AGENCY PROJECT PROPOSAL		2020
Funding Window:	**Underfunded Emergencies**	**Round II**
Agencies are encouraged to submit multi-sector projects with **ideally one project per agency**. Projects should only be developed after the CERF secretariat provided feedback on the **Strategic** and **Operational Prioritization**. Please make sure all **white cells** are **filled** out as necessary.		**V.20200801.EN**

Section 1: Agency Information

Agency	UNFPA
Project title (max. 100 characters)	**Provision of integrated lifesaving SRHR and GBV services in refugee hosting districts in Uganda**
Sector/cluster	Health - Health
	Protection - Sexual and/or Gender-Based Violence
Country	Uganda
Geographical area(s) of implementation (First-level and if relevant second-level administrative divisions.)	West Nile: Bidibidi (Yumbe District), Palorinya (Obongi District) and Rhino/Imvepi (Arua/Terego districts) Northern: Palabek (Adjumani district) Western: Kyangwali (Kikuube district) , Terego (formerly Arua), Adjumani, Kikuube Districts (Specific settlements:;, Adjumani, Kyangwali)
Project duration	**Start date: Disbursement of funds by CERF**
	End date: Twelve months from start date

Funding (Please insert numbers only.)

Total funds required for agency's response to current emergency	US$ 13,796,891	
Total funds received for agency's response to current emergency	US$ 6,476,692	47 %
Total CERF funds requested for this project proposal	US$ 699,284	5. %

Section 2: Project Overview

a. Project summary:

Please outline in **max. 300 words** the key objective and expected impact of this project, and what concrete activities will you undertake to achieve it?

Key objectives: Improving sexual reproductive health and GBV response for refugees in Uganda.

This project will contribute to the implementation of the Comprehensive Refugee Response Framework (CRRF), the Refugee and Host Population Empowerment (ReHoPE) strategic framework, the National Health Sector Integrated Refugee Response Plan 2019-2024. The project will further contribute to the implementation of the Global Minimum Initial Service package (MISP) for sexual reproductive health and rights to ensure access to life-saving reproductive health care in emergency settings, and provision of protection and care services to GBV survivors among refugees in 5 targeted refugee-hosting district of Yumbe, Terego (formerly Arua), Obongi, Adjumani and Kikuube.

The project works to strengthen the demand for SRHR/GBV services as well as improving the supply side (health system).

The proposed activities will ensure that 28 targeted health facilities across the five districts are equipped, have adequate supplies, space, referral mechanisms and skilled personnel to provide quality lifesaving SRHR including GBV health services as a centerpiece of universal health coverage and delivered in an integrated manner. This includes procuring necessary medical equipment, deploying midwives, orienting health care workers, bringing SRHR/GBV medical services closer to the population through regular outreaches, supporting ambulance referral system for maternal and severe GBV cases, providing essential job aids, and follow up on recommendations from maternal death audits.

An analysis of SRHR/GBV service access and utilisation was conducted for all refugee hosting districts. The indicators used in this analysis included access to ANC, delivery services, SGBV cases served at health facilities and most importantly maternal deaths. These were coupled with access to services by refugees. Based on these, a composite status was used to rank the districts with the most affected/challenged being chosen as implementation units. Facilities that serve refugees as well as nationals were considered basing on the level of operation. Hospitals, HC IVs and HC III were prioritised while high volume IIs were also considered.

The project will further work with communities in the same five districts to increase demand for SRHR/GBV services, which includes ensuring that women and young people are empowered with information in order to be less vulnerable to risks such as teenage pregnancy, GBV and Sexually-Transmitted Infections (STIs) and to stimulate the uptake of SRHR and GBV services by proving accurate information on services available, dispel myth, and provide referral linkages. This includes SRHR/GBV community health education and pregnancy mapping in the affected communities for identification of high-risk pregnancies, timely referrals for antenatal care (ANC), screening for GBV and link to delivery services at appropriate level of health facilities across the targeted districts. Health education will be accompanied by SEA awareness sessions to improve reporting of SEA cases

b. People directly targeted:

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 insert numbers only.

