

## 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-humanitarian-fund> or contact the CHF Technical Secretariat.

### Instructions:

Complete this request form and submit to the CHF Technical Secretariat at [CHFsouthsudan@un.org](mailto:CHFsouthsudan@un.org) and copy [kizitoi@un.org](mailto: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/SA1/0449**

### Section 1 – Project Details

<b>Date of Request</b>	14 April 2014 resubmitted 21 May 2014	<b>Cluster</b>	NUTRITION
<b>Organization Name:</b>	Comitato Collaborazione Medica	<b>Contact Name:</b>	Elisabetta D'Agostino
<b>Project Code:</b>	SSD-14/H/60632	<b>Contact Email/Tel No.:</b>	<a href="mailto:countryrep-ssd@ccm-italia.org">countryrep-ssd@ccm-italia.org</a> 0918570727
<b>Location:</b>	Lakes State/Warrap State	<b>Date of Allocation:</b>	10/02/2014
<b>Duration (start and end date as PPA/agreement):</b>	01 Feb. 14 – 30 April 14	<b>Amount Allocated:</b>	US\$ 160,369
<b>Project Title:</b>	Support the CHD in preventing and treating Acute Malnutrition in Under 5, Pregnant and Lactating Women and other vulnerable groups through a community based approach, in order to reduce morbidity and mortality in GY (Lakes State) and in GT (Warrap State)		

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

<p><b>Type of Revision:</b> 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>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><b>Reason for NCE:</b> Indicate reason (s) for no-cost extension.</p> <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>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 April 2014**

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

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

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

<b>\$ 45,000</b>	28%
<b>\$ 65,369</b>	41%
<b>\$ 50,000</b>	31%
<b>28%</b>	

### 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 project 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. Additionally the transfers of funds have not been yet received, with a negative impact on 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 Mingkamen-Awerial. U5 and women in reproductive age are the most exposed to malnutrition and health related complications due to difficulties in regularly accessing proper food supplies, 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:

- o to increase of at least 10% the number of SAM and MAM cases treated at SC/OTP level in the project catchment area in 3 months (Baseline 907) –
- o U5 MAM and P&LWs admitted for treatment: CCM at least 709 CUAMM at least 690 (minimum U5 50% boys)
- o U5 SAM and P&LWs admitted for treatment: CCM at least 667, CUAMM at least 205 (minimum U5 50% boys)
- o U5 MAM and SAM cases referred to partners: at least 20.
- o U5 supplemented with Vitamin A and dewormed: 25,765 (50% girls), CUAMM at least 695;
- to ensure the access to nutrition services of IDPs population in Awerial county through the provision of food supplements, Vitamine A and deworming (Target: 4,588)
- to increase of at least 5% the number of SAM patients with medical complications referred to higher level facility in 3 months. (Baseline 19) 20
- to increase of at least 15% the number of U5/P&LW screened through MUAC measurement (static and outreach), (Baseline 17.075. Target: 19.637)
- to increase of at least 5% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 3 months (Baseline 7600 – Target: 8740)

Expected results of the project still remain:

ER 1: Acute malnutrition is treated through frontline nutrition services for IDPs, U5 and P&LW in Greater Yirol

ER 2. Acute malnutrition is prevented for both U5 and P&LW in host and IDP/Returnee communities in the catchment area

ER 3: Nutrition EP&R capacities at Greater Yirol, Tonj East and Tonj South county level are enhanced

No changes are envisaged in the project target, which details below show the progress rate at 15/03/2014 (the data should be considered as provisional and will be checked and confirmed in the interim report).

		(C) Project target (as per CHF project proposal)	(D) Achievement at Project Mid-Term	(E) Remarks at Project Mid-Term
1	Total direct beneficiaries	52,186	4725	
	Women	19484	1317	
	Girls	15193	1781	
	Men	2292		
	Boys	15217	1627	

As earlier mentioned, the requested budget relocations is functional to respond to the need of the area, according to the recently assessed requirements. Please find below a justification for the request for budget revision:

- Supplies, commodities, equipment, transport:  
In details:
  - *Budget line 1.1. Increment of 2000 USD (+ 100%)*Yirol Hospital SC and OTP equipment. Yirol County Hospital is experiencing a continuously increasing workload, also as consequence of the recent crises which has consistently enlarged the catchment population. The opening of the new pediatric ward has been anticipated to manage to cope with the higher number of patients, part of them children presenting concerning conditions and in need of careful follow up. Few additional equipments are needed to ensure adequate assistance to all the

