## Programmatic Project Approval of Partner Projects

### Project Information Project Idea No: 000838

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | **Strengthening Ear and Hearing Care capacities in Cameroon** | | | | | |
| **Name of Partner(s)** | **Cameroon Baptist Convention Health Services** (CBCHS) | | | | | |
| **CBM own implementation:** | No | Yes**:** *list all involved consortia organisations*  (fill and attach:[Approval Document CBM Own Implementation](https://cbm365.sharepoint.com/:w:/r/sites/ProgMgmt/_layouts/15/Doc.aspx?sourcedoc=%7BFD098102-FD1B-4923-B364-9D3CB6368B86%7D&file=Approval%20Document%20CBM%20Own%20Implementation.docx&action=default&mobileredirect=true&DefaultItemOpen=1&isSPOFile=1&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjA2MDYxNDgwNSIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ%3D%3D&cid=cfe321e4-27d5-42ca-a44a-e17edf539289)) | | | | |
| **Country** | Cameroon | | continuation of previous CBM project number: ………. | | | |
| **Timeframe** | 01.03.2024 – 31.12.2028 | | | | | |
| **Funding Source** | **CBM International**  Individual Donors (Free Funds) or  LCDF Donor: *….* | | | **CBM Italy**  Individual Donors (Free Funds) or  LCDF Donor: *….* | | **CBM Global** |
| **Target Group** | **Direct Target Group:**  **200,000 EHC services’ users** reached through selected CBCHS ENT services in **25 hospitals** in 4 years who will directly benefit through improved structures (equipment and clinical management systems) at the hospitals.  **80 Community and Primary Health Care workers** who will be trained for EHC awareness raising, early identification, intervention and referral processes.  **16 Ear & Hearing Care (EHC) workers trained as Audiology Technicians** in CBCHS-supported hospitals in 4 geographical regions: North-West/West; Centre; Littoral/South-West; and Far-North/North/Adamawa Regions.  **24 new health workers in these regions trained as EHC clinical officers** to support existing EHC services.  **Direct Institutional Target Group:**  14 ENT Clinics, Ministry of Health, Ministry of Social Affairs, University of Yaoundé 1, Cameroon National Association for the Deaf (CANAD), 26 Health Districts, 4 regional delegations of social affairs, 4 regional delegations of public health, decentralized local authorities (26 councils, 2 regional assemblies, 2 city councils), and National ENT Society.  **Indirect Target Group:**  Approximately **1,200,000 individuals** (about the population of New Hampshire) who, as family members of the direct target group, benefit from their improved quality of life and opportunities.  **1,317,600** Service users will be reached through health promotion and prevention campaigns and consultations at base hospitals and outreach clinics. | | | | | |
| **Overall objective** | The quality of life of people with hearing impairment or ear diseases, or at risk of it, in Cameroon is improved through sustainable access to EHC services. | | | | | |
| **Specific objectives** | 200,000 people with hearing impairment or ear diseases (or at risk of it) in Cameroon have access to improved EHC services from 2024 to 2027.  Cameroon’s Health System EHC capacity is improved by training 400 Community and Primary Health Care workers, 20 EHC workers and 24 new clinical officers at CBCHS centers in 4 regions: North-West/West, Centre, Littoral/South-West and Far-North. | | | | | |
| **Expected results** | 1. EHC capacities for CBCHS and state hospitals at 3 levels of service delivery are strengthened in the 4 target areas. 2. Accessibility of Ear and Hearing Care (EHC) services on the 3 levels of service delivery has improved in the 4 target areas. 3. National health authorities have established structures to improve EHC. | | | | **68** health facilities in the target areas are providing EHC services [Source: successful trainings, Patient Consultation Register]  **24** EHC Clinical Officers are trained as trainers (ToT) by project end (14 in state, + 10 in CBCHS facilities). **[ST6170]**  **16** Audiological technicians at primary are trained as trainers (ToT) (10 in state, 6 in CBCHS facilities) **[ST6170]**  **80** Primary Health Care workers in Primary EHC trained by the end of the project. (68 in state, 12 in CBCHS facilities) **[ST6171]**  **26** primary facilities are equipped to offer basic EHC screenings by the project's end.  **14** EHC facilities can provide inclusive consultation services for deaf or hard of hearing people by using French/English basic sign language by project end.  **13% reached Number of people** are more aware of *inclusive* EHC promotion and prevention strategies and related services by project end. [Source: radio station, OPD consultations]    Cameroon’s EHC National Committee is established and functional (members are set + annual meetings) by project end. [Source: Minutes, published articles]  Ministry of Health has developed a EHC national Plan by project end. [T3b: CBID 5-3-1 Indicator 2.1.1b:]  Age, gender and disability disaggregated data on national prevalence of ear diseases and hearing loss is available for 2024 as baseline to develop a national EHC Plan.  EHC focal person at Ministry of Health is appointed by the end of the project. | |
| [CBM Standard Indicators](https://cbm365.sharepoint.com/sites/INDIC?e=1%3A514d055fd5c34f4cb408b417b268b44e) | have been applied  have **NOT** been applied because: *briefly explain* | | | | | |
| **Activities** | Includes construction measures | | | | | |
| **Result 1:** EHC capacities for CBCHS and state hospitals at 3 levels of service delivery are strengthened in the 4 target areas.  1.1. Safety, Security, and safeguarding Training for project staff.  1.2. Produce and/or translate the EHC components of CBM’s CBID Capacity Development and Training Programme documents required for building/strengthening local EHC capacity in English and French  1.3. Train 24 EHC Clinical Officers (by CBCHS staff) in 4 regions of Cameroon to support existing EHC services and to deliver Training of Trainers (TOT) workshops, 2 per year, using WHO tools "Basic EHC Resource" and "Primary EHC Training Manual".  1.4. Train 8 Community & Primary Health Care workers in Primary EHC in all target regions by local staff (TOT), to gain capacity for awareness raising, early identification, intervention & referral processes.  1.5. Train 16 Audiological technicians on Audiology techniques and hearing Aids services in the Northwest, Centre, Littoral, and Far-North regions, led by Worldwide Hearing.  **Result 2:** Accessibility of Ear and Hearing Care (EHC) services on the 3 levels of service delivery has improved in the 4 target areas.  2.1. Purchase EHC medical equipment for EHC Audiology technicians' and EHC Clinical Officers.  2.2. Production of didactic training material and awareness-raising content for audio, video and print.  2.3. Conducting basic sign language courses for health workers in English and French.  **Result 3:** National health authorities have established structures to improve EHC.  3.1. Conducting National EHC advocacy high-level meetings with local stakeholders.  3.2. Conducting national technical meetings to develop an EHC National Plan.  3.3. Conducting national prevalence study | | | | | |

