

DG ECHO GENDER POLICY AND GENDER-AGE MARKER

Standard Presentations Facilitator's Guide

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Introduction to the Package

The Standard Presentations on DG ECHO's Gender Policy and Gender-Age Marker are designed to enable DG ECHO staff members and partners to provide introductions or short interactive sessions on gender issues and the Gender-Age Marker. The presentations are designed in a flexible way to enable facilitators to adapt the length, content and format to the occasion.

This Package contains the following:

- This Facilitator's Guide provides a step-by-step guide relating to content, methodology and materials for each presentation or session. It also offers guidance on how to combine the different presentations and sessions.
- The package also contains different materials, including PowerPoint slides, handouts (case studies, instructions, and support documents) and reference materials (the DG ECHO Gender Policy; the Gender-Age Marker Toolkit).

Content of the Facilitator's Guide

Section 1 ORGANISING: deals with the arrangements and planning required when organising the presentations.

Section 2 RUNNING: provides the step-by-step guide to running the standard presentations.

Annex I BACKGROUND INFORMATION ON ADULT LEARNING PRINCIPLES: includes additional learning materials and tips for facilitators to support the presentations.

Annex II HANDOUT

Annex III FACILITATOR NOTES

For more information about the DG ECHO Gender-Age Marker, please contact ECHO-GENDER-AGE-MARKER@ec.europa.eu

Section 1

Organising a Standard Presentation on DG ECHO Gender Policy and Gender-Age Marker

1.1 Objective and participants

The AIM of this set of presentations is to increase the awareness of DG ECHO staff and partners of the DG ECHO gender policy and their capacity to apply the DG ECHO Gender-Age Marker. The different presentations are designed mainly for DG ECHO staff who are responsible for assessing project proposals and reports for the Commission and for DG ECHO partners submitting project proposals/reports.

Who could deliver these presentations or sessions? Mainly the members of the DG ECHO Gender Working Group; nevertheless they contain the information for anybody to be able to facilitate a session or to deliver a presentation.

All presentations can be delivered on their own – either individually or combining several - but they can also be part of another event. The number of participants should allow for active participation (ideally no more than 15 or 20 participants). When possible a gender balance should also be achieved.

1.2 Resources required

The following resources are required to deliver most of the standard presentations. Specific resources needed for only some of the sessions are mentioned separately below.

- √ Flip chart, pads and marker pens
- √ LCD projector and laptop
- √ Coloured cards (A4 size - 4 light different colours – 30 per colour)
- √ Post-its (large size – different colours)
- √ Name tags or badges for all participants and the facilitators
- √ One copy of the DG ECHO Gender-Age Marker Toolkit per participant
- √ Copies of the agenda

1.3 Timing and Agenda

Depending on the situation and the needs of the audience, the facilitator can use one or several of the elements introduced below.

1.4 Preparation

Before the event, get familiar with the profile of the participants and the context of the presentation if it is part of another event. Prepare the layout of the room to facilitate participation and check that the equipment is working.

Section 2

Running the Standard Presentations

2.1 Overview of modules

Standard presentation 1: DG ECHO Gender Policy and Gender-Age Marker (60 min)		
Timing	Topic	Method
5'	Activity 1: Introduction	Interactive presentation
10'	Activity 2: DG ECHO Gender policy & Gender-Age Marker	
20'	Activity 3: Marker Criteria	
20'	Activity 4: Using the Marker	
5'	Activity 5: Wrap up	Brainstorming

Standard presentation 2: DG ECHO Gender Policy and Gender-Age Marker (90 min)		
Timing	Topic	Method
5'	Activity 1: Introduction	Interactive presentation
10'	Activity 2: DG ECHO Gender policy & Gender-Age Marker	
20'	Activity 3: Marker Criteria	
20'	Activity 4: Using the Marker	
30'	Activity 4 b: Applying the Marker	Group work
5'	Activity 5: Wrap up	Brainstorming

Standard presentation 3: Why Gender matters (15 min)		
Timing	Topic	Method
13'	Why does gender matter in humanitarian action?	Brainstorming Presentation on flipchart
2'	Close	Individual reflection

Standard presentation 4: DG ECHO Gender Policy (15 min)		
Timing	Topic	Method
15'	Key elements of DG ECHO Gender Policy	Interactive presentation with Power Point

Standard presentation 5: DG ECHO Gender-Age Marker (10 min)		
Timing	Topic	Method
10'	Key elements of the DG ECHO Gender-Age Marker	Interactive presentation with Power Point

Standard presentation 6: DG ECHO Gender-Age Marker (20 min)		
Timing	Topic	Method
20'	Using the Marker step by step	Interactive presentation with wall map

Standard session 7: DG ECHO Gender-Age Marker (90 min)		
Timing	Topic	Method
20'	Activity 1: Using the Marker step by step	Interactive presentation with wall map
30'	Activity 2: Applying the Marker	Group work
40'	Activity 3: Dealing with difficulties	Group work

2.2 Common elements to all the Standard Presentations

All the Standard presentations have their own information about resources and preparation; here you have what they all have in common.

Introduction activity

Use 2 minutes to:

- Introduce yourself.
- Explain what the Presentation will cover in terms of content and activities.

Preparation

Get familiar with the profile of participants prior to arrival.
Get familiar to the context of the Presentation; if the session is delivered alongside another event.
Prepare the layout of the room to facilitate the participation.
Check that the equipment is working.

Resources

Flip chart papers
Colour pens
Projector, computer, screen
DG ECHO Gender-Age Marker Toolkit (1 copy per participant)

2.3 Standard presentation 1: DG ECHO GENDER POLICY AND GENDER-AGE MARKER – 60 minutes

Timing	Topic	Method
5'	Activity 1: Introduction	Interactive presentation
10'	Activity 2: DG ECHO Gender policy & Gender-Age Marker	
20'	Activity 3: Marker Criteria	
20'	Activity 4: Using the Marker	
5'	Activity 5: Wrap up	Brainstorming

Activities in detail

Activity 1: Introduction

(5')

- Distribute the DG ECHO Gender-Age Marker Toolkit.
- Use slides 1 to 3
 - Introduce yourself and the objective of the presentation.
 - Explain what the presentation will cover in terms of content and activities

Activity 2: DG ECHO Gender Policy and Gender-Age Marker

(10')

- Show slide 4 and check how many participants are familiar with the policy. Use these people to help you during the explanation.
- Use slides 5 and 6 to explain the origin of the policy and the different events and documents that inform the policy – including the link to the marker as a tool.
- Slide 7 will help you to describe what the Gender-Age Marker is.
- Slide 8 includes the IASC definition of gender that has been adopted in the DG ECHO policy. Check with the participants to make sure all the elements of this definition are clear.
- Use slide 9 to explain how gender integration is pursued in accordance with the humanitarian principles and approaches.
- Use slides 10 and 11 to share the objectives of the European Union's gender approach and how they are linked to the recommendations of the European Consensus on Humanitarian Aid.
- Show slide 12 and allow for questions and comments before moving on.

Activity 3: DG ECHO Gender-Age Marker Criteria

(20')

- Use slides 14 and 15 to share some basic information about the marker.
- Use slides 16 to 21 to explain the four criteria in detail and to engage in a conversation with the participants about their relevance, importance and the key aspects considered under each criterion.
- Try to dedicate a maximum of 4 minutes per criterion.
- Use slide 22 to check whether participants are on the same page.

Activity 4: Using the marker

(20')

- Use slide 24 to explain the marking process step by step, including what happens when and who is involved. Take participants to Chapter 3 of the Toolkit.
- Use slides 25 and 26 to explain the assessment process and how the mark is decided.
- Use slide 27 to explain special cases such as: emergency decisions/urgent actions and “not applicable”.
- Use slide 28 to allow for comments and to thank the audience.

Activity 5: Wrap up

(5')

- Option 1 – Informal
- Distribute post-it/papers and ask participants to write down one key idea they have captured during this presentation. Stick them on a wall/flipchart and read some of them.
- Option 2 – Formal
- Ask participants to brainstorm one key idea they have captured during this Presentation.
- Congratulate the group, thank the host.

2.4 Standard presentation 2: DG ECHO GENDER POLICY AND GENDER-AGE MARKER (with practical application) – 60 + 30 minutes

If you have 90 minutes to deliver a presentation, you can organise a small exercise for the participants in order to better get to know the gender-age marker. In addition to standard presentation 1, introduce this activity for the participants to use the gender-age marker.

Timing	Topic	Method
30'	Activity: Applying the Marker	Group work

Preparation

Make copies of the handout – 1 per participant.

Resources

Handout – Applying the marker.
Facilitator notes Standard Session 2.

Activities in detail

Activity: Applying the marker

(30')

Split participants into smaller groups.

Distribute the handout (please note that it is a reduced Single Form, so that the participants have time to concentrate on the relevant sections)

Preparation:

All the groups will work with the same case.

While each group should determine the same gender-age mark, be ready for groups to arrive at different results. It depends on how the groups have applied the criteria's key elements. Be ready to explain the appropriate way to understand each criterion.

Task given to the participants:

In your group:

Step 1 –Assume the role of a DG ECHO Technical Assistant. Read the Single Form you have received and apply the DG ECHO Gender-Age Marker to it.

Prepare a flipchart showing how each criterion is rated, as well as the mark.

Consider the 3 assessment principles:

- Assess whether each criterion is met to a sufficient degree
- Assess whether all relevant groups are addressed
- Assess results, not efforts

Step 2 –If you disagree with the self-assessment made by the partner organisation regarding any of the criteria, determine how you would communicate this to the partner and discuss what you would ask the partner to include so that all criteria are met. Designate a spokesperson for the group that will present these arguments in the plenary.

Plenary:

Facilitator can use Annex III to offer comments to illustrate how to assess the criteria.

Plenary: We will simulate you are explaining your assessment to the partner.

The ensuing plenary session should focus on the four criteria:

- Why do we consider that certain criteria are met?
- What else should the partner include to meet the unmet criteria?

Remind participants that they are supposed to discuss issues with the partner.

2.5 Standard session 3: WHY GENDER MATTERS – 15 minutes

Timing	Topic	Method
13'	Why gender matters in humanitarian action?	Brainstorming Presentation on flipchart
2'	Close	Individual reflection

Preparation

Prepare a flipchart with the key messages from section 1.1
Why gender matters in humanitarian crises in the policy

Resources

Flipchart and markers

Activities in detail

Why gender matters?

