



SINGLE FORM FOR HUMANITARIAN AID OPERATIONS

1. GENERAL INFORMATION

1.1. Name of humanitarian organisation

HOx (Humanitarian Organisation x)

Note

Insert, if applicable, the FPA number.

1.2. FPA number (if applicable)

[...]

1.3. Purpose of the submission

Note

Insert the date of proposal submission.

1.3.1. Proposal

New proposal

date: dd-mm-yy

Revised proposal

[NOT APPLICABLE]

ECHO reference A/

[NOT APPLICABLE]

1.3.2. Interim narrative report

[NOT APPLICABLE]

1.3.3. Preliminary final report

[NOT APPLICABLE]

1.3.4. Final report

[NOT APPLICABLE]

1.4. Grant agreement number

[NOT APPLICABLE]

1.5. Implementing rules applicable to this agreement

Grant, 100% financing

Grant, co-financing

1.6. Framework of this submission

Primary emergency decision

Emergency decision

Ad hoc decision

Global plan decision

DIPECHO

Other, please specify

Note

Box checked by ECHO or by partner as per preceding discussion with the ECHO Desk Officer

1.7. Executive summary of operation

(4.1.) Title of the operation

“Restoring of minimal health conditions for the populations affected by the conflict and support of sanitary zones in the Dist-one and Dist-two Districts (Cordoba Region) – Interland”.

(4.2.) Country(ies) and location(s) of implementation

Interland, Cordoba Region – Dist-one and Dist-two districts.

(4.3.) Start date of the operation

dd-mm-yy

(4.4.) Duration in months

8 months

(4.5.1.) Total number of direct beneficiaries

15.000

(4.5.2.) Identify the status and give details of the beneficiaries

The operation will activate services benefiting 5.000 displaced persons (mainly women and children) and 10.000 residents in the Dist-one and Dist-two districts, affected by the disaster. They are mainly family nuclei (6-7 members per family) working in agriculture and raising small animals.

(4.7.1.) Operation specific objective

The purpose of the operation is to intervene in an integrated manner in the two target districts, to better the overall health situation – particularly for vulnerable groups such as women and children – and to bring living conditions back to the situation preceding the disaster. For this purpose, the objective has been identified as follows:

⇒ Living conditions brought back to the level preceding the disaster according to health and hygiene standards identified for the 5000 displaced persons and the 10.000 vulnerable residents in the Dist-one and Dist-two health zones (users of health centres and disadvantaged women.)

(4.7.2.) Indicators and sources of verification

Indicators for specific objective		
N.	Indicator	Source of verification
Ind. N°1	Level of water-related pathologies brought back to levels preceding disaster in the Dist-one and Dist-two districts (10.000 + 5.000 beneficiaries)	Surveys Health Centre Reports
Ind. N°2	Vaccine coverage brought back to levels preceding disaster	Surveys AWD Reports Health Centre Reports
Ind. N°3	Health and hygiene conditions in the dwellings of displaced persons brought to standards in use in affected zones (5.000 beneficiaries)	Surveys Monthly Reports Final Evaluation
Ind. N°4	Coverage of essential health services assured according to parameters preceding disaster (10.000 + 5.000 beneficiaries)	Surveys Health Centre Reports
Ind. N°5	Conditions brought back to normal for all those who have suffered severe loss in the disaster (lack of basic elements necessary for daily life) (5.000 persons)	Monthly Reports Final Evaluation
Ind. N°6	Reference and surveillance system restored and operational at the end of operation	Monthly Reports Final Evaluation
Ind. N°7	After 4 months, self-sufficient latrine committees (10 committees) in areas hosting displaced persons (ability to call autonomously 1 meeting per month per committee)	Community Leader Reports Final Evaluation
Ind. N°8	...	

(4.8.1.) Expected result 1 (Water and Sanitation)

A.1.¹ 2 Health centres (Dist-one and Dist-two) have access to sufficient water for their needs, through the drilling of 2 wells.

(4.8.2.) Expected result 2 (Water and Sanitation)

A.2. 2.000 residents have access to adequate and safe toilet facilities in the critical areas where displaced persons reside.

(4.8.3.) Expected result 3 (Health)

B.1. Organisation of essential services (vaccination, primary health care, reproductive health, mother and child care, epidemiological reference and surveillance system) restored in 2 health centres (Dist-one and Dist-two – 15.000 users/year.)

(4.8.4.) Expected result 4 (Health)

B.2. Supplying of medical material to 2 health centres (Dist-one and Dist-two – 15.000 users/year) to ensure that services can be provided (program managed in coordination with AWD).

¹ Numbers refer to the annexed Logical Framework.

(4.8.5.) Expected result 5 Non-Food Items

C.1. Minimum essential household items (kitchen kit and blankets) provided to 5.000 families classified as “vulnerable”.

(11.1.) Total budget of the operation: EUR 555.319,30

(11.2.) Contribution requested from EC: EUR 472.021,41

(11.5.) Eligibility date of expenditure: dd/mm/yy

2. NEEDS ASSESSMENT

Note

It is always advisable to include an annex carefully showing the need assessment work done

2.1. Date(s) of assessment

Assessment was conducted by a Hox consultant during the months of X and X (see annex for more detail.)

2.2. Methodology and sources of information used

The team, including a socio-sanitary expert and three social workers, has performed the following:

- ⇒ Preliminary phase: Gathering of socio-sanitary information regarding the situation before the conflict, gathering of WHO data (inquiry conducted [...]), comparison with nearby areas (assessment conducted by XX [...]);
- ⇒ Inquiry phase: Two parallel researches have been conducted. One was based on contact with the privileged actors in the area [...]. The other was based on a form with a series of questions for the health workers in the target areas and for a sample of 200 families selected randomly.
- ⇒ Elaboration phase: Based on the data, a first estimate of needs was made and a workgroup was activated with local representatives from health care facilities, the community and district authorities. [...].

2.3. Organisation/person(s) responsible for the assessment

Mrs [...], public health expert.

