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**Guidance for Partners Engaging in Health
Sector Activities in Syria
FY 2014**

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Introduction

The ongoing response in Syria presents specific challenges for health care delivery, practice, and level of care due to an older and more urbanized population with a significant burden of non-communicable, chronic diseases, and co-morbidities. The health needs of the conflict-affected and displaced Syrian population present significant challenges to the entire humanitarian community. For donors and implementing partners, this calls for consideration, when appropriate, of expanding the breadth of traditional emergency health interventions. As normal health systems have been disrupted due to the complex emergency, the current crisis in Syria necessitates a broad scope of services to include care for comprehensive primary health care, community health services and education, reproductive health care, prevention and treatment of communicable diseases, management of non-communicable disease of epidemiological significance, as well as trauma care and treatment of acute life threatening illness and injury and mental health. Additional health care services—including diagnostics and interventions consistent with Syrian healthcare norms prior to the crisis—will be considered in this context when it is clear that primary health needs have largely been met in the specific location proposed.

USAID/OFDA supported emergency health interventions are based on global evidence, guidance, and best practices to achieve the highest public health impact. This guidance is intended to address some of the challenges encountered in the context described above while also fulfilling USAID/OFDA's mandate of (1) saving lives, (2) alleviating suffering, and (3) reducing the social and economic impact of disasters.

This guidance is to be used in conjunction with the health sector requirements in the 2012 USAID/OFDA Proposal Guidelines and must not be used in isolation. Further, this guidance applies only to Non-Governmental Organizations (NGOs) and not to Public International Organizations (PIOs). Lastly, this guidance will be revised and reviewed annually to adapt to the changing context and renewed by the USAID/OFDA Director, concurrent with the start of each fiscal year.

The 2012 USAID/OFDA Proposal Guidelines can be found here:

http://www.usaid.gov/sites/default/files/documents/1866/guidelines_for_proposals_2012.pdf

Categories for Health Care

USAID/OFDA-supported health programs must do the *most good for the most people*, thus saving the most lives with available resources and achieving the highest level of public health impact until return of the affected health system to an acceptable level of function.

To assist partners in developing appropriate programs (interventions and equipment) for the Syria response, USAID/OFDA is providing the following guidance on health care programs

through the lens of a “categorized” system. Activities are divided into three categories in which Category One corresponds to health care interventions and services that USAID/OFDA currently supports and is consistent with the sector requirements in the 2012 USAID/OFDA Proposal Guidelines. Categories Two and Three are considered to be above and beyond those sector requirements and require additional information and justification to those described in the 2012 USAID/OFDA Proposal Guidelines as outlined below.

Please contact the program section of the Syria Response Management Team (RMT) at HASyria_programs@ofda.gov for additional information or clarifications.

Category One

Category One includes programs directed at primary and preventive health care, basic surgical care, basic-to-comprehensive obstetric care, as well as programs directed at malnutrition and mental health. The level of care included in this category is described in the Sector Requirements of the USAID/OFDA 2012 Proposal Guidelines. This section provides further clarification and examples for the health sector requirements in the guidelines, and is not an expansion of those activities. These health programs should focus on life-saving interventions directed at injury and illness with the greatest morbidity and mortality, as well as medical management of chronic, non-communicable diseases to a clinical standard consistent with care provided *before* the emergency. *Category One programs are a priority in the spectrum of care and must be met before Category Two programs are proposed.*

Examples of Category One activities include:

- Comprehensive primary health care focusing on community-based interventions and health education.
- Standardized case management and prevention of communicable diseases of epidemic potential (e.g., acute respiratory infections, measles, malaria, and diarrhea). Support to vaccination programs can be found on page 100 of the Proposal Guidelines.
- Basic obstetric care to ensure safe delivery and prevent excess maternal and newborn morbidity and mortality.
- Medical management of chronic, non-communicable diseases (e.g., hypertension, diabetes mellitus, asthma, and chronic obstructive pulmonary disease) to a clinical standard consistent with care already being received *before* the emergency and predicted to be sustainable, meaning there is continued access to pertinent medications and treatment. More information can be found on page 104 of the Proposal Guidelines.
- Trauma care, trauma surgery, and rehabilitation for injuries and basic surgical care.
- Mental health interventions (e.g., depression, psychosis, epilepsy/seizures) that are aligned with the IASC Guidelines on Mental Health and Psychosocial Support and

WHO's Mental Health Gap Action Program, and incorporate follow up consistent with both.