Brainstorm in plenary – why does gender matter in humanitarian action? Capture ideas on a flipchart. (5')

Show the flipchart you have prepared in advance. Use the ideas from the brainstorming to reinforce those messages; comment on aspects the group has not mentioned or that are not included in the policy. (8')

Key messages on the poster should be:

- Women, girls, boys and men are affected by crises in different ways.
- Crises have a major impact on community and family structures and roles.
- Gender inequalities make women and girls more vulnerable.
- Gender inequalities can be aggravated by crises.
- Different gender and age groups have specific capacities to cope, respond and recover from emergencies.
- Crises can present an opportunity to challenge gender-based discrimination.
- Emergencies often increase sexual and gender-based violence.
- The risk of sexual exploitation and abuse increases during crises.

Close the session allowing the group to write down their own ideas. (2')

2.6 Standard presentation 4: DG ECHO GENDER POLICY – 15 minutes

Timing	Topic	Method
15'	Key elements of the DG ECHO Gender Policy	Interactive presentation with Power Point

Resources

Copies of the policy to hand out.
Computer, screen, projector.

Activities in detail

DG ECHO Gender Policy

Slide 1 – Welcome people and explain the purpose of this presentation

Slides 2 and 3 - Origin of and process for developing the policy

Slides 4 – Definition of gender

Slide 5 - Principles

Slides 6 and 7 – Objectives

Slides 8 to 10 - Framework for operations

Slide 11 - Coordination and advocacy

Slide 12 – Comments and remarks

Thanks to the audience

NOTES FOR THE FACILITATOR:

- Allow time for comments and sharing throughout the presentation.
- When exploring gender dimensions, make sure that the age component is also discussed. If participants did not raise it, ask questions to elicit their views.
- See presenter's notes for each slide to guide your presentation.

2.7 Standard presentation 5: DG ECHO GENDER-AGE MARKER – 10 minutes

Timing	Topic	Method
10'	Key elements of the DG ECHO Gender-Age Marker	Interactive presentation with Power Point

Resources

Projector, computer, screen.

Activities in detail

DG ECHO Gender-Age Marker

Slide 1 – Introduce yourself and what the presentation covers:

- √ Description of the marker
- √ The four criteria to assess humanitarian actions
- √ The marking process

Slides 2 and 3 - Introduce what the DG ECHO Gender-Age Marker is and its purpose.

Slides 4 to 8 – Briefly introduce the four criteria the marker uses to assess humanitarian actions.

Slides 9 and 10 - Explain how to assess and mark an action.

Slide 11 - Explain the process and scope. Explain to which actions the marker applies and to which it does not - not applicable (N/A) option.

Slide 12 – Invite comments and questions. Thank the audience.

2.8 Standard presentation 6: DG ECHO GENDER-AGE MARKER – 20 minutes

Timing	Topic	Method
20'	Using the marker step by step	Interactive presentation with wall map

Preparation	Find a free place on the wall that is easy to see for all participants. Copy, cut and laminate the step-by-step process (the graphic in p. 54 of the DG ECHO Gender-Age Marker Toolkit) into parts so you can display them alongside the explanation.
Resources	Laminated steps of the process. Masking tape or blue-tack.

Activities in detail

Using the marker step by step

If you have an additional 20 minutes following the basic presentation on the marker, add this activity to standard presentation 5.

Following presentation 5, invite participants to move close to a wall and using the laminated illustrations to build the process explaining each step and who does what when as you attach it to the wall.

Use the “Marking step by step” section in Chapter 3 of the toolkit to guide the presentation.

2.9 Standard session 7: DG ECHO GENDER-AGE MARKER – 90 minutes

Timing	Topic	Method
20'	Standard presentation 6: DG ECHO GENDER-AGE MARKER	Interactive presentation with wall map
30'	Activity from Standard presentation 2: APPLYING THE DG GENDER-AGE MARKER	Group work
40'	Dealing with difficulties	Group work

Preparation	<p>Find a free place on the wall that is easy to see for all participants.</p> <p>Copy, cut and laminate the step-by-step process (the graphic in p. 54 of the DG ECHO Gender-Age Marker Toolkit) into parts so you can display them alongside the explanation.</p> <p>Make copies of the handout – 1 per participant.</p>
Resources	<p>Laminated steps of the process.</p> <p>Masking tape or blue-tack.</p> <p>Handout – Applying the marker.</p> <p>Colour cards and markers.</p> <p>Flipcharts.</p>

Activities in detail

DG ECHO Gender-Age Marker with activity

In case you have more time to work with operational staff you can combine the following, as only one session or spread across several sessions:

- Use standard presentation 6: DG ECHO GENDER-AGE MARKER (20 minutes)
- Activity from standard presentation 2: APPLYING THE MARKER (30 minutes)
- Add: Dealing with difficulties (40 minutes):
 - 1) After participants have applied the marker, ask for comments on potential obstacles or difficulties they may encounter when applying the marker. For this brainstorming exercise, ask participants to write one idea per card.
 - 2) Invite them to cluster the ideas on the wall.
 - 3) Give each cluster to one group and invite them to look for solutions. They need to prepare flipcharts summarising the discussed solutions.
 - 4) Share results in the plenary.

Use Chapter 4 of the toolkit for guidance on how to deal with potential difficulties.

Annex 1

Background information on Adult Learning Principles

In case you need additional information on how to facilitate a session or how to make more effective presentations, this annex can help you getting prepared.

Participatory approach to delivering presentations

All DG ECHO Gender Policy and Gender-Age Marker standard presentations have been designed as participatory processes. Group work therefore forms an important part of the process in many of the sessions.

In the plenary, invite questions and answers as much as possible, both to promote participation and to help localise and contextualise the material. Encouraging participants to provide examples and experiences from their own work and regions is important to help root the presentations / sessions in different local contexts.

The remainder of this section provides supplementary reference materials on adult learning principles that have inspired the design of this training.

Learning styles

Honey and Mumford (1992) described four main types of individuals, and their preferred ways of learning. The four learning styles are described below for you to consider the heterogeneous audience you will find as facilitator and how this may impact the way you orient the learning process.

Activists

Activists like to be involved in new experiences. They are open minded and enthusiastic about new ideas but get bored with implementation. They enjoy doing things and tend to act first and consider the implications afterwards. Activists like working with others but tend to be the centre of attention.

Activists learn best when	Activists learn less when
<ul style="list-style-type: none">• involved in new experiences, problems and opportunities• working with others in games, team tasks and role-playing• being thrown in the deep end with a difficult task• chairing meetings and leading discussions	<ul style="list-style-type: none">• listening to lectures or long explanations• reading, writing or thinking on their own• absorbing and understanding data• following precise instruction to the letter

Reflectors

Reflectors like to stand back and look at a situation from different perspectives. They like to collect information and think about it carefully before coming to any conclusions. Reflectors enjoy observing others and will listen to their views before offering their own.

Reflectors learn best when	Reflectors learn less when
<ul style="list-style-type: none">• observing individuals or groups doing something• they have the opportunity to review what has happened and think about what they have learned• producing analyses and reports doing tasks without tight deadlines	<ul style="list-style-type: none">• acting as leader or role-playing in front of others• doing things with no time to prepare• being thrown in at the deep end• being rushed or worried by deadlines

Theorists

Theorists adapt and integrate observations into complex and logically sound theories. They think problems through in a step-by-step way. They tend to be perfectionists who like to fit things into a rational scheme. Theorists tend to be detached and analytical rather than subjective or emotive in their thinking.

Theorists learn best when	Theorists learn less when
<ul style="list-style-type: none">• they are put in complex situations where they have to use their skills and knowledge• they are in structured situations with clear purpose• they are offered interesting ideas or concepts even though they are not immediately relevant• they have the chance to question and probe ideas behind things	<ul style="list-style-type: none">• they have to participate in situations which emphasise emotion and feelings• the activity is unstructured or briefing is poor• they have to do things without knowing the principles or concepts involved• they feel they are out of tune with the other participants, e.g. with people of very different learning styles

Pragmatists

Pragmatists are keen to try things out. They want concepts that can be applied to their job. They tend to be impatient with lengthy discussions and are practical and down to earth.

Pragmatists learn best when	Pragmatists learn less when
<ul style="list-style-type: none"> • there is an obvious link between the training topic and their work • they have the chance to try out techniques with feedback, e.g. role-playing • they are shown techniques with obvious advantages, e.g. saving time or money • they have a role-model or credible expert 	<ul style="list-style-type: none"> • there is no obvious or immediate benefit that they can recognise • there is no practice or guidelines on how to do it • there is no apparent pay back to the learning, e.g. no time or money saved • the event or learning is 'all theory'

Most of us have elements of more than one learning style. Knowing which your strongest and weakest styles are will help you identify how you best learn. As a facilitator, having an appreciation of the different styles will help you to design stimulating and effective training sessions.

Your learning style can also affect your training style

As a facilitator, be aware of how your own learning style may affect your choice of activity. Aim to appeal to all learning styles and pick a range of methods, not just those that you might naturally favour.