2.4. Problem statement and stakeholder analysis

General statement of problems

Interland is among the world's poorest countries. Events produced by the disaster have worsened considerably the population's living conditions [...].

The disaster has also forced many families to leave their villages because of the [...], also in other districts, where the disaster had a less devastating impact. The main problems can be summarized as follows:

- ⇒ Infrastructure and transport: The disaster has severely downgraded communications and transport [...]. The local Ministry for Infrastructure is now working to activate a rehabilitation operation funded by the World Bank. [...].
- ⇒ Economy sector: The disaster has erased the little pickup the economy was showing [...]; in the affected areas there has been a severe worsening of the economy [...]
- ⇒ Health sector: This sector has been hurt by several new problems, especially the emerging of new pathologies linked to the water supply [...] diffusion [...] and risk levels can be summarized [...] (see the annexed Need Assessment for more details).

While the basic competence level of local personnel is satisfactory, general coordination and monitoring of the region's health centres is gravely lacking [...].

Some interventions are under way to support activities in the districts of XX , XY, XZ and XW, while the Dist-one and Dist-two districts are experiencing severe difficulty in restarting their activities and services. The situation has been made worse by the arrival of 5.000 IDPs from nearby districts affected by the disaster.

Note

It is always advisable, though not mandatory, to use the matrix provided by the European Commission's PCM manual for stakeholder analysis.

Stakeholder analysis

Communication among the various administrative offices in the region is weak, due to [...] It is hard to consider a real development of public administration at this point [...].

The main actors involved are:

- ⇒ Provincial health department whose ability to intervene has been greatly reduced by the disaster [...].
- ⇒ Local administration in the Dist-one and Dist-two districts which, because of the country's chronic problems, have a very limited role in the affected areas [...].
- ⇒ Churches: Several parishes are actively involved in the area [...].
- ⇒ International NGOs: XX has been active for years in the area, developing small agricultural projects [...].
- ⇒ Health centres: They are currently without external assistance and [...]
- ⇒ Village committees: They are fairly active in the area, especially regarding [...].
- ⇒ Women's groups: They are active in some areas, especially managing grinding mills [...].
- ⇒ [...].

Note

It is always advisable to illustrate the results of the need assessment using the sector breakdown from the Logical Framework

2.5. Findings of the assessment

Water & Sanitation Assessment

Water supply in the two health centres in Dist-one and Dist-two is totally lacking. The two centres have no protected water outlets; the safest source is around 2 km away. The lack of safe water is a problem especially for the centre in Dist-one, where the pressure of displaced persons is higher. In both centres, requests for help – especially for children – have risen steeply in the aftermath of the disaster [...].

The arrival of the displaced population has also caused new problems. The study has shown there is a growing risk of environmental damage due to the pressure exerted by the newly displaced families. The problem is especially severe in the Dist-one district, where the higher number of displaced persons has arrived and health conditions have worsened because of the complete absence of latrines. Currently [...].

Public health assessment

The most severe problems are the reorganisation of the health centres regarding epidemiological control and of the reference system in accordance with national protocols [...] and the reorganisation of the vaccination system, which the disaster has disrupted [...].

Housing (non-food items)

While the general situation of housing does not seem to have been especially hurt, some problems have been identified, particularly among certain displaced families who [...]. The main problems identified regard the hygiene conditions when preparing and storing food [...] and exposure to the cold, which affects children and sick persons particularly during the rainy season [...].

3. **HUMANITARIAN ORGANISATION'S STRATEGY**

3.1. **Partner's strategy in country and/or region(s) of operation**

General framework

HOx has been active in Cordoba since [...] because of the drought in the areas [...]. In recent years HOx has diversified its actions, aiming to strengthen institutions through professional training of cadres and the reorganisation of the services they provide. Regarding the latter sector, HOx has recently developed a permanent dialogue involving local institutions and the main organisations working in the country [...].

From the time of the disaster, HOx has begun to act as a connection between the international agencies active in the country (especially AWD) and the health authorities in the Cordoba district, for the supply of medicines and medical materials [...].

In summary, the organisation is now working on two main programs:

A. Development of the nationwide health sector through programs for:

- ⇒ Capacity building and reorganisation of regional health protocols;
- ⇒ Supplying of computer systems and training [...];
- ⇒ [...]

B. Supporting the administrative institutions in the districts of Cordoba and [...] through programs for:

- ⇒ Training;
- ⇒ Development of pilot projects in the field of [...];
- ⇒ Networking;
- ⇒ [...].

The results we obtained have brought about a strengthening especially of [...].

Main financing bodies

The financial support for HOx's operations can be summarized as follows:

- ⇒ EU: € 400.000 in the current year
- ⇒ Italian Ministry of Foreign Affairs: € 220.000
- ⇒ AWD: € 20.000
- ⇒ Fundraising in Italy: €15.000

Links with the proposal

The intervention proposal stems from knowledge of the Cordoba district and strong ties with the country's health authorities [...]. This has allowed, since the moment of the disaster, to constantly monitor its impact on the district's population. The fact that a permanent dialogue forum had been already established at the national level has allowed a first estimate of needs and the drafting of a strategic plan consistent with the available resources, the actors involved and the priorities assigned by ECHO in the emergency situation that had arisen.

3.2. Link between operation, the findings of the assessment and the problem statement

The intervention proposal stems from the need to re-establish the living conditions in the areas affected by the disaster, in accordance with ECHO's Funding Decision. At this time, given the presence of other actors working in the economy and infrastructure sectors, and given HOx's experience in the health sector, priority has been given to working on better health and hygiene conditions in the Dist-one and Dist-two districts.

This choice was also based on the fact that the two health districts do not have at this time any kind of external support and, especially because of the presence of displaced persons, have begun experiencing critical levels of gastro-intestinal diseases and [...].

3.3. Is/are there similar operation(s) in the country/region?

If yes, explain the measures foreseen to avoid overlap/duplication

Link with other operations under way locally

As noted previously, other operations by NGOs in support of health are under way in nearby districts [...].

