

Project Proposal

| Organization | HI (Handicap International) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------|--|-------|-------|-------|-------|-------|--------------|---|---------------------|-----------------------------------|--------------|----------------------|------------------|-----------------------|---|--|--------------------|------------------------------|--|--|----------------------------|-----|-----|----|----|-----|-----------------------------|-----|-----|----|----|-----|-------|----|----|---|---|-----|
| Project Title | Enabling access of persons with disabilities (PWDs) and other persons in disabling situations to Emergency responses and protection mechanisms through direct service delivery and extended field-based support to communities and Humanitarian partners across sectors in South Sudan conflict-affected areas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fund Code | SSD-15/SA1/P/INGO/400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Cluster | PROTECTION | Secondary Cluster | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Allocation | 1st Round Standard Allocation | Allocation Category Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project budget in US\$ | 356,501.32 | Planned project duration | 6 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Planned Start Date | 15/02/2014 | Planned End Date | 14/08/2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPS Details | OPS Code | SSD-15/P-HR-RL/72756 | OPS Budget | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OPS Project Ranking | | OPS Gender Marker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Summary | <p>The project seeks to strengthen Handicap International (HI) flying teams, which are already working in conflict-affected communities to mitigate the impact of the crisis on PWDs and other persons in disabling situations in cooperation with Humanitarian partners across sectors. Following a twin track approach, direct service delivery, including distribution of mobility devices, Emergency rehabilitation and Emergency Psychosocial support (PSS) will be complemented with fully tailored on site mentoring and supervision for field staff to support them in enhancing inclusion and accessibility of their responses. Flying team missions, lasting between one and two months, are triggered by requests from Humanitarian partners in conflict-affected areas and thus aim at responding to pre-identified gaps in their responses. After a Juba-based joint assessment of programmatic details and expected outcomes for each of the missions, HI and hosting Humanitarian partners' teams will work in parallel on the preparation stage. While field teams will communicate with communities, arrange logistics requirements and pre-identify individual beneficiaries in need of specific services, HI teams will develop a tailored plan adapted to the context, the needs and capacities of hosting organizations and of the target communities. Upon arrival, a rapid needs assessment of barriers preventing access to adequate services or increasing risks and threats for PWDs, as well as of facilitators within the communities and available responses will be conducted and the implementation strategy will be fine-tuned. After delivery of direct services and inclusive mainstreaming activities, specific, practical and contextualized follow-up recommendations will be designed for field teams. In each of the missions, at least one focal point per hosting partner will be identified to maintain contact with HI teams in case of challenges in the implementation of the recommendations or emerging needs.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct beneficiaries | <table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>680</td> <td>640</td> <td>50</td> <td>50</td> <td>1,420</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>200</td> <td>200</td> <td>15</td> <td>15</td> <td>430</td> </tr> <tr> <td>Internally Displaced People</td> <td>400</td> <td>400</td> <td>35</td> <td>35</td> <td>870</td> </tr> <tr> <td>Other</td> <td>80</td> <td>40</td> <td>0</td> <td>0</td> <td>120</td> </tr> </tbody> </table> | | | | | Men | Women | Boys | Girls | Total | Beneficiary Summary | 680 | 640 | 50 | 50 | 1,420 | Total beneficiaries include the following: | | | | | | People in Host Communities | 200 | 200 | 15 | 15 | 430 | Internally Displaced People | 400 | 400 | 35 | 35 | 870 | Other | 80 | 40 | 0 | 0 | 120 |
| | Men | Women | Boys | Girls | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other | 80 | 40 | 0 | 0 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indirect Beneficiaries | <p>It is expected that 7,800 family members of the 1,300 PWDs and other persons in disabling situations targeted through direct services will indirectly benefit from their increased autonomy and independence, as well as from their increased access to basic services, facilities and community based protection mechanisms. This figure is calculated according to the South Sudan average household size. Additionally, it is estimated that at least 360 persons, 5 colleagues per Humanitarian field staff supported with mentoring, supervision and technical advice to improve accessibility and inclusiveness in their responses will also benefit through knowledge sharing and peer to peer exchanges. More broadly, the wider community in the targeted locations will also benefit from improved inclusion and accessibility in the Humanitarian interventions in each area, as well as from improved integration of PWDs and other persons in disabling situations.</p> | | Catchment Population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Link with the Allocation Strategy | <p>The project aims at improving access of persons with disabilities, be them temporary or permanent, long-lasting or recently acquired and other persons in disabling situations to life-saving services across sectors and increasingly inclusive community-based protection mechanisms. Following the information collected in previous flying team missions, as well as the information provided by partners across conflict-affected states, these gaps and unmet needs are severely impacting PWDs and other persons in disabling situations, significantly limiting their ability to cope with the current effects of the crisis and exposing them to increased risks and threats ahead of a possible deterioration of the Humanitarian situation in the country. Through the abovementioned strategy, the project expects to contribute significantly to the SRP objectives and the Protection Cluster Specific Objectives (PCSO). First, the project will improve timely and adequate access of PWDs and other persons in disabling situations to existing multi-sector services, which currently show accessibility and inclusiveness gaps (SRPO 1). Additionally, by working on increasing individual, community and stakeholder awareness of specific protection risks and threats, the project will seek to provide the target group with enhanced protection responses, preventive and mitigating measures (PCSO 1). Therefore, the proposed intervention is also fully aligned with SRP 2 and PCSO 2, as it seeks to reinforce the protection of a significantly vulnerable group confronting not only underlying discriminatory dynamics but also insufficient access to ongoing responses and, subsequently, to their rights. In line with CERF life-saving criteria, the project expects to constitute a practical and viable response to a group facing specific vulnerabilities that are not sufficiently taken into consideration in ongoing multi-sector responses, threatening their survival and their right to live in dignity and exposing them to physical and psychological harm in displacement and conflict-affected communities. Aware of the scope and cross-cutting nature of the needs of the target group, as well as of the limited time and resources Humanitarian partners confront in the face of the extremely complex South Sudan crisis, the proposed intervention strategy aims at offering rapid, time-limited and contextualized solutions to service access limitations, working with PWDs and other persons in disabling situations, their families and communities, but also with Humanitarian partners across sectors to enhance impact and promote comprehensive response to multi-faceted needs. By enhancing inclusiveness of existing community-based protection mechanisms, and working with PWDs and other persons in disabling situations, their families and communities to improve their coping mechanisms and their ability to identify specific risks and threats and preventive and mitigating measures, the project is also in line with Protection Cluster activities within the CRF matrix. Finally, by working in cooperation with key partners across sectors in conflict-affected communities, the proposed intervention aims at promoting universal coverage and optimized inclusion of the target groups in ongoing responses, enhancing their autonomy and self-sufficiency. As stated, HI has already responded to requests from Humanitarian partners following the approach outlined, and has currently pending requests in priority areas including Bor town, Pibor County, Nyiro County and MalakalPoC. Although the final definition of target locations can vary considering the fluid nature of the crisis, the changing conflict and displacement patterns and the likelihood of intensified violence during the dry season, the flying team will prioritize requests in the most severely-affected areas, being also available to respond rapidly and flexibly to emerging needs requiring the proposed scope of activities through surge interventions.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-Grants to Implementing Partners | | | Other funding Secured For the Same Project (to date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization focal point contact details | <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Lucile Papon</td> <td>Desk Manager – East and Southern Africa</td> <td>+33 4 26 68 76 66</td> <td>lpapon@handicap-international.org</td> </tr> <tr> <td>Lucia Morera</td> <td>Director of Programs</td> <td>+211(0)954865265</td> <td>director@hi-sudan.org</td> </tr> <tr> <td>Vivek Singh</td> <td>Acting Director of Programs - PM Mental Health</td> <td>+211 (0) 955401260</td> <td>pm.mentalhealth@hi-sudan.org</td> </tr> </tbody> </table> | | | | Name | Title | Phone | Email | Lucile Papon | Desk Manager – East and Southern Africa | +33 4 26 68 76 66 | lpapon@handicap-international.org | Lucia Morera | Director of Programs | +211(0)954865265 | director@hi-sudan.org | Vivek Singh | Acting Director of Programs - PM Mental Health | +211 (0) 955401260 | pm.mentalhealth@hi-sudan.org | | | | | | | | | | | | | | | | | | | | |
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BACKGROUND INFORMATION

