CHF Allocation Revision/No-Cost Extension Request Form

The CHF Technical Secretariat will compile <u>all</u> 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 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. Nocost extension requests should be well justified and submitted at least two weeks before expiration of approved project duration.

By:	Date:	CHF Database Updated
By:	Date:	Grantee Informed
By:	Date:	Cluster Coordinator Informed
By:	Date:	AA/ UNDP Informed

Section 1 - Project Details

Date of Request	17 March 2014, submitted 17 March 2014, resubmitted 25 March 2014	Cluster	Health
Organization Name:	International Rescue Committee	Contact Name:	Jody Yasinowsky
Project Code:	SSD-13/H/55421/5179	Contact Email/Tel No.:	Jody.Yasinowsky@Rescue.org /+254 723690542
Location:	Northern Bahr el Ghazal and Unity states	Date of Allocation:	16 August 2013
Duration (start and end date as PPA/agreement):	1 Oct. 2013 – 28 February 2014 1st NCE 1 Oct 31 March 2014	Amount Allocated:	US\$250,000
Project Title:	Basic and Emergency Primary Health Care Services in Northern Bahr el Ghazal and Unity States	Services in Northern Bah	ir el Ghazal and Unity States

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

		×				Indica
No. of month requested1 New end date:30 April 2014_		Change in project duration/NCE	Change in target beneficiaries	Change in outputs	Significant change in activities	Type of Revision: Indicate the type (s) of revision being requested.
014		Other Specify:	Change in recipient org	X Change in budget	Change in location	ng requested.
Other Specify:	Procurement delays	Internal admn delays	org Staffing/recruitment delays	Inaccessibility	X Insecurity	Reason for NCE: Indicate reason (s) for no-cost extension.
	Delay in securing supplies from pipeline	Delays in organization's internal transfer of funds	Delays in disbursement of funds	Delays in finalizing PPA	X Programmatic delays	cost extension.

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.

Section 4 This section is f Amount of Funds Unspent as of 28 February 2014
Amount of Funds Committed But Not Spent by 31 March 2013
Percentage of Activities Completed as of 28 February 2014 Humanitariar OCHA South S Amount of Funds Spent as of 28 February 2014 Approved by Endorsed \$219,118 \$30,882 \$30,882 Review Date Review Date 6 71% 04 2%

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 International Rescue Committee (IRC) is requesting a one-month no-cost extension within the approved project SSD-13/H/55421/5179 "Basic and Emergency Primary Health Care Services in Northern Bahr el Ghazal and Unity States." The new proposed end date to the project is 30 April 2014

encountered in implementing this program as a result of the armed conflict that broke out across South Sudan between government and opposition forces in mid-December 2013. As of 3 March 2014, the United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) estimates 705,800 people have been displaced internally in South Sudan, and close to 202,500 people have fled to neighbouring countries as a result of the escalating violence (UNOCHA, 3 March 2014). Since the first NCE request in the beginning of February 2014, the IRC has decided to scale-up its emergency health response in Payinjar County based on the influx of IDPs that occurred in early February. With its long-standing presence in Ganyliel, the IRC is well positioned to respond to the health needs of the newly arrived IDPs through outreach activities, awareness campaigns, etc. The IRC is Other budget line items also require realignment due to the significant change in operating context resulting from the conflict as well as changes in estimated and actual costs (e.g., drug transport). those funds, successfully implement activities and ensure no programmatic gaps exist until other requested funds are approved requesting to realign funds in this project to help support this scale-up, noting that an additional month's time is needed to spend CHF initially approved a one-month no-cost extension that extended the project period to 31 March 2014, given the challenges

