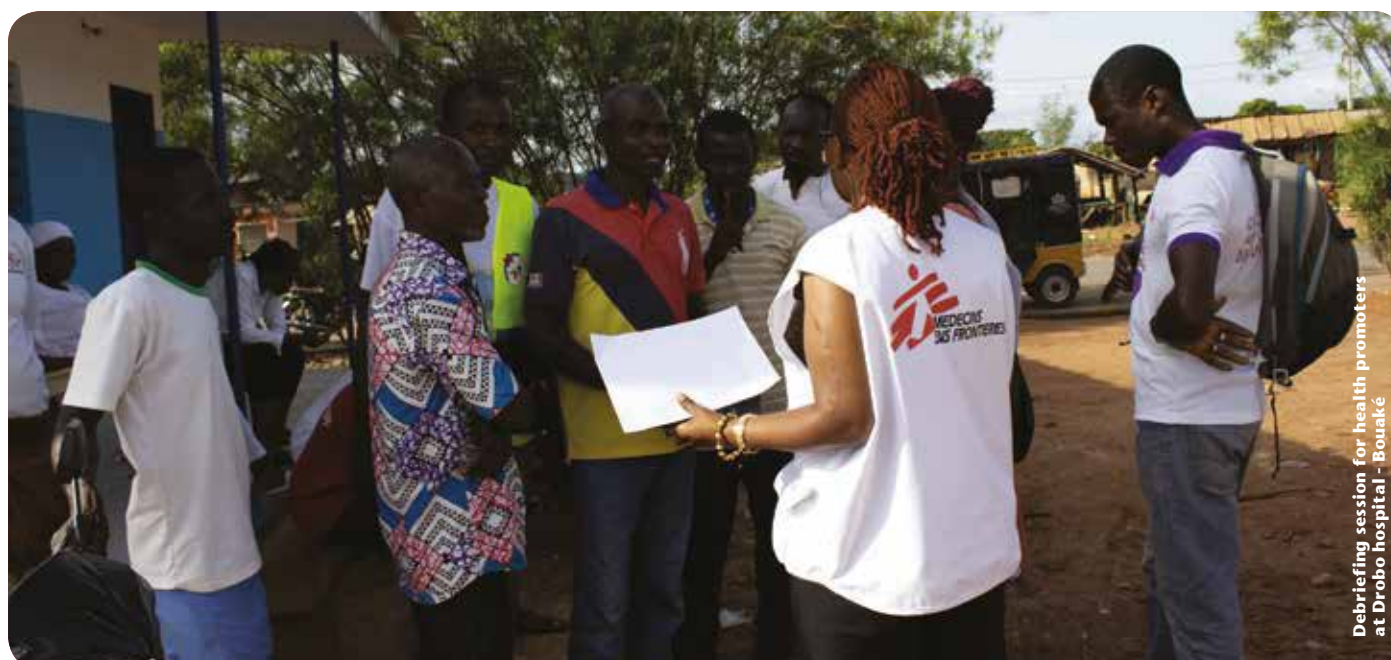
Sex/Age	Depression	Mental retardation	Psychosis	Epilepsy	Subtotal	Total	%
MEN	0	2	0	34	36		
< 5 years	1	5	13	191	210		
5-18 years	20	1	101	291	413		
> 18 years	21	8	114	516	659		
Subtotal						659	59 %
WOMEN	0	0	0	27	27		
< 5 years	0	4	10	105	122		
5-18 years	15	0	96	200	311		
> 18 years	15	4	106	332	460		
Subtotal						460	41 %
TOTAL	36	12	220	848	119	119	100 %

▀ The AGBOVILLE PROJECT

Thematic : telemedecine

a - The operational system

- Support for the 10 urban health centers (HC) of Agboville in the following specialty areas:
 - Gynecology
 - Pediatrics
 - Cardiovascular pathologies
- Collaboration with HC nurses as operator assistants;
- Distribution of tablets to various specialists;
- Networking of all stakeholders using the SIILO application;
- Health promotion



