

2015 Common Humanitarian Fund
SECTOR SPECIFIC ALLOCATION STRATEGIES
Report to the Humanitarian Coordinator Outlining Sector CHF Strategic Objectives

Please submit this report to the CHF Technical Unit at OCHA Sudan at chfsudan@un.org (with copy to Foss@un.org)
 For further CHF information please visit: <http://www.unocha.org/sudan/humanitarian-financing> or contact the CHF technical unit

INTRODUCTION TO THE REPORTING FORMAT

This report is intended to provide the Humanitarian Coordinator, the CHF Advisory Group and the CHF Technical Unit with Sector Specific Allocation Strategy for the First Allocation from the CHF for 2015.

The report is prepared by the sector lead according to the **CHF Sudan 2015 Allocation Guidelines** and the **CHF Sudan 2015 Allocation Strategy Paper**.

This information will be added to the CHF Sudan 2015 Allocation Strategy Paper in annexes, and it will help ensure that the allocation prioritizes the available CHF funds to meet the prevailing needs as best possible. This paper will also form the basis of the CHF 2015 Sector Defences.

2015 SRP Sector	Health
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1. Sector Strategy in Support of Overall Strategic Response Plan (SRP) Strategy

Explain how your sector plans to use CHF funding in support of the overall and sector specific SRP strategy. What is the strategic advantage of the CHF for your sector and how will you ensure impact of the CHF funding allocated to your sector.

[\[Please Refer to the SRP and Paragraphs 27 to 30 of the CHF 2015 Allocation Strategy Paper\]](#)

The Health Sector has three strategic objectives that contribute and are aligned to SRP Strategic Objectives. The two objectives are interlinked and ensure to continue supporting delivery of primary health care services including emergency referral services, maternal and child health services for vulnerable population affected by natural and manmade emergencies and therefore contribute in saving lives. The strengthening of technical and institutional capacities in Emergency Preparedness and Response at national, state and locality levels to prepare for, to detect, prevent and respond promptly to public health risk or events will contribute to saving lives, health protection and durable solutions. The health sector priority actions together with other sectors such as Nutrition, WASH and FSL will also address the underlying public health issues and diseases that contribute toward reducing malnutrition below emergency level.

The priority health actions for the SRP are; deliver minimum basic package of primary health care services including preventive, promotive, palliative and curative services to affected population; support health workforce development through training, mentoring and coaching; submit weekly surveillance /health information reports from the health facilities; support review, update ,development and dissemination of SOPs, guidelines for emergency risk reduction and preparedness; strengthen or establish isolation units in secondary and tertiary hospital to deal with highly infectious diseases e.g. Acute Watery Diarrhea, Ebola Virus Disease, Yellow Fever etc.; support availability of quality services targeting women and children and by focusing on emergency obstetric care, essential new-born care, and blood banks and safe transfusion services; capacity building of health care providers by supporting in service training, midwifery schools and academies of health sciences and support and conduct routine or acceleration interventions for immunisation in health facilities.

Health interventions prioritized for the CHF include provision of **primary health care services, including maternal and child health, emergency referral services and trauma care and capacity building of health staff due to high turnover.** Moreover the response to public health threats such as **outbreak including investigation and initial response through Rapid Response teams** will be supported. Purely developmental activities will not be considered for CHF allocation.

The sector plans to use CHF funding in a way that ensures cost effective health interventions and reaching out to maximum number of beneficiaries. .

The CHF will be used strategically for top and high priority projects with focus on localities with high needs based on the HNO. This will ensure continuity in service delivery and avoid excess morbidity and mortality. Funds are prioritized for national nongovernmental organizations that have no direct access to donors. Some of these national NGOs are providing services in localities where international NGOs have no access or not present.

The Health sector is working closely with the MOH at national and state levels with functional coordination mechanisms in place having weekly/monthly coordination meetings between the partners and MOH, and technical working groups on specific health issues to ensure harmonized deliverables through different health partners in coordination with and under the stewardship of Ministry of Health.

2. Use of 2015 Humanitarian Needs Overview in selection and prioritization of projects

Explain how the sector plans to use the **2015 Humanitarian Needs Overview** (HNO) to select and prioritize funding for the CHF Sudan First Allocation. If the HNO is to be used in scoring of the proposals during the PRG, kindly explain how this will be done.

