

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): 14/SA1/0428

Section 1 – Project Details

Date of Request	15 April 2014, Submitted 24 April 2014	Cluster	Health
Organization Name:	International Rescue Committee	Contact Name:	Jody Yasinowsky
Project Code:	SSD-14/H/60761	Contact Email/Tel No.:	Jody.Yasinowsky@Rescue.org / +254 723690542
Location:	Unity State	Date of Allocation:	16 January 2014
Duration (start and end date as PPA/agreement):	1 February – 30 April 2014	Amount Allocated:	US\$250,000
Project Title:	Basic and Emergency Primary Healthcare Services in Northern Bahr el Ghazal and Unity States		

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

<p>Type of Revision: Indicate the type (s) of revision being requested.</p> <table border="0" 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 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 style="text-align: center;">No. of month requested <u> 1 </u> New end date: <u> 31 May 2014 </u></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: _____	<p>Reason for NCE: Indicate reason (s) for no-cost extension.</p> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Insecurity</td> <td><input checked="" 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 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 style="text-align: center;">Other Specify: _____</p>	<input checked="" type="checkbox"/> Insecurity	<input checked="" type="checkbox"/> Programmatic delays	<input checked="" 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
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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 **1 March 2014**

Amount of Funds Committed But Not Spent by **30 April 2014**

Percentage of Activities Completed as of **31 March 2014**

\$63,202	25%
\$186,798	75%
\$186,798	75%
70%	

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.

The International Rescue Committee (IRC) is requesting a one-month no-cost extension and budget realignment within the approved project SSD-14/H/60761 "Basic and Emergency Primary Health Care Services in Northern Bahr el Ghazal and Unity States." The new proposed end date of the project is 31 May 2014.

During the implementation period, the IRC has been the main health implementing partner inside the United Nations (UN) base in Bentiu, Unity State. Due to the significant health needs of the population, the IRC has required more drug supplies than initially anticipated and an additional month's time to ensure proper handover of services within the base to CARE International. Also, due to security constraints, the IRC has not yet been able to implement mobile health services outside of the UN base in Bentiu but is in the process of initiating mobile outreach in April 2014. An additional month's time is needed to successfully implement these activities and ensure no programmatic gaps exist until other requested funds are approved. Several other budget line items require realignment due to the significant change in operating context resulting from the conflict as well as changes in estimated and actual costs. The conflict and resulting restricted movement have also continued to cause logistical delays.

The following are justifications for revisions to budget lines with variance of 20% or more:

Supplies/Commodities/Equipment/Transport:

- As mentioned, the IRC has significantly increased funds for essential drugs (including transport) to respond to the emergency in Unity State.

Personnel:

- Because the IRC is requesting a one-month project extension from the original grant end date, the IRC needs to realign funds onto salary/benefit lines to maintain key staff during the extension period. This will allow all remaining essential health activities to be completed before the proposed end date of 31 May 2014. Savings due to recruitment delays help offset the funds needed to cover other positions (e.g., emergency health response manager).
- IRC programming in Bentiu has thus far been restricted to the UN base only, and the IRC was unable to deploy full Bentiu-based operations staffing to support the health program there. Instead, all operational support was done from the Juba-level, necessitating increased coverage of Juba staff/benefits using funds from Bentiu operations lines.
- Due to the additional two months needed to complete the project, the IRC has realigned funds for team house rent/utilities/maintenance in order to continue housing essential staff for the remaining grant period.
- Costs for national health staff benefits were removed due to the temporary nature of their contracts and IRC internal policies.

Staff Travel:

- Due to the high cost of flights and increased frequency of travel to and from Bentiu (e.g., for visa renewal in Juba as it is no longer available in Bentiu since the start of the conflict), the IRC has realigned funds to domestic travel and visa lines.
- From savings in personnel lines, funds were added to international travel to/from post lines to cover the necessary costs, including flying staff back to South Sudan after they were evacuated in December 2013.