Debriefing session for health promoters at Drobo hospital - Bouaké

Indicators	Total
Total HC consultations	62 199
Patients consulted via telemedicine	6 043
Patients referred for tele-expertise	714
Expert feedback	411
Number of women seen in CPN	12 632
Number of patients with hypertension seen at the HC	833
Number of CPN women beneficiaries of a BU	4 558
Number of ultrasounds	4 608
Number of patients with hypertension who received an ECG	545



HP activities in a prayer centre for patients suffering from disorders in Bouaké

NIGER



Presence in Niger - opening MSF WaCA 2021

Number of projects

02

Thematic

Nutrition & pediatrics

EMERGENCIES

Test and treat & vaccination

Resources

- International : 17
- National : 123
- Incentivised : 870

Annual expenses

M€ 5,84

THE MADAOUA PROJECT

Thematic: pediatrics and nutrition

The arrival of MSF WaCA in Niger was achieved through the opening of this project. It was part of a response to the malaria and malnutrition emergency in the Madaoua health district where hospitalization capacity was exceeded. In January 2022, the project moved from its emergency phase to a phase regularly in view of the needs identified and the gaps observed.

The objective is to strengthen the integrated community case management for children with an emphasis on malnutrition and malaria, through the hospital and community system.

a - The operational system

- Support for the emergency, intensive care, **CRENI** and pediatric departments at the Madaoua referral hospital;
- Ad hoc support to laboratory, maternity and surgical services;
- References to the **CHR** of Maradi;
- **(ICCM)** activities in 600 villages;
- SOne-off medication support to health posts and health centers in the Madaoua district.

b - Emergency activities

Measles vaccination

In April 2022, MSF WaCA organized a vaccination campaign against measles in health areas experiencing an epidemic. 178,243 children were vaccinated; 2,000 kits were distributed to health centers and the Madaoua district hospital for the management of complicated cases.

The test and treat campaign

In November 2022, despite the 4 **SMC** (Secondary Malaria dremoprpylaxis) visits, the number of malaria cases continued to increase. In collaboration with the health district, MSF WaCA organized a test and treat and nutritional screening campaign throughout the Madaoua health district. In total, in two weeks, **171,61** children were screened, **122,862** were treated and around 1,000 malnourished children were screened in addition to the existing cohort.

c - Results

Malaria Test & Treat

Malaria Test & Treat	Number
Total tests carried out	171 615
Positive cases	122 862
Cases treated	122 862
Referral cases	343

Emergencies

Emergencies	Number	Percentage
Admitted	33 778	-
Hospitalized	14 307	42%
Healed	30 393	90%
Abandon	986	3%

Intensive care units

Intensive care units	Number	Percentage
Admitted	4 228	-
Transfused	1 894	45%
Healed	3 686	87%

External consultation - pediatrics

External consultation - pediatrics	Number
Consultation total	19 117

Hospitalisation pediatrics

Hospitalisation pediatrics	Number	Percentage
Admitted	8 739	-
Transfused	1 498	17%
Cured	8 439	97%
Death	227	3%
Abscounded	73	1%

ITFC

ITFC	Number	Percentage
Admitted	3 531	-
Transfused	3 429	97%
Cured	3 177	90%
Death	251	7%
Abscounded	103	3%

Morbidities

Ailments encountered in ICCM in Madaoua, Niger in 2022

Morbidities	Number	Percentage
Malaria	32 520	27%
IRA	20 649	27%
Diarrhea	19 937	26%
MAM/MAS	1 455	2%

Ailments encountered during consultation at the hospital in Madaoua, Niger in 2022

Morbidities	Number	Percentage
Malaria	13 350	27%
IRA	5 403	27%
Anemia	3 741	13%
MAS	3 531	12%
Diarrhea	3 402	26%

THE GUIDAM ROUNDJI PROJECT

Themes: malnutrition and pediatrics

Since March 2022, this project has a research component on malnutrition carried out jointly with Epicenter at the level of 03 health centers. This action finds its strategic logic in MSF WaCA's vision on the theme of malnutrition and malaria in the Sahel region, where this problem is recurrent. MSF WaCA intends to actively involve populations in the preventive aspect of malnutrition and the prevention of complications of malaria, with early treatment of cases diagnosed at the community level.