Sector/cluster	Health - Health				
Category	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	**3,285**	**27,858**	**1,011**	**6,410**	**38,564**
Refugees	**4,063**	**34,465**	**1,251**	**7,931**	**47,710**
Returnees	**0**	**0**	**0**	**0**	**0**
IDPs	**0**	**0**	**0**	**0**	**0**
Other affected persons	**0**	**0**	**0**	**0**	**0**
Total	**7,348**	**62,323**	**2,262**	**14,341**	**86,274**
People with disabilities (PwD) (Out of the total targeted)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
	146	**1,246**	**45**	**286**	**1,723**
Sector/cluster	Protection - Sexual and/or Gender-Based Violence				
Category	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	**1,552**	**6,680**	**478**	**1,537**	**10,247**
Refugees	**1,921**	**8,263**	**591**	**1,902**	**12,677**
Returnees	**0**	**0**	**0**	**0**	**0**
IDPs	**0**	**0**	**0**	**0**	**0**

Other affected persons	**0**	**0**	**0**	**0**	**0**
Total	**3,473**	**14,943**	**1,069**	**3,439**	**22,924**
People with disabilities (PwD) (Out of the total targeted)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
	69	**298**	**21**	**68**	**456**

c. People indirectly targeted:

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

The programme will also reach healthcare workers (appr. 250) and district local government staff (appr. 125)

d. Results Framework

For projects covering multiple sectors, please include at least one output per sector – add/delete rows or output tables as necessary. Please ensure that outputs and/or indicators and activities directly related to aspects discussed under section 4 are included here. Indicator targets should match people targeted above. If you use percentages, also list absolute numbers.

Project objective	**To improve sexual reproductive health and GBV services and service uptake for refugees and host communities in Uganda.**	
Output 1	**Strengthened district response capacity to ensure the provision of lifesaving SRHR services**	
Sector/cluster	Health - Health	
Indicators	**Description**	**Target**
Indicator 1.1	Number of beneficiaries served with SRHR services in target health facilities in the past 12 months.	64,287 (Refugees=27097, Nationals=37190)
Indicator 1.2	Number of pregnant women mapped and linked to care/services	9,200 (Refugees=3878, Nationals=5322)
Indicator 1.3	Number of births attended by skilled health personnel in the target districts.	24,616 (Refugees=10376, Nationals=14240)
Indicator 1.4	Number of pregnant women (disaggregated by age) referred for emergency obstetric care through the strengthened ambulance system.	994 (Refugees=419, Nationals=575)
Indicator 1.5	Number of people reached with family planning services (new and continuing users) disaggregated by age	17,505 (Refugees=7379, Nationals=10126)
Indicator 1.6	Number of health facilities serving refugees that are equipped through the programme to provide essential and emergency lifesaving interventions in reproductive health.	28
Activities	**Description**	**Implemented by**
Activity 1.1	Support the provision of youth friendly SRHR/GBV outreach services to the effected populations across the targeted districts to provide services closer to	District Local Governments,

