


Project Title	Provision of life-saving Sexual and Reproductive Health and Gender Based Violence services to the most vulnerable people in Sri Lanka as per the HNP appeal																
Country/Region	Sri Lanka																
Priority area/strategic results	<p>Protection / Health</p> <ol style="list-style-type: none"> 1) Increased availability, accessibility and acceptability of quality Sexual Reproductive health and services. 2) Increased availability and adoption of life-saving, multi-sectoral services that prevent and respond to gender-based violence for women, girls and other marginalized groups. 																
UN Agency(s)	United Nations Population Fund (UNFPA)																
Implementing Partners	Ministry of Health; Ministry of Women, Child Affairs and Social Empowerment; Colombo Municipal Council; NGOs; and CSOs.																
Project start and end date	14 th November 2022 to 31 st March 2024 16 months																
Funding Amount	Indicatively, implementation of activities may start before funding is received. Total Project requirement :- AUD 10,000,000 Total amount of funding requested :- AUD 10,000,000 (USD 6,219,590.82)																
Total number of individuals (girls, boys, women and men) directly targeted by the project	<table border="1"> <thead> <tr> <th>Population</th> <th>Female</th> <th>Male</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Reproductive age category (15 - 49 yrs)</td> <td>525,000</td> <td>242,760</td> <td>767,760</td> </tr> <tr> <td>Adolescents and youth age category (10 - 14)</td> <td>13,440</td> <td>13,440</td> <td>26,880</td> </tr> <tr> <td>Total</td> <td>538,440</td> <td>256,200</td> <td>794,640</td> </tr> </tbody> </table>	Population	Female	Male	Total	Reproductive age category (15 - 49 yrs)	525,000	242,760	767,760	Adolescents and youth age category (10 - 14)	13,440	13,440	26,880	Total	538,440	256,200	794,640
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Where the project will be Implemented	<p>North Central province - Amurathapura district North Western province - Puttalam district Western Province - Gampaha and Colombo districts Southern Province - Galle district Central Province - Nuwara Eliya district, Kandy district Northern Province - Mullaitivu District Eastern Province</p>																
Proposed project submitted/report(s) to be submitted by	<p>Signature: </p> <p>Name: Kunle Adeniyi</p> <p>Designation: Representative, United Nations Population Fund</p>																
Date of submission	30 th June 2023																

1. PROJECT IDENTIFICATION/CONTEXT ANALYSIS

Sri Lanka is experiencing its worst economic crisis in history. The implications of the economic downturn are experienced at all levels, affecting people and communities in every spectrum of society. People with preexisting vulnerabilities are most affected due to their social and economic status even prior to the crisis. The daily wage earners, those in the informal sector and communities that have already been experiencing multiple discrimination due to ethnicity, age, gender, social status, cast and social identities. The Humanitarian Needs and Priorities (HNP) Plan, launched on 9 June 2022 estimated 5.7 million people to be in need of immediate humanitarian assistance with over 4.9 million being food insecure. A reassessment of the humanitarian needs will only increase the number of the affected population given the rise in food and non-food inflation, and the impact of the crisis on employment. A recent statement by the Central Bank indicates that inflation will rise to 70% in the coming months. Further, the National Consumer Price Index had a 45.3% year-on-year increase in May compared to 33.8% in April; food inflation increased to 75.8 percent in June, from 58 percent in May 2022. The increased prices for essential basic needs of the population compounded by loss of income and natural disasters increases the level of vulnerability amongst communities and minimizes resilience.

Problem Analysis

Global evidence indicates that women, girls and other vulnerable groups are disproportionately affected by any form of emergency or disaster situation due to the historical discriminations prevalent in communities. As such the present socio – economic crisis has exacerbated pre-existing gender based violence and harmful practices and is likely to deepen inequalities. Evidence indicates, even prior to the emergency women face the double burden of earning an income while managing unpaid care work at home. Further, most women are engaged in the informal sector and low wage earning occupations increasing their vulnerability. Frustrations and fears of uncertainty, hunger and the lack of basic comforts often translate into violence directed at women and children at home. Moreover, while facing unemployment, women are financially dependent on their spouses or partners, whereby such dependency causes women serious hardships in reporting cases of violence perpetrated by their partners.

