

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 kizit@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/SA1/0423**Section 1 – Project Details**

Date of Request	25 March 2014, Submitted on 31 March 2014	Cluster	Health
Organization Name:	GOAL	Contact Name:	Jean Shaw Smith
Project Code:	SSD-14/H/60212	Date of Allocation:	16 January 2014
Location:	Warrap: Twic (Ajak Kuac, Akoc, Aweng, Panyok, Turalei, and Wunrok) AAA: Abyei Town, Mijak, Alal and Rumamer UNS: Baliet (Adong, Abwong, Nyongrial, and Nyankwach), Ulang (Kurmut, Barmach, Ying, Nyangora, Ulang, Yomding, Kierochot, and Makat), Melut, and Akoka (dependent on where there are IDPs).	Contact Email/Tel No.:	jshawsmith@ss.goal.ie +211 959 46 25 01
Duration (start and end date as PPA/agreement):	1 January 2014 - 31 March 2014	Amount Allocated:	US\$ 450,000
Project Title:	Provision of Integrated Primary Health Care services for vulnerable populations and strengthened health emergency response capacity in Agok and Twic Counties, Warrap State and Baliet and Ulang Counties, Upper Nile 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 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 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 3 New end date: 30 June 2014</p>	<input type="checkbox"/> Significant change in activities	<input type="checkbox"/> Change in location	<input type="checkbox"/> Change in outputs	<input 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 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> <tr> <td colspan="2">Other Specify: _____</td> </tr> </table>	<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	Other Specify: _____	
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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 **25 March 2014**Amount of Funds Unspent as of **25 March 2014**Amount of Funds Committed But Not Spent by **25 March 2014**Percentage of Activities Completed as of **25 March 2014**

181,549	40%
268,451	60%
139,457	31%
65% ¹	

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

¹ Activities completed by area: 25% Agok, 25% Twic and 15% Ulang

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>GOAL requests a change to its original allocation of UN-CHF funds, in the form of extending the project duration for an additional three months, until end of June 2014. The major reasons for this request centre on programmatic delays that have originated from the negative impact of insecurity and inaccessibility.</p> <p>The humanitarian situation in South Sudan has deteriorated sharply since violence erupted in Juba on 15 December 2013. OCHA estimates that around 709,000 people are displaced within South Sudan with another 249,000 people seeking refuge in neighbouring countries.² Between January – March 2014 the context in Twic, Abyei Administrative Area and Sobat Corridor in Upper Nile State (Baliet and Ulang Counties) has continued to be a testing and fragile area to operate in, despite GOAL's best efforts to utilize its strong experience to plan activities accordingly.</p> <p>Following the clashes in Makir on 1st March 2014, and the increase in movement of armed persons, the clash between the armed elements of both Dinka Ngok and Misseriya communities increased tension within the Abyei area. In response to the security advisory from UNISFA, GOAL halted the movement of staff to areas north of the River Kiir for more than three weeks due to these heightened tensions. This had a direct impact on the supervision of health services and the movement of staff and equipment. In Twic, smaller scale disruptions have resulted from cattle-raiding incidents and skirmishes in particular payams adjacent to Unity. Upper Nile State has directly been affected by the conflict including GOAL operational areas Baliet and Ulang Counties. Their geographical position and proximity to major flash points of the conflict including the state capital Malakal, and other major towns; Nasir and Melut, as well as Akobo and Lakien in Jonglei State render both vulnerable to attack and mass displacement. Ulang itself is predominantly Nuer and considered to be opposition held; a fact which lends itself to the possibility of the county being attacked by government forces in order to regain control. Baliet County is predominantly Dinka and has served as a corridor for opposition forces from Nasir and Ulang to travel through and launch attacks on Malakal and other areas. This has resulted in local infrastructure and villagers being looted and destroyed, with all of GOAL's seven primary health care facilities suffering the same fate. The majority of the Baliet population have fled to adjoining counties including Ulang, Akoka, Nasir, Melut and Malakal. As a result, access to our areas of operation has been very challenging and exasperated by the current crisis and continuous fighting. There has been little control over the forces in these areas making the humanitarian response very difficult and frustrating.</p> <p>Also the current crisis has led to restricted movement of GOAL staff mainly in Upper Nile. As the conflict spread in Upper Nile and directly affected GOAL operational areas, in order to ensure the safety of its staff, GOAL had to evacuate the emergency staff in February as well as put in place contingency plans for this occurrence and remote support was provided to national staff working at the field sites.</p> <p>GOAL managed to fly staff, drugs, vaccines, and medical supplies into Ulang, but access is still difficult as the area is under Anti Government Force (AGF) control. Transporting communications equipment and funds is especially difficult, which has implications on staff size, which again severely hampers the programme implementation.</p> <p>All planned activities are on-going but have suffered delays due to inaccessibility to the area, difficulties in transporting staff and goods, suspension of the programme, and evacuation of staff. Recruitment and deployment of staff has always been a challenge, but even more so in the current climate due to the safety and security of some of the national staff due to their ethnicities and perceived risk to work in certain areas.</p> <p>GOAL requests this no-cost extension to fully complete the proposed activities and continue providing essential services. This would allow GOAL to continue providing emergency health services and gives greater flexibility to respond to the most vulnerable IDPs in Upper Nile and Warrap states and Abyei Administrative Area.</p>	
<p>List activities that were implemented during project period:</p> <ul style="list-style-type: none"> • Treatment and referral services in primary health care facilities (13 PHCCs (one mobile) and 27 PHCUs) - (the clinics in Baliet are not operational and so in previous proposal this was 14 PHCCs and 32 PHCUs) • Laboratory services in all PHCCs and referral services to secondary facilities; • Operate five mobile units for emergency health services to IDPs (Agok (1), Twic (2), Melut (1) and Rom (1)) • EPI services in facilities in Ulang, Twic, and Agok, community outreach programmes on EPI • Reproductive health care, including outreach to mobilise women to attend the clinic for ANC, delivery, and PNC 	<p>List outstanding activities:</p> <ul style="list-style-type: none"> • Treatment and referral services in primary health care facilities (13 PHCCs (one mobile) and 27 PHCUs) - the clinics in Baliet are not operational • Laboratory services in all PHCCs and referral services to secondary facilities; • Operate mobile unit for emergency health services to IDPs in Ulang • EPI services in all facilities, community outreach

