

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-sudanfinancing/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 kizittoi@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/SA2/0286

Section 1 – Project Details

Date of Request	13 January 2014, Submitted 5 March 2014	Cluster	Health
Organization Name:	International Medical Corps.	Contact Name:	Golam Azam – Country Director
Project Code:	SSD-13/H/55795/R/13107	Contact Email/Tel No.:	gazam@internationalmedicalcorps.org / +211 954 894 409
Location:	Maban, Upper Nile	Date of Allocation:	16 August 2013
Duration (start and end date as PPA/agreement):	1 Nov. 2013 - 28 Feb 2014	Amount Allocated:	US\$281,425
Project Title:	Integrated mental health and psychosocial support and HIV response in Maban		

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

<p>Type of Revision: Indicate the type (s) of revision being requested.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Significant change in activities</td> <td><input 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 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: 30 April 2014</p>	<input type="checkbox"/> Significant change in activities	<input type="checkbox"/> Change in location	<input checked="" 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: _____	<p>Reason for NCE: Indicate reason (s) for no-cost extension.</p> <table style="width: 100%;"> <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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Delay in securing supplies from pipeline
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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 < **28 February 2014** >

Amount of Funds Unspent as of < **28 February 2014** >

Amount of Funds Committed But Not Spent by < **28 February 2014** >

Percentage of Activities Completed as of < **28 February 2014** >

\$112,391.24	40%
\$169,034	60%
\$0	0%
40%	

Section 4

This section is for the approving official's review.

CHF Technical Secretariat, South Sudan:

_____ Endorsed by **Mr. David Throp**, Head of 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
<p>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.</p> <p>To reallocate funds to a new project, please provide a detailed explanation for why the new project was chosen to receive the reallocation.</p> <p>Please provide revision details in the revision table in section 6 of this document.</p>
<p>International Medical Corps secured 04 months (November 2013 - February 2014) funding from CHF to implement basic reproductive health including HIV/AIDS programs in Maban County in upper Nile state at Kaya and Gendrasa Refugee camps. However, shortly after IMC has begun implementation of the project activities, fighting erupted in the country forcing most INGOs to evacuate staff and services were interrupted. The IMC also evacuated all expats and relocate-able national staff out of Maban at that time. The organization's operation has returned to critical from the 4th to 31st January and essential services since February, 2014. This has affected implementation under this grant by slowing down progress on implementation time frame. It is also challenging to carry out recruitment and procurements due to slow business activities during and in the aftermath of the insecurity. The turn up for recruitment has been poor possibly due to the heightened tension and anxiety about the security in addition the remote location of Maban and getting the construction materials and supplies from Juba becomes a challenge. These contexts necessitated an appeal for an implementation time line extension rather (budget reallocation) in order to meet the objective stated under the original application. As stated above, following the unstable security situation, there has been instability of prices of imported medical goods and their transportation to Juba. Further to this, we are now chartering flights as opposed to road transport that we were using before. Besides, some of the proposed project activities that are related to HIV/AIDS like counselling & testing and access to ARV drugs was not feasible because currently there was no health facility in the county that provide Anti-retroviral (ARV) drugs. At the moment the discussions we had with MoH /UNHCR to get the ARVs through MoH from the state capital (Malakal) seems not a viable option. As a result IMC needs a project no- cost extension period of two months (March-April 2014) to complete the proposed activities provided the security situation improves.</p> <p>Justification for budget line variations</p> <p>1.7 Clean delivery kits at health facilities-<i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.9 Drugs and other consumables- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.10 Observation beds- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.11 Post exposure prophylaxis kits- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.14 Manual suction machine- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.15 IV stands- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>1.20 Infection prevention supplies- <i>Initial budget was based on international catalogues. Due to short duration, purchases would be done locally and prices are higher but with short delivery time</i></p> <p>2.2 Security Manager- <i>There was a vacancy in this position during the month of January as IMC was looking for a replacement</i></p> <p>2.7 Logistics Coordinator- <i>There was a vacancy in this position during the month of January as IMC was looking for a replacement</i></p> <p>2.11 Logs officer for Maban-<i>There has been some savings as less time has been charged to this project than initially anticipated</i></p> <p>2.12 Emergency Response Nurse Gendrassa- <i>There has been some saving as less time charged to this project than initially anticipated</i></p> <p>2.14 PHC doctor (coordinator)kaya- <i>There has been some saving as less time charged to this project than initially anticipated</i></p> <p>2.15 Program support officer surge support- <i>IMC anticipates more charges to this project in the coming periods due to the extension of the project period</i></p> <p>2.16 Wash officer- <i>There has been some saving as less time charged to this project than initially anticipated</i></p> <p>2.17 PHC doctor- <i>IMC anticipates more charges to this project in the coming periods due to the extension of the project period</i></p> <p>2.18 PHC officer (nurse)- <i>There has been some saving as less time charged to this project than initially anticipated</i></p> <p>2.19 Hardship Differential South Sudan <i>Due to the extension of the grant we anticipate to charge more hardship differentials for the expatriate staff working in Maban</i></p> <p>2.22Fringe Benefits @ 28%- <i>There has been some saving as less time charged to this project than initially anticipated</i></p> <p>2.23 Foreign Workers Compensation @ 7.29% -<i>IMC is no longer offering this as part of it compensation package</i></p> <p>2.26 National staff fringe benefits @25,33%- <i>Due to the extension of the grant we anticipate to charge more fringe benefits for the National staff</i></p> <p>2.27 National staff medical coverage- <i>There has been delays in instituting medical coverage for staff. we hope to institute this later this year</i></p> <p>3.1 International Air tickets-International staff deployment- <i>There was reduced charges to this line than initially anticipated due to the country of origin of staff</i></p>