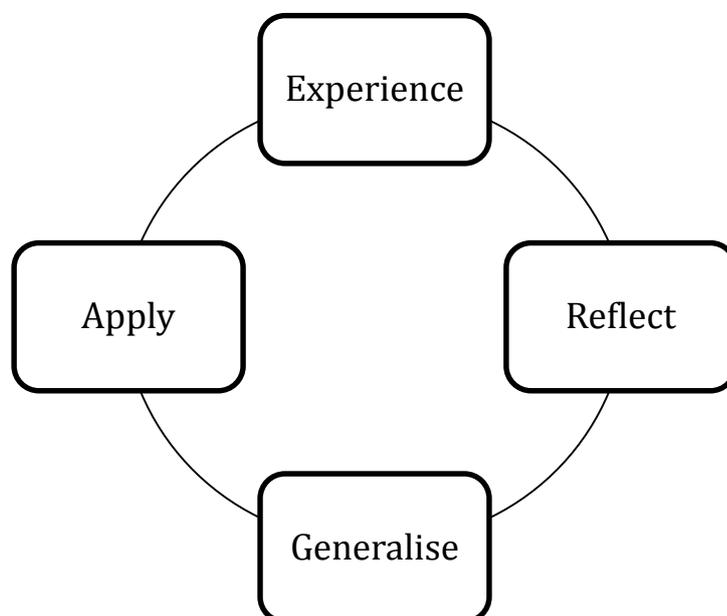
<p>If you are an ACTIVIST you may be more likely to favour:</p> <ul style="list-style-type: none"> • A wide range of different activities • Brainstorming • Experiential activities • Games and role-playing • Group tasks • Icebreakers and energisers • Problem-solving activities • Unstructured “play-it-by-ear” activities 	<p>If you are an THEORIST you may be more likely to favour:</p> <ul style="list-style-type: none"> • Analysis of information • Handouts with detailed background information • Presentation of theories, models, concepts, systems • Question and answer sessions • Relating the training activity to the relevant theory/model • Structured situations
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<p>If you are an REFLECTOR you may be more likely to favour:</p> <ul style="list-style-type: none"> • Activities building on pre-course work • Exchange of information • Observing or using observers • Presenting research and analysis • Reviewing group activities to learn lessons • Showing videos and DVDs • Structured group discussions • Using video to record activities or role-plays 	<p>If you are an PRAGMATIST you may be more likely to favour:</p> <ul style="list-style-type: none"> • Activities that have quantifiable end-result • Anything with an immediate, practical application • Case studies closely linked to people's experience • Demonstrations • Practical exercises that give participants the opportunity to try things out • Simulations of "real" situations
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Adult learning principles

Learning from experience – Kolb's learning cycle

As adults, we tend to learn from experience. And how we perceive and learn new things is influenced by previous experiences, education, background and culture. We like to have some control over what we learn and to be able to apply it to real situation. David Kolb's famous model of experiential learning (1975) is shown below.



Learning can start at any phase in the cycle, but for learning to occur, the learner has to go through all the phases.

Experience: “What?” – provide the learner with the opportunity to experience an activity/process/skill.

Activities: problem solving, case study, role plays, skills practice, games, tasks, simulations.

Reflect: “What happened?” – provide the learner with time to question and reflect about the experience.

Activities: group discussion, presentations, reports.

Generalise: “What can I learn?” – provide the learner with the opportunity to think about general principles and theories.

Activities: large group discussion, lectures, demonstrations, reading assignments.

Apply: “What will I do differently?” – provide the learner with the opportunity to plan for and practice application of the learning in the “real world”.

Activities: action planning, field visits, practice.

When designing a learning session, it is important to check that all four phases are being covered. Sometimes, all four phases can happen at the same time. The key is to keep checking that you are providing opportunities for experience, reflection, generalisation and application – E, R, G, A.

Core Adult Learning Principles
Learners Need to Know Why, What, How
Self-Concept of the Learner Autonomous, Self-directing
Prior Experience of the Learner Life related, Developmental task
Orientation to Learning Problem centred, Contextual
Motivation to Learn Intrinsic value, Personal payoff

Some characteristics of adult learners

- Adults need to know why they are learning something
- Adults are motivated when learning contributes to their quality of life, and self esteem
- Adults have greater knowledge and wider experience than younger learners.
- Adults like to be able to evaluate, challenge and question.
- Adults need to integrate new ideas with "old" ones if they are going to keep and use the new information.
- Adults can find it more difficult to relate to, remember and recall if what they are learning is totally new.
- Adults consider themselves independent.
- Adults are concerned with immediate problems.
- Adults enter learning situations with their own goals, motivations and needs.
- Adults learn better by doing something rather than just reading or discussing.
- Adults like clear “hands-on” instructions.
- Adults prefer training programmes that deal with a single topic and focus on applying it to problems.

Adults learn better when...

- they are involved
- the goals and objectives are realistic and important to them
- materials are structured to meet their needs
- the subject matter is connected to their daily activities
- learning is experience-based and results from doing and exploring something
- learning is in informal but organised environments
- materials are presented through a variety of methods with practical examples
- subjects are explained and supported visually
- activities and tasks are structured and clearly related to specific subjects
- problem-solving
- real, simulated or case study experiences are used
- there are opportunities to apply and practise what they have learnt
- structured, helpful feedback is given
- learning situations are co-operative and in groups.
- not pressured, tested or judged.
- there is time for reflection and short breaks between topics.

Annex 2

Handout Standard Presentation 2

Activity – Applying the Marker

DRAFT – FPA 2014 – Direct Management
SINGLE FORM FOR HUMANITARIAN AID ACTIONS – Full - Request
(Modified version for training purposes)

1. GENERAL INFORMATION

1.1 Name of Humanitarian Organisation*

ATA – Accessibility to All

1.2 Title of the Action:

Humanitarian support to Conflict and Flood-affected population in Country Z

1.3 Narrative summary

1.4 Area of intervention

▼ World Area Africa	▼ Country Country Z	Regions in the country North
Location :		
Annex(map):		

1.5 Dates and Duration of the Action

- **Start date of the Action: ***

01/07/13

- **Duration of the Action in months:***

12 Months

- **Start date for eligibility of expenditure:***

01/07/13

Justify the duration of eligibility period

ATA is already involved in the humanitarian action in North Country Z, for both conflict and flood affected population. On the 15th of June 2013, ATA finished a yearlong ECHO funded project which mainly targeted the conflict affected population in Country Z. Simultaneously, ATA led in the same areas an emergency project funded by other donors in response to the floods; this project ended at the second trimester of 2013. Consequently and according to the existing needs in its areas of intervention, ATA has planned to continue its activities in order to provide adequate services to both the conflict and flood affected population.

The project is a co-funding between ECHO, ADH, CIDA and Region Rhone-Alpes, as presented in the proposal. The starting date of the global action, as well as the eligibility date demanded to ECHO, is the 1st of July. After discussion at the field level with ECHO, a letter of intention has been sent on the 14th of July 2013; ATA received the answer from ECHO to go to the proposal stage on the 06th of August' 2013 and the first version of the present proposal has been submitted end of August.

However, the activities have concretely started on 1st of July, as planned. A detail of the current achievement is presented in annex. As the discussion was still ongoing between ECHO and ATA, the activities already implemented have been allocated to ADH (project ending on the 31/10/2013) and CIDA (01/04/2013 to 31/01/2014). Some expenses, which have been affected in the budget to ECHO, are at the moment supported (treasury advance on own funds) by ATA (staff national from July, some expatriate positions, and running costs of the bases) and some others could not have been engaged. In conclusion, activities have been implemented however some of them have been slowed while waiting for the ECHO contract signing.

2. HUMANITARIAN ORGANISATION IN THE AREA

2.1. Presence in the area

In North Country Z, ATA has provided emergency responses to the conflict since 2009 and to the floods since June 2013. The goal of these interventions was to ensure that the affected population including the most vulnerable persons have an equal access to appropriate and adapted relief services, both responding to their basic and specific needs. After the flood emergency period (as announced officially by the government, floods emergency phase ended on the 31st August 2013) our daily work in the field shows that the needs are still huge.

It was therefore essential to conduct an assessment of the context of intervention, both in terms of population's needs and of services available in ATA's targeted districts in order to efficiently implement early recovery activities. Therefore ATA began an initial assessment since the 1st of July at district level.

2.2. Synergies with other actions

Disability Vulnerability Focal Point (DVFP) and WASH activities are currently on-going, funded by ADH, Region Rhone Alpes and ACDI in the same North Region. There are parts of the cofunding with ECHO. Twelve Child Friendly Inclusive Spaces (CFIS), aiming to provide safe and accessible places to express themselves and to develop activities with the vulnerable children, are currently funded by ATA in two district of the West region.

A project of Disaster Risk Reduction, targeting North region has been submitted to Caritas Germany.

3. NEEDS ASSESSMENT

3.1 Needs and risk analysis

3.1.1 Date(s) of assessment:

1st July 2013 – still on going

3.1.2 Assessment Methodology

This assessment is the first phase of this project for identifying the areas of intervention in the targeted districts and for defining our activities design. The assessment is still on-going and will last all along the project in order to allow identification of the most vulnerable villages, households and individuals. The assessment team was composed of 33 staff members, including 27 males and 6 females, of different ages to ensure participation of all gender and age groups, and comprised of team leaders, social mobilizers, community rehabilitation officers and database operators, all with previous ATA experience and knowledge about disability, gender issues and vulnerability.

The objectives and the methodology of this assessment were presented to all staff members during a 1-day training including a presentation of all the assessment tools using participative approach and allowed to provide the team with practical tips on interview techniques and active listening for both one-to-one interview and for focus Group discussion (FGD).

Concerning the development of assessment tools, ATA capitalized on its previous experiences, both in Country Z and Kenya. Tools from ATA / ACF joint assessment in Kenya were adapted to Country Z's context and for each type of interview (key informant interview form; FGD form; household interview form).

The first step of the assessment was a preliminary data collection from 1st to 6th of July through interviews with authorities and other key informants at the district and village levels. The information collected was cross-checked with public statistics, cluster data and data provided by the different authorities that were interviewed. These preliminary analyses led to the choice of some targeted Local Council in each district for further assessment.

The second step was a deeper assessment in each Local Council selected consisting for each one in: an interview with 3 key informants (1 Lady Health Worker aged 35; 1 men leader aged 56; 1 boy aged 16 member of the social mobilizers team) allowing to prioritize the villages considering their level of vulnerability in each Local Council; at least 2 Focus Group Discussion (FGD) per village (male and female FGD conducted separately); 4 separate transect observation walks (e.g. beneficiary behaviour, surrounding infrastructure, water system, mines areas) with young men, old men, young women and old women so that priorities by both gender and age could be understood; at least 4 individual household interviews in a time of the day in which it was likely all the members will be at home. Collected data from field was compiled using Excel software.

Annex:

3.1.3 Problem, needs and risks analysis:

In 2013, country Z experienced very severe floods, affecting 20 million and displacing over 7 million people across the country. North Region was one of the mostly affected provinces with almost 80% of the WASH infrastructures damaged, a large destruction of houses, the death of a considerable part of the livestock, the major infrastructures (including roads, bridges, public institutions, etc) washed away and severely destroyed crops. The latest update regarding the flood situation in Country Z in August 2013 shows that 284'990 houses are damaged or destroyed and 3'820'170 persons are affected in this province (Source, <http://www.CountryZfloods.sml/en/damage/summary-of-damages/damages>).