1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian

The nature of the intervention proposed relies on the pre-identification of needs and gaps by Humanitarian partners, complemented with on-site rapid assessment of barriers to, and facilitators of access to basic services for PWDs and other persons in disabling situations. This analysis will complement the information collected by HI in its permanent Emergency activities, as well as together with partner organizations through implemented flying team missions. This information

| | |
|---|--|
| situation in the specific locations where this project will be implemented | points at widespread and significant gaps in inclusion of PWDs and other persons in disabling situations in ongoing Humanitarian responses. These gaps not only demonstrate insufficient attention to the increased needs and added vulnerability of the target group in crisis and displacement, but also point at inequalities in access to, and exclusion from basic, life-saving services' delivery. The existence of physical and environmental barriers in basic facilities and services, together with the lack of awareness and sufficient knowledge of Humanitarian field teams, leave PWDs and other persons in disabling situations in a condition of extreme vulnerability. Following HI assessments, as well as inputs by Humanitarian partners, these barriers are cross-sector and prevalent: reduced mobility and functional impairments are not considered in the design of WASH facilities, not only compromising the right of the target group to live with dignity, but also triggering dangerous practices such as open defecation and poor hygiene; children with disabilities continue to be insufficiently included in PSS, CFS and educational activities, increasing their vulnerability to situations of neglect and abuse; the specific needs and constraints of PWDs and other persons in disabling situations are also not adequately considered in protection mechanisms. On the other hand, the lack of specific services, including minimum rehabilitation and re-adaptation and adequate PSS, increases the risk of permanent disabilities and worsens pre-existing conditions, not only severely impacting the quality of life of PWDs and other persons in disabling situations but also compromising their prospects of positive (re)integration into their communities in safety and dignity. Four core pending requests will in principle be targeted in the project, although flexibility and capacity to respond to emerging acute needs in other locations will be ensured, recognizing the volatile situation in country, the changing nature of displacement patterns and the likelihood of intensified violence in the dry season. These requests include Bor South, Pibor and Nyirol counties in Jonglei State, and Malakal PoC in Upper Nile state. In case of significant deterioration preventing the development of the activities in any chosen location, HI will liaise with the cluster and the CHF secretariat to propose alternative locations with similar severity scores from within the pending requests received. Equally, if the changing nature of the conflict and, subsequently, of the Humanitarian crisis results in emerging needs in other locations, the teams will be flexible to respond in additional areas through surge missions. |
| 2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA) | The proposed project aims at tackling gaps identified not only by HI but also by key Humanitarian actors across sectors, which recognize their limited capacity to ensure equal access to services of, and adequate provision of specific services for PWDs and other persons in disabling situations. These gaps, together with exclusion from existing community protection mechanisms, put the target group at significant risk and minimize their opportunities to survive with dignity to experiences of violence and displacement. Pressed by insufficient time and resources but above all lacking the necessary awareness and expertise, Emergency service providers have failed to consistently take into account the needs and constraints of the target into consideration in emergency responses and, as a result, inclusiveness and accessibility are still far from guaranteed. Physical and environmental barriers limit access to basic services, from WASH structures to distribution systems, and attitudinal barriers and invisibility prevent the full inclusion and participation of the target groups in community based protection mechanisms. In these circumstances, these groups are now fully exposed to exclusion, even from basic service delivery, complete dependence and increased protection risks. According to HI individual assessments, carried out through permanent and flying team activities and incorporating information on access of close to 4,000 PWDs and other persons in disabling situations, up to 62% cannot access basic services on their own. Additionally, the continuous assessments implemented by HI have demonstrated the dramatic impact of the lack of adequate specific services, which were required by all of the 312 individuals identified in completed flying team missions. Persons sustaining complex injuries, who have managed to reach medical facilities are frequently discharged without additional support, leaving them in an extremely vulnerable situation upon return to their home communities or displacement sites. Although there has not been a systematic survey on the psychological impact of the conflict, some relevant data has been included in rapid analysis on post-conflict PSS support needs and gaps. The results of these assessments point at the deeply concerning consequences of the combination of largely unaddressed pre-conflict needs, with the level of violence and anxiety caused by the current conflict and the limited local capacities to identify and address PSS conditions. It is equally important to point at the specific PSS needs of PWDs and other persons in disabling situations identified by HI team, as well as by other Humanitarian actors. Persons with newly acquired disabilities, or those that have seen their level of autonomy reduced due to community tensions, restricted movement, displacement and violence, are especially affected. Indeed, while the former have to adapt to their new circumstances in a difficult environment, the latter have seen their coping mechanisms and support networks severely disrupted and their physical situation affected. Due to the nature of the proposed intervention, no baseline data for the specific locations has been collected, although pre-identification of nature and size of needs has been discussed with hosting organizations. The information included above is the result of ongoing and completed flying team missions and permanent activities of HI, as well as of the exchanges with Humanitarian partners in the targeted locations. The number, description and disaggregation of beneficiaries is based on this preliminary data, as well as on the capacity of flying teams' specialist staff to deliver individual services and develop community activities. |
| 3. Description Of Beneficiaries | The project specifically targets persons with disabilities and other persons in disabling situations, such as older persons, persons with disabling or weakening diseases, persons with temporary injuries or impairments or persons affected by psychological conditions. Although all south Sudanese in conflict-affected communities have been and continue to be exposed to violence, displacement and dispossession, some groups are disproportionately vulnerable to their consequences, due to underlying discriminatory dynamics. PWDs and persons in disabling situations, including older people, persons with PSS conditions, temporary impairments and disabling diseases, including AIDS, are amongst these groups. As highlighted in HI assessments, PWDs and persons in disabling situations have confronted and continue to confront increased difficulties to survive. In the onset of the crisis, they were less able to move fast and independently, and some were left behind according to local sources; of those who managed to flee, many reported a limited ability to carry items, including mobility devices, being even less prepared to adapt to displacement. PWDs and persons in disabling situations who lived with relative autonomy report continuous need of support to perform daily activities, as well as barriers that limit their access to basic services. Violence and displacement exacerbate the individual and environmental conditions feeding into the