

Project & Programme Approval Template (PPA)



Note: This form serves the following purposes:

- For development of **concept notes**, if required; replacing the former project idea form (PIF);
- As **initial risk assessment** for new projects;
- To ensure that key aspects for **quality and relevance of a future project** are considered in line with CBM's model of collaboration, such as MA involvement, technical soundness of the project plan, as well as partner and CBM capacities for implementation;
- To inform on **status of OCA**¹ of the foreseen implementing partner;
- To facilitate the timely **Approval of a new project or project design** / concept note by management, before a project plan is submitted to a donor;
- To **request a new Project Number** once the project is approved, thereby replacing the former 'Project Number Request Form';

It is in view of the above that the form aims at increasing efficiency in our process to develop and approve project plans, and at the same time ensuring planning quality and risk management.

Further, it is understood that in case of LCDF projects this form will usually be submitted for approval when planning has not yet been concluded. This in order to allow management to take a principal decision whether the planned project serves the interests of CBM in all aspects. In such cases, it can be expected that the information provided might still be subject to change or adjustments, e.g. final naming of objectives and results, indicators and budget volume. In such cases, kindly provide the information as envisaged at the time of submission of the PPA.

Project name/ title:	Beit-CURE ENT		
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Region:	AFS	Country:	Peru Zambia
Partner Name:	Beit-CURE Hospital	Partner number ² :	NA
Partnership approved? Y (year) /N	Y		P3589-HYP
Responsible Programme Officer / Office:	Sergio Mainetti, Lusaka CO	Min. criteria met (Y/N):	Y
Involved MA / Donor:	CBM Germany	Date of OCA (latest / planned):	19.06.2017 (latest)
		Total project budget ³ :	ZMW 8,540,162.07 (approx. EUR 820,278)
		CBM contribution:	ZMW 8,540,162.07

¹ A full OCA (Organisational Capacity Assessment) must be conducted before the submission of the full proposal to the donor in case of LCDF (legally contracted designated funding) funding; in case of CBM funding, a full OCA must be conducted before project start.

In case the PPA is submitted for approval when a full OCA has not yet been carried out, the responsible Programme Officer is expected to ensure that **minimum criteria** for Organisational Capacities are met. To do so, the OCA form needs to be submitted with sections on minimum criteria filled, together with the PPA. The remaining parts of the OCA would have to be carried out at a later stage.

² Note: CBM is in process of introducing partner numbers to allow filing and monitoring of partner information;

³ Kindly be reminded that management costs/overheads/mark up need to be considered when budgeting projects; Approval Format for Projects and Programmes • CBM International Office • Programme Department

Project & Programme Approval Template (PPA)



Physical rehabilitation

☐

Inclusive Education

☐

Disability Inclusive Development

☐

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			(approx. EUR 820,278)
Project start /end date:	01/01/2018 – 31/12/2020		
Overall objective of the project / programme:	Improve the quality of life of hearing impaired persons and their families in Zambia, thus contributing to the reduction in poverty.		
Specific objective(s) / indicator(s):	Description (s): Provide comprehensive, accessible, and affordable ENT clinical and surgical services as well as audiological services for people with hearing impairment	Indicator(s): Patient Consultations at ENT Clinic, Mobile ENT Clinics in local community; Number of surgeries.	
Expected results / key indicators:	ENT (diagnostic and surgery) and rehabilitative services (audiology and audio-verbal therapy) provided to a larger number of patients	-ENT consultations; -ENT surgeries; -Screening during ENT mobile outreaches and school visits within Lusaka District; -audiology consultations; -speech therapy sessions for children.	
	Strengthen the Zambian Health system through support to implement the National ENT Plan and meetings amongst relevant stakeholders.	-biannual meetings of the National ENT technical Committee	
	Provide operational management and financial sustainability in ENT Clinic	-number of mobile clinics -annual audit	

Note: It is expected that Objectives and results are formulated as development outcomes (outcome based planning) and not activities (output based planning). And that both quantitative and qualitative indicators are developed. For guidance, please refer to CBM's PCM Handbook, page 232, as well as to CBM's reference guides available with the relevant technical advisor.

This project will contribute to the following CBM Initiatives:

Inclusive Eye Health	<input type="checkbox"/>	Community Mental Health	<input type="checkbox"/>
Ear and Hearing Care	<input checked="" type="checkbox"/>	CBID and Livelihood	<input type="checkbox"/>

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Please complete the review grid according to the criteria provided (max. 50 words per section).