### Expected project related costs

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| **EUR or:** *specify currency* | **Total** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **TOTAL project costs for CBM** | **733,333** | 226,240 | 163,824 | 117,777 | 137,578 | 87,914 |
| Thereof **CBM contribution** | **183,333** | **56,561** | **40,956** | **29,444** | **34,394** | **21,978** |
| Thereof **Institutional Donor contribution (LCDF)** | **550,000** | **169,679** | **122,868** | **88,333** | **103,184** | **65,936** |
| **Room for additional comments on funding arrangement** | *if applicable* | | | | | |

### Partner information (please list all partners for this project)

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| --- | --- | --- |
| New partnership  Active/ongoing partnership | Partner Number(s): | *If already available*  PARTNER000512 |

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| --- | --- |
| Partnership(s) approved | *Cameroon Baptist Convention Health Services (CBCHS)*  *Partnership with CBM has been existing since 1989* |
| Date of last Partner Assessment(s) (PA) | *03/05/2021* |
| Major findings of PA which could affect the project delivery | The organization’s Policies need updates: inclusion, gender, safeguarding. It was also highlighted that all programs should use the software developed to capture disability disaggregated data. It would be important that the implementation of the current project takes that into account in the data generation and reporting on statistics. |

### Alignment with CBM Fundraising/Institutional Donors and Initiatives

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| ***Level of initiative involvement*** | |
| What kind of specialised technical and programmatic input has been sought from the initiative teams? | This project will contribute to the following CBM Work Areas:   |  |  | | --- | --- | | Inclusive Eye Health | Humanitarian Aid | | CBID | Others (please specify below) |   Specialist technical area:  **Ear and Hearing Care** |
| ***Level of Fundraising Team/Institutional Donor Team involvement*** | |
| What kind of input and support has been provided to ensure fit with potential donor requirements and fundraising needs? | Fundraising team provided input regarding BMZ requirements and eligible costs.  The project as well as the regional programme will open opportunities to develop funding proposals to institutional donors such as BMZ, EKFS and others to fund individual component. |