[A general analysis of the humanitarian situation and its effects at global level, as well as the current level of assistance provided would appear here.]

Host communities and displaced groups identified clean drinking water, sanitation facilities and medical services, infrastructure, food and cash/employment as their most immediate needs. While men emphasised water, infrastructure and cash/employment, women prioritised water and sanitation, medical services and food.

Water, Sanitation and Hygiene (WASH) is a priority need for all communities. Over 80% of villagers do not boil their daily drinking water, people often resort to open defecation and many women and girls collect water from unprotected sources or distant locations, which increase their vulnerability to physical violence. As a result, water-related diseases like fever, diarrhoea (especially for children), scabies, other skin diseases and eye infections are the most common health problems.

Many households headed by women are still in need of proper shelter, WASH supplies and food as they are often not accepted by host communities. Female doctors and other staff are not available to provide health services to pregnant women. In the communities, the notion of modesty is crucial. Women of all ages have been bathing in unclean water while fully dressed and need other clothes and the privacy to remove them.

Among older people, 71% said that their health had been negatively affected. They complained of problems with mobility and sight, making it difficult for them to access aid. Older women, in particular, lack access to food distributions. All of the older people we interviewed directly after the floods lacked and needed access to basic sanitation, such as functioning latrines.

Country Z is a male-dominated society. Men traditionally are the traders and take most decisions within the family and community, including the marriages of their daughters. Women and girls tend to have a lower educational status, have limited ownership rights and are often neglected by the family and the society. The areas of health and hygiene are an exception, where the role of women is accepted and they are usually allowed by their husbands or fathers to take part in community groups. Women and girls are therefore among the most vulnerable groups in the society, have very limited opportunities for being active members of the community and for claiming their rights.

This has an effect on the capacities of individuals and households to cope with and recover from the crisis. Traditionally, the communities made a living from growing crops, livestock, brewing and trading. Before the floods, trading – an exclusively male role - was the first or second source of income for most households, but it has since dropped to fourth or fifth place. Most households reduced their meals from three to two per day and the quality of meals has deteriorated, especially for girls and women who eat last. Today, most households cannot afford basic goods/services such as education, health and clothing and this scarcity disproportionately affects children, women and older people. The dropout rate for schoolchildren has increased from an average of 10% to an estimated 25% among boys and 50% among girls.

Men are particularly affected by the destruction of crops and loss of income generation activities based on trade. Most of the young and adult men are seeking work and many have migrated to fishing areas, or areas with alternative opportunities for agricultural employment, such as sugar cane plantations. During their absence, some women have started to trade the few livestock products they can produce. This is creating tensions when the men return.

Affected communities have tried different strategies to recover their previous income generating activities, but have not made much progress due to the lack of financial support. Young and adult men frequently ask for support to recover their crops and livestock to be able to trade again in the market. Young, adult and older women demonstrated their willingness to collaborate as social mobilizers or promoters of women's health. Children have expressed a strong desire to go back to school, as most of them had been regularly attending school before the floods.

3.1.4 Response analysis

Regarding these main findings and the governmental strategy for the early recovery phase, this project intends to respond directly to the basic and specific needs of the vulnerable persons in the targeted affected districts. After the identification of the most vulnerable villages, households, individuals through DVFP (Disability and Vulnerability Focal Point) approach, ATA will provide 1) safe and accessible water, accessible sanitation facilities, hygiene promotion; 2) basic health and rehabilitation care and advices, technical aids and assistive devices, protection items.

3.1.5 Previous evaluation or lessons learned exercise relevant for this Action

No

Yes

3.1.5.1 Brief summary:

Annex : Additional information:

Regarding the **health** sector, before the floods hospitals played a major role in providing health services to the people while public/private clinics, Village health Worker (VHW), Lady Health Worker (LHW), Lady Health Visitor (LHV) and Basic health Unit (BHU) also cater a significant number of patients. It has been revealed that people have to travel about 19 km on average to reach the hospital; few of hospitals in the area provide free medical services while others charge patients for providing medical facilities. BHU/ VHW/ LHW/ LHV facilitate only 20% of the population and provide services free of cost; these health units are located at an average access distance of 2 km and most of the people interviewed complained about the unavailability of staff in BHU in nearly all the assessed Local Councils. All the public and private clinics are located nearer to the public access but provide paid services to their patients. Vulnerable people who couldn't afford to pay used to go to the main hospitals in the district, but since the flood damaged the infrastructures, this is not possible anymore. While elder headed households or PwDs have not had access to health facilities before and after the floods.

During the FGD, it has been observed that females are **working** more than males, as they are also assuming some of the tasks that were responsibility of the man before the disaster. Women now are looking after their cattle, working in the house and brining water from far way, which is quite a hard job to perform, and which leads to poor health condition. The situation is obviously worse for pregnant women, small girls and of course women with disabilities. Men have migrated or are trying to earn money working for others, but they are not taking care of the cattle anymore, and their traditional agricultural role and trading activities have been suspended due to the floods.

School attendance: HH said their children were going to school before the floods. Interviews show that now the 68% of the children doesn't go to school, as they have to support their family by working at home or outside. According to FGD with women about 15% of the girls refrain from attending schools due to early marriages.

3.2.1 Estimated total number of direct beneficiaries targeted by the Action

37 000 Individuals

.... organisations

Beneficiaries from health activities must be included in the beneficiaries of WASH activities:

- Water, sanitation and hygiene promotion: 36 750 persons
- Health: 7200 persons

The ATA Disability and Vulnerability approach will ensure that all services target the most vulnerable communities, households and individuals. The identification mechanisms at the three levels are detailed in the next section. With regard to vulnerable households and individuals that will be targeted in the frame of the project, ATA usually sticks to a common definition with UNHCR:

Person with Disability: Male or female, child (<18 years) or adult who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others and needs to be assisted.

Person with injury, Person with chronic disease: Refers to a particular temporary or permanent medical condition that requires assistance (both for treatment and nutritional / NFI) or may affect the identification of a durable solution such as return/relocation-resettlement (May include TB, HIV/AIDS, other serious medical conditions - chronic illness, psychological condition, malnutrition, etc). Only persons with chronic disease AND functional limitation (in performing daily activities) will be included in ATA targeted population.

Older person: May be either male or female, over the age of 55 years (life expectancy in Country Z is about 64 years). Cultural norms also apply in the designation of who is an elderly member of the community. It includes older person with children / separated children, single older person without accompanying family members. Only older persons with functional limitation (in performing daily activities) will be included in ATA targeted population.

Overall, we plan at least 60% of beneficiaries will be women and children under 18 years old.

ATA will focus on specific needs to target some of the most vulnerable groups:

- older persons with functional limitation; men, women and children with disabilities: will benefit from Health and psychosocial activities.
- communities and households with especial vulnerabilities regarding access to facilities: will benefit from WASH activities

In addition to those persons, ATA will also include other persons who may need specific attention, like for example children separated from their family, widow, women head of household without family support, women pregnant or lactating.

Families and care takers of VPs will systematically be included in all activities. Hosting families and communities will also fall under ATA vulnerability criteria, as the long-term presence of IDPs is putting extra burden on existing services/facilities.

5 200 households/ 7 Number of individuals per HH / total estimated individuals.

3.2.2 Estimated disaggregated data about direct beneficiaries (only for individuals):

	Estimated % of target group	% of female (F)	% of male (M)
Adults (18-49y)			
Infants & young children (0-59 months)			
Children (5-17 y)			
Elderly (>50 y)			

3.2.3 Does the action specifically target certain groups or vulnerabilities?

No Yes

3.2.3.1 if yes, please select one of the following

Infants and young children Children Elderly PLW Disabled

Male Female

3.2.4 Beneficiaries: what are the selection criteria

The identification of vulnerable communities, households and individuals is done through the ATA "DVFP" approach (DVFP: Disability and Vulnerability Focal Point). DVFP needs assessment is led by multi-disciplinary mobile teams (2 physiotherapists – men and women; 2 occupational therapists – men and women and a master carpenter).

Mobile team members are specifically trained to this end by ATA technical resources and have at their disposal specific identification methodology, tools and interview guidance to conduct participatory sessions.

This community-based needs assessment allows orientating the identified beneficiaries to the adequate service delivery, provided directly by ATA or through referrals.

Vulnerable communities and villages are identified and selected by Social Mobilizers (selected members of each community, men and women of different ages from 17 to 50) following a comprehensive assessment and according to a Village Vulnerability Score based on:

- Proportion of houses, infrastructure damages not yet repaired;
- Loss of income generating activity/livelihood opportunity not recovered or compensated;
- Proportion of vulnerable persons in the community (by gender and age);
- Poor access to quality water;
- Issues related to sanitation practices (skin diseases, diarrhoea, etc);
- Presence of IDPs (host communities);
- Difficult physical access (bad roads, transport available, etc);
- Distanced/ isolated from basic services (health, education, etc);
- Protection issues mentioned by the population.

For the most vulnerable communities/villages identified, Social Mobilizer also proceed to door-to-door assessment, in order to assess and register the needs of the households headed by persons with reduce mobility, or by older people according to the following criteria:

- Houses moderately or severely damaged and not yet rebuilt;
- Loss of income generating source due to the disaster not recovered yet;
- Household located in isolated area where basic items are not available.

Lastly, the needs of the vulnerable individuals, including PwDs are assessed. To be sure to have accurate beneficiaries identification, ATA usually rely on an assessment methodology that include additional "capacity" factors to correct / mitigate vulnerability factors.

Other relief actors (including local government authorities, local organizations as DPO, NGOs) will refer appropriate vulnerable beneficiaries to ATA/partner activities. With regard to this process, ATA already started to disseminate essential information about different types of vulnerability and way to identify it toward other actors throughout cluster coordination. Of course, ATA will complete the ID / assessment for each person referred in the area of intervention.

ATA will have at its disposal a centralised data collection system that will register all beneficiaries. ATA network of mobile units and the related centralised database is an integrated system representing a Vulnerable Focal Point, set to provide the necessary means to monitor the different status, services and referral in / out provided to the beneficiaries. The information available through this centralised system will be (with all due restriction with regard to protection) circulated to the other humanitarian actors of the Country Z response.

3.2.5 Beneficiaries: what is the involvement of beneficiaries in the action?

Various meetings and focus group discussion are held with authorities and communities in the affected areas. It allows outlining identified challenges and problems, both general and specific to different types of vulnerabilities, and possible solutions / process to be proposed.