Trainings, Workshops, Seminars, Campaigns:

- The IRC has savings on the line for allowances for mobile clinic staff because mobile clinics have not yet started. These savings will be used to cover costs of IRC responses to health emergencies inside the Bentiu base, outside the Bentiu base when mobile clinics begin and in other areas of Unity State. For example, cholera and malaria cases have been reported and treated, and the IRC has determined that the likelihood of an outbreak is imminent as there is continuous rise of cases over the past few weeks. To prepare and respond, the IRC has been intensifying its health education in conjunction with WASH partners and at the same time preparing a preparedness and response plan for both diseases.

Vehicle Operating and Maintenance Costs:

- The vehicle needs to respond to the emergency are high in both Bentiu and Juba. The IRC will need additional fuel for its mobile clinics and work inside the Bentiu base to continue to provide lifesaving health services.

Office Equipment & Communications:

- Due to inaccessibility of areas outside the base for mobile clinics, the IRC no longer needs as much airtime as initially budgeted. Savings from this line will help offset the higher than originally estimated cost of Thuraya satellite phones and the need for safety and security equipment for the IRC's Bentiu operations. These security equipment are essential given the current security context in Unity State, especially when mobile clinics outside the base begin.

Other:

- The operational needs of the Juba office have increased since the start of the emergency, so savings from personnel costs will be used to cover the increase in Juba main office running expenses and Bentiu office supplies.

List activities that were implemented during project period: <ul style="list-style-type: none"> • Provide access to primary health care (treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and those sheltering in the UN bases • Support maternal and child healthcare services in the UN bases through vaccinations, deliveries, ante and post-natal consultations, and family planning services • Provide equipment and supplies for maternal healthcare for use in the UN bases • Conduct health education and hygiene promotion sessions for conflict-affected populations in the UN bases • Support referral of patients from among conflict-affected populations to health facilities • Support the payment of the boat ambulance captain and guard salaries in Panyijar County • Participate in joint needs assessments and suspected outbreak investigations • Coordinate the emergency response with relevant actors and the State Ministry of Health • Respond to health emergencies according to identified needs, for example: • Set up cholera treatment centers (CTCs) in areas with most cases to contain the spread of disease and procure drugs • Preposition anti-malarial drugs • Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital 		List outstanding activities: <ul style="list-style-type: none"> • Support maternal and child healthcare services at the mobile clinic through vaccinations, deliveries, ante and post-natal consultations, and family planning services • Provide equipment and supplies for maternal healthcare for use in the mobile clinic • Conduct health education and hygiene promotion sessions for conflict-affected populations at community level • In the event of malaria outbreak, set up malaria tents at UN Bases for patient screening through rapid diagnostic tests • In the event of a watery diarrhea/cholera outbreak, establish cholera treatment centers (CTCs) in areas with most cases to contain the spread of disease and procure drugs
Review remarks by cluster coordinator.	Name of reviewer	Dr. Julius Wekesa
Explain the rationale to endorse or reject the request		
The health cluster is in agreement to this request for no cost extension given the fact that circumstances rapidly changed due to security causing delays in the implementation of the project. One month extension and budget realignment is justifiable.		
Review remarks by CHF Technical Secretariat:	Name of reviewer	Anne – Sophie Lebeux
CHF TS supports the approval of the request.		