Such operations do not however include the Dist-one and Dist-two districts. The presence of both districts at the permanent dialogue forum in the capital

will anyway assure a continuous exchange of data on the epidemiological situation and population movements [...].

The start of the AWD support programme for vaccinations and medicine supply should also be cited in this context [...].

Project strategy

Given this context, HOx proposes an intervention on the outstanding health problems (water-related diseases) in the two districts mentioned above [...]. The strategy can be summarized as follows:

- ⇒ On the one hand, the general health situation will be helped by intervening on the infrastructure of the two existing health centres (water outlets and small rehabilitation interventions) and on their organisation (reactivation of services in both centres);
- ⇒ On the other hand, the operation will intervene directly in the villages, producing better health conditions by building latrines in the more populated areas – particularly where displaced persons are more numerous – and supporting vulnerable family groups through the distribution of kitchen kits and blankets.

The operation will therefore support the return to normal living conditions, and will be consistent with the efforts of the local authorities and international agencies in the region [...].

3.4. Previous humanitarian operations with EC grants in the country/ region

HOx has received in the last three years the following funding from the European Union:

- ⇒ Year YYYY: “Support to the institutions of [...]”, Line [...], N° [...].
- ⇒ Year YYYY: “Development of health system [...]”, Line [...], N° [...].

3.5. Have you discussed this proposal with ECHO's technical assistance office in the country/region of operation?

Yes No

Comments:

The operation was designed in cooperation with the EC head of operations, Mr. / Ms. [...] who has strongly encouraged our organisation to work for the evolution of health conditions in the Dist-one and Dist-two districts. We have also agreed that the intervention should bring direct support to the more vulnerable categories among the displaced and resident population [...]. [...] Moreover [...].

4. OPERATIONAL FRAMEWORK

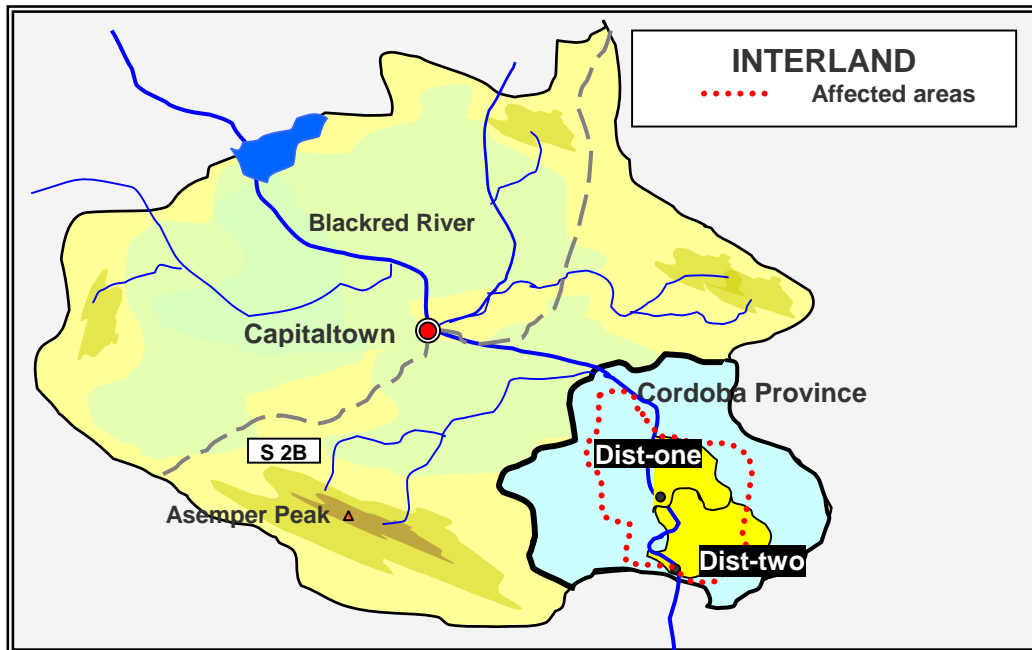
4.1. Title of operation

- ⇒ Rehabilitation of minimum health conditions for populations affected by the disaster and support for health centres in the Dist-one and Dist-two districts, Cordoba Region, Interland. **[240 CHARACTERS MAXIMUM]**

Note

A map is mandatory, but can be included as an annex. Here it appears in the text purely for explanatory purposes.

4.2. Exact location of the operation – Map



4.3. Start date of the activities in the field, (start date of the operation)
dd-mm-yy

4.4. Duration in months
8 months

4.5. Beneficiaries

4.5.1. Total number of direct beneficiaries

The number of beneficiaries is 15.000 (users of the health centres and beneficiaries of the other services provided by the operation).

4.5.2. Identify the status and give details of the beneficiaries:

Beneficiaries can be identified according to the following table:

Note
The calculation of the number of beneficiaries and the identification criteria must be very clearly defined

Type	Status	Number	Problems Identified
Displaced Persons	IDPs	5.000	⇒ Poor health and hygiene conditions
Displaced women in target districts	IDPs	1.400	⇒ Trouble maintaining acceptable environmental hygiene conditions when preparing and storing food; ⇒ Difficulty caring for gastro-intestinal sickness in children
Displaced children	IDPs	2.200	⇒ Heavy incidence of gastro-intestinal sickness ⇒ Critical situation of vaccine coverage
Users of health centres in the two districts	Local population	10.000	⇒ Incidence of gastro-intestinal sickness; ⇒ Inadequate care; ⇒ Surveillance system not operational
Children < 5 year	Mixed	8.500	⇒ Scarce vaccine coverage ⇒ Gastro-intestinal sickness.
Women classified as “most vulnerable”	Local population	3.600	⇒ Trouble maintaining acceptable environmental hygiene conditions when preparing and storing food; ⇒ Difficulty caring for gastro-intestinal sickness in children
Medical and paramedical personnel in the two districts	Local population	120	⇒ Organisational problems managing the post-emergency situation.

