

# HEALTH SECTOR UPDATE



Health workers screen a child for acute malnutrition in Democratic Republic of the Congo's Kabeya-Kawanga locality, Kasai Central Province, and later refer the child to a nearby hospital for treatment. *Photo courtesy of SC/US*

## Providing Emergency Health Care Services to Conflict-Affected People in the Democratic Republic of the Congo

USAID/OFDA continues to support emergency health care services for conflict-affected people in eastern Democratic Republic of the Congo (DRC) and in FY 2017 began supporting emergency health services in the Kasai region. Mid-year, the UN estimated that more than one-third of internally displaced persons (IDPs) in DRC—nearly 1.4 million people—were displaced within the five provinces of Kasai, where persistent insecurity has resulted in simultaneous displacement and returns to areas of origin across the region. In response to increasing health needs in Kasai, USAID/OFDA partners, including Interchurch Medical Assistance (IMA) World Health and Save the Children/U.S. (SC/US), are providing life-saving services to displaced populations, rehabilitating health facilities, and supporting disease surveillance activities to prevent and respond to outbreaks.

IMA World Health provides free primary health care services across more than 120 health centers to IDPs and vulnerable populations in Kasai and Kasai Central provinces, while SC/US is operating three mobile clinics and providing institutional support to eight health centers in Kasai Oriental and Lomani provinces. In FY 2017, SC/US provided access to health care services through mobile clinics for approximately 18,400 people and conducted nearly 9,300 health consultations in the two provinces. USAID/OFDA provided more than \$14.8 million in FY 2017 funding to support IMA World Health, SC/US, and six other partners to conduct health care interventions throughout DRC.

## Partners Respond to Critical Health and Nutrition Needs

As a result of the ongoing conflict in northeastern Nigeria, the UN World Health Organization estimates that 6.9 million people are in need of urgent health assistance in Adamawa, Borno, and Yobe states. Years of conflict perpetuated by

## Sector Overview

USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) remains at the forefront of the humanitarian community's efforts to alleviate mortality and morbidity during crises by supporting a wide range of health interventions. USAID/OFDA-supported initiatives include life-saving medical assistance, immunization campaigns, disease surveillance systems, vector-control activities, and capacity-building trainings for local health workers. Recognizing the inextricable link between health and other core humanitarian sectors, particularly nutrition and water, sanitation, and hygiene (WASH), USAID/OFDA supports integrated programs that simultaneously address multiple determinants of health in emergencies, such as access to health facilities, food security, and the availability of safe drinking water.

USAID/OFDA provided approximately \$373.4 million to mitigate and prevent the adverse effects of natural and man-made crises on the health of affected populations in Fiscal Year (FY) 2017. The total included nearly \$334.8 million for health interventions in 26 countries and more than \$38.6 million for global and regional health initiatives.



Midwives provide reproductive health services at an International Rescue Committee clinic in northeastern Nigeria's Borno State. *Photo by USAID*

Boko Haram and Islamic State of Iraq and Syria–West Africa has damaged public infrastructure, including health and WASH facilities, and limited access to and provision of health care services, exacerbating health and nutrition needs and the risk of disease outbreak. In mid-August, health authorities in Borno confirmed the region’s first cholera cases of 2017. In response to the outbreak, USAID/OFDA partners assisted the Government of Nigeria (GoN) to treat cholera cases through cholera treatment centers and oral rehydration posts and reduce transmission by chlorinating water supplies, conducting vaccination campaigns, distributing hygiene kits, and promoting key hygiene practices. GoN and humanitarian agency efforts to strengthen disease surveillance and monitoring capacity in Borno during the past year enabled early detection of and quick response to the outbreak.

In addition to cholera-related health response efforts, USAID/OFDA partners are providing health care services, medical supplies, and pharmaceuticals to address the health needs of populations in Borno, in addition to training and supervising health staff. Partners are also supporting the construction and rehabilitation of several health facilities. With USAID/OFDA support, a non-governmental organization (NGO) partnered with 15 maternal health facilities in Adamawa to provide reproductive health care services to gender-based violence survivors, in addition to facilitating health worker trainings and supplying clinics with health kits that include post-exposure medicines and supplies. The NGO is also providing primary and reproductive health services, as well as support to hospitals, through five mobile outreach teams in Borno and Yobe. In FY 2017, USAID/OFDA provided nearly \$18.6 million to NGO and UN partners to support emergency health activities throughout northeastern Nigeria.

## Improving Health Outcomes Through Cash Relief Programs

USAID/OFDA is funding operational research alongside two separate cash transfer programs in Cameroon and Pakistan to determine how often and by what means crisis-affected households use cash assistance to increase access to health care services. The study will use high frequency surveys to capture the expenditure patterns of households receiving cash assistance grants, specifically focusing on direct and indirect health expenditures over a six-month period. The results will assist relief actors to generate evidence on the appropriateness of cash-for-health services in humanitarian settings, as the current evidence base is limited.

## Supporting Innovative Approaches for Treating Childhood Illnesses During Humanitarian Response Phases

A USAID/OFDA partner is supporting the identification and care of childhood illnesses—including acute respiratory infection, diarrhea, and malaria—during humanitarian responses. The intervention will build global competencies in the delivery of community case management (CCM) of childhood illness through an in-depth examination of CCM operations during health emergencies. The CCM model trains community health workers and volunteers to provide care for uncomplicated cases of acute respiratory infection, diarrhea, and malaria at the household level, thereby increasing access to treatment services.

The NGO partner will review evaluations and lessons learned from CCM programming in emergencies, followed by research in Haiti, South Sudan, and Yemen—countries with pre-existing CCM programs that have recently experienced emergencies. The research will focus on the level of emergency assistance required from community health workers. The research findings will inform the development of draft guidelines and recommendations for use and adaptation in crisis settings, in addition to guiding CCM programming in the emergency and transition period of humanitarian disasters. The NGO will also pilot the developed guidelines and tools before assessing each country’s capacity to resume CCM activities during a crisis. This research will assist government ministries, as well as development and humanitarian partners, to ensure adequate coverage and quality of services through resumption of CCM activities and reducing the occurrence of excess morbidity and mortality from common childhood illnesses.

## Operational Research to Improve Primary Health Care Models for NCD Management

With USAID/OFDA support, an NGO is researching models for non-communicable disease (NCD) management through primary health care systems in two complex emergency settings in northern DRC and southwestern Syria. The study will contribute to the evidence base of successful strategies to manage chronic diseases—such as diabetes and hypertension—in emergencies, as the humanitarian health community has limited experience in addressing the NCD burden in these settings. The NGO will assess current health program responses in the two countries before implementing a strategy that provides patients with handheld cards to monitor compliance with treatment practices, such as adhering to diet and medication guidelines. The strategy will also include cohort reporting mechanisms and outreach activities to educate community health workers on use of the cards. Afterward, the organization will evaluate the efficacy of the intervention and analyze the effects of the activities on treatment outcomes. The NGO plans to disseminate its findings through guidance materials for NCD actors and a peer-reviewed article for publication.