

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/SA1/0426

Section 1 – Project Details

Date of Request	May 30 th , 2014, resubmitted 5 June 2014	Cluster	Health
Organization Name:	International Medical Corps (IMC)	Contact Name:	Ishtiaq Bashir
Project Code:	SSD-14/59890	Contact Email/Tel No.:	ibashir@internationalmedicalcorps.org 0926963040
Location:	Raja	Date of Allocation:	16 January 2014
Duration (start and end date as PPA/agreement):	1 February 2014 - 31 st May 2014	Amount Allocated:	US\$250,000
Project Title:	Reduce maternal morbidity and mortality and provision of emergency surgery and in patient care through support to Raja Civil Hospital		

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" 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: 30 June 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: _____	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Insecurity</td> <td><input 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 checked="" 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 checked="" type="checkbox"/> Procurement delays</td> <td><input checked="" type="checkbox"/> Delay in securing supplies from pipeline</td> </tr> </table> <p>Other Specify: _____</p>	<input type="checkbox"/> Insecurity	<input type="checkbox"/> Programmatic delays	<input type="checkbox"/> Inaccessibility	<input type="checkbox"/> Delays in finalizing PPA	<input checked="" 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 checked="" type="checkbox"/> Procurement delays	<input checked="" 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 < **May 30th 2014** >

Amount of Funds Unspent as of < **May 30th 2014** >

Amount of Funds Committed But Not Spent by **May 30th 2014** >

Percentage of Activities Completed as of < **May 30th 2014** >

\$200,000	80%
\$50,000	20%
\$15,000	
80%	

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	
<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>International Medical Corps secured a 03 months (March-June 2014) funding for Raja County Hospital under HPF. However delays caused in procuring items from the pipeline due to unavailability and logistical backlogs continued and ongoing recruitment of staff were hampered by the insecurity which lasted through January 2014. IMC received an NCE for the previous Raja grant, which caused delays in beginning the current agreement, due to an overlap in the agreement dates, as one was an allocation for 2013 (NCE granted due to the conflict) and the other was a 2014 allocation. Overall, the project faced ongoing challenges related to recruiting capable staff for both the complementary HPF project and CHF grants. The turn up for recruitment has been poor possibly due to the heightened tension and anxiety about the security in addition the remote location of Raja. Many of the items which have been ordered under this grant, have experienced delays in delivery as well, due to backlogs in the logistics cluster, and countrywide transportation problems. In addition, funds to order additional air charters were not available. In addition, IMC has been chosen as the county partner for the HPF grant spanning 15 months from July 1 to December 31 2015, and is therefore requesting a no cost extension to align the CHF grant end date with the current HPF Bridging grant (which was prior to the start of the new grant).</p> <p>Justification for budget line variations</p> <p>1.3 Transportation in-country (Goods)-Due to shared cost of other funding sources, transporting drugs and other items was less than anticipated</p> <p>1.6 Jobaid - Most of the required job aids are now available locally. Duration and cost for local is less than in previous grant.</p> <p>1.7 Raja Ambulance Fuel- Ambulance is the only one currently operational, and cost is not shared among other grants therefore is more expensive</p> <p>1.8 Raja Generator Fuel – Cost of fuel increased during the project life, and is more expensive than anticipated</p> <p>2.15 WBEG Site Manager- Due to the security situation and evacuation of staff in January, ongoing recruitment for this position as severely delayed. Cost will be covered by another source</p> <p>3.1 Staff Travel to Sites and Juba (perdiem and accommodation)-<i>from other sources was lower than initially anticipated and less has been charged to this grant</i></p> <p>3.2 In country Travel- Due to increased staff visits and technical visits in the last month and site visits, the travel from Juba to Raja and vice versa was higher than initially anticipated (this is for management staff visits)</p> <p>4.2 Training Allowances/Fees - We project a decrease in allowances and fees due to internal and informal trainings over the period. Costs shared with other sources</p> <p>6.3 Vehicle Fuel – Raja - due to increased rentals and fuels prices, costs increased</p> <p>6.4 Vehicle Fuel – Juba - due to increased rentals and fuels prices, costs increased</p> <p>7.2 Juba communications- There was increased communication between Juba office and Raja hence increase in the charges to the communication costs</p> <p>8.10 Security company services – Juba-- due to other funding sources the charge to this project reduced.</p> <p>8.12 Monitoring and evaluation – due to other funding sources, costs to this line reduced</p>	
List activities that were implemented during project period:	List outstanding activities:
<p>Recruit and train 2 nurses for ICU</p> <p>Improve on the present dressing room and convert it into an ICU.</p> <p>Install the x-ray machine and make it functional.</p> <p>Recruit a radiographer</p> <p>Refurbish the old X-ray room within the hospital.</p> <p>Provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc.</p>	<p>To set a basic ICU with staff and equipment and necessary supplies to handle critical cases at the hospital.</p> <p>To recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care.</p> <p>To procure the x-ray supplies such as films, chemicals,</p>