Access to shelter facilities, health and legal services for women are impacted as indicated through the consultations with Shelter providers and the Hospital based GBV desks. Women Development Officers, Counseling Assistants and Public Health Midwives being partially immobile and constrained due to minimal resources to continue to provide essential services and the police being occupied with the ongoing uprisings of the population due to the lack of basic needs. Therefore there is a greater need to address the capacity and human resource gap with suitable and adequate training to meet the multifaceted services. Further services such as shelters will not have competent staff to manage such cases due to reduction of human resource to bare minimum as a result of the prevailing economic crisis.

The sexual and reproductive needs especially for women and girls are most often neglected and deprioritized in times of crisis and funding constraints. The lack of financing to support integrated public health services has serious life threatening implications and negative consequences to the wellbeing of pregnant, lactating and young women of reproductive age. At present more than 215,000 women are pregnant and will face shortage of services, putting their life at risk. The inability to access lifesaving maternal and child health services including family planning information and services would put women, girls and young people at further risk, leading to unsafe deliveries and potential rise in maternal mortality and morbidity, unsafe abortions, unplanned pregnancies and rising numbers of STIs & incidents of exposure to HIV. This creates significant psychological and social stress on individuals, families and communities and increasingly puts women, girls and other vulnerable groups at risk. Limited access to emergency mental health and psychosocial support at present can further exacerbate the deterioration of overall health and persons ability to cope or make suitable decisions without moving towards negative coping mechanisms, which is hugely detrimental in situations such as this for families, communities and the entire country.

Participatory Analysis

An assessment conducted by the Ministry of Health and WHO to map the access to emergency obstetric care in Sri Lanka done in March 2022, indicated poor access areas for basic EMONC mainly in the North western province. Further pockets of poor access areas could be noted in Northern, Eastern, Uva provinces and Hambantota, Rathapura and Kalutara districts (WHO 2022). Further, given the deepening economic crisis, the beneficiaries are not able to access and utilize the already limited EMONC services due to the infrastructure breakdown including lack of

medical supplies and human resources. Currently, a participatory facility and community based survey is being undertaken under the leadership of Family Health Bureau (MoH) with support from UNFPA, UNICEF, WHO and WFP which seeks to further inform the current SRMNC/AH and nutrition status of the affected population. UNFPA is conducting a Rapid Gender Assessment (RGA) which is expected to be completed in November 2022. The findings of the RGA will be used to inform and strengthen the project implementation.

2. UNFPA'S RESPONSE

UNFPA Sri Lanka's response to the ongoing crisis in the country focuses specifically on the sexual and reproductive health (SRH) and protection needs of women and girls. Guided by the Inter-Agency Working Group on Reproductive Health Minimum Initial Service Package (MISP) for Sexual and Reproductive Health and the Inter-Agency Standing Committee (IASC) Minimum Standards for Gender-based Violence in Emergencies, UNFPA launched a Humanitarian Response Strategy and Plan (HSP) focusing on the provision of quality sexual and reproductive health and gender-based violence response, including the integration of mental health and psychosocial support. The HSP has integrated health system strengthening through the supplying of equipment assistance towards logistics management and capacitation of healthcare and other service providers, as a critical component of creating an impact along the humanitarian-development nexus.

The HSP originally planned to be implemented over a period of 6 months intends to reach over 2 million women, girls and other vulnerable groups across 15 of the most affected districts in the country to ensure life-saving health and protection needs are met. UNFPA also contributes to the UN's Humanitarian Needs and Priorities (HNP) Plan, specifically to meet the sexual and reproductive health and protection needs of women and girls through the provision of essential and lifesaving sexual and reproductive health medication, contraceptives, commodities, cash and vouchers assistance to improve access to SRH and gender-based violence (GBV) services, provision of Psychological First Aid (PFA) and other psychosocial support services, support for GBV shelters and building the capacities of service providers and health workers to support the delivery of quality services.

3. PROJECT DESCRIPTION

The project is aligned to the UNFPA HSP and HNP launched by the UN and aims to respond to SRH and protection needs and reach 794,640 women, girls and other vulnerable groups in Anuradhapura, Puttalam, Gampaha, Colombo, Galle, Nuwara Eliya, Kandy, Mullativu and Batticaloa districts. The project is designed to provide and strengthen access to protection and lifesaving support to women and girls at risk and survivors of GBV, and lifesaving SRH services for vulnerable communities over a period of 16 (sixteen) months from November 2022 to March 2024.

