## Programmatic Project 3. Approval of Partner Projects

### Project Information Project Idea No: 110077

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| --- | --- | --- | --- | --- | --- | --- |
| **Project Title** | Strengthening the integration of community-based ear and hearing health care in Zambia Project | | | | | |
| **Name of Partner(s)** | Beit CURE Hospital (BCH) | | | | | |
| **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** | Zambia | | continuation of previous CBM project number: ………. | | | |
| **Timeframe** | July 2024 to December, 2028 | | | | | |
| **Funding Source** | **CBM International**  Individual Donors (Free Funds)  Urgency Emergency  LCDF Donor: BMZ | | | **CBM Italy**  Individual Donors (Free Funds)  LCDF Donor: *….* | | **CBM Global** |
| **Timeframe** | July 2024 to December 2028 | | | | | |
| **Target Group** | **Direct Beneficiaries**   * 594,000 adults and children in the target regions screened for ear and hearing problems and referred for services if required. * 317 healthcare professionals such as ENT doctors, nurses and clinical officers and community health workers who are trained in ear and hearing healthcare. * 200 parents of children with hearing impairments whose capacities are strengthened. * 1,000 teachers and 30 decisions-makers’/media representatives who are sensitized on ear and hearing health. | | | | | |
| **Overall objective** | The quality of life of people with a hearing impairment or at risk of hearing impairment in the provinces of Central, East, Luapula, Lusaka, North, Muchinga and South in Zambia has improved. | | | | | |
| **Specific objective** | The population in the target area who suffer from or are at risk of hearing loss have access to integrated and community-based ear and hearing care services. | | | | 1. At the end of the project, trained health professionals will provide ear and hearing care screenings and health services to 594.000 people (disaggregated by gender) across the catchment area. By the end of the 4th year of the project, 50% of respondents (disaggregated by gender) 2. IND6000 Total number of persons reached by ear and/or hearing care services (screened/examined/treated) | |
| **Expected Results** | 1. **ENT professionals (8) and other health professionals (309) have increased capacity to provide ear and hearing health services** | | | | * 1. At the end of the project, 8 ENT doctors (disaggregated by gender) have strengthened their capacity to perform surgical procedures   2. At the end of the project, 8 hearing aid technicians (disaggregated by gender) are trained and can offer their services in the 4 provinces. 121 trained nurses/clinical officers (disaggregated by gender) and 120 community health workers (disaggregated by gender) are empowered to provide or adequately refer primary ear and hearing health services.   3. 9 certified hearing aid technicians (disaggregated by gender) complete a bachelor's degree in hearing aid acoustics and are qualified to train in the profession.   4. At the end of the third project year, one nurse has completed a master's degree in speech therapy and is qualified to train nurses in speech therapy. 50 nurses (disaggregated by gender) have been trained in speech therapy and are qualified to offer speech therapy.   5. 120 municipal healthcare facilities have basic ENT equipment and 4 audiology centers with the corresponding equipment are set up and operational.  1. IND6008 No. of ENT specialists and audio logical professionals trained or in training. 2. IND 6010 No. of other persons trained to deliver Ear and Hearing Care services, excluding ENT specialists and audio logical professionals. | |