Disability creation process. On one hand, stress, poor hygiene, limited food and health care significantly complicate existing impairments, and create new ones. On the other hand, environmental factors contribute to the worsening of their quality of life, threatening survival. First, support networks and adaptation mechanisms forged by PWDs in their communities are broken or severely impacted, intensifying feelings of disempowerment, dependency and exclusion. Secondly, basic life saving services available, even if insufficient, to the general population in displacement are not accessible to them. Women and girls with disability are more likely to face situations of violence and abuse, including SGBV, and less likely to receive adequate support to overcome them. Also, as the main caregivers, women within the families are also impacted by the lack of external support and access to basic and specific services for PWDs. Children with disabilities are also more exposed to violence but also to neglect, including exclusion from vaccination, basic health care and appropriate nutrition. On the other hand, men and boys with disabilities have difficulties in conforming to traditional gender roles, been excluded from livelihoods opportunities and education, and frequently live dependence with increased frustration and distress. Fitting into the described intervention strategy, Humanitarian partners on the ground requesting flying team missions will pre-identify PWDs and persons in disabling situations in each targeted location in the planning stage, both through their direct activities and through ad-hoc exchanges with community groups and other stakeholders. During the missions, flying team specialists will comprehensively assess each individual and will also work with additional rapid identification tools. The teams will be equipped to provide contextualized responses to the specific needs identified, tailoring rehabilitation, re-adaptation and psychosocial support orientations for each PWDs and person in disabling situation, complemented with close work with their caregivers. In order to enhance impact and response to the cross-cutting nature of identified needs, flying teams will also work with Humanitarian field staff and communities, identifying barriers in key services and community-based protection mechanisms and providing targeted advice, on-site support and hands-on training, mentoring and supervision to improve their ability to respond to the specific needs of the target group. |
| 4. Grant Request Justification. | Handicap International is the referent organization for the analysis of, and support to the needs of PWDs and other persons in disabling situations. Since its establishment in South Sudan in 2006, HI has worked extensively in Emergency and Development interventions targeting this frequently excluded group, accumulating a significant contextual knowledge of the specific constraints of the target population in the country. Since the onset of the crisis, HI has maintained permanent activities in Juba PoCs and Mingkaman IDP site, where comprehensive direct service delivery, including assessment of individual needs and gaps in coverage, accompanied referral to basic services and provision of Emergency rehabilitation, psychomotor stimulation and community-wide psychosocial support activities, is offered. Additionally, HI has also continuously analyzed Humanitarian responses across sectors to identify barriers preventing equal access of PWDs and other persons in disabling situations to basic Emergency services, developing field-level advocacy strategies and targeted capacity building to improve inclusion in existing responses, as well as undertaking direct modification of key structures. Aside from its permanent activities, HI has received requests throughout the year by key Humanitarian partners concerned about their lack of capacity to ensure adequate service provision for PWDs and other persons in disabling situations. Demonstrating the relevance of HI expertise and the recognition of the organization by the wider Humanitarian community, partners across sectors have requested the organization's support: WASH actors (ACTED, Oxfam), to provide technical advice on accessibility of basic facilities, including latrines, washing and water points; Child Protection/Education actors (Save the Children, UNICEF) to improve the capacity of their field teams in identifying and supporting children with disabilities and their caregivers; Protection actors (IRC, DRC, NP), to enhance their knowledge on case management for persons with disabilities and persons in disabling situations and improve their ability to identify protection risks and threats specifically affecting PWDs and to develop relevant mitigating strategies; Health actors (MSF, IMC) to provide targeted capacity building for health support workers and caregivers on Disability prevention and rehabilitation to avoid permanent conditions and support re-integration of patients in their communities; and from Nutrition actors (MSF, Plan) to complement their feeding programs with psychomotor stimulation activities and psychosocial support activities in order to improve mother-child bonding, accelerate recovery and minimize the risk of development delays. Addressing part of the requests received, two fully-fledged flying team missions have been successfully implemented. First, HI teams have supported MSF-Holland in Lankien, training health workers on functional re-adaptation, but directly supporting persons with war-related disabilities and caregivers to improve recovery, promote positive coping mechanisms and enhance autonomy and self-reliance before discharge. Secondly, a cross-sector intervention is in its final stage in Maban, where WASH, Child Protection, Education, Health and Nutrition partners have been supported to improve accessibility and inclusion in their ongoing responses. Additionally, HI has comprehensively supported, either remotely or in the field through surge missions, partners across conflict-affected states and locations of displacement, accumulating a significant pool of tools and information on needs, gaps and constraints that will inform, and enhance impact and efficiency of the proposed project. |
| 5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization. | The proposed project aims at enhancing and expanding an ongoing intervention strategy. As explained, HI started its Emergency activities with the establishment of permanent presence in Juba PoCs and Mingkaman IDP site. In these areas, comprehensive activities to identify and respond to the needs of persons with disabilities and other persons in disabling situations, including older persons, persons with disabling or weakening diseases, persons with temporary impairments and persons affected by psychosocial conditions were, and continue to be implemented. At the same time, HI started to receive requests from Humanitarian partners across sectors in conflict-affected areas throughout the country, concerned about their lack of capacity to provide adequate services for the target populations within their ongoing interventions. In order to respond to these requests, and to contribute to improving inclusion and accessibility in Humanitarian services, HI offered first remote support and Juba-based capacity building to interested partners. This strategy was, however, limited in its impact as it could not easily reach field staff or incorporate contextualized assessment of barriers and facilitators. Subsequently, it was difficult to provide partners with practical, realistic and optimized solutions that could be implemented even in the resources and time-constraint circumstances that most Humanitarian partners in the field confront. In order to tackle these limitations, HI first implemented surge missions to target locations, which provided its teams with the opportunity of collecting first hand information on the scope and nature of the challenges facing PWDs and other persons in disabling situations in conflict and displacement-affected communities, as well as on the limitations of Humanitarian field staff to support the target group in overcoming them. They also served to demonstrate the willingness of Humanitarian partners to respond to these gaps, and their appreciation of the hands-on support the proposed intervention strategy offered. The success of these surge missions, as well as the increasing number and complexity of requests received, pointed at the need of designing longer, more structured and cross-sector flying |

