

## CHF 2013 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-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](mailto:CHFsouthsudan@un.org) and copy [kizittoi@un.org](mailto:kizittoi@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 three weeks before expiration of approved project duration.

**For CHF Technical Secretariat:**

<input checked="" type="checkbox"/> AA/ UNDP Informed	Date: 9/10/13	By: Kizittoi
<input checked="" type="checkbox"/> Cluster Coordinator Informed	Date: 9/10/13	By: Kizittoi
<input checked="" type="checkbox"/> Grantee Informed	Date: 9/10/13	By: Kizittoi
<input checked="" type="checkbox"/> CHF Database Updated	Date: 9/10/13	By: Kizittoi

**Section 1 – Project Details**

<b>Date of Request</b>	5 September 2013 Cluster submission: 9 September 2013 MERLIN Resubmission 3 October 2013	<b>Cluster</b>	Nutrition
<b>Organization Name:</b>	Merlin	<b>Contact Name:</b>	Mishiki Mamboleo
<b>Project Code:</b>	SSD-13/H/55051/5195	<b>Contact Email</b>	cd@merlin-southsudan.org
<b>Location:</b>	Jonglei and Eastern Equatoria States	<b>Date of Allocation:</b>	15 February 2013
<b>Duration (start and end date as PPA/agreement):</b>	1 April 2013 to 30 September 2013	<b>Amount Allocated:</b>	US\$370,000.00
<b>Project Title:</b>	Provision and expansion of nutrition services in selected Counties of Eastern Equatoria and Jonglei states.		

**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 checked="" type="checkbox"/> Change in project duration/NCE</td> <td><input type="checkbox"/> Change in targets</td> </tr> <tr> <td><input type="checkbox"/> Change in outcome/outputs</td> <td><input checked="" type="checkbox"/> Change in budget</td> </tr> <tr> <td><input type="checkbox"/> Change in beneficiaries</td> <td><input type="checkbox"/> Change in recipient project</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Specify:</td> </tr> </table> <p>No. of month requested <b>3(three)</b> New end date: <b>31 December 2013</b></p>	<input type="checkbox"/> Significant change in activities	<input type="checkbox"/> Change in location	<input checked="" type="checkbox"/> Change in project duration/NCE	<input type="checkbox"/> Change in targets	<input type="checkbox"/> Change in outcome/outputs	<input checked="" type="checkbox"/> Change in budget	<input type="checkbox"/> Change in beneficiaries	<input type="checkbox"/> Change in recipient project	<input type="checkbox"/> Other Specify:		<p><b>Reason for No-Cost Extension:</b> Indicate reason (s) for no-cost extension.</p> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Insecurity</td> <td><input type="checkbox"/> Programmatic delays</td> </tr> <tr> <td><input type="checkbox"/> Internal administrative delays</td> <td><input type="checkbox"/> Delays in finalizing PPA</td> </tr> <tr> <td><input type="checkbox"/> Staffing/recruitment delays</td> <td><input type="checkbox"/> Delays in disbursement of funds</td> </tr> <tr> <td><input type="checkbox"/> Procurement delays</td> <td><input type="checkbox"/> Delays in organization's internal transfer of funds</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Specify:</td> </tr> </table>	<input checked="" type="checkbox"/> Insecurity	<input type="checkbox"/> Programmatic delays	<input type="checkbox"/> Internal administrative delays	<input type="checkbox"/> Delays in finalizing PPA	<input type="checkbox"/> Staffing/recruitment delays	<input type="checkbox"/> Delays in disbursement of funds	<input type="checkbox"/> Procurement delays	<input type="checkbox"/> Delays in organization's internal transfer of funds	<input type="checkbox"/> Other Specify:	
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<input type="checkbox"/> Other Specify:																					


**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 **31 August 2013**  
 Amount of Funds Unspent as of **31 August 2013**  
 Amount of Funds Committed But Not Spent by  
 Percentage of Activities Completed as of **31 July 2013**