- people arriving at the Hospital
- *Budget line 1.5 Increment of 1,000 USD (+25%)SC/OTP maintenance.* The high influx of patients requires more frequent and consistent maintenance of the areas dedicated to malnourished children or offering integrated health/nutrition services. The price of building materials has increased as transporters feel unsecure to travel to Yirol and therefore charge more the goods they are bringing with them
- *Budget line 1.9 Increment of 1,300 SUD (+28%) for Transport:* as explained above, transport costs have increased.
- Personnel:  
In details:
  - *Budget line 2.1 Reduction of 3,500 USD (-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 2.2 Reduction of 750 USD (100%)* of the budget line dedicated to YW HFs staff incentives. This expenditure is completely covered by other funds
  - *Budget line 2.5 Reduction of 451 USD (60%)* of the budget line dedicated to Food Distributors. The participants of the crash course for Auxiliary Nurses organized at Yirol Hospital are taking part at the Nutrition activities, reducing the need of additional staff dedicated to food distribution
- Staff flights: No changes
- Trainings, workshops, seminars, campaigns: No changes
- Vehicle operating and maintenance costs  
In details
  - *Budget line 2.5 Increment of 400 USD (+60%) of Vehicle Maintenance Costs.* CUAMM cars have been subjected to a significant workload, to support Yirol Hospital Ambulance in the referral system, to serve a population dramatically increased after the crises and the IDPs influx. As consequence a more consistent maintenance is needed
- Office equipment and communications: No changes
- Other costs: No changes
- Programme Support Costs: no modification in the budget line, which still corresponds to 7% of the project direct costs.
- 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:**

Maintaining of integrated ANC/PNC and nutrition services for P&LW, including ordinary screening and micronutrient supplementation

Treatment of SAM cases in children U5 and other vulnerable groups in OTP and SC.

Enhancing the emergency referral system through improved coordination among partners/stakeholders.

TA and supportive supervision to health staff responsible for nutrition data collection/recording and drug administration.

Micronutrients supplementation and de-worming to P&LWs and U5 during ANC, EPI and consultation visits

Integrate U5 growth monitoring within EPI/OPD ordinary service provision, including micronutrient/Vitamin A supplementation and deworming.

**List outstanding activities:**

Following a decision taken in early March by the Health and Nutrition Cluster, CCM is currently the only partners for the management of SAM in OTP in Mngkaman, while MSF is the only responsible for the management of SAM cases with complication in SC. CCM is also committed in the management of SAM in other 9 OTP centers in Awerial and Yirol East counties. All the planned activities shall be implemented until May 2014.

Review remarks by cluster coordinator.	Name of reviewer	Kirathi Mungai
Explain the rationale to endorse or reject the request		
<p>The NCE is crucial for the finalization of the pending activities as the partner is the only nutrition service provider in Greater Yirol, reasons provided for the request are justifiable hence the cluster approves the request.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	David Throp
<p>Nutrition cluster coordinator reviewed and endorsed the request based on the justification provided and importance of the project, as the partner is the only nutrition service provider in Greater Yirol.</p> <p>CHF TS reviewed and supports the approval of the NCE and allocation revision request.</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	The specific objectives of the program are: <ul style="list-style-type: none"> <li>- to increase of at least 10% the number of SAM and MAM cases treated at SC/OTP level in the project catchment area in 3 months (Baseline 907)</li> <li>- to ensure the access to nutrition services of IDPs population in Awerial county through the provision of food supplements, Vitamine A and deworming.</li> <li>- to increase of at least 5% the number of SAM patients with medical complications referred to higher level facility in 3 months. (Baseline 19)</li> <li>- to increase of at least 15% the number of U5/P&amp;LW screened through MUAC measurement (static and outreach), (Baseline 17.075)</li> <li>- to increase of at least 5% the number of women and care-takers (including men and community leaders) sensitized about Nutrition in 3 months (Baseline 7600)</li> </ul>	Output	No changes		
Key Activities	To treat acute malnutrition through frontline nutrition services for IDPs, U5 and P&LW in Greater Yirol To prevent acute malnutrition for both U5 and P&LW in host and IDP/Returnee communities in the catchment area To enhance nutrition EP&R capacities at Greater Yirol, Tonj East and Tonj South county level	Key Activities	No changes		
Locations (specify county):	Warrap (Tonj East and South Counties) 40% Lakes (Awerial, Yirol East and West Counties) 60%	Locations (specify county):	No changes		
Beneficiaries:	52,186	Beneficiaries:	No changes		
Duration:	3 months (01 Feb. 2014 – 30 April 2014)	Duration	4 months (01 Feb. 2014 – 31 May 2014)		
Indicative CHF Budget:	Relief Items and Transportation	52,628	Indicative CHF Budget:	Relief Items and Transportation	56,928
	Personnel	58,275		Personnel	53,574
	Staff Travel	3,400		Staff Travel	3,400
	Training/Workshop/Seminar/Campaign	13,980		Training/Workshop/Seminar/Campaign	13,980
	Contracts/ Sub grant	0		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	7,800		Vehicle Operating and Maintenance Costs	8,200
	Office Equipment and Communication	3,150		Office Equipment and Communication	3,150
	Other Costs	9,161		Other Costs	9,161
	Programme Support Costs (PSC)	10,388		Programme Support Costs (PSC)	10,388
	Audit cost (NGOs only)	1,588		Audit cost (NGOs only)	1,588
	<b>Total:</b>	<b>160,369</b>		<b>Total:</b>	<b>160,369</b>