4.5.3. “Catchment” population

The number of indirect beneficiaries is estimated to be 25.000 in both districts. The estimate is based on the fact that better health services and caring for displaced persons will have a positive outcome for the resident population at large.

4.5.4. What are the identification mechanisms and criteria?

Beneficiaries will be identified according to the following criteria:

Type	Method of selection
Displaced persons	Census by local authorities
Displaced women in target districts	Census by local authorities
Displaced children	Census by local authorities
Users of health centres in the two districts	Users of health centres.
Children < 5	Medical records and health census
Women classified as “most vulnerable”	Identified according to a points system (accommodation, age, number of children, presence/absence of husband, economic activity, extended family, presence of elderly people in family)
Medical and paramedical personnel in the two districts	Personnel employed by health centres.

4.5.5. To what extent and how were the beneficiaries involved in the design of the operation?

The first level of involvement took the form of meetings with community representatives. Identification work was carried out in 12 meetings involving representatives of local authorities, health centre managers and doctors in charge of the areas involved.

A form with questions submitted to a sample of families allowed also to ascertain that [...].

During the feasibility phase a meeting was also convened with [...].

4.5.6. Sectors of activity

- Sector 1: Water & Sanitation
 - ⇒ *Rural water sources*: Drilling of 2 wells;
 - ⇒ *Waste disposal and latrines*: Building of 100 gender-separated latrines
- Sector 2: Health
 - ⇒ *Primary health care*: Relaunch of activities in the two health centres (vaccinations, maternity and infancy monitoring plan, reproductive health, emergency room, reference system); supply of medical materials to the two health centres (in cooperation with the AWD medicine supply program).
 - ⇒ *Rehabilitation of medical facilities*: Light rehabilitation in the two health centres
- Sector 3: Non-food Items:
 - ⇒ *Domestic items*: Distribution of kitchen kits and blankets to the more vulnerable family groups;

4.5.7. Give the following information for each sector

- Total number of direct beneficiaries

Note
Compare with previous callout

Sector	Total number of direct beneficiaries
Water & Sanitation	15.000 + 120
Health	15.000 +120
Non-food Items	5.000

- Types of beneficiaries and number of beneficiaries per type

Sector	Category of beneficiaries	N° of beneficiaries per category
Water & Sanitation	Displaced persons	5.000
	Displaced women in target districts	1.400
	Displaced children	2.200
	Estimated users of health centres in the two districts	10.000
	Children < 5	8.500
Health	Displaced persons	5.000
	Displaced women in target districts	1.400
	Displaced children	2.200
	Estimated users of health centres in the two districts	10.000
	Children < 5	8.500
	Medical and paramedical personnel in the two districts	120
Non-food Items	Women classified as "most vulnerable"	3.600
	Displaced women in target districts	1.400

- Location

Sector	Location
Water & Sanitation	Dist-two and Dist-one
Health	Dist-two and Dist-one
Non-food Items	Dist-one (for the most part) e Dist-two

Note

The principal objective must be consistent with the Decision of the European Commission (a discussion with the ECHO staff may be needed)

4.6. Principal objective

In accordance with the objective of the Decision adopted by ECHO for the funding of the Ad Hoc Decision, the general objective of the operation is defined as:

- ⇒ Contributing to the recreation of the basic conditions for public services in the disaster-affected areas of the Cordoba province.

4.7. Operation-specific objective

4.7.1. Specific objective

The purpose of the operation is to intervene in an integrated manner in the two target districts, to remove the causes of the higher incidence of some diseases caused by the disaster and of the vulnerability especially of women and children. For this purpose, the objective has been identified as follows:

⇒ Living conditions brought back to the level preceding the disaster according to health and hygiene standards identified for the 5000 displaced persons and the 10.000 vulnerable residents in the Dist-one and Dist-two health zones (users of health centres and disadvantaged women.)

The operation intends to provide the following benefits to the various categories of beneficiaries that have been identified:

	Type of beneficiaries (see 4.5.2.)	Foreseen benefits
I	Displaced persons	⇒ Access to safe toilet facilities for the beneficiaries of the newly built latrines ⇒ Better environmental conditions for the beneficiaries; ⇒ Garanzia di cure mediche minime garantite a tutti gli sfollati.
II	Displaced women in target districts	⇒ Supply of minimum required elements for safe preparation and storage of food and water.
III	Displaced children	⇒ See "I"; ⇒ Assured vaccine coverage
IV	Users of health centres in the two districts	⇒ Less incidence of gastro-intestinal diseases (-20% and -45% in the Dist-one and Dist-two areas); ⇒ Relaunch of health care services, especially emergency room, reproductive health, surveillance, diagnosis and treatment of endemic diseases.
V	Children < 5	⇒ Assured vaccine coverage; ⇒ Less incidence of gastro-intestinal diseases
VI	Women classified as "most vulnerable"	⇒ Supply of minimum required elements for safe preparation and storage of food and water
VII	Medical and paramedical personnel in the two districts	⇒ Relaunch of general activities and of the implementation of health guidelines, infrastructure work for both centers and construction of a water outlet ⇒ Upgrading of personnel.

4.7.2 Indicator(s) and source(s) of verification

Indicators for specific objective		
N.	Indicator	Source of verification
Ind. N°1	Level of water-related pathologies brought back to levels preceding disaster in the Dist-one and Dist-two districts (10.000 + 5.000 beneficiaries)	Surveys Health Centre Reports
Ind. N°2	Vaccine coverage brought back to levels preceding disaster	Surveys AWD Reports Health Centre Reports

Ind. N°3	Health and hygiene conditions in the dwellings of displaced persons brought to standards in use in affected zones (5.000 beneficiaries)	Surveys Monthly Reports Final Evaluation
Ind. N°4	Coverage of essential health services assured according to parameters preceding disaster (10.000 + 5.000 beneficiaries)	Surveys Health Centre Reports
Ind. N°5	Conditions brought back to normal for all those who have suffered severe loss in the disaster (lack of basic elements necessary for daily life) (5.000 persons)	Monthly Reports Final Evaluation
Ind. N°6	Reference and surveillance system restored and operational at the end of operation	Monthly Reports Final Evaluation
Ind. N°7	After 4 months, self-sufficient latrine committees (10 committees) in areas hosting displaced persons (ability to call autonomously 1 meeting per month per committee)	Community Leader Reports Final Evaluation
Ind. N°8	[...]	[...]