In responding to the SRH needs of women, girls and other vulnerable groups the project will employ strategies to support systems strengthening to provide integrated SRH service such as STI/HIV/Family Planning (FP) to the most left behind; improve access to SRH services, life saving drugs and provide commodities to ensure uninterrupted access; raise awareness about SRH and Mental Health and Psychosocial Support Services (MHSS) among women, girls and people with disabilities. UNFPA will use the knowledge gathered from the current response and the results of the ongoing Rapid Gender Analysis and SRMNC/AH assessment, to select the target population and accordingly the most vulnerable populations will be reached. The project will (1) procure and distribute essential and lifesaving sexual and reproductive health medication, contraceptives, commodities and medical equipment to health facilities to provide access to 538,440 women, girls and other vulnerable groups while strengthening the logistic management system to ensure that women and girls get timely uninterrupted care and services; (2) capacitate health care workers on SRH, GBV, STI syndromic management combined with FP and MHSS to improve the health and wellbeing of women, girls and vulnerable peoples health and strengthen resilience in families; (3) provide cash voucher assistance to 50,000 women, girls and people with disabilities to improve their access to SRH, Maternal and Child Health (MCH) services and to meet other health needs; (4) dignity, maternity and adolescent kits will be distributed to 12,000 women and girls to protect their dignity; and (5) create and improve digital platforms to disseminate life saving SRH GBV information and referrals in the crisis situation reaching over 5,000 people.

In ensuring the protection needs of women, girls and other vulnerable groups are met, the project will strengthen the GBV prevention and response mechanism through building and expanding capacities of protection service providers to provide survivor-centered multi-disciplinary services. The project will (1) strengthen the capacities of ten (10) GBV shelters to expand their capacities and contribute to provide lifesaving and survivor centered protection services to at-risk women and girls and GBV survivors; (2) provide cash for protection assistance to reduce the vulnerabilities

of households in locations targeted using historical evidence of higher incidents of GBV. The cash for protection assistance is intended to support the prevention, mitigation and reduction of possible risks of the victim and the impact of the violence within the household.

Project logic:

Goal	To save lives and protect the dignity of women, girls and other vulnerable groups affected by the crisis.
Outcome	Crisis affected vulnerable population have improved and sustained access to quality and comprehensive life saving sexual reproductive health care and GBV services.
Output	<ol style="list-style-type: none">1. Strengthened health system and enhanced capacities of health care workers to provide integrated SRH services including maternal health, family planning and STI/HTV services.2. Enhanced capacity of service providers for sexual and gender-based violence prevention and response.3. Access to quality health services and the dignity of women, girls and young people is maintained.

The project has provided a framework of results consisting of specific interventions, outputs and output indicators to create an impact given the current context, ongoing socio-economic context and development needs. This proposal retains the flexibility to adapt interventions, in the event that activities need to change to reach set targets in an alternative way, given the circumstances at the time.

4. PROJECT MANAGEMENT AND COORDINATION ARRANGEMENTS

The project will be managed by a project team based at the UNFPA office in Colombo which will be responsible and accountable for the day-to-day management of project activities, achievement of project outputs and the effective and efficient use of resources. The project team will be responsible for the management of work plans, contracts, partnerships, communications and visibility, quality assurance, monitoring, evaluation and reporting. The project advisory and support team will provide technical advice and support to the project team on work plan design and management, partnerships, UNFPA policies and procedures.

Implementation Partnerships:

UNFPA together with implementing partners will deliver the project activities as per their respective work plans. The implementing partners involved in the project will have their proposals and work plan discussed with and monitored by the UNFPA project team. Further, the partners are members of the Sexual reproductive Health Working group which is under the national Health Cluster and the Gender Based Violence sub-cluster under the Protection Cluster. Therefore, all the activities proposed within this project will be implemented within the framework of the cluster system as established in Sri Lanka and in line with the Humanitarian Response Plan (HRP) 2022.

Key implementing partners will include the Ministry of Women and Child Development, Ministry of Health, Colombo Municipal Council, Disaster Management Centre, Women in Need, Jaffna Social Action Centre, Family Planning Association, Women Development Centre, Save the Children, World Vision and Alliance Development Trust. Monitoring and evaluation activities will be carried out by the designated M&E officer within each implementing partner agency with the support from the UNFPA M&E focal point.