4.1 Training of clinical staff on healthy -Cost of training lower than initially anticipated due to due to the reduction of clinical staff.

4.2 Training of clinical staff on MISP- Cost of training lower than initially anticipated due to due to the reduction of clinical staff.

4.3 Training of clinical staff on HIV/AIDS testing and counseling- Cost of training lower than initially anticipated due to due to the reduction of clinical staff.

4.4 Training of clinical staff on AMTSL- Cost of training lower than initially anticipated due to due to the reduction of clinical staff

4.5 Training of clinical staff on PMTCT- Cost of training lower than initially anticipated due to due to the reduction of clinical staff

4.7 Training of clinical staff on clinical management of rape- Cost of training lower than initially anticipated due to due to the reduction of clinical staff.

4.9 Training of CHVs and TBAs on safe motherhood, recognizing danger signs, referrals- Cost of training lower than initially anticipated

6.3 Vehicle fuel - Juba support- due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period

7.3 Camera-The cost of the camera was lower than initially anticipated

7.6 Communications - (Internet, Satphone and Phone Usage) Support office- due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period

8.1 Postage /Courier- due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period

8.5 Office Utilities, supplies and stationeries - support office- More supplies purchased for the field offices than initially anticipated. Less anticipated during the extension period

8.7 General insurance- due to other funding sources the charge to this project reduced. We are also not charging this cost in the cost extension period

List activities that were implemented during project period:

- Eighty percent (80%) of the construction of maternity in kaya was done.
- 662 first Antenatal consultations were made
- 40 TBAs were identified and participate in PHC awareness workshop.-from ACTED were trained in kaya and Gendrassa on PHC issues.
- Tents were pitched for RH activities in Gendrassa
- Temporary Waiting area was constructed in Gendrassa
- Delivery services available in Gendrassa main clinics.
- 58 Community health workers were trained on PHC issues.
- 2workshops for clinical staff and one for community Health Volunteers
- 14,401 people of reproductive health age have access to basic RH and, STI services
- 262 STIs consultations were done (160F and102M)

List outstanding activities:

- Cementing the floor and constructing the drug store.
- Construction of Drug store in Kaya
- 5 workshops to be conducted for clinical staff and 2 for CHVs
- Integrate PMTCT into existing maternal and child health services
- Establish referral system for ARV treatment and follow up care
- Secure supply of ARVs from Malakal and CDC
-