Amount	%
<b>\$185,226</b>	<b>50%</b>
<b>\$184,774</b>	<b>50%</b>
-	
<b>50%</b>	

**Section 4**

<b>This section is for</b>		
<b>OCHA South</b>		08/10/13
Endorsed by	_____ Humanitarian Coordinator, South Sudan	Review Date
<b>Humanitarian</b>		9/10/2013
Approved by	_____ Humanitarian Coordinator, 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>Grant <b>SSD-13/H/46263/55051</b> that started on 01 April 2013 ends on 30 September 2013 and final report is due on 15 October 2013.</p> <p>Due to the deteriorating security situation in Boma, Pibor County-Jonglei State, Merlin had to close its operations and relocate its staff to Juba pending improved security situation for resumption of services. Consequently, allocated funds for Jonglei State couldn't be fully utilized as designed hence lack of implementation. However, indications are that the security situation can warrant the resumption of skeletal activities with basic service provision to communities that are in dire need of humanitarian assistance. Merlin is poised on returning to Boma to resume activities and serve the communities with access to basic health and nutrition services in the coming fortnight. Hence will be in a position to complete the implementation of activities of round -1 for Boma during the period of October to December 2013.</p> <p>Please note that, given the reality on the ground in terms of feasibility of actual implementation during the requested period, line budgetary reallocation has been requested in the following areas:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">A - Original submission</th> <th style="text-align: right;">Revised submission</th> <th style="text-align: right;">Difference</th> </tr> </thead> <tbody> <tr> <td>Supplies, Commodities, Equipment, Transport = 86,670 USD</td> <td style="text-align: right;">88,170 USD</td> <td style="text-align: right;">&gt; 1,500 USD</td> </tr> <tr> <td>Personnel = 163,784 USD</td> <td style="text-align: right;">162,284 USD</td> <td style="text-align: right;">&lt; 1500 USD</td> </tr> </tbody> </table> <p><b>Comment:</b> As per the above, a total 1,500.00 USD has been reduced from personnel line to cater to the need of availing more supplies and commodities to be able to meet the anticipated demand of beneficiaries given the absence of services over the past couple of months. The remaining available budget for personnel will not negatively affect the delivery of services as it has been deemed adequate to cater to this.</p> <table border="0"> <thead> <tr> <th style="text-align: left;">B - Original submission</th> <th style="text-align: right;">Revised submission</th> <th style="text-align: right;">Difference</th> </tr> </thead> <tbody> <tr> <td>Staff Travel = 14,319 USD</td> <td style="text-align: right;">22,319 USD</td> <td style="text-align: right;">&gt; 8,000 USD</td> </tr> <tr> <td>Training/Workshop/Seminar/Campaign = 24,843 USD</td> <td style="text-align: right;">16,843 USD</td> <td style="text-align: right;">&lt; 8,000 USD</td> </tr> </tbody> </table> <p><b>Comment:</b> As per the above, a total 8,000.00 USD has been reduced from training line to cater to the need of availing staff on the field in terms of meeting flight cost on a monthly basis as core staff will be hired from Juba and will be interchanging on a six weekly basis. This reallocation from training is feasible because training is not considered as a core activity at the moment during this NCE as on-job trainings will substitute for formal trainings until a long term funding is secured during the next round.</p> <p>We therefore request a NCE of three months and budget reallocation to enable sufficient time to resume and complete the implementation of activities as designed to be able to report and close this grant.</p>		A - Original submission	Revised submission	Difference	Supplies, Commodities, Equipment, Transport = 86,670 USD	88,170 USD	> 1,500 USD	Personnel = 163,784 USD	162,284 USD	< 1500 USD	B - Original submission	Revised submission	Difference	Staff Travel = 14,319 USD	22,319 USD	> 8,000 USD	Training/Workshop/Seminar/Campaign = 24,843 USD	16,843 USD	< 8,000 USD
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<p><b>List activities that were implemented during project period:</b></p> <ul style="list-style-type: none"> <li>- it was achieved to screen <b>3,273</b> children for acute malnutrition</li> <li>- <b>483</b> children was admitted to the OTP up to the end of Jun</li> <li>- children it was achieved to supplement 26,447 and 20,506 with Vitamin A and Deworming respectively</li> <li>- health education on child feeding , basic sanitation and hygiene was provided to 8,820</li> <li>- Training was provided 25 health worker on CMAM, IYCF</li> <li>- The construction of latrine for torit civil hospital stabilization center</li> <li>- SMART survey was conducted in Torit county</li> <li>- Training on SMART nutrition survey was provided for five days to 25 staffs from state and county MOH a</li> <li>- Training was provided to 83 home health promoters on Community based nutritional screening Using MUAC tape, and key message on nutrition</li> <li>- 9 mother to mother supporting group were established and training on basic counseling technique on IYCF was provided; tool kit for was also provided to the MSG.</li> </ul>	<p><b>List outstanding activities:</b></p> <ul style="list-style-type: none"> <li>- Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters</li> <li>- management of Moderately malnourished children and pregnant and lactating women in the community</li> <li>- provide quality inpatient service for SAM children with medical complication based on national protocol in BOMA hospital</li> <li>- Ensure functionality of Merlin Supported OTP/SFP including response to IDPs as long as required, and treatment of malnourished vulnerable groups</li> <li>- Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin's health care facilities in Southern Sudan (nutritional supplies provided by UNICEF/WFP)</li> <li>- Initiate and supplementation Micro nutrient</li> </ul>																		