Essential commodities, supplies and maternity, dignity and adolescent youth kits will be procured by UNFPA as per the UNFPA policies and procedures and distribution of items will be the responsibility of implementing partners. The dignity kits and other kits are delivered in collaboration with the community-based organizations and networks that UNFPA Sri Lanka partners at the field level and also uses the information from the local health post to identify those who are pregnant as per the available pregnancy records.

UNFPA will directly organize and conduct training for health service providers on CMR, MHPSS, HIV and MISIP. The training will empower service providers to implement and scale up MISIP, but will also be an opportunity to identify staff who can train others to ensure future scale up and sustainability of the project.

The process of selection of implementing partners of CSOs/NGOs follows a dual process of ensuring criteria is met and secondly a micro assessment to ensure a strong level of management, financial and operational capacities to jointly implement the identified activities. UNFPA will take responsibility for also strengthening capacities and filling any gaps identified in the assessment.

Coordination:

Within the HCT, UNFPA leads the sub sector groups on sexual and reproductive health and gender-based violence response in coordination with the government, UN agencies and international and local organizations. UNFPA also chairs the GTG and the forum against gender-based violence. These mechanisms will be utilized to coordinate project interventions with partners to strengthen complementarity and improve effectiveness and efficiency.

UNFPA Sri Lanka is a part of the Cash Working Group consisting of UN Agencies, CSOs and INGOs, which meets on a monthly basis providing an effective mechanism for sharing and to ensure that interventions are streamlined and not duplicated. This working group also provides an opportunity for UNFPA Sri Lanka to learn more about how each agency works on Cash Voucher Assistance.

UNFPA will coordinate with UNICEF on communications and visibility for the project while drawing on complementarities of the interventions, since both the organizations are part of the Health & Protection clusters, where maternal & child health and prevention and response to violence against women and children are being discussed and planned and to streamline target beneficiaries to provide holistic support without duplication of efforts. Cost efficiencies will be created through shared human resources with UNICEF for field level presence to implement and monitor project activities. Evidence generated through the project will be shared among the teams for cross-learning and informing project management decisions. UNFPA and UNICEF will strengthen the health information and management systems addressing the shortages of life saving drugs and commodities.

5. RESULTS FRAMEWORK

Narrative Summary	Indicators	Means of Verification	Assumption
GOAL	To save lives and protect the dignity of women, girls and other vulnerable groups affected by the crisis.		
OUTCOME Crisis affected vulnerable population have improved and sustained access to quality and comprehensive life saving sexual reproductive health care and GBV services.	Number of people in need (women and men of reproductive age and adolescents) benefiting from life-saving drugs, commodities, medical equipment and SRH and MCH services. Baseline: TBD; Target: 526,740 Number of women and girls at risk accessing GBV prevention and response services. Baseline: 0; Target: 200,000	Health facility reports Administrative records	Security and transport situation remains stable. MOH and service providers have the capacity and remain committed to implement project activities. CSOs and other partners have the capacity and are committed to implement project activities.
OUTPUT 1 Strengthened health system and enhanced capacities of health care workers to provide integrated SRH services including maternal health, family planning and STI/HIV services.	Number of health facilities receiving life-saving drugs, commodities and medical equipment to improve SRH and MCH services by February 2024 Baseline: 0; Target: 30 Number of health outreach programme delivered in 9 provinces Baseline: 60; Target: 130 Number of health facilities providing integrated HIV, STI and FP services in the Colombo Municipal Council. Baseline: 0; Target: 6	Procurement plan Distribution list Clinic records Project progress report Health facility reports	Security and transport situation remains stable. MOH has the capacity and remains committed to implement project activities. Health workers are released to attend training programmes.

	<p>Number of health care providers trained on clinical management of rape. Baseline: 0; Target:250</p> <p>Number of healthcare providers trained on minimum initial services packages. Baseline: 50; Target: 150</p> <p>Number of women, girls and young people and people of vulnerable groups who obtained psychosocial support and SRH services under one package Baseline: 0; Target: 5000</p>	<p>Training report</p> <p>Training report</p> <p>Training report</p> <p>Training report</p>	
<p>OUTPUT 2</p> <p>Enhanced capacity of service providers for sexual and gender-based violence prevention and response.</p>	<p>Number of shelters provided with grants to expand and continue lifesaving and survivor-centered protection services Baseline: 0; Target: 10</p>	<p>Project progress reports</p>	<p>Service providers willing to participate in the project. Communities are positively engaged in the project. Adequate fuel supply available for transport.</p>