[Please Refer to Paragraph 29 of the CHF 2015 Allocation Strategy Paper]

The Sudan HNO that describes the overall humanitarian dimensions of the situation and identifies the priority humanitarian needs. It will be used with other health sector specific criterion for funding under the CHF. The projects within the geographical boundaries and addressing the needs of the localities ranked 5 and 4 in HNO will be considered for further prioritization for the CHF Standard Allocation.

The HNO has certain limitations due to the non-availability of uniform and high quality data for all localities. Therefore sector specific criteria will also be used for the prioritization of projects for instance project with health facilities contributing to provision of the basic minimum package of primary health care, cost effectiveness and value for money per targeted beneficiary, best performing partner, projects with integrated approach for implementation with other sectors such as WASH, FSL and Nutrition etc.

3. Prioritizing Best Performing Partners

The CHF Technical Unit and Sector Leads do a quarterly review of all CHF partners. Kindly describe how the sector will ensure that funding for the CHF Sudan 2015 First Allocation will prioritize the best performing partners in the sector. If this criteria is to be used in the scoring of proposals during the PRG, kindly explain how this will be done.

[Please Refer to Paragraph 31 and 32 of the CHF 2015 Allocation Strategy Paper]

The health sector has identified best performing partners and ranked them based on capacity, quality of services delivered, monitoring reports, involvement in sector coordination and assessments, accountability to affected population and community involvement in the project activities. The criteria will be used again by PRG for further review. Inputs from OCHA and UNDP-FMU will also be sought about partner's performance in timely reporting. CHF M&R officer reports will also be used to assess the capacity of the partners to deliver quality health care.

A scoring range of 0-2 will be used (0 for poor performance, 1 for medium/fair performance and 2 for best performance)

4. Promoting a Coordinated, Neutral and Impartial Sector Approach

The Sudan CHF exists to strengthen the overall response capacity of the humanitarian community. As such all CHF allocations will be in line with Humanitarian Country Team (HCT) and Inter Sector Coordination Group (ISCG), and Sector minimum operational requirements. Kindly describe any minimum operational requirements for use of CHF Funding in your sector and elaborate on how the sector will use CHF funding to promote a coordinated, neutral and impartial humanitarian response.

[Please Refer to Paragraph 25 and 26 of the CHF 2015 Allocation Strategy Paper]

The minimum operational requirements in the health sector are;

- Technical agreement and registration with Ministries of Health and HAC
- Capacity to deliver minimum basic health care package that include outpatient consultations, drugs disbursement, immunization and ante natal care services
- Adherence to Ministry of Health and Health sector standards, protocols; and guidelines etc.
- Partners ensuring involvement of affected population in project cycle
- Ensuring transparency and accountability as laid out in CHF Accountability Framework

The sector will promote a coordinated, neutral and impartial approach by;

- Maintaining functional coordination mechanism at Khartoum and state levels
- Deliver health services to all targeted people irrespective of their ethnic, national, religious background and irrespective of age, gender and disability
- Focusing on addressing the critical humanitarian needs paying attention to the most vulnerable

5. Ensuring Impact by Limiting the Number of Projects and Partners

When funding a high number of smaller projects and partners the administrative costs of managing the fund and the operational costs of implementing projects are high. The administrative costs are high because the human resources required to review projects, negotiate contracts, monitor implementation and go through reports are approximately the same for small and large projects. The operational costs per output delivered tend to be higher for smaller projects because they are often not able to exploit economies of scale in their programming and tend to have larger overhead costs.

1. Please elaborate on your sector strategy for minimizing the number of partners and projects in your sector.
2. Please set and justify your sector specific **floor** and **ceiling** for the allocation (the minimum and maximum amount of funding given to any project)

[Please Refer to Paragraph 33 and 34 of the CHF 2015 Allocation Strategy Paper]

The health sector strives to ensure high impact of the project and value for money and will limit the number of partners and projects without affecting the geographic coverage and needs of affected population. The strategy to do so will include ;

- Considering best performing partners for CHF
- Projects addressing highest needs identified by HNO and ranked 5 or 4
- Projects ranked as top and high priority in SRP
- The sector will only nominate/consider new CHF partners if they are found to have a comparative advantage over other partners and necessary due to humanitarian imperative.

