CENTRAL AFRICAN REPUBLIC – MULTI-PARTNER TRUST FUND

(CAR-MPTF)

PROJECT DOCUMENT – FAST TRACK WINDOW

Project Title: Cities deliver for life and health: Strengthening the capacity of four selected Central African cities to support access to HIV-related services for Internally Displaced People and host communities.	**Participating UN Organization(s):** **OIM-ONUSIDA**
Project Contact: **Meghann Lenoble** Address: OIM – Bangui – CAR Telephone: + 236 72 54 03 27 E-mail: mlenoble@iom.int **Chanin Meledje** Address: ONUSIDA – Bangui – RCA Téléphone : +236 72 14 25 17 E-mail : meledjec@unaids.org	**Implementing Partner(s) – name & type (Government, CSO, etc)** Health Ministry, City councils of Bangui, Bimbo, Obo, Bégoua and Bambari, RECAPEV, ANJFAS
Project Location **:** Bangui, Bimbo, Bégoua, Obo et Bambari	**Total Project Cost: 499 128 USD** **CAR MPTF: 499 128USD** **Other: 0** **Total: 499 128 USD**
	Project Start Date and Duration: 01/08/2019 **10 months**

Date: **Participating UN Organization** *Name of Representative:* ***Dr Patrick Michael EBA*** *Signature:* *Name of Agency: UNAIDS* *Date:* 02/07/2019	**Government Partner** *Name of Government Counterpart:* ***Emile-Gros Raymond Nakombo,*** *Signature:* *Mayor of Bangui, President of the association of CAR Mayors* *Signature* *Date:* 05 JUIL 2019

Participating UN Organization:

Name of Representative: ***Dr Jean Francois Aguilera***

Signature

Name of Agency: IOM

UN Co-Chair (DSRSG/RC), CAR MPTF Steering Committee	Goverment Co-Chair (MPEC), CAR MPTF Steering Committee
Madame Denise BROWN *Représentant Spécial Adjoint du Secrétaire Général, Coordonnateur Résident du Système des Nations Unies, Coordonnateur Humanitaire* *Signature :* *Date :* 22/07/2019	***Monsieur Felix MOLOUA*** *Ministre de l'Economie du Plan et de la Coopération Internationale* *Signature* *Date*

Instructions: *This template has four components. Complete each component. Responses should be brief (no more than ½ a page per component. Guidance is provided in italics under each component. Please delete this guidance upon submission.*

COMPONENT 1: THE 'WHY'

- *Describe the urgent or unforeseen need/gap that the project is responding to. For Phase 1 of the CAR MPTF, highlight which Immediate Impact Project this relates to if applicable.*
- *Describe whether the project builds on/is linked to/creates synergies with humanitarian assistance or other recovery efforts.*
- *Are there any plans for scale up/catalytic benefits*
- *Explain if/how this project will address underlying drivers of conflict and/or vulnerability.*

Central African Republic (CAR) has the second highest prevalence of HIV in Central Africa, reaching 4% of the general population in 2016. The same year, CAR had 8 700 (6 600 - 12 000) new HIV infections and 7 300 (6 000 – 8 800) AIDS-related deaths. There were 130 000 (110 000 - 160 000) people living with HIV (PLHIV) in 2016, among whom 24% (20% - 29%) were accessing antiretroviral therapy.

In January 2017, CAR adopted a national catch-up plan to accelerate access to HIV services including treatment. To support these acceleration efforts at local level, UNAIDS engaged mayors as key actors to help mobilising local actors including civil society and populations at risk to access HIV prevention, treatment and care services. This engagement is formalised in the Commitment on HIV signed by the Association of Central African Mayors (see signed Commitment attached). Yet, the implementation of the catch-up plan and the mayors' commitment have thus far failed to address the needs and engage IDPs, a key population that is often left behind.

