CHF 2012 Allocation Revision/No-Cos  The CHF Technical Secretariat will compile <u>all</u> requests for the Huma  Requests sent directly to the HC will be d  For further CHF information please visit: http://www.unocha.org/south-sudanfinancing/cd	anitarian Coordinator's final review and approval. elayed in processing.
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 three weeks before expiration of approved project duration.	For CHF Technical Secretariat:  AA/ UNDP Informed Cluster Coordinator Informed Grantee Informed CHF Database Updated  Date: 26-6-13 By: K13-6-13 By: By: K13-6-13 By:

Section 1 - Project Details

Date of Request	13 March 2013, submitted 16 April 2013, resubmitted 22 May 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	g requested.	Reason for No-Cost Extens Indicate reason (s) for no-cos	
Significant change in activities Change in outputs Change in target beneficiaries Change in project duration/NCE No. of month requested 3 New end date: 30 June 2013	Change in location  X Change in budget Change in recipient project Other Specify:	X Insecurity Inaccessibility X Staffing/recruitment delays Internal admn delays Procurement delays	X Programmatic delays Delays in finalizing PPA Delays in disbursement of funds Delays in organization's internal transfer of funds 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 March 2013>
Amount of Funds Unspent as of < 31 March 2013>
Amount of Funds Committed But Not Spent by <31 March 2013>
Percentage of Activities Completed as of <31 March 2013>

\$180,600	60.2%
\$119,400	39.8%
\$76,500	25.5%
7 700	68%

## Section 4

6/13
an Review Date
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udan 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
- · 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.
- · CARE had a Basic Services Fund (BSF) health project which was ending in December 2012 and the ongoing CHF health project has been complementing the operation of some of the health facilities that was under the BSF project. Therefore, some of the costs for clinical staff in the target health facilities have not been utilized. As a result, CARE request a budget revision in order to use the remaining fund for the program national staff to procure more essential drugs for the target health facilities and mobile clinic.
- 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:
  - 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. 4
  - 5. 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.

Therefore, CARE request a three month no cost extension and a budget revision due to the above mentioned reasons. CARE

believes that the NCE and budget revision 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

Health Cluster and Care South Sudan discussed and agreed on the need for NCE and allocation revision. OCHA requested Care to explain which activities are completed and what remains to be done during the three months NCE. OCHA also requested Care South Sudan to provide a justification for the allocation revision. All the information requested were provided. Please see the above explanation.

