

## CHF Allocation Revision/No-Cost Extension Request Form

The CHF Technical Secretariat will compile all requests for the Humanitarian Coordinator's final review and approval.

Requests sent directly to the HC will be delayed in processing.

For further CHF information please visit: <http://www.unocha.org/south-sudan/financing/common-humanitarianfund> or contact the CHF Technical Secretariat.

### Instructions:

Complete this request form and submit to the CHF Technical Secretariat at [CHFsouthsudan@un.org](mailto:CHFsouthsudan@un.org) and copy [kizitoi@un.org](mailto:kizitoi@un.org).

Any major changes made to the original allocation as stipulated in the approved project documents must have the endorsement of the cluster coordinator with final approval made by the Humanitarian Coordinator. No-cost extension requests should be well justified and submitted at least three weeks before expiration of approved project duration.

### For CHF Technical Secretariat:

<input type="checkbox"/>	AA/ UNDP Informed	Date: _____	By: _____
<input type="checkbox"/>	Cluster Coordinator Informed	Date: _____	By: _____
<input type="checkbox"/>	Grantee Informed	Date: _____	By: _____
<input type="checkbox"/>	CHF Database Updated	Date: _____	By: _____

### Section 1 – Project Details

<b>Date of Request</b>	29 June 2013, Cluster submitted to CHF TS on 24 July 2013, Partner resubmitted on 7 August 2013	<b>Cluster</b>	Multi Cluster
<b>Organization Name:</b>	International Medical Corps UK	<b>Contact Name:</b>	Patricia McLaughlin
<b>Allocation ID(CHF TS to fill in):</b>	R/174/12	<b>Contact Email/Tel No.:</b>	pmclaughlin@internationalmedicalcorps.org; +211-921-236807
<b>Project Code:</b>	SSD-12/MS/51737/R/13107	<b>Date of Allocation:</b>	31 July 2012
<b>Location:</b>	Maban	<b>Amount Allocated:</b>	US\$1, 000,000
<b>Project Title:</b>	Emergency response for Gendrassa Camp and Surrounding villages in Maban County.		

### Section 2 – Revision Type/Reason for No-Cost Extension

<b>Type of Revision:</b> Indicate the type (s) of revision being requested.	<b>Reason for No-Cost Extension:</b> Indicate reason (s) for no-cost extension.																		
<table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Significant change in activities</td> <td><input checked="" type="checkbox"/> Change in location</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in outputs</td> <td><input checked="" type="checkbox"/> Change in budget</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in target beneficiaries</td> <td><input type="checkbox"/> Change in recipient project</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change in project duration/NCE</td> <td>Other Specify: _____</td> </tr> </table> <p>No. of month requested <u>5</u>          New end date: <u>31 December 2013</u></p>	<input checked="" type="checkbox"/> Significant change in activities	<input checked="" type="checkbox"/> Change in location	<input checked="" type="checkbox"/> Change in outputs	<input checked="" type="checkbox"/> Change in budget	<input checked="" type="checkbox"/> Change in target beneficiaries	<input type="checkbox"/> Change in recipient project	<input checked="" type="checkbox"/> Change in project duration/NCE	Other Specify: _____	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Insecurity</td> <td><input type="checkbox"/> Programmatic delays</td> </tr> <tr> <td><input type="checkbox"/> Inaccessibility</td> <td><input type="checkbox"/> Delays in finalizing PPA</td> </tr> <tr> <td><input type="checkbox"/> Staffing/recruitment delays</td> <td><input type="checkbox"/> Delays in disbursement of funds</td> </tr> <tr> <td><input type="checkbox"/> Internal admn delays</td> <td><input type="checkbox"/> Delays in organization's internal transfer of funds</td> </tr> <tr> <td><input type="checkbox"/> Procurement delays</td> <td>Other Specify: <u>no cholera outbreak meant less staffing expense than planned, now we need to strengthen surge capacity for Kaya/Gendrassa</u></td> </tr> </table>	<input type="checkbox"/> Insecurity	<input type="checkbox"/> Programmatic delays	<input type="checkbox"/> Inaccessibility	<input type="checkbox"/> Delays in finalizing PPA	<input type="checkbox"/> Staffing/recruitment delays	<input type="checkbox"/> Delays in disbursement of funds	<input type="checkbox"/> Internal admn delays	<input type="checkbox"/> Delays in organization's internal transfer of funds	<input type="checkbox"/> Procurement delays	Other Specify: <u>no cholera outbreak meant less staffing expense than planned, now we need to strengthen surge capacity for Kaya/Gendrassa</u>
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### Section 3 – Level of Completion

Provide information what amount of grant and activities have been implemented. Exact amounts and percentages are not necessary approximate numbers are sufficient.