IDPs are included in the 2016-2020 National HIV Strategic Plan as key at-risk population to the HIV epidemic. However, the estimated 653 890 IDPs in CAR (OCHA, June 2018) are often missed in HIV prevention, treatment and care services delivered by national institutions and humanitarian actors. Because HIV, at the height of the crisis was not considered as humanitarian emergency, so people living with HIV, internally displaced have not received adequate care. In addition to the HIV situation IDPs are often victims of Gender Based Violence. Women and girls are mainly victim of those violation of human rights. In 75% of camp, women, girls and the most vulnerable people face the risk of violence to access latrines, water points and defecation areas. Risks of sexual and physical violence related to the use of latrines were reported in the sub-prefectures Bria, Alindao, Rafai and Obo, while the risk of kidnapping was mentioned in sub-prefectures Yalinga, Alindao and Rafai.. Local authorities are particularly well placed to help reach IDPs and deliver appropriate services to them if they are provided with technical and financial support to play a leadership and programmatic role. The City and HIV plan is an advocacy tool available to city mayors and will serve as a dashboard in their role as administrator for the health of

their population. This document aims to promote local response and better ownership of the fight against AIDS by local authorities; finally, it sows the seeds for sustainability of the response to HIV in decentralized structures in CAR.

To address this situation of concern, many mayors have signed a declaration in partnership with the City of Paris, UN-Habitat and the International Association of AIDS Care Providers (IAPAC), at the commemoration of World AIDS Day in Paris on December 1st, 2014. Cities commit to achieving the 90-90-90 targets by 2020, and UNAIDS has since initiated a global HIV/AIDS strategy in cities titled "Ending the AIDS Epidemic: Cities Commit to Achieving Goals of 90-90-90." It is worth noting that nearly 52% of the world's population lives in cities, and that cities and urban areas carry a significant share of the burden of HIV. By 2030, the number of people living in cities is expected to rise from 3.6 to 5.0 billion and it is expected that 90% of the growth of the world's urban population will take place in low-income and intermediate incomes, mainly in Africa and Asia.

Based on UNAIDS statistics, CAR HIV prevalence among 15-49 years is 3.7% (4.3% among women and 3.0% among men). It is a mixed type generalized throughout the population with a high concentration in key populations. HIV prevalence among pregnant women is 3.7% in 2016, with prevalence rates higher in urban areas (7.9%, in Bangui for example the prevalence is 7.7%), while in rural areas prevalence is 2.9%. The epidemic is spread very unevenly across the territory with large regional disparities between (1.0%) in Ouham in the northwest and (11.9%) in Haut-Mbomou in the Southeast. Prevalence is higher in urban areas (7.9%) than in rural areas (2.9%). The highest HIV prevalence is found in the areas of Haut-Momouou (11.9%), Bangui and Nana-Mambére (7.7%), Ombela-Mpoko (5.8%), Haute Koto (5.5%) and Mambere-kadei (5.0%). The prevalence of people living with HIV at IDP sites it not known because displaced person is referred to the health center of the city where the site is located.

HIV/AIDS affects individuals' livelihoods, households and communities and the viability of institutions in many ways. It commonly undermines the ability of individuals and households to feed and care for themselves, while eroding the capacity of communities and institutions. PLHIV, once their status is known, experience increased vulnerabilities which can have a serious impact on their regular income and livelihood. We can observe an increase of social stigma and discrimination in the workplace and in some cases, persons infected and affected with HIV are forced to leave or terminated from employment. The impact of HIV on income and livelihood are seen both in the loss of employment of the PLHIV due to sickness or termination, and loss in income due to absence from work.