- 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"> • 12,000 direct beneficiaries • 996 consultations, 5 years or older • 204 <5 consultations (male and female) • 50% DPT3 coverage in children under 1 • 95% of communicable diseases detected and responded to within 72 hours 	Output	<ul style="list-style-type: none"> • 12,000 direct beneficiaries • 996 consultations, 5 years or older • 204 <5 consultations (male and female) • 50% DPT3 coverage in children under 1 • 95% of communicable diseases detected and responded to within 72 hours
Key Activities	<ul style="list-style-type: none"> • Provide access to primary health care (treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and those sheltering in the UN bases, reaching 12,000 beneficiaries • Support maternal and child healthcare services at the mobile clinic and in the UN bases, reaching 3,510 beneficiaries through vaccinations, deliveries, ante and post-natal consultations, and family planning services • Provide equipment and supplies for maternal healthcare for use in the mobile clinic and in the UN bases • Conduct health education and hygiene promotion sessions for conflict-affected populations at community level and in the UN bases, reaching approximately 5,000 people • Support referral of patients from among conflict-affected populations to health facilities • Support the payment of the boat ambulance captain and guard salaries in Panyijar County • Participate in joint needs assessments and suspected outbreak investigations • Coordinate the emergency response with relevant actors and the State Ministry of Health • Respond to health emergencies according to identified needs, for example: <ul style="list-style-type: none"> • In the event of acute watery diarrhea/cholera outbreak, establish cholera treatment centers (CTCs) in areas with most cases to contain the spread of disease and procure drugs • In the event of malaria outbreak, set up malaria tents at UN Bases for patient screening through rapid diagnostic tests, preposition anti-malarial drugs • Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital 	Key Activities	<ul style="list-style-type: none"> • Provide access to primary health care (treatment of common diseases such as malaria, diarrhea and pneumonia) to conflict-affected populations that do not have access to health facilities and those sheltering in the UN bases, reaching 12,000 beneficiaries • Support maternal and child healthcare services at the mobile clinic and in the UN bases, reaching 3,510 beneficiaries through vaccinations, deliveries, ante and post-natal consultations, and family planning services • Provide equipment and supplies for maternal healthcare for use in the mobile clinic and in the UN bases • Conduct health education and hygiene promotion sessions for conflict-affected populations at community level and in the UN bases, reaching approximately 5,000 people • Support referral of patients from among conflict-affected populations to health facilities • Support the payment of the boat ambulance captain and guard salaries in Panyijar County • Participate in joint needs assessments and suspected outbreak investigations • Coordinate the emergency response with relevant actors and the State Ministry of Health • Respond to health emergencies according to identified needs, for example: <ul style="list-style-type: none"> • In the event of acute watery diarrhea/cholera outbreak, establish cholera treatment centers (CTCs) in areas with most cases to contain the spread of disease and procure drugs • In the event of malaria outbreak, set up malaria tents at UN Bases for patient screening through rapid diagnostic tests, preposition anti-malarial drugs • Support the provision of boat ambulance services to provide lifesaving ambulance services for referrals to Leer County Hospital
Locations (specify county):	<ul style="list-style-type: none"> • Unity States (Pariang, Rubkhona and Payinjar counties) 	Locations (specify county):	<ul style="list-style-type: none"> • Unity States (Pariang, Rubkhona and Payinjar counties)
Beneficiaries:	<ul style="list-style-type: none"> • 12,000 	Beneficiaries:	<ul style="list-style-type: none"> • 12,000
Duration:	<ul style="list-style-type: none"> • 1 February 2014 – 30 April 2014 	Duration	<ul style="list-style-type: none"> • 1 February 2014 – 31 May 2014

Indicative CHF Budget:	Relief Items and Transportation	23,000	Indicative CHF Budget:	Relief Items and Transportation	48,829
	Personnel	114,678		Personnel	62,459
	Staff Travel	8,516		Staff Travel	10,799
	Training/Workshop/Seminar/Campaign	40,500		Training/Workshop/Seminar/Campaign	41,481
	Contracts/ Sub grant	0		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	8,190		Vehicle Operating and Maintenance Costs	26,990
	Office Equipment and Communication	7,810		Office Equipment and Communication	10,873
	Other Costs	28,638		Other Costs	29,901
	Programme Support Costs (PSC)	16,193		Programme Support Costs (PSC)	16,193
	Audit cost (NGOs only)	2,475		Audit cost (NGOs only)	2,475
	Total:	250,000		Total:	250,000