<ul style="list-style-type: none"> <li>- Monthly supportive supervision was conducted on the support facilities by nutrition officers</li> <li>- 448 cartoons of plumpy was transported and distrusted for health facilities</li> <li>- recording and reporting formats, ration cards were printed and distributed to respective health facilities</li> <li>- coordination of nutrition activities at state and central level</li> </ul>	<p style="margin-left: 20px;">powder supplementation of children from 6 -59 months</p> <ul style="list-style-type: none"> <li>- Establish Mother to Mother supporting Group in Boma sub county and provision of and material support for mother to mother supporting group</li> <li>- conduct monthly supportive supervision to health facilities providing nutrition services</li> <li>- Participate in integrated emergency assessment for rapid response in collaboration with other partners as required</li> <li>- Ensure emergency preparedness through developing response plans and prepositioning of stockpiles, drugs and other materials in all targeted facilities to ensure rapid response at onset of nutritional emergency</li> <li>- continue participating nutrition coordination meeting and as lead in state level</li> </ul>	
Review remarks by cluster coordinator.	Name of reviewer	Nyauma Nyasani
Explain the rational to endorse or reject the request		
<p>Considering the insecurity that rocked part of Pibor during the early implementation period of this project and accompanying explanation in the text above, the NCE by Merlin is approved from the cluster point of view.</p>		
Review remarks by CHF Technical Secretariat:	Name of reviewer	Meron
<p>The CHF TS 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).	
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>Number of Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children = 17 (all existing sites)</li> <li>Number of Stabilization Centers (SC) = 3                             <ul style="list-style-type: none"> <li>Total Sites = 3</li> <li>New Sites = 1</li> </ul> </li> <li>Number of children admitted/treated for SAM = 802                             <ul style="list-style-type: none"> <li>Girls = 385</li> <li>Boys = 417</li> </ul> </li> <li>Quality of SAM treatment (cure, defaulter, death rate) = &gt;75%, &lt; 15% and &lt;10% respectively</li> <li>Number of children admitted/treated for MAM = 3,208                             <ul style="list-style-type: none"> <li>Girls = 1540</li> <li>Boys = 1668</li> </ul> </li> <li>Number of PLW admitted/treated for MAM = 1,698</li> </ul>	<p><b>Proposed Revised Allocation(s)</b> Details on proposed revised allocations.</p> <ul style="list-style-type: none"> <li>Number of Out Patient Therapeutic Program (OTP) sites for the treatment of Severe Acute malnourished (SAM) children = 17</li> <li>Number of Stabilization Centers (SC) = 3                             <ul style="list-style-type: none"> <li>Total Sites = 3</li> <li>New Sites = 1</li> </ul> </li> <li>Number of children admitted/treated for SAM = 401                             <ul style="list-style-type: none"> <li>Girls = 193</li> <li>Boys = 209</li> </ul> </li> <li>Quality of SAM treatment (cure, defaulter, death rate) = &gt;75%, &lt; 15% and &lt;10% respectively</li> <li>Number of children admitted/treated for MAM = 1069                             <ul style="list-style-type: none"> <li>Girls = 513</li> <li>Boys = 536</li> </ul> </li> <li>Number of PLW admitted/treated for MAM = 1698 ( unchanged b/c we did not achieve this lack of food from WFP for PLW)</li> </ul>