There are numerous vulnerabilities that negatively affect PLHIV:

- HIV affects displaced people because they no longer have access to their treatment,
- They face alimentation difficulties,
- They do not have adequate care,
- Displacement situation increases vulnerabilities including the cases of GBV and sexual abuses
- Social stigma: Additional burden on women to earn and be a caregiver and take care of their health if infected;
- Policy: inadequacy of policies to facilitate better access to resources and means of production of PLHIV;
- Social and Community: poor access to support groups of PLHIV with stigma and discrimination towards families/communities;
- Economic opportunities: Loss of job after status revealed or due to sickness. Absence of workplace policy stigma and discrimination. Inability to go out and work;
- Health: Poor physical health affects economic productivity, poor mental health;
- Self and Family: Low self-esteem and self-stigma affects confidence to earn a

living.

COMPONENT 2: THE 'WHAT'

- *Describe the project's theory of change (i.e. what is the causal chain of events that is expected to lead to the desired outcome).*
- *Who are the target beneficiaries and areas?*
- *Describe the M&E strategy. If baseline data is not available, will this project be used as an opportunity to collect such data?*
- *Complete the Project Results Matrix on Page 4.*

Theory of Change:
If the implementation of an inclusive strategy involving partners and municipalities will facilitate a conducive environment for collaboration and capacitation of municipalities' staff involved in the provision of HIV/AIDS-related services. Then, it is expected that this collaboration will induce better integrated and more sustainable services for beneficiaries, i.e. IDPs and host communities living with HIV.

This strategy has a strong component of capacity building for social and medical municipal employees in the four target cities.

Global Objective: To reduce the vulnerability to HIV/AIDS for IDPs and host populations in five selected cities of CAR.

To be able to reach that objective, partners will focus on the following Expected Results:

ER1: Improved access to quality HIV prevention, treatment and care services for IDPs and at-risk host population.
ER2: Strengthened capacity of local authorities (mayors and municipal councils) to engage in HIV prevention, treatment and care activities towards IDPs and at-risk host populations.
ER3: Strengthened local dialogue and socio-economic integration following the delivery of HIV-related services used as strategic and programmatic entry points.

Those Expected Results will be consistent with the following RCPCA pillars:

- Renew the Social Contract between the State and the Population
- Re-establish Peace, Security and Reconciliation

In addition, it will be consistent with the UNDAF strategy through those aspects:

- Peace, Security and Social Cohesion
- Social Welfare and Equity
- Cross-cutting issues
- Development/nexus

➢ **Beneficiaries and Areas:**

The project will be implemented in five cities: Bangui, Bimbo, Bégoua, Bambari and Obo. These cities were selected based on the following criteria: The choice of these cities was made according to three criteria's: cities of the catch-up plan, a city with a high prevalence. Bangui and its surroundings hold 70% of the weight of the prevalence of country and the cities where the offices of the IOM are located.

To sum up:

- The city has a high number of PLHIV;
- The city has a sizeable number of IDPs;
- The city is part of the national catch-up plan to accelerate access to HIV services;
- The city is part of the UNAIDS "HIV and cities" initiative;
- There is a commitment of the local government including cities' mayors for accelerating HIV prevention, treatment and care;
- Implementing partners have a presence in the city.

The project will implement activities in IDPs sites in Bambari and Obo. There is no more IDPs site in Bangui, meaning that the project will intervene in the area where IDPs in host family are concentrated (around 40 515- DTM Round 6). In addition, some integrated early recovery project is implemented by humanitarian actors to encourage returns in third and fifth district. It will be interesting for the project to be included in the same approach to feet with the "Solution Durables" strategies.

Consistently with the « do no harm » Principle it's a humanitarian law that you mustn't harm / during your humanitarian action you must not increase the vulnerability of populations by implementing activities for humanitarian purposes the project will adopt an inclusive and participative approach. Following the last Commission des movements et population (CMP) report, it appears that in Bangui and Bimbo 85 000 IDPs are living in host families, and 37 000 IDPs are living in Bambari either site or in host families and OBO which is located in the Haut Mbomou has the highest prevalence of HIV (11,9%). Following those observations, the global target populations will be 98 550 people following that disaggregation: IDPs in site and in host family: 70%, host communities: 30%. We plan to reach 60% of women among beneficiaries.