Original Details of th	Original CHF Allocation(s) Details of the original CHF allocations (please insert information from allocation	ation tables).	Proposed Details on pr	Proposed Revised Allocation(s) Details on proposed revised allocations.
Outcomes	<ul> <li>Increased access to PHC and Maternal and Reproductive H services by women and adolescent girls in target communities</li> <li>Improved ability of men and women health workers and commhealth workers to provide quality PHC and Maternal Reproductive</li> </ul>	and Reproductive Health in target communities the workers and community IC and Maternal and	Outcomes	<ul> <li>Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities</li> <li>Improved ability of men and women health workers and community health workers to provide quality PHC and Maternal and Reproductive</li> </ul>
Key Activities Locations (specify county):	<ul> <li>Provide a basic package of health services including reproductive health, HWAIDS and child survival packages</li> <li>Daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic.</li> <li>Participate in all Vaccination campaigns.</li> <li>Conduct Health education sessions at various levels</li> <li>Procure and distribute and prepositioned essential drugs, medical equipment, &amp; RH supplies e.g. safe delivery equipment, EmOC guidelines, 'newborn care kits' &amp; home delivery kits to PHCUs and PHCCs</li> <li>Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.</li> <li>Develop and distribute IEC materials.</li> <li>Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.</li> <li>Train and mentor community midwives and MCHWs to improve quality of MRH care.</li> <li>Train health partners on epidemic preparedness, surveillance, case management and EWARN</li> <li>Train key health staff on emergency response.</li> <li>Rubkona County: NielPayam; Biu Payam; Panyang Payam; Guit County Guit Payam</li> <li>Mayiendit County: Rubkuai Payam</li> <li>Mayiendit County: Rubkuai Payam</li> <li>Mobile Outreach (Outreach to Mayendit, Pariang, Guit and Rubkona)</li> </ul>	cluding reproductive acilities and conduct hatal drugs, medical equipment, EmOC kits to PHCUs and I emergency referral rehensive integrated Vs to improve quality ervision & feedback s, surveillance, case ayam;	Key Activities Locations (specify county):	<ul> <li>Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages</li> <li>Daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic.</li> <li>Participate in all Vaccination campaigns.</li> <li>Conduct Health education sessions at various levels</li> <li>Procure and distribute and prepositioned essential drugs, medical equipment, &amp; RH supplies e.g. safe delivery equipment, EmOC guidelines, 'newborn care kits' &amp; home delivery kits to PHCUs and PHCCs</li> <li>Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.</li> <li>Develop and distribute IEC materials.</li> <li>Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.</li> <li>Train and mentor community midwives and MCHWs to improve quality of MRH care.</li> <li>Train Amount CHD staff in effective supportive supervision &amp; feedback</li> <li>Train Mentor CHD staff in effective supportive supervision &amp; feedback</li> <li>Train health partners on epidemic preparedness, surveillance, case management and EWARN</li> <li>Train key health staff on emergency response.</li> <li>Rubkona County: Nhial Diu payam, Rubkona Payam, Panyang Payam; Guit County, Suit Payam</li> <li>Mayiendit County, Suit Payam</li> <li>Mobile Outreach ( Outreach to Mayendit, Pariang, Guit and Rubkona)</li> </ul>
Beneficiaries:	73,815 individuals		Beneficiaries:	73,815 individuals
Duration:	1 April 2012 to 31 March 2013.		Duration	1 April 2012 To 30 June 2013
Indicative CHF	Supplies, Commodities, Equipment, Transport	76,050	Indicative CHF	Supplies, Commodities, Equipment, Transport
ounger.	Personnel	140,400	nañona	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	0	Contracts	0
Vehicle Operating and Maintenance Costs	28,640	>	Vehicle Operating and Maintenance Costs	28,640
Office Equipment and Communication	5,358	0	Office Equipment and Communication	5,358
Other Administrative Costs	8,400	0	Other Administrative Costs	13,400
Programme Support Costs (PSC)	19,432	<b>a</b> .	Programme Support Costs (PSC)	19,432
Audit	2,970	×.	Audit	2,970
J	Total: 300,000		<b>T</b>	Total: 300,000

Project title: Implementing Partner:

