

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 and copy 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 two 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: _____

Allocation ID (CHF TS to fill in): 13/SA2/0332

Section 1 – Project Details

Date of Request	15 January 2014, submitted 27 January 2014, resubmitted 7 February 2014	Cluster	Nutrition
Organization Name:	International Medical Corps	Contact Name:	Golam Azam,
Project Code:	SSD-13/H/55043/R/13107	Contact Email/Tel No.:	gazam@internationalmedicalcorps.org, +211 954 894 409
Location:	Jonglei (Akobo & Pochalla county) Upper Nile (Maban County)	Date of Allocation:	16 August 2013
Duration (start and end date as PPA/agreement):	1 October 2013 to 31 January 2014	Amount Allocated:	US\$400,000
Project Title:	Community Based Nutrition Intervention in Jonglei, Upper Nile States		

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

Type of Revision: Indicate the type (s) of revision being requested.	Reason for NCE: Indicate reason (s) for no-cost extension.																		
<table border="0"> <tr> <td><input type="checkbox"/> Significant change in activities</td> <td><input type="checkbox"/> Change in location</td> </tr> <tr> <td><input type="checkbox"/> Change in outputs</td> <td><input checked="" type="checkbox"/> Change in budget</td> </tr> <tr> <td><input type="checkbox"/> Change in target beneficiaries</td> <td><input type="checkbox"/> Change in recipient org</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 2 Months New end date: 31 March 2014</p>	<input type="checkbox"/> Significant change in activities	<input type="checkbox"/> Change in location	<input type="checkbox"/> Change in outputs	<input checked="" type="checkbox"/> Change in budget	<input type="checkbox"/> Change in target beneficiaries	<input type="checkbox"/> Change in recipient org	<input checked="" type="checkbox"/> Change in project duration/NCE	Other Specify: _____	<table border="0"> <tr> <td><input checked="" 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><input type="checkbox"/> Delay in securing supplies from pipeline</td> </tr> </table> <p>Other Specify: _____</p>	<input checked="" 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	<input type="checkbox"/> Delay in securing supplies from pipeline
<input type="checkbox"/> Significant change in activities	<input type="checkbox"/> Change in location																		
<input type="checkbox"/> Change in outputs	<input checked="" type="checkbox"/> Change in budget																		
<input type="checkbox"/> Change in target beneficiaries	<input type="checkbox"/> Change in recipient org																		
<input checked="" type="checkbox"/> Change in project duration/NCE	Other Specify: _____																		
<input checked="" 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	<input type="checkbox"/> Delay in securing supplies from pipeline																		

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 December 2013**

Amount of Funds Unspent as of **31 December 2013**

Amount of Funds Committed But Not Spent by **31 December 2013**

Percentage of Activities Completed as of **31 December 2013**

\$241,076	60.27%
\$158,924	39.7%
\$79,462	19.9%
60 %	

Section 4

This section is for the approving official's review.

CHF Technical Secretariat, South Sudan:

Endorsed by **Ms. Federica D'Andreagiovanni**, CHF TS, South Sudan

Review Date

OCHA, South Sudan

Approved by **Mr. Vincent Lelei**, OCHA Head of Office, 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.

International Medical Corps is requesting for NCE for the Community Based Nutrition program covering Jonglei (Akobo and Pochalla counties) and Upper Nile (Maban county- Jimkwata Payam-Host community), due to the following reasons;

1 In Pochalla we had plans to carry out the anthropometric, mortality and morbidity survey (SMART Post-Harvest) in the second week of January, but due to current political instability, this has delayed the planning phase, selection of consultant and therefore need for more time, we plan to carry out this activity in early February.

2. Akobo; we had planned to carry out major training in the last two weeks of December 2013 and complete this by end of January 2014, but again all this plans were interfered with when heavy fighting broke and our essential staff were evacuated, although all of them have resumed back to work, WFP flights have not resumed to Akobo. IMC is on a daily basis following up on security trends, to ensure safety for the teams before getting back there. However we are monitoring our program from Juba, our local staff continue to provide treatment to children in the program.

3. Procurement of program supplies disrupted in the last two weeks of December, due to insecurity in Juba, although some supplies are back we anticipate that most supplies will be completely delivered by end of January, then our logistic team will dispatch them to the field in early February 2014.

Justification for budget line variations

1.4 OTP/SC/TSFP equipment/furniture and materials (Pochalla), variance 39%; **this is a new project in Pochalla so more supplies were needed to open 3 OTP and 1 SC. Price fluctuations was another factor to additional expenses.**

2.3 Community Nutrition outreach manager (Maban), variance -22%, due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.

