

Activity cycle memorandum (Activity Appraisal Document (BEMO))
(for ODA activities)

1.1 **General information**

Please refer to the [ODA Policy Data Guide](#) to help you provide the following information.

[Click here for more information.](#)

| | |
|---|--|
| Application number (required by FSO to register the activity and to make folders in Sophia for archiving as quickly as possible) | 4000005810 |
| Date of receipt of application (final document) | 16 august 2022 |
| Short name of application (clear, meaningful short name in English or French; must not contain budget holder code or abbreviations, max. 60 characters, this will be published in open data) | SRHR solutions via Healthy entrepreneurs |
| Full name of application (maximum 150 characters, this will be published in open data) | SRHR solutions via Healthy entrepreneurs |
| Description of application (5 sentences max. on the key components of the activity; this information will be entered into SAP) | The aim of SRHR solutions is to improve continuous access to basic healthcare in remote areas of Burkina Faso. Healthy Entrepreneurs (HE) is a social enterprise engaging women as small business owners, selling essential medicines, health products and disseminating information. By transforming existing community health workers (CHW) into entrepreneurs, continuous access to basic healthcare services and medicines will reach the last mile. The programme will support the public system and engage existing CHWs in a cost recoverable business that allows them to improve health in their community while generating income. |
| Budget holder (the department or mission financing the activity) | OUA |
| Business partner (known as 'business partner' in SAP; ask your Control Unit what information you need to provide to FSO and how you should provide it) | Stichting Healthy Entrepreneurs Foundation |
| Business partner's number (issued by FSO after form has been submitted) | 30076678 |

AVT/BZ-291123-010

| | |
|---|--|
| Commitment in foreign currency (if applicable, give the currency for the contract; this can for example be USD, GBP or the currency of the country where the activity will be carried out) | |
| Corporate rate (exchange rate used when entering commitment amount in SAP; normally fixed once a year - ask your Control Unit for advice) | |
| Commitment in EUR (if the contract is in EUR, enter the amount here – if the contract is in another currency, convert the commitment to EUR using the corporate rate above) | 940,599.00 |
| Funds centre (budgetplaats, ask your Control Unit for this) Make sure that the funds centre corresponds with the financial instrument. | 1703U01040015 |
| Activity start date (date given in the contract as start date for implementing the activity) | 1 st Mars 2022 |
| Activity end date (normally one year after the contract end date to allow for the completion of administrative procedures, evaluation and external audit) | 31 th August 2025 |
| Contract start date (this is almost always the same date as the activity start date) | 1 st Mars 2022 |
| Contract end date (actual end date of the activity agreed with implementing organisation; after this, the implementing organisation can no longer enter into payment obligations but can finalise and pay outstanding commitments - agree with the implementing organisation when the last payments are scheduled in the contract) | 31 th August 2025 |
| Is this a follow-up to a previous activity? (If so, provide the number of the previous activity) | no |
| Confidentiality activity (open data) | 2. Activity is not confidential. Public bemo and all other activity related data will be published unmodified. |

| | |
|---|--|
| <p>Specific undertakings (State here if the activity to be financed is the result of an undertaking by a minister, an amendment by the House of Representatives or another reason. You should also state here if the activity is a fully confidential activity and should therefore be excluded from open data).</p> | <p>This initiative is not financed on the basis of an undertaking by a minister nor an amendment by the house of representative. It is a request from Healthy entrepreneurs.</p> <p>The activity is not confidential and can be part of open data.</p> |
| <p>In case of PPB and EUR 25.000 or more, name program fund (PPB) and start at 2.2. the appraisal and use the policy instructions in het HBBZ: Policy instructions.</p> | <p>Choose an item.</p> |

1.2 Information for OESO-DAC

(Please refer to the [ODA Policy Data Guide](#) to help you provide the following information.)