roject title: Unity State Emergency PHC Project

CARE South Sudan

Total Estimated Budget USD

300,000

	Items Description (Insert more budget line rows as needed)	Cost Type	Unit	Qty	Unit Cost	Original Cost (USD)	Revised Cost (USD)	Varianc	e	*Other secured funding
1	SUPPLIES/COMMODITIES/EQUIPMENT/TRANSPORT (ple	The state of the s	pendable operation	al Inputs includi	ng asset purchases	)				
1.1	Drugs and Medical Supplies	D	Order	2	11,500	23,000	83,737	60,737	264%	
1.2	Lap top	D	Pc	1	1,500	1,500	2,423	923	62%	
1.3	Stationary	D	Order	2	1,800	3,600	2,000	-1,600	-44%	
1.4	Furniture	D	Various	1	2,450	2,450	4,050	1,600	65%	
1.5	Visibility T-Shirts	D	Pc	100	20	2,000	2,000	0	0%	
	Mobile Clinic Hard Top Land Cruiser	D	Piece	1	43,500	43,500	49,682	6,182	14%	
	total SUPPLIES, COMMODITIES	1			13/300	76,050	143,892	67,842	89%	
	PERSONNEL (Staff/consultants salaries, entitlements)					70,050	140,032	07,042	0070	
_		D	Month	1	27,800	27,800	27,800	0	0%	
_	Program National Staff	D	Month	10	8,500	85,000	13,758	-71,242	-84%	_
2.3	Incentive SMoH staff	D	Month	12	500	6,000	6,000	0	0%	
		D		2					-44%	7
2.4	Consultancies	D	Number		1,800	3,600	2,000	-1,600	-44%	-
_	Operation Staff	U	Month	12	1,500	18,000	18,000	72.943	-	-
	The state of the s					140,400	67,558	-72,842	-52%	
3	STAFF TRAVEL (Flights, DSA, Perdium, Terminals)	1 12	I	. 1					-	
3.1	Monitoring Visits	D	Number	4	400	1,600	1,600	0	0%	
3.2	Program Staff Flights: Juba-Nairobi-Juba	D	Retrun Trips	3	650	1,950	1,950	0	0%	
3.3	Airfares - Bentiu - Juba	D	Return Trips	14	400	5,600	5,600	0	0%	
	Per Diem and Accomondation	D	Days	30	120	3,600	3,600	0	0%	
Sub-t	otal STAFF TRAVEL					12,750	12,750	0	0%	
4	TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS					or and a second re-				
4.1	Community OutreachTeams Training	D	Number	1	2000	2,000	2,000	0	0%	
4.2	Training of PHCC Staff	D	Number	1	2000	2,000	2,000	0	0%	53
4.3	Community Referral System Training	D	Number	1	2000	2,000	2,000	0	0%	
Sub-t	total TRAINING, WORKSHOPS					6,000	6,000	0	0%	- RESOLUTION CONTROL
5	CONTRACTS (Specialized services for the project provided by outs	ide contractors	or partners/NGOs							
	total CONTRACTS					0				
6	VEHICLE OPERATING & MAINTENANCE COSTS	7687					22221		221	
6.1	Vehicle Fuel and Maintainance	D	Month	4	1,000	4,000	4,000	0	0%	
6.2	Shipment ofMedical Supplies and Equipment	D	Number	1	5,700	5,700	5,700	0	0%	
6.3	Generator fuel and maintainance	D	Month	12	500	6,000	6,000	0	0%	
6.4	Mobile Clinic Tents	D	Number	1	7,500	7,500	7,500	0	0%	
6.5	Vehicle/ Generator Parts	D	Month	2	2,720.0	5,440	5,440	0	0%	
Sub-t	otal VEHICLE OPERATING & MAINTENANCE COSTS					28,640	28,640	0	0%	
7	OFFICE EQUIPMENT & COMMUNICATIONS	**								
7.1	Air time	D	Month	12	197	2,358	2,358	0	0%	
7.2	Vsat Subcription	D	Month	12	250	3,000	3,000	0	0%	
Sub-t	otal OFFICE EQUIP. & COMMUNICATIONS					5,358	5,358	0	0%	1800-000
8	OTHER COSTS (e.g. bank charges, fuel for office generator)								111	
8.1	Compound Supplies	D	Month	12	300.00	3,600	3,600	0	0%	
	Compound Maintainance	D	Month	12	350.00	4,200	9,200	5,000	119%	
_	Bank Charges	D	Month	12	50.00	600	600	0	0%	(i
	total OTHER COSTS	19				8,400	13,400	5,000	60%	
	UBTOTAL Project Costs					277,598	277,598	0	0%	
B) Pr	rogramme Support costs	1	%1	PSC rate>>	7%	19,432	19,432	0	0%	
									-	-

<sup>\*</sup>Other secured funding: please indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project

\*\* Pls indicate D or I against each budget line to indicate whether cost is direct (D) or indirect project cost

*Total Direct (D) Cost	277,598	93%	277,598	93%
*Total Indirect (I) Cost	22,402	7%	22,402	7%

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