

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 kizitot@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): SSD-14/H/60202

Section 1 – Project Details

Date of Request	4 April 2014, submitted 28 April 2014	Cluster	Health Cluster
Organization Name:	Nile Hope	Contact Name:	Tolu Lemiso
Project Code:	SSD-14H/60202	Contact Email/Tel No.:	tolulemiso@yahoo.com
Location:	Akobo, Leer and Pigi county	Date of Allocation:	16 January 2014
Duration (start and end date as PPA/agreement):	1 February to 30 April 2014	Amount Allocated:	US\$125,000
Project Title:	Emergency health services provision to the vulnerable communities living in Akobo and Canal (Pigi) in Jonglei state, and Leer county in unity state		

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 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 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 <u>2</u> New end date: <u>30 June 2014</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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Inaccessibility	<input type="checkbox"/> Delays in finalizing PPA	<input type="checkbox"/> Staffing/recruitment delays	<input checked="" 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
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<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 April 2014** >

Amount of Funds Unspent as of < **31 April 2014** >

Amount of Funds Committed But Not Spent by < **31 April 2014** >

Percentage of Activities Completed as of < **31 April 2014** >

\$17,364	13.89%
\$107,636	86.11%
\$107,636	86.11%
27%	

Section 4

This section is for the approving official's review.

OCHA South Sudan:

Endorsed by **Ms. Catherine Howard**, OCHA Deputy 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.

The humanitarian situation in south Sudan is deteriorating day by day due to the ongoing conflict that started on December last year in Juba and eventually spreading to the Greater upper Nile (Jonglei, Unity and Upper Nile state). Akobo, Leer and Pigi were the worst hit places with this conflict thus making Nile Hope to apply in this area. Nile Hope is the lead NGO operating health services in Akobo, Leer and partially in Pigi. Currently the only accessible place out of these three counties is Akobo county. Pigi and Leer are not accessible and the two places are currently very insecure. Due to insecurity and Lack accessibility to the two aforementioned counties, Nile Hope is looking for possibility of changing the location and reaches other areas that are accessible and have higher number of Vulnerable group like Southern Nasir- Wanding Payam. Akobo county and part of southern Nasir; Wanding payam are both overwhelm with the growing number of IDPs who are fleeing from Urur, Malakal and some part of Bor. The communities are fleeing to this area to seek for safety since the aforementioned areas are regarded as frontline with the ongoing war between the Government and the Rebel.

South Nasir- Wanding Payam has limited support of health services delivery since access to this area is had through Nasir county. The facilities in the area do suffer from Limited supplies of drug, lack of qualified health staffs and lack of immunization services. Currently with the ongoing crisis in southern Sudan, Wanding Payam is overwhelmed with increase number of IDPs from the neighbouring counties in Upper Nile and Jonglei. Due to these challenges Nile Hope wishes to use its allocated budget (1st Around 2014) for Leer and Pigi to increases Health services provision in Wanding and Akobo county. According to inter-agency assessment report from Akobo, Walgak payam have estimated IDPs household 7500 alone. Akobo east has an estimated 47,000 IDPs according to RRC. The IDPs have increased the needs of health services which currently are scarce. Nile Hope amended funds will improve services provision and improve the life of the community in both Wanding payam and Akobo county. Nile Hope will continue supporting 2 mobile clinics in Akobo, Set up 2 mobile clinics in Wanding payam and increase support of Walgak PHCC in term of staffing and preposition of medical supplies including drugs. Walgak PHCC is currently experiencing greater number of patient due to influx IDPs. The project is currently ongoing in Akobo county where two mobile clinic have been set up and providing Services to community.

Row 32: Clinical officer Walgak PHCC- the will earn ascertain percentage from CHF after we proposal the location as new area from Leer and Pigi budget.

Row 33: Nurse in Walgak PHCC- the already working staff in the PHCC will be paid a 30% from the CHF grant to support CHF activities in the health center

Row 34: Due to increase in the number of IDPs in walgak and increase in health needs in the area, Nile Hope will deploy a midwife in the health facility to serve the mother during antenatal and Post- Natal period

Row 35: The number of mid wife had reduced from six to four thus creating the different of 33%. This is due to reduction of number of mobile clinic from 6 to 4

Row 36: The CHW have reduce from initial number 12 to 8 due to reduction of mobile clinic from 6 to 4. Each mobile clinic has 2 CHW supporting the mobile clinic facility

Row 48: The cost is not reflected in the current revise budget thus still showing 100%

Row 49: The budget was initially for Malakal – Canal - Malakal but has change to Waat- Walgak – Waat by road. Walgak is new location but staff have hire vehicle from Waat the nearest Airstrip to Walgak during monitoring visit and when sending staffs to implement activities.

Row 50: The staffs that were meant to be employed in Leer and Pigi will be relocated to Akobo and Wanding thus increasing the price of flight to Akobo due to increase number of staffs who will be airlifted to this area. Staff for Wanding will access wanding through Akobo airstrip. Secondly, monitoring team will be also concentrated on Akobo and Wanding thus increasing amount of flight to Akobo.

