

Health Cluster Strategy for CHF Standard Allocation 1 for 2016

Health Needs Analysis

- **Access and Coverage:** 56 per cent of the populations in South Sudan have no access to health care (Health facility mapping MOH 2010).
- **Increased risk of epidemic prone, endemic, vaccine preventable and other diseases as a result of conflict and displacement.** Two cholera outbreaks have been responded to in 2014-2015. All cause mortality has also reported deaths due to Hepatitis E and currently deaths due to malaria outbreak is on the rise in overcrowded locations with poor water and sanitation access.
- **Shortage and Inadequate Health Workers:** Insecurity and Displacement has caused severe shortage of human resources to respond to frontline health needs.
- **The sector is experiencing shortages of essential medicines and supplies** in key healthcare facilities and outreach emergency response. Procurement of essential medicines and supplies stalled in the last quarter of 2015. Short-term measures are in place to bridge the gap only till the end of January 2016. No clear arrangements for supporting the rest of 2016.
- **45% of health facilities are non functional in the conflict affected states,** due to destruction, damage and closure and are unavailable to provide effective surveillance or serve as referral mechanisms, especially for maternal obstetric complications.
- In 2015, malaria, TB/HIV/AIDS, malnutrition, pneumonia, & perinatal deaths were the major causes of mortality among IDPs. **There is an emerging need for integrated response including HIV/AIDS and TB services.(2015 IDP Mortality Surveillance)**

Population Targets: Close to 5M is in health need, and the health cluster is targeting 2.4 M for assistance in the Humanitarian Response Plan and a further 6941 SAM cases for medical interventions in stabilization centres. 2.4 M =Disaggregated into Male (949,151) female (911,930), Boys (252,306) Girls (242,412) and SAM cases 6941= Disaggregated into Boys (3540), Girls (3401).

This strategy for Common Humanitarian Funding (CHF) is targeting IDPs located in POC's, integrated within host communities, and those in transit (Fluid and Moving). For this allocation the health cluster is targeting to reach up to **500,000** beneficiaries and 1000 SAM Cases.

Prioritization of Needs: For this strategy the cluster has prioritized the following:

- Primarily the health sector aims to "Prevent detect and respond to disease outbreaks and immunizations of U5." This will mitigate mortality due to epidemic prone vaccine preventable diseases and complications of severe malnutrition.
- Secondly the cluster will seek to address shortage of essential medicines and supplies to mitigate drug stock outs
- Thirdly the cluster will address access to increased functional health facilities to increase coverage and service delivery

Response Strategy: Integrated health and nutrition life-saving packages, including support for TB, HIV/AIDs, life-saving referral mechanisms and rapid response modalities.

The response strategy will focus on the 2016 HRP Programmatic Approaches/ Sector Objectives

1. Improve access, and scale-up responsiveness to, essential and emergency health care, including addressing the major causes of mortality among U5 (malaria, diarrhea and Pneumonia), and emergency obstetrics and neonatal care services (S01)
2. Prevent, detect and respond to epidemic prone disease outbreaks in conflict affected and vulnerable states (S02)
3. Improve access to psychosocial support and mental health services for the vulnerable population, including those services related to the SGBV response (S03)

Response Activities for Prioritized Needs

1. "Prevent detect and respond to disease outbreaks and immunizations of U5." This will mitigate mortality due to epidemic prone vaccine preventable diseases and complications of severe malnutrition). (Frontline)

Activities:

- Case management of common illness in emergency settings
- Routine and emergency vaccinations
- Surveillance and response to SAM cases

2. Address shortage of essential medicines and supplies including Reproductive health commodities (Pipeline)

Activities:

- Procure and preposition Supplies and essential Medicines
- Support to emergency cold chain alternatives

3. Address inadequate and damaged non-functional health facilities (Frontline)

Activity:

- Mobile outreach and rapid response for scale up and swift interventions

Locations

Jonglei- All Counties with displacement and huge needs.

Unity – All Counties with particular focus on Southern Unity (KOCH, LEER, MAYENDIT, PANIJAR)

Upper Nile- All counties with a particular focus on Wau/Shiluk, Malakal and Renk

Bahr el Ghazals and Warrap. States- All counties

(Lakes, Aweriel County (Minkaman),

Eastern Equatoria (Yambio, Mundri East, West and Maridi),

IPC zones of nutritional focus: (Rukbona/Mayom/Bentiu/Koch/Mayendit/Leer).