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| ***Lead contact person for this project***  *(Tick only one box: which of the two following entities is in the overall lead of the project throughout the project duration?)* | | |
| CBM Country Office | Sakwe Mbone Programme Manager CO Cameroon | mbone-itoe.sakwe@cbm.org |
| Initiative | **Dr. Diego Santana** | **Diego.Santana@cbm.org** |

### Review in terms of Strategic Relevance, Capacity and Risks

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| --- | --- |
| **CRITERIA** | **CO/Initiative COMMENTS** |
| ***I. Strategic alignment of the project*** | |
| 1.How does the project fit with relevant national policies, the CBM country plan and the Initiative plan? | This project is the **leading component** of an envisioned **regional programme** **to strengthen Ear and Hearing Care (EHC) in francophone West and Central Africa**, born from the successful impact of CBM interventions in EHC, alongside Anglophone and Francophone partners in the Central, East and Southern Africa region.  This proposal for **Strengthening Ear and Hearing Care capacities in Cameroon** aligns with CBM Country Plan and the strategic goal to contribute to build up local and national systems and services (see below).  The proposal embraces three levels of intervention:  **1. Primary EHC** capacity building of community and primary health care workers is carried out using the World Health Organization’s training resources, specifically the “Basic Ear and Hearing Care Resource” and the “Primary EHC Training Manual for health workers and doctors”, in French language. CBM advisors have contributed to their development and field-testing alongside CBM partners. They are essential tools for awareness raising about hearing disability and the reference document used for CBM’s CBTP technical EHC module, as well as key EHC training resource.  **2. EHC technicians training** is contemplated in CBM Country Plans with EHC components. These interventions contribute to strengthening mid-level health workers capacity, which is often responsible to absorb the demand for EHC services in settings where availability of EHC specialists is scarce.  EHC technicians training include: Audiology/Audiometry, Hearing Aids maintenance/repair, ear-mould manufacturing and screening (neonatal, pre-school, school and adults).  CBM partners with the International NGO “World Wide Hearing”, which has the capacity and expertise to support tutored training in French, and equipping of EHC technicians in LMICs, as well as provide follow up, monitor and evaluation of trainees until they are prepared to deliver their newly acquired skills without direct supervision and can effectively replicate their training for other trainees, the Training of Trainers (TOT) cascade for EHC.  **3. Strategic Country Planning in EHC** is a key intervention for the development of EHC National Plans alongside CBM COs and local partners. The EHC technical component of the CBID Initiative Plan fits naturally within CBM’s Country Planning processes and aligns with the broader CBID approach and the other technical areas.  The role of the CBM Country Offices in these activities is to collaborate in planning, selection of participants, and grants when appropriate, as well as serve of liaison with high-level Government officials, advocate for inclusive EHC, participate in these activities and contribute to developing a National Plan for EHC.  This project aligns with **Priorities 1, 2, 3 & 4 of CBID Initiative Plan**:  1. Inclusive Communities: Communities are inclusive of all people with disabilities.  2. Inclusive Systems: Services and support systems are inclusive and functioning effectively in the community.  3. Disaster Prepared Communities: Communities are resilient and disaster prepared.  4. Thought Leadership and Influence: CBM is established as global thought leader in CBID.  Furthermore, this project aligns with the **World Health Assembly Resolution WHA70.13 Point 3**: “to establish suitable training programmes for the development of human resources in the field of ear and hearing care”.  Also, with the **World Report on Hearing** call to action to achieve “Integrated people-centred ear and hearing care” by implementing prioritized H.E.A.R.I.N.G. interventions delivered through strengthened health systems.  This project aligns with the **Country Plan for Cameroon** 2022-2026, specifically with **Strategic Goal 3**   |  | | --- | | Our 3rd strategic goal focuses on **building inclusive and sustainable local and national systems and services** |   “Our work here will be geared towards enhancing national systems of health. We aspire to make affordable and accessible, quality health care for all especially in the domains of eye health, **ear and hearing care**, community mental health, physical rehabilitation. This will also include initiatives to control and eliminate neglected tropical diseases (NTDs) and psychosocial support to populations stigmatized by disfiguring NTDs. We shall also enhance the capacities of local partners and government agencies in CBID programming. The results for this goal are thus:  **1.3.1 There is improved access to services for people with and without disabilities in the field of eye health, ear and hearing care, education, mental health, and physical rehabilitation in terms of availability, affordability, accessibility, acceptability and quality.**  - Support to Curriculum development  - Support to Human resources capacity development  - Support and development of comprehensive services that align with national policy.  - Ensure accessibility (physical access, information)  - Affordability (subsidies, health insurance, tax exemptions)  - Enhance health information management systems.” |
