



AGENCY PROJECT PROPOSAL		2020
Funding Window:	Rapid Response	
Please note: Agencies should submit <b>individual project proposals</b> .		V.20190801.EN
Requested project information should be inserted in the white cells of the tables below. Please make sure all <b>white cells are filled out as necessary</b> .		

### Section 1. General Information

<b>Requesting agency</b>	UNFPA	
<b>Project title</b> <i>(max. 150 characters)</i>	Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support in heavy rain and snow fall-affected districts	
<b>Sector/Cluster</b>	Health - Health	
	Select an item from drop-down	
	Select an item from drop-down	
	Select an item from drop-down	
<b>Country</b>	Pakistan	
<b>Geographical area(s) of implementation</b> <i>(first-level and second-level administrative divisions)</i>	Pishin and Killa Saifullah districts in Balochistan	
<b>Project start date &amp; duration</b> <i>All funds should be disbursed and activities completed within six months.</i>	<input type="checkbox"/> a. Standard start date <i>(disbursement of funds by CERF)</i>	
	<input checked="" type="checkbox"/> b. Early start date (specify date)  : 01/03/2020	
	<b>Duration of Rapid Response project:</b>	<b>Six months from start date</b>
<b>Funding</b> <i>(Please <u>only</u> insert numbers.)</i>		
<b>Total funds required for agency's response to current emergency (US\$)</b>	500,000	
<b>Total funds received for agency's response to current emergency (US\$)</b>	100,000	
<b>Total CERF funds requested for this project proposal</b>  <b>(US\$)</b>	100,000	

### Section 2. The project

#### Priority Humanitarian Needs

*What are the time critical needs in the sector(s)? Briefly describe the main problems and needs identified by recent needs assessments and associated with the current emergency. Include date, location and methodology of the assessments (one page or less).*

In the second week of January 2020, the country received heavy rains and snowfalls between 11 and 12 January 2020 causing flash floods, avalanches and landslides. The affected areas are located in Balochistan, Gilgit-Baltistan, and Pakistan Administered Kashmir regions. 107 people were reported injured across Pakistan. According to data compiled from authorities and humanitarian community, around 1.7

million people have been affected while the total population stands at 2.5 million in these affected areas.

In Balochistan, northern districts including Quetta, Mastung, Kallat, Sikandarabad, Ziarat, Pishin, Killa Abdullah, Killa Siafullah, Harnai, Loralai and Zhob were affected due to heavy snowfall whereas southern districts Chagai, Washuk, Panjgur, Kech and Kachhi were affected by flash floods. Public services were constrained and roads were blocked. Access, due to closure of roads, was the main challenge for rescue and relief operations carried out by the Government of Balochistan and humanitarian partners. A state of emergency was declared by the provincial Government on 13 January 2020.

Effect of recent calamity was evident on health care system as well. According to Rapid Need Assessment, almost half of the communities have reported that nearby health facility is not functional. Out of the functional health facilities, more than two-thirds do not provide services 24/7. In addition, ability to physically access the health center is also reduced. Due to access related issues and non-functionality of several health care providers, average time to reach to health facility increased by 47 per cent (from 83 minutes on average before the disaster to 122 minutes after the disaster). Availability of maternal and childcare health services was also in a dire situation. Access to 24/7 maternal care health facility was limited to 14 per cent of the communities only. In 94 per cent of the cases, safe delivery kits are not available in the houses.

As many of the affected districts in Balochistan experienced consecutive droughts for a few years, their resilience and coping capacities of communities in those districts are already exhausted. Another disaster further aggravated the humanitarian situation and increase the vulnerabilities. Referring to an underperforming health system, majority of the snowfall/heavy rains affected districts in Balochistan had history of extreme shortages of health-related human resources especially female care providers. Findings from Pakistan Demographic and Health Survey (2017-18) Balochistan province has presented the lowest uptake on antenatal care (ANC) 4+ visits which is 23%, lowest skilled birth deliveries (Bal; 38.2%) poor family planning uptake (Bal; 19.8% CPR), and higher fertility rate (Bal; 4.0%).