<p><b>Key Activities</b></p> <ol style="list-style-type: none"> <li>1. Improve access to quality nutrition services for children under five and PLW through community based management of acute malnutrition (CMAM) in four counties across Jonglei and Eastern Equatoria States:                             <ul style="list-style-type: none"> <li>Ensure that each Merlin supported health facility is staffed with CMAM trained and qualified health works to provide nutrition services, in line with the Basic Package of Health Services</li> <li>Carry out nutrition screening and growth monitoring and promotion in all Merlin supported health care facilities</li> <li>Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters</li> <li>Ensure 3 functioning SCs provide quality inpatient service for SAM children with medical complication based on national protocol</li> <li>Ensure 17 functional OTP/SFP including response to IDPs as long as required, and treatment of malnourished vulnerable groups</li> <li>Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin's health care facilities in Southern Sudan (nutritional supplies provided by UNICEF/WFP)</li> <li>Supply necessary materials for nutrition screening and growth monitoring to Merlin's health facilities and community volunteers</li> </ul> </li> <li>2 Implement community based nutritional education/promotion for the prevention of malnutrition and promotion of optimal infant and young child feeding practice (IYCF).                             <ul style="list-style-type: none"> <li>Recruitment of Home Health Promoters (HHP)</li> </ul> </li> </ol>	<p><b>Key Activities</b></p> <ol style="list-style-type: none"> <li>1. Improve access to quality nutrition services for children under five and PLW through community based management of acute malnutrition (CMAM) in four counties across Jonglei and Eastern Equatoria States:                             <ul style="list-style-type: none"> <li>Ensure that each Merlin supported health facility is staffed with CMAM trained and qualified health works to provide nutrition services, in line with the Basic Package of Health Services</li> <li>Carry out nutrition screening and growth monitoring and promotion in all Merlin supported health care facilities</li> <li>Delivery of community based screening and referral of malnourished girls and boys to SFPs, OTPs, or TFC/SCs by trained home health promoters</li> <li>Ensure 3 functioning SCs provide quality inpatient service for SAM children with medical complication based on national protocol</li> <li>Ensure 17 functional OTP/SFP including response to IDPs as long as required, and treatment of malnourished vulnerable groups</li> <li>Supply nutrition foods, micronutrient supplements, and de-worming medicines to all Merlin's health care facilities in Southern Sudan (nutritional supplies provided by UNICEF/WFP)</li> <li>Supply necessary materials for nutrition screening and growth monitoring to Merlin's health facilities and community volunteers</li> </ul> </li> <li>2 Implement community based nutritional education/promotion for the prevention of malnutrition and promotion of optimal infant and young child feeding practice (IYCF).                             <ul style="list-style-type: none"> <li>In consultation with community, deliver nutrition education messages</li> </ul> </li> </ol>