	the affected population since distances to health facilities are far for some refugee communities. This entails health facility outreaches where youth are provided with SHRH/GBV information and services (SRHR health education, GBV awareness, STI screening, GBV screening, Family planning services, Antenatal care, postnatal care) and are referred to health facilities for follow up or more advanced procedures.	ACORD, IRC, LWF
Activity 1.2	Community information and health education. This activity involves, sensitisations by implementing partners in all target districts and settlements through drama groups, out reaches by community volunteers, community dialogues, . Expected outcome is to improve awareness of GBV/SRHR/PSEA, challenge gender norms and empower communities , prevent GBV and to improve uptake of GBV and SRHR services (incl. HIV testing, Antenatal, post natal care, safe delivery services) and SEA reporting. The objective is to improve sexual reproductive health and GBV services including uptake of services, including increasing the demand for services and the supply side (health facilities improvement of services).	Implementing partners: ACORD, IRC, LWF
Activity 1.3	Conduct pregnancy mapping for Identification of High-risk pregnancies, timely referrals for Antenatal Care (ANC), screening for GBV and link to delivery services at appropriate level of health facilities across the targeted districts	District Local Governments, ACORD, IRC, LWF
Activity 1.4	Deploy 15 midwives across the targeted districts to provide SRHR/GBV services	District Local Governments, ACORD, LWF
Activity 1.5	Support referral services (Hire, functioning and maintenance of ambulance services)	District Local Governments, ACORD, IRC, LWF
Activity 1.6	Reproduce SRHR/GBV job aids	UNFPA
Activity 1.7	Orientation and mentoring skills of health workers in EmONC/Post-abortion care, standard precautions, and Essential Operatives Obstetrics (ETOO) at points of care in Kyangwal i/Kikuube. This is needed to support implementation of other proposed health systems strengthening components (ERH kits etc).	District Local Governments, LWF
Activity 1.8	Undertake Maternal Perinatal Deaths Surveillance and Response (MPDSR). Support MPDSR committee lead champions at HCIVs and Hospitals to strengthen notification, monthly review and follow up on recommendation in all targeted districts. This will include providing allowances, transport and fuel for monthly meetings, notifications, community follow-up, and responding to the recommendations. Each maternal and neonatal death will be reviewed by a team comprising of health workers in the facility where the death occurred working with a team of senior specialist including community follow up to ascertain the delays (at home, during transportation to facility and at health facility) and use this findings to inform district level MPDSR committee discussions and dissemination to other health facilities to avoid future occurrence of the same.	District Local Governments, ACORD, IRC, LWF
Activity 1.9	Procure and distribute dignity kits (mama and baby packs) to new arrival refugee pregnant women delivering during the project period. These kits will	UNFPA

	be provided to vulnerable women who come to deliver at health facility level, comprising of some material for the mother and baby to address the vulnerability of mothers who come without any thing to cater for the deliveries and act as motivation for health facility delivery.	
Activity 1.10	Procure and distribute emergency reproductive health kits and other medical equipment for SRHR/GBV service delivery . These kits will be distributed by UNFPA to the 28 health facilities based on a needs assessment.	UNFPA

Output 2	Increased uptake of GBV reporting and case management services	
Sector/cluster	Protection - Sexual and/or Gender-Based Violence	
Indicators	**Description**	**Target**
Indicator 2.2	Number of women (including women with disabilities and girls/adolescence), reached with SRHR and GBV information and PSEA information.	21,987 (Refugees=9268, Nationals=12719)
	Number of GBV survivors supported to receive GBV services in targeted districts.	693 (Refugees=293, Nationals=400)
	Number of sexual violence survivors provided with post rape services (including emergency contraception, post exposure prophylaxis, first aid - psychosocial counselling, etc.) within 72 hours.	153 (Refugees=65, Nationals=88)
Activities	**Description**	**Implemented by**
Activity 2.1	Support community health education and mobilization among refugees and host communities with a theme of GBV (integrated with SRHR and HIV) and PSEA to increase reporting of GBV and PSEA and uptake of GBV services. This will be done by implementing partners who shall reach out to refugees and host communities with accurate information on SRHR services, and GBV prevention messages, how to report cases of PSEA – (same activity as 1.2, GBV and SRHR messages are integrated because of the strong linkages between SRHR and GBV, so this is applicable both under GBV and Health sector.) This activity will include integrated camps in form of out reaches by health workers which include provision SHR/GBV Information and service, linking them to service delivery. Information of FP, Neonatal and post-natal care, delivery under skilled care, GBV information of referral pathway, availability of PEP, free police form 3, then services on Family planning, provision of antennal and neonatal, services HIV testing and counselling services. Among others. This will be facilitated by implementing partners in partnership district health team. -This will be implemented in all the geographical locations UNFPA has indicated in section 1. The target are in the indicators 2.2, 21,987	ACORD, LWF IRC