During the **assessment**, different gender and age persons selected by the community integrate the social mobilizers group, that help the ATA teams to conduct the assessment and to ensure all the groups voices are represented in the interviews, FGD, Most Significant Change stories and any other assessment activity. They know the more convenient time and location for women, for individual and group interviews or participatory information-gathering exercise. They know the households having members with reduce mobility (older people, PwDs, etc) and can ensure their participation or at least organise door-to-door visits.

During the **implementation**: Some community committees will be formed by well-positioned men and women of different ages to ensure the sustainability of the implemented activities and to champion and influence positive outcomes. Women will be more likely assigned to committees dealing with health and hygiene, not just to promote the health of households but also as a mean to promote gender equality. More generally speaking, ATA always uses the described process to ensure the maximum participation of beneficiaries. Women and men of different ages will form the following committees: community-led total sanitation committees; water management committees; school health clubs and a project steering committee that will help ATA team to design and conduct the monitoring of the project activities. This project steering committee will also support ATA to review community group selection criteria to ensure more equitable participation of different gender and age groups in project activities.

3.2.6 More details on beneficiaries?

Indirect beneficiaries of WASH, health, protection psychosocial activities will include the extended families and vulnerable persons in the surrounding communities.

4. LOGIC OF INTERVENTION

4.1 Principal objective:

To reduce mortality and suffering and increase resilience of conflict and flood-affected populations including the most vulnerable persons in the North region

4.2 Specific objective:

4.2.1 Title	To improve the access of the conflict and flood-affected population to a safe and secure environment and to better life conditions
4.2.2 Short description	
4.2.3 Indicators	Vulnerable persons (in particular PWD,PWI, persons with chronic disease and older persons) have access to specific NFIs, health, protection and psychosocial services
Target value	- 7200
Source of verification	Activities report, distribution lists and reports, beneficiary database, attendance sheets
4.2.4 Indicators	People have access to drinking water and/or proper sanitation and uses facilities and resources appropriately and safely
Target value	- 36750
Source of verification	Activities report, beneficiary database, distribution lists and reports, beneficiary database

4.3 Results [N°1]

Result title:

The most vulnerable conflict and flood-affected people have improved their access to services responding to their needs.

Result- Beneficiaries**4.3.1 Estimated Number of direct beneficiaries targeted by the result**

organisations

7200 Individuals

12000 Households

4.3.2 Beneficiary type

X IDPs Refugees X Returnees X local population other

4.3.3 Does the result specifically target certain groups or vulnerabilities?

No Yes

4.3.3.1 If yes, please select one of the following

infants and young children children elderly PLW Disabled

Male Female

4.3.4 Comments on beneficiaries

We intend to assess the needs of 12,000 households where at least one vulnerable person have been pre-identified; Among the vulnerable persons identified (at least 12,000) we expect that 60% of them can directly benefit from DVFP activities (some beneficiaries could receive more than one service; at this stage, it is not possible to give a precise number of beneficiaries taking into account the overlapping; the expected percentage of beneficiaries among assessed people is estimated from previous project and on the primary and on-going assessment). Therefore, 7,200 persons would be the direct beneficiaries of our action. As it is estimated that there are 7 members in one family, 43,200 persons would be indirect beneficiaries.

4.4 Indicators**Type indicator**

- Key result indicator (link to list of indicators?)
- Custom

Select the description which correspond best to the result:

Indicator : People who have received basic cares and advices on rehabilitation, have improved their knowledge on how to prevent complication and to stimulate functional independence

Baseline

Target value: 5000

Source of verification [one per indicator]– Activities report, beneficiary database, monitoring on knowledge

Possible comments: 5000 persons benefit from 12000 sessions. We consider that a minimum of 2 to 3 sessions per person is necessary for ensuring a satisfying impact.
For the monitoring of knowledge, a questionnaire will be developed and submitted to a representative sample of the identified beneficiaries, one before the intervention and the other after they received these services. By the comparison of to the initial and final evaluation, we will measure the increase of knowledge

Indicator : People who have received at least one assistive device have improved their mobility

Baseline

Target value: 2500

Source of verification [one per indicator]– Distribution lists and reports, activities report, beneficiary database, satisfaction survey

Possible comments: One person could receive more than one item

Indicator : Specific needs of vulnerable people are responded with both basic and specific items

Baseline

Target value: 6000

Source of verification [one per indicator]– Distribution lists and reports, activities report, beneficiary database, assessment forms

Possible comments: One beneficiary could receive more than one item.

Indicator : The provision of inclusive psychosocial sessions allows the most vulnerable people to better identify their psychosocial state and needs and enhance their coping mechanisms.

Baseline

Target value: 2000

Source of verification [one per indicator]– Distribution lists and reports, activities, beneficiary database, assessment form, assessment of personal wellness`

Possible comments: One person could receive more than one item

Indicator : Vulnerable people have access to specific services delivered by other actors through referral system

Baseline

Target value: 600

Source of verification [one per indicator]– Attendance sheets, activities report, beneficiary database

Possible comments: An initial and then ongoing mapping will allow to identify the existing quality services in the area (local actors, INGOs, public services) in the sectors of health, psychosocial, protection, disability, basic needs... According to their identified needs, the beneficiaries will be referred to the adequate services when available. The service of ATA will also be to ensure the actual follow-up of the received services

Detailed description

RESULT 1

Activity 1.1 Provision of direct health and psychosocial services

Vulnerable individuals identified by a team of Social Mobilizers will be referred to a multidisciplinary team (composed by Community Rehabilitation, Psychosocial Mobilizers and Livelihood workers) for being provided with one or more of the following services according to beneficiaries' specific condition:

- 12,000 basic physical rehabilitation care and advices will be provided through family and group sessions in order to teach VPs and their families how to stimulate functional autonomy and prevent complication/worsening of their condition. Each vulnerable person will benefit from 3 to 5 sessions (at home to reach old men and women; isolated woman; people of any age with disabilities) or in village common places for group activities) according to the needs identified by Community Rehabilitation Workers. Details of the session will be compiled on beneficiaries' Individual Follow-up form, in order to facilitate quality monitoring by line managers.
- 4,000 technical aids and assistive devices will be distributed to vulnerable persons in order to improve their functional autonomy and consequently improve their opportunities to access services. Moreover, some assistive devices and technical aids will also be distributed to help prevent complications/worsening of the impairment. Donation certificate will be filled for all assistive devices and item donated. IEC material (leaflets, booklets explaining proper positioning, exercises and use of assistive devices distributed) will be created to facilitate provision of advices on physical rehabilitation and assistive devices.
- 4,000 protection items will be distributed to VPs at risk of getting injured, isolated, harassed (whistle, torch) as well as to VPs who have limited access to information radios.
- 5,900 specific items will be distributed: 3,000 individual specific items (anti-pressure sore mattress, kits for incontinence, etc), 1,700 kitchen kits, 1,200 tools for house repair.

For all the services above, Individual assessment and follow-up forms will be used in order to compile individual needs identified and services provided. These data will also be compiled in ATA database

Activity 1.2 Realisation of psychosocial group activities

Psychosocial support will be provided by Psychosocial Mobilizers following individual assessment of VPs identified and referred by Social Mobilizers. To ensure the quality of the intervention, psychosocial support will consist in at least 3 sessions (group and/or family sessions) per beneficiary, trying on a systematic fashion to support the vulnerable person also encompassing one care taker / member of the family.

The objectives of psychosocial activities will be to 1) Provide information on different psychosocial issues (stress, trauma, phobia...); 2) Share common difficulties and exchange on coping strategies; 3) Provide information and experiment coping mechanism (relaxation, recreational activity); 4) Stimulate the return to productive activities; 5) Stimulate peer-to-peer social networks.

According to the needs identified, two types of psychosocial sessions will be organized:

- 100 group activities with an average of 20 persons per group will be organized: 1) Psychosocial Group Discussion: will regroup 12 to 15 persons sharing similar vulnerability situations/challenges. Separate groups for women and men will be organized and age groups will also be respected; 2) Community/recreation activities: these activities will be organized for groups of 20 to 30 persons. It will consist in guided activities like gardening, sewing, cooking, games for children, etc. The activity will be chosen according to the local context and the participants' interests.
- Family interventions will aim at improving inclusion of VPs in household daily life and tasks. It will be conducted by Psychosocial Mobilizers, in close collaboration with Community Rehabilitation Workers. Each vulnerable person identified with psychosocial support needs during individual assessment will benefit from at least one psychosocial family session.

Information about psychosocial support (family and group sessions) provided will be compiled on Individual Assessment and Follow-up forms, as well as in ATA's database. Activity report and attendance sheets will also be filled for group activities.

Activity 1.3 Referral of persons to external services

Activity 1.4 Recruitment and training of the team

Activity 1.5 Realization of inclusion training for stakeholders

Five inclusion trainings will be organized (one for each district of intervention), in close collaboration with ATA Accessibility Technical Unit (ATU). The representatives from local and international organizations, authorities and other key stakeholders will be invited. Training will include formal presentations as well as possibility for one follow up visit to each participating organization and on-the-job training/advices. The general objective of the training will be to improve the capacity of stakeholders to better include vulnerable persons and persons with disability in their own teams, as well as within their beneficiaries.

Activity 1.6 Realization of Disaster Risk Reduction sessions

50 Disaster Risk Reduction (DRR) sessions will be provided by Community Rehabilitation Workers to families and, when necessary, at village level, in order to explain how to help VPs in case of emergency/disaster (practical tips like putting his bed/room close to the main door, keeping assistive device in a easy to reach location, practicing transfer techniques, etc). ATA's teams have noticed on that many VPs got stuck or left behind when the crises happened, and suffered great psychological trauma because of that.

Activity 1.7 Livelihood support

200 livelihood supports will be provided to targeted beneficiaries through vocational training and provision of livelihood starting kits. The selection of beneficiaries will be done by Community Rehabilitation Workers and Psychosocial Mobilizes according to criteria including: basic level of functional autonomy, motivation and level of family support.

Livelihood Workers will then conduct an assessment of livelihood opportunities and interests (using specific livelihood assessment form) in order to propose a response adapted to the skills and interests of the beneficiaries.