According to MIPS guidelines, about 4% of the total population will be pregnant at a given time, with malnutrition and associated silent hunger predisposes pregnant and lactating women to maternal complications and even mortality. For instance, iron deficiency anemia is a risk factor for hemorrhages, calcium deficiency for pre-eclampsia. Women who will be presenting with complications of pregnancy need timely support and therefore, availability of emergency reproductive health services or minimum initial service package is mandatory.

As evidence shows that around 10-15% will experience depression during pregnancy, psychological first aid or mental health and psychosocial support services must be integrated in emergency reproductive health services

While maternal and newborn health conditions remain to be the leading cause of death in resource poor settings, this is further exacerbated during emergency situations wherein access to quality reproductive health (RH) services are restrained. The stressful living conditions in Balochistan, the overburdened primary health care facilities, with limitations of the maternal and newborn health service delivery network, put the lives of these women and babies at higher risk of morbidities and mortality. Access to life-saving RH information and services is in line with the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Crisis Situations. Maternal and newborn health services need to be continuously accessible, particularly access to emergency obstetric care and referral-level facilities capable of managing pregnancy complications. Implementation of MISP likewise ensures that comprehensive maternal and newborn health programming is built into health systems to build resilience and reduce vulnerability of populations for future emergencies.

UNFPA is implementing CERF Winter Emergency Response in Bashore Area of Pishin and Muslim Bagh Area of District Killa Saifullah. The total population of Bashore and Muslim Bagh is becoming around 117,662. According to Pakistan Housing and Population Census 2017, 26% is the population is women of reproductive age group which is becoming around 30,592. UNFPA aims to reach out to around 35-37% of the total catchment population (around 11,329) in three months with Life Saving RH services.

## Project summary

*Provide a clear, concise description of the CERF project. Who is the target population (who, where, how many)? What are the specific outputs? (one page or less)*

The project aims to ensure access of women of reproductive age group in general and pregnant and lactating women in particular to reproductive health service. Among these services, Basic Emergency Obstetric Care (BEmONC) will be prioritized for safer deliveries and new born care. The services will also include referral for Comprehensive EmONC services, prevention and management of sexually transmitted infections (STI), family planning, psychological first aid, psychosocial support services. To overcome access related challenges including long distance and transportation issues, UNFPA envisages upscaling the capacity of static health facilities of People's Primary Health Care Initiative (PPHI) through deployment of qualified reproductive health staff and provision of essential medicines and required medical equipment. Since it constitutes a challenge to deploy female health care providers to remote health facilities as permanent staff, special arrangements and short-terms assignments of female health cadre will be supported by this project.

Distance and access related issues will also be addressed through conducting integrated reproductive health outreach campaigns involving medical caravans and mobile service units to remote communities in two identified high priority districts in Balochistan. Details on affected population along with locations of health facilities are provided in the table below;

1	Pishin	1	Bagh Barshore	7259	BHUs with an existing LHV will be supported for labor room functions with required equipment and medical supplies and medicines and additional human resource.
		2	Killa Haji Khan	5456	
		3	Walang Haq Dad	9871	Covered through 2 mobile teams on 3 days a week to each BHU
		4	Shahe	3512	
		5	Tora Ghara	3903	
		6	Mulla Aghbarg	5679	
2	Killa Saifullah	1	Babu China	5334	BHUs with an existing LHV will be supported for labor room functions with required equipment and medical supplies and medicines and additional human resource.
		2	Shinkai	4900	
		3	Kanchoghi	7392	Covered through 2 mobile teams on 3 days a week/BHU basis.
		4	Urgas	7271	