Row 52: The budget was initially meant for Bentiu- Leer – Bentiu but currently change to Akobo- Wanding –Akobo

Row 59: The budget was meant for training mobile clinic staff in Leer but we changed to Wanding the new location. Still Nile Hope will train the same number of people in the location

Row 60: The budget was meant for training staff on EP&R in Canal but change to Kier

Row 64: The BemoC training was meant for mobile clinic in Leer but changed to Wanding the new location.

Row 17: The budget line was meant to buy medical equipment for Akobo, Leer and Canal but change to Wanding and Akobo

Row 18: The budget line was meant for Canal but changed to Wanding the new proposed location

Row 19: The budget line was meant for setting up mobile clinic in Leer, Pigi and Akobo but change to Akobo and Wanding

<p>List activities that were implemented during project period:</p> <ul style="list-style-type: none"> • Community mobilization in Akobo county • 2 mobile clinics set up and providing health services in Akobo out of 6 initial proposed mobile clinic • Knowledge and skill of mobile clinic staff improved in Akobo through training • Securing of emergency drugs kits for the mobile clinics and Walgak PHCC from WHO • Health services provided in Akobo(Curative and Preventive services) 	<p>List outstanding activities</p> <ul style="list-style-type: none"> • Setting up of additional mobile clinic • Training health staffs on BeEMOC • Provision of health services to the community are supposed to be served by the additional mobile clinic • Transportation of additional medical kits to Project allocated area • Securing of mosquito nets and Clean delivery kits for the mobile clinic 	
Review remarks by cluster coordinator.	Name of reviewer	Julius Wekesa
Explain the rationale to endorse or reject the request		
<p>Leer and Pigi are currently some of the most challenging areas in terms of security. Most of the population in Leer is reported to have been displaced towards Mayendit and other locations. The proposed area for realignment has seen an increasing number of IDPs and in dire need of health services among others. Nile Hope's request to refocus areas of operation is justifiable as they cannot access Leer and Pigi as originally planned. The cluster fully supports the review. Any assistance rendered to the partner to carry out this will be highly appreciated.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	David Throp
<p>Health cluster reviewed and endorsed the NCE and allocation revision requests.</p> <p>CHF TS reviewed the request and asked Nile Hope to justify revisions in the budget lines that are above 20% and also clarify some points. The requested information was provided.</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	<ul style="list-style-type: none"> Improved Emergency curative services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 2,000 men, 2,000 women, 1,000 boys and 1,000 girls including IDPs, Returnees and other vulnerable groups Emergency drugs kit and medical supplies prepositioned and mobile facilities utilizing them in Akobo, Leer and Pigi counties to control stock out/rapture Knowledge and skill of 24 health staff(12Male and 12Female) improved on emergency preparedness and response including surge capacity In order to respond to any emergency within 48-72hrs Emergency referral services provided to male and female of the communities affected by health emergencies thus reducing morbidity and mortalities Maternal healthcare services provided to pregnant and lactating women reaching 900 of IDPs, returnees and host community during emergencies Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 600 girls and 600 boys 60 Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula Community knowledge on the spread of disease improved including HIV/AIDS awareness reaching 3,000 people(Male and Female) 1200 Long lasting treated nets secured and distributed to pregnant mother and children (Boys and Girls) for IDPs, Returnees and host community to prevent them from malaria thus improving their lives. Enhanced health staff capacity(20 male and 20 Female) on management of communicable disease outbreaks(like cholera and Measles), BemOC, Clinical Management of Rape and Integrated management of child Illness(IMCI) Weekly IDSR, Monthly, Quarterly and Final report 	Output	<ul style="list-style-type: none"> Improved Emergency curative services and surgical intervention including treatment of kala-azar cases provided to affected community reaching 2,000 men, 2,000 women, 1,000 boys and 1,000 girls including IDPs, Returnees and other vulnerable groups Emergency drugs kit and medical supplies prepositioned and mobile facilities utilizing them in Akobo and southern Nasir – Wanding payam to control stock out/rapture Knowledge and skill of 24 health staff(12Male and 12Female) improved on emergency preparedness and response including surge capacity In order to respond to any emergency within 48-72hrs in both Akobo and Wanding Emergency referral services provided to male and female of the communities affected by health emergencies thus reducing morbidity and mortalities Maternal healthcare services provided to pregnant and lactating women reaching 900 of IDPs, returnees and host community during emergencies Child(Boys and Girl) healthcare services(EPI) including accelerated mass measles and polio campaign provided to IDPs, Returnees and other vulnerable groups in the operation area to control outbreaks of diseases reaching 600 girls and 600 boys 60 Safe and clean deliveries conducted by trained health workers to control maternal death and other complications like Fistula Community knowledge on the spread of disease improved including HIV/AIDS awareness reaching 3,000 people(Male and Female) 1200 Long lasting treated nets secured and distributed to pregnant mother and children (Boys and Girls) for IDPs, Returnees and host community to prevent them from malaria thus improving their lives. Enhanced health staff capacity(20 male and 20 Female) on management of communicable disease outbreaks(like cholera and Measles), BemOC, Clinical Management of Rape and Integrated management of child Illness(IMCI) Weekly IDSR, Monthly, Quarterly and Final report submitted to MOH and the donor in a timely manner Emergency health project monitored and Evaluated to confirm and measure progress according to the stipulated work plan

