

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): 13/SA2/0334

Section 1 – Project Details

Date of Request	29 April 2014, resubmitted 5 June 2014	Cluster	Nutrition
Organization Name:	MaCDA	Contact Name:	Joseph Kayanga
Project Code:	SSD13/H/55045/R/15	Date of Allocation:	16 August 2013
Location:	Awiel South County NBS	Contact Email/Tel No.:	info@macdasouthsudan.org 0955020942
Duration (start and end date as PPA/agreement):	01 November 2013 to 30 April 2014	Amount Allocated:	USD\$100,000
Project Title:	Integrated live serving and capacity building nutrition project Northern Bahr-Ghazal 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"/></td> <td>Significant change in activities</td> <td><input type="checkbox"/></td> <td>Change in location</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change in outputs</td> <td><input type="checkbox"/></td> <td>Change in budget</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Change in target beneficiaries</td> <td><input type="checkbox"/></td> <td>Change in recipient org</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Change in project duration/NCE</td> <td colspan="2">Other Specify: _____</td> </tr> </table> <p>No. of month requested <u>Two</u> New end date: <u>30 June 2014</u></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"/></td> <td>Insecurity</td> <td><input checked="" type="checkbox"/></td> <td>Programmatic delays</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Inaccessibility</td> <td><input type="checkbox"/></td> <td>Delays in finalizing PPA</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Staffing/recruitment delays</td> <td><input type="checkbox"/></td> <td>Delays in disbursement of funds</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Internal admn delays</td> <td><input type="checkbox"/></td> <td>Delays in organization's internal transfer of funds</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Procurement delays</td> <td><input type="checkbox"/></td> <td>Delay in securing supplies from pipeline</td> </tr> </table> <p>Other Specify: _____</p>	<input checked="" 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 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 **1st May 2014**

Amount of Funds Unspent as of **1st May 2014**

Amount of Funds Committed But Not Spent by **1st May 2014**

Percentage of Activities Completed as of **1st May 2014**

\$91,321	91.3%
\$8,679	8.7%
\$8,679	8.7%
91.3%	

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		
<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>Due to crises that had occurred in South Sudan, we were not able to fully implement the nutrition program according to the proposed plan due to some insecurity that broke out in the whole country on 15 December. So many people fled out to the nearest country as IDPS for safety and some IDPS within the country, which affect the program implementation.</p> <p>At the moment the security condition of our project area looks calm and unpredictable; with this situation we are still running the program on the ground level with big effort of our program staffs.</p> <p>As per our plan, we are supporting the beneficiaries at their locality and if in case situation worsens, plan B will be following our beneficiaries where many of them will be settled.</p> <p>Therefore, we kindly request for no-cost extension for the month of May and June. For the month of May we shall use the resource we have at hand, while for the remaining month of June, we shall look for other donors to fill the financial gap we have.</p>		
<p>List activities that were implemented during project period:</p> <ul style="list-style-type: none"> • Implementation of CMAM (IMAM – SAM) Program • 45 health workers and CNVS were trained based on the IM-SAM guideline of South Sudan GOV/MOH • 4 OTP sites were established and the activities are going on to support vulnerable children who were severely malnourished observing WHO/MOH guide line criteria's on admission, referrals and discharging. • Treatment of SAM cases within the located state. 	<p>List outstanding activities:</p> <ul style="list-style-type: none"> • Well trained 26 staff and volunteers on CMAM project Implementations and 9 MOH staff. • Training of SMOH, MaCDA staffs & Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines • Treatment of 612 beneficiaries on SAM cases no of boys 226 and 386 girls were rolling under treatment, and 253 are still under treatment. • Renovations of the OTP sites • Yes, As you have said within this given time to complete the activities will be difficult , the budget we have at hand will not take us more than that and it will be help to finished the new cases treatment and to discharge them and hand it over to MOH.. 	
Review remarks by cluster coordinator.	Name of reviewer	Kirathi Mungai
<p>Explain the rational to endorse or reject the request</p>		
<p>The nutrition activities pending are very crucial. Training will be conducted to MOH and community nutrition workers will ensure continuity in the management of acute malnutrition beyond the project period.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	David Throp
<p>The Nutrition cluster endorsed the NCE request for two Months based on the justifications provided.</p> <p>CHF TS reviewed and requested the partner to address some comments including provision of contingency plan in case of security and access problem. 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"> 858 (446boys & 412girls) of malnourished under five years of age children admitted and treated for SAM 4 of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) of SAM 1,503(782boys &721girls) of malnourished under five years of age children admitted &treated for MAM 804 pregnant and Lactating Women (PLWs) admitted and treated for MAM Establishing and 4 TSFP sites in Aweil South to increase access to MAM treatment in Aweil Centre Maintaining and supporting existing OTP sites to deliver treatment of uncomplicated SAM cases to maintain coverage of OTP services. 2,361(1,228 boys and 1,133girls) of children under-five de-wormed 30 of health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols 25 health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols 50 women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP Improved system of referral from OTP to SC and vice versa following the referral pilot intervention. 350(100men and 250women) of community members are reached through education on prevention and treatment of malnutrition, IYCF and hygiene sanitation Improved access to Vitamin A and de-worming prevention services for boys and girls <5 years Aweil South Community groups, including mothers' groups receiving health messages on IYCF and hygiene promotion exclusive breastfeeding rates for boys and girls 	Output	<ul style="list-style-type: none"> 858 (446boys & 412girls) of malnourished under five years of age children admitted and treated for SAM 4 of Out-patient Therapeutic Program (OTP) sites for the treatment of children (under-5) of SAM 1,503(782boys &721girls) of malnourished under five years of age children admitted &treated for MAM 804 pregnant and Lactating Women (PLWs) admitted and treated for MAM Establishing and 4 TSFP sites in Aweil South to increase access to MAM treatment in Aweil Centre Maintaining and supporting existing OTP sites to deliver treatment of uncomplicated SAM cases to maintain coverage of OTP services. 2,361(1,228 boys and 1,133girls) of children under-five de-wormed 30 of health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols 25 health and nutrition workers trained (includes facility and community level health and nutrition workers) on SAM, MAM and IYCF protocols 50 women groups and positive deviants support IYCF practices, including cooking demonstration for women in the SFP Improved system of referral from OTP to SC and vice versa following the referral pilot intervention. 350(100men and 250women) of community members are reached through education on prevention and treatment of malnutrition, IYCF and hygiene sanitation Improved access to Vitamin A and de-worming prevention services for boys and girls <5 years Aweil South Community groups, including mothers' groups receiving health messages on IYCF and hygiene promotion exclusive breastfeeding rates for boys and girls
Key Activities	<ul style="list-style-type: none"> Treat 858 children (Boys 446& Girls 412) with severe acute malnutrition (SAM) through 4OTP sites.. MUAC screening of 5,838 (Boys 3,036& Girls 2,802) children under five years from target communities and referral of identified malnourished cases for appropriate care/treatment. Provide micronutrients supplements as well as de-worming tablets to children < 5 and PLWs Provide referral services to severely acute malnourished children with medical complications to the nearest SC/inpatients services at PHCC. Active case finding, defaulter tracing, improve defaulter and non-improver rates, community mobilization and sensitization 	Key Activities	<ul style="list-style-type: none"> Treat 858 children (Boys 446& Girls 412) with severe acute malnutrition (SAM) through 4OTP sites.. MUAC screening of 5,838 (Boys 3,036& Girls 2,802) children under five years from target communities and referral of identified malnourished cases for appropriate care/treatment. Provide micronutrients supplements as well as de-worming tablets to children < 5 and PLWs Provide referral services to severely acute malnourished children with medical complications to the nearest SC/inpatients services at PHCC. Active case finding, defaulter tracing, improve defaulter and non-improver rates, community mobilization and sensitization