Review remarks by cluster coordinator.	Name of reviewer	Marina Aksakalova, Snr. Programme Officer, UNHCR
Explain the rationale to endorse or reject the request		
<p>No cost extension is recommended for approval based on the following remarks:</p> <p>The delivery of integrated sexual reproductive health services in family planning, safe motherhood, ANC/PNC, and STI/HIV/AIDS remains a significant gap under the multisector interventions in Gendrassa and Kaya Refugee Camps. The fact that the project contains both hardware and a software component of the integrated approach renders it extremely relevant to the needs of the target population.</p> <p>However, the project activities were disrupted in December 2013 due to the violence that broke out in Juba on 15 December and quickly spread out to other locations in South Sudan. The availability of construction materials and the presence of project staff (both national and international) were severely affected, thereby disrupting the project implementation. In addition, outputs related to Voluntary Counseling and Testing (VCT) and the Prevention of Mother-To-Child Transmission (PMTCT) of HIV/AIDS have been disrupted due to insufficiency of HIV/AIDS pipeline supplies (ARV drugs, etc...) to the South Sudan operations.</p> <p>With the volatile improvement in the security situation in Maban County, IMC-UK is expressing active interest to catch up with time lost by revising the timeframe of the project. On the other hand, due to the current insufficiency of HIV/AIDS pipeline supplies (ARV drugs, etc...), the project team is requesting the removal of outputs related to VCT & PMTCT of the HIV/AIDS response activities.</p> <p>Nevertheless, as part of the integrated approach to Sexual and Reproductive Health services, the project will be strengthening community health outreach activities with a greater emphasis on sexual/reproductive health promotion, awareness rising, and STI/HIV/AIDS prevention.</p> <p>In this regards, the Multisector, Refugee Response, would like to recommend a No Costs Extension for the project.</p> <p>N/B: There have been some delays in the request for NCE because it was initially channeled via Health cluster instead of the Multisector with the assumption that the Health interventions are under the Health Cluster. This misunderstanding has been resolved.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	Thomas Nyambane
<p>Multi Sector reviewed and discussed the request for NCE and allocation revision. The cluster endorsed the request based on the above remarks.</p> <p>CHF Technical Secretariat reviewed the request and asked the partner to provide justifications for the budget lines that varied by 20% and above. The requested information was provided.</p> <p><i>Please note: The request for NCE was processed in accordance with the shortened procedure approved by the Humanitarian Coordinator on 9 January 2014.</i></p> <p>This NCE modifies your narrative reporting requirements. IMC UK is required to submit a narrative progress report by 15 April 2014 covering activities implemented upto 31 March 2014. A final narrative report will be required one month at the end of the NCE period.</p>		

5 - 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	<ul style="list-style-type: none"> 481 ANC first visits registered 2 existing temporary health facilities rehabilitated and/or equipped 818 (337 Male 481 Female) tested for HIV (disaggregated by M/F) 10 HIV+ pregnant women receiving ARV prophylaxis to reduce the risk of MTCT 72 births (15% of ANC) attended by skilled birth attendants 40 Community Health Workers/Volunteers (20 male, 20 Female) trained on PHC issues 14,401 refugees who have access to integrated RH and STI/HIV services 216 STIs new cases of particular diseases/illnesses (STIs) reported at the health facility during project period 10 workshops (7 for clinical staff, 3 for CHVs) on PHC issues organized 40 refugees (TBAs) participating in PHC awareness workshops 11 NGOs staff (clinical staff/Health Workers) trained on PHC issues 40 Community Health Workers/Volunteers (20 male, 20 Female) trained on PHC issues 	Output	<ul style="list-style-type: none"> 481 ANC first visits registered 2 existing temporary health facilities rehabilitated and/or equipped 72 births (15% of ANC) attended by skilled birth attendants 40 Community Health Workers/Volunteers (20 male, 20 Female) trained on PHC issues 216 STIs new cases of particular diseases/illnesses (STIs) reported at the health facility during project period 10 workshops (7 for clinical staff, 3 for CHVs) on PHC issues organized 40 refugees (TBAs) participating in PHC awareness workshops 11 NGOs staff (clinical staff/Health Workers) trained on PHC issues 40 Community Health Workers/Volunteers (20 male, 20 Female) trained on PHC issues
Key Activities	<ul style="list-style-type: none"> Establish maternity wing at Gendrassa central clinic Establish ANC/PNC ward at kaya Establish drug storage space at kaya Ensure availability of basic equipment and essential supplies for reproductive health services Recruit RH clinical staff(midwives and STI/HIV/AIDS project officer Build technical skills of IMC health providers with in- class and on-job training and mentoring on key RH topic, including MISP, healthy child spacing and couple counseling, focused ANC, safe delivery, active management of third stage of labour, PNC, infection prevention, syndromic management of STIs, HIV/ AIDS testing and counseling, PMTCT, clinical management of rape. Manage normal deliveries by skilled birth attendants and identify and refer 	Key Activities	<ul style="list-style-type: none"> Establish maternity wing at Gendrassa central clinic Establish ANC/PNC ward at kaya Establish drug storage space at kaya Ensure availability of basic equipment and essential supplies for reproductive health services Recruit RH clinical staff(midwives and STI/HIV/AIDS project officer Build technical skills of IMC health providers with in- class and on-job training and mentoring on key RH topic, including MISP, healthy child spacing and couple counseling, focused ANC, safe delivery, active management of third stage of labour, PNC, infection prevention, syndromic management of STIs, HIV/ AIDS prevention Manage normal deliveries by skilled birth attendants and identify and