4.8. Results and indicators

4.8.1. Result 1, relevant indicator(s) and source(s) of verification

The first goal of the operation is to intervene in the two health centres in Dist-one and Dist-two, in order to ensure access to enough water to meet the needs of both centres. The expected results are summarized in this table:

Sector	A. Water and sanitation	
Result 1	A.1. The two health centres (Dist-one and Dist-two) have access to enough water for their needs	
N.	Indicator	Source of verification
Ind. N°1	40 litres/day per patient admitted to hospital	Monthly health centre reports.
Ind. N°2	5 litres/day for visiting (non-admitted) patients	Monthly health centre reports
Ind. N°3	1.000 litres/day for other centre services (laundry, washing, kitchen, etc)	Monthly health centre reports
Ind. N°4	Continuous maintaining of water points (adequate cleaning, unobstructed drainage canal, prompt notice and repair of leaks/problems)	Monthly health centre reports
Ind. N°5	Water points are fully sustained at the end of intervention	Final Evaluation Report
Ind. N°6	[...]	[...]

4.8.2. Result 2, relevant indicator(s) and source(s) of verification

The relocation of displaced persons to existing accommodation has worsened the overall health conditions, prompting an intervention for the immediate providing of adequate toilet facilities, particularly for the female population. The expected result for this component is as follows:

Sector	A. Water and sanitation	
Result 2	A.2. 2.000 inhabitants have access to adequate and safe toilet services in the areas where the displaced population has settled.	
N.	Indicator	Source of verification
Ind. N°1	100 latrines built and used appropriately	Final technical report
Ind. N°2	Women can safely use toilet facilities	Bi-monthly leader report
Ind. N°3	Latrines are at a minimum distance of 50m from dwellings	Final technical report
Ind. N°4	[...]	[...]

4.8.3. Result 3, relevant indicator(s) and source(s) of verification

The influx of new users and the related impact show the need for an intervention in support of health care facilities (vaccination, primary health care, reproductive health, mother and child care, epidemiological reference and surveillance system). The expected result for this component is as follows:

Sector	B. Health	
Result 3	B.1. Strengthening of the organisation of services (Dist-one and Dist-two – 15.000 users/year) (vaccination, primary health care, reproductive health, mother and child care, epidemiological reference and surveillance system)	
N.	Indicator	Source of verification
Ind. N°1	The most common causes of mortality and disease are identified, documented and monitored after the end of the operation in both centres.	Monthly report from health centres
Ind. N°2	All members of the community, including displaced persons, have potential access to priority health care	Monthly report from health centres
Ind. N°3	Representatives of the health committees are regularly consulted according to local regulations [...].	Monthly report from health centres
Ind. N°4	Target health centres adopt national standards and protocols	Monthly report from health centres
Ind. N°5	Methods of coordination with national health system are in place four months after beginning op operation	Monthly report from health centres
Ind. N°6	Surveillance system is implemented within the 4th month and data are regularly provided to the relevant institutions [...].	Monthly report from health centres
Ind. N°7	[...]	[...]

4.8.4. Result 4, relevant indicator(s) and source(s) of verification

For the purpose, again, of supporting the health centres' ability to provide their services, supplying them with medical materials has been deemed fundamental. This activity will be carried out in coordination with the medicine distribution program managed by AWD:

Sector	Health	
Result 4	B.2. Two health centres (Dist-one and Dist-two – 15.000 users/year) supplied with medical materials to ensure their services can be provided (program in cooperation with AWD.)	
N.	Indicator	Source of verification
Ind. N°1	Patients have adequate medicines [...].	Monthly report from health centres
Ind. N°2	[...]	[...]
Ind. N°3	[...]	[...]

4.8.5. Result 5, relevant indicator(s) and source(s) of verification

To provide better living conditions for the more disadvantaged families, the operation will include the distribution of certain goods (kitchen kits and blankets). This intervention is directed both towards displaced persons, experiencing more severe problems, and especially needy members of the local population. The expected result for this component is as follows:

Sector	C. Non-food items	
Result 5	C.1. 5.000 family groups classified as “vulnerable” provided with minimum household items.	
N.	Indicator	Source of verification
Ind. N°1	All families affected by disaster have one kitchen kit sufficient for adequate and safe preparation and storage of food [...] (large pot, pan/lid, bucket, kitchen knife, wooden spoons, spoons and cups, 1 10-litre jerrycan [...]).	Monitoring reports
Ind. N°2	All families affected by disaster have blankets [...].	Monitoring reports
Ind. N°3	[...]	[...]
Ind. N°4	[...]	[...]

Note

Activities must be described in a thoroughly articulated way, with an indication of when their progress should be measured.

4.9. Activities

The operation involves the following activities:

⇒ **Water & Sanitation** Sector (results 1 and 2)

A.1.1. Identification of water points completed (Health and hydro-geological survey, contact with key actors)

This activity involves carrying out a hydro-geological survey and meetings with local health committees and personnel to identify adequate sites. It is also foreseen to [...].

Progress: Results will be evaluated at the end of the survey.

A.1.2. Building and putting in operation of two water points (drilling, pump installation, testing of water) in the two health centres (Dist-one and Dist-two)

Wells will be of the drilled type, 45 metres deep, covered with [...] and with an AFRIDEV pump [...]. The building will consist of 2 phases: :

1. Preparation of terrain, access road and materials warehouse;
2. Digging;
3. [...]

Local communities will be involved in finding construction material (sand, stones, etc.) [...]

Progress: Results will be evaluated at the end of the survey.