The follow up will be performed in two phases: 1) one month after the training/distribution of starting kit, a meeting will be organized with all the beneficiaries of a community in order to share experiences and motivate beneficiaries who might have experienced difficulties in starting their livelihood activities; 2) a second follow up visit will be performed at the beneficiaries' home by Livelihood Workers, 3 months after the training/distribution, in order to monitor the sustainability of the intervention

Results [N°2]

Result title:

The conflict and flood affected population, in particular the most vulnerable, have a better access to safe and accessible water, facilities and better hygienic environment.

Details

Sector: Water, sanitation and hygiene promotion

Sub-sector:

Rehabilitation, development and operation of water supply and treatment systems

Sanitary facilities and waste management

Hygiene promotion

Estimated Total amount 30.273 €

Result Beneficiaries

4.4.1 Estimated Number of direct beneficiaries targeted by the result

organisations

36750 Individuals

4.4.2 Beneficiary type

X IDPs Refugees X Returnees X local population other

4.4.3 Does the result specifically target certain groups or vulnerabilities?

No Yes

4.4.3.1 If yes, please select one of the following

infants and young children children elderly PLW Disabled

Male Female

4.4.4 Comments on beneficiaries

36,750 beneficiaries by the construction of water supply systems (WSS):

- Construction of 100 small WSS; one small WSS will cover 30 households in average (one household = 7 persons) so $100 \times 30 \times 7 = 21,000$ beneficiaries - Construction of 15 big WSS; one big WSS will cover 150 households in average (one household = 7 persons) so $15 \times 150 \times 7 = 15,750$ beneficiaries.

20,000 beneficiaries by the construction of latrines:

- Construction of 350 individuals latrines; one individual latrine will cover 20 beneficiaries so $350 \times 20 = 7,000$ beneficiaries - Construction of 250 individuals accessible latrines for PwDs; one individual latrine will cover 20 beneficiaries so $250 \times 20 = 5,000$ beneficiaries.
- Construction of 100 communal latrines; one communal latrines will cover 80 beneficiaries so $100 \times 80 = 8,000$ beneficiaries.

16,500 beneficiaries by the hygiene sessions activities; 550 sessions will be realized with an average of 30 beneficiaries per session.

250 stakeholders trained about WASH accessibility.

We consider that most of the beneficiaries receiving water services will also receive other WASH services. In order to avoid the double counting of the beneficiaries, we consider that the number of the water activities' beneficiaries, the most important one, is our targeted number of beneficiaries.

Indicators

Indicators type

- ✓ Key result indicator (link to list of indicators?)
- ✓ Custom

Select the description which correspond best to the result:

Indicator : 90% of constructed / rehabilitated water points and repaired water schemes provide users safe water (0 E-coli forms per 100 ml and < 5NTU) in sufficient quantity (20 litres per person per day)

Baseline

Target: 36750

Source of verification [one per indicator]–

Water testing reports, database, activities reports, donation certificates

Comments - 21,000 beneficiaries from the construction / rehabilitation of small water sources 15,750 beneficiaries from the construction / rehabilitation of big water supply systems

- ✓ Indicator : Number of persons having access to minimum standard of accessible latrines

Baseline

Target: 20000

Source of verification [one per indicator]– Distribution lists, database, activities reports, donation certificates

Comments - 7,000 beneficiaries from individuals latrines 5,000 beneficiaries from individuals accessible latrines 8,000 beneficiaries from communal latrines

- ✓ Indicator : At least 70% of people who have participated to hygiene promotion session have shown an improvement of their knowledge on appropriate hygiene behaviour

Baseline

Target: 16500

Source of verification [one per indicator]– Monitoring on Knowledge and Practices, hygiene promotion attendance sheet, distribution lists, activities reports

Comments -

- ✓ Indicator : Number of individuals among stakeholders are trained on WASH accessibility

Baseline

Target: 250

Source of verification [one per indicator]– Attendance sheet, sample of technical guideline, training and activities report

Comments -

Detailed description

RESULT 2

Activity 2.1 Construction of water systems

Construction or rehabilitation of 100 smaller community water sources

The hand-pump itself, an accessible concrete platform, measures for drainage as well as various improvements for use and cultural acceptability (sight walls for women, Khura cloth wash places etc.) will be installed.

Beneficiaries: Systems will supply 30 households in average from communities affected by conflict or floods, ensuring that especially vulnerable families and PwDs have access to the supplied water.

Construction or rehabilitation of 15 major piped water supply systems

Beneficiaries: Systems will supply 150 households in average from communities affected by conflict or floods, ensuring that especially vulnerable families and PwDs have access to the supplied water.

Formation of 115 water user committees led by community members, selected among well-positioned men and women of different ages. Older and youth members of the community will be given preference as to avoid working overload to men and women dealing with income generation activities.

For each WSS built, one committee will be formed and supplied with tools – both male and female members of the community will be invited to take part according to their workload. Water user committees will be strengthened or formed and supplied with technical support in form of short trainings and a small SET of tools & spare-parts. Written formal agreements will be made between all stakeholders involved (communities, landowners, systems owners, competing water users etc) clearly stating the purpose and usage of the systems and the responsibilities and rights of the different actors.

For all the activities, design and implementation will be done by ATA staff jointly with the project steering committee; if necessary supporting skilled daily labourers will be hired. Cash for work could be considered when larger excavations or similar works need to be done.

For systems or sites owned by the local government, works and designs will be closely coordinated with their engineers and other concerned government agencies. Bore-hole drilling and casing will be done by local contractors.

For all the systems constructed or rehabilitated, water quality testing of systems will be done.

Activity 2.2 Construction of latrines**Construction of 350 semi-temporary latrines:**

Implementation: selection of the households through the DVFP team focussing on rural areas; construction by ATA using prefabricated parts made by ATA in a central workshop.

Hand rails and a simple removable provision for sitting will be included in the structure alongside other means for minimum standards of PwD accessibility.

Construction / rehabilitation of 250 accessible household latrines with hand-washing facilities/showers:

Implementation: Involvement of families themselves will be requested according to their capabilities to decide on location and orientation. They will be offered material to decorate the latrine.

PwD accessibility measures will be individually assessed according to the actual need of the family (wheelchair access, special handrails, ramps, toilet chairs etc.). Beneficiaries: vulnerable families with PwDs in the household.

Composition of household in terms of age will also be considered in the design: small children, older people may require specific elements in the final design of the latrine.

Construction of 100 public accessible latrine blocs:

Implementation: construction through local partners; accessible design provided by ATA.

Design: Latrine bloc with at least 4 cabins, separated male/female, at least 2 fully accessible cabins for people with disabilities. Involvement of families themselves will be requested according to their capabilities to decide on location and orientation. They will be offered material to decorate the latrine.

Special care will be taken in the design to make it both culturally appropriate and well lit for high acceptance with the school children. Inside ceramics pour-flush squatting pans (with water seal) with sitting arrangements for disabled will be used.

Activity 2.3 Set up of hygiene promotion activities

SET up 550 hygiene promotion group sessions

Implementation: Focus groups of around 30 persons, separated by gender and special sessions for children and young mothers will be organized with a different methodology. Timing and location will be decided by the social mobilizers upon consultation with different gender and age community members.

When necessary, door-to-door sessions will be organized to reach:

- female members of households (according to workload)
- older members (according to mobility)
- PwDs

Integrative approach: Combination the hygiene promotion with the other project WASH activities, e.g. sites where the water supply has been improved will be supported with save water handling messages, the general population will be motivated to build more latrines where latrines have been installed by ATA for especially vulnerable families, cash for work drain rehabilitation projects can be supported by messages about village hygiene and solid waste management.

Support material: General stationeries, child friendly stationeries, banners for painting, wall paint, examples of hygiene material (soap etc.), small supplies for construction of simple hand-washing solutions, waste-bags for collection of waste in village, small prizes for child friendly activities etc.

Activity 2.4 Capacity building

10 training sessions for partner organisations and local stakeholders will be organized, covering topics regarding WASH accessibility and inclusion of PwDs in the WASH component.

Activity 2.5 Technical assessment

For the WASH activities, first step is a technical assessment (see annexes 12, 13 and 14 for WSS technical assessment).

Activity 2.6 Recruitment and training of the staff

4.5 Preconditions

- NOC is granted by the government
- Access to areas of intervention is given to international actors
- Acceptance by the population

4.6 Assumptions and risks

- No further natural disasters (flood, epidemic disease, etc.) or fights (linked with the current conflict) aggravating the present humanitarian situation
- No degradation of the security context
- The local and national authorities accept NGOs presence and working in the target areas
- No major displacements towards selected areas as.
- MoU and NOC signed with the government stand
- Access to the area of intervention remains adequate

4.7. Contingency measures

ATA has been running programmes in the region since 2005. ATA acknowledges the security situation in the North Region as very volatile and as such continuously closely monitors the situation. ATA's International security advisor based in the main capital city is an active part of the international security infrastructure. While remote control is not planned to be the rule, the project and staffing are designed in such a way that projects can run without permanent monitoring of the international staff in the field. Each secondary base in the field is composed of experienced base coordinators and program officers. Along the same lines, partnership with local partners allows us to have the project running even in tense situation as these partners are deeply enrooted in the local community.

4.8 Additional information on the operational context of Action

5 QUALITY MARKERS

5.1. Marker details - Gender-Age Marker	
Q1: Does the proposal contain an adequate and brief gender and age analysis (section 3.3, 3.7, 3.9, 3.11)?	YES
Q2: Is the assistance adapted to the specific needs and capacities of different gender and age groups (section 4 or 5.1.1)?	YES
Q3: Does the Action prevent/mitigate negative effects (section 3.3 and 3.4 or 5.1.1)?	<i>Not sufficiently</i>
Q4: Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the Action(section 3.10.)?	YES
Initial mark	1
5.2 Additional comments and challenges <p>A community-based participatory approach is proposed for the implementation of activities which will have an impact beyond the intervention timeframe. The approach focuses on developing capacity and accountability at the community level and rebuilding community ties which were damaged due to the conflict and the years going by.</p> <p>Project activities will consider the specific needs of both children and adults, female and male, including those most vulnerable within them. Through consultation, the partners will analyse the social and gender dynamics before determining the design of each intervention. One of the key program objectives is to strengthen community preparedness to respond effectively and on time to any future emergencies and to minimize risks like water related epidemics (especially cholera).</p> <p>Practically, ATA will ensure that women from different age groups are represented in the mobile teams so the access to the female beneficiaries is facilitated. This will be the case for the WASH team, and the Health and Psychosocial team. Similarly, our implementing partners have been asked to respect an adequate gender balance so female beneficiaries can be reached.</p>	

6. IMPLEMENTATION

6.1 Human resources and management capacities

RESULT 1 The multidisciplinary team will be composed of 74 members:

- Social Mobilizers: 2 woman team leader and 2 men team leader; 30 members of the community of different gender and age will be trained as Social mobilizers.
- Community Rehabilitation Workers: 1 woman team leader and 1 man team leader; 18 team members, male and female.
- Psychosocial Mobilizers: 1 woman team leader and 1 man team leader; 15 team members, male and female.
- 3 Project Officers: 1 woman and 2 men have been recruited.