The sector will have a minimum ceiling of 150,000 USD for national NGO and 200,000 USD for international NGO while maximum is not set as it will be based on size of operations and geographic coverage of health partner. The maximum ceiling for NGOs will be USD 500,000

6. Strategy for Limiting and Ensuring Added Value of Sub-Granting

The Allocation Strategy Paper stipulates that the amount of Sub-granting should be kept at a minimum and sub-granting should only be permitted when it adds value. It also states that on an exceptional basis, UN agencies can receive funding from the Standard Allocation when they need to sub-grant ministries to implement critical humanitarian activities.

1. Kindly elaborate on your sector's strategy for limiting sub-granting and discuss what would be seen as a case of value-added of sub-granting;
2. If UN Agencies in your Sector needs to sub-grant funding to Government Ministries to implement urgent humanitarian activities, please explain which UN agencies and which ministries, and justify this below. [\[Please Refer to Paragraph 40 of the CHF 2015 Allocation Strategy Paper\]](#)

[\[Please Refer to Paragraph 35 and 38 of the CHF 2015 Allocation Strategy Paper\]](#)

- The Health Sector strategy in general is to limit sub- granting
- HAC requirement for INGOs is to have a partnership agreement with national NGO/CBOs, therefore very small sub grants or transfer will be acceptable for INGOs. This will help to build the capacity of national actors.
- Critical review of the projects to avoid overlaps and to minimize any double dipping
- Partners accessing CHF will not be sub granted
- WHO, UNICEF, UNFPA sub-grant Ministry of Health for critical and lifesaving health activities. This is mostly when the Ministry of Health is the only partner on ground and the activities are only carried out by ministry of health. The critical activities include mass causality management, trauma care, basic and comprehensive emergency obstetric care, capacity building, development of SOPs, guidelines, surveillance etc.

7. Promoting Multi-Sectoral Projects

The CHF 2015 First Allocation encourage sectors to work together to develop multi sectoral projects. Kindly discuss how your sector will coordinate with other sectors, and promote multi-sectoral projects below.

[\[Please Refer to Paragraph 36 and 37 of CHF 2015 Allocation Strategy Paper\]](#)

The health sector will promote Multi-Sectoral Projects especially with WASH, Nutrition and FSL sectors for joint interventions to improve health outcomes.

The WASH, FSL and Nutrition Sectors leads will be consulted at every stage of CHF Allocation process for sharing information and to ensure that partners having projects submitted for these sectors are applying integrated approaches to the extent possible and address highly prioritized needs to maximize the results.

8. Request for Special Allocation (Core Pipeline Funding)

Funding for Core Pipelines will only be allocated if the sector can demonstrate timely and effective use of Core Pipeline funding received for previous years. If you sector is requesting funding for Core Pipelines please justify below. Also include the amount requested. In your justification, please elaborate on the following:

1. How does a Core Pipeline allocation for your sector ensure value for money in terms of timeliness, appropriateness and cost effectiveness (i.e. bidding process).
2. What items will be included in the Core Pipeline?
3. Who will use the Core Pipeline items and for what?
4. Please demonstrate that you have consulted with your sector on the need and value add of a core pipeline allocation and the items therein (meeting dates, emails etc);
5. Please describe how you will ensure, to the extent possible, that Core Pipeline items are procured locally;
6. Please highlight lessons learned from the Core Pipeline Allocation to your sector (if any) in 2014 (please reference [CHF 2014 Core Pipeline Survey](#))

[\[Please Refer to Paragraph 47 to 53, specifically 50, of the CHF 2015 Allocation Strategy Paper\]](#)