a - The operational system

- Support for the emergency, intensive care, **ITFC** and pediatric departments of the district hospital
- Support for 05 health centers:
 - Curative consultation: 0 to 5 years
 - Outpatient treatment for malnutrition.

b - Results

Emergencies / Outpatient consultations

Emergencies / Outpatient consultations	Number	
Total consultations	8 167	-
Hospitalized	7 339	-
Cured	6 752	92%
Death	147	2%
Abscounded	426	5,8%

Intensive care unit

Intensive care unit	Number	Percentage
Admitted	3 056	-
Hospitalized	1 239	40%
Cured	2 659	87%
Death	397	13%

Pediatric hospitalization

Pediatric hospitalization	Number	Percentage
Admitted	4 562	-
Transfused	753	17%
Cured	4 466	98%
Death	91	2%
Abscounded	5	0,0%

ITFC

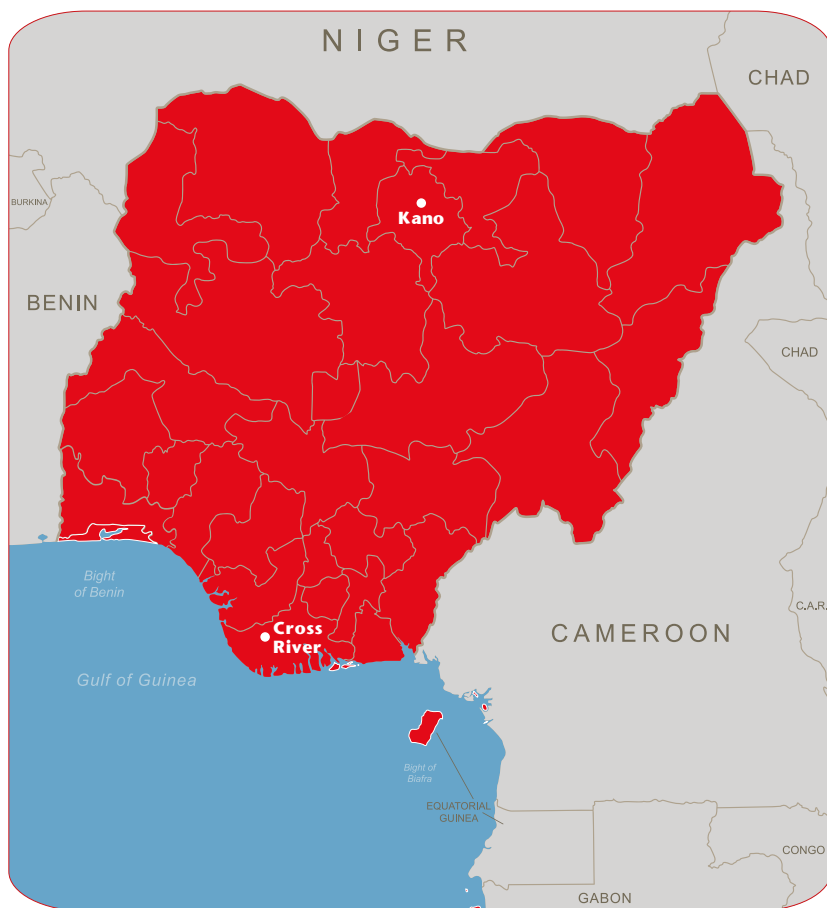
ITFC	Number	Percentage
Admitted	2 770	-
Transfused	174	97%
Cured	2 488	90%
Death	222	8%
Abscounded	60	2%

Pathologies	Guidam Roundji Hospital	Guidam Roundji 5 CSIs	Total
Malaria	6 294	14 200	20 494
MAS	2 770	4 136	6 906
IRA	94	6 029	6 123
Diarrhea	360	5 543	5 903
Anemia	2 182	0	2 182



Measles vaccination in Niger

NIGERIA



Presence in Nigeria - opening MSF WaCA 2020

Number of projects

02

Thematic

Primary health care,
BEMONC, Nutrition, Noma

Resources

- International : 8
- National : 65
- Incentivised : 69

Annual expenses

€ 5,272,800

THE KANO PROJECT

Thematic: access to primary health care, reproductive health and nutrition care

The Kano project has been operational since 2020. It was an emergency response due to the challenges associated with mortality/morbidity from the Covid-19 pandemic in Kano. The objective was to increase monitoring and response to needs due to Covid-19, with a focus on surveillance, capacity building, infection prevention and control, as well as health promotion and case detection.