UNFPA is planning to reach 11,329 men, women, adolescent boys and girls with integrated SRH and GBV information services. Therefore, only selected Basic Health Units (BHUs) with lady health visitors will focus mainly on BEmONC services whereas, while other BHUs and mobile teams will deliver ante-post natal care, family planning and referral services. To ensure maximum outreach and coverage, UNFPA plans to conduct integrated RH outreach campaigns regularly, which will involve lady doctors and other female health care providers. Free medical camps and mobile outreach visits will be planned accordingly for the remote and population in the selected areas. In some of the larger districts there will be more than one campaign which will be spaced so they do not take place less than four weeks apart. These missions will complement the general midwifery, nursing and general practitioner care that offered by Rural Health Centers (RHCs), BHUs and Hospitals. Where women need referral to a higher level facility or for immediate specialist care, van and ambulances will be made available for their transportation to the Tertiary Care Hospital in Quetta. UNFPA intends to integrate GBV and psychosocial support services in the RH package.

UNFPA's strategy in pursuing this project is to assist the BHUs run by the Balochistan Department of Health (DOH) and PPHI in delivering lifesaving maternal health services to avert excess maternal disability and death in the most critical period of 3 months following the consequences of the heavy rain and snow falls. The BHUs and hospitals that have been supplied with essential medicines and equipment are better placed to handle obstetric emergencies. While acknowledging that such initiatives need to be rolled out across all the affected districts in the long run, this proposal aims to focus on the most vulnerable districts as per the enclosed list.

In three month's project time line, UNFPA is expecting to reach to around 11,329 populations with SRH/GBV information and services. 2945 women of reproductive age group and their spouse will receive counselling services for an informed choice on family planning. We are expecting 453 live births whereas and around 135 of these are expected to delivery in PPHI supported BHUs. Whereas, the remaining pregnant women will receive clean delivery and new-born baby kits to make delivery safe. 22 pregnant women will develop complications and need referral services.









**Persons directly targeted by the project**









*Please include only people who directly received goods or services from the project. If the project has multiple sectors, please provide disaggregated data of people targeted by sector filling out all tables in the template.*

*(Please only insert numbers.)*

Sector	Health - Health				
Category	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total <sup>i</sup>
Host communities <sup>i</sup>					0
Refugees <sup>i</sup>					0
Returnees <sup>i</sup>					0
Internally displaced persons <sup>i</sup>					0
Other affected persons <sup>i</sup>	3871	3720	1832	1906	11329
<b>Total <sup>i</sup></b>	<b>3871</b>	<b>3720</b>	<b>1832</b>	<b>1906</b>	<b>11329</b>
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total <sup>i</sup>
Persons with Disabilities <i>(Out of the total targeted)</i>	309	297	146	152	904

Sector	Select an item from drop-down				
Category	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total <sup>i</sup>
Host communities <sup>i</sup>					0
Refugees <sup>i</sup>					0
Returnees <sup>i</sup>					0
Internally displaced persons <sup>i</sup>					0
Other affected persons <sup>i</sup>					0
<b>Total <sup>i</sup></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total <sup>i</sup>
Persons with Disabilities <i>(Out of the total targeted)</i>					0

Sector	Select an item from drop-down				
Category	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total 
Host communities 					0
Refugees 					0
Returnees 					0
Internally displaced persons 					0
Other affected persons 					0
<b>Total </b>	0	0	0	0	0
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total 
Persons with Disabilities <i>(Out of the total targeted)</i>					0


Sector	Select an item from drop-down				
Category	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total 
Host communities 					0
Refugees 					0
Returnees 					0
Internally displaced persons 					0
Other affected persons 					0
<b>Total </b>	0	0	0	0	0
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total 
Persons with Disabilities <i>(Out of the total targeted)</i>					0




**Persons indirectly targeted by the project**

Please quantify and describe here the persons who will indirectly benefit from project activities, for example from awareness/information campaigns, expansion of service delivery capacity etc. If the project has multiple sectors, please describe here persons indirectly targeted in each sector.