| | | |
|---|---|------|
| <u>Aid modality</u> | Other aid | |
| Donor role | Lead or active donor | |
| Technical assistance | 10<TA<25 Between 10% and 25% of the activity budget | |
| <p><u>Beneficiary's country/region</u></p> <p>The beneficiary country is the (OECD/DAC) country where the target group lives and/or comes from. It is the country that ultimately benefits from the activity. This is not necessarily the country where the activity is implemented.</p> <p>When the activity takes place in more than one country, state the region concerned when all countries are taking place in one region according to the region classification in annex 2 of the ODA Policy Data Guide.</p> <p>If not (multiple countries in multiple regions), select worldwide.</p> | <p>Country (state the country concerned below)</p> <p>Burkina Faso</p> <p>The activity will take place only in Burkina Faso</p> | |
| <p><u>Specified countries</u> + division of budget over those countries (in so far as this is known). Only fill this item when a region or worldwide has been selected in the item above.</p> | Country Burkina Faso | 100% |
| | Country Y | ..% |
| | Country Z | ..% |
| | | |

Please state here the relevant beneficiary countries. Give an estimation of the part (in %) of the total budget during the full duration of the activity that can be attributed to each country. When this is (partially) unknown, you can register (part of) your activity as unspecified. This can be adjusted during the monitoring phase of the activity.

| | |
|-----------------------------------|-------------|
| Unspecified | ..% |
| Etc. (add more rows if necessary) | ..% |
| Total | 100% |

Location within the country/ countries (be as specific as possible)

When the activity targets (a) specific location(s), please state the location(s) here (mostly relevant for decentral activities).

Territory

Not specified yet

CRS sector code (1 CRS sector code per activity)

13020 Reproductive Health Care

Policy markers weighted 'principal' (principal = the activity will not take place if the activity does not score on this marker)

| | |
|--------------------|--------------------------------------|
| Gender | Not applicable |
| Climate adaptation | Not applicable |
| Climate mitigation | Not applicable |
| Biodiversity | Not applicable |
| Desertification | Not applicable |
| | Explain your choices in section 2.1. |
| RepGez | Principal |

Policy markers weighted 'significant'

(significant = the activity takes place anyhow, even if the activity does not score on this marker)

| | |
|---|--------------------------------------|
| Gender (GlkhMv) | Significant |
| Climate adaptation | Not applicable |
| Climate mitigation | Not applicable |
| Biodiversity | Not applicable |
| Desertification | Not applicable |
| | Explain your choices in section 2.1. |
| Etc. (add more policy marker if applicable) | |

2. APPRAISAL OF THE ACTIVITY

(For terms and concepts referred to in sections 2, 3, 4 and 5, see the [list of widely used terms](#))

2.1 Policy relevance (including digitalisation) and monitoring, evaluation and learning (MEL)

The project will target the specific indicators register in the RBM.

Sexual and Reproductive Health and Rights

| Result Area Description | Result Areas | Manage Indicators | Activity Relevant |
|-------------------------|---|-------------------|-------------------------------------|
| ▼ Impact | To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS | B + | <input checked="" type="checkbox"/> |
| ▼ Outcome | 1. Better information and greater freedom of choice for young people about their sexuality | + | <input checked="" type="checkbox"/> |
| ▼ Indicators(1) | ST # of youth using SRH services | ✎ ✕ | |
| ▼ Output | B. Promote good quality, gender transformative, comprehensive sexuality education that encourages healthy sexual behavior, reaches all youth (in and out of school) | + | <input checked="" type="checkbox"/> |
| ▼ Indicators(1) | ST SRH003 # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception | ✎ ✕ | |
| ▼ Outcome | 2. Improved access to SRH and HIV/AIDS medicines and commodities | + | <input checked="" type="checkbox"/> |
| ▼ Output | E. Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS | + | <input checked="" type="checkbox"/> |
| ▼ Indicators(4) | ST E.1.1. # of women and girls using modern contraceptives | ✎ ✕ | |
| | ST Number of girls (under 18) using modern contraceptives | ✎ ✕ | |
| | ST Number of women & girls (age not specified) using modern contraceptives | ✎ ✕ | |
| | ST Number of women (above 18) using modern contraceptives | ✎ ✕ | |
| ▼ Output | G. Increase private sector commitment in embedding SRH and HIV/AIDS services within health systems | + | <input checked="" type="checkbox"/> |
| ▼ Indicators(1) | ST G. # of initiatives to promote private sector involvement in SRH and HIV/AIDS services | ✎ ✕ | |