| 1. **Key stakeholders, including organisations of people with disabilities, government agencies and media representatives, have strengthened their capacity to actively advocate for citizen-centred ear and hearing healthcare and the inclusion of people with hearing impairments.** | | | | * 1. By the end of the project, 200 people in the provinces of Luapula, North, Muchinga and East will be organized in self-help groups for people with hearing impairments.   2. 1,000 teachers (disaggregated by gender) are sensitized to ear and hearing health and are able to identify and appropriately refer children with hearing problems.   3. 30 decision-makers and media representatives (disaggregated by gender) are strengthened in their capacity to advocate for the inclusion and medical care of people with hearing impairments   4. 20 media campaigns on inclusion and ear and hearing care were carried out.   5. IND2006 No. of members in parent to parent, peer support and/or self-help groups.   6. IND2007 No. of all community level government participants in community based inclusive. Development/disability inclusion trainings.   7. IND0005 No. of campaigns in the community to create awareness about disability rights, prevention and services. | |
| 1. **Data on the prevalence and potential risk factors associated with hearing impairment in the catchment area are available to support the development of informed strategies for future interventions in ear and hearing care.** | | | | * 1. Population-based data is available from all seven project provinces.   2. A pilot on hearing screenings for newborns was carried out.   3. IND0003 Collection of disability data on (national) disability registration of clients or other reliable means. | |
| [CBM Standard Indicators](https://cbm365.sharepoint.com/sites/INDIC?e=1%3A514d055fd5c34f4cb408b417b268b44e) | have been applied  have **NOT** been applied because: *briefly explain* | | | | | |
| **Activities** | 1. **ENT professionals (8) and other health professionals (309) have increased capacity to provide ear and hearing health services**   1.1 Certification of hearing aid technicians  1.2 Facilitate Bachelor in Hearing Aid Technology  1.3 Training in temporal bone surgery for ENT physicians  1.4 Training of nurses in primary ear and hearing health care  1.5 Training of community health workers in primary ear and hearing health care  1.6 Facilitate the completion of a Master in speech therapy for One (1) Nurse from Beit Cure Hospital at *Baldwin Wallace University* in the USA.  1.7 Further training for pediatric nurses in speech therapy  1.8 Mentoring of ENT Physicians trained under activity 1.3 during surgical camps  1.9 Mentoring of trained staff during community and school screenings  1.10. Procurement of tents for outreaches and screenings  1.11. Support for trained nurses/clinical officers and community health workers through telemedicine  1.12. Procurement of Equipment for municipal healthcare facilities  1.13. Construction of hearing test booths and procurement of audiology equipment  1.14. Procurement of laptops for hearing aid technicians | | | | | |
| 1. **Key stakeholders, including organizations of people with disabilities, government agencies and media representatives, have strengthened their capacity to actively advocate for citizen-centered ear and hearing healthcare and inclusion of people with hearing impairments.**   2.1 Conduct Community mapping  2.2 Facilitate the formation and coordination of 20 self-help groups for people with hearing impairments in the four new provinces.  2.3 Sensitization of teachers on ear and hearing health  2.4 Training decision-makers on the importance of ear and hearing health  2.5 Coordination meetings with national decision-makers and OPDs  2.6 Publication of adverts and articles on ear and hearing health and information material   * 1. Community awareness campaigns on inclusion and ear and hearing health  1. **Data on the prevalence and potential risk factors associated with hearing impairment in the catchment area are available to support the development of informed strategies for future interventions in ear and hearing care.**   3.1 Population-based study on ear and hearing health, the planned study is complementary to the population-based study already conducted in Lusaka, Central and Southern provinces as part of the BMZ-funded project (P1867), which ended in 2022. The planned study will be conducted in the four provinces of Eastern, Luapula, Muchinga and Northern, which were not included in the previous survey.  3.2 Training of data collectors for the population-based study  3.3 Pilot on the feasibility of hearing screening in newborns  3.4 Training of midwives for the data collection of the newborn screening pilot  3.5 Equipment for hearing screening of newborns  3.6 Presentation of the study results | | | | | |