Bi-weekly meeting with Project Officers and monthly meetings with Team Leaders will provide opportunities to jointly adapt the project's design according to field's feedback. It will also be the occasion for specific training to the management staff (for example, a training on team management has already been provided to team leaders, and another one on referrals to ATA ATU to team leaders and project officers).

RESULT 2 A multidisciplinary team will be in charge of the implementation of the activities. ATA can rely on experimented staff members from previous projects, and as launched in August 2013 recruitment process (ongoing) to complete the team:

- 2 water engineers – specialized in emergencies (1 man and 1 women) (1 expatriate, 1 national)
- 6 local master builders (preferably from the same communities)
- 10 hygiene promoters (mixed team of men and women, some of them recruited within the community – experienced gained and trained in previous ATA projects)

Training is provided to new and old staff members. Training topics will include: refresher on project activities, guidelines and indicators, project tools and forms, etc, as well as new topics for skill developments and improvement of service quality in all sectors (gender issues in emergency, psychosocial, physical rehabilitation, social mobilization and livelihood).

6.2 Do you intent to deploy EU aid Volunteers in the framework of this Action?

6.3 Equipment and goods

6.3.1 Equipment and goods

Insert annex

6.4. Use of Humanitarian procurement centers

6.5 Work plan

Insert annex

6.6. Specific security constraints

6.7 Implementing partners

7. Field coordination

7.1 Operational coordination with other humanitarian actors

7.2 Action listed

7.3 Coordination with national and local authorities

7.4 Coordination with development actors and programmes

8. MONITORING AND EVALUATION

8.1 Monitoring of the action

Along the lines of the on-going project, a strong monitoring and evaluation component will be implemented to ensure a smooth running of the project and also to evaluate the project's impact, appropriateness and effectiveness.

The Program Managers and project officers are responsible for the daily follow-up of the project, with support from the Field Coordinator for NORTH REGION, the Monitoring and Evaluation Coordinator (M&E) (based in the capital city) and the Technical Advisors (based in Europe).

The M&E coordinator will implement homogeneous tools; ATA partners will also be trained to use the M&E tools. ATA staff will prepare the design of the monitoring tools together with the project steering committee to ensure an active and effective participation of the different gender and age groups in the community.

Monthly reports are done by the program managers in order to evaluate both the quantitative level of achievement of our results (monthly follow-up of the indicators and of the number of beneficiaries) and the quality of the implemented activities and processes. Currently, simple excel sheets are used for data processing however an ATA national database is under construction to follow the beneficiaries and the delivering of services through the different activities.

Handover certificates will be signed with the relevant local authorities where WASH hardware/infrastructure is installed. During hygiene kits distributions, forms will also be signed by beneficiaries, relevant authorities and Alliance representatives. Training or awareness sessions will be monitored by getting attendance lists signed by all participants.

At the household level, pre/post KAP surveys will be undertaken to monitor hygiene practices and document behavioural change by the beneficiaries.

Methodological principles to ensure the participation of the community:

- Any monitoring visits supported by the project (both household and community) must occur at a time (and place) whereby women and men are available to attend. Other 'layers' of possible vulnerabilities such as people with disabilities will be considered. This helps ensure there is adequate cross-representation within the monitoring information collected.

- Regularly track and record changes throughout the project for females', males', girls' and boys' participation, roles and opportunities, access to benefits, and attitudes and behaviour within decision- making groups and at household and community levels.

- Collection and sharing positive gender stories that have occurred within the project area is key. E.g. men contributing to WASH-related tasks that traditionally are undertaken by women; women undertaking active water management committee positions.

Accountability Mechanisms: A strong community based complaints and accountability mechanism will be put in place by the project steering committee to secure the application of good management practices. In order to ensure accountability, the targeted beneficiaries were involved at all stages of the project cycle, particularly through community management committees comprised of representatives from the target communities/villages.

Compliance with Single Reporting Form (SRF) database: SRF standardizes reporting activities for humanitarian actors implementing projects in response to the Country Z Floods of 2010. It has been created as an agreed activity-monitoring format between the humanitarian community and the UNOCHA/NDMA as well as the PDMAs. ATA and ACF have taken into account SRF technicalities and have already adjusted their monitoring systems to comply with SRF requirements.

8.2 Tick the box if one or more of the following will be undertaken and charged to DG ECHO's contribution to the action's budget

- an internal evaluation of the Action's results**
- an external evaluation of the Action's results**
- an external audit (only if compulsory)**

8.2.1 More details

8.3. Studies carried out in relation to the Action (if relevant)

- Yes
- No

9. Communication, visibility and information activities

10. Financial overview of the Action

11. Request for derogation

12. Administrative information

13. Conclusions and HO comments

LOGFRAME

Title of the Action	Humanitarian support to Conflict and Flood-affected population in Country Z			
Principal Objective	To reduce mortality and suffering and increase resilience of conflict and flood-affected populations including the most vulnerable persons in area of intervention			
		Objectively Verifiable Indicators	Sources of Verification	Assumptions and risks
Specific Objective	To improve the access of the conflict and flood-affected population to a safe and secure environment and to better life conditions	<p>(7200) Vulnerable persons have access to specific NFIs, health, protection and psychosocial services:</p> <ul style="list-style-type: none"> - % Male or female, child (<18 years) or adult (men and women over 55) with disabilities - % Male or female, child (<18 years) or adult (men and women over 55) living in households with problem of access - % Male or female, child (<18 years) or adult (men and women over 55) with chronic disease 	Activities report, distribution lists and reports with SADD, beneficiary database with SADD, attendance sheets	<ul style="list-style-type: none"> - No further natural disasters (flood, epidemic disease, etc.) or fights (linked with the current conflict) aggravating the present humanitarian situation - No degradation of the security context - The local and national authorities accept NGOs presence and working in the target areas - No major displacements towards selected areas as. - MoU and NOC signed with the government stand - Access to the area of intervention remains adequate
		<p>(36750) People have access to drinking water and/or proper sanitation and uses facilities and resources appropriately and safely:</p> <ul style="list-style-type: none"> - # of households with at least one member with disability: Male or female, child (<18 years) or adult (men and women over 55) 	Activities report, beneficiary database with SADD, distribution lists and reports with SADD	

Results	1. The most vulnerable conflict and flood-affected people have improved their access to services responding to their needs.	(5000) # PWD disaggregated by sex and age who have received basic cares and advices on rehabilitation, have improved their knowledge on how to prevent complication and to stimulate functional independence	Activities report, beneficiary database with SADD, monitoring on knowledge	
		(2500) Users disaggregated by sex and age who have received at least one assistive device have improved their mobility	Distribution lists with SADD and reports, activities report, beneficiary database with SADD, satisfaction survey	
		(6000) Specific needs of vulnerable people are responded with both basic and specific items # Male or female, child (<18 years) or adult (men and women over 55)	Distribution lists with SADD and reports, activities report, beneficiary database with SADD, assessment form	
		(2000) The provision of inclusive psychosocial sessions allows the most vulnerable people to better identify their psychosocial state and needs and enhance their coping mechanisms.	Distribution lists and reports with SADD, activities, beneficiary database with SADD, assessment form, assessment of personal wellness	

		<p>(600) Vulnerable people have access to specific services delivered by other actors through referral system</p> <p># men and women, child (<18 years) or adult (men and women over 55)</p>	<p>Referral records with SADD, activities report, beneficiary database</p>
	<p>2. The conflict and flood affected population, in particular the most vulnerable, have a better access to safe and accessible water, facilities and better hygienic environment</p>	<p>(36750) 90% of constructed / rehabilitated water points and repaired water provide users safe water (0 E-coli forms per 100 ml and < 5NTU) in sufficient quantity (20 litres per person per day)</p>	<p>Water testing reports, database with SADD, activities reports, donation certificates</p>
		<p>(20000) Number of men and women, child (<18 years) or adult (men and women over 55) having access to minimum standard of accessible latrines</p> <p># PWD disaggregated by sex and age</p>	<p>Distribution lists with SADD, database, activities reports, donation certificates</p>

		<p>(16500) At least 70% of people who have participated to hygiene promotion session have shown an improvement of their knowledge on appropriate hygiene behaviour:</p> <p># men and women, child (<18 years) or adult (men and women over 55) who have participated</p> <p># men and women, child (<18 years) or adult (men and women over 55) who have changed behaviours</p>	<p>Monitoring on Knowledge and Practices, hygiene promotion attendance sheet with SADD, distribution lists, activities reports</p>	
		<p>(250) Number of individuals disaggregated by sex and age among stakeholders are trained on WASH accessibility</p>	<p>Attendance sheet with SADD, sample of technical guideline, training and activities report</p>	
Preconditions	<ul style="list-style-type: none"> - NOC is granted by the government - Access to areas of intervention is given to international actors - Acceptance by the population 			

Annex 3

Facilitator notes to Standard Presentation 2

Plenary – Activity Applying the DG ECHO Gender-Age Marker: Criteria Assessment

This Handout will help the facilitator to explore issues to consider assessing the criteria.