Please explain why decided not to choose at least one of the indicators which belong to the outcome or output of the chosen results framework ⓘ

the outcome 4 is not addressed in SRHR solution via Healthy entrepreneurs projects

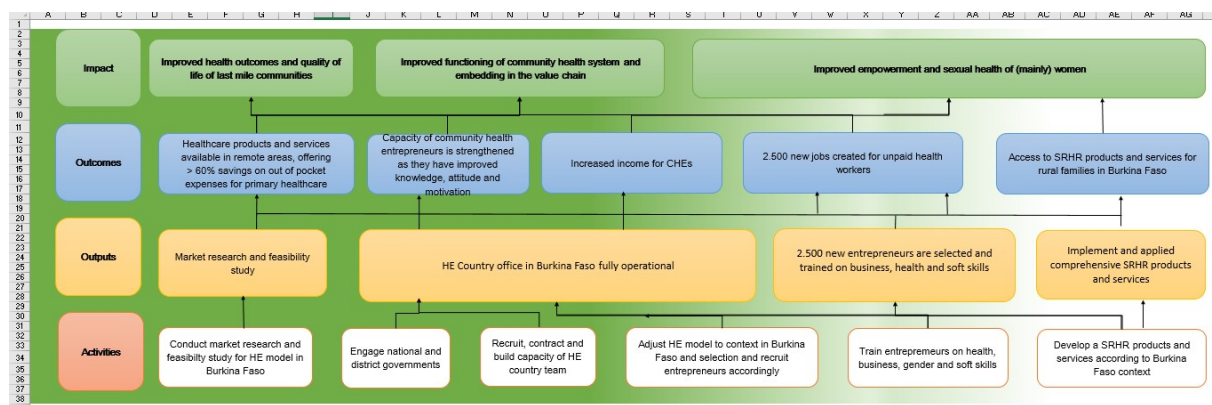
Explanation why baselines and targets were not being registered for indicators ⓘ

baselines and targets will be filled after the inception phase

This project is a community health initiative that is aimed to empower community based health workers to deliver health services to communities in the most remote areas. This initiative will also contribute to the development of social entrepreneurship and aims to create 2500 entrepreneurs. This initiative is the only one project at the embassy targeting the private sector in the health

sector. And is in line with the Burkinabe community health policy and the Dutch development strategy in the Sahel region. MLS 2019-2022; HGIS7 social progress. Above all, it will contribute to meeting the challenges of the motivation of CHW, which remains a problem at the national level. It will participate in the development of the private sector in the field of health at the community level. MEL plan is not included yet and will be part of the startup phase.

Find below the resume of the project and the TOC.



The Policy markers weighted significant on gender because the project targeted mostly women as CHE. This means that women will be empowered in several areas mostly in health, entrepreneurship, leadership. Also their economic power will be strengthened because they will be trained to be entrepreneurs so involved in an income generating activity. This solution is in line with Netherland Women's Rights & Gender Equality Result Framework and contributing to the Impact area 3: Women's economic rights, empowerment and entrepreneurship and impact area 2: Women influence decision-making and take leadership positions in public, private and civic sphere and their voices are Heard.

| | Assessment |
|---|---|
| <p>Task</p> <p>In addition, assess the extent to which this intervention is relevant to policy.</p> <p>State how this intervention scores on the crosscutting themes of gender, climate adaptation and climate mitigation. Ensure that this is in accordance with the policy makers selected in section 1.2.</p> | <p>This intervention aims to promote community health in Burkina. Transforming community health workers into entrepreneurs will increase access to medication by making them more available for their mission and improve their motivation to perform by creating a sustainable financial incentive. This is in line with the Burkinabe community health policy and the Dutch development strategy in the Sahel region. (MLS 2019-2022; HGIS7 social progress, Area 1: Better information and greater freedom of choice for young people about their sexuality, Area 2: Improved access to contraceptives and medicines Area 3: Better public and private health care for family planning.)</p> <p>The intervention aligns with the cross cutting theme "gender, women rights" because it mainly targets women to become community health entrepreneurs. This will contribute to increase their financial independence and develop female leadership.</p> |