	(Refugees=9268, Nationals=12719).	
Activity 2.2	Produce, print and distribute IEC translated materials on GBV and PSEA.	ACORD, LWF IRC
Activity 2.3	Establish and functionalise in collaboration with UNHCR one stop centers where survivors can access all services in one place (health, psychosocial and police and legal advice) The contribution from UNFPA will include: Support orientation of district and health services providers on clinical management of rape; GBV reporting and basic psychosocial and trauma management.	ACORD, LWF IRC

Section 3: Implementation and Coordination Arrangements

a. Implementation (max. 200 words):

- Does your agency have sufficient **staff capacity** in place to implement the project, or would you need to recruit new staff? If so, how long do you estimate this will take?
- What is your agency's **operational presence** in and/or ability to **access** project locations?
- What **procurement, transport and delivery arrangements** are in place to ensure you can deliver the planned assistance within the CERF's implementation period of 12 months?
- What is the timeline for **contractual services** for activities such as cash transfer programming, training, etc.
- Who are the planned **implementing partners** and what are their responsibilities? Indicate if **MOUs** are in place and if not, please outline the timeline for signing agreements and transferring funds and/or supplies to partners.
- How will implementation be **monitored**?

UNFPA has presence at national level and in the field including in the proposed target districts

UNFPA procurement is guided by the UNFPA procurement policy which provides guidance on what is procured locally or centrally by the UNFPA Procurement Services Branch (PSB) using global Long-Term Agreements (LTAs). Procurement activities will be included in the procurement plan and uploaded on the global portal and monitored regularly. UNFPA uses fast track procedures.

UNFPA will work with partners selected through the UN Harmonized Approach to Cash Transfers (HACT) process.

This project will be implemented through partners currently working with UNFPA including: the Agency for Cooperation and Research in Development (ACORD), International Rescue Committee (IRC) and Lutheran World Federation (LWF) who will be at the frontline of this project working together with the District Local Governments. The partners have signed MoUs with the targeted local governments and they already have a track record in implementing in refugee settings.

Monitoring and supervision will be conducted on regular basis by UNFPA, district local governments and implementing partners. UNFPA and partners will support routine data collection from service delivery data sources especially the health information management system to track and report on project implementation.

b. Coordination (max. 150 words):

- How will this project complement other projects funded by CERF through this allocation?
- What are the synergies with other initiatives funded by CERF and/or other donors?
- How will your agency coordinate activities with others at sector/cluster and inter-sector/cluster level?

UNFPA humanitarian interventions are aligned with the existing coordination mechanisms under the overall coordination of the Office of the Prime Minister (OPM) and UNHCR. For the health sector response, UNFPA participates in the Health and Nutrition sector coordination mechanism with regular meetings at national and subnational level. The GBV interagency humanitarian coordination mechanism (with functional working groups at national and field levels) is co-led by UNHCR and UNFPA, with leadership and participation of Government, other agencies and NGOs. These frameworks are already functional with regular updates from the sectors provided at the inter-agency coordination level on a monthly basis.

The proposed interventions are designed to synergize with contributions of other donors in the same district which include longer term humanitarian- development nexus programmes. This complementarity strengthens the sustainability and impact of CERF support as well as the support of other donors.

Section 4: Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas [1] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **In the following section, please demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP) [2]:

In **max. 100 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) will be involved in the design, implementation and monitoring of the project. Please highlight the modality to involve all groups in all project phases and how feedback might lead to the agencies adapting the project design as required.

Program beneficiaries and stakeholders were involved in UNFPA's rapid assessments in affected districts. Assessment methodologies included focus group discussions and interviews with community members and district leadership and reviews of all maternal death audits in refugee-hosting districts. Assessment results were used to design priorities and required strategies which will contribute to the outcomes of this project. Joint monitoring and supervision visits will be conducted on regular basis by UNFPA and implementing partners with program beneficiaries and stakeholders involved. These will be used to assess project implementation status and provide a platform for documentation of achievements, challenges and lessons for improvement.