² South Sudan Crisis, OCHA Situation Report No. 28 (as of 20 March 2014)

<ul style="list-style-type: none"> Strengthen ISDR/ EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies to all supported health facilities; Health promotion in clinics in Ulang, Rom, Twic, and Agok, and in the community, addressing referral for diseases, promoting use of LLITNs, hand-washing, and breastfeeding Provided measles and polio vaccinations to all children under five at IDP camps in Twic Distribute Clean Delivery Kits to pregnant women at IDP camps 	<p>programmes on EPI</p> <ul style="list-style-type: none"> Reproductive health care, including outreach to mobilise women to attend the clinic for ANC, delivery, and PNC Strengthen ISDR/ EWARN emergency plans in conjunction with the MoH; ensure the pre-positioning of EWARN supplies all supported health facilities; Health promotion in the clinic in Melut and in Melut IDP settlement, addressing referral for diseases, promoting use of LLITNs, hand-washing, and breastfeeding Provide measles and polio vaccinations to all children under five at IDP camps at all sites: Ulang, Melut, Rom, and Twic. Distribute Clean Delivery Kits to pregnant women at IDP camps Conduct training on MISP and EPI for all mobile teams 	
Review remarks by cluster coordinator.	Name of reviewer	Dr. Julius Wekesa
Explain the rationale to endorse or reject the request		
<p>Due to circumstances beyond the partner's control (security and inaccessibility) with a delay in implementation of some of the activities, the health cluster approves this request for consideration to enable GOAL finalise the pending activities.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	Anne – Sophie Lebeux
<p>CHF TS supports the approval of the request.</p>		