Amount of Funds Spent as of < **31 May 2013** >

Amount of Funds Unspent as of < **31 May 2013** >

Amount of Funds Committed But Not Spent by < **31 June 2013** >

Percentage of Activities Completed as of < **30 June 2013** >

<b>\$594,846.15</b>	<b>59.48%</b>
<b>\$405,153.85</b>	<b>40.52%</b>
<b>\$15,000</b>	<b>1.5%</b>
<b>80%</b>	

### Section 4

This section is for the approving official's review.

**OCHA South Sudan:**

Endorsed by **Mr. Vincent Lelei**, OCHA Head of Office, South Sudan

Review Date

**Humanitarian Coordinator, South Sudan**

Approved by **Mr. Toby Lanzer**, DSRSG/RC/HC/UNDP RR, South Sudan

Review Date

**Section 5 – Revision Description and Justification****Description and justification of requested change**

Please describe the requested changes to the original allocation and provide detailed background and justification for the proposed revision. CHF revision requests have to be submitted to the Humanitarian Coordinator for any significant changes in the following allocation parameters: major activities, implementation targets, location, allocation amount, recipient organization and/or recipient project, and project duration.

To reallocate funds to a new project, please provide a detailed explanation for why the new project was chosen to receive the reallocation.

Please provide revision details in the revision table in section 6 of this document.

With the onset of the rainy season in 2012, International Medical Corps alongside the humanitarian community prepared plans for shigella, cholera and HEV response in the Maban County refugee emergency. In response to the serious threat of an outbreak, International Medical Corps, planned to mitigate this risk by pre-positioning a Cholera Treatment Unit (CTU) and undertaking community outreach, comprising of health and hygiene promotion. To date, International Medical Corps has constructed and is currently equipping a 25 bed CTU and has conducted trainings for all medical and nutrition staff, including outreach workers on identification, referral and response of patients with suspected shigella, cholera or HEV. Despite the ongoing HEV outbreak, which is lower in Gendrassa due to the preparations and response undertaken by International Medical Corps and partners, there has been no sign of cholera and the CTU remains unused.

In March 2013, International Medical Corps was selected as the UNHCR health and nutrition partner for the new refugee camp of Kaya, to which the population of Jammam (an estimated 18,000) and all new arrivals (an estimated 2000) will be relocated. The population of Jammam has the worst health and nutrition indicators of all camps in Maban, particularly in nutrition where since relocation began on May 6<sup>th</sup> International Medical Corps has registered 114 cases of moderate acute malnutrition (MAM) and 194 cases of severe acute malnutrition (SAM) after screening only 4000 children, this is compared to only 64 cases of SAM in the Gendrassa population of 16,500. The 3 Clinical officers in Kaya (2 in the main clinic, 1 at the screening site) are making over 70 consultations a day, almost 1.5 times the SPHERE standard of 50 patients per clinician per day.

International Medical Corps is also seeing an increase in patients in Gendrassa, as more and more refugees are coming from Batil camp to be treated in the main clinic and health post in block 17. Up to 50% of all patients seen in Health post 17 each day are from Batil (average patient load is 83/day), while up to 35% of the main clinic daily patient load comes from Batil (average patient load is 140/day). This is due both to high quality medical and nutritional services IMC offers and to the fact that medical actors in Batil are scaling down. MSF-H has closed 2 of its 4 health posts and is centralizing its capacity in a new hospital between Gendrassa and Batil, GOAL has scaled back in Batil, leaving Medair as the only fully engaged health partner. They are scaling up to cope with the camp population of 38,000, but in the meantime there is a gap. The final reason is that the ongoing Hep E outbreak has hit Batil the hardest, and from focus group discussions it has been seen that the populations view health centers in Batil as places you die in, while Gendrassa that has been hit less hard is seen as a place where you are treated and you recover.

UNHCR has reduced the budget allocations for all refugee camps in Maban. For example, rather than the \$2 million IMC requested for 2013 for Kaya and Gendrassa, only \$1 million has been offered, and thus far a contract only signed for \$500,000 through May. This has created a major problem in scaling up to meet higher than expected demand in both camps.

To address this situation International Medical Corps is requesting permission to realign expenditure and extend the time period of CHF SSD/12 Gendrassa Health and Nutrition Project. IMC proposes the hire additional health and nutrition staff for 7 months, (June-December 2013), to strengthen the coverage and quality of our interventions in both Kaya and Gendrassa, while still having a complete CTU with the capacity to respond to an outbreak should the need arise.

Of note, vehicle rental costs are considerably higher than initially budgeted partly because vehicle rental costs in Maban are very high (USD 230-250/day) partly because the vehicle purchased under this grant did not arrive in Maban until April due to delays that occurred when tax exemption and custom clearance rules and procedures changed. The vehicle hire also included trucks and tractor hire related to construction of the cholera treatment unit and health posts as well as staff transport.

