HEALTH SECTOR NIGERIA

Northeast Nigeria

Health Sector Response Strategy-2017/18

1. Introduction

This document is intended to guide readers through planned Health Sector interventions in North East Nigeria over an 18-month period (Jan 2017 – June 2018) in response to the humanitarian crisis and attendant health emergency. This strategy is in line with the National Heath Sector Response to Humanitarian Crisis Plan for the NE, developed by the Federal Ministry of Health and the State Specific operational plan developed by the Six states of the NE including Borno State Ministry of Health (SMOH). It will further assist in ensuring a wider reduction in emergency related morbidity and mortality across Borno, Adamawa and Yobe States which are states severely affected by the crisis. The success of this strategy will in part depend upon the health sector funds received to carry out the humanitarian activities set in this document.

The current picture is of protracted conflict and a continuing active insurgency. Many areas have now become more accessible, however insecurity remains and the pattern of safe accessibility on the ground remains liable to local changes and reversals not in control of the health sector.

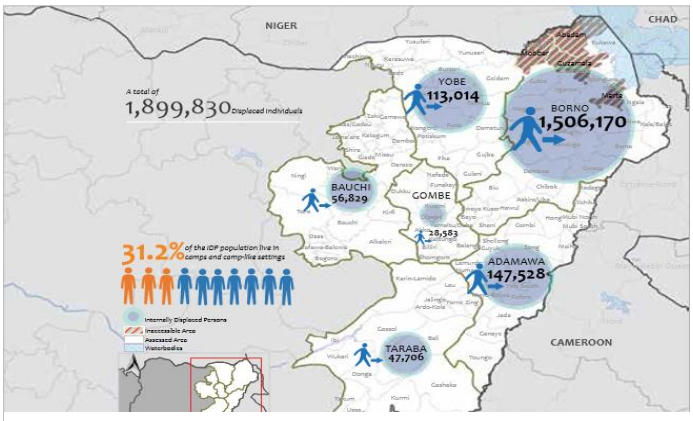


Figure 1: Number of IDPs per state (Source: DTM XIV)

The ongoing conflict in north-eastern Nigeria has caused widespread devastation, generating a crisis that affects the health of more than 6.9 million people in Adamawa, Borno and Yobe States. Of these, 5.9 million people including; all IDPs, children under 5, females of reproductive health age, the elderly, and the host community population under the poverty level are the most vulnerable and in need of health intervention.

Health facilities in the conflict affected areas have been completely or partially damaged leaving them unable to deliver adequate health provision. According to the Health Resources Availability Monitoring System report (HeRAMS)[1], one third of more than 700 health facilities in Borno State have been completely destroyed. Of those facilities remaining, one third is not functioning at all.

High morbidity, excessive mortality and high rate of severe malnutrition cases have been a consistent feature. Besides the ongoing polio and measles outbreaks, malaria continues to be the major cause of morbidity and the main cause of mortality among children under 5. It is also expected that there will be an increase in respiratory infections and the potential for a cholera outbreak and/or meningitis in the coming months. Although improving, the disease surveillance, alert and outbreak response system have been seriously eroded at a time of high population vulnerability and increasing likelihood of outbreaks.

The State Government and health partner's capacity to respond has been overstretched with the continued increasing requirements. Capacity has been reduced to such an extent that in Borno State there is virtually no secondary health provision outside of the capital Maiduguri and access to primary services is limited and not comprehensive in most locations.

[1] HeRAMS report, WHO February 2017.

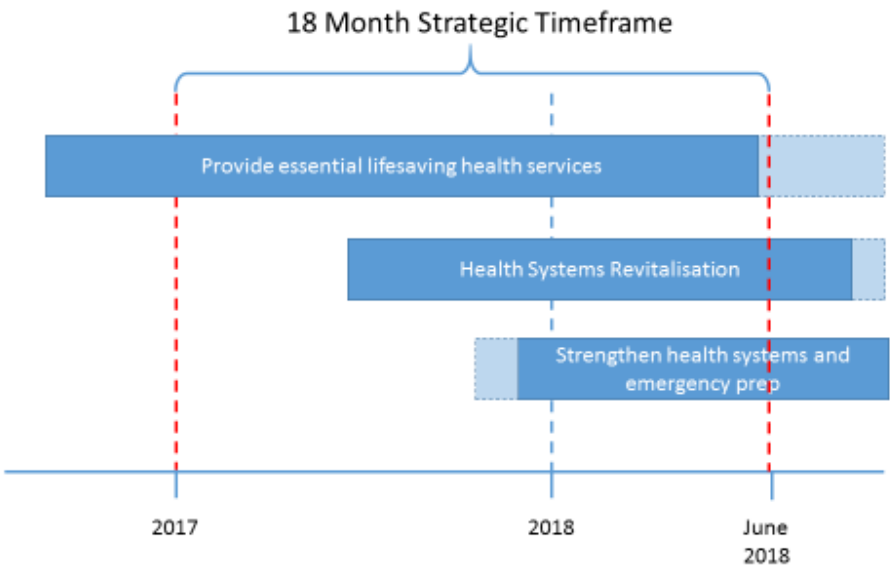
Revitalizing and strengthening of the health system is vital. Re-establishing functional, staffed and supplied health facilities to cover vulnerable populations and moving away from mobile services must be a priority for the health sector in 2017/8.