	<ul style="list-style-type: none"> Conduct community mobilization to support, promote and protect BF, advocate for exclusive B/F& support optimal IYCF practices. Improved IYCF Practices to identify practical and acceptable child caring practices to improve nutritional health status of children Training of SMoH, MaCDA staffs & Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines. Well trained 26 staff and volunteers on CMAM project implementations and 9 MOH staff Conduct community leader's sensitization and awareness' meetings. Conduct joint monitoring & supervisory visits with CHD once per months. Attend nutrition cluster working group meetings, coordination meetings and workshops at County, State and National level 		<ul style="list-style-type: none"> Conduct community mobilization to support, promote and protect BF, advocate for exclusive B/F& support optimal IYCF practices. Improved IYCF Practices to identify practical and acceptable child caring practices to improve nutritional health status of children Conduct community leader's sensitization and awareness' meetings. Conduct joint monitoring & supervisory visits with CHD once per months. Attend nutrition cluster working group meetings, coordination meetings and workshops at County, State and National level Training of SMoH, MaCDA staffs & Community Nutrition Volunteers (CNVs) on nutrition in emergency IM-SAM in line with national guidelines. Well trained 26 staff and volunteers on CMAM project implementations and 9 MOH staff 		
Locations (specify county):	Northern Bahar-Elgazal Aweil South county	Locations (specify county):	Northern Bahar-Elgazal Aweil South county		
Beneficiaries:	858 under five severely malnourished children ,	Beneficiaries:	- 858 SAM children was targeted -253 under five severely malnourished children are still on treatment. -Because of the security condition most of the community has displaced		
Duration:	01 November 2013 to 30 April 2014	Duration:	1 November 2013 – 30 June 2014		
Indicative CHF Budget:	Relief Items and Transportation	6,000	Indicative CHF Budget:	Relief Items and Transportation	6,000
	Personnel	59,040		Personnel	59,040
	Staff Travel	4,000		Staff Travel	4,000
	Training/Workshop/Seminar/Campaign	9,000		Training/Workshop/Seminar/Campaign	9,000
	Contracts/ Sub grant			Contracts/ Sub grant	
	Vehicle Operating and Maintenance Costs	7,000		Vehicle Operating and Maintenance Costs	7,000
	Office Equipment and Communication	13,370		Office Equipment and Communication	13,370
	Other Costs	600		Other Costs	600
	Programme Support Costs (PSC)			Programme Support Costs (PSC)	
	Audit cost (NGOs only)	990		Audit cost (NGOs only)	990
	Total:	100,000		Total:	100,000