| ***II. RHO/CO/Initiative/partner capacity to deliver the project*** | |
| 2. How will sufficient capacity to provide the necessary oversight by the responsible CBM entity be ensured?  How will potential capacity gaps be addressed and funded? | This project focuses in Cameroon, although it is regional in scope and multi-stakeholder in nature, therefore CBID Initiative’s Technical Team (EHC area) will take the lead for planning and implementation. CBM’s Senior EHC CBID advisor (Dr Diego Santana) has comprehensive knowledge and ample experience to oversee all the components of the project, and CBID Initiative has the capacity and advisory resources to support this.    **Capacity gaps:**   * CBID local/regional advisory capacity to follow up and sustain the Primary EHC Training Of Trainers. One aspect of this project includes identification of candidates to become CBID advisors with interest in EHC. * EHC technicians training requires availability to identify and engage with suitable trainers. Non-local technical consultancy contracting is expected to be required to bridge this gap. * EHC Country Planning capacity building and TOT will be based on WHO’s EHC training resources and planning tools in French language. This is a new programme being developed by CBM advisors, therefore a work in progress and a learning experience for all involved.   During the planning phase a consultant with knowledge and experience in a field related to Ear and Hearing Care will be engaged to support planning and implementation. If suitable, this consultant will transition to a CBM Programme Manager role in the country and region, if the project expands into a regional programme. |
| 3. What is the assigned role of the partner(s) in the project set-up?  With reference to the Partner Assessment Action Plan, how will capacity and expertise of the partner(s) necessary to deliver the proposed programme be ensured? Are there any specific action points from the PA relevant for this project to be addressed and funded in this project design? | CBM CO Cameroon will coordinate with partner “Cameroon Baptist Convention Health Services” (CBCHS), about local planning and practical aspects for agreed MYP results and activities indicated. CBCHS with also coordinate and manage those results which involve other areas of work, both in Francophone and Anglophone communities of Cameroon. It will explore the possibilities to support WHO CO/RO to develop the Regional Forum for EHC in West and Central Africa, as well as research and publication items.  CBCHS will also hold the budget for MYP components in those target countries where a suitable implementing partner has not yet been identified at the time of finalizing this programmatic project proposal.    CBID Initiative technical support will be coordinated by the Senior Ear and Hearing Care CBID Advisor, with support of CBID Regional Advisor and respective teams.  In the event of any unforeseen financial gaps, their causes will be explored and proposed solutions will addressed by CBM’s CBID Initiative, as appropriate. |
| ***III. Risks*** | |
| 4. What are the main partner related risks for this project in the areas of governance and leadership, finance and programme? | Delay in engaging with suitable partners in targeted countries which do not have an ongoing EHC project.  Engaging new partners (government, civil society and academia) in a multi-stakeholder setting |
| 5. What are the main risks that might affect the project goal? What measures have been conducted and foreseen to mitigate these risks? Briefly explain how potential mitigation measures will be funded.  Note: Please consider safeguarding, financial, operational, safety & security, political, economic risks (see project risk register for reference). | Lack of involvement of high-level MOH authorities:   * Mitigate by previous local advocacy (partner/CO)   Human resources:  Inability to identify suitable trainees for EHC technicians  Shortage of EHC professionals during programme duration  Funding limitations   * Proposal as inter-regional MYP requiring a tailored budgeting mechanism not covered by CBM standard budget processes * Sustainability of French version of EHC-CDP   COVID pandemic   * Pre-planning of activities and adherence to local recommendations |
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| **Room for additional comments** |  |