2.4 Team Leader (Maban), variance -58% - **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.5 Site Manager (Akobo) variance -83%- **Due to the security situation this staff was evacuated hence reduced charges**

2.6 Site Manager (Pochalla) variance -75%- **Due to the security situation this staff was evacuated hence reduced charges**

2.8 Program Coordinator, variance -35%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.9 Senior HR Manager, variance -29%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.11 Finance Director, variance -31%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.12 Logistics Coordinator, variance -25%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.14 Security Manager, variance -30%- **The security manager resigned and we are in the process of replacement for this position**

2.15 Logs Manager – Maban, variance -40%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.16 M&E – Maban, variance -93%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

2.17 Maban national staff, variance 37%- **Increment mainly due to the charges for the extra month(s) during the NCE period**

2.19 Pochalla national staff, variance 51%

2.20 Nutrition Deputy Program Manager (Juba) variance 33%- **Increment mainly due to the charges for the extra month(s) during the NCE period**

2.21 Juba Support Staff, variance -64%- **due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period.**

3.1 International Air tickets-International staff deployment, variance -29%- **The staff were evacuated by IMC so reduced charges to the grant**

3.2 In country Travel, Accommodation in Transit, variances 71%, **Due to the security situation there was increased cost of travel as a result of the evacuation of staff.**

3.4 National staff per diem & accommodation, variances 1106% **Due to the security situation staff were evacuated to Juba and we had to accommodate them in Hotels, thus expense went quite high, this was unexpected.**

6.4 Vehicle repairs/Maintenance – Juba, variances -47%, **There was less repair of the vehicles in the project period than initially anticipated**

7.1 Mobile Phones, variances 75%- **increment mainly due to the anticipated increased communication needs during the NCE**

7.3 Communications (Internet, Sat phone and Phone Usage) Support office, variances -62%- **The cost of the mobile phones are lower than initially anticipated**

- 8.4 Office Utilities ,supplies and stationeries - Field offices, variances 82%- **More repairs to the field offices and also mores supplies purchased for the field offices than initially anticipated**
- 8.5 Office Utilities ,supplies and stationeries - support office, variances 120%- **More repairs to the field offices and also mores supplies purchased for the field offices than initially anticipated**
- 8.7 Guest House/Office Rental & Maintenance (site and support offices), variances 31%
- 8.10 Software/Licenses, variances 100% **IMC was implementing a new payroll software and a percentage of the costs charged to the programme**
- 8.11 Legal fees (incl NGO registration fee), variances 93%- **There was an increase in the cost of the lawyers fees**

List activities that were implemented during project period:
Treatment

1. Provide therapeutic treatment and care for children 6-59 months with SAM without medical complications in OTP
2. Provide in-patient clinical and therapeutic treatment for children (0-59 months) with SAM and associated medical complications in the 2 SC. 1 in Akobo and another in Pochalla.
3. Provide supplementary feeding rations, anthropometric follow-up and medical care for children 6-59 months with MAM in TSFPs in Akobo, Pochalla and Maban.
4. Establish 1 SC and 2 OTP sites in Pochalla.

Prevention

1. Organize community-based mass MUAC screening, case identification and appropriate referrals of children 6-59 months.
2. Provide Health education during any nutrition gathering event on IYCF, Hygiene and health seeking behavior.
3. Organize care group session and facilitate open discussions and experience EDC, Nutrition, and IYCF
4. Facilitate ECD stimulation activities during care group sessions in Maban
5. Monitor care group behavior change communication (BCC) sessions, Maban and Akobo
6. Conduct home visits to identify PLW and refer them to health services, ANC, PNC, immunization

Capacity Building

1. Conduct training needs assessment of targets and develop a training plan and execute.
2. Conduct trainings on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies
3. Train 70 Community Nutrition Promoters on community mobilization, active case finding and nutrition education
4. Train 25 PHCU & PHCC staff in Pochalla on Emergency Nutrition Response

Survey

1. SQUEAC survey done in Akobo, reports will be shared soon with cluster

List outstanding activities:
Treatment

- 1.To establish 1 OTP in Pochalla, 2 already established and functional

Prevention

- 1.Formation of 15 IYCF care groups in Pochalla
2. Organize community base large gatherings using local theatre groups on nutritional practices, IYCF and hygiene.
3. Conduct follow up home visits to enroll women in community based CG and ECD activities.

Capacity Building

- 1.To conduct training on nutrition CMAM, IYCF to 45 health and nutrition staff in Akobo
- 2.Train 33 Community Nutrition Volunteers in outreach nutrition program (screening, referral and health education)

Survey

- 1.To carry out an anthropometric mortality and morbidity survey in Pochalla (SMART)

Review remarks by cluster coordinator.
Name of reviewer
Nyauma Nyasani

Explain the rationale to endorse or reject the request

As explained by the partner, the recent insecurity and wave of violence made timely implementation of planned activities as earlier scheduled impossible. The Nutrition Cluster recommends granting the NCE as requested.