team missions that have been tested in the last two months. The present project thus seeks to continue this strategy but also to expand it, chiefly with the incorporation of psychosocial support specialists who will not only offer individual orientations and Emergency first aid, but that will also work with Protection and Health field staff to support them in incorporating community-wide psychosocial support into their interventions. Psychosocial support specialists will also work closely with Protection partners, individuals, families and communities to identify specific protection risks and threats and design contextualized mitigating measures in order to increase inclusion of PWDs and other persons in disabling situation within community-based Protection mechanisms. Additionally the flying team, including physiotherapist to improve individual autonomy and independence, occupational therapist focused on enhancing the ability of PWDs and other persons in disabling situations to navigate their environment and As in previous projects and activities the flying team will have close communication with permanent teams in Juba and Mingkaman, which have implemented and will continue to implement interventions along the lines proposed in the project, notwithstanding the differences in intervention strategies.

LOGICAL FRAMEWORK

Overall project objective

The project seeks to mitigate the impact of the crisis on persons with disabilities and other persons in disabling situations, including older persons, persons with disabling or weakening diseases, persons with temporary impairments and persons affected by psychological conditions. The proposed intervention aims at strengthening and expanding HI flying team support, which works in partnership with Humanitarian partners across sectors to reach communities in conflict affected states with time-limited missions (1-2 months). To respond to the scope and cross-cutting nature of the needs identified, the project includes two main components. First, individual services will be provided to persons with disabilities and other persons in disabling situations. Basic rehabilitation, basic psychosocial support and individualized risk mitigation measures will be offered to individuals and caregivers pre-identified by partners on the ground or identified by the specialist teams. Secondly, Humanitarian field staff and communities will be engaged in assessments of barriers to inclusion and access to existing responses and community-based protection mechanisms that endanger persons with disabilities and other persons in disabling situations affected by conflict and displacement. These assessments will be followed by contextualized, practical and realistic recommendations to overcome existing obstacles and improve the ability of partners and communities to tackle the specific needs and constraints of the target group.

Logical Framework details for PROTECTION

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|---|---|--------------------------|
| 2015 SSO 1: IDPs and conflict-affected people facing protection risks and threats are provided with timely protection response and prevention services | SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need | 50 |
| 2015 SSO 2: Protection needs of the most vulnerable IDPs and conflict-affected people are identified through effective protection monitoring, reporting and response, including promoting safe movement and durable solutions | SO 2: Protect the rights of the most vulnerable people, including their freedom of movement | 50 |

| Outcome 1 | Improved access to emergency physical rehabilitation services and psychosocial orientations for persons with disabilities and other persons in disabling situations in key conflict-affected areas through flying teams. | | |
|------------|--|--|--|
| Code | Description | Assumptions & Risks | |
| Output 1.1 | Emergency physiotherapy, psychomotor stimulation services and rehabilitation care for persons with disabilities and other persons in disabling situations to improve autonomy and self-sufficiency are provided | <p>Assumptions:</p> <ul style="list-style-type: none"> - The security situation allows movement of the flying teams to and within the target locations - Persons with disabilities and other persons in disabling situations are adequately identified by Humanitarian partners on the ground <p>Risks:</p> <ul style="list-style-type: none"> - The security situation doesn't allow access to, or limit movement within the target locations - Pre-identification of persons with disabilities and other persons in disabling situations has not been adequately completed by Humanitarian partners on the ground. | |

Indicators

| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
|-----------------|------------|---|-------------------------|-------|------|-------|------------------|
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | PROTECTION | [Frontline services] # of specialist teams able to provide gender and vulnerability support in the RRM | | | | | 2 |
| | | <p>Means of Verification:</p> <p>Flying team missions planning</p> <p>Flying team missions reports</p> <p>Flying team missions' recommendations for on-site hosting organizations and other Humanitarian partners</p> <p>Monitoring reports</p> | | | | | |
| Indicator 1.1.2 | PROTECTION | # of PWDs and other persons in disabling situations identified, assessed, and receiving specific services (Emergency rehabilitation including, functional re-adaptation) | | | | | 1300 |
| | | <p>Means of Verification:</p> <p>Detailed, database (identification, assessment and provision of services)</p> <p>Individualized assessment and intervention plan files.</p> <p>Flying team missions' reports</p> <p>Monitoring reports</p> <p>Case studies on improved autonomy</p> | | | | | |
| Indicator 1.1.3 | PROTECTION | # of persons receiving mobility/assistive devices and complementary/adapted items and oriented on safe use and maintenance | | | | | 950 |
| | | <p>Means of Verification:</p> <p>Detailed database</p> <p>Individualized assessment and intervention plan files</p> <p>Donation certificates</p> <p>Monitoring reports</p> <p>Case studies on improved autonomy</p> | | | | | |