### Approval Step 1: Programmatic Pre-Approval of a Project Concept

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| This project concept has been developed following the **three-way working methodology**.  It is now ready to be shared for fundraising requests or presented to external donors for funding.  A Concept Note in donor format is available.  Final approval of this PPA is subject to the development of a full project proposal.  (see below [Approval Step 2: Programmatic Final Approval of Full Project Proposal](#_Approval_Step_2:)).  **This project concept is pre-approved according to the** [**CBM Authority Matrix**](https://cbm365.sharepoint.com/:x:/r/sites/cbmnet/FinanceAndOperations/_layouts/15/Doc.aspx?sourcedoc=%7BEE07E35C-B22A-4F44-BABC-0617285113F7%7D&file=CBM%20Authority%20Matrix.xlsx&wdLOR=cDA4D734E-A32E-4766-99C2-1E8D08440B5F&action=default&mobileredirect=true) **by:** | | | |
| **Country Director** (approval for projects <250k € CBM budget **OR** endorsement for >250k €) | | | |
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| ……………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Initiative Director(s)** for all projects as per work area(s) indicated under section D) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Regional Hub Director** (approval for projects 250k -500k € CBM budget **OR** endorsement for >500k €) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Director Institutional Donors** (for all LCDF Projects only) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **[[1]](#footnote-2) Director FaOD** (500k-1,000,000€) **OR** **CBM Executive Management** (>1,000,000€ **OR** changes to staff plan) | | | |
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| Name(s) | Signature(s) | Date | Place |

### Approval Step 2: Programmatic Final Approval of full Project Proposal

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| |  | | --- | | Above pre-approved project concept has been developed into a full project proposal following the three-way working methodology.  **Obligatory final project documents are available** (Project Idea Pipeline/Project or Partner Card)[[2]](#footnote-3)  Cost Plan and Logframe  Project Design Form (or respective LCDF donor format) for projects >EUR 50k  Project Risk Register (or respective LCDF donor format)  Activity Schedule (or respective LCDF donor format)  Partner Assessment (not older than three years)  **CBM own implementation:** additional informationvia [Approval Document CBM Own Implementation](https://cbm365.sharepoint.com/:w:/r/sites/ProgMgmt/_layouts/15/Doc.aspx?sourcedoc=%7BFD098102-FD1B-4923-B364-9D3CB6368B86%7D&file=Approval%20Document%20CBM%20Own%20Implementation.docx&action=default&mobileredirect=true&DefaultItemOpen=1&isSPOFile=1&clickparams=eyJBcHBOYW1lIjoiVGVhbXMtRGVza3RvcCIsIkFwcFZlcnNpb24iOiIyNy8yMjA2MDYxNDgwNSIsIkhhc0ZlZGVyYXRlZFVzZXIiOmZhbHNlfQ%3D%3D&cid=cfe321e4-27d5-42ca-a44a-e17edf539289) | |
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| |  |  |  |  | | --- | --- | --- | --- | | The overall nature of above pre-approved project remains valid in the full project proposal and accompanying documents. Any changes to the pre-approved budget are less than 15%.  **All above pre-approval signatures (Section F) remain valid for this final PPA approval.**  This is to be confirmed below by either the Country OR Initiative Director (lead entity regarding this projectplan.) | **OR** | The overall nature of the pre-approved project has been affected by a) changes to the specific objectives, b) change of partner, c) a difference of more than 15% to the pre-approved budget. Those changes have been revised and highlighted in Section A-E of this PPA.  **Full final approval is required below as per CBMs Authority Matrix.** |  | | | | |
| **Country Director** (approval for projects <250k € CBM budget OR endorsement for >250k €) | | | |
|  |  |  |  |
| ……………………. | …………………………. | ……………….. | …………………. |
| Name/Designation | Signature | Date | Place |
| **Initiative Director(s)** for all projects as per work area(s) indicated under section D) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Regional Hub Director** (approval for projects 250k -500k € CBM budget OR endorsement for >500k €) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Director Institutional Donors** (for LCDF Projects only) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **[[3]](#footnote-4)Director FaOD** (500k-1,000,000€) **OR** **CBM Executive Management** (>1,000,000€ OR changes to staff plan) | | | |
|  |  |  |  |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name(s) | Signature(s) | Date | Place |

1. For all projects > 500k € CBM Budget this PPA is to be submitted to the Strategic Portfolio and Partner Management Team under [programmatic.approval@cbm.org](mailto:programmatic.approval@cbm.org) for facilitation of approval [↑](#footnote-ref-2)
2. **Mandatory upload of finally approved PPA in the Project Idea Pipeline to request a project number.**  [↑](#footnote-ref-3)
3. For all projects > 500k € CBM Budget PPAs are to be submitted to the Strategic Portfolio and Partner Management Team under [programmatic.approval@cbm.org](mailto:programmatic.approval@cbm.org) for facilitation of approval [↑](#footnote-ref-4)