Review remarks by CHF Technical Secretariat:
Name of reviewer
Thomas Nyambane
NCE granted as per your request.

Dated 10 February 2014

Please note: This request was processed in accordance with the shortened NCE procedure approved by the Humanitarian Coordinator on 9 January 2014.

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	<ol style="list-style-type: none"> 1.To provide therapeutic treatment and care for 668 children under five and pregnant and lactating women with SAM without medical complications in OTP using ready-to-use therapeutic food (RUTF) 2. Provide inpatient clinical and therapeutic treatment for 79 children under five with SAM and associated medical complications in the SC 3.Provide supplementary feeding rations, anthropometric follow-up and routine medical care for 898 children 6-59 months and 1350 PLW with MAM in TSFPs in Akobo County 4) Facilitate and follow up on referrals of to 10 OTP, 9 TSFP, 2 SC 5) Ensure 2 SC, 7 OTP and 9 TSFPs are equipped to standard with supplies and materials. 6)Organize community-based mass MUAC screening, case identification and appropriate referrals as well as defaulter tracing of 1350 children under five 7) 2,332 Children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP) 8) 21,120 Community members made aware through education sessions on nutrition and IYCF 9). Support 78 IYCF care group in Akobo, 79 in Maban and establish 15 in Pochalla 10) To ensure Emergency nutrition response team (25) formed, functional and on standby for any emergencies for Pochalla. 11) > 70% of MoH and IMC staff demonstrates knowledge gained on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies 12) Carry out Nutrition assessment (Anthropometric mortality and morbidity survey SMART and SQUEAC in Pochalla and Akobo respectively 	Output	<ol style="list-style-type: none"> 1.To provide therapeutic treatment and care for 668 children under five and pregnant and lactating women with SAM without medical complications in OTP using ready-to-use therapeutic food (RUTF) 2. Provide inpatient clinical and therapeutic treatment for 79 children under five with SAM and associated medical complications in the SC 3.Provide supplementary feeding rations, anthropometric follow-up and routine medical care for 898 children 6-59 months and 1350 PLW with MAM in TSFPs in Akobo County 4) Facilitate and follow up on referrals of to 10 OTP, 9 TSFP, 2 SC 5) Ensure 2 SC, 7 OTP and 9 TSFPs are equipped to standard with supplies and materials. 6)Organize community-based mass MUAC screening, case identification and appropriate referrals as well as defaulter tracing of 1350 children under five 7) 2,332 Children (6-36 months) receiving supplementary foods through Blanket Supplementary Feeding Program (BSFP) 8) 21,120 Community members made aware through education sessions on nutrition and IYCF 9). Support 78 IYCF care group in Akobo, 79 in Maban and establish 15 in Pochalla 10) To ensure Emergency nutrition response team (25) formed, functional and on standby for any emergencies for Pochalla. 11) > 70% of MoH and IMC staff demonstrates knowledge gained on nutrition, e.g. CMAM, IYCF, Nutrition in Emergencies 12) Carry out Nutrition assessment (Anthropometric mortality and morbidity survey SMART and SQUEAC in Pochalla and Akobo respectively
Key Activities	<p>Objective 1</p> <ol style="list-style-type: none"> 1. Provide therapeutic treatment and care for children under five and pregnant and lactating women with SAM without medical complications in OTP using ready-to-use therapeutic food (RUTF). Anthropometry, routine medical treatment, nutrition education and referrals will be also provided 2) Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC. The program will provide therapeutic food and routine medical treatment in an inpatient setting 24 hours a day until the child is stabilized for referral to OTP. Psychosocial support care (toys, playing items) will also be provided, in addition to nutrition education and referrals. 3) Provide supplementary feeding rations, anthropometric follow-up and routine medical care for children 6-59 months with MAM in TSFPs in Akobo County. 4) Facilitate and follow up on referrals of to OTP, TSFP, SC 	Key Activities	<p>Objective 1</p> <ol style="list-style-type: none"> 1. Provide therapeutic treatment and care for children under five and pregnant and lactating women with SAM without medical complications in OTP using ready-to-use therapeutic food (RUTF). Anthropometry, routine medical treatment, nutrition education and referrals will be also provided 2) Provide inpatient clinical and therapeutic treatment for children under five with SAM and associated medical complications in the SC. The program will provide therapeutic food and routine medical treatment in an inpatient setting 24 hours a day until the child is stabilized for referral to OTP. Psychosocial support care (toys, playing items) will also be provided, in addition to nutrition education and referrals. 3) Provide supplementary feeding rations, anthropometric follow-up and routine medical care for children 6-59 months with MAM in TSFPs in Akobo County. 4) Facilitate and follow up on referrals of to OTP, TSFP, SC 5) Ensure SC, OTP and TSFPs are equipped to standard with supplies and materials.