Activities

| | |
|----------------|---|
| Activity 1.1.1 | Comprehensive assessments of specific needs, considering age and gender-related vulnerabilities, of persons with disabilities, temporary impairments and disabling diseases pre-identified by Humanitarian partners on the ground and identified by flying teams |
| Activity 1.1.2 | Provision of emergency physiotherapy, psychomotor stimulation services and rehabilitation care for persons with disabilities and other persons in disabling situations, tailored to the specific needs identified and incorporating gender and age-related considerations |
| Activity 1.1.3 | Distribution of mobility and assistive devices following comprehensive individual needs assessment and orientations on safe use and maintenance |
| Activity 1.1.4 | Encoding of assessments, rehabilitation sessions and distributions in the project database, including age and gender-disaggregated data |

| Activity 1.1.5 | Development of the sections related to the rehabilitation activities within each mission report and in monitoring reports, including case studies on improved autonomy | | | | | | |
|-------------------|--|---|--|--|------|-------|------------------|
| Output 1.2 | Basic psychosocial orientations and support and individualized protection risk prevention and mitigating measures to promote positive coping-mechanisms, self-reliance and safety are provided to persons with disabilities and other persons in disabling situations and caregivers | | | <p>Assumptions:</p> <ul style="list-style-type: none"> - The security situation allows movement of the flying teams to and within the target locations - Persons with disabilities and other persons in disabling situations are adequately identified by Humanitarian partners on the ground <p>Risks:</p> <ul style="list-style-type: none"> - The security situation doesn't allow access to, or limit movement within the target locations - Pre-identification of persons with disabilities and other persons in disabling situations has not been adequately completed by Humanitarian partners on the ground. | | | |
| Indicators | | | | | | | |
| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
| | | | Men | Women | Boys | Girls | |
| Indicator 1.2.1 | PROTECTION | [Frontline services] % of affected population reached with mental health or psychosocial support | 250 | 200 | 25 | 25 | 500 |
| | | Means of Verification: | Detailed database | | | | |
| | | | Reports from Psychologists per location | | | | |
| | | | Individualized assessment and intervention plan files. | | | | |
| | | | Monitoring reports | | | | |
| Indicator 1.2.2 | PROTECTION | # of persons with psychosocial distress and caregivers provided with basic psychosocial orientations and individualized recommendations on protection risks prevention and mitigation | | | | | 500 |
| | | Means of Verification: | Detailed database | | | | |
| | | | Reports from Psychologist per location | | | | |
| | | | Individualized assessment and intervention plan files. | | | | |
| | | | Monitoring reports | | | | |
| Activities | | | | | | | |
| Activity 1.2.1 | In-depth individual assessment of pre-identified persons with psychosocial distress, including persons with disabilities and other persons in disabling situations receiving rehabilitation services, in need of Psychosocial first aid and psychosocial support orientations | | | | | | |
| Activity 1.2.2 | Provision of Psychosocial first aid and basic psychosocial orientations to promote positive coping-mechanisms, self-reliance and re-adaptation to individuals and caregivers | | | | | | |
| Activity 1.2.3 | Provision of individualized recommendations on protection risk prevention and mitigation to individuals and caregivers | | | | | | |
| Activity 1.2.4 | Encoding of assessments and individual sessions in the project database | | | | | | |
| Activity 1.2.5 | Development of the sections related to psychosocial support activities within each mission report and monitoring reports, including general information on psychosocial conditions and gaps per location | | | | | | |

| Outcome 2 | Increased awareness and capacity amongst mainstream humanitarian actors and communities to identify and address the needs of persons with disabilities and other persons in disabling situations in key conflict-affected areas | | | | | |
|-------------------|---|--|--|--|--|--|
| Code | Description | Assumptions & Risks | | | | |
| Output 2.1 | On-site mentoring and supervision (1-2 months), technical advice (basic rehabilitation, psychomotor stimulation, basic psychosocial support) is provided to Humanitarian actors across sectors in conflict-affected communities to overcome pre-identified barriers and gaps in their responses | <p>Assumptions:</p> <ul style="list-style-type: none"> - The security situation allows movement of the flying teams to and within the target locations - Humanitarian partners' field staff are committed and involved in the activities proposed <p>Risks:</p> <ul style="list-style-type: none"> - The security situation doesn't allow access to, or limit movement within the target locations - Humanitarian partners' field staff are not sufficiently engaged in the proposed intervention. | | | | |

| Indicators | | | | | | | |
|-------------------|------------|--|---|-------|------|-------|------------------|
| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
| | | | Men | Women | Boys | Girls | |
| Indicator 2.1.1 | PROTECTION | [Frontline services] # of specialist teams able to provide gender and vulnerability support in the RRM | | | | | 2 |
| | | Means of Verification: | Flying team missions planning | | | | |
| | | | Flying team missions reports | | | | |
| | | | Flying team missions' recommendations for on-site hosting organizations and other Humanitarian partners | | | | |
| | | | Monitoring reports | | | | |
| | | | Individualized assessment and intervention plan files. | | | | |
| | | | Monitoring reports | | | | |
| Indicator 2.1.2 | PROTECTION | # of Humanitarian partners supported through flying team missions | | | | | 8 |
| | | Means of Verification: | Documentation on request, including pre-mission planning | | | | |

implement it and who is carrying out what.