staff taken out of South Sudan. Most have since returned, but the disruption has affected program implementation. Additionally, the conflict and resulting restricted movement have continued to cause logistical delays. For example, drugs have been procured under this grant and are currently in Juba, waiting for roads to be passable so the IRC can safely deliver them. time to move their families to relative safety in remote villages or in neighbouring countries. Many have since returned, but the staffing gap affected the IRC's ability to implement its normal programming. Also, in Northern Bahr el Ghazal and Unity states, the Challenges that have resulted from the conflict include staffing, logistics and shifts in priority areas of response. Despite the IRC's maintained presence in South Sudan since the start of the conflict, the ongoing fighting has caused continued disruption to normal service delivery and program implementation. Due to the inter-ethnic dimension of the conflict and the resulting fear across many South Sudanese communities, many IRC national staff were unable to resume work in their duty stations; several also fled or took IRC's international staff and relocatable national staff were evacuated from their duty stations in December 2013, with international

management of diseases with epidemic potential, the IRC will reach 45 health workers across the counties of intervention, instead of the originally planned 39 health workers. To ensure successful implementation of this project, the IRC has determined that an additional month's time as well as realignment of budgeted funds will be necessary to complete project activities given the gap in programming caused by the conflict. Additionally, due to higher market prices than those originally expected, the IRC will procure 12 portable stretchers for community referrals instead of the planned 25 stretchers. By realigning additional funds for training of health staff on case

The following are justifications for revisions to budget lines with variance of 20% or more:

- The cost of drug transport for Malualkon and Aroyo was higher than initially estimated, so the IRC realigned savings from the drug, KPC assessment and emergency response contingency lines to cover the transport costs
- The IRC will no longer be able to undertake the activity, "Conduct a household KPC assessment on LLIN utilisation in the two counties." Because it is the dry season during which malaria rates are low, LLINs are not being used by communities, making it not an ideal time to conduct the assessments. Savings will be used for other direct programmatic needs.
- To respond to the current IDP crisis in Ganyliel, Payinjar County, the IRC has realigned savings from the assessments to the emergency response contingency budget line for Ganyliel to procure essential health supplies the IRC has realigned savings from the

Personnel:

- health response manager) recruitment delays (e.g., ambulance boat driver) help offset the funds needed to cover other positions (e.g., emergency remaining essential health activities to be completed before the proposed end date of 30April 2014. Savings due to Because the IRC is requesting a two-month project extension from the original grant end date of 28 Februar 2014, the needs to realign funds onto salary/benefit lines to maintain key staff during the extension period. This will allow all
- rent/utilities/maintenance in order to continue housing essential staff for the remaining grant period Due to the additional two months needed to complete the project, the IRC has realigned funds for team house

Staff Travel:

Due to the onset of the crisis in mid-December 2013, staff travel needs have increased as more staff were brought in support emergency response efforts and staff were evacuated for security reasons and later returned. This includes vis for staff returning to South Sudan after being evacuated.

15. Workshops, Seminars, Campaigns: includes visas

Trainings, Workshops,

The IRC reduced the number of mobile clinics in Malualkon in order to increase mobile clinic response efforts in Ganyliel to respond to the high influx of IDPs into Payinjar County resulting from the current conflict. Funds were also added to the campaign budget line in Ganyliel to scale-up outreach and information dissemination efforts

conjunction with the mobile clinics

. The IRC identified the need for additional training on health topics to medical staff in Aroyo and proposes to realign funds remaining from the CHD training in Ganyliel to cover the additional training in Aroyo.

Contracts:

- The IRC no longer needs funds to cover jetty rental space for the ambulance boat because the community offered to allow the IRC to keep the boat at the jetty free of charge. Savings on this line will help support the scale-up of mobile clinics in Payinjar County to respond to the current crisis.

 The IRC no longer needs funds for the mechanic in Malualkon.
- Vehicle Operating and Maintenance Costs:

Assessing the needs for the remaining grant period and charges to date, the IRC has adjusted the vehicle operations fuel and insurance lines for its field sites accordingly.

Office Equipment & Communications:

After assessing the communications and office/IT supply needs for each field sites and the spending to date, the IRC decided Malualkon field office was in most need of supplies to support the project. Savings will be used to support Juba main office other costs

Other:

The operational needs of the Juba office have increased since the start of the emergency, so savings from office and communications costs will be used to cover the increase in Juba main office other costs.