2. Planning framework and timeline

This strategy refers to activities in Borno, Adamawa and Yobe states and should provide a common framework for action across these locations. It must be acknowledged that most of the beneficiaries reside inside Borno State and that as a result the weight of activities will likely lean towards Borno State. However, all of the proposed activities will take place across the three states, with two notable exceptions; the proposed revitalization activities will be focused on conflict affected facilities in Borno State and the Emergency Operations Centre is being constructed in Borno.

The health sector strategy has been informed by and supports the FMOH North East Health Sector Response Plan, the Humanitarian Response Plan 2017, State MOH Health Sector Operations Plans and health sector partner strategies for Adamawa, Borno and Yobe states.

The timeframe of this strategy takes into account the operational situation in which emergency response activities will remain a key component throughout 2017 and beyond. At the same time the contextual reality in certain locations will permit health sector revitalization and some health systems strengthening activities. The different levels of activity will overlap for a significant part of 2017/8 and must be mutually supporting so that revitalization activities free up resources for a greater scale and rapidity of response.



3. Goal and Objectives

Goal: Reduce mortality and morbidity through provision of live saving essential health services

- Reduce crude mortality rate to below the emergency threshold of 1/day/10 000 population
- Reduce under-5 mortality rate to below the emergency threshold of 2/day/10 000 children
- Reduce under-5 global acute malnutrition to below emergency threshold of 10% of children under 5
- Interrupt wild poliovirus type 1 (WPV1) transmission

HEALTH SECTOR OBJECTIVE 1:

1 To provide access to life-saving and life-sustaining humanitarian health assistance to affected IDP and host community populations

The priority in the health sector remains the ***provision of life-saving and life-sustaining humanitarian health assistance*** to affected populations. This objective will be achieved through specific minimal but comprehensive package of health interventions focusing on reproductive health, including maternal and child health, services for gender-based violence, management of malnutrition, management of non-communicable diseases, mental health and psychosocial support, support for people living with HIV/AIDS, as well as the strengthening of referral services. There will be a particular focus on active detection of malnutrition, referral to appropriate services (out and in-patient facilities) and capacity building of health workers to manage SAM with medical complications.

The availability of essential medicines, of medical supplies and equipment combined with the provision of outreach services and continued support to the Expanded Programme on Immunization (EPI) to attain adequate vaccination

coverage will be also critical to reach targets efficiently and stop the transmission of polio and other epidemic prone and vaccine preventable diseases such as measles.

Activities will focus on increasing the size and capacity of the health workforce; strengthening partnerships with national and international non-governmental organizations (NGOs); rehabilitating and/or reinforcing damaged health facilities (including physical structures, human resources, and equipment/supplies) for health service delivery, and continue with geographically targeted mobile medical units for lifesavings interventions.

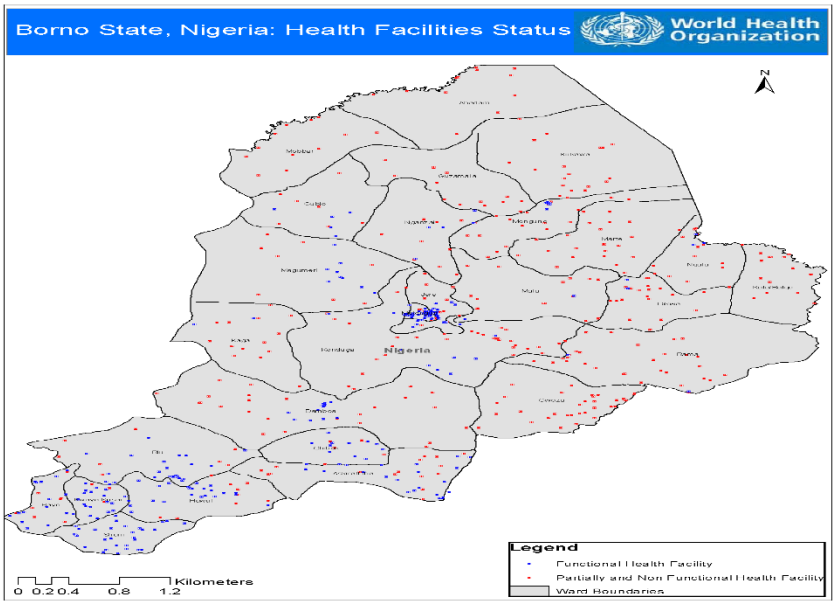
***Provision of a Minimum Essential package of services/ Integrated Basic PHC services*:**