- **Illustrative examples of Category One equipment** include:
 - Ventilators,
 - Anesthesia machines,
 - Surgical autoclaves,
 - Electrocardiography (EKG, ECG) machines,
 - IV pumps,
 - Oxygen tanks/concentrators,
 - Basic surgical equipment for use in trauma and basic surgery, and
 - Imaging equipment, including those used for plain radiology.

Justification for the Implementation of Category One Programs

The 2012 USAID/OFDA Proposal Guidelines outline all the information requested from partners during the proposal review process for Category One programs.

Category Two

Partners must consult with the Syria Disaster Assistance Response Team (DART) before proposing Category Two interventions and requesting Category Two medical equipment that costs \$5,000 or more per unit.

Category Two programs include interventions directed at reduction in mortality and immediate morbidity but may require additional equipment, supplies, and human resources, including highly trained or specialized healthcare providers, prolonged treatment, and a stable health care facility.

Category Two programs focus on life-saving interventions that require additional health care resources and will be considered based on public health impact. Approval of any program or activity in category Two is dependent on the justification and experience of the organization implementing the proposed program. Category Two programs will only be considered when the health needs associated with Category One programs (primary and preventive health care, basic surgical care, basic- to- comprehensive obstetric care, as well as programs directed at malnutrition and mental health) are first addressed in the target areas. Organizations should be able to demonstrate this in their proposals.

Category Two programs require additional support and follow up mechanisms; therefore, all Category Two programs must focus on objectives that can be achieved in the appropriate timeframe indicated within the proposal.

Examples of Category Two activities include:

- Advanced surgical interventions—including advanced cardiac, thoracic, neurologic, pediatric, plastic (e.g., burn victims, etc.), and vascular surgery—that are a result of the emergency. *Elective surgeries are not provided.*
- Care for chronic renal disease, including hemodialysis.
- In-patient care for pre-term or severely ill neonates.
- Continuation of care for patients with malignancies, including radiation and chemotherapy.
- Imaging, including digital radiology and computer-assisted tomography.
- **Illustrative examples of Category Two equipment** include:
 - Ventilators,
 - IV pumps,
 - Oxygen tanks/concentrators
 - Neonatal incubators used for maintenance care (e.g. intensive care units),
 - Surgical equipment for use in advanced surgical interventions including cardiac, thoracic, neurological, pediatric, plastic, and vascular surgery, and
 - Imaging equipment, including those used for ultrasound, digital radiology and computer-assisted tomography.

Justification for the Implementation of Category Two Programs

For each Category Two health activity (including interventions and/or any equipment), and for each related unit of medical equipment that totals \$5,000, whether as part of a proposal, cost modification, or additional request, USAID/OFDA requires organizations to provide the information below. This information is required to ensure that the equipment will be used for the right purpose, by appropriately trained staff, and in an appropriate environment. A clear demonstration is required within the justification that the appropriate follow up care will be provided for the interventions proposed.

- Name of the requested equipment.
- Quantity to be purchased.
- Unit price in USD and total cost.
- Equipment manufacturer, make, and model.
- Description of the equipment’s intended use.
- The number of people who will benefit directly from the proposed program, including the intervention/ or equipment.
- The type of facility where Category Two interventions and/or equipment will be used (e.g., field hospital, district hospital, etc.).
- Whether or not this intervention or equipment was available before the crisis in the target area.
- Details on how patients will be referred for the Category Two interventions.