Criterion 1: Gender and age analysis and SADD

*Does the proposal contain an adequate and brief gender and age analysis?
Would you say YES to this criterion? Be ready to facilitate a discussion as groups may have different opinions.*

Partner mark – YES / Proposed mark – YES

KEY elements	
Roles and control over resources	Section “Problems, needs and risks analysis”: Adult, young and older men: traders; decide on the use of the income; decide on the marriage of their daughters; and take most of the decisions within the family and community Adult women: community and family health and hygiene issues; after the disaster some have started to trade in the market; Assuming some of the tasks that were responsibility of the man before the disaster – looking after the cattle. Girls and women: fetch the water
Discrimination, lack of access to assistance	Section “Problems, needs and risks analysis”: Older people: no access to health facilities Women of all ages: Limited citizenship, lack of a meaningful voice; lack of access to inputs, information and markets; gender discrimination in ownership of assets and discrimination in the market Women-headed households: Lack of access to health services. Older women: no access to food distributions Older men and women: no access to basic sanitation

<p>Effects of the humanitarian situation</p>	<p>Section “Problems, needs and risks analysis”:</p> <p>Today, most households cannot afford basic needs such as education, health and clothing. Expenditures on these items were reported to have declined drastically, affecting the quality of life of the family members, especially children, women and older people. In some households, children – especially girls - have stopped going to school completely. Most of the young/adult men now work for others and some have migrated to fishing areas, or areas with alternative opportunities for agricultural employment, for instance on sugar cane plantations. Due to this absence, some women have started to trade the few livestock products they can produce, and this is creating tensions when the men are returning.</p> <p>Women and children: seriously affected by explosions of devices displaced by the floods.</p> <p>Older people or persons with disabilities: no access to health facilities before and after the floods.</p> <p>Women have assumed additional tasks that were the responsibility men before the disaster. Women are now looking after cattle, work in the house and fetch brining water in distant locations, with negative effects on their health. The situation is obviously worse for pregnant women, young girls and of course women with disabilities.</p> <p>Men have migrated or are trying to earn money working for others, but they are not taking care of the cattle anymore, and their traditional agricultural roles and trading activities have been suspended due to the floods.</p> <p>Many children don't go to school, as they have to support their family by working at home or outside.</p> <p>Older men: lost source of income</p>
<p>Capacities of affected people</p>	<p>Section “Problems, needs and risks analysis”:</p> <p>Young and adult men asked for support to recover their crops and livestock to be able to trade again in the market; young, adult and older women demonstrated willingness to collaborate as social mobilizers or women’s health workers; children’s common desire is to go back to school.</p> <p>Local knowledge of women whose extensive social roles, community and family work make them experts on tackling risk at the household and community levels.</p>

Specific needs of different gender and age groups	<p>Section “Direct beneficiaries”:</p> <ul style="list-style-type: none"> - all population: WASH is the main issue - older persons: require assistance due to mobility restrictions - older men: require alternative income sources - pregnant women-headed households: need shelter, WASH supplies and food; health services delivered by female doctors - mothers, pregnant women and children: need drinking water and nutritious food - women of all ages: require sanitary facilities with privacy - women and girls: need reproductive health care
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Criterion 2: Adapted assistance

Is the assistance adapted to the specific needs and capacities of different gender and age groups?

Would you say YES to this criterion? Be ready to facilitate a discussion as groups may have different opinions.

Partner mark – YES / Proposed mark – NOT SUFFICIENTLY

KEY elements	
Systematic and coherent adaptation of assistance (with concrete examples and no gaps)	<p>Certain adaptations are incomplete or missing:</p> <ul style="list-style-type: none"> - Physical rehabilitation care sessions: Seems to be appropriate, but we do not know the gender and age of the members of the community that will benefit from them. Therefore, we cannot know whether this assistance is being adapted to the different needs. - The same is the case for the distribution of assistive devices to increase mobility. It is assumed that the distribution of assistive devices will be tailored to the needs of the different disabilities patients are presenting. However, we do not know whether such assistance will take into account gender and age issues (e.g. a wheelchair for an elderly man is different from the wheelchair for a young male), that is why we cannot know whether this is adapted assistance. - Psychological group discussions: Are organised separately by gender but we do not know which activities will be offered to each gender and age group (risk of perpetuating gender roles?). Also, we do not know whether the content of the different sessions will respond to the different needs shown by men, women, girls, etc. - DRR sessions: tips are not specific for different gender and age groups. - Latrines will be separated by sex, but we do not have any considerations for older persons or children. - Water systems will have an accessible platform: This sounds positive, but we do not have more information. - Latrines will have accessibility measures: need to clarify whether they take into account gender and age or just disabilities.

	<p>ECHO should address this issue with the partner to find the information that supports the decisions made on the assistance provided.</p> <p>Identified needs that are not addressed by this project: shelter, income generation, and nutritional needs. There is no information about how those needs will be addressed by other projects/humanitarian actors.</p>
<p>Equitable access to humanitarian assistance</p>	<p>Partially addressed with some examples:</p> <ul style="list-style-type: none"> - Physical rehabilitation sessions will be held at home to reach old men and women; isolated women; and people of any age with disabilities (activity 1.1) - Psychosocial group activities are offered in two modalities to enable access to all the population in need (activity 1.2) - Sight walls for women (activity 2.1) - Latrines designed for children (activity 2.2) - Door-to-door sessions to reach people of any age with reduced mobility or women (activity 3.2) <p>But they could have included more examples:</p> <ul style="list-style-type: none"> - How health and psychological services will be organised to ensure access; - How assistive devices will be distributed to ensure access and which groups (gender and age) will benefit; - Design DRR sessions to enhance access to different gender and age groups; - Define livelihood support for different gender and age groups; - Describe more completely how the design of water systems and latrines will make them accessible for different age and gender groups – their location, the surface and type of latrines...;

NOTE: There are no logical links between needs assessment and proposed activities. This is not an argument for not complying with the second criterion (criteria are assessed individually) but it is something that will come up during the discussion at the training and the TAs may bring this up in their discussions with partners. Also, the partner may argue that they have done their analysis but that they are not necessarily covering all the needs identified. While this is to be expected, partners should indicate why they are not covering everything and why they are concentrating on specific activities.

Criterion 3: Prevent or mitigate negative effects

Does the Action prevent/mitigate negative effects?

Would you say YES to this criterion? Be ready to facilitate a discussion as groups may have different opinions.

Partner mark – NOT SUFFICIENTLY / Proposed mark – NOT SUFFICIENTLY

KEY elements	
Negative effects of the action prevented	<p>Some measures have been included to prevent risks linked to violence (protection items distribution)</p> <p>But there is no analysis of risks linked to the action itself. For instance, the project could have included:</p> <ul style="list-style-type: none"> √ Measures to ensure the privacy of the mental health data base (to prevent stigmatization) √ An explanation of who is at risk of isolation, harassment, etc in terms of gender and age. √ Reflections of how the involvement of women in the Project Steering Committee will affect gender relations, as women do not usually take part in decision-making. √ Measures for organising the distribution of relief items preventing negative effects such as abuse, money requests or violence.
Gender or age related risks created by the context mitigated	<p>Contextual risks due to insecurity have been identified. But:</p> <ul style="list-style-type: none"> √ There is no information on the different impact of insecurity according to gender and age. √ There is no information on GBV and no proposed mitigation measures. √ The project does not properly address some of the identified problems (stigma of disabled females) and this may cause negative effects that should be analysed.

Criterion 4: Adequate participation

Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the Action?

Would you say YES to this criterion? Be ready to facilitate a discussion as groups may have different opinions.

Partner mark – YES / Proposed mark – YES

KEY elements	
Participatory approach	<p>The NGO states that it has a participatory approach, based on capacity building and accountability (section “Additional comments and challenges” to the DG ECHO Gender-Age Marker)</p> <p>Examples:</p> <p>ASSESSMENT (sections “Assessment methodology” and “Beneficiaries involvement in the Action”)</p> <ul style="list-style-type: none"> - social mobilizers are members of the community and belong to the assessment team; - facilitation techniques are participatory: focus group discussions (FGD), one-to-one interviews, key informants, most significant change stories. - adequate representation of different gender and age groups: interview with 3 key informants (1 Lady Health Worker aged 35; 1 male leader aged 56; 1 boy aged 16 member of the social mobilizers team) allowing to prioritize the villages considering their level of vulnerability in each local council; at least 2 FGDs per village (male and female FGD conducted separately); 4 separate transect observation walks (e.g. beneficiary behaviour, surrounding infrastructure, water system, mines areas) with young men, old men, young women and old women so that priorities by both gender and age could be understood; at least 4 individual household interviews at a time when it was likely that all family members will be at home. <p>- DESIGN & IMPLEMENTATION (section “Implementation - Human resources and management capacities”)</p> <p>Some community committees will be formed by well-positioned men and women of different ages to ensure the sustainability of the implemented activities and to champion and influence positive outcomes. Women will be more likely assigned to committees dealing with health and hygiene, not just to promote the health of households but also as a means to promote gender equality. More generally speaking, ATA always uses the described process to ensure the maximum participation of beneficiaries. Women and men of different ages will form the following committees: community-led total sanitation committees; water management committees; school health clubs and a project steering committee that will help the ATA team to design and conduct the monitoring of the project activities. The project steering committee will also support ATA to review community group selection criteria to ensure more equitable participation of different gender and age groups in project activities.</p>

	<p>- MONITORING (section “Monitoring”) ATA staff will prepare the design of the monitoring tools together with the project steering committee to ensure an active and effective participation of the different gender and age groups in the community.</p> <p>Methodological principles of monitoring to ensure participation:</p> <ul style="list-style-type: none"> - Any monitoring visits supported by the project (both household and community) must occur at a time (and place) where women and men are available to attend. Other ‘layers’ of possible vulnerabilities such as people with disabilities will be considered. This helps ensure there is adequate cross-representation within the monitoring information collected. - Regularly record changes regarding the participation, roles and opportunities of women, men, girls and boys, their access to benefits, and attitudes and behaviour within decision-making groups and at household and community levels. - Collect and share positive gender stories that have occurred within the project area. E.g. men contributing to WASH-related tasks that traditionally are undertaken by women; women undertaking active water management committee positions.
<p>Adequate team composition</p>	<p>-The ASSESSMENT TEAM (section “Assessment Methodology”) is composed of 33 staff members, including 27 males and 6 females, of different ages to ensure participation of all gender and age groups, and comprised of team leaders, social mobilizers, community rehabilitation officers and database operators, all with previous ATA experience and knowledge about disability, gender issues and vulnerability.</p> <p>- DESIGN AND IMPLEMENTATION (section “Implementation - Human resources and management capacities”) The staff composition is diverse in terms of professional background and is described in terms of gender and age for the different components of the project.</p>