- Immunizations
- Integrated management of childhood illness (IMCI) with particular focus to malaria, pneumonia, malnutrition and diarrheal diseases.
- Maternal and child and neonatal health including EmONC and/or BEmONC
- Reproductive health including HIV services and GBV
- Management of common conditions including non-communicable diseases
- Delivery of mental health and psychosocial services
- Strengthening referral systems

Where some but not all components of the above full package are being provided for a catchment population, the sector will identify a health partner to complement wherever possible, or an alternative facility within the same geographic area[2].

Availability of services at LGA level

It is the aspiration of this strategy to attain the basic norm of access of one secondary facility p/LGA, supported by Primary Health Care Centers, Primary Health Care Clinics and Health Posts with a functioning referral system. However, it must be noted that within the life of this strategy the health sector will work towards this goal within the criteria set down under the section on revitalization below.



Borno State Health Systems Revitalization

The destruction of health facilities, looting of equipment and supplies and displacement of staff has resulted in an almost complete lack of health service provision outside of a few key towns, which are dependent of humanitarian support. Ensuring a minimum number of primary and secondary health services are available in newly accessible areas will form a significant component of the 2017/8 health sector strategy. Recently improved access to a number of LGAs has

[2] See also, Minimum Standards for Primary Health Care in Nigeria, produced by National Primary Health Care Development Agency.

stimulated return of some displaced populations and while the situation remains fragile and insecure, early recovery / revitalising activities in selected areas are possible. The Borno State MoH have started this rehabilitation process in few locations. This will restore some semblance of normal access to health care in key locations and free up crucial mobile teams for wider outreach and response. In order to revitalize such a damaged system, the health sector will need to take into account prioritization of facilities and locations, standard design and rehabilitation, prioritization and standardization of service provision, equipment and supply provision, staffing and training.

WHO/Health Sector will support Borno SMOH with

- Mapping and prioritization of facilities, locations and services
- Standardization - facility design, service provision, equipment, supplies
- Training design and delivery
- Design of standard staff incentives package as required
- Coordination of other partners and Rehabilitation process
- Advocacy and lobbying for funding

Partners will support with

- Rehabilitation
- Equipment / supply
- Support / supervision of facilities
- Staff incentives
- Capacity building + training
- Provide additional access to PHC through mobile clinics and outreach
- Community mobilization and sensitization

Borno SMOH will provide

- Overarching strategy, leadership + coordination
- Ensuring all financial inputs from different sources are transparent + used effectively
- Coordination of other partners and Government inputs
- Identification, recruitment and retention of staff
- Supervision and monitoring at Central and LGA level
- Supply strategy

- **Criteria for prioritizing facilities**
  - Likely continuation of secure access to locations to allow security of rehabilitation investment
  - Security and continued access for beneficiaries, partners and supplies
  - Scale of population and need
  - Presence of facilities / former health service
  - Availability of staff
  - Availability and sustainability of funding
  - Scale of damage
  - Presence of other sectors of activity (WASH, Nutrition etc.)

- **Essential requirements to ensure functional facilities**
  - Rehabilitation / Infrastructure

- Appropriate equipment and supplies
- Power supply, water supply, waste management
- Functional supply chain
- Sufficient Skilled staff
- Effective supervision + monitoring
- Community support and engagement
- Referral and rebuilding connections between levels of service

Key Outcomes:

- Access to appropriate, affordable primary health services in Adamawa, Borno and Yobe States.
- Populations in hard to reach locations in Adamawa, Borno and Yobe States have access to mobile health teams
- Reduced mortality and morbidity associated with undernutrition
- Effective supervision and monitoring of the LGAs health activities in Adamawa, Borno and Yobe States by SMoH with support from health sector partners.
- Revitalized, strengthened and functional primary health care facilities and systems including referral in Borno State.
- Revitalized, strengthened and functional delivery of health services in secondary and tertiary health facilities in Borno State
- A functioning supply chain managed by Borno SMOH with support from health sector partners.