Vehicle fuel and maintenance costs IMC vehicles (5 before March 2013, 7 as of June 2013) are shared among the Maban projects based on overall project expenditure and reflect real fuel costs for programmatic work in Gendrassa and Kaya. These include older vehicles deployed from past primary health care projects in Akobo (Walgak) and Malakal County (2) as well as vehicles from 2012/2013. The cost allocated for vehicle fuel includes 2 large pre-positioning placements of fuel for the rainy season. For that reason much of the expenditure is complete and only a small increase (under 10% of original budget) is budgeted for the additional time period.

Maintenance, repairs and insurance costs have been higher than expected, partly because the fleet is not all new cars but cars that were in rough terrain, partly because servicing was more expensive than budgeted.

<b>Review remarks by cluster coordinator.</b>	<b>Name of reviewer</b>	<b>Marina Aksakalova, Snr. Programme Officer, UNHCR</b>
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Explain the rationale to endorse or reject the request

No costs extension is recommended for approval with the following comments:

Cholera Preparedness and Response is in place and considering there have been no confirmed cholera cases, preparedness needs to be in place in its current set up.

Integrating Response in Health and Nutrition of refugees in Kaya camp is also well-justified considering IMC's role as a health and nutrition agency in this camp, also in line with the approach of having similar services across refugee camps in Maban. It is also of shared approaches to further upgrade the response programmes including infrastructures.

Review remarks by CHF Technical Secretariat:	Name of reviewer	Federica D'Andreagiovanni
<p>OCHA TS reviewed and requested MS coordinators for their review remarks. A lot of deliberations were done between MS Coordinators and the requesting partner (IMC UK) in the areas of location, activities, beneficiaries and output. Multi Sector and IMC UK agreed on the need to change the proposal, revise the budget and an NCE upto <b>31 December 2013</b>.</p> <p>OCHA TS requested clarification on why the vehicle rental, maintenance and fuel costs are high. IMC clarified as above in the justification.</p> <p>IMC UK should submit an interim Final Narrative Report covering activities upto 31 July 2013. An updated Final Narrative Report will be required one month at the end of NCE period.</p>		

6 - Revision Details			
Original CHF Allocation(s) Details of the original CHF allocations (please insert information from allocation tables).		Proposed Revised Allocation(s) Details on proposed revised allocations.	
Output	<p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>To provide emergency nutrition services to malnourished children and pregnant and lactating women. 1,053 children under 5 and pregnant and lactating women will receive curative nutrition services, 1,350 under 5 children will receive preventive nutrition services and 30,000 women and men will receive nutrition promotion by the end of the project.</li> </ul> <p><u>Health</u></p> <ul style="list-style-type: none"> <li>To build capacity to initiate 50-bed cholera treatment unit(s) within 24 hours of declaration of cholera outbreak. (If an outbreak occurs, to sustain an uninterrupted 3 month response to cholera for CTU(s) in Gendrassa</li> <li>To implement a 12-month community health worker outreach program combining surveillance data-collection of health indicators and health and hygiene promotion</li> </ul>	Output	<p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>To provide emergency nutrition services to malnourished children and pregnant and lactating women. 5180 children under 5 and 1725 pregnant and lactating women will receive curative nutrition services, 8100 under 5 children will receive preventive nutrition services (BSFP) and 34,000 women and men will receive nutrition promotion by the end of the project.</li> </ul> <p><u>Health</u></p> <ul style="list-style-type: none"> <li>To build capacity to initiate 50-bed cholera treatment unit(s) within 24 hours of declaration of cholera outbreak. (If an outbreak occurs, to sustain an uninterrupted 3 month response to cholera for CTU(s) in Gendrassa</li> <li>To implement a 16-month community health worker outreach program combining surveillance data-collection of health indicators and health and hygiene promotion</li> <li>To scale-up facility-based Primary Health Care and community health and hygiene promotion in Kaya camp</li> </ul>
Key Activities	<p><u>Health</u></p> <p><b>Activity 1.1:</b> Develop infrastructure of cholera treatment facilities (CTU)  <b>Activity 1.2:</b> Train and manage staffing for 24-hour coverage of CTUs  <b>Activity 1.3:</b> Preposition supplies adequate for initial response  <b>Activity 1.4:</b> Ensure pipeline of continued push of supplies for 3 months upon onset of outbreak</p> <p><b>Activity 2.1:</b> Provide in-class and on the job training and education of 60 CHW  <b>Activity 2.2:</b> Compile data from weekly CHW surveillance reports  <b>Activity 2.3:</b> Monitor, report, and respond to data resulted from CHW reports  <b>Activity 2.4:</b> Improve health seeking behaviour and educate community on health and hygiene</p> <p><u>Nutrition</u></p> <p><b>Activity 1.1</b> Refer all children under 5 with SAM without medical complications to IMC-OTP and those with medical complications to the SC for inpatient care by MSF Holland in Gendrassa.  <b>Activity 1.2</b> Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a SFP</p> <p><b>Activity 2.1</b> Conduct community-based and clinic-based screening of children under five and pregnant and lactating women for acute malnutrition</p>	Key Activities	<p><u>Health</u></p> <p>Activity 1.1: Develop infrastructure of cholera treatment facilities (CTU)  Activity 1.2: Train and manage staffing for 24-hour coverage of CTUs  Activity 1.3: Preposition supplies adequate for initial response  Activity 1.4: Ensure pipeline of continued push of supplies for 3 months upon onset of outbreak</p> <p>Activity 2.1: Provide in-class and on the job training and education of 60 CHW  Activity 2.2: Compile data from weekly CHW surveillance reports  Activity 2.3: Monitor, report, and respond to data resulted from CHW reports  Activity 2.4: Improve health seeking behaviour and educate community on health and Hygiene</p> <p>Activity 3.1 :Provide quality Primary Health Care services to camp population in Kaya camp</p> <p><u>Nutrition</u></p> <p>Activity 1.1 Refer all children under 5 with SAM without medical complications to IMC-OTP and those with medical complications to the SC for inpatient care by MSF Holland in Gendrassa.and Kaya.  Activity 1.2 Manage all children under 5 and pregnant and lactating women (PLW) with MAM through a SFP</p> <p>Activity 2.1 Conduct community-based and clinic-based screening of children</p>