1. The OCHA evaluation on the utilisation of the 2014 core-pipeline showed that the vast majority of health partners consider the core-pipeline as vital for the humanitarian health operations in Sudan, and that most of them benefited during 2014 from the medicines and medical supplies procured and distributed by WHO under the CHF core-pipeline funding. This pipe-line has been the main reserve/surge capacity for health that ensured that at least essential, life-saving medicines were made available by WHO to partners to respond to the increased conflict induced IDP caseload. The new massive wave of displacement occurred started at the beginning of the year in February, when most of the partners are still waiting to place new procurement (subject to availability of the new funding). Most of the partners were faced with shortages of medicines for conducting planned activities, and the core-pipeline provided support not only for filling in these gaps, but also enabled the immediate response to the unexpected massive influx of new IDPs until additional emergency funds had been mobilised. The availability of core pipeline for medicines and medical supplies has been also the main source for supporting the response to outbreaks of communicable diseases that surpassed the local response capacity. In 2014 several large scale outbreaks in Port Sudan, Kassala, North, South and West Darfur needed support for ensuring access to prompt and adequate treatment of affected people through supporting the clinics run by NGOs and MOH in outbreaks areas. To ensure that the supplies were timely available, WHO procured the initial batch of medicines from its regional emergency stock in Dubai, and also used its surge stock that was then replenished
2. The items for Core Pipeline will be procured by WHO, UNICEF and UNFPA. WHO items include Rapid Response Kits that are designed specifically for response to protracted crises and include the medicines for most common morbidities (including chronic diseases), taking into account that a large percentage of the target population is composed of women and children with specific needs in terms of morbidities and medication; each kit covers the PHC needs of at least 300 people for three month. Interagency Emergency Health Kits (basic module that covers 1000 people for 3 month) will also be procured and distributed to respond to smaller scale needs. Diarrheal Diseases kits (DDK); 1 kit that provides all the medicines and medical supplies for treatment of 400 moderate and severe cases of AWD, and 100 case of bloody diarrhoea. Based on 2014 experience, and the probability of continuation of armed conflict triggering new spikes of displacement, Trauma emergency kits needed for conducting surgical treatment of war trauma will also be procured; one kit covers 100 major surgeries or 200 moderate complexity surgical operations. UNICEF will procure Primary Health Care kits, Integrated Management of Childhood Illness kits, long lasting insecticide treated nets, and oral rehydration salt. UNFPA will procure Emergency Reproductive Health Kits (ERHKs) a major component of the Minimum Initial Service Package for Reproductive Health in Crisis (MISP). The kits contain essential drugs, supplies and equipment required at different levels of health care provision (primary, secondary and tertiary level for community, primary health care and referral hospitals) They are meant to prevent excess mortality, morbidity and disability in crisis affected populations (refugees, IDPS and host communities) including preventing excess neonatal and maternal morbidity and mortality during emergencies. Procurement will focus on Clean Delivery kits and Post Rape treatment kits (PEP kits), kits for management of STIs, and other kits for health facility referral subject to availability of core pipeline funds.. UN agencies (WHO, UNICEF and UNFPA) have a significant short lead time for the importation since the items are procured from pre-qualified manufacturers, also approved by the MOH of Sudan.
3. The core-pipeline will fill in the urgent gaps of the NGOs (national and international) and MOH running health facilities that provide the immediate initial response to acute emergencies until new funding is mobilized. The core-pipeline is intended to provide immediate relief for shortage of medical supplies that will lead to increased morbidity and mortality amongst populations in need of humanitarian support. This includes people affected by conflict and displacement, floods, and other public health threats such as outbreaks, mass casualty, etc.
4. The national and international NGOs have been consulted during at least 2 meetings and also electronically, and during the CHF evaluation process on the usefulness of the medicines and supplies procured through 2014 Core Pipeline. The health partner's agreed that the most effective supplies in terms of quality, easiness to handle and prices are the emergency health kits; PHC kits, clean delivery kits and rapid response kits
5. The Core Pipelines items for health are mostly in the form of pre-assembled kits and well recognized internationally and accepted by the government. The Rapid Response kit is adapted to Sudanese context and demographic composition of target population. Only some miscellaneous items will be procured locally.
6. The partners feed-back on the usefulness and timeliness of the medical supplies core-pipeline managed in 2014 by the WHO has been very positive. In addition, WHO HQs approved a waiver for the core-pipeline and the PSC have been reduced to 3%, a practice that will be continued during 2015. The amount allocated last year for health sector (USD 700,000) has been insufficient and less than 50% of the requested funds. The scale and urgency of the new displacement, the intensification and spread of the conflict, combined with the loss of ICRC support for health in conflict areas, put need for additional funds requirement.

