

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 CHF@southsudan@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/SA1/0421

Section 1 – Project Details

Date of Request	10 April 2014, submitted 14 April 2014, resubmitted 23 April 2014	Cluster	HEALTH
Organization Name:	Comitato Collaborazione Medica	Contact Name:	Elisabetta D'Agostino
Project Code:	SSD-14/H/60629	Contact Email/Tel No.:	countryrep-ssd@ccm-italia.org 0918570727
Location:	Lakes State/Warrap State	Date of Allocation:	16 January 2014
Duration (start and end date as PPA/agreement):	1 Feb. 2014-30 Apr. 2014	Amount Allocated:	US\$250,000
Project Title:	Strengthen the capacities of the CHD in the provision of routine and emergency Primary Health Care services for vulnerable women in childbearing age, newborns and children under 5, and surge the capacities of communities and local authorities to respond to health-related emergencies in Greater Yirol (Lakes State) and Greater Tonj (Warrap State).		

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

Type of Revision: Indicate the type (s) of revision being requested. <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 1 New end date: 31 May 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: _____	Reason for NCE: Indicate reason (s) for no-cost extension. <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Insecurity</td> <td><input checked="" 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 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 checked="" 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 type="checkbox"/> Insecurity	<input checked="" type="checkbox"/> Programmatic delays	<input 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 checked="" 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 **15 March 2014**

Amount of Funds Unspent as of **15 March 2014**

Amount of Funds Committed But Not Spent by **15 March 2014**

Percentage of Activities Completed as of **15 March 2014**

\$45,000	18%
\$140,000	56%
\$65,000	26%
24.5%	

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 present request for no cost extension and budget revision is specifically meant to address the needs incurred in the area as consequence of the crisis especially during the period February 2014-April 2014. One month NCE is required as the present situation complicates activity implementation, impacting on procurement schedule and forcing to postpone community based activities for unpredictable security reasons and for the insecurity that more than one time, during the project period, has affected the project area causing delays in the activities implementation. Additionally the funds were credited only on 20/02/2014 on CCM account in Italy, and further transferred in South Sudan (availability in field beginning of march). This delay in the fund disbursement has impacted the procurement schedule initially planned.

No modification is envisaged to any among the followings: project locations, project targets, project expected results and/or project activities.

Target population is composed of both resident communities (living scattered, in remote/ underserved areas and cattle camps, with very poor or discontinuous access to basic services) and IDPs (roughly estimated to be around 85.000), arrived in Greater Yirol after December crises and mainly established in Mingkaman (Awerial County). U5 and women in reproductive age are the most exposed to epidemic outbreaks and health complications due to low quality health care, poor health/nutrition education and hygienic conditions, men-driven RH decisions and delayed emergency response. Other MARPs categories include HIV+/TB patients and victims of inter-clan clashes and of the still ongoing conflict.

Since February 2014, CCM/CUAMM have been implementing the project according to the approved work-plan and logical framework, in order to achieve the following objectives:

- the increase access to PHC at facility level in 3 months, including at least 5% increment in women's access (monthly baseline: 3000 boys, 3200 girls, 4000 men, 4500 women) and IDPs;
- the increase in the access to emergency health service in 3 months (monthly baselines: 10 emergency surgical operations);
- the increase of 5% in the number of referred patients in 3 months (monthly baseline: 34 referred patients).

Expected results of the project still remain:

ER1: Frontline basic health service available to underserved host, IDPs and returnees population in GY, Tonj East and Toj South are consolidated and expanded through the support to up to 41 facilities (1 hospital, 8 PHCCs and 32 PHCUs) .

ER2: Effective response to continuous emergency service provision, including health referral and surgical treatment, is ensured

ER3: Local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies are enhanced

ER4: Health, Hygiene and Sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted

No changes are envisaged in the project target, which details below show the progress rate at date 15/03/2014:

		(C) Project target (as per CHF project proposal)	(D) Achievement at Project Mid-Term	(E) Remarks at Project Mid-Term
1	Total direct beneficiaries	37,477	10,922 (29%)	
	Women	13,062	4,609 (35%)	
	Girls	8,114	2,072 (26%)	
	Men	8,660	2,198 (25%)	
	Boys	7,641	2,043 (27%)	

The requested budget relocations is functional to absorb the delay incurred in the project implementation, with particular regard the procurement process. Please find below a justification for the request for budget revision:

1. Supplies, commodities, equipment, transport:

In details:

- Budget line (CCM) 1.3: Increased of 3.000 USD (44%) to cover the additional costs for the rehabilitation of the fence and other intervention in Mingkaman PHCC as per pro-forma invoice received.
- Budget line (CCM) 1.5: Increased of 5.000 USD (50%) to cover the cost of transportation of the drugs and other equipment to the field station as per quotation received.
- Budget line (CUAMM) 1.2: increased of 20% of equipment for outreaches activities: Yirol County Hospital is experiencing a continuously increasing workload, also as consequence of the recent crises which has consistently enlarged the catchment population. To avoid the Hospital will collapse it is important to enhance the service provision at peripheral level, through OR teams going to the villages, IDPs areas and supporting the PHCUs. More mobile teams are working and therefore there is a need of additional equipment for their

activities such as tents, chairs and tables, megaphones for health education, etc..