2.2 Problem analysis and lessons learned

2.2.1 Description

In Burkina Faso almost 70% of the population lives in remote and rural settings. Despite increased government funding and the expansion of its range of health interventions, Burkina Faso continues to face challenges in health care service offer. Due to lack of health services in general, the government deployed over 17.000 Community Health Workers (CHW) (2 per village) who are financially compensated through a monthly incentive of 20,000 FCFA (around €30). CHW focus on

raising awareness, malaria, diarrhea, contraceptives, healthy diets. In case needed, CHW refers clients to health centres.

The commitment of the government of Burkina Faso to reach Universal Health Coverage by 2025 shows that there is a great willingness of the government to provide access to basic health services, however with a poorly functioning health system this will remain a challenge.

The healthcare system in Burkina Faso will improve when isolated communities can be reached with basic health care services and products, not just sporadically but continuously.

Healthy Entrepreneurs (HE) provides a sustainable model to improve continuous distribution of health care services and products (also in remote areas) significantly. Access to basic healthcare can save many lives. HE has already proven success with their interventions in many remote areas within Sub-Saharan Africa, saving millions of lives each year and offering care for chronic diseases.

This program addresses the unequal access to healthcare in term of gender, many women cannot independently access health centres because they need permission from their husband to travel. So HE solution by reducing the distance to health care services including SRHR health care. HE mainly targets women to become community health entrepreneurs, which increases their financial independence and improves female leadership.

2.2.2 Appraisal

Assess the project's contextual analysis in the table below. If certain criteria do not apply, explain why. [Process in this paragraph and when applicable in other paragraphs the conclusions and recommendations from de Q@E.](#)

| Task | Appraisal (Yes/No, plus reasons): |
|---|--|
| Assess the quality of the contextual analysis. | |
| The proposal and the contextual risks (see section 4) have been agreed with the mission(s) concerned. | yes |
| The proposal is based on a careful and thorough contextual analysis (including a gender analysis) that results in a logical problem definition and objective. | Yes. The context analysis is deep, actual and in line with the reality using national Statistical data. The proposal integrates strategies to overcome gender based constraints impacting CHW performance as an annexe. The gender analysis is missing in the document and will be integrated as part of startup phase activities. |
| Based on the problem formulated, the proposal explains in a logical manner why the intervention is aimed at the specified geographical location. | Yes. The proposal is coherent. It describes the problem of community health in Burkina Faso, the weaknesses of the national strategy by using CHW. The proposal gives a private sector solution to address the weaknesses in the national, public approach. But a logical framework has to be elaborated in the startup phase |
| The proposal justifies the choice of target group and the target group's gender-specific interests and needs. | HE targets communities in remote areas where there is no health centres. In the proposal, specific provinces/regions has not been defined. This will be defined during startup phase. |
| The proposal sets out which relevant actors were involved in formulating the proposal and what influence they had on its content. | No the proposal doesn't integrate a paragraph to explain the contribution of the relevant actors in formulating the proposal. Relevant document from minister of health, GFF and UNICEF have been used. |
| A stakeholder analysis (incl. women and young people) has been carried out and the results incorporated into the proposal. | Yes, a stakeholder analysis has been done in the proposal but limited to the government aspect. This aspect will be further elaborated during the startup phase, taking into account relevant activities by e.g. NGO's. |

| | |
|--|--|
| <p>Insights and lessons learned from the following sources have been used in formulating the proposal:</p> <ul style="list-style-type: none"> • previous or comparable activities • published evaluations • relevant publications (academic, online, etc.). | <p>Yes, the lessons learned from experiences in other countries, i.e. Burundi, and studies have been used to formulate this proposal.</p> |
| <p>In the case of technological solutions:</p> <ul style="list-style-type: none"> • the added value and risks associated with the solution(s) have been considered carefully • the most efficient technology has been chosen • the technology has been developed with the users to reach a diverse user group • an analysis of the local digital ecosystem (strengthening existing system, no duplication and not standalone). | <p>It is not a technology solution. But the solution will use a very simple technology. A solar smartphone with a training on how to use it. The use of smartphone is very common in Burkina, even in rural areas. The solar option is adapted to the rural area as there is no electricity service.</p> |