**Results Framework**







For projects covering multiple sectors, please include at least one output per sector – add/delete output tables as necessary. If the project has a GBV, AAP or Cash component, or targets persons with disabilities or other specific needs, make sure that the related outputs and/or indicators and activities are included here.

<b>Project objective</b>	Improved access of women and girls to life-saving sexual and reproductive health services using MISP Approach	
<b>Output 1</b>	<b>Married women of reproductive age group received Basic Emergency Obstetrics and Newborn Care Services/emergency reproductive health services in targeted districts Balochistan.</b> Health - Health	
<b>Sector</b>	Health - Health	
Indicators Output 1	Description	Target 

Indicator 1.1	# of normal deliveries conducted at static health facilities providing Basic Emergency Obstetrics and New Born Care Services.	135
Indicator 1.2	# of married couple of reproductive age group received family planning services for spacing and for limiting <sup>1</sup> .	5703
Indicator 1.3	# of women of reproductive age group (including adolescent girls) received care for SRH and GBV issues <sup>2</sup>	5626
Activities Output 1	Description	Implemented by 
Activity 1.1	Establish/strengthen static service delivery points (PPHI- BHUs)/ Mobile Service Units with trained health care human resource for providing Basic Emergency Obstetrics and Newborn Care Services	PPHI
Activity 1.2	Provide medicines/medical equipment/supplies to static clinics (PPHI BHUs)/Mobile service units for providing Basic Emergency Obstetrics and Newborn Care Services.	PPHI
Activity 1.3	Conduct detail orientation sessions for health care providers on BEmONC/CEmONC/STIs management/FP/GBV case management	PPHI
<b>Output 2</b>	Women referred for Comprehensive Emergency Obstetrics and New-born Care Services/emergency reproductive health services in targeted districts of Sindh and Balochistan.	
<b>Sector</b>	Select an item from drop-down	
Indicators Output 2	Description	Target 
Indicator 2.1	# of pregnant women referred for C-Section to tertiary care hospital providing Comprehensive Emergency Obstetrics and Newborn Care Services (CEmONC).	22
Indicator 2.2	# of pregnant women referred for treatment of complicated cases of pregnancy and other SRH complications to CEmONC centre.	68
Indicator 2.3	# of women referred to CEmONC centre, for treatment of complicated cases of abortion/family planning side effect/STIs	20
Activities Output 2	Description	Implemented by 
Activity 2.1	Deploy health care human resource at referral points (DoH-Rural Health Center) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management	PPHI-DoH
Activity 2.2	Arrange Transport/ambulances or referral of complicated cases of pregnancy/delivery.	PPHI-DoH
Activity 2.3	Establish Communication system between the point of referral to referred health centers.	PPHI-DoH
<b>Output 3</b>	Pregnant women informed/ made aware on safer home deliveries when access to health facility is not	

<sup>1</sup> The couple will include men above 18 and under 18 and therefore, this figure is cumulative of the two from beneficiary table

<sup>2</sup> These are cumulative figures of women above 18 and adolescent (above 10) girls less than 18 years. Thus revised figures in result framework tally beneficiary table. Which is 3720+1906=5626

	possible due to cultural/other reason	
<b>Sector</b>	Select an item from drop-down	
Indicators Output 3	Description	Target 
Indicator 3.1	# of pregnant women with provided with clean delivery kits for safer births	318
Indicator 3.2	# of visibly pregnant women with information on safer delivery/new born cord care/colostrum feeding.	318
Indicator 3.3	# of pregnant women reached with ANC/PNC/FP services	318
Activities Output 3	Description	Implemented by 
Activity 3.1	Distribution of clean delivery kits among community-based birth attendants/community midwives.	PPHI
Activity 3.2	Distribution of clean delivery kits/Hygiene kits/new born kits among visibly pregnant women.	PPHI
Activity 3.3	Establish referral system for referral of visibly pregnant women seeking management for complicated cases of pregnancy and delivery.	PPHI
<b>Output 4</b>		
<b>Sector</b>	Select an item from drop-down	
Indicators Output 4	Description	Target 
Indicator 4.1		
Indicator 4.2		
Indicator 4.3		
Activities Output 4	Description	Implemented by 
Activity 4.1		
Activity 4.2		
Activity 4.3		
<b>Output 5</b>	Strengthened inter-agency coordination on Minimum Initial Services Package (MISP)	
<b>Sector</b>		
Indicators Output 5	Description	Target 
Indicator 5.1	# of RH working group meetings held with documented actions and follow up actions.	3
Indicator 5.2	# of health care providers received orientation on MISP	25
Indicator 5.3		
Activities Output 5	Description	Implemented by 
Activity 5.1	Health cluster appoints a lead organization/person for managing/coordination/reporting on MISP interventions.	PPHI