In **max. 100 words**, please describe the feedback or complaint mechanism [3] implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

UNFPA is part of the PSEA and GBV coordination system, which has community-based complaint mechanisms (CBCM) and community volunteers in place. Through coordination, referral pathways are strengthened for timely reporting with SOPs for GBV and PSEA setting standards to operate within. SEA reporting has been made possible with the introduction of CBCM which enables SEA survivors to report at any point without having to go through a bureaucratic process.

[1] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[2] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

[3] A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

b. Prevention of Sexual Exploitation and Abuse (PSEA)[2]:
In **max. 100 words**, please describe the mechanism to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

UNFPA has internal policies on PSEA and ensures that all staff, consultants, interns and volunteers undergo mandatory training on PSEA and that regular PSEA trainings for staff, consultants, interns, volunteers and implementing partners take place. PSEA compliance clauses are included in the implementing partner agreement with UNFPA which ensures that partners abide by the guidelines. UNFPA supports the country PSEA coordination forums and works with other agencies to strengthen community complaint mechanisms, reporting mechanism, and victim assistance. UNFPA has an investigation department to handle SEA allegations.

c. Focus on women, girls and sexual and gender minorities, including gender-based violence:
In **max. 100 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

The project will contribute to improved gender equality by providing women and girls with improved access to sexual and reproductive health and GBV services, thus strengthening the agency of women and girls to lead productive and healthy lives. With improved sexual and reproductive health service delivery and community health education on SRHR and GBV the project seeks to decrease unwanted pregnancies, teenage pregnancies, and early marriages. The project will engage men, boys and community leaders as key agents for social norm change, including for increased uptake of SRHR/GBV services.

Gender with Age Marker (GAM) Code	3
Specify the motive of the project indicated by the GAM code:	☒ **M** (Project **mainstreams** attention to gender equality) ☐ **T** (Project entails **targeted** action to address discrimination)
GBV Self-assessment: Has protection from gender-based violence (GBV) been considered in the project design? Please select from drop-down.	Yes, GBV protection is a component
Related to the self-assessment, in **max. 100 words** please explain how GBV has been considered in the project design, with attention to: – Gender analysis of the GBV situation, including risks, trends, mitigation, response and prevention. – The organisational capacity and technical expertise on GBV mitigation, response and prevention, including the technical expertise of any implementing partners. – Partnerships and collaborations with women's organisations working on GBV, including promoting local women's leadership. – Involvement in the GBV Sub-Cluster, and how the proposed activities align with the priorities of the GBV Sub-Cluster, meet needs and gaps identified in HNO and HRP.	UNFPA works in an integrated manner with SRH and GBV and GBV response is a core area of the project design, with special attention given to the medical and service delivery side as well as community awareness and education. UNFPA technical staff involved in the programme delivery all have solid technical GBV expertise. UNFPA is co-lead in the GBV sub cluster coordination, response and prevention in humanitarian settings in Uganda and will work with NGOs that have established record in these locations. The response in this project is informed through analysis generated by the sector and the refugee response plan.

d. People with disabilities (PwD):
In **max. 75 words**, please describe how the project aims to meet the essential needs and ensures accessibility. Further, explain how the project addresses the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

Disability inclusion is currently one of UNFPA's focus areas, including implementing IASC guidelines on disability inclusion in humanitarian setting. The project will ensure that all activities are disability friendly and services are

provided without discrimination. UNFPA and partners will consult with organizations of persons with disability to ensure that the activities implemented are friendly to persons with disability and in accessible formats to the extent possible.
e. Protection: In **max. 75 words**, please explain how protection of all persons affected and at-risk has been considered in the project design?
The programme has been designed with a focus on improving access to SRHR and GBV services for women and girls within the refugee hosting districts. Implementation of the programme will however also reach secondary beneficiaries i.e. health and social workers, men and boys, and the community at large. Orientation of key stakeholders will be conducted on GBV, sexual exploitation and abuse and the community-based complaints mechanism to address any identified cases for the prevention of SEA.
f. Education: If relevant for this project, please explain in **max. 75 words** how aspects of education have been considered in the project design?
N/A

Does this project include CVA?	No
If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible. If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.	
Multi-Purpose Cash transfer although considered very critical for the needs of the refugees, will be undertaken by our collaborating UNHCR as part of the response. Vulnerable women Identified as part of our programme support will be linked to UNHCR for any support that may be required	
Total number of people receiving CVA: Please avoid double-counting when adding all beneficiaries from activity breakdown below.	No

Please specify below the estimated value and other parameters of the CVA activity/ies used (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Complete separate rows for different activities. Add/delete row as required.