List activities that were implemented during project period:

- Support maternal and child health care services at the 15 supported facilities in
- Support 8 mobile clinics and outreaches for communities not accessing health facilities reaching 800 beneficiaries.
- Provide equipment and supplies for maternal healthcare at 15 facilities.
- reaching 10,000 people. Conduct health education and hygiene promotion sessions at the community level
- to hospitals (500 hospital referrals) Support referral of patients from communities to health facilities and from facilities
- Support ambulance running costs for four counties
- Procure 25 portable stretchers to support community referral systems
- Procure 2 Thuraya phones for Aweil Centre County and Warlang and Jaac PHCUs
- Provide protective clothing and items in 15 health facilities Assist and guide CHDs in procuring buffer stocks for 15 health facilities
- Preposition buffer stocks for essential drugs at 15 facilities
- Support the CHDs in surveillance and timely weekly reporting
- Support four CHDs in coordination and implementation of emergency response
- other acute emergencies Procure ambulances Respond to health emergencies according to identified needs for Aweil Center County for emergency obstetric cases and
- with epidemic potential Provide refresher trainings for 39 health workers on case management of diseases

List outstanding activities:

facilities training Conduct a household KPC and referral for delivery Conduct of on ANC at 30 on-the-job CHWs health L PNC

assessment

9

utilization

5

the

two

- training for EPR teams (40 participants Provide counties county level
- transportation facilities every month Assist CHDs medical ð with Supply health drug
- investigations assessments Participate in joint needs outbreak

Review remarks by cluster coordinator. Name of reviewer

Dr. Julius Wekesa

Explain the rational to endorse or reject the request

The health cluster agrees with the request submitted by the partner. This will enable completion of the planned activities by the partner. I am available for clarification if required.

Health cluster coordinator reviewed and endorsed the request for NCE and allocation revision. CHF Technical secretariat reviewed the request and asked IRC to provide justifications for the allocation revisions and why they did not request for the two months in the recently approved request. The requested information was provided in section 5 above. Review remarks by CHF Technical Secretariat: Name of reviewer David Throp

IRC is required to submit a progress narrative report by 15 April 2014 covering activities implementation upto 31 March 2014. A final narrative report will be required one month at the end of the NCE period.