Activity 5.2	Holding of regular coordination meetings for providing technical and operational support to all organization involved in delivering health services.	PPHI
Activity 5.3	Orientation of all health working group partners on SoPs of MISP Implementation	PPHI

15. Implementation Calendar												
	Project duration (four months with )											
	March 2020			April 2020			May 2020			June 2020		
	Rapid Response Implementation Period											
<b>Output 1</b>												
Deploy health care human resource at referral points (DoH-Rural Health Center) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management												
Provide medicines/medical equipment/supplies to static clinics (PPHI BHUs)/Mobile service units for providing Basic Emergency Obstetrics and Newborn Care Services.												
Conduct detail orientation sessions for health care providers on BEmONC/CEmONC/STI s management/FP/GBV case management												
<b>Output 2</b>												
Deploy health care human resource at referral points (DoH-Rural Health Center) for providing Comprehensive Emergency Obstetrics and Newborn Care Services/FP services/STI management												



## Section 4. Cross-cutting

### Accountability to Affected People

*Please describe how accountability to affected populations (AAP) has been/will be ensured during the different phases of the project:*

1. design and planning,
2. implementation
3. monitoring and evaluation.

*How will people targeted by the project be informed of the response and/or services available to them? How will target communities be consulted throughout the implementation and how will feedback be acted upon? Please provide relevant AAP project specific information according to project phases.*

*Please include only relevant project specific information for the CERF funded project, do not enter generic policy or guidance language. Please refer to the IASC AAP commitments at <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-61>*

The strong engagement and involvement of affected populations in the design, implementation and monitoring of RH and MPHSS interventions will be tapped through available opportunities in health facilities, community organization platforms and field level coordination mechanisms in the project areas, whenever feasible. provincial and district coordination hubs (Pakistan PSEA Network, RH Working Group, Gender Humanitarian Task Force, Health Sector and GBV sub cluster, will be tapped to disseminate information on Protection from Sexual Exploitation and Abuse (PSEA). As in the previous efforts, UNFPA will promote greater government ownership and leadership in this program through the existing national and provincial coordination systems and implementing units. During the design and planning phase, the location of outreach areas where medical camps will be conducted will be finalised after consultation with men and women from the community. In the implementation phase, women and girls will be engaged by soliciting their suggestions and recommendations on the topics that will be taught in the RH sessions. A client centered feedback system will be installed to allow women and girls to express their satisfaction and dissatisfaction on the information and services they are receiving or have received from RH mobile teams, health facilities and WHFSs. This system will allow, real time generation of feedback from beneficiaries which will subsequently inform required changes (as needed) in the type and the way services are delivered.





UNFPA's approach to Sexual Exploitation and Abuse Sexual relationships between UNFPA personnel and beneficiaries of assistance are strongly discouraged as they are based on inherently power dynamics and undermine the credibility and integrity of the UN system as a whole. UNFPA PSEA Strategy UNFPA's approach to combating sexual exploitation and abuse has three objectives: • To prevent sexual exploitation and abuse (SEA) by its personnel and partners • To enforce UN standards of conduct on SEA when it occurs, and to assist victims of SEA

UNFPA works closely with its UN system partners to achieve these objectives through a range of actions and communicates transparently throughout the process to all stakeholders involved. The interests and dignity of those affected guides the UNFPA approach to prevention, response and assistance and lies at the core of its efforts.

