CHF 2012 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:	For CHF Technical Secretariat:
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 three weeks before expiration of approved project duration.	✓ AA/ UNDP Informed Date: 16.07.13 By: Kizito ✓ Cluster Coordinator Informed Date: 16.07.13 By: Kizito ✓ Grantee Informed Date: 16.07.13 By: Kizito ✓ CHF Database Updated Date: 16.07.13 By: Kizito

Section 1 – Project Details

Date of Request	1 July 2013	Cluster	Health
Organization Name:	CARE South Sudan	Contact Name:	Jacqueline George ACD Program
Allocation ID(CHF TS to fill in):	S/019/12	Contact Email/Tel No.:	Jgeorge@ss.care.org +211955381474
Project Code:	SSD-12/H/46148/5645	Date of Allocation:	9 March 2012
Location:	Unity State - South Sudan	Amount Allocated:	US$300,000
Project Title:	Unity State Emergency PHC Project.		

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

| Type of Revision: Indicate the type (s) of revision being requested.		Reason for No-Cost Extension: Indicate reason (s) for no-cost extension.	
☐ Significant change in activities	☐ Change in location	☒ Insecurity	☒ Programmatic delays
☐ Change in outputs	☐ Change in budget	☒ Inaccessibility	☐ Delays in finalizing PPA
☐ Change in target beneficiaries	☐ Change in recipient project	☒ Staffing/recruitment delays	☐ Delays in disbursement of funds
☒ Change in project duration/NCE	☐ Other Specify: _____	☐ Internal admn delays	☐ Delays in organization's internal transfer of funds
No. of month requested **1** New end date: **31 July 2013**		☐ Procurement delays	☐ 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 *< 31March 2013>*	$180,600	60.2%
Amount of Funds Unspent as of *< 31 March 2013>*	$119,400	39.8%
Amount of Funds Committed But Not Spent by *<31 March 2013>*	$76,500	25.5%
Percentage of Activities Completed as of *<31 March 2013>*	68%	

Section 4

This section _____ .	
OCHA Sout _____	11/7/13
Endorsed by Ms. Catherine Howard, OCHA Deputy Head of Office, South Sudan	Review Date
Humanitaria _____	16.07.2013
Approved by _____ HC/UNDP RR South Sudan	Review Date
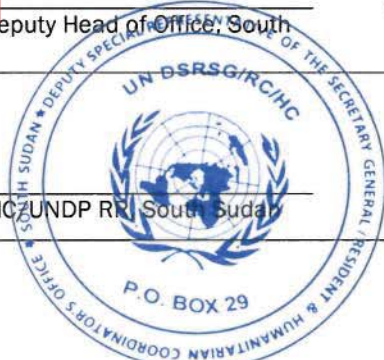
Section 5 – Revision Description and Justification

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.

Although the project has made good progress in implementing the planned activities, however, some of the critical planned activities have not been completed due to the following reasons:

- Insecurity in some of the project target areas of implementation is one of the principal reasons for not completing some of the project activities as planned. The aerial bombardment by the Sudan Armed Forces (SAF) between April- May 2012 and the operations of armed militia groups and criminal gangs in Mayendit Counties between August to December 2012, made it increasingly risky for project staff to travel freely in the target project areas. Also in January and February 2013, travel to Mayendit County was restricted by UNDSS and it was only recently in March that the travel restriction to the county was lifted. Land mines also posed serious challenge to the movement of project staff to the target counties especially the counties north of Bentiu.
- Another major constraint to timely start-up and completion of the project activities was the difficulty of hiring qualified staff in Unity State. The lack of local capacity and lengthy recruitment process delayed implementation. With all staff on board, the NCE period will enable CARE achieve the overall objectives.

Project activities that were implemented during the period include:
1. Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages
2. Daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic.
3. Participate in all Vaccination campaigns.
4. Conduct Health education sessions at various levels
5. Procure and distribute and prepositioned essential drugs, medical equipment, & RH supplies e.g. safe delivery equipment, EmOC guidelines, 'newborn care kits' & home delivery kits to PHCUs and PHCCs
6. Train and mentor community midwives and MCHWs to improve quality of MRH care.

- Project activities that were not implemented during the project period include:
1. Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.
2. Develop and distribute IEC materials.
3. Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.
4. Train and mentor community midwives and MCHWs to improve quality of MRH care.
5. Train/ Mentor CHD staff in effective supportive supervision & feedback
6. Train health partners on epidemic preparedness, surveillance, case management and EWARN
7. Train key health staff on emergency response.

Therefore, CARE request a one month no cost extension due to the above mentioned reasons. CARE believes that the NCE is crucial if the overall project goal is to be achieved.