also be responsible for the collection of raw data and the direct reporting on activities' implementation. Within each flying team mission, one team leader will be designated to facilitate information exchange with Juba, mainly on security and operational issues. The technical staff will be managed by the Project Manager (PM), who will be responsible for the supervision of the project activities, the continuous monitoring of the implementation, gathering and consolidating data collected by the technical staff, and the budget follow up. PM will also be the main interlocutor with hosting organizations, been responsible for the planning and organization of the proposed missions, and he/she will be in charge of regular internal and external reporting as well as of information sharing in the Protection cluster and other relevant groups. The PM will also work closely with the support services in Juba, including the Logistics and the Administration department. The former will manage the project stocks and will liaise with hosting organizations for the transportation of items to the field, while the latter will ensure that the expenses are aligned with the proposed budget and that all financial procedures comply with the applicable regulations. The project staff will be also supported by technical referents at HQ level, as well as by financial control, security and HR referents. Given the nature of the proposed intervention, coordination with humanitarian partners is a key component of the project from the planning stages to the post-mission follow up. Direct service delivery is closely linked with the activities of these partners, which are essential in the pre-identification of gaps and persons in need of assistance, as well as in the communication with communities and stakeholders in the missions' locations. As stated, this communication will be specifically defined in, and will start from the planning stage, to ensure that local communities, authorities and other partners on the ground have transparent information about the scope of the flying team mission, its expected outcomes and its limitations, as well as about the ways in which these outcomes will be maintained and these limitations mitigated, if possible, after the implementation. Upon arrival of the team to each location, the team members will reinforce this information through individual meetings with key community actors, participation in coordination mechanisms and community sessions. Throughout the duration of each mission, the flying teams will gain access to precise and contextualized information not only on the needs of PWDs and other persons in disabling situations, but also on the capacities of each actor on the ground. A key objective of the teams will then be to identify, and work with Humanitarian partners and communities to strengthen these on-site capacities in order to improve continuous support to the target population. After the implementation period, the information collected will be articulated in a mission report, including assessments and practical, feasible and tailored recommendations. The implementation of these recommendations, as well as any feedback or complaint from the beneficiaries of direct services, will then be followed remotely by the flying teams through the hosting organization's focal point, which will continue to be supported to respond autonomously to the basic needs of the target group. If required, shorter and reduced follow up missions (one technical resource, for 1 to 2 weeks) can also be considered.

| Name of the organization | Areas/activities of collaboration and rationale |
|-------------------------------------|--|
| 1. MSF-Holland | MSF Holland will be the hosting organization for Lankien flying team mission. They will accommodate flying team staff, who will work directly in their hospital facilities and through community outreach networks. MSF-Holland will therefore assume the security of the team, and the logistics arrangements required for field activities, as well as for the transportation of mobility devices to the location. |
| 2. MSF - Belgium | MSF Belgium will be the hosting organization for Bor and Pibor missions, accommodating the flying team that will work with their teams in PHCC. They will facilitate access and contacts with community stakeholders for the identification of additional PWDs and other persons in disabling situations, as well as for the development of community based activities. |
| 3. DRC | DRC has requested support for HI flying team intervention in Malakal, where they have a Protection intervention with specific resources for especially vulnerable persons, such as PWDs and other persons with disabilities. |
| 4. Additional partners per location | Once the dates, contents and expected outputs for the flying team missions in the target locations are established, HI will initiate additional planning with other partners in the field. So far, HI has received additional requests from Child Protection partners in Malakal and Protection partners in Bor. As explained, the hosting organization will constitute a key interface to establish additional contacts with stakeholders in the project areas. |

Environmental Marker Code A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code 2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code Women and girls with disabilities and in other disabling situations are even more exposed to situations of violence and abuse, and less likely to receive support to overcome them. The exclusion faced due to their disability is multiplied by discriminatory gender dynamics, further reducing their opportunities of participation and their access to services. On the other hand, as main caregivers of PWDs and other persons in disabling situations, women within their families are also affected by their increased dependence and the insufficient external support. To challenge this situation, it is necessary to provide them with spaces and opportunities to voice their concerns, with support to ensure these concerns are taken into consideration and with services to enhance autonomy and enable their agency. Within the project locations, HI flying teams will also be available and equipped to support SGBV partners and to improve their capacity to include women with disabilities into their responses, bridging possible communication gaps and challenging invisibility. Men and boys with disabilities also face unique challenges, as they struggle to maintain traditional roles in their communities due to their lack of access to livelihoods and education. Additionally, images of vulnerability and dependence are frequently less socially acceptable for men and boys. These dynamics put men and boys with disabilities at enhanced risk of frustration, isolation and psychosocial distress. The specific needs of women, girls, men and boys with disabilities and caregivers have been taken into consideration in the assessment and design stages, and will be incorporated in the implementation. Flying teams will analyze location and gender-specific vulnerabilities and work with partners, families and communities to minimize their impact. Amongst the proposed activities, the specific needs and constraints of these groups will be especially considered in PSS orientations. They will also be distinctively examined in the assessment of barriers in access and of protection risks and threats, and incorporated in the mentoring, supervision and technical advice for field staff, as well as into the recommendations to Humanitarian partners as well as in the design of community-based inclusive protection mechanisms. All collected information will be disaggregated and reflected in monitoring tools.

Protection Mainstreaming The project aims at providing a contextualized and adequate response to the needs and challenges of PWDs and other persons in disabling situations, who are disproportionately affected by the effects of violence and displacement due to the combination of different factors. As stated, this group has specific difficulties to navigate new and changing environments, especially following the disruption or collapse of support networks. Additionally, their specific needs and challenges are not sufficiently taken into consideration in the design and implementation of Emergency response interventions, limiting their ability to access in equal basis key life-saving and specialized services. These limitations not only affect their chances of survival and expose them to increased risks and threats, but also deny their right to live with dignity by limiting their access to services available to the wider community even if with minimum standards. The project is designed to support Humanitarian partners and communities to bridge these gaps and confront associated challenges by ensuring field-based assessment of barriers to, and facilitators of inclusion and by providing contextualized, practical and realistic technical advice and field staff mentoring and supervision to improve access of PWDs and other persons in disabling situations to key services and facilitates across sectors and community-based protection mechanisms. Thus, one of the key objectives of the project, together with individual service delivery, is to support other Humanitarian partners in including inclusive protection mainstreaming principles in their responses. In doing so, the project will allow them to fulfill Humanitarian principles in a more inclusive manner and to improve their compliance with relevant Human Rights frameworks, such as the CRPD, and operational guidelines, such as the Sphere standards, which highlight the need of devoting specific attention to accessibility and inclusiveness in Humanitarian response interventions. Moreover, the project also incorporates service delivery focused on supporting PWDs and other persons in disabling situations and their families to increase autonomy and self-reliance, as well as on identifying specific protection risks and threats and targeted mitigating measures. It is important to point out that specific needs and age related needs and constraints will be taken into account in the assessment of and support to individuals and families, ensuring equal and impartial access to the services provided. The wider community will also be engaged through participatory analysis, awareness-raising and information sessions, which will aim at changing perceptions on PWDs and other persons in disabling situations with a specific focus on promoting more protective environments for the target group. These activities are therefore fully focused on improving self-protection capacities of PWDs and other persons in disabling situations and their caregivers, as well as on promoting an improved inclusion of this collective in community-based protection mechanisms.