- Revision D	Details						
	CHF Allocation(s) original CHF allocations (please insert information from allocation	tables).			ed Allocation(s) revised allocations.		
Output	 2,000 measles vaccinations given to under 5 in emer situation 700 births attended by skilled birth attendants 4 county updated EPR plans available 100% of communicable diseases detected and responded 39 health workers trained in MISP / communicable diseases 	to within 48 hours	Output		2,000 measles vaccinations given to under 5 situation 700 births attended by skilled birth attendants 4 county updated EPR plans available 100% of communicable diseases detected and res 45 health workers trained in MISP / communicable	sponded to	o within 48 hours
Key Activities	 Support maternal and child health care services at the 15 in four counties. Support 8 mobile clinics and outreaches for communities in facilities reaching 800 beneficiaries. Conduct on-the-job training of 30 CHWs / MCHWs at 15 ANC, PNC and referral for delivery. Provide equipment and supplies for maternal healthcare at Conduct health education and hygiene promotion session level, reaching 10,000 people. Conduct a household KPC assessment on LLIN utilization in Support referral of patients from communities to health facilities to hospitals (500 hospital referrals). Procure ambulances for Aweil Center County for emerger and other acute emergencies. Support ambulance running costs for four counties. Procure 25 portable stretchers to support community referral Procure 2 Thuraya phones for Aweil Centre County and PHCUs. Provide county level training for EPR teams (40 participants Assist and guide CHDs in procuring buffer stocks for 15 health Preposition buffer stocks for essential drugs at 15 facilities. Assist CHDs with drug and medical supply transportation every month. Support the CHDs in surveillance and timely weekly reporting Participate in joint needs assessments and suspected outbreaunces. Respond to health emergencies according to identified need Provide refresher trainings for 39 health workers on cardiseases with epidemic potential. 	not accessing health is health facilities on 15 facilities. Is at the community in the two counties. It facilities and from not obstetric cases all systems. Warlang and Jaac alth facilities. In to health facilities in the health facilities in the systems. Warlang and Jaac alth facilities. In the health facilities in the health facilities in the systems. It is not the systems in	Key Activities		Support maternal and child health care services in four counties. Support 8 mobile clinics and outreaches for comma facilities reaching 800 beneficiaries. Conduct on-the-job training of 30 CHWs / MCH ANC, PNC and referral for delivery. Provide equipment and supplies for maternal heal Conduct health education and hygiene promotion level, reaching 10,000 people. Support referral of patients from communities facilities to hospitals (500 hospital referrals). Procure ambulances for Aweil Center County for and other acute emergencies. Support ambulance running costs for four counties Procure 12 portable stretchers to support community of the procure 2. Thuraya phones for Aweil Centre Community of the provide county level training for EPR teams (35 parts Assist and guide CHDs in procuring buffer stocks. Preposition buffer stocks for essential drugs at 15 Assist CHDs with drug and medical supply transevery month. Support four CHDs in surveillance and timely week Participate in joint needs assessments and suspersupports. Respond to health emergencies according to iden Provide refresher trainings for 45 health worked diseases with epidemic potential.	when the action of the action	t accessing health health facilities on 5 facilities. at the community facilities and from cy obstetric cases systems. Warlang and Jaac th facilities. to health facilities grak investigations, on of emergency s.
Locations (specify county):	Northern Bahr el Ghazal (Aweil East, Aweil South, Aweil Ce and Unity (Payinjar) states	entre & Aweil North)	Locations (specify county):	•	Northern Bahr el Ghazal (Aweil East, Aweil South and Unity (Payinjar) states	, Aweil Cer	ntre & Aweil North)
Beneficiaries:	• 118,800		Beneficiaries:		118,800		
Duration:	 1 October 2013 – 28 February 2014 		Duration		1 October 2013 – 30 April 2014		
Indicative CHF	Relief Items and Transportation 37	7,199	Indicative CHF		Relief Items and Transportation		33,243

Budget:	Personnel	78,064	Budget:	Personnel	88,291
	Staff Travel	5,644		Staff Travel	6,910
	Training/Workshop/Seminar/Campaign	19,600		Training/Workshop/Seminar/Campaign	21,213
	Contracts/ Sub grant	3,563		Contracts/ Sub grant	0
	Vehicle Operating and Maintenance Costs	67,892		Vehicle Operating and Maintenance Costs	63,002
	Office Equipment and Communication	16,650		Office Equipment and Communication	15,149
	Other Costs	2,721		Other Costs	3,524
	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

SSD-13/N/55421/5329
Basic and Emergency Primary Health Care Services in Northern Bahr el Ghazzi and Unity States International Rescue Committee
250,000

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100%	29%	29%	29%	29%	29%	2%	28%	28% 100% 100%	5%	4%	28%	28% 2% 2%	28% 2% 2%	100% 20%	100%	50%	8 4 2 5	90	2% 2% 4% 5%	100%	15%	2% 4% 5%	2%		100% 20% 50%	25% 25% 100%	100%	100% 17% 50%	100%	100%	(e) Percenta ge/
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												П
	126%	557 1.278	1,000	443	1.500	0.30	100%	trip	0-	All	International travel Travel to/from post - Support Staff Travel to/from post - International Health Staff	Ш
	26% -35%	(52)	86 26E	311	125	1.00	100%	person	0-	All	Visa / Work permit - Support Staff Visa / Work permit - International Health Staff	
	-47% 0%	(10)	3,190	1,240 3,200	800	1.86 4.00	100%	trip trip	0-	AA	Air Fare/Accommodation/ Per diem - Support Air Fare/Accommodation/ Per diem - Health Program	T
							1				3.00 STAFF TRAVEL (Flights, DSA, Perdium, Terminals) Domestic travel	3.0

| 16.193 | 16.193 | 0 05 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.2

*Total Direct (I) C 177,046.14 71% *Total Indirect (I) C 72,953.87 29%