Indicators and targets:

INDICATOR	TARGET
Number of out-patient consultations for IDPs and affected host communities (1 consultation/person/year) in Borno, Adamawa and Yobe States.	5.9M
Percentage of children < 5 receiving PHC services	80%
Increased proportion of deliveries attended by skilled health workers[3]	40%
Percentage of functional health facilities with a referral mechanism to a higher level of care[4]	70%
# of persons reached through mobile medical activities	3.8 M
# of health facilities servicing IDPs and host community receiving essential medicines & equipment	200
% of children U5 with SAM plus medical complications receive appropriate in-patient treatment	75%
# of revitalized and functional Secondary Health Facilities in newly accessible LGAs in Borno State	6
# of revitalized and functional Primary Health Centers/Posts in newly accessible LGAs Borno State	60
Number of MoH Staff trained on supply chain management	100

[3] 40% of deliveries attended by skilled health workers is the Nigeria national average

[4] Referral system includes communication, transport, documentation and feedback

HEALTH SECTOR OBJECTIVE 2:

2 To establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response.

To *Establish, expand and strengthen the communicable disease surveillance, outbreak prevention*, control and response is the second objective of the health sector. Disease surveillance is the corner stone of an early response to outbreaks of epidemic-prone diseases, to reduce morbidity and mortality. Together with the governmental agencies, the health sector partners will enhance surveillance for epidemic-prone diseases including cholera, meningitis, viral hemorrhagic fever and poliomyelitis by strengthening and expanding the Early Warning and Response System (EWARS). Surveillance systems will facilitate the monitoring of disease trends, seasonal related fluctuations and early detection of potential disease outbreaks with the active participation of health professionals and community volunteers. Through WHO EWARS support, the States MOH will be able to investigate and respond to key disease alerts, swiftly bringing nascent outbreaks under control. This objective will be supported by ensuring improved readiness for outbreak response through the prepositioning of medicines and supplies. The importance of early detection, notification and response cannot be over emphasized especially under the challenging living conditions in newly accessible areas.

Key Outcomes:

- Systematically monitor health service availability and delivery (DHIS2/HeRAMS)
- Effective LGA level surveillance, data management and verification at State level
- Strengthen the alert system and field-outbreak response mechanism in the LGAs and State level
- Availability of data on mortality and other key public health indicators
- Implementation of supplemental immunization and special immunization activities for polio
- State level outbreak preparedness and response plans developed with the MoH and health cluster partners (State/LGA Level)
- Laboratory capacity for detection of outbreak-prone diseases enhanced

Indicators and targets

INDICATOR	TARGET
Percentage of outbreak alerts investigated within 48 hours	90%
Percentage of health facilities in affected areas submitting weekly surveillance reports on time	80%
Percentage of LGAs submitting timely monthly surveillance	80%
Number of health service availability and delivery (DHIS2/HeRAMS) reports per state	3
Number of Mortality Surveys conducted	6
Number of Rapid Response Teams established and trained	12
Percentage of children under 5 vaccinated against polio[5]	95%
Percentage of children under 5 vaccinated against measles[6]	95%

[5] Means of verification – WHO Polio Team supervision visit records

[6] Means of verification – coverage survey

INDICATOR	TARGET
Number of contingency plans developed and disseminated (yellow fever/ viral haemorrhagic fever / cholera)	3

HEALTH SECTOR OBJECTIVE 3:

3 To strengthen health sector coordination and health information systems to improve the life-saving health response for people in need, with an emphasis on increasing access to health services

Finally, the health sector ***will seek to strengthen coordination and health system revitalisation*** to improve life-saving response for people in need, with an emphasis on enhancing social protection and increasing access to health services. This objective will be achieved through the coordination of efforts to increase assistance to hard-to-reach and non-accessible LGAs. By doing so, the health sector partner will synergise and harmonise the response across the three states to share key data, identify gaps and reduce overlap. In addition, due to the nature of the conflict and high risk of outbreaks of diseases, coordination structures will focus on joint contingency and preparedness planning for response to disease outbreaks.

Humanitarian actors will reinforce the response capacity of national humanitarian actors and closely engage them in the articulation and operationalization of principled response strategies with the aim of improving assistance delivery modalities and identifying beneficiaries, while enhancing the effectiveness of actions and the overall appropriateness of the humanitarian response through seeking feedback from, and addressing concerns about the response, from affected people in the three most affected states. Partnerships will be as important as training in order to capitalize on the different strengths of each agency and to learn from each other.