Municipalities' relevant staff will be trained and involved to be able to support all the activities. The main approach of the project is to put them in the heart of the strategy of the program and to make them the main stakeholders. It will include mayor, parliamentarians, local authorities, community and religious leaders, women, youth, elders, IDPs representatives.

➢ **Monitoring and Evaluation:**

The proposed intervention will be implemented in line with the principals of "Do no Harm" which seeks to identify the impact of conflict enhancing and peace enhancing dynamics. IOM and UNAIDS will conduct monitoring activities before, throughout and after each intervention/action planned throughout the project to continuously assess the relevance and effectivity of the response. We will use existing mechanisms. We will ask for the support of the Ministry of Health and the CNLS as well as the staffs in monitoring evaluation of UNAIDS or IOM.

This monitoring includes but is not limited to post distribution monitoring to ensure the centrality of protection and to assess beneficiary satisfaction, an attendance tracking mechanism and a grievance redress mechanism allowing complaints to be addressed to the organization. An exhaustive list of lessons learnt based on these evaluations will be included in the institutional reporting.

COMPONENT 3: 'THE HOW'

- *Describe briefly the implementation strategy, including reference to its conflict-sensitivity*
- *How long before the project will be operational? Is it leveraging on any ongoing operations?*
- *Budget breakdown: Using the table below, break down the proposed budget for the project according to key budget categories per PUNO if this is a joint project. This is the Standard Mandatory Format* agreed by UNDG Financial Policies Working Group*

- *Complete the Risk Matrix (see below)*

Provide main services and mechanism to quality HIV prevention, treatment and care services for IDPs and at-risk host populations:

- HIV prevention and support services to identified beneficiaries;
- Voluntary screenings will be done by the agents of the Ministry of Health
- Voluntary HIV testing and counselling;
- Sensitization on sexually transmitted infections (STIs) and Sexual and reproductive health;
- Distribution of condoms and lubricants;
- Provision of dignity kits to IDPs, including condoms for HIV prevention;
- Psychosocial support in partnership with the Ministry of Health and other HIV implementers;
- Referral of PLHIV to nearest health facility.

Build the capacity of municipalities and national authorities

The rapid growth of cities has created favourable conditions for the spread of HIV. It is estimated that half of all HIV-positive people in the world live in cities. In some urban areas, the HIV epidemic is comparable in magnitude to national epidemics in some countries. Noting that municipal authorities have administrative authority and well-established systems for the provision of social services. The commitment of municipalities is therefore an asset in the response to HIV/AIDS.

Usually municipalities' staff do not have specific training on these issues and require training and support to facilitate the engagement on HIV. We will train municipality technical staff (including social affairs and health personnel) Health personnel are seconded by the Ministry of Health on following topic:

- Sexual and reproductive health promotion, including HIV and Sexually Transmitted Infections (STI) prevention including GBV.
- Community sensitization on the importance of facilitating access to HIV services for IDPs and at-risk local populations;
- Promote non-discrimination, HIV testing and counselling, psychosocial support, and referrals.

Contribute to the socio-economic integration of PLHIV

Loss of income along with increased cost of treatment and nutritional needs, further adds to the burden of PLHIV households. Given these realities and the need for regular income for the PLHIV to meet their escalating expenses, there is a need to plan for a comprehensive and a creative integrated social-livelihood response for those living with HIV and AIDS.

Main activities will include:

- Select and train PLHIV and other civil society groups to conduct HIV sensitization and mobilization through civic and social education, local dialogue;
- Broadcast radio sensitization programmes in collaboration with people living with HIV and other locals' organisations;
- Conduct IGR activities (vocational training, entrepreneurship and financial education);
- Provide cash transfer to single parent, widows and to guardian of HIV+ orphans.