	<p><b>Activity 2.2</b> Provide nutrition, hygiene and health education, focusing on IYCF and care and the essential nutrition actions in the community and in the nutrition centers</p> <p><b>Activity 2.3</b> Run mother-support groups for all PLWs and mothers with children under 2</p> <p><b>Activity 2.4</b> Refer all children under 5 in the program to PHC services such as the expanded program on immunization</p> <p><b>Activity 3.1</b> Provide in-class and on-the-job training and mentoring to International Medical Corps nutrition staff on CMAM, IYCF and reporting.</p> <p><b>Activity 3.2</b> Provide in-class and on-the-job-training to 60 Community Nutrition Volunteers on screening, nutrition education and defaulter tracing.</p> <p><b>Activity 3.3</b> Provide one training to 30 sheikhs to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding.</p> <p><b>Activity 3.4</b> Monitor and facilitate the dissemination of the messages given to the sheikhs to the rest of the male population.</p>		<p>under five and pregnant and lactating women for acute malnutrition</p> <p>Activity 2.2 Provide nutrition, hygiene and health education, focusing on IYCF and care and the essential nutrition actions in the community and in the nutrition centers</p> <p>Activity 2.3 Run mother-support groups for all PLWs and mothers with children under 2</p> <p>Activity 2.4 Refer all children under 5 in the program to PHC services such as the expanded program on immunization</p> <p>Activity 3.1 Provide in-class and on-the-job training and mentoring to International Medical Corps nutrition staff on CMAM, IYCF and reporting.</p> <p>Activity 3.2 Provide in-class and on-the-job-training to 60 Community Nutrition Volunteers on screening, nutrition education and defaulter tracing.</p> <p>Activity 3.3 Provide one training to 30 sheikhs to provide male group leaders with the information and techniques they need to share information and encourage discussions on gender issues and optimal infant and young child feeding.</p> <p>Activity 3.4 Monitor and facilitate the dissemination of the messages given to the sheikhs to the rest of the male population.</p>		
Locations (specify county):	Maban County, Upper Nile State	Locations (specify county):	Maban County, Upper Nile State		
Beneficiaries:	30,000 Gendrassa camp and surrounding community	Beneficiaries:	34, 000 (16,500 Gendrassa camp and 17,600 Kaya)		
Duration:	<b>1 August 2012 – 31 July 2013</b>	Duration:	<b>1 August 2012 – 31 December 2013</b>		
Indicative CHF Budget:	Relief Items and Transportation	91,723	Indicative CHF Budget:	Relief Items and Transportation	102,293
	Personnel	528,642		Personnel	476,180
	Staff Travel	76,642		Staff Travel	54,985
	Training/Workshop/Seminar/Campaign	45,000		Training/Workshop/Seminar/Campaign	9,116
	Contracts/ Sub grant	0		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	118,000		Vehicle Operating and Maintenance Costs	176,322
	Office Equipment and Communication	22,182		Office Equipment and Communication	19,938
	Other Costs	43,136		Other Costs	86,493
	Programme Support Costs (PSC)	64,773		Programme Support Costs (PSC)	64,773
	Audit cost (NGOs only)	9,901		Audit cost (NGOs only)	9,901
	<b>Total:</b>	<b>1,000,000</b>		<b>Total:</b>	<b>1,000,000</b>