### Expected costs and sources of funding

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| **EUR**/or specify currency: … | **Total** | **2024** | | **2025** | **2026** | **2027** | | **2028** |
| Partner costs: total amount requested from CBM by partner **(*total cost plan amount uploaded in NAV*)** | **1.510.472** | **270.324** | | **595.498** | **289.419** | **153.161** | | **202.070** |
| If applicable, specify additionally needed CBM own costs related tothis project ***(from local cost centre[[1]](#footnote-2))*** |  |  | |  |  |  | |  |
| **Total project costs for CBM** |  |  | |  |  |  | |  |
| Expected source of funding | free funds | | LCDF ( includes free funds contribution)  Donor: BMZ | | | | CBM Italy  CBM Global | |

Strengthening Integration of People Centered Ear and Hearing Care in Zambia (SIPC-EHCZ)

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

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| New partnership  Active/ongoing partnership | Partner Number(s): | ST10147 |

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| Partnership(s) approved | 01/01/2012 |
| Date of last Partner Assessment(s) (PA) | 22/07/2022 |
| Major findings of PA which could affect the project delivery | No major findings which could affect project delivery were identified during the last conducted PA. |

### 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:  Santana-Hernández, Diego, senior ear and hearing CBID Advisor and Marjolein Meande Baltussen CDID Advisor AFES offered technical input. |
| ***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 | Heike Happerschoss from the institutional donor team accompanied the proposal development process. |

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| ***Lead contact person for this project***  *(Tick, which of the two following entities is in the overall lead of the project throughout the project duration.)* | | |
| CBM Country Office | Slinganiso Homela, Program Manager | Slinganiso.homela@cbm.org |
| Initiative | Diego Santana-Hernández | Diego.Santana@cbm.org |