CRITERIA	RO/CO COMMENTS
A. Relevance of the project	
1. How does the proposal fit with relevant national policies, the country plan, or in the absence of a country plan, does it fit with the Federation Strategy?	<p>The proposal's planning reflects a partial implementation of the action plan of the then drafted National ENT Health Strategic Plan 2017-2021 (NENTHSP), approved by MoH on the 27/10/2017, and is in line with the current strategic priorities for Zambia. This proposal, while supporting the core, day-to-day, ENT work of Beit-CURE Hospital, it provides logistic and expertise support for the implementation of other ENT interventions targeting selected geographical provinces (i.e. it currently enhance the CBM UK/SG ENT intervention, and will be used to provide additional support to the proposed BMZ ENT intervention too).</p> <p><u>CBM Federation Strategy:</u></p> <p>Programmatic Priorities (3) Capacity and System Strengthening: CBM continues to be committed to strengthening systems, such as health and education.</p> <p>System strengthening initiative: • Ear and Hearing Care (EHC)</p> <p>Organisational Priority: (2) Growing our income base: Mailing planned by CBM Germany</p> <p>Theory of Change: • Improved access and control: Persons with disabilities and their communities have improved health, education, economic, political and social participation</p> <p>Associated target outcome: • Avoidable impairment reduced</p>
2. Is the country of implementation a core country or a specific intervention country (SIC)? If a SIC and LCDF is being pursued, what is the case for this?	Zambia is a core country.
B. RO/CO/partner capacity to deliver the project	
3. Does the Country Office or other responsible CBM entity have	The CO recently employed a new Project officer who will include this programme in his portfolio.

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<p>sufficient capacity to provide the necessary oversight? How will potential capacity gaps be addressed and funded?</p>	<p>The partner recently employed a programme manager (under the CBM UK/SG programme) for the ENT unit. Though the current ENT surgeon, and CBM co-worker, Dr. Fröschl, will leave the country in June 2018, the ENT unit's work will be supported by the work of the recently trained and employed Dr. Phiri.</p>
<p>4. Does the partner meet CBM minimum criteria and has the partnership been approved?</p>	<p>The partner meets CBM minimum criteria and partnership is already in place.</p>
<p>5. Does the partner have the capacity and specialisms needed to deliver the proposed programme? How will potential capacity gaps be addressed and funded?</p>	<p>The partner has the capacity to implement the programme, and adequate HR are supported by this proposed intervention.</p>
<p>C. Risk mitigation</p>	
<p>6. What measures are in place or planned to mitigate political, economic, safety & security or disaster related risks which could have high impact on project implementation? <i>Note: Please consider e.g. changes of government laws, overall economy and inflation, etc., and briefly explain how potential mitigation measures will be funded.</i></p>	<p>No natural disaster is expected to disrupt the planned activities. And no significant safety & security risks are foreseen to potentially be able to affect it. Though potential political crisis during Presidential elections may delay implementation of the programme. In case of a political crisis the CO will keep analyzing and monitor the situation to advise the partner for solutions to reduce/avoid any potential activities' delays. With the approval of the National ENT Health Strategic Plan 2017-2021 a strong policy framework has been created to favor the programme implementation for the next 4 years to come.</p>
<p>D. Level of technical advisory involvement</p>	
<p>7. What kind of technical input in programme design has been sought and has been planned for the intervention? Please provide the name of the technical advisor involved.</p>	<p>The advice of the ENT global advisor (Dr. Santana) has been sought during the proposal's elaboration.</p>
<p>E. Level of Member Association involvement</p>	
<p>8. What level of input and support from the involved MA has been provided or is foreseen to ensure fit with donor requirements and fundraising needs? Who is the concerned MA Programme officer involved?</p>	<p>The proposal has been elaborated by the partner and the CBM ENT Surgeon, with support from the CO. CBM Germany advise will be needed to understand (and comply with) any special donor requirement. The CBM Germany officer in charge is Laura Deichfuss: +4906251131159 - laura.deichfuss@cbm.de</p>

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Decision

Recommended⁴ by:

Martin Hahn, RD
Name/Designation

[Signature]
Signature

26/12/17
Date

Capetown
Place

Programmatically approved⁵
by:

The project / programme is approved provided that findings of full OCA demonstrate sufficient organizational capacities.

Felix Schreder, PD
Name/Designation

[Signature]
Signature

21/03/18
Date

Berlin
Place

⁴ Recommendation by Regional Director or Country Director / Programme Officer

⁵ Approval according to CBM authority structure