To date, the project has evolved with a broader healthcare offering, taking into account nutrition and reproductive health. The healthcare support project primary schools

continue to help two local government areas (LGA) of Kano State (Ungogo and Tarauni), to provide general outpatient care, with special emphasis on children under 5 years of age. The overall objective is to reduce and prevent excess mortality and morbidity associated with diseases such as malaria, upper and lower respiratory tract infections, gastroenteritis and other emergency presentations (hypertension and diabetes), in the general target population, due to changes in the health context.

a - The operational system

- Support for Primary Health Care (OPD): Service General External Consultations with particular attention to children under 5 years old
- Sexual and Reproductive Health (SRH): Basic emergency obstetric and neonatal care (BemOnc)
- Intervention to treat malnutrition
 - Outpatient therapeutic feeding center (ATFC) – 2 sites
 - ATFC: First Model of Care in Kano State
- NOMA: Case management and referrals
- EPREP: Emergency Preparedness Response Plan
- Capacity building.

b - Results

Total consultations (general and pediatric)

Total consultations (general and pediatric)	Number
Total consultations	73 353
New consultations	65 230
Follow-up consultations	8 123

ATFC

ATFC	Number	Percentage
Admitted	6 870	-
Cured	6 499	94%
Death	45	0,65%

ITFC

ITFC	Number	Percentage
Admitted	339	-
Cured	322	95%
Death	37	2%

Morbidities

Morbidities	Number	Percentage
Malaria	31 229	46%
IRA	8 377	11%
Stomach and duodenal disorders	4 853	26%
Non-bloody diarrhea	4 255	6%
Skin infection	2 064	3%
Typhoid fever	1 942	3%
Urinary infection	1 366	2%
Measles	1 255	2%

Hospitalization in Gyneco-Obstetrics

Hospitalization in Gyneco-Obstetrics	Number
Admitted	1 890
Exits	1 868

Consultation in Gyneco-obstetrics

Consultation in Gyneco-obstetrics	Number
1 st prenatal consultation : ANC	6 061
All prenatal consultations	20 912
Post-Natal Consultation : PNC	5 129

Childbirth

Childbirth	Workforce
Total deliveries	2 841
Spontaneous vaginal delivery	2 829
Instrumental vaginal delivery	12

THE CROSS RIVER PROJECT

Themes : access to primary health care, reproductive health and nutrition care

In Cross River State, in the south of the country where Cameroonian refugees have settled, we launched a project to provide access to primary health care services to refugees and the host community. Our approach remains highly collaborative with a strong component of capacity building and ownership by all stakeholders.

This initiative was carried out on the basis of two assessments carried out by MSF in 2021, reporting the precariousness of living conditions due to the difficulty of accessing care due to the poor state of the roads, the lack of means of transport and the collapse of the

system health in the different centers.

Conditions which made welcoming refugees a burden for the host populations.

The Cross River - Akampka LGA «local government area» project has therefore been located since March 2022, at the crossroads of the movement of refugees from Cameroon to Nigeria, where approximately 15,000 refugees lived within the host community in Akor and Old Ndebeji, without any support from humanitarian actors.

a - The operational system

- External Consultation Service (OPD)
- Consultations for under-fives
- Stabilization of critical cases (IPD)
- References
- Nutritional screening
- SGBV: Sexual Gender-Based Violence
- Antenatal consultation (ANC)
- Post-natal consultation and family planning
- Deliveries
- EPREP: Emergency Preparedness Response Plan
- Capacity Building

b - Results

Total hospitalizations

Total hospitalizations	Number	Percentage
Admitted	968	-
Cured	967	99,95%
Death	1	0,05%