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Cluster/Sector**	**Restriction**
[N/A]	[N/A]	[N/A]	Select an item from drop-down	Select an item from drop-down
[N/A]	[N/A]	[N/A]	Select an item from drop-down	Select an item from drop-down
[N/A]	[N/A]	[N/A]	Select an item from drop-down	Select an item from drop-down

CERF Project Budget

Budget Lines	Cost Breakdown				
	Description of Unit	Quantity	Unit Cost	% Charged to CERF	Total (USD)
A. Staff and Other Personnel Costs 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.					
UNFPA Drivers (Kyegegwa and Yumbe) (G2) 2 persons, national staff	annual	2.0	14,619.00	50.0%	14,619
UNFPA SRH consultant, 1 person, national consultant, Kyegegwa	monthly	12.0	3,000.00	50.0%	18,000
UNFPA GBV analyst, 1 person, national staff, service contract,Yumbe	monthly	12.0	2,600.00	50.0%	15,600
Sub-Total A:					**48,219**
B. Supplies, Commodities, Materials Please itemize costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs.					
Kit 3 (Rape treatment)	Kit	15.0	1,133.00	n/a	16,995
Kit 5 (Treatment of STIs)	Kit	10.0	1,382.00	n/a	13,820
Kit 6A (Clinical Delivery assistance- reusable equipment)	Kit	10.0	900.00	n/a	9,000
Kit 6B (Clinical Delivery assistance kit- drugs and disposable equipment)	Kit	10.0	841.00	n/a	8,410
Kit 7 (Intra Uterine Devices) kit	Kit	5.0	219.00	n/a	1,095
Kit 8 (Management of miscarriages)	Kit	3.0	747.00	n/a	2,240
Kit 9 (Suture of tears and vaginal examination) kit	Kit	5.0	307.00	n/a	1,535
Kit 11A (Referral level, reusable equipment) kit	Kit	2.0	860.00	n/a	1,720
Kit 11B (Referral level, drugs and disposable equipment)	Kit	2.0	5,418.00	n/a	10,836
Dignity kits for women and girls	Kit	600.0	35.00	n/a	21,000
Shipment, handling and warehousing, Total procurement including medical tents under C=: USD104.652 (86,652+18,000), 17% of 104,652=17,790	lump sum	1.0	17,790.00	n/a	17,790
Sub-Total B:					**104,441**
C. Equipment Please itemize costs of non-consumables to be purchased under the project.					
Medical tents	tents	3.0	6,000.00	n/a	18,000
Sub-Total C:					**18,000**
D. Contractual Services Please itemize works and services of commercial nature to be contracted under the project. Please provide the names of contractors, if known.					
				n/a	-
Sub-Total D:					**-**
E. Travel Please itemize travel costs of staff, consultants and other personnel for project implementation. Please provide the purpose, destination, number of travellers, 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.					