CB

Annex IV – Operational Arrangements CAR MPTF

PROJECT BUDGET			
CATEGORIES	**Amount Participating IOM**	**Amount Participating UNAIDS**	**TOTAL**
1. Staff and other personnel	82 038	25 000	107 038
2. Supplies, Commodities, Materials	143 498	58 100	201 598
3. Equipment, Vehicles, and Furniture (including Depreciation)	54 839	103 000	157 839
4. Contractual services			
5. Travel			
6. Transfers and Grants to Counterparts			
7. General Operating and other Direct Costs			
Sub-Total Project Costs	280 375	186 100	466 475
8. Indirect Support Costs: *The rate shall **not exceed 7%** of the total of categories 1-7, as specified in the CAR MPTF MOU.*	19 626	13 027	32 653
TOTAL	300 001	199 127	499 128

Risk Management: *Using the table below, identify the major risks that might cause failure, their likelihood of occurrence, the repercussions on the implementation process and results achievement and proposed risk management strategies.*

Risk	Likelihood (high, medium low)	Severity of impact on project (high, medium, low)	Monitoring and Mitigating Strategy
Insecurity Insecurity linked to armed groups remains the main risk It could limit the movements of the partners (humanitarian access), but also the specific activities of the municipalities	High	High	In the development of strategies, the problem of insecurity at the local level will be tackled to support pragmatic solutions. In addition, inter-community dialogues and conflict resolution mechanisms will be developed to mitigate these specific risks. To reduce the risks, before the beginning of each activity will make an assessment with the support of the security officers of the agencies, Minusca and UNDSS
Poor governance Poor governance in municipalities, civil society organizations may be a risk in the project implementation phases	Medium	Medium	The project will place an emphasis on making partners aware of the transparency of decision-making. Also, the support-advice system of proximity will, through the accompaniment and the control, to follow the decision making and the resource persons of the target groups. A steering committee will be set up to follow the good governance of the project.
Commercial restrictions Insecurity in CAR border areas can lead, through the	Medium	Medium	The strategic options to diversify business partnerships and the consideration of border risks will be

presence of armed groups or the prevention actions of neighboring countries, to see border posts or roads closed to traffic and thus to commercial exchanges.			discussed with the various departments during the implementation of the linking activities.
Increased protection risks The knowledge of HIV status by the community could lead to exclusion risks of PLHIV and to an increase in protection incidents	High	High	Partners will ensure that medical confidentiality is respected. Awareness-raising and training of community leaders, IDPs and host families and communities will be strongly mitigated this risk

COMPONENT 4: THE 'WHO'

- *List the PUNOs and any other implementing partners (NGO, govt, etc)*
- *Indicate in-country capacity and comparative advantages of the PUNOs and implementing partners.*
- *Describe the project management structure, including identification of the project manager and team.*

This interagency project will promote the participation of locals' actors. The main mechanism will be to work with municipalities and civil society organisations to put them in the heart of the action. This project will work on the empowerment of local authorities, communities and local organisation to better contribute to the national response and ensure the best integration of PLHIV and those affected. It will have a positive impact on the social cohesion and on the vulnerability of IDPs and host communities.

Municipalities: The mayors of the selected cities will also be engaged through the Association of Mayors of CAR which is chaired by the mayor of Bangui. A focal point through municipalities will be chosen to follow project activities.

Civil Society: In addition to national and local institutions, key civil society organisations representing people living with HIV and populations affected by HIV in the five cities covered by the project will also be involved. These include the Réseau Centrafricain des Personnes vivant avec le VIH (RECAPEV) and ANJFAS (the network of women living with HIV). In addition, key local groups working with IDPs in the selected cities will also be engaged to help link the project partners to beneficiaries. It is expected that the project partners will engage international NGOs working on HIV, sexual and reproductive health for IDPs. The health cluster will be contacted to help the project to identify the main actor in HIV in our intervention zone.