2. Personnel:

In details:

- Budget line (CCM) 2.1: increased of 2.260 USD to cover the salaries of a CCM internal resource (up to 20 days mission) to support the program implementation of the project activities due to the increase work load in the project catchment area. The budget is for a consultant supporting the NGO evaluating the quality of the health services and improving it through the definition of specific action.
- Budget line (CCM) 2.4: decrement of 2.260 USD due to the availability of other secured funds thanks to some private funds collected by the organization to cover local staff salary.
- Budget line CUAMM (2.2): Increment of 62% of MD in charge of Emergency Room (including staff on job training) salary: as we are requesting a no-cost extension of one month, the increment is meant to ensure the coverage of the MD salary for an extra month. It is worth notice that the MD presence in Yirol Hospital is necessary to ensure the management of the increasing number of patients and the complexity of cases referred from the IDPs settlements and fighting areas, also in perspective of the incoming raining season and the consequent malaria epidemic. Yirol County Hospital is going to receive a lot of complicated patients and there is a strong need of high qualified staff working 100% of his time in the Emergency room. The amount included in the budget variation is now sufficient to cover two months (February and March) 70% and the remaining 2 (April and May) 100%.
- Budget line (CUAMM) 2.4: Reduction of 47% of the budget line dedicated to Yirol Hospital staff incentives. This expenditure is partially covered by other funds. CUAMM has just signed a further bridging contract with HPF for Hospital support and therefore it has obtained resources for this kind of costs
- Budget line (CUAMM) 2.5: Reduction of 100% of the budget line dedicated to YW HFs staff incentives. This expenditure is completely covered by other funds

3. Staff flights:

In details

- Budget line (CUAMM) 3.1: according to the planned movement schedule of CUAMM staff, we propose the reduction of 17% of the budget line for internal flights.

4. Trainings, workshops, seminars, campaigns:

- Budget line (CCM) 4.3: Decrement of 8.000 USD. Outreaches in IDPs camp and at community level are covered also by other partner in the target area. For this reason CCM has decided to dedicated this fund to other activities such as the completion of some rehabilitation work and the transportation of supplies in the project target area.

5. Vehicle operating and maintenance costs .

6. Office equipment and communications:

7. Other costs.

- Budget line (CUAMM) 8.2: Decrement of 24% of bank charges costs is based on the actual level of expenditures.
- Budget line (CUAMM) 8.2: Decrement of 32% of generator fuel is due to the fact that additional resources for this specific cost have come in through other donors

8. Programme Support Costs: no modification in the budget line, which still corresponds to 7% of the project direct costs.

9. Audit costs: no changes in the budget line.

It's worth noticing that, following the planned budget relocation, the ratio between direct and indirect costs is not affected

List activities that were implemented during project period:

Procurement of essential/emergency drugs, medical/non medical supplies
 Provision of Outpatient and Inpatient services
 Provision of focused ANC (HFs and OR)
 Provision of skilled attended delivery (HF)
 Provision of routine EPI services (HFs and OR)
 Provision of IMNCI services in 40 health facilities.
 Provision of VCT/PMTCT services
 Supervision of male and female health workers on (i) Focused ANC, (ii) Uncomplicated delivery, (iii) Emergency Obstetric and Neonatal care, (iv) Focused PNC, (v) FP, (vi) VCT/PMTCT and trauma management (including referral).
 On the job training of male and female health workers on IYCF, EPI, IMNCI.
 Emergencies referral to Yirol County Hospital

Technical support provision to health workers and CHD officials

Organization of community based referral and surveillance system, with VHCs, CHWs and TBAs active involvement.

Participation to the Health Cluster and inter-cluster coordination mechanism at state and national level.

List outstanding activities:

Integrated emergency outreach campaign (mass vaccination)

Finalization of Procurement of essential/emergency drugs, medical/non medical supplies finalization including transportation to the final destination

Finalisation of rehabilitation and maintenance of HFs work in the project target area.

Review remarks by cluster coordinator.	Name of reviewer	Julius Wekesa
Explain the rationale to endorse or reject the request		
From the health cluster perspective, the request is justifiable to enable the partner finalize the pending key activities.		
Review remarks by CHF Technical Secretariat:	Name of reviewer	Anne – Sophie Lebeux
CHF TS reviewed and requested the partner to address some comments. All the requested information was provided. In addition, CHF TS asked the Health cluster to give their review remark. The cluster endorsed the request to enable the partner finalize outstanding activities.		

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	Specific objective of the project is to ensure continuity of essential health service delivery (safety nets) and adequate emergency response to the humanitarian needs - including surgical intervention and EmONC - in all Greater YiroI and Tonj East and Tonj South with particular focus on Awerial County through: the increase access to PHC at facility level in 3 months, including at least 5% increment in women's access (monthly baseline: 3000 boys, 3200 girls, 4000 men, 4500 women) and IDPs; the increase in the access to emergency health service in 3 months (monthly baselines: 10 emergency surgical operations); the increase of 5% in the number of referred patients in 3 months (monthly baseline: 34 referred patients).	Output	No changes																																												
Key Activities	To ensure frontline basic health service to underserved host, IDPs and returnees population in GY, Tonj East and Toj South through the support to up to 41 facilities (1 hospital, 8 PHCCs and 32 PHCUs) . To ensure effective response to continuous emergency service provision, including health referral and surgical treatment To enhance the local capacities at authorities, facilities and community level in managing the PHC system and responding to health related emergencies To promote health, hygiene and sanitation practices of host, IDPs and returnees' communities are enhanced and preventive health approach is promoted	Key Activities	No changes																																												
Locations (specify county):	Warrap (Tonj East and South Counties) 40% Lakes (Awerial, YiroI East and West Counties) 60%	Locations (specify county):	No changes																																												
Beneficiaries:	37.477 individuals	Beneficiaries:	No changes																																												
Duration:	3 months (1 Feb. 2014-30 Apr. 2014)	Duration	4 months (1 Feb. 2014-31 May. 2014)																																												
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