<p>Provide fuel to run the hospital generator during regular and emergency situation</p> <p>Expand the existing solar power system to support electricity supply emergency areas in the hospital.</p> <p>Support blood transfusion services at the hospital.</p> <p>Procure supplies essential for immediate donation-transfusion services (as there is no blood bank services) Train staff on transfusion SOPs</p> <p>Support the cold chain system through regular power supply</p> <p>Maintaining emergency referral system Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC)</p>	<p>cassettes, etc</p> <p>To procure Anesthetic Boyles machine, electric suction, laryngoscope, ETT tubes, etc.</p> <p>Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC)</p>	
Review remarks by cluster coordinator.	Name of reviewer	Dr. Julius Wekesa
Explain the rationale to endorse or reject the request		
<p>The implementing of key activities has been severely affected by the ongoing crisis hence the health cluster agrees with the request for a no cost extension to enable the partner finalize the pending priorities. I am available to provide clarification if required.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	David Throp
<p>Health cluster coordinator reviewed and endorsed the request in order to give adequate time to the implementing partner to finalize the project activities.</p> <p>CHF TS reviewed and supports the approval of the 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	<ol style="list-style-type: none"> 1. A functional imaging diagnostic unit able to perform x-ray, ultrasound among others. 2. An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety. 3. The hospital able to provide immediate transfusion services 4. The hospital provides ambulance service for all the emergencies requiring referrals 	Output	<ol style="list-style-type: none"> 1. A functional imaging diagnostic unit able to perform x-ray, ultrasound among others. 2. An improved OT with trained and competent anesthetic staff, and broader techniques to handle a wider range of cases, and improved safety. 3. The hospital able to provide immediate transfusion services 4. The hospital provides ambulance service for all the emergencies requiring referrals
Key Activities	<p>Strengthen diagnostic capacity and support blood transfusion</p> <ol style="list-style-type: none"> 1. To set a basic ICU with staff and equipment and necessary supplies to handle critical cases at the hospital. 2. To procure Anesthetic Boyles machine, electric suction, laryngoscope, ETT tubes, etc. 3. To recruit and train 2 nurses for ICU 4. To improve on the present dressing room and convert it into an ICU. 5. To recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care. 6. To install the x-ray machine and make it functional. 7. To recruit a radiographer 8.. To procure the x-ray supplies such as films, chemicals, cassettes, etc 9.. To refurbish the old X-ray room within the hospital. 10. To provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc. 11. To provide fuel to run the hospital generator during regular and emergency situations 12. The expand the existing solar power system to support electricity supply emergency areas in the hospital 13. To support blood transfusion services at the hospital. 14. Procure supplies essential for immediate donation-transfusion services (as there is no blood bank services) 15.. Train staff on transfusion SOPs 16. Support the cold chain system through regular power supply Maintaining emergency referral system 17. Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC 	Key Activities	<p>Strengthen diagnostic capacity and support blood transfusion</p> <ol style="list-style-type: none"> 1. To set a basic ICU with staff and equipment and necessary supplies to handle critical cases at the hospital. 2. To procure Anesthetic Boyles machine, electric suction, laryngoscope, ETT tubes, etc. 3. To recruit and train 2 nurses for ICU 4. To improve on the present dressing room and convert it into an ICU. 5. To recruit an anesthetic clinical officer to supervise and train staff on anesthesia, OT safety standards and ICU care. 6. To install the x-ray machine and make it functional. 7. To recruit a radiographer 8.. To procure the x-ray supplies such as films, chemicals, cassettes, etc 9.. To refurbish the old X-ray room within the hospital. 10. To provide electricity supply to the hospital to cover emergency services such as surgery, x-ray, etc. 11. To provide fuel to run the hospital generator during regular and emergency situations 12. The expand the existing solar power system to support electricity supply emergency areas in the hospital 13. To support blood transfusion services at the hospital. 14. Procure supplies essential for immediate donation-transfusion services (as there is no blood bank services) 15.. Train staff on transfusion SOPs 16. Support the cold chain system through regular power supply Maintaining emergency referral system 17. Provide fuel for the hospital ambulance to support referral of emergency cases to the hospital (the hospital ambulance collects from PHCC

Locations (specify county):	Raja Hospital, Raja County, WBG		Locations (specify county):	Raja Hospital, Raja County, WBG	
Beneficiaries:	Boys 1017, Girls 708, men 1548, Women 2583 Total 5856		Beneficiaries:	Boys 1017, Girls 708, men 1548, Women 2583 Total 5856	
Duration:	1 February 2014 – 31 May 2014		Duration:	1 February 2014 – 30 June 2014	
Indicative CHF Budget:	Relief Items and Transportation	101,947	Indicative CHF Budget:	Relief Items and Transportation	102,671
	Personnel	92,074		Personnel	90,470
	Staff Travel	1,440		Staff Travel	1,960
	Training/Workshop/Seminar/Campaign	5,100		Training/Workshop/Seminar/Campaign	4,634
	Contracts/ Sub grant	0		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	13,260		Vehicle Operating and Maintenance Costs	14,921
	Office Equipment and Communication	1,912		Office Equipment and Communication	2,078
	Other Costs	15,599		Other Costs	14,599
	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