External consultation in Pediatrics

External consultation in Pediatrics	Number
Total consultations	10 257
New consultations	6 804
Follow-up consultations	3 453

ITFC

ITFC	Number	Percentage
Admitted	339	-
Healed	322	95%
Death	37	2%

Morbidities

Morbidities	Percentage
Malaria	45%
IRA	16%
Typhoid fever	11%
Skin infection	11%
Accidents without specified causes	5%
Non-bloody diarrhea	4%
High blood pressure	3%
Urinary infection	3%
Fever of unknown origin	3%

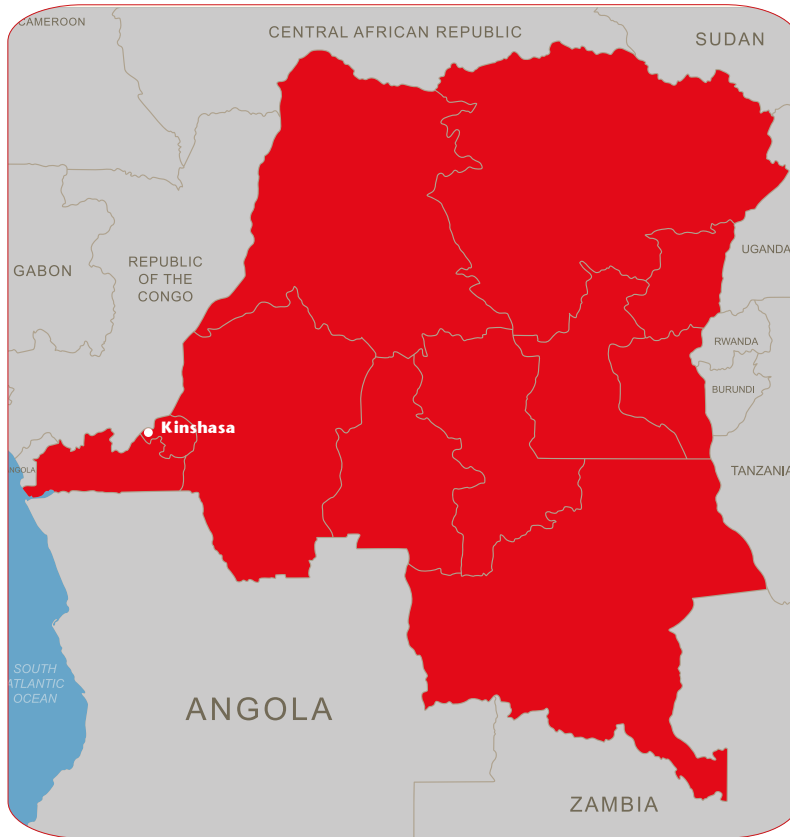
Consultation in Gyneco-obstetrics

Consultation in Gyneco-obstetrics	Number
1 st prenatal consultation	504
All prenatal consultations	1 357
Postnatal Consultation	1 010
Family planning	235

Deliveries

Deliveries	Effective
Total deliveries	334
Spontaneous vaginal birth	333
Instrumental vaginal delivery	1

THE DEMOCRATIC REPUBLIC OF CONGO



Presence in Republic of Congo - opening MSF WaCA 2020

Number of projects 01

Thematic

Access to care for people living with a disability

Resources

• International : 4
• Nationals : 2

Annual expenses

€ 88,300

THE KINSHASA PROJECT

Themes: access to care for people with disabilities

At the start of the Covid-19 pandemic, the MSF Belgium association intervened in Kinshasa to provide support to the most vulnerable populations; and in particular to people with disabilities. The intervention consisted of raising awareness and providing preventive means to the target population, as well as the rehabilitation of some health structures. This intervention revealed the poor access to health structures for people with disabilities. Around mid-April 2021, discussions took place between

the MSF Belgium association in the DRC and the WaCA team in order to improve the provision of curative and preventive care for this target, through support to the two primary state structures. from the city of Kinshasa. Promotional care should continue to be provided by MSF associates. The intervention takes into account a multisectoral partnership axis, in order to ensure good coverage of the needs of the target population, but also to ensure the sustainability of the intervention. The effectiveness of the activities is planned for 2023.

a - The operational system

- Contribute to improving access to curative, preventive and community care for the population living with disabilities and vulnerable people in the city of Kinshasa;
- Cover two health zones and also integrate the advocacy component for the benefit of people with disabilities, to allow access to inclusive care; Admitted cases seen in consultations are stabilized, then referred to identified reference structures
- Establish an ambulance service to ensure referrals and counter-referrals of people with disabilities to hospital structures and vice versa.