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	<p>risk labour and referrals to higher level care.</p> <ul style="list-style-type: none"> Offer family planning counseling and commodities including modern short and long term contraceptives. Offer screening and syndromic management of STIs, HIV/AIDS testing and counseling and treatment. Offer ANC/ PNC including tetanus toxoid vaccination, iron and folic acid supplements, intermittent preventive therapy, integrated PMTCT Provide clinical management of GBV cases including rape. Identify train and support CRHPs and PEs on community mobilization, BCC couples counseling, referrals and key SRH topics such as safe motherhood and child spacing Strengthen facility based sexual reproductive health education session with locally appropriate IEC and BCC materials Train TBA.s on safe motherhood, recognizing danger signs of complicated pregnancy and delivery and referrals for ANC, Delivery and PNC Mobilize communities through PLA methods including group education, dialogue, facilitation (community conversations) cultivation of local leaders and health campaign days. 		<p>refer risk labour and referrals to higher level care.</p> <ul style="list-style-type: none"> Offer family planning counseling and commodities Offer screening and syndromic management of STIs Offer ANC/ PNC including tetanus toxoid vaccination, iron and folic acid supplements Provide clinical management of GBV cases including rape. Identify train and support CRHPs and PEs on community mobilization, BCC couples counseling, referrals and key SRH topics such as safe motherhood and child spacing Strengthen facility based sexual reproductive health education session with locally appropriate IEC and BCC materials Train TBA.s on safe motherhood, recognizing danger signs of complicated pregnancy and delivery and referrals for ANC, Delivery and PNC Mobilize communities through PLA methods including group education, dialogue, facilitation (community conversations) cultivation of local leaders and health campaign days. 		
Locations (specify county):	Maban county, Upper Nile state, south Sudan.	Locations (specify county):	Maban county, Upper Nile state, south Sudan.		
Beneficiaries:	Women- 7588, Girls-5683,men-6813,Boys-5848 total 25,932	Beneficiaries:	Women- 7588, Girls-5683,men-6813,Boys-5848 total 25,932		
Duration:	4 months (1 November 2013 to 28 February 2014)	Duration	6 Months (1 November- 2013 to 30 April 2014)		
Indicative CHF Budget:	Relief Items and Transportation	101,862	Indicative CHF Budget:	Relief Items and Transportation	113,704
	Personnel	84,511		Personnel	78,451
	Staff Travel	16,261		Staff Travel	15,829
	Training/Workshop/Seminar/Campaign	21,500		Training/Workshop/Seminar/Campaign	14,768
	Contracts/ Sub grant	0		Contracts/ Sub grant	0

5 - 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.		
	Vehicle Operating and Maintenance Costs	6,390		Vehicle Operating and Maintenance Costs	6,076
	Office Equipment and Communication	5,360		Office Equipment and Communication	4,787
	Other Costs	24,526		Other Costs	26,793
	Programme Support Costs (PSC)	18,229		Programme Support Costs (PSC)	18,229
	Audit cost (NGOs only)	2,786		Audit cost (NGOs only)	2,786
	Total:	281,425		Total:	281,425