<ul style="list-style-type: none"> <li>• HHP training on nutritional screening and key messages on the prevention and treatment malnutrition</li> <li>• Promotion of IYCF practices by establishment of mother support groups, and training on counseling techniques and key message of essential nutrition actions</li> <li>• In consultation with community, deliver nutrition education messages through group discussions, sensitization campaigns, school health (girls and boys), use of mass media, and workshops for key community members and opinion leaders, including women's groups, religious gatherings, youths, teachers, etc.</li> <li>• Present strong Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and management of diarrheal and other common childhood diseases</li> <li>• Increase the participation of women in community health committees</li> </ul> <p>3 )Work to support improvements in coordination and support for nutrition activities with all key stakeholders (including Nutrition Cluster partners, the SMOH, and CHDs) within the target countries</p> <ul style="list-style-type: none"> <li>• Merlin will act as focal point for the Nutrition Cluster in EES to take the lead in ensuring that coordination meetings (involving all key stakeholders) to discuss nutrition and health related activities are held at least once every quarter at the state level. Ensure the participation of CHDs in such coordination meetings</li> <li>• Ensure effective reporting and information sharing among the partners and with the state and national health and nutrition authorities</li> </ul> <p>4 ) Emergency preparedness and response</p> <ul style="list-style-type: none"> <li>• Strengthening nutritional surveillance &amp; early detection through Merlin supported health facilities</li> <li>• Participate in integrated emergency assessment for rapid response in collaboration with other partners as required</li> <li>• Ensure emergency preparedness through developing response plans and prepositioning of stockpiles, drugs and other materials in all targeted facilities to ensure rapid response at onset of nutritional emergency</li> <li>• Provision of training to health workers in Merlin's health facilities including hospitals on emergency nutrition response, including the use of Integrated Rapid Assessment (IRA)</li> <li>• Deployment of emergency mobile health and nutrition team that respond to any emergency situation within target area</li> </ul> <p>5) Monitoring and supervision</p> <ul style="list-style-type: none"> <li>• Conduct regular supervision at Merlin supported health facilities by Nutrition Officer, Senior Health Coordinator at project level, and nutrition coordinator and country health director at country level to ensure that the nutrition service to the national</li> </ul>	<p>through group discussions, sensitization campaigns, school health (girls and boys), use of mass media, and workshops for key community members and opinion leaders, including women's groups, religious gatherings, youths, teachers, etc.</p> <ul style="list-style-type: none"> <li>• Present strong Behavioral Change Communication (BCC) messages on nutrition, particularly IYCF (including the promotion of exclusive breast feeding for children below six months, appropriate weaning and complementary feeding practices, and appropriate feeding of sick children), but also promotion of hygiene practices and management of diarrheal and other common childhood diseases</li> </ul> <p>3 )Work to support improvements in coordination and support for nutrition activities with all key stakeholders (including Nutrition Cluster partners, the SMOH, and CHDs) within the target countries</p> <ul style="list-style-type: none"> <li>• Merlin will act as focal point for the Nutrition Cluster in EES to take the lead in ensuring that coordination meetings (involving all key stakeholders) to discuss nutrition and health related activities are held at least once every quarter at the state level. 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	and international standard. Implementation of nutrition survey to assess and measure existing nutritional status with GAM and SAM rates, child morbidity and mortality, immunization coverage, Vitamin A and iron supplementation status, and the impact of the intervention on malnutrition caseloads, referrals, and treatment in target communities																																										
Locations (specify county):	Jonglei and EES	Locations (specify county):	Jonglei and EES																																								
Beneficiaries:	<p>Direct beneficiaries: 39,633</p> <ul style="list-style-type: none"> <li>802 SAM children under 5 (417 boys and 385 girls) treated (3% prevalence, incidence factor of 2 and 60% coverage)</li> <li>3,208 MAM children under 5 (1,668 boys and 1,540 girls) treated (12% prevalence, incidence factor of 2 and 60% coverage)</li> <li>1,698 malnourished PLWs treated (15% prevalence, incidence factor of 2 and 60% coverage)</li> <li>5,131 non-malnourished children U5 supplemented with Vitamin A (with de-worming) (2,668 boys &amp; 2,463 girls) (51% coverage)</li> <li>4,829 non-malnourished PLWs supplemented with micronutrient (with de-worming) (42% ANC and 6% PNC coverage)</li> <li>23,845 community members reached with key nutrition and IYCF messages (9,538 male and 14,307 females) (12% coverage)</li> <li>120 community and facility based nutrition and health workers trained (72 male and 48 female)</li> </ul>	Beneficiaries:	<p>Direct beneficiaries: 39,633</p> <ul style="list-style-type: none"> <li>401 SAM children &lt;5 (209 boys and 19 girls) treated</li> <li>1069 MAM children under 5 (536 boys and 513 girls) 1,698 malnourished PLWs treated (15% prevalence, incidence factor of 2 and 60% coverage)</li> <li>1140 non-malnourished children U5 supplemented with Vitamin A (with de-worming) (593 boys &amp; 547 girls) (51% coverage)</li> <li>805 non-malnourished PLWs supplemented with micronutrient (with de-worming)</li> <li>3974 community members reached with key nutrition and IYCF messages (1590 male and 2,385 females)</li> </ul>																																								
Duration:	<b>1 April 2013 - 30 September 2013</b>	Duration	1 <sup>st</sup> October 2013 - 31 December 2013																																								
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Training/Workshop/Seminar/Campaign	16,843																																										
Contracts	3,121																																										
Vehicle Operating and Maintenance Costs	16,222																																										
Office Equipment and Communication	10,961																																										
Other Administrative Costs	22,451																																										
Programme Support Costs (PSC)	27,629																																										
<b>Total:</b>	<b>370,000</b>																																										