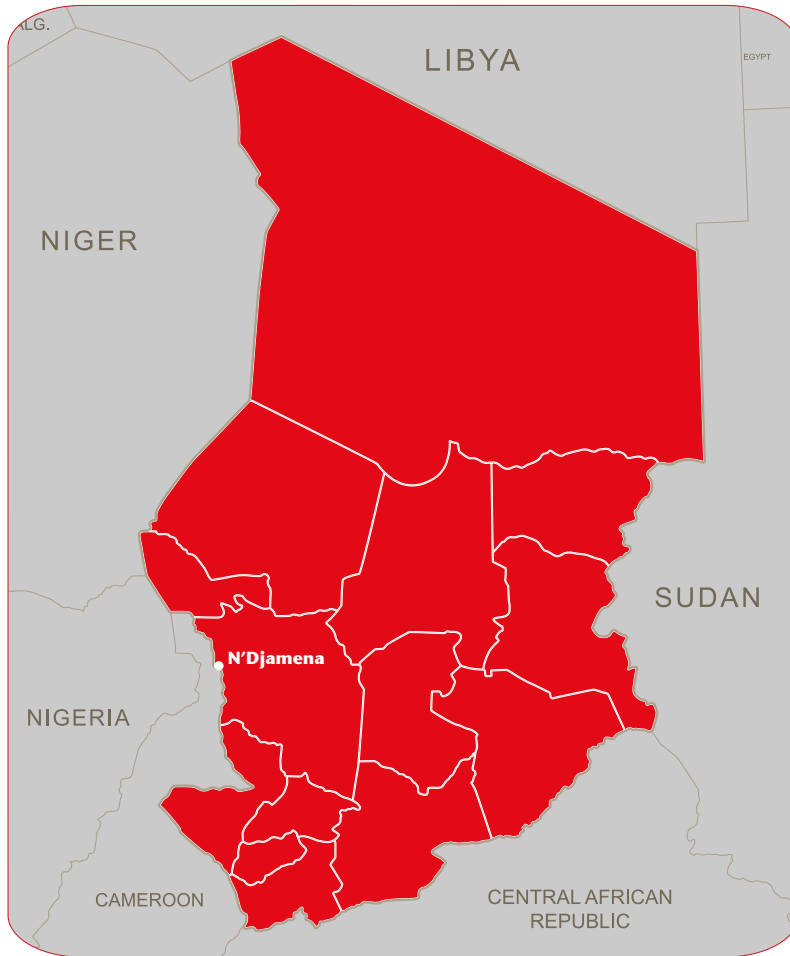


Mobile clinic for people with disabilities in Magafula.



Renovation of healthcare access structures in Ndjaména.

CHAD



Presence in Chad -opening MSF WaCA 2022

Number of projects **01**

Thematic
**Emergency response
to Nutrition and
flooding**

Resources

- International : 5.5
- National : 70
- Incensitived : 36

Annual expenses
€ 1,797,700

THE N'DJAMENA PROJECT

Themes: nutrition and pediatrics

As a prelude to a situation of widespread and uncontrolled nutritional crisis, the government of Chad launched an appeal for international aid to assist the affected populations in N'djamena and in the other provinces of the country.

From January to March 2022, 70,134 children suffering from severe acute malnutrition were admitted and treated supported care structures. Data shows that admissions exceed expected cases for the period January to March, (70,134 admissions versus 58,139 expected patients).

In addition to this situation linked to malnutrition, the city of N'djamena is hit each year by a rainy season which increases cases of malaria, especially among children under 5 years old.