Results framework: *Provide a Results framework for the project, using the table below.*

Results Framework: *Complete the fund results framework below. There are two levels: 1) 'Fund Level' which links your project to a Fund Outcome in order to be able to aggregate the contributions of all projects towards a particular Fund level outcome. See Fund results matrix for specific indicators 2) 'Project Level', which indicates the specific outputs that your project is responsible for achieving. Note: if baseline data is not available, indicate this and include how this data will be collected.*

Fund outcome to which the project contributes to (for immediate impact projects, identify the sector and specific project):				
Anticipated Outcome as described in the Fund results framework	**Indicators** *(include Fund outcome indicators to which the project contributes to)*	**Baseline and Target**	**Means of verification**	**Assumptions/Risks**
To reduce the vulnerability to HIV/AIDS for IDPs and host populations in 5 selected cities	% of beneficiaries who have correct knowledge on HIV prevention and transmission	Baseline N/A 80% of beneficiaries	Reports of activities	Insecurity Low involvement of municipalities
Project Outputs				
Describe Project Output	**Indicators**	**Baseline and Target**	**Means of verification**	**Assumptions/Risks**
1. Improved access to quality HIV prevention, treatment and care services for 5000 IDPs and another at-risk host population.	Number of IDP and other at-risk host population who are satisfied with HIV services	Baseline 0 Target: 5000	Survey	Insecurity Low involvement of municipalities Low participation of beneficiaries
2. Strengthened capacity of 25 local authorities (mayors and municipal councils) to engage in HIV prevention, treatment and care as well as stigma reduction activities towards IDPs and at-risk host populations.	Number of trained municipalities' staff delivering HIV-related services	Baseline 0 Target: 25 (5 per municipality)	Report of the capacity strengthening	Insecurity Low involvement of municipalities
3. Strengthened capacity 5 team of peer's educators to engage in HIV prevention, treatment and care as well as stigma reduction activities	Number of trained peers' educators delivering HIV-related services	Baseline 0 Target: 25 (5 per city)	Report of the capacity strengthening	Insecurity Low involvement of municipalities

towards IDPs and at-risk host populations.				
4. Strengthened local dialogue and socio-economic integration following the delivery of HIV-related services used as strategic and programmatic entry points	Number of community dialogues on HIV and socio-economic development organized **NGO's Capacity Building** Number of NGOs trained % improvement of their capacities to manage projects **Sensitization** Number of sensitization sessions **Vocational training** Number of IDPs formed (disaggregation by sex) **IGR** Number of IGR kits distributed **Cash Transfer:** Number of beneficiaries	Baseline 0 Target: 20 Baseline :0 Target: 3 Baseline 0 Target: 75% Baseline :0 Target: 10 awareness sessions Baseline: 0 Target: 150 IDPs trained: 73 men and 77 women Baseline :0 Target: 150 Kits distributed 73 men and 77 women Baseline : 0	Report of activities Report of activities Pré and post Test Contract and audio diffusion Report of activities Report of activities Distribution report Report of activities Distribution Report	Insecurity Low involvement of municipalities Low participation of beneficiaries

	(disaggregation by sex) **<u>Local Authorities' Training</u>** Number of people trained (disaggregation by function (local authority / civil society) / by gender)	Target: 200 Beneficiaries including 98 men and 102 women Baseline: 0 Target: 400 people including 196 men and 204 women	Report of activities	

IOM • OIM

INTERNATIONAL ORGANIZATION FOR MIGRATION
Central African Republic, Bangui
Project Title: Assistance humanitaire rapide d'urgence auprès des personnes affectées
Project Duration: 10 Months
Currency: EURO