- Detailed description on what follow-up care mechanisms are available or will be put in place, including transportation support for follow-up care and coverage of those costs.
- Description of how specialized staffing and infrastructure requirements for Category Two interventions and/or equipment will be maintained to ensure consistent, high-quality service delivery and outcomes.
- Demonstrate your organization's expertise in delivering this or similar Category Two interventions, including meeting standards of care and appropriate use of the intervention. Please explain whether or not your organization has implemented this type of intervention in a complex emergency environment such as Syria (with restricted access/remote management).

This information is required **in addition** to the information requested in the 2012 USAID/OFDA Proposal Guidelines.

Cost Modification or Continuation Awards for Programs with Category Two Interventions: For cost modifications or new awards for a continuing USAID/OFDA supported Syria program that includes Category Two interventions, partners must also provide a status update of Category Two medical equipment over \$5,000 per unit purchased under the previous award. (Please see Health Annex B: Status Update of Category Two and Three Medical Equipment Over \$5,000 Previously Purchased for Syria Response.)

Information required includes:

1. Name of previously approved Category Two equipment.
2. The type of facility where the intervention or equipment is being used (e.g., field hospital, district hospital, etc.).
3. Describe whether equipment is in good working order or damaged/destroyed.
4. Confirm whether specialized staffing and infrastructure requirements are maintained and the degree to which they are able to support consistent, high-quality service delivery.

USAID/OFDA also requests that partners include a general status update on each item of equipment over \$5,000 per unit in quarterly reporting, detailing whether each item of equipment is in good working order.

Category Three

Partners must consult with the Syria DART before proposing Category Three health interventions.

Category Three interventions are directed primarily at reducing morbidity but do not generally have an impact on immediate mortality, are not immediately lifesaving, and/or require significant healthcare resources, such as very specialized additional equipment and supplies. Category Three programs also require extensive human resources including highly trained or specialized healthcare providers, prolonged intensive treatment, and a stable healthcare facility. Proposed Category Three Programs will require substantially stronger justification than what is required under Categories One and Two.

Examples of Category Three activities include:

- *Elective* surgical interventions that do not impact immediate mortality and delay does not significantly increase morbidity (e.g., cataract surgery).
- Advanced imaging (e.g., magnetic resonance imaging (MRI)).
- Advanced diagnostic procedures (e.g., endoscopy, colonoscopy, some biopsies).
- Intensive in-patient treatment and interventions that will likely require prolonged or chronic hospitalizations.
- Beginning new advanced treatments that require extensive follow up and tracking. (USAID/OFDA supports continuation of care, but is unable to start **new** regimens for diseases such as HIV/AIDS or tuberculosis).

Justification for the Implementation of Category Three Programs

For interventions and medical equipment that fall under this category, partners must provide the information listed above for Category Two requests along with substantial additional justification, including status updates per requirements described under “Cost Modification or Continuation Awards for Programs with Category Two Activities.

Definitions

Pharmaceuticals

According to USAID ADS 312, pharmaceuticals are any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of diseases in humans or animals; any substances (other than food) intended to affect the structure or any function of the body of humans or animals; and, any substance intended for use as a component in the above. The term includes pharmaceuticals, drugs, medicines, vitamins, and oral rehydration salts (ORS). Pharmaceuticals are restricted goods and therefore require precision and diligence in requesting, purchasing, transporting, storing, and dispensing. Pharmaceuticals included on the partner’s proposed list must meet all conditions for safety, efficacy and quality as described in USAID/OFDA Proposal Guidelines and pharmaceutical annexes (<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/guidelines-proposals>). Partners are strongly encouraged to read and follow the requirements for procuring pharmaceuticals and to contact USAID/OFDA’s Pharmacist with any questions about the requirements.