	<p>5) Ensure SC, OTP and TSFPs are equipped to standard with supplies and materials.</p> <p>6) Organize community-based mass MUAC screening, case identification and appropriate referrals as well as defaulter tracing of children under five</p> <p>Objective 2</p> <p>1) Target 70% of PLW with children under two to strengthen IYCF practices</p> <p>2) Organize IYCF sessions and facilitate open discussions about experiences and optimal practices</p> <p>3) Monitor IYCF & BCC sessions, and ensure participants disseminate messages and promote practices at community level to a maximum of 12 households that each mother will be assigned to reach in a two week period.</p> <p>4) Support and organize cooking demonstrations using the locally available foods, where mothers will share ideas on how to prepare nutritious meals for their children (complementary feeding). These gatherings will also help in sharing other health related best practices.</p> <p>5) Organize sessions for the wider community, targeting male leaders, spouses of support group mothers and general public with key nutrition and ECD messages.</p> <p>Objective 3</p> <p>1) Establish and train an emergency nutrition response team, mostly health facility workers, to collect, analyze and interpret MUAC data and with local authorities make informed decisions based on the findings. This will include review of routine facility-based MUAC data as well as rapid assessments (screening)</p> <p>2) Support the team to carry out periodic rapid nutrition assessments, especially in the event of a natural or conflict related disaster or displacement, and when/if access to more remote parts of the county becomes possible later in the year</p> <p>3) Strengthen reporting structures using the existing HMIS data to show trends of malnutrition, as an alert to quick response and pre-disposition of nutritional support, supplies and materials to the nutrition partners</p>		<p>6) Organize community-based mass MUAC screening, case identification and appropriate referrals as well as defaulter tracing of children under five</p> <p>Objective 2</p> <p>1) Target 70% of PLW with children under two to strengthen IYCF practices</p> <p>2) Organize IYCF sessions and facilitate open discussions about experiences and optimal practices</p> <p>3) Monitor IYCF & BCC sessions, and ensure participants disseminate messages and promote practices at community level to a maximum of 12 households that each mother will be assigned to reach in a two week period.</p> <p>4) Support and organize cooking demonstrations using the locally available foods, where mothers will share ideas on how to prepare nutritious meals for their children (complementary feeding). These gatherings will also help in sharing other health related best practices.</p> <p>5) Organize sessions for the wider community, targeting male leaders, spouses of support group mothers and general public with key nutrition and ECD messages.</p> <p>Objective 3</p> <p>1) Establish and train an emergency nutrition response team, mostly health facility workers, to collect, analyze and interpret MUAC data and with local authorities make informed decisions based on the findings. This will include review of routine facility-based MUAC data as well as rapid assessments (screening)</p> <p>2) Support the team to carry out periodic rapid nutrition assessments, especially in the event of a natural or conflict related disaster or displacement, and when/if access to more remote parts of the county becomes possible later in the year</p> <p>3) Strengthen reporting structures using the existing HMIS data to show trends of malnutrition, as an alert to quick response and pre-disposition of nutritional support, supplies and materials to the nutrition partners</p>		
Locations (specify county):	Jonglei (Akobo and Pochalla county) Upper Nile (Maban county)	Locations (specify county):	Jonglei (Akobo and Pochalla county) Upper Nile (Maban county)		
Beneficiaries:	Direct 30,489 Indirect 105,858	Beneficiaries:	Direct 30,489 Indirect 105,858		
Duration:	1 October 2013 to 31 January 2014		Duration	1 October 2013 to 30 March 2014	
Indicative CHF Budget:	Relief Items and Transportation	91,817	Indicative CHF Budget:	Relief Items and Transportation	104,868
	Personnel	195,288		Personnel	174,370
	Staff Travel	11,470		Staff Travel	14,089
	Training/Workshop/Seminar/Campaign	18,000		Training/Workshop/Seminar/Campaign	18,000
	Contracts/ Sub grant	10,000		Contracts/ Sub grant	10,000
	Vehicle Operating and Maintenance Costs	12,880		Vehicle Operating and Maintenance Costs	11,132

	Office Equipment and Communication	4,960		Office Equipment and Communication	4,398
	Other Costs	25,909		Other Costs	33,275
	Programme Support Costs (PSC)	25,716		Programme Support Costs (PSC)	25,716
	Audit cost (NGOs only)	3,960		Audit cost (NGOs only)	3,960
	Total:	US\$ 400,000		Total:	US\$ 400,000