A.1.3. Setting up of 2 Water Management Committees (handover of health centres, training & follow-up)

The operation involves setting up two Water Management Committees, one for each health centre, through coordination with local Health Committees. Such Water Management Committees will be composed of [...] and have the goal of [...]. The activation of such committees will take place at the same time as the activation of water supply points, to ensure the immediate start of operations when construction work ends.

Progress: One month after setting up of the Water Management Committees, a meeting will be arranged with representatives of the Health Committee to verify the progress of work [...].

A.2.1. Consultation with women to identify adequate places for building toilet facilities

The operation involves: [...].

Progress: [...]

A.2.2.. Construction according to international standards of 100 gender-separated latrines [...]

Progress: During construction of the latrines contact will be maintained with community representatives; [...]; and every month meetings with women will be organised to verify [...].

A.2.3. Training and equipping of 10 persons in charge of maintaining latrines [...]

Progress: [...]

⇒ **Health** Sector (results 3 and 4)

B.1.1. Reorganisation of the 2 health centres according to national protocols

[...]

B.1.2. Organisation of 2 seminars for medical and paramedical personnel of the 2 health centres

[...]

B.1.3. Drafting of a health monitoring plan in the two target zones

[...]

B.1.4. Coordination with AWD of vaccination campaign

[...]

B.1.5. Light rehabilitation of the 2 health centres

[...]

B.2.1. Supply of medical materials to the 2 health centres

[...]

B.2.2. Overseeing of the 2 health centres to ensure functioning of reference system

[...]

⇒ **Non-food Items** Sector (result 5)

C.1.1. Consultation with community representatives

[...]

C.1.2. Distribution of blankets and kitchen kits to 5.000 families classified as “vulnerable”

[...]

Note

It is mandatory to include the work plan as an annex

4.10. Work plan

See the annexed document

4.11. Monitoring, evaluation and external audit

4.11.1. Monitoring

The monitoring plan includes several steps to oversee and evaluate the results. The following table defines the Terms of Reference for the monitoring plan and lists the indicators to observe when examining the operation's expected results:

Note

This table is a method of representing succinctly the ToRs of the monitoring plan. It is included with the text for reasons of simplicity even though, given its size, it should be included as an annex.

Terms of Reference for the Monitoring Plan

Expected result	Observed indicator	Source of verification and frequency of data collection	Person in charge	Reporting system	Decision-making process
A.1. The 2 health centres (Dist-one and Dist-two) have access to sufficient water for their needs	40 litres/day per admitted patient 5 litres/day per non-admitted patient 1.000 litres/day for other centre services (laundry, washing, kitchen, etc)	Daily monitoring record	Person in charge of water outlet	Verification of registry by chief of operation	Weekly team meeting with doctor responsible for area
	Continuous maintaining of water points (adequate cleaning, unobstructed drainage canal, prompt notice and repair of leaks/problems)	Daily visit and weekly report	Doctor responsible for area	Verification of report by Program Manager	Weekly team meeting with doctor responsible for area
	No faecal contamination (from coliforms) per 100 ml from source	Monthly laboratory exam	Laboratory director	Verification of results by Program Manager	Immediate intervention if standards not met
A.2. 2.000 residents have access to adequate and safe toilet facilities in the critical areas where the displaced population resides	Women can safely use toilet facilities	Monthly focus groups with a sample of women	Community leader	Meeting of community leaders and program manager	Weekly team meeting with doctor responsible for area
	100 latrines built and used appropriately	Technical evaluation at end of construction	Program Manager	Technical Report	Weekly team meeting with doctor responsible for area
	Latrines are at a minimum distance of 50m from dwellings	[...]	[...]	[...]	[...]
B.1. The organisation of services is strengthened in the 2 health centres (Dist-one and Dist-two, 15.000 users/year)	[...]	[...]	[...]	[...]	[...]
	[...]	[...]	[...]	[...]	[...]
B.2. The 2 health centres (Dist-one and Dist-two, 15.000 users/year) are supplied with medical materials assuring their functioning	[...]	[...]	[...]	[...]	[...]
	[...]	[...]	[...]	[...]	[...]
C.1. 5.000 family groups classified as "vulnerable" are provided with minimum household items.	[...]	[...]	[...]	[...]	[...]
	[...]	[...]	[...]	[...]	[...]

4.11.2. Evaluation

- Is an evaluation foreseen during the operation?
Yes No
- Is an evaluation foreseen after the operation?
Yes No

Please see the annexes for the general Terms of Reference needed for the final evaluation.

4.11.3. External audit

- Is an audit foreseen during the operation?
Yes No
- Is an audit foreseen after the operation?
Yes No

5. RISKS AND ASSUMPTIONS

5.1. Pre-conditions

The minimum conditions to begin operations are now assured by the World Bank's effort, which has re-established communication [...].

The main obstacle is therefore represented by the occurrence of new disasters [...].

5.2. Assumptions and risk assessment profile

The analysis of external conditions and risk factors can be broken down as to activities, results and objectives, indicated in the following table:

External conditions – Risk factors	Impact	Prevention / Damage reduction measures
Level: pre-conditions → activities		
Access to target areas assured for entire duration of operation	Impossibility / delays in carrying out foreseen activities	⇒ Considering the effort already in place by local authorities [...], there are currently no particular elements of danger [...].
Level: activities → expected results		
Risk of contamination of aquifers in the proximity of Health Centres	Grave health risk for users and nearby population	⇒ Possibility of drilling deeper well (remaining within 60 metres to avoid installation of electric pumps); ⇒ Possibility of moving water point beyond the 200 metres foreseen, reorganising the collection system [...].
Active participation of women and local communities to the Latrine Program	Worsening of the hygienic conditions	⇒ Training of personnel in charge of latrine maintenance ⇒ Workshops and focus group with women
[...]	[...]	⇒ [...]

Level: expected results → specific objective		
Uncontrolled new influx of displaced persons, producing new environmental pressure in affected areas.	Higher risk of contamination in affected areas [...]	⇒ Different location of latrines [...]; ⇒ Flexibility in the use of budget funds to cope with new needs, without changing the project objectives
Effective co-ordination with AWD (purchase and distribution of medical materials)	Disponibilità di medicinali non adeguata alle necessità	⇒ Meeting con AWD almeno bi-settimanali
[...]		
Level: specific objective → main objective		
[...]	[...]	⇒ [...]