Prevention: UNFPA conducts pre-employment checks of all staff and personnel to prevent re hiring of known offenders. All UNFPA staff are mandated to undergo mandatory trainings on the prevention of SEA. UNFPA does not partner with entities that fail to address SEA.

UNFPA personnel are obligated to report allegations of SEA to the UNFPA Office of Audit and Investigation Services (OAIS) through the confidential reporting tools available her including, an online reporting from available in five UN languages. UNFPA investigates all allegations of SEA, imposes disciplinary and or administrative sanctions when allegations are proven and may, through the UN office of Legal Affairs refer matters for criminal prosecution to national authorities.

UNFPA can offer psychosocial assistance and medical treatment to individuals affected by SEA.

Gender considerations and persons with specific needs					
Gender with Age Marker Code 		3			
		<i>Please explain the score, highlighting how gender and age were considered in the design of the project.</i>			
Does this project consider protection from gender-based violence (GBV) in its design?		Yes, GBV protection is a component			
		The project focuses on women and girls who are already living in a conservative culture where there is significant gender inequity. This inequity is known to limit decision-making power of women and girls in terms of accessing health services as well as their ability to move in public areas. This drought situation will only heighten this issue as the focus will be removed from the needs of women, to coping with survival needs related to food, WASH, livelihood. The proposed project's secondary purpose is to advance gender equality and women and girls' empowerment, by saving lives of drought affected pregnant women and lactating mothers as well as their newborn babies with strong elements of psychosocial support services, GBV case management including referral. Protecting them from the heightened risk of gender based violence is critical part of the integrated response.			
Does the project target persons with disability?		Yes: all or a component of the project is specifically designed to address the needs of persons with disability			
		The project is specifically designed to address the needs of persons with disabilities			
Cash Transfer Programming (CTP)					
Does this project include CTP?		No			
Total number of people receiving cash assistance		NA			
		<i>If no, please describe why CTP was not considered.</i>			
<i>Please specify below the parameters of the CTP modality/ies used. If more than one modality is used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that will be transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs)</i>					
Type of activity	Value of cash (US\$)	Objective 	Cluster/Sector	Conditionality 	Restriction 
		Select an item from drop-down	Select an item from drop-down	Select an item from drop-down	Select an item from drop-down
		Select an item from drop-down	Select an item from drop-down	Select an item from drop-down	Select an item from drop-down
		Select an item from drop-down	Select an item from drop-down	Select an item from drop-down	Select an item from drop-down
		Select an item from drop-down	Select an item from drop-down	Select an item from drop-down	Select an item from drop-down