9. Request for Special Allocation (Early Funding to UN Agencies)

For the CHF 2015 First Allocation Funding is set aside for fixed costs for coordination and monitoring and reporting purposes (contributions towards salaries for sector leads and for salaries and domestic travel costs for monitoring and reporting staff). Funding is also considered for UNHAS. If your sector will be requesting such funding, please justify below. Please also elaborate on what other funding you have available for this purpose. You do not need to state amounts requested from the CHF, as these are fixed as per the Allocation Strategy Paper

[Please Refer to Paragraph 47 to 53 of the CHF 2015 Allocation Strategy Paper]

Coordination is a means to an end – the ultimate aim of the humanitarian community is to serve vulnerable populations effectively and efficiently. To achieve this, the health sector has functional coordination structures in Khartoum, in South, West, and North Darfur, Blue Nile, White Nile and South Kordofan. The health sector coordination meetings are held on weekly / monthly basis with the purpose to save lives and reduce suffering more efficiently and more effectively by timely identification of critical gaps and making appropriate decisions to address the gaps/needs. Quarterly health sector bulletins and quarterly HeRAMS (Health Resources Availability Mapping System) reports are produced with health partner's inputs finalized and shared with them. Health coordination forum allows for briefing about ongoing health situation including disease outbreaks requiring immediate health response, discussion and decisions on common operational issues, Contingency Planning, technical working groups, programmatic review groups, SRP, setting sector objectives, priorities and indicators for sector response plan, and integration of cross cutting themes etc.

Coordination also cuts across sectors for multi-sectoral operational response plan, equitable and appropriate prioritization, needs assessment and consistency of advocacy strategies etc.

Monitoring and reporting for CHF health projects will ensure the accountability for delivering health services of high quality within a humanitarian context, verifying achieved performance against the project planned activities at field level, information sharing with the humanitarian partners, providing constructive feedback to implementing partners and early involvement in CHF processes by identifying the best performing partners using the agreed CHF Monitoring and Reporting framework.

The Health Sector Unit is composed of a full time Sector Lead, CHF Monitoring & Reporting officer and sector support officer. This unit is also supported by the Health Information Support Unit of WHO.

WHO as a cluster lead agency funds Sector Lead, sector support officer and HISU from other sources such as agency funds and funds from USAID.

The Health sector requires support fixed costs for coordination and monitoring and reporting purposes under the CHF 2015 Allocation Strategy Paper for sector coordinator and M&R officer.

10. Environment Marker

The CHF will continue to use the IASC Environment Marker. As a minimum to qualify for CHF funding, proposals must discuss the potential impact on the local environment of the project. In addition, individual sectors may choose to give preference to projects that include mitigation and adaptation measures.

If your sector would like to set stricter criteria for the use of the environment marker, or have additional environmental mitigation measures included in your strategy, please discuss below.

[Please Refer to Paragraphs 19 and 20 of the CHF 2015 Allocation Strategy Paper]

The impact of health interventions on environment and the mitigation measures will be taken into consideration in all health projects. Projects will be coded using IASC Environment Marker.

The projects with mitigation measures such as appropriate infection prevention and control measures, proper medical waste management, hygiene education, usage of fuel efficient technologies for autoclaves in health facilities, promotion of planting trees around health facilities, building health facilities using environmental friendly materials will be given additional weightage.

11. Encouraging Innovation

One of the comments often heard about the CHF is that it tends to fund the same type of project year after year, with little new thinking or innovation. Sectors and partners are encouraged to develop projects that promote innovative approaches. Please elaborate on how your sector will ensure innovation and SMARTER ways of working offering more sustainable, cost effective solutions to chronic critical needs for the CHF 2015 First Allocation

[\[Please Refer to Paragraphs 14 and 26 of the CHF 2015 Allocation Strategy Paper\]](#)

Health sector is encouraging the partners to propose more effective and innovative ways in delivering the health services by increasing the levels of community involvement and more focus on promotion activities (health education, health day's festivals, reward new mothers and children). Partners are encouraged for multi sector collaboration to reduce health disparities. The sector support promising new practices and sustainable cost effective solutions that serve vulnerable populations by advancing prevention, improving access and integrating primary health and community care to recognize and treat the social and environmental factors that contribute to poor health.