Two monitoring and evaluation visits by UNFPA CO officers (2 officers and 1 driver) for 2 days per location for 5 locations of Adjumani, Arua, Yumbe, Kikuube, Obongi DSA $65	DSA days	60.0	65.00	n/a	3,900
Monitoring and evaluation by UNFPA field staff (Details: 2 officers and 2 driver for 3 days per visit for bi-monthly visits per location/ for 4 locations (4*3*6)=72, DSA $65	DSA days	72.0	65.00	n/a	4,680
Sub-Total E:					**8,580**
F. Transfers and Grants to Counterparts 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.					
Carry out quaterly integrated youth friendly SRH/HIV/FP/GBV outreaches and services provision in the 5 settlements/host communities	Outreaches	20.0	2,000.00	n/a	40,000
Orient volunteers, in 5 settlements/district (30 ppl per settlement/district, for SRHR/GBV community health education and mobilization for SRHR and GBV services and SEA reporting	Orientation session	5.0	2,200.00	n/a	11,000
Weekly Community mobilisation and health education activities by voluteers for integrated GBV and SRHR and PSEA with the aim to improve reporting, demand and uptake of SRH/GBV services in each of the 5 settlements/districts (48x5)	Activity	240.0	80.00	n/a	19,200
Carry out quaterly community pregnancy mappings in the 5 settlements/districts	preganancy mapping exercise	20.0	1,250.00	n/a	25,000
Deploy 15 midwives in the settlements (on average 3 per settlement/district) for improved antenatal care, assisted safe deliveries, post abortion care and Post natal care for 12 months (15x12)	midwife/month	180.0	520.00	n/a	93,600
Support 5 ambulances (1 per settlement) for referral of maternal complications across the 5 settlements. This includes ambulance vehicle hire (2200USD), fuel (1300USD), ambulance driver salary (100USD), maintenance (100USD), Total monthly total cost per ambulance; USD3700, (5X12 months)	ambulance/settlement/month	60.0	3,700.00	n/a	222,000
Maternal Perinatal Deaths Surveillance and Response (MPDSR) orientation and follow up meetings for Identification, notification, quality review and response to recommendations and actions, including the support of MPDSR committee lead champions at HCIVs and Hospitals (orientation on MPDSR and quateerly meetings with 20 participants/district), total of 5 meetings per district, includes costs for venue, print materials and refreshments, cost per meeting: 500 USD	per district	5.0	2,500.00	n/a	12,500
Orientation of health workers on GBV psychosocial support and Clinical Management of Rape (CMR), 30 participants per district, 2 days orientation session, costs include: venue,DSA, print materials and refreshments. Cost per session: 440USD	session	5.0	2,200.00	n/a	11,000
Orientation of health workers on EmNOC, post abortion care and ETOO 30 participants (only Kikuube), 30 participants per district, 5 days orientation session, costs include: venue,DSA, print materials and refreshments.	session	1.0	2,500.00	n/a	2,500
Review/development/printing of SRH and GBV job aids for the 5 settlements/districts	settlement/package	5.0	1,000.00	n/a	5,000
Printing PSEA IEC materials	settlement/package	5.0	600.00	n/a	3,000

Implementing partner monitoring and data collection costs, 5000USD per implementing partner for monitoring and data collection over 12 months (Total per implementing partner: 104 days DSA xUSD48 per partner over the programme period. This will cater for 4 days biweekly DSA for 1 programme officer and one driver per implementing partner over the programme period.)	lump sum per partner	3.0	5,000.00	n/a	15,000
Sub-Total F:					**459,800**
G. General Operating and Other Direct Costs 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.					
Office supplies (2 UNFPA field offices in Yumbe and Kyegegwa)	lump sum	2.0	1,700.00	n/a	3,400
Communication & IT services (2 UNFPA field offices Yumbe and Kyegegwa)	lump sum	2.0	2,000.00	n/a	4,000
Vehicle running costs & maintenance (2 UNFPA field offices, Yumbe and Kyegegwa)	lump sum	2.0	3,548.00	n/a	7,096
Sub-Total G:					**14,496**
Total Project Direct Costs					
Total project direct costs					**653,536**
Indirect Project Support Costs (PSC) (must not exceed 7% of **total project direct costs**)					
PSC rate					7.0%
PSC amount					**45,748**
Total CERF Project Budget					**699,284**

Breakdown of budget by sector
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.

Sector	Share of total project budget (%)	HRP or Flash Appeal Project Code
Health - Health	77%	
Protection - Sexual and/or Gender-Based Violence	23%	