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

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| --- | --- |
| **CRITERIA** | **CO/Initiative COMMENTS** |
| ***I. Strategic relevance of the project*** | |
| 1.How does the project fit with relevant national policies, the CBM country plan and the initiative plan? | The Government of Zambia, recognizing the persistently high burden of Ear, Nose, and Throat (ENT) issues, has implemented the National ENT Strategic Plan (NENTSP 2017-2021). To address this challenge effectively, the government seeks collaboration with all cooperating partners. The NENTSP outlines specific objectives that aim to alleviate the burden of ENT issues in the country. In line with this, the government is strategically partnering with the Ministry of Health to tackle existing gaps and challenges in providing equitable, cost-effective, and quality health services for ENT care in Zambia.  As part of this collaborative effort, the project is closely aligned with the Ministry of Health's national ENT strategic goal. Currently, the only hospital providing free hearing aids to vulnerable populations, especially children and adults with profound hearing loss, is BCH. The project ensures the continuation of these crucial services, contributing directly to the overarching objectives of the national ENT strategic plan.  Furthermore, the project aligns with Priorities 1 and 2 of the CBID Initiative Plan, emphasizing inclusive communities and effective, inclusive support systems. By addressing the specific needs of individuals with disabilities, the project contributes to creating communities that are inclusive and supportive.  In addition, the project is in harmony with global health initiatives such as the World Health Assembly Resolution WHA70.13 on the prevention of deafness and hearing loss. It also aligns with the World Report on Hearing's call to action, encapsulated in the acronym "H.E.A.R.I.N.G." This outlines key public health interventions for Ear and Hearing Care (EHC) across the life course, including hearing screening, ear disease prevention, access to technologies, rehabilitation services, improved communication, noise reduction, and greater community engagement.  Lastly, the project contributes significantly to the CBM Strategy 2030. It aids in achieving the impact outlined in the strategy, ensuring that people with disabilities and their organizations actively participate in the social, economic, and political life of their communities. The project also supports the establishment of robust and resilient support systems, making effective and affordable support accessible. This empowerment enables persons with disabilities to leverage available resources and actively engage in their communities |
| ***II. RHO/CO/Initiative/partner capacity to deliver the project*** | |
| 3. 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? | The CBM CBID technical advisory will provide oversight to ensure the project's technical alignment. Furthermore, CBM will assess the credentials of key personnel hired for the project. Where feasible, CBM will also participate in the interview process to ensure the recruitment of highly experienced and qualified staff who can contribute value to the project in a timely manner |
| 4. 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? | BCH plays a crucial role in providing direct service delivery and enhancing the capabilities of satellite health facilities. It serves as a central hub for the referral of complex ENT services and is responsible for overseeing the implementation of activities and all project-related reporting.  To guarantee BCH's proficiency in executing the program, CBM and BCH will conduct monthly review meetings to pinpoint any challenges or deficiencies. Following the identification of issues, action points will be formulated, and CBM and BCH will collaborate closely to find solutions. Regular check-ins and follow-ups will be conducted by both parties to ensure that challenges are effectively addressed.  In addressing potential capacity gaps, a systematic approach will be taken by mapping these gaps and collaborating to identify the necessary capacity building needs of partners for successful implementation. |
| ***III. Risks*** | |
| 5. What are the main partner related risks for this project in the areas of governance and leadership, finance and programme? | In terms of governance and leadership, a key partner-related risk for this project revolves around leadership transition and turnover. Such changes can potentially result in poor project delivery, as new leaders may lack the necessary background understanding of the partnership and its overarching vision, leading to a lack of buy-in.  In an effort to mitigate this risk, BCH has taken a proactive approach by appointing a Zambian National Executive Director with the intention of achieving long tenure. This strategic decision is aimed at minimizing the likelihood of leadership transitions during the lifespan of the project, thereby promoting stability and continuity. |
| 6. 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). | 1. **Safeguarding Risks:**    * **Potential Risks:** Violation of privacy, data breaches, or misuse of sensitive patient information.    * **Mitigation Measures:** Conduct regular security audits, and ensure compliance with data protection regulations. 2. **Financial Risks:**    * **Potential Risks:** Budget overruns, unexpected costs, or economic downturn impacting funding sources.    * **Mitigation Measures:** Develop a detailed budget, conduct regular financial reviews, and establish contingency funds. 3. **Safety & Security Risks:**    * **Potential Risks:** Occupational hazards, equipment malfunctions, or inadequate safety protocols.    * **Mitigation Measures:** Conduct regular safety inspections. 4. **Political Risks:**    * **Potential Risks:** Changes in government policies, regulatory hurdles, or geopolitical instability.    * **Mitigation Measures:** Stay informed on relevant policies and engage with relevant stakeholders 5. **Economic Risks:**    * **Potential Risks:** Inflation, currency fluctuations, or economic downturn impacting project funding.    * **Mitigation Measures:** Monitor economic indicators |
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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 presented to external donors for funding or to be shared for fundraising requests.  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 |
| **[[2]](#footnote-3) 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. Findings of a full partner assessment demonstrate sufficient organizational capacities.  **Obligatory final project documents are available** (Project Idea Pipeline/Project or Partner Card)[[3]](#footnote-4)  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)  if applicable, additional information **on CBM own costs related to the project** has been providedvia the [PPA Addendum Additional CBM Own Costs to Partner Project](https://cbm365.sharepoint.com/sites/cbmnet/GlobalProgrammes/Documents/01%20PPA%20-%20Addendum%20Additional%20CBM%20own%20costs%20to%20partner%20project.docx) | |
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| |  |  |  |  | | --- | --- | --- | --- | | The above pre-approved PPA remains unchanged and reflects the overall nature of the full project proposal and accompanying documents. Any changes to the overall 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) a change of partner, c) a difference of more than 15% to the overall 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) | | | |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Regional Hub Director** (approval for projects 250k -500k € CBM budget OR endorsement for >500k €) | | | |
|  |  |  |  |
| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **Director Institutional Donors** (for LCDF Projects only) | | | |
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| …………………………. | …………………………. | ……………….. | …………………. |
| Name | Signature | Date | Place |
| **[[4]](#footnote-5)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 |

1. Information on additional project related costs, which are not reflected in the project cost plan in NAV: e.g. CBM own infrastructure, administration, HR/salaries – **additional staff to be approved by Executive Management!** [↑](#footnote-ref-2)
2. 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-3)
3. **Mandatory upload of finally approved PPA in the Project Idea Pipeline to request a project number.**  [↑](#footnote-ref-4)
4. 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-5)