Safety and Security Flying teams will develop their activities in areas affected by direct conflict or the influx of displaced populations, and will therefore be also exposed to risks in personal security. Additionally, the fact that they will be separated from the main team and delivering services in areas and sites new to them and changing can increase their perception of vulnerability and pose an additional stress to expatriates and local staff alike. To respond to the needs and constraints of the flying team in relation to staff safety and security, two main points have to be highlighted: first, the flying team will only be deployed after a previous framework of cooperation has been established with trusted humanitarian partners. This framework will include the inclusion of the HI team within the security provisions of the host organization, including hibernation and evacuation, and the continuous communication between both organizations' security referents prior to, and during the flying team mission. To guide this process, HI security referent will be deployed in South Sudan in early January to review the dispositions of these framework arrangements and ensure they are comprehensive and adequate to the specific conditions of the flying teams. Before deployment, and through existing contacts the PM, together with the Logistics Coordinator, will also review the security situation and seek final validation from the Director of Programs and the HI security referent to ensure that standards of safety are adequate and risks are within the assumable levels. Secondly, the flying team will be equipped with materials, including medical treatments and communication equipment, in order to ensure autonomy to confront specific risks. While on mission, the flying team will track daily with the PM to provide specific field information.

Access The flying teams will support organizations well established in the missions' locations. These organizations will liaise with the relevant authorities and communities to secure access and ensure that the teams are able to operate successfully within the framework of the established activities. Information related to access and potential access constraints is thoroughly discussed in the planning stage in Juba, and revised upon arrival in the missions' locations. If the situation in each of the target locations at the time of implementation requires contingency planning will also be established in close cooperation with the hosting organizations, which have the necessary field information and contacts to ensure adequate measures are in place.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to | Total Cost | 2014 | Quarterly Total |
|------|-------------------------|-------|---------------|-----------|----------|--------------------|------------|------|-----------------|
|------|-------------------------|-------|---------------|-----------|----------|--------------------|------------|------|-----------------|

| | | | | | | CHF / ERF | | Q1 | Q2 | Q3 | |
|----------------------|---|---|---|------|---|-----------|------------|-----------|------------|-----------|------------|
| | | | | | | | | | | | |
| 1.1 | Project Manager (expatriate) | D | 1 | 7000 | 6 | 100.00% | 42,000.00 | 10,500.00 | 21,000.00 | 10,500.00 | 42,000.00 |
| | The Project Manager will be an experienced professional recruited from the pool maintained by HI. He/she will have extended knowledge on Disability and emergency, as well as proved experience in project and team management in complex contexts. He/she will also be responsible for overall budget management and for coordinating and supervising the work of the flying teams to guarantee the fulfillment of the proposed indicators. He/she will ensure communication with HIcountry office in Juba, and will be in charge of representing the project and HI in relevant clusters and working groups. He/she will also maintain fluid communication and cooperative relationships with humanitarian partners, local communities and relevant authorities when required to ensure maximum impact of the project activities. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. | | | | | | | | | | |
| 1.2 | Physiotherapists (expatriate) | D | 1 | 7000 | 6 | 100.00% | 42,000.00 | 14,000.00 | 21,000.00 | 7,000.00 | 42,000.00 |
| | S/he will be in charge of ensuring the quality of the rehabilitation services provided by the flying teams. With significant experience in humanitarian contexts and ability to adapt his/her practice making the most of limited resources, S/he will be responsible for initial specialized assessments and the design and implementation of rehabilitation plans, depending on the type of impairment. S/he will also cooperate with the Occupational Therapist for the distribution of adequate mobility and assistive devices, and for orienting persons with disabilities and other persons in disabling situations and caregivers on safe use and maintenance, autonomy and functional adaptation. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. The number of months included is 6. It is expected that one physiotherapist will be available for the whole duration of the project. | | | | | | | | | | |
| 1.3 | Occupational therapist (expatriate) | D | 1 | 7000 | 6 | 100.00% | 42,000.00 | 10,500.00 | 21,000.00 | 10,500.00 | 42,000.00 |
| | The occupational therapist will be in charge of the psychomotor stimulation activities for children with disabilities and of supporting, together with the psychologists, their caregivers. Additionally, and cooperating with the rest of the members of the flying teams, he/she will be responsible for accessibility assessments and recommendations as well as for contributing his/her knowledge on environmental adaptation to the analysis of specific protection risks and threats for persons with disabilities and other persons in disabling situations and to the design of contextualized preventive and mitigating measures. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. | | | | | | | | | | |
| 1.4 | Psychologists (expatriate) | D | 1 | 7000 | 6 | 100.00% | 42,000.00 | 14,000.00 | 21,000.00 | 7,000.00 | 42,000.00 |
| | Two psychologists/psychosocial support experts experienced in humanitarian contexts will be recruited to lead the psychosocial support activities. They will be in charge of delivering individual psychosocial support to identified persons in need and caregivers, and will also lead community-based protection risk assessments and awareness-raising activities on mitigating measures. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. | | | | | | | | | | |
| 1.5 | Logistics Coordinator (expatriate) | S | 1 | 7000 | 6 | 20.00% | 8,400.00 | 2,800.00 | 4,200.00 | 1,400.00 | 8,400.00 |
| | The Logistics Coordinator will be based in Juba, and will be responsible for the procurement and stocking of mobility and assistive devices and adapted items. He/she will be in close link with Humanitarian partners' Logistic departments, who will be in charge of transporting the items to flying team locations. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. | | | | | | | | | | |
| 1.6 | Admin. Officer (local) | S | 1 | 1000 | 6 | 25.00% | 1,500.00 | 500.00 | 750.00 | 250.00 | 1,500.00 |
| | Based in Juba, he will be responsible for the supervision of project-related expenses and for the compliance with internal and donor procedures and regulations. The salary cost includes basic salary, coverage of medical expenses and housing benefits | | | | | | | | | | |
| 1.7 | Physiotherapists (expatriate) | D | 1 | 7000 | 5 | 100.00% | 35,000.00 | 0.00 | 14,000.00 | 21,000.00 | 35,000.00 |
| | His/her duty will be same what is explained above in 1.2 but s/he will reinforce the team for 5 months. | | | | | | | | | | |
| 1.8 | Translators (casual workers) | S | 8 | 150 | 6 | 100.00% | 7,200.00 | 2,400.00 | 3,600.00 | 1,200.00 | 7,200.00 |
| | The translators will be hired locally, in the flying team locations, to support specialist teams in the implementation of the activities. The unit rate reflects approximate monthly expense for daily contracts. | | | | | | | | | | |
| 1.9 | Psychologists (expatriate) | D | 1 | 7000 | 4 | 100.00% | 28,000.00 | 14,000.00 | 14,000.00 | 0.00 | 28,000.00 |
| | As explained above under 1.4. S/he will assist the principal Psychologist for 4 months as case load increases. | | | | | | | | | | |
| Section Total | | | | | | | 248,100.00 | 68,700.00 | 120,550.00 | 58,850.00 | 248,100.00 |