To assist pharmaceutical requests and procurement, USAID/OFDA developed the USAID/OFDA Essential Medicine List (USAID/OFDA EML) based on the WHO Essential Medicines List. The pharmaceuticals on this list are intended to treat the majority of medical conditions encountered in a humanitarian response. Pharmaceuticals not on the list require additional justification. Additional information may be found in the USAID/OFDA EML at http://www.usaid.gov/sites/default/files/documents/1866/OFDA_Essential_Medicines_List_Sept2013.pdf

Any pharmaceuticals not included in the USAID/OFDA EML, or not used for the purpose as intended on the USAID/OFDA EML, must be justified in writing in the request. With the exception of the Syrian response noted below, the approval for pharmaceuticals occurs during the initial review of the proposal and each time a partner requests additional pharmaceuticals, requests changes to the requested pharmaceuticals or requests to use a previously approved pharmaceutical for an alternative use. All requests for pharmaceuticals should be carefully reviewed for accuracy and completeness in accordance with the 2012 USAID/OFDA Guidelines and the pharmaceutical annexes found on the USAID/OFDA partner resources website.

For the Syrian Conflict Response ONLY – Partners may use the following procedures to request approval to purchase pharmaceuticals:

1. The partner must submit a request to purchase pharmaceuticals letter as outlined in the USAID/OFDA Proposal Guidelines.
2. The acceptable sources of pharmaceuticals for the Syria conflict response include:
 - a) USAID/OFDA pre-qualified pharmaceutical wholesalers,
 - b) Pharmaceuticals approved by the Turkish Ministry of Health and registered for use in Turkey, and /or
 - c) Pharmaceuticals approved by the Jordanian Food and Drug Administration and registered for use in Jordan.
3. Requests must reflect that pharmaceuticals are registered and approved by appropriate regulatory organization.
4. Upon approval of the partner’s pharmaceutical purchase request, partners may adjust quantities, dosages, and/or dosage form of pharmaceuticals as necessary, such that the approved pharmaceutical budget amount is not exceeded.
5. Pharmaceuticals that were not included on the original request or are in excess of the budgeted amount require a new “Request for Approval to Purchase Pharmaceuticals Letter.”

Medical Equipment

Medical equipment refers to devices that may be used on a number of different patients provided proper maintenance is performed. High-value equipment requires an advanced level of technical capacity and certain operational standards (e.g., 24 hour electricity, running water, constant supply of oxygen and other gases, etc.).

All requests for equipment must follow the USAID/OFDA Proposal Guidelines (page 107 -108) and annexes. (<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/guidelines-proposals>).

Interventions

Interventions refer to the actual activity that the partner intends to implement. For Category Two and Three equipment, organizations should provide sufficient explanation of the intervention to justify the equipment request. For instance, if proposing neonatal incubators, the partner must describe the actual intervention that will be used with the incubators, noting whether they will be used for transport or for neonatal intensive care purposes, and if other supportive structures and

personnel are in place.

Conclusion

It is impossible to always clearly differentiate between the three categories; each situation must be examined in context. Category Two and Three interventions—such as advanced diagnostic imaging, invasive monitoring, recurrent and/or high technology procedures (e.g., electroencephalography, hemodialysis), parenteral nutrition, or intensive care—require skilled medical decision-making with consideration of resource allocation, USG policy, and sustainability of such services in the local setting.

Review of proposals for health programming in Syria is the responsibility of the Syria RMT, DART, and Health Team within USAID/OFDA's Preparation, Strategic Planning, and Mitigation Division (PSPM). Justification of interventions does not guarantee approval. The Health Team will conduct appropriate due diligence of each justification based on context.



**Status Update of Category Two and Three Medical Equipment Over \$5,000
Previously Purchased for Syria Response**

| |
|----------------|
| NGO Name: |
| Program Title: |
| Date: |

For cost modifications or new awards for continuing USAID/OFDA-supported programs, please provide status updates for all previously purchased medical equipment over \$5,000 USD that falls under Category Two or Category Three health care interventions. (For guidance on Category Two or Category Three interventions, please refer to *USAID/OFDA’s Guidance for Partners Engaging in Health Sector Activities in Syria, FY 2014.*)

| Item nr. | Name of the Previously Purchased Equipment (List Category Two or Three equipment over \$5,000) | Type of Facility Where the Equipment is Being Used (i.e., field hospital, clinic, etc.) | Condition of the Equipment (i.e., in good work order, damaged, etc.) | Confirm Specialized Staffing and Infrastructure Remains Capable of Supporting High-Quality Service |
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