In view of the explosive situation in terms of hospitalization of malnourished children and the presence of factors aggravating the nutritional situation in the country, MSF- WaCA launched an emergency intervention in N'djamena, more precisely at the Neonatology unit. of Gozator Hospital which covers approximately 22% of the capital's population



A patient with measles at Cozator hospital in Ndjaména.

a - The operational system

- Support for the emergency and pediatric departments at Gozator Hospital;
- Support for the ITFC service;
- Support for 04 ATFC.

b - Results

Hospitalization

Hospitalization	Number	Percentage
Admitted	1 177	-
Cured	1 149	98%
Death	28	2%

ITFC

ITFC	Number	Percentage
Admitted	814	
Cured	768	95%
Death	34	4%
Abscounded	12	1%

Follow-up in ATFC

Follow-up in ATFC	Number	Percentage
Totally acutely malnourished	6 041	
MAS	4 229	70%
MAM	1 812	30%

Morbidités rencontrées

Morbidités rencontrées	Number	Percentage
Malaria	307	27%
Measles	25	7%
Infectious syndrome	11	3%
Diarrhea	10	3%
Acute Respiratory Infection	10	3%



Support for paediatric emergencies in Gozator.



Our teams work with emergency and paediatric patients at the Gozator hospital in N'Djamena.

LE PAKISTAN



Presence in Pakistan - opening MSF WaCA 2022

Number of projects **01**

Thematic **Flood emergency**

overall context of intervention

Floods in Pakistan began in June 2022 and worsened in August of the same year, when the Pakistani government declared a state of emergency. These floods were among the most serious the country has experienced, caused 1,700 deaths and destroyed 250,000 homes, as well as a large part of agricultural land. In total, they affected around 33 million inhabitants. In this context, we organized a 6-month intervention which ended in March 2023.

The intervention focused on the rehabilitation of wells in order to prevent water-borne diseases, the rehabilitation of 04 health structures damaged by flooding, donations of medicine and medical equipment and the distribution of NFI to disaster victims in the area of Peshawar and Dera Ismael Kahn. At the end of 2022, 10,726 NFI were distributed and 500 were then sanitized out of a target of 1,500.



II- THE GLOSSARY

A

ATFC : Ambulatory Therapeutic Feeding Centre (equivalent de CRENAS)

ITFC : Intensive Therapeutic Feeding Centre (equivalent de CRENI)

B

BEMONC : Basic Emergency Obstetric and Newborn Care

E

EPREP : Emergency preparedness

I

ICCM: Integrated Community Case Management (Gestion communautaire intégrée des cas)

IRA : Infections respiratoires aiguës

N

NFI: Non food items

O

OPD: General Outpatient Department

IPD: General inpatient department

S

SIMM: Sharing Incident Memory and Mitigation Project

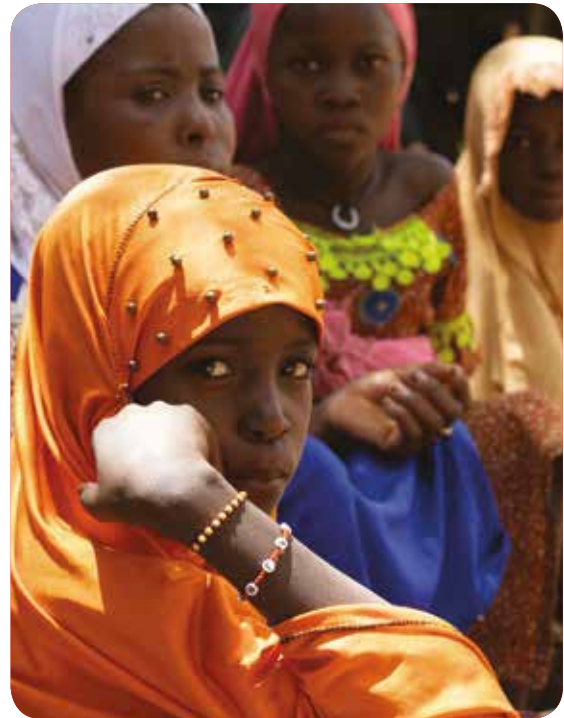
SPHCMB: State Primary Health Care Management Board