Systems and tools are being established to improve the regularity, complementarity and timeliness of programs delivery to enhanced a more targeted operational planning and deeper contextual analysis in 2017. Following the investments made on strengthening coordination and information management capacities by the end of 2016, the health sector recognizes a need to utilizing reporting systems that track data at the lowest administrative level possible, including data disaggregated by sex and age, thereby permitting evidence-based prioritization. Timely identification of emerging programming gaps and overlap will facilitate strategic reorientation.

There is a recognition that the scale and complexity of the current crisis requires additional operational tools and facilities to assist the SMOH in their role as strategic decision maker, lead agency and primary responder. The size of the population in need, the number of responding agencies and the fast moving situation necessitates the establishment of a coordination and command center commensurate with the scale of the task at hand and appropriate to the realization of the Borno State Health Sector Response Plan. In addition, the disease outbreak and disaster profile of Borno state indicate that public health emergencies of varied scale occur with sufficient frequency to warrant the establishment of a permanent operational facility. A State EOC is an essential tool with which to coordinate and lead activities, analyses and disseminate vital health information and provide a working space for the many and varied organizations key to an effective response.

The concept of operation of the PHEOC is heavily inclined to Incident Management System (IMS), which is the common and globally recommended model for executive, strategic, operational, and tactical management of all hazards. It provides structures and organization of response and highlights key responsibilities of PHEOC staff as well as designated response agencies. The framework establishing the PHEOC outlines key concepts and essential standards to ensure that the PHEOC achieves its objectives, some of which include:

- Real-time information for timely decision-making
- Timely and coordinated acquisition and deployment of key personnel
- Communication and coordination with response partners
- Collection, analysis and dissemination of information and data
- Factual and reliable communication with the public and media

The health sector will continue to work closely with health authorities at the federal, state and local governments' levels, the WASH, nutrition, food security and livelihoods, protection and CCCM sectors to promote a multi-sectoral approach, including through joint needs assessments and preparedness plans.

Key Outcomes:

- The coordinated delivery of an appropriate package of healthcare in Adamawa, Borno and Yobe States.
- Effective inter-sector coordination and collaboration for better health outcomes in Adamawa, Borno and Yobe States.
- Provision of technical and operational support to health sector partners.
- Ensure close collaboration with SMOH / National authorities and establish a functioning Public Health Emergency Operations Centre at Borno State level.
- A well-coordinated process of revitalisation and/or reinforcing damaged health facilities (including physical structures, human resources, and equipment/supplies) for health service delivery in Borno State.

Indicators and targets

INDICATOR	TARGET
Number of joint assessments conducted	9
Number of health coordination meeting held in Borno, Adamawa and Yobe States	60
Number of information products produced and distributed	54
State Emergency Operation Center established in Borno State	1
Number of updated 5W documents	16
Cluster Coordination Performance Monitoring (CCPM) Workshop	2

4. Monitoring and Evaluation

In order to monitor the 2017/8 sector response strategy, the work plan and expected results, the sector will put in place a number of M&E activities, tools, and procedures. A project management database is under development in order to integrate the response work plan, indicators, performance targets, reporting timelines and financial data that will be available to all partners. A monitoring and evaluation plan that will define the indicators will be developed.

Performance and outcome indicators are developed and form part of the project management database. The database components are interlinked and must be updated regularly.

The principal monitoring forum will be the regular health sector meetings in which partners will review indicators and adjust activities and planning as necessary.

The EWARS system additionally serves as a key M&E system providing information on morbidity and mortality trends. A weekly EWARS bulletin is produced and disseminated to large number of partners and stakeholders.

Health Resource Availability Monitoring System (HeRAMS) has been conducted in Borno state and previously in Adamawa and Yobe states. It provides information on status of health facilities in terms of its functionality, infrastructures, service provision, staffing and so on. WHO lead will update the HeRAMS data three times in 2017/8 across Borno, Adamawa and Yobe States. The data will provide a guide to the progress of reconstruction and revitalization of health facilities.

Field monitoring will be conducted periodically to understand the quality of available services and to gather the perspective and satisfaction level of affected people toward humanitarian health services provided.

The health sector will keep its donors, partners and stakeholder regularly updated through periodic monitoring reports, updates and bulletins. This will include quarterly monitoring report, periodic SitReps, periodic health sector bulletins, Weekly EWARS report and HeRAMS reports.

Last but not least, one of the Health Sector/Cluster Coordination deliverables is the Sector/Cluster Coordination Performance Monitoring (CCPM), which will take place in the coming months.

The Health Sector will conduct a mid-term and an end of strategy review.