WBS	SSP	Lignes budgétaires	Agence	D/S	Qty	Coût unitaire	Durée mois	%	Coût Total
		1. Personnel et Autres Coûts Inhérents							
		1.1. Operations							
	MPTF_06	Chef de projet	OIM/ONUSIDA	D	1,0	8 500	10	50%	42 500
	MPTF_06	Agent Terrain AGR/Cohésion Sociale	OIM	D	4,0	920	10	50%	18 396
		Sous-total 1.1. Personnel operations							**60 896**
		1.2.Support							
	MPTF_01	Chef de Mission	OIM	S	1,0	18 571	10	3%	5 571
	MPTF_01	Coordinateur Programmes	OIM	S	1,0	10 337	10	3%	3 101
	MPTF_01	Officier de Logistique	OIM	S	1,0	10 337	10	3%	3 101
	MPTF_01	Officier de Finance	OIM	S	1,0	10 337	10	3%	3 101
	MPTF_01	Officier de Securite	OIM	S	1,0	11 663	10	3%	3 499
	MPTF_01	Assistant National Aministration& Finances	OIM	S	1,0	1 226	10	3%	368
	MPTF_01	Assistant National Logistique	OIM	S	1,0	1 226	10	3%	368
	MPTF_01	Assistant National Securite	OIM	S	1,0	1 226	10	3%	368
	MPTF_01	Chauffeur	OIM	S	1,0	832	10	20%	1 664
		Sous-total 1.2. Personnel support							**21 142**
		Sous-Total 1. Personnel et Autres Coûts Inhérents							**82 038**
		2.Biens et Services							
		2.1. Operations							
	MPTF_02	Field Office Rental	OIM	S	1,0	1 270	10	5%	635
	MPTF_02	Field Office Communications	OIM	S	1,0	3 504	10	5%	1 752
	MPTF_02	Field Office Running Costs	OIM	S	1,0	876	10	5%	438
	MPTF_02	Field Office Security	OIM	S	1,0	2 190	10	5%	1 095
	MPTF_03	Materiels informatique	OIM	D	1,0	1 314	1	100%	1 314
	MPTF_05	Vols UNHAS Bangui –Bambari	OIM	D	1,0	300	10	100%	3 000
	MPTF_05	Suivi et Evaluation (5 nuitées par mois)	OIM	D	1,0	60	10	100%	600
	MPTF_04	Location de Véhicule (coûts mensuel de véhicule à location)	OIM	D	2,0	1 500	10	30%	9 000
	MPTF_04	Maintenance Véhicule de Location/Fuel	OIM	D	2,0	500	10	100%	10 000
	MPTF_04	Transport - Location de camion	OIM	D	4,0	3 500	1	100%	14 000
	MPTF_06	Visibilité	OIM	D	1,0	2 500	1	100%	2 500
		Sous-total 2.1. Biens et services							**44 334**
		2.2. Support							
	MPTF_02	Bangui Office Rental	OIM	S	1,0	7 008	10	3%	2 102
	MPTF_02	Bangui Communications	OIM	S	1,0	12 264	10	3%	3 679
	MPTF_02	Bangui Office Running Costs	OIM	S	1,0	3 504	10	3%	1 051
	MPTF_02	Bangui Security Costs	OIM	S	1,0	7 446	10	3%	2 234
	MPTF_04	Location de Véhicule	OIM	S	1,0	2 000	10	5%	1 000
	MPTF_04	Maintenance Véhicule de Location/Fuel	OIM	S	1,0	876	10	5%	438
		Sous-total 2.2. Fournitures, marchandises, materiel support							**10 505**
		Sous-Total 2. Biens et services							**54 839**
		3. Activités							
	MPTF_06	Partenaire d'implémentation	OIM	D	2,0	3 200	10	100%	64 000
	MPTF_06	Séance de sensibilisation radio	OIM	D	1,0	1 000	10	100%	10 000
	MPTF_06	AGR Training (Vocational, entrepreneurship, financial)	OIM	D	150,0	150	1	100%	22 500
	MPTF_06	Kit AGR	OIM	D	150,0	200	1	100%	30 000
	MPTF_06	Cash Transfer	OIM	D	200,0	35	1	100%	6 998
	MPTF_06	Training authorité locale, civil society	OIM	D	1,0	1 000	10	100%	10 000
		Sous-Total Activités							**143 498**
		Sous-Total Operations (1.1. + 2.1.+ 3)							**248 728**
		Sous-Total Coûts Support							**31 646**
	MPTF_08	Overhead 7%		O					19 626
		Grand Total							**300 000**