Budget Lines	Cost Breakdown				
	Description of Unit	Quantity	Unit Cost	% Charged to CERF	Total (USD)
<b>A. Staff and Other Personnel Costs</b> Please itemize costs of staff, consultants and other personnel recruited directly by the agency for project implementation. Indicate international or national staff, level, title, number and unit cost of each type of personnel. Staff and other personnel costs should be kept to the essentials for emergency response. Please indicate the percentage of dedication to CERF project for each person to determine total cost correctly.					
n/a					-
<b>Sub-Total A:</b>					-
<b>B. Supplies, Commodities, Materials</b> Please itemize costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs.					
New Born Baby Kits	Kit	435	10.00	N/A	4,350
Clean Delivery Kits	Kit	435	3.50	N/A	1,523
<b>Sub-Total B:</b>					<b>5,873</b>
<b>C. Equipment</b> Please itemize costs of non-consumables to be purchased under the project.					
					-
<b>Sub-Total C:</b>					-
<b>D. Contractual Services</b> Please itemize works and services of commercial nature to be contracted under the project. Please provide the names of contractors, if known.					
					-
<b>Sub-Total D:</b>					-
<b>E. Travel</b> Please itemize travel costs of staff, consultants and other personnel for project implementation. Please provide the purpose, destination, number of travelers, transportation costs, number of days and DSA rate for the trips. Generally, except for international travel of surge personnel to the emergency, other international travel is discouraged.					
Workplan Monitoring and Project Review mission by UNFPA Staff [ Ticket Cost to Quetta [3x200x3= USD1800]- This is UNFPA Islamabad Staff monitoring cost covering ticket cost.	Mission days	9	200.00	N/A	1,800
DSA of 3 persons 3 visits for 3days each [3x100x3x3=USD 2700]- This is UNFPA Islamabad Staff monitoring cost covering DSA cost.	DSA days	27	100.00		2,700
Coordination Meeting with IP refreshment for 20 Participants for 3 meetings [20x20x3= USD 1200]- This is the refreshment cost for the 20 participants for 3 meeting one each month	No	3	400.00	N/A	1,200
<b>Sub-Total E:</b>					<b>5,700</b>
<b>F. Transfers and Grants to Counterparts</b> Please provide breakdown by implementing partners (typically Government partners and NGOs). Please provide the name of partners, if known. For each partner, please provide a brief description of its role and a general breakdown of budget.					
<b>Implementing Partner</b>	<b>People's Primary Health Care Initiative [PPHI]</b>				
01 Project Officer for 4 months	No	4	700	N/A	2,800
01 District HIS Assistant for 3 months	No	3	300	N/A	900
12 Midwife/LHV for 3 months	No	36	260	N/A	9,360
02 Psychologist for 3 months	No	6	453	N/A	2,718
10 Health facilities minor repair and fixing for mobile service units	No	10	2,000	N/A	20,000
03 Mobile Service Units [ vehicle rent and Fuel]	No	9	645	N/A	5,807
Rental Vehicle for district Office for M&E for the monitoring purpose for the Project Officer and Data Assistant	No	3	645	N/A	1,935

Orientation of PPHI field staff on BEmONC, Referral for CEmONC, FP services, CMRS, GBV [20 Participants refreshments and traveling cost]- 16 project staff and 4 IP staff total 20 Participants	No	1	1,723	N/A	1,723
Procurement of Medicines and Medical Equipment (10 BHUs and 4 MSUD) by IP	No	14	2,111	N/A	29,554
IP Monitoring Cost DSA 3 person 3 visits per months for three months [3x60x9= USD 1620]	No	3	540	N/A	1,620
ICT Equipment for IP - procured by IP	No	3	300	N/A	900
Visibility/branding/Communication for community awareness - used for the community awareness Banners, leaflets and other IEC material	No	2	484	N/A	968
Coordination Meetings with PDMA, Health Department, UN Agencies for the Project progress	No	2	800	N/A	1,600
3 days training on MISP. Training will be facilitated by UNFPA (one batches each with 25 participants from field)	No	1	2,000	N/A	2,000
<b>Sub-Total F:</b>					<b>81,885</b>
<b>G. General Operating and Other Direct Costs</b> Please include general operating expenses and other costs directly required for project implementation. CERF does not fund recurrent costs of regular agency operations and programmes.					
				n/a	-
<b>Sub-Total G:</b>					-
<b>Total Project Direct Costs</b>					
Total project direct costs					<b>93,458</b>
<b>Indirect Project Support Costs (PSC)</b> (must not exceed 7% of total project direct costs)					
PSC rate					7%
PSC amount					<b>6,542</b>
<b>Total CERF Project Budget</b>					<b>100,000</b>

<b>Breakdown of budget by sector</b> <i>For multiple-sector projects, please estimate the percentage of the overall project budget associated with the individual sectors. Include the Humanitarian Response Plan or Flash Appeal Project Code, if applicable.</i>		
Sector	Share of total project budget (%)	HRP or Flash Appeal Project Code
Health - Health	100%	