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total |
|----------------------|---|-------|---------------|-----------|----------|------------------------------|------------|-----------|-----------|-----------|-----------------|
| | | | | | | | | Q1 | Q2 | Q3 | |
| 2.1 | Mobility/assistive devices | D | 1200 | 50 | 1 | 100.00% | 60,000.00 | 10,000.00 | 35,000.00 | 15,000.00 | 60,000.00 |
| | Mobility/assistive devices will typically include wheelchairs, tricycles, walking canes, walking frames, elbow and axillary crutches, commode chairs, etc. Note that, occasionally, more than one device is distribute to a single person, hence the disparity between the quantity of devices and the corresponding distribution target. | | | | | | | | | | |
| 2.2 | Rehabilitation materials | D | 1 | 6000 | 1 | 100.00% | 6,000.00 | 2,000.00 | 4,000.00 | 0.00 | 6,000.00 |
| | Rehabilitation materials include gloves, small mattresses, weights, sensory toys, users' guide for devices and other specialized items for the delivery of physiotherapy and psychomotor stimulation sessions | | | | | | | | | | |
| 2.3 | Complementary/adapted items | D | 250 | 16 | 1 | 100.00% | 4,000.00 | 0.00 | 4,000.00 | 0.00 | 4,000.00 |
| | Complementary/adapted items include locally-sourced materials to support quality of life of persons with disabilities and persons in disabling situations, such as mattresses or plastic chairs and stools | | | | | | | | | | |
| Section Total | | | | | | | 70,000.00 | 12,000.00 | 43,000.00 | 15,000.00 | 70,000.00 |

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total |
|----------------------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|------|----|----|-----------------|
| | | | | | | | | Q1 | Q2 | Q3 | |
| Section Total | | | | | | | 0.00 | 0 | 0 | 0 | 0.00 |

4 Contractual Services (please list works and services to be contracted under the project)

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total |
|----------------------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|------|----|----|-----------------|
| | | | | | | | | Q1 | Q2 | Q3 | |
| Section Total | | | | | | | 0.00 | 0 | 0 | 0 | 0.00 |

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total |
|------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|------|----|----|-----------------|
| | | | | | | | | Q1 | Q2 | Q3 | |

| | | | | | | | | Q1 | Q2 | Q3 | | |
|---|---|-------------|---------------|-----------|--------------|------------------------------|-----------------|----------|----------|----------|-----------------|----------|
| 5.1 | UNHAS flights (return) | S | 20 | 400 | 1 | 100.00% | 8,000.00 | 2,700.00 | 4,000.00 | 1,300.00 | 8,000.00 | |
| | UNHAS service will be used by flying teams between Juba and flying team locations | | | | | | | | | | | |
| | Section Total | | | | | | 8,000.00 | 2,700.00 | 4,000.00 | 1,300.00 | 8,000.00 | |
| 6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners) | | | | | | | | | | | | |
| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total | |
| | | | | | | | | Q1 | Q2 | Q3 | | |
| | Section Total | | | | | | 0.00 | 0 | 0 | 0 | 0.00 | |
| 7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation) | | | | | | | | | | | | |
| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost | 2014 | | | Quarterly Total | |
| | | | | | | | | Q1 | Q2 | Q3 | | |
| 7.1 | Thuraya monthly subscription | S | 2 | 80 | 6 | 100.00% | 960.00 | 240.00 | 480.00 | 240.00 | 960.00 | |
| | Monthly costs for satellite phones | | | | | | | | | | | |
| 7.2 | Airtime (mobile phones) | S | 5 | 50 | 6 | 100.00% | 1,500.00 | 375.00 | 750.00 | 375.00 | 1,500.00 | |
| | Monthly costs for mobile phones | | | | | | | | | | | |
| 7.3 | Stationary | S | 1 | 220 | 6 | 100.00% | 1,320.00 | 440.00 | 660.00 | 220.00 | 1,320.00 | |
| | Basic stationary supplies for the implementation of the proposed activities | | | | | | | | | | | |
| | Section Total | | | | | | 3,780.00 | 1,055.00 | 1,890.00 | 835.00 | 3,780.00 | |
| Sub Total Direct Cost | | | | | | | | | | | 329,880.00 | |
| Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) | | | | | | | | | | | 7% | |
| Audit Cost (For NGO, in percent) | | | | | | | | | | | 1% | |
| PSC Amount | | | | | | | | | | | 23,091.60 | |
| Quarterly Budget Details for PSC Amount | | 2014 | | | Total | | | | | | | |
| | | Q1 | Q2 | Q3 | | | | | | | | |
| | | 7,393.90 | 12,350.80 | 3,346.90 | 23,091.60 | | | | | | | |
| Total Fund Project Cost | | | | | | | | | | | 352,971.60 | |
| Project Locations | | | | | | | | | | | | |
| Location | Estimated percentage of budget for each location | | | | | | Beneficiary Men | Women | Boy | Girl | Total | Activity |
| Jonglei -> Bor South | 25 | | | | | | | | | | 0 | |
| Jonglei -> Nyirol | 25 | | | | | | | | | | 0 | |
| Jonglei -> Pibor | 25 | | | | | | | | | | 0 | |
| Upper Nile -> Malakal | 25 | | | | | | | | | | 0 | |
| Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State) | | | | | | | | | | | | |
| DOCUMENTS | | | | | | | | | | | | |