Resource Requirements

The cluster requires USD 12M to respond to the prioritized Needs broken down as follows

1. Disease outbreaks and vaccinations (frontline) 2Million
2. Essential Medicines and Supplies (Core pipeline) 1.5 Million
3. Increased access to functional HF and service delivery at PHC/U level (Frontline) 4Million
4. Rapid/ Mobile Response (Frontline) 4.5 Million

Expected Results

- 500, 000 beneficiaries will be reached with targeted Services
- 1,000 U5 SAM children will be medically managed in stabilization centres
- Crude death rates POC and IDP Sites \leq to 1 and for U5 crude death rates in POC and IDP Sites \leq to 2
- Increase in health service coverage and access and case management of malaria, diarrhea and pneumonia
- Emergency vaccinations conducted as required
- Improved Uptake of Routine immunization
- Increase in health facilities offering emergency reproductive health services including services for SGVB response
- Increase in the number of people reached by health education and promotion before and during outbreaks

Procurement of core pipeline supplies, Expected beneficiaries, Carry-over stocks, and Quality 2015 reporting by pipeline managers. : It is envisaged that core pipeline supplies will be required to support implementation and response to reach the beneficiary population of 500,000 and 1,000 SAM cases. 2015 saw a consistent monthly reporting on beneficiaries reached or benefitted from core pipeline supplies. Core pipeline managers will continue to compute and produce monthly core pipeline usage and response figures. Insufficient numbers of Core pipeline carry over stocks remain in the health sector as majority have been used to support stock outs and rapid response activities to scale up response for the displaced and fluid population in 2015.

Summary of Cluster Priorities:

No	Prioritized Activity Types	Location (County)	Estimated No of Beneficiaries	Estimated Cost of the Response
1	Disease outbreaks and vaccinations	All Counties in Jonglei, Unity and Upper Niles states POC's Sites Minkaman IDP settlement. Bahr el Ghazal Warrap	200,000 (Using 100% of IDP's in POC sites)	2,000,000 (Estimate of vaccinating 40,000 U5.)
2	Essential Medicines and Supplies	All Counties in Jonglei, Unity and Upper Niles states including all POC's and Host Communities	500,000 1000 SAM Cases	1,500,000 (at the rate of 2.2 USD/person) for Emergency kits plus SAM Cases
3	Increased access to functional HF and service delivery at PHC/U level	All Southern Unity Counties /and Greater Nyal Region. Lakes-Minkaman Eastern Equatoria(Yambio/Mundri East and West. Maridi)	300,000	4,500,000
4	Rapid/Mobile Response	All counties where needs are greatest.	150,000	4,000,000

Total USD				12,000,000
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Quantification of Activities Recommended for 2nd Quarter 2016

No	Prioritized Activity Types	Location (County)	Estimated No of Beneficiaries	Estimated Cost of the Response
1	Increased access to functional HF and service delivery at PHC/U level	Eastern Equatoria (Mundri East and West and Maridi)	150,000	2,250,000
2	Rapid/ Mobile Response	All counties where needs are greatest.	75,000	2,000,000
Total USD				4,250,000

Further Prioritization -Recommended Activities based on 30% of Resources Required

No	Prioritized Activity Types	Location (County)	Estimated No of Beneficiaries	Estimated Cost of the Response
1	Disease outbreaks and vaccinations	POC sites and Epidemic prone counties (TBC) of Bhar el Ghazals	200,000	2,000,000
2	Essential Medicines and Supplies	POC sites and Epidemic prone counties (TBC) of Bhar el Ghazals	200,000 1000 Sam Cases	800,000
3	Increased access to functional HF and service delivery at PHC/U level	Greater Nyal Lakes-Minkaman	150,000	600,000
4	Rapid/ Mobile Response	Upper Nile, Jonglei, Equatoria	25,000	600,000
Total				4,000,000

USD				
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Cross Cutting issues: All health activities will mainstream gender and protection by ensuring that all beneficiaries have access to services with dignity.

Value for Money and Leveraging with Nutrition Wash and Protection: Given the need for wider health coverage in terms of both service delivery and access, the health sector activities have been packaged into an essential integrated lifesaving response. Health and nutrition services are being integrated with wash for a coordinated streamlined and effective response while protection and gender sensitive markers are being mainstreamed services for a sensitive and holistic approach.

Risk

- Frequent displacements transforming populations into moving targets difficult to access
- Repeated lootings of HF causing extensive damage and shortage of drug supplies
- Lack or insufficient capacity to respond
- Lack or insufficient funds to respond
- Security threat to both beneficiaries and implementing partners
- Access constraints to areas of operation and beneficiaries
- Increased operational costs including logistics.

Mitigation

Use rapid response modality to respond, Mobile outreach, preposition only the necessary drugs and medical supplies, and seek security clearance ahead of response. Reprioritize as the situation allows to implement a focused essential life saving packages.

Past Cluster performance with CHF Resources -2014/2015 Delivery

- 1.2 million reached of 1.76 million people to be assisted
- 77.8% for CHF projects funded in 2014 and 43.3% for projects funded in the 2015 first round standard allocation

The cluster has learnt, to strengthen capacity and representation of NNGOs, rapid response is effective especially in hard to reach areas and need to be increased and supported, to timely preposition pipeline supplies in the dry season and need to standardised monitoring plan with output indicators.