Review remarks by cluster coordinator.	Name of reviewer	Mpairwe Allan and Wekesa Julius

Explain the rational to endorse or reject the request

The project is implemented in one of our target areas and frontline counties. The reasons provided above are justifiable
Health cluster has no objection for the NCE to enable the health partner provide the much needed health services in Unity state.
Routine PHC essential drugs are not part of the core pipeline. The core pipeline drugs and supplies are for emergency response or backup support to fill gaps as they happen. That's why we were not able to provide them from Health Pipeline.

Review remarks by CHF Technical Secretariat:	Name of reviewer	Federica D'Andreagiovanni

The project had received a NCE until 30 June 2013. However since the exchange between the cluster, the pipeline manager and the CHF Technical Secretariat had been delayed due to the fact that the CHF TS had not been copied in the first request submission the timely follow up was jeopardized and the partner was not informed until 26 June that the request for NCE was approved, meanwhile the partner had suspended all activities. Upon receipt of the NCE, CARE contacted the CHF TS stating that additional weeks lost in the consultation process in the month of June had to be added to the NCE to duly complete the project. The Head of CHF TS discussed the issue with the CARE representative to clarify the procedure for the NCE approval; the request had been submitted to the cluster two weeks before the end of the project, according to the CHF guidelines, without copying the CHF TS hence the delay on the part of CHF TS to follow up on this request. Since the partner was not at fault the CHF TS has agreed to endorse this request as extraordinary measure. The lessons learned from this experience demonstrated that submissions of NCE requests to clusters without copying the CHF TS risks jeopardizing the prompt processing of the extension. As such, in early July, the CHF TS circulated a message requesting cluster and their partners to submit NCEs requests to CHF TS which will ensure diligent and timely follow up with clusters.

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.
Outcomes	• Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities • Improved ability of men and women health workers and community health workers to provide quality PHC and Maternal and Reproductive	• Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities • Improved ability of men and women health workers and community health workers to provide quality PHC and Maternal and Reproductive
Key Activities	• Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages • Daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic. • Participate in all Vaccination campaigns. • Conduct Health education sessions at various levels • Procure and distribute and prepositioned essential drugs, medical equipment, & RH supplies e.g. safe delivery equipment, EmOC guidelines, 'newborn care kits' & home delivery kits to PHCUs and PHCCs • Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals. • Develop and distribute IEC materials. • Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening. • Train and mentor community midwives and MCHWs to improve quality of MRH care. • Train/ Mentor CHD staff in effective supportive supervision & feedback • Train health partners on epidemic preparedness, surveillance, case management and EWARN • Train key health staff on emergency response.	• Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages • Daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic. • Participate in all Vaccination campaigns. • Conduct Health education sessions at various levels • Procure and distribute and prepositioned essential drugs, medical equipment, & RH supplies e.g. safe delivery equipment, EmOC guidelines, 'newborn care kits' & home delivery kits to PHCUs and PHCCs • Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals. • Develop and distribute IEC materials. • Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening. • Train and mentor community midwives and MCHWs to improve quality of MRH care . • Train/ Mentor CHD staff in effective supportive supervision & feedback • Train health partners on epidemic preparedness, surveillance, case management and EWARN • Train key health staff on emergency response.
Locations (specify county):	Rubkona County : Nhial Diu payam , Rubkona Payam Pariang County: NyielPayam ; Biu Payam; Panyang Payam; Guit County Guit Payam Mayiendit County : Rubkuai Payam Mobile Outreach (Outreach to Mayendit, Pariang, Guit and Rubkona)	Rubkona County : Nhial Diu payam , Rubkona Payam Pariang County: NyielPayam ; Biu Payam; Panyang Payam; Guit County Guit Payam Mayiendit County : Rubkuai Payam Mobile Outreach (Outreach to Mayendit, Pariang, Guit and Rubkona)
Beneficiaries:	73,815 individuals	73,815 individuals
Duration:	1 April 2012 to 30 June 2013.	1 April 2012 To 31 July 2013

Indicative CHF Budget:		Original		Proposed Revised
	Supplies, Commodities, Equipment, Transport	76,050	Supplies, Commodities, Equipment, Transport	143,892
	Personnel	140,400	Personnel	67,558
	Staff Travel	12,750	Staff Travel	12,750
	Training/Workshop/Seminar/Campaign	6,000	Training/Workshop/Seminar/Campaign	6,000

Contracts	0
Vehicle Operating and Maintenance Costs	28,640
Office Equipment and Communication	5,358
Other Administrative Costs	8,400
Programme Support Costs (PSC)	19,432
Audit	2,970
Total:	**300,000**

CHF 12_CARE_Health_NCE

Contracts	0
Vehicle Operating and Maintenance Costs	28,640
Office Equipment and Communication	5,358
Other Administrative Costs	13,400
Programme Support Costs (PSC)	19,432
Audit	2,970
Total:	**300,000**