5.3. Security

5.3.1. Situation in the field

There are currently no particular security problems, both concerning communications and the situation in the target villages [...].

5.3.2. Have you established a specific security protocol for this operation?

Yes No Standard procedures

If yes please elaborate:

Hox's code of conduct states the following:

- a) [...].HOx defines the procedures in full coordination with the international agencies active in the area [...];
- b) [...] HOx has drafted an emergency alert plan with several procedures according to risk level [...];
- c) [...] an evacuation plan is in place [...].

5.3.3. Have you a specific plan for security-related and medical evacuations for this operation?

Yes No Standard procedures

If yes please elaborate:

The emergency alert system is organised as follows:

- Yellow level: [...] behaviour [...] communication [...]
- Orange level [...]
- Red level [...]

5.3.4. Are your field staff and expatriates informed of and trained in these procedures?

Yes No

6. RESOURCES REQUIRED

6.1. Total budget (point 11.1.)

Total funding budgeted for entire operation amounts to EUR 555.319,30.

6.2. Human resources

6.2.1. Staff included in Title 1: “Goods and services delivered to the beneficiaries”

Status	Function and tasks
EXP.	Hydrogeologist with the following functions: ⇒ Identify sites and follow construction work of the 2 pumps close to the Health centres; ⇒ Project and implement the construction of latrines.
EXP.	Program Manager (Doctor) with the following functions: ⇒ Pro-rate salary (3 months) for the activities related to overseeing the reorganisation work for the 2 Health centres.
EXP.	HOx medical and health correspondent whose function is to organise and relaunch the surveillance activities and national protocols [...]
LOCAL	Professional nurses whose task is to assure the reorganisation of Health centres, with the following functions: ⇒ On the job training for second-level nursing personnel; ⇒ Supporting the vaccination campaign; ⇒ [...]

The cost for personnel included in Title 01 has been estimated at EUR 54.290,00. The estimate is based on the salary policy at HOx and the market costs in Interland.

6.2.2. Staff included in Title 2: “Support costs”

Status	Funzione e compiti
EXP.	Program Manager (Doctor) with the following functions: Pro-rate salary (5 months) as coordinator of the operation’s activities and of the monitoring plan
LOCAL	Administrator tasked with managing the administrative part of the project, in coordination with the Program Manager.
LOCAL	Logistics person tasked with supporting the operation’s activities, procurement and materiel logistics [...]
LOCAL	Guards assuring the security of the office and warehouse [...]
HQ	Reference person at HOx’s HQ , charged with overseeing and monitoring the operation, to ensure its correct evolution and implementation [...].

The cost for personnel included in Title 02 has been estimated at EUR 56.100,00. The estimate is based on the salary policy at HOx and the market costs in Interland.

6.3. Material resources

6.3.1. Equipment needed. Describe the procedure to be followed for the procurement of equipment.

Item	N°	Procurement procedures	Notes
PURCHASE			
Pumps	2	⇒ Simplified procedure (as indicated in ANNEX V); ⇒ Unit cost = € XXX (market cost).	AFRIDEV model
Office supplies	[...]	[...]	[...]
[...]	[...]	[...]	[...]
RENTAL			
4 X 4	1	⇒ Simplified procedure (as indicated in ANNEX V); ⇒ Cost per month = € XXX (market cost).	Model [...]
[...]	[...]	[...]	[...]
DEPRECIATION			
Radio	2	⇒ Depreciation rates calculated for entire duration of operation according to depreciation plan used by HOx (depreciation in 1 year); ⇒ Value of goods = XX; ⇒ Foreseen depreciation plan: [...]	Model [...]
4 X 4	1	⇒ Depreciation rates calculated for entire duration of operation according to depreciation plan used by HOx (depreciation in 2 years); ⇒ Value of goods = XX; ⇒ Foreseen depreciation plan: [...]	Model [...]

6.3.2. Goods to be purchased. Describe the procedure to be followed for the awarding of contracts.

Item	N°	Procurement procedures	Notes
PURCHASE			
Medical material	See annexes for details	⇒ Open local call for bids (as indicated in ANNEX V); ⇒ Cost of lot = € 182.500.	[...]
Various construction material (construction of wells, small rehabilitation interventions, latrines)	[...]	⇒ Simplified procedure (as indicated in ANNEX V); ⇒ Cost = € xxxx, according to market costs verified in country.	[...]
[...]	[...]	[...]	[...]
RENTAL			
[...]	[...]	[...]	[...]
DEPRECIATION			
[...]	[...]	[...]	[...]

6.3.3. If the operation requires the purchase of medicines and/or medical equipment: Do you have standard procedures for the purchase, handling and storage of these medicines/equipment?

Yes No

HOx standard procedures

HOx has had in place for years [...], according with the procedures set by the WHO.

Supplier certification procedure

HOx has a medical department, whose head is responsible for [...].

7. PERSPECTIVES OF THE HUMANITARIAN ORGANISATION IN TERMS OF LINKING RELIEF, REHABILITATION AND DEVELOPMENT

7.1. This (or similar) operation is under way since

The proposed operation is an institutional support type of operation, already implemented by our organisation, including in Interland. We refer particularly to the [...] operations which have allowed to verify [...] It is finally important to note that [...]

7.2. Describe the expected level of sustainability

Two areas have been considered foremost related to sustainability:

Operational capacity of Health centres

The sustainability level of health centres remains tied to the financial means assured by the Ministry of Health, which continues to pay the salaries of medical and paramedical personnel, and by AWD which supplies essential medicines and manages the vaccination program [...].

We presume that the intervention, overall, will bring a better allocation of resources, giving the Ministry a better financial capacity through a reorganisation of its activities and overseeing of the services it provides [...].

The cost recovery system currently in place allows the coverage of XX% of structure costs [...].