	<p>Number of protection workers capacitated to provide survivor-centered multi-disciplinary services including psychosocial support, case management and disability inclusion. Baseline: TBD; Target: 1,000</p> <p>Percentage of women with disabilities who benefit from GBV prevention and response. Baseline: TBD; Target: 5%</p>	<p>Training report Participant list Training agenda</p> <p>Project progress reports</p>	
OUTPUT 3			

<p>Access to quality health services and the dignity of women, girls and young people is maintained.</p>	<p>Number of pregnant and lactating women, people with disabilities and women who head households and other vulnerable women and girls who have received who have received cash and voucher assistance. Baseline: 0; Target: 50,000</p> <p>Number of vulnerable people (women, girls, people with disabilities) who have received dignity, hygiene, maternity, delivery and AYH kits. Baseline: 9249; Target: 12,000</p> <p>Number of SRH awareness sessions conducted in the rural and estate sector for adolescent girls. Baseline: 0; Target: 1,000</p> <p>Number of digital platforms functioning to disseminate life-saving SRH information to people with disabilities, key affected populations and young people. Baseline: 2; Target: 3</p>	<p>Distribution list Post distribution monitoring report</p> <p>Distribution list Post distribution monitoring report</p> <p>Distribution list Procurement plan</p> <p>Project progress report Attendance sheet</p> <p>Website/App analytic reports</p>	<p>Supplies are available in the local market. Adequate fuel supply available for transport. Communities are positively engaged in the project.</p>
<p>CROSS-CUTTING AREAS</p>			

<p>Accountability to affected population</p> <p>More affected people are satisfied with the humanitarian assistance provided</p>	<p>Percentage of affected people asked that say they feel satisfied with the humanitarian assistance provided</p>	<p>Survey results through questionnaire/suggestions boxes</p>	<p>Beneficiaries are willing to respond to the survey and provide feedback.</p>
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<p>Feedback from organizations is collectively analyzed and presented to decision makers</p>	<p>Number of analytical products created and disseminated to response and organizational decision makers</p>	<p>Analytical reports</p>	<p>Regular audited of services is done and data is collected through regular monitoring reports</p>
<p>Protection from Sexual Exploitation and Abuse</p> <p>Awareness raising on PSEA reporting mechanism in each community affected by crisis and receiving humanitarian assistance</p>	<p>Percentage of project sites reached with information and communication materials on PSEA reporting mechanism</p>	<p>GBV referral pathways Awareness raising campaign reports Project progress reports</p>	

6. MONITORING, EVALUATION AND REPORTING

The project performance will be monitored using the project logical framework. Performance indicator data will be collected and analyzed to track project implementation and achievement of outputs.

In line with UNFPA Policy and Procedures, work plans of implementing partners will be monitored through quarterly progress reports to track the progress of the implementation of activities and progress towards achievement of indicator targets. Periodic field visits will also be conducted to monitor progress.

An end-of-project evaluation will be conducted to assess the relevance, effectiveness and efficiency of the project. Spot-checks and partner audits will be conducted for financial accountability and compliance.

UNFPA will prepare and submit a final narrative report upon completion of project implementation. A certified financial statement will be submitted to the donor by UNFPA headquarters.

Third party monitoring process will be utilized to monitor the progress of the Cash and Voucher Assistance programme, carried out by the implementation partners. This is specifically focused on assessing the effectiveness of the CVA process monitored through a Post-distribution Monitoring Plan.

7. RISK ANALYSIS AND RISK MANAGEMENT

The external risk factors include the security level of the country as well as the political development. This is in addition to the transportation (fuel crisis), import restrictions and logistical challenges. Internal risk factors will be high staff turnover. Overall, the successful implementation of the project will depend on the security situation as well as the availability of required inputs. However, UNFPA will make all possible efforts to employ fast track procedures for procurement, use of online platforms to disseminate information and conduct trainings and local government and non-government partners to deliver the services to the most vulnerable

8. PROJECT BUDGET

OUTCOME: Crisis affected vulnerable population have improved and sustained access to quality and comprehensive life saving sexual reproductive health care and GBV services.			
OUTPUT 1: Strengthened health system and enhanced capacities of health care workers to provide integrated SRH services including maternal health, family planning and STI/HIV services.			
Activities	Budget (USD)	Target Beneficiary	Partners
1.1. Provision of essential and lifesaving sexual and reproductive health medication, contraceptives, commodities for 538, 440 women and girls and essential medical supplies to health facilities.	1,885,997.30	538,440 people benefit from access to life-saving drugs, commodities and SRH/MCH services.	Ministry of Health, NGOs, Civil Society Organizations.
1.2. Enhance logistics management systems including strengthening procurement and storage capacity of the contraceptives and essential commodities at Family Health Bureau the MOH to keep stock of required drugs and commodities to ensure uninterrupted access to provide timely access to essential drugs and commodities	50,000.00		

specially for the most vulnerable.