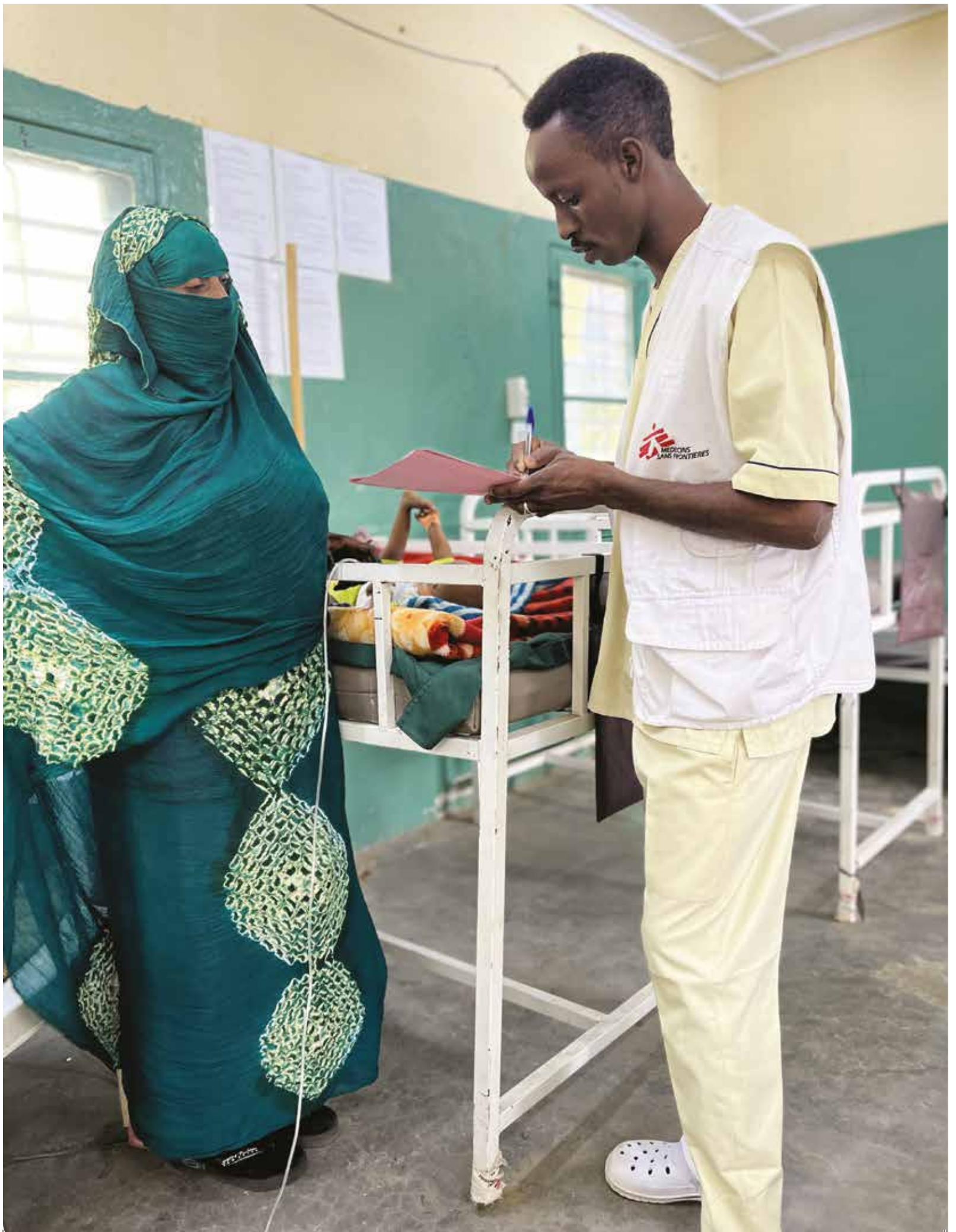
SRH : Sexual and Reproductive health)

SMC : Seasonal Malaria Chemo-Prevention

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Test and treat: Dépister et traiter.







Nos équipes présentes auprès des patients des urgences et de la pédiatrie à l'hôpital de Gozator - à N'Djamena