MPTF_01
MPTF_02
MPTF_03
MPTF_04
MPTF_05
MPTF_06
MPTF_08

Staff and other personnel costs	21 142
Supplies, Commodities, Materials	12 987
Equipment, Vehicles and Furniture	1 314
Contractual Services	34 438
Travel	3 600
Activities	206 894
Indirect Support Costs	19 626
Grand Total	**300 000**

D	Direct Cost	244 808
S	Support Cost	35 566

ONUSIDA

Prgramme commun des Nations Unies sur le VIH/Sida
Central African Republic, Bangui
Project Title: Assistance humanitaire rapide d'urgence auprès des personnes affectées

Project Duration: 10 Months
Currency: EURO

WBS	SSP	Lignes budgétaires	Agence	D/S	Qty	Coût unitaire	Durée mois	%	Coût Total
		1. Personnel et Autres Coûts Inhérents							
		1.1. Operations							
	MPTF_01	Consultant for project management	ONUSIDA	D	1,0	2 000	10	100%	20 000
		IT Support	ONUSIDA	S	1,0	1 000	10	50%	5 000
		Sous-total 1.1. Personnel operations							**25 000**
		2.Biens et Services							
		2.1. Operations							
	MPTF_03	Materiels informatiques	UNAIDS	D	1,0	10 000	1	100%	10 000
	MPTF_05	Vols UNHAS Bangui –Bambari	UNAIDS	D	1,0	268	5	100%	1 340
	MPTF_05	Suivi et Evaluation (3 nuitées par mois)	UNAIDS	D	1,0	2 000	3	100%	6 000
	MPTF_04	Location de Véhicule (coûts mensuel de véhicule à location)	UNAIDS	D	1,0	1 752	10	50%	8 760
	MPTF_04	Maintenance Véhicule de Location/Fuel	UNAIDS	D	2,0	2 000	6	100%	24 000
	MPTF_06	Visibilité	UNAIDS	D	1,0	8 000	1	100%	8 000
		Sous-total 2.1. Biens et services							**58 100**
		Sous-Total 2. Biens et services							
		3. Activités							
	MPTF_06	Facilitate the access quality HIV prevention, care and treatment services for at least 5000 IDPs and at-risk host populations.	UNAIDS	D	10,0	3 500	10	10%	35 000
	MPTF_06	Build the capacities of 25 local authorities (mayors and municipal councils) on HIV prevention, treatment and care, VBG, targeting IDPs and at-risk host populations.	UNAIDS	D	5,0	2 000	15	10%	15 000
	MPTF_06	Use HIV services to strengthen the dialogue between IDPs and host populations points through 20 seances	UNAIDS	D	20,0	1 000	10	10%	21 000
	MPTF_06	Conductat least 20 HIV sensitization and other stigma reduction activities for IDPs, local authorities and host populations.	UNAIDS	D	20,0	3 000	9	10%	27 000
	MPTF_06	Put in place in each city a team of 5 peer educators to support access to HIV HIV services and appropriate folow-up of PLHIV and long side with municipal autorities	UNAIDS	D	5,0	1 000	10	10%	5 000
	MPTF_06								-
		Sous-Total Activités							**103 000**
		Sous-Total Operations (1.1. + 2.1.+ 3)							**186 100**
		Sous-Total Coûts Support							
	MPTF_08	Overhead 7%		O					13 027
		Grand Total							**199 127**

MPTF_01
MPTF_02
MPTF_03
MPTF_04
MPTF_05
MPTF_06
MPTF_08

Staff and other personnel costs	25 000
Supplies, Commodities, Materials	58 100
Equipment, Vehicles and Furniture	-
Contractual Services	-
Travel	-
Activities	103 000
Indirect Support Costs	13 027
Grand Total	**199 127**