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1.3. Co-creation and delivery of health outreach programmes including mobile clinics with the provincial and regional directors of health services, MOH officers and other stakeholders in selected provinces to provide SRH, MCH services and improve referral mechanisms.	120,000.00	2400 women, girls and vulnerable people	
1.4. Conduct capacity building for Colombo Municipal Council health staff on sexual health and integration of ST/HIV/Family Planning.	20,000.00	National guidelines across the multi-layered health sector.	
1.5. Training 675 PHMs and other health workers on SRH in emergencies	160,000.00	675 health workers	
1.6. Build capacity of 250 health care providers including primary health midwives and nurses to provide quality services for GBV survivors including, clinical management of rape.	20,000.00	250 health workers	
1.7. Conduct psychosocial support sessions for 500 health workers to improve their mental wellbeing, resilience & adaptability to care.	40,000.00	500 health workers	
1.8. Integration of psychosocial support services into the SRH service packages for women, girls and young people and other vulnerable groups.	130,000.00	5000 women, girls, young people and other vulnerable groups	
SUBTOTAL - OUTPUT 1	2,425,997.30		
OUTPUT 2:			
Enhanced capacity of service providers for sexual and gender-based violence prevention and response.			
Activities	Budget (USD)	Target Beneficiary	Partners
2.1. Provide grants to shelters to further expand & continue lifesaving and survivor-centered protection services	50,000.00	10 shelters	Ministry of Health, Ministry of Women, Child Affairs and Social Empowerment, NGOs and CSOs.
2.2. Allocated budget for 2.2 has been absorbed to 3.1	0	-	
2.3. Strengthen capacities of 1,000 protection workers to provide survivor-centered multi-disciplinary services, including psychosocial support and case management.	50,000.00	1000 protection workers	
SUBTOTAL - OUTPUT 2	100,000.00		
OUTPUT 3:			
Cash and voucher assistance and maternity, dignity and adolescent youth kits are provided to women, girls and young people to ensure their access to services and uphold their dignity.			

Activities	Budget (USD)	Target Beneficiary	Partners
3.1. Provide cash and voucher assistance to support access to life-saving SRH and GBV services for 50,000 pregnant and lactating women, people with disabilities and women who head households. Allocated budget for 3.2 has been absorbed to 3.1	1,752,225.35	50,000 pregnant, lactating women, people with disabilities and women headed households	Ministry of Health, Ministry of Women, Child Affairs and Social Empowerment, NGO's and CSO's
3.3. Procure and distribute 6,000 basic dignity, hygiene, maternity and delivery kits to women, girls, people with disabilities, the most vulnerable and health care workers.	360,000.00	12,000 women, girls and other vulnerable people	
3.4. Procure and distribute 6,000 basic Adolescent and Youth health kits to maintain their personal hygiene and sanitation in times of crisis.	126,000.00	6000 adolescent girls	
3.5. Conduct training for community volunteers on SRH and GBV.	50,000.00	100 community workers	
3.6. Mobilize community volunteers and conduct SRH awareness sessions for at risk adolescent girls in rural and estate communities.	30,000.00	1000 adolescent girls	
3.7. Development of a new digital platform and making improvements to existing digital platforms for disseminating life-saving SRH information to people with disabilities, key affected populations and young people.	200,000.00	5000 young people, people with disabilities and other key affected population	
SUBTOTAL - OUTPUT 3	2,518,225.35		
TOTAL FOR ALL OUTPUTS	5,044,222.65		
Monitoring and Evaluation	174,381.05		
Communications and visibility	25,000.00		
Human Resources	446,760.00		
Equipment, travel and other	122,338.00		
TOTAL DIRECT COST	5,812,701.70		
Indirect cost (7%)	406,889.12		
TOTAL BUDGET	6,219,590.82		

"Please consider the budget submitted under UNDG categories as part of this Project document."