	<ul style="list-style-type: none"> submitted to MOH and the donor in a timely manner Emergency health project monitored and Evaluated to confirm and measure progress according to the stipulated work plan 		
Key Activities	<ul style="list-style-type: none"> Provide equitable emergency curative health services including management of minor surgical/trauma and Kala-azar cases to 2000 men, 2000 women, 1000 boys and 1000 girls of IDPs, Returnees and Host communities through establishment of mobile clinics in area of health emergencies Provision of emergency essential drugs and medical supplies in Akobo, Leer and Pigi(canal) counties to control stock out/rapture Capacitating 24 health staff(12male and 12female) on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs Provide emergency referral services in supported Mobile clinics during an emergency to both gender(male and female) Provide maternal healthcare services(ANC and PNC) to 900 women of child bearing age of IDPs, Returnees and Host community Conduct 60 safe and clean deliveries during mobile clinic services by trained health workers Provide immunization services to 600 girls and 600 boys, including accelerated mass measles campaigns and polio campaigns Ensure 6 Mobile clinics are established and providing emergency health services to women, men, girls, boys, IDPs and returnees Provide health awareness and education session 3000 (1500 men and 1500 women) people on prevention of diseases including HIV/AIDS Distribution of 1200 long lasting treated mosquito nets to vulnerable groups mostly targeting pregnant mothers and children under five(Girls and Boys) Enhancing the capacity of 20 female and 20 male health staff on management of communicable diseases, IMCI, BemOC and Clinical Management of Rape to be able to 	Key Activities	<ul style="list-style-type: none"> Provide equitable emergency curative health services including management of minor surgical/trauma and Kala-azar cases to 2000 men, 2000 women, 1000 boys and 1000 girls of IDPs, Returnees and Host communities through supporting 1 PHCC and establishment of mobile clinics in area of health emergencies Provision of emergency essential drugs and medical supplies in Akobo and southern Nasir- Wanding Payam to control stock out/rapture Capacitating 24 health staff(12male and 12female) on emergency preparedness and response to improve surge capacity in order to respond to any emergencies within 48-72hrs Provide emergency referral services in supported Mobile clinics during an emergency to both gender(male and female) Provide maternal healthcare services(ANC and PNC) to 900 women of child bearing age of IDPs, Returnees and Host community Conduct 60 safe and clean deliveries during mobile clinic services by trained health workers Provide immunization services to 600 girls and 600 boys, including accelerated mass measles campaigns and polio campaigns Ensure 4 Mobile clinics are established and maintain support for walgak PHCC by providing emergency health services to women, men, girls, boys, IDPs and returnees Provide health awareness and education session 3000 (1500 men and 1500 women) people on prevention of diseases including HIV/AIDS Distribution of 1200 long lasting treated mosquito nets to vulnerable groups mostly targeting pregnant mothers and children under five(Girls and Boys) Enhancing the capacity of 20 female and 20 male health staff on management of communicable diseases, IMCI, BemOC and Clinical Management of Rape to be able to respond well in an emergency set up Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei, Upper Nile State and the Cluster Lead Conduct regular cross-sectoral coordination meetings with

	<p>respond well in an emergency set up</p> <ul style="list-style-type: none"> • Submit Weekly IDSR and Monthly reports to the Ministry of Health, both in Jonglei and Unity states, and the Cluster Lead • Conduct regular cross-sectoral coordination meetings with WASH/Protection-GBV/Nutrition/Food Security & Livelihoods and Education teams to build synergies and realize holistic intervention • Monitoring and Evaluation of the project to confirm and measure progress and impact respectively. 		<p>WASH/Protection-GBV/Nutrition/Food Security & Livelihoods and Education teams to build synergies and realize holistic intervention</p> <ul style="list-style-type: none"> • Monitoring and Evaluation of the project to confirm and measure progress and impact respectively. 		
Locations (specify county):	Leer, Akobo and Pigi	Locations (specify county):	Akobo county and Southern Nasir – Wanding		
Beneficiaries:	7700	Beneficiaries:	7700		
Duration:	3 month(1 February to 30 April 2014)		Duration	5 month (1 February to 30 June 2014)	
Indicative CHF Budget:	Relief Items and Transportation	25,183	Indicative CHF Budget:	Relief Items and Transportation	23,683
	Personnel	64,172		Personnel	63,240
	Staff Travel	6,950		Staff Travel	4,600
	Training/Workshop/Seminar/Campaign	10,000		Training/Workshop/Seminar/Campaign	8,260
	Contracts/ Sub grant	0		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	4,500		Vehicle Operating and Maintenance Costs	9,900
	Office Equipment and Communication	960		Office Equipment and Communication	885
	Other Costs	3,900		Other Costs	5,097
	Programme Support Costs (PSC)	8,097		Programme Support Costs (PSC)	8,097
	Audit cost (NGOs only)	1,238		Audit cost (NGOs only)	1,238
		Total: 125,000			Total: 125,000