- 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. Maintain emergency primary health care services in targeted areas through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies 2. Communicable disease control and outbreak response including supplies 3. Support immunisations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns 4. Capacity building interventions will include <ol style="list-style-type: none"> a. Emergency preparedness and communicable disease control and outbreak response b. Emergency obstetrical care, and MISP (minimum initial service package-MISP) c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues 5. Support to referral system for emergency health care including medevacs. 	Output	<ol style="list-style-type: none"> 1. Maintain emergency primary health care services in targeted areas through provision of basic equipment, drugs, medical supplies, basic lab equipment and supplies 2. Communicable disease control and outbreak response including supplies (if necessary) 3. Support immunisations via fixed and mobile health clinics targeting returnees, displaced people, and other vulnerable groups including emergency mass vaccination campaigns 4. Capacity building interventions will include <ol style="list-style-type: none"> a. Emergency preparedness and communicable disease control and outbreak response b. Emergency obstetrical care, and MISP (minimum initial service package-MISP) c. Community based interventions including awareness raising, hygiene promotion, education and participation in health-related issues 5. Support to referral system for emergency health care including medevacs.
Key Activities	<ol style="list-style-type: none"> 1.1. Provide measles and polio vaccinations to all children under five at IDP camps. 1.2. Laboratory services in all PHCCs. 1.3. Operate mobile unit for emergency health services to IDPs in Ulang 1.4. Reproductive health care, and distribution of clean delivery kits to pregnant women 2.1. Strengthen ISDR/ EWARD emergency plans in conjunction with the MoH; ensure the pre-positioning of IDSR/ EWARD supplies all supported health facilities; 3.1. EPI services in all facilities, community outreach programmes on EPI 3.2. Provide measles and polio vaccinations to all children under five at IDP camps at all sites: Ulang, Melut, Rom, and Twic. 4.1. Conduct training on MISP and EPI for all mobile teams 4.2. Outreach to mobilise women to attend the clinic for ANC, delivery, and PNC 4.3. Health and hygiene promotion in all clinics and in the community 5.1. Referral services to secondary facilities; 	Key Activities	<ol style="list-style-type: none"> 1.1. Provide measles and polio vaccinations to all children under five at IDP camps. 1.2. Laboratory services in all PHCCs. 1.3. Operate mobile unit for emergency health services to IDPs in Ulang 1.4. Reproductive health care, and distribution of clean delivery kits to pregnant women 2.1. Strengthen ISDR/ EWARD emergency plans in conjunction with the MoH; ensure the pre-positioning of IDSR/ EWARD supplies all supported health facilities; 3.1. EPI services in all facilities, community outreach programmes on EPI 3.2. Provide measles and polio vaccinations to all children under five at IDP camps at all sites: Ulang, Melut, Rom, and Twic. 4.1. Conduct training on MISP and EPI for all mobile teams 4.2. Outreach to mobilise women to attend the clinic for ANC, delivery, and PNC 4.3. Health and hygiene promotion in all clinics and in the community <p style="text-align: center;">Referral services to secondary facilities;</p>
Locations (specify county):	Warrap: Twic AAA: Abyei Town, Mijak, Alal and Rumamer UNS: Baliyet, Ulang, Melut, and Akoka	Locations (specify county):	Warrap: Twic AAA: Abyei Town, Mijak, Alal and Rumamer UNS: Ulang, Melut, and Akoka
Beneficiaries:	22,853	Beneficiaries:	22,853

Duration:	1 January 2014 – 31 March 2014			Duration:	1 January 2014 – 30 June 2014				
Indicative CHF Budget:	Relief Items and Transportation		174,436	Indicative CHF Budget:	Relief Items and Transportation		174,436		
	Personnel		184,121		Personnel		184,121		
	Staff Travel		26,156		Staff Travel		26,156		
	Training/Workshop/Seminar/Campaign		2,400		Training/Workshop/Seminar/Campaign		2,400		
	Contracts/ Sub grant		0		Contracts/ Sub grant		0		
	Vehicle Operating and Maintenance Costs		13,511		Vehicle Operating and Maintenance Costs		13,511		
	Office Equipment and Communication		14,172		Office Equipment and Communication		14,172		
	Other Costs		1,600		Other Costs		1,600		
	Programme Support Costs (PSC)		29,148		Programme Support Costs (PSC)		29,148		
	Audit cost (NGOs only)		4,455		Audit cost (NGOs only)		4,455		
		Total:			450,000		Total:		450,000