Maintenance of latrines

The use of latrines in the area is widely spread and tested [...].

The operation, by supervising the work of the persons responsible for the latrines, will strengthen and verify the measures intended to [...].

In this area it should be noted that, during the assessment and feasibility phase, we have observed that there was attention on the part of the community leaders of the target groups of displaced persons (the beneficiaries of the construction of latrines) and on the part of women [...].

7.3. Continuum strategy

HOx is already active in the Cordoba region (programmes of [...] – see Chapter 3) and a final assessment is foreseen to define what measures should be adopted, if any, to ensure the continuity of the interventions. Contacts with

AWD and the ministry of Health are already underway to discuss possible support action for the Health centres. A project idea is currently being defined for [...].

8. **MAINSTREAMING**

Human Rights

The present proposal is intended to meet the needs of the population displaced by the disaster [...] All necessary precautions have been taken to verify the impact on the local population, to avoid any possible clash with the residents who have already been affected by the disaster [...].

Gender

According to the latest census, carried out in the year XXXX, the percentage of women (XX%) among the population in the target districts is much higher than men, because of scarce work opportunities which have pushed the male component to emigrate to nearby cities and to the capital. In this context, the intervention takes into account the heavier burden on women [...] and is based on the need for adequate, continuous discussion [...] Some activities, such as the distribution of [...] have been proposed with the goal of [...].

Environment

The operation intends to limit environmental pressure and source pollution through the construction of latrines [...].

Note

If cost items are budgeted under the chapter “*Visibility*”, it is necessary to include a detailed Visibility Plan

9. **VISIBILITY PLAN AND COMMUNICATION STRATEGY**

The Visibility Plan is organised as follows (see the plan itself, in **annex**, for more details):

- a. Ample visibility will be assured through large boards with the logos of ECHO and HOx in the Health centres and the communities where the latrines will be built [...];
- b. T-shirts and doctors' white coats with the logos of ECHO and HOx will be donated to medical and paramedical personnel [...];
- c. During the meetings with local authorities and community leaders [...] the scope of the intervention and the roles of ECHO and HOx will be thoroughly explained [...];
- d. Radio programs [...];
- e. [...].

10. FIELD COORDINATION AND LOCAL IMPLEMENTING PARTNERS

10.1. National and local authorities

HOx is officially recognised in Interland (Registry act no. XXX) as a non-governmental entity and as such is exempt from [...].

10.2. Field co-ordination fora

HOx participates in the local dialogue forum with other organisations, whose function is to [...] The goal of the participation of HOx to the forum is [...] HOx is also a partner of the Ministry of Health in defining protocols [...]

10.3. Implementing partner(s)

10.3.1. Name and address of implementing partner(s)

Dist-one Health Centre and Dist-two Health Centre

10.3.2. Role of implementing partner(s) in this operation

In both cases the partner's role is to coordinate, within its assigned competence (providing of personnel and resources), the reorganisation of the two health centres, the execution of vaccine programs and the monitoring of the ongoing health-care activities.

Note

An agreement protocol is not mandatory. It appears in this example to reinforce the notion of partnership.

10.3.3. Type of relationship with implementing partner(s)

An agreement protocol has been signed with the health centres (see annexes for more detail.)

10.3.4. History of previous collaboration with implementing partner(s)

HOx has been working for several years with the Health Ministry and the Regional Health Directorate for Cordoba [...]. It should be particularly noted that [...].

10.3.5. Name and title of the person(s) authorised to represent the implementing partner(s) with regard to this operation

Mr XX (Dist-one) and Mrs XY (Dist-two)

Note

Include in this section the contracting procedures that will be followed and the names of potential contractors, if known. In case of decision not to follow ECHO procedures, an accurate explanation must be provided.

10.4. Contractor(s) and procedure envisaged for the award of contracts

10.4.1. Name and address of contractor(s)

A list of potential contractors is currently not available.

10.4.2. Role of contractor(s) in implementing this operation

10.4.3. Describe the procedure followed for the selection of contractor(s)

All the procedures to be employed for work, service and supply contracts are in accordance with the provisions of Annex V (see also paragraphs 6.3.1. and 6.3.2. for more detail).

11. FINANCIAL INFORMATION

11.1. Total budget of the operation: € 555.319,30

11.2. Contribution requested from European Community: € 472.021,41
Percentage of the total amount: 85 %

11.3. Co-financing:

11.3.1. Indicate your own contribution: € 27.765, 97

11.4.1. Contributions by other donors: € 55.531,93
Name: **AWD**

11.4. Pre-financing requested from European Community: € 377.617,12
Percentage of the total EC contribution: 80%

11.5. Eligibility of expenditures, date: dd-mm-yy

(4.3.) Start date of the operation: dd-mm-yy

11.5.1. If the operation has already started explain the reason that justifies that situation: **[NOT APPLICABLE]**

- Primary emergency operation
- Emergency operation
- Other

Please elaborate:

11.5.2. If the eligibility date of expenditure precedes the start date of the operation please justify this request **[NOT APPLICABLE]**

12. ADMINISTRATIVE INFORMATION

12.1. Humanitarian organisation's official name, address, phone/fax n°
HOx [...]

12.2. ECHO FPA number, (if applicable)
[...]

12.3. Name and title of legal representative
[...]

12.4. Name, telephone, fax and e-mail of desk officer at HQ

[...]

12.5. Name, telephone, fax and e-mail of the representative in the country of operation

[...]

12.6. Bank account

- Name of bank: [...]
- Address of branch: [...]
- Precise denomination of the account holder: [...]
- Full account number (including bank codes): [...]
- IBAN account code, (or BIC country code if the IBAN code does not apply): [...]

13. CONCLUSIONS AND PARTNER'S COMMENTS

Note

Include in this section the modality of *exchange rate record* envisaged for the humanitarian organisation's accounts (in conformity with General Condition, art. 2.4.). If approved, ECHO will include the procedure in the Grant Agreement (art 9: *Other Specific Condition applyng to the*