2.3 Cooperation, harmonisation and added value

| | |
|---|--|
| <p>Task</p> <p>Briefly describe:</p> <ul style="list-style-type: none"> • whether the proposed activity involves cooperation with, for example, Dutch | <p>Cooperation: The proposal aims to collaborate with UNICEF, Burkina Ministry of Health, GFF, World Bank...</p> <p>Harmonization/complementarity: With the use of an existing system of CHW, this initiative closely aligns with the governments' health strategy to improve access to</p> |
| <ul style="list-style-type: none"> • organisations, EU (EU institutions and member states), other donors, local organisations or other parties; how this cooperation contributes to harmonisation, complementarity, joint financing, strengthened EU-cooperation, delegated cooperation and/or multidonor financing the added value of the activity in relation to other activities by donors, EU, NGOs and local authorities. | <p>healthcare in rural areas. Due to a lack of means and distribution issues, these CHW are not adequately equipped. CHW mostly engage in awareness-raising, mobilization, vaccination campaigns and sometimes distribute basic healthcare products. Healthy entrepreneurs will be able to complement the work of CHW with standardized and regular provision of cheap healthcare products and basic healthcare advice.</p> <p>Added value: Integrating the private sector into the system of community health provides a long term, self-sustaining solution for access to basic healthcare products and advice in rural areas. A focus on female entrepreneurs helps women become financially independent. In comparison to other SRHR interventions, this investment provides a broader focus on basic access to healthcare products and advice. The public health system with CHW is not sustainable because it is based on donor contribution. Through temporary projects.</p> |

2.4 Channel and aid modality (including alignment)

| Task | Description |
|--|---|
| <p>Briefly describe:</p> <ul style="list-style-type: none"> • whether the aid modality selected is appropriate and why; • whether the degree of (financial and policy) alignment is substantiated; see the MACS risk analysis; • whether the aid modality/channel has been chosen on the basis of a consideration of the available options; • whether there is any contribution or coparticipation from the recipients, and explain the level of co-participation. | <p>The aid modality is other programmed-based aid; implementation of a program via Healthy Entrepreneurs, a social enterprise. They provide an innovative solution with a sustainable approach, including a strategy to become independent of donor contributions. They will work in close collaboration with the ministry of health.</p> <p>The project is aligned with the MACS strategy and the ODA policy. It is in coherence with and HGIS 7 (Social Progress) Area 1: Better information and greater freedom of choice for young people about their sexuality, Area 2: Improved access to contraceptives and medicines, Area 3: Better public and private health care for family planning.) and the new priorities of the Burkinabe government.</p> <p>There is no financial contribution of HE, the project is only financed by EKN.</p> |

4. MONITORING AND EVALUATION

4.1 Monitoring (for details, [see the MEL guidelines](#))

| Task | Description |
|--|---|
| <p>Briefly describe:</p> <ul style="list-style-type: none"> • whether there is sufficient time and capacity available for monitoring and learning; • whether the relevant BZ Theories of Change and results frameworks and results frameworks have been communicated to the implementing organisation and whether these align with BZ standard indicators; • whether the Theory of Change/intervention logic/logframe for the activity has been set out in sufficient detail in terms of inputs, outputs, outcomes, assumptions and context variables; • how the implementing organisation will organise the monitoring and whether the implementing organisation will deliver a separate MEL plan. | <p>The proposal shows that HE has good capacity for monitoring and learning. They share some examples of learning in others countries in the annex of the proposal. The TOC is very clear and logical. But a result framework is needed. Only 6 indicators have been defined in the proposal. SRHR indicators are not very clear and are not aligned/formulated in line with RBM indicators, they will be formulated during the startup phase.</p> <p>A PMEL plan will be requested as part as startup phase activity</p> |

4.2 Evaluation ([click here for the quick reference guide](#)) (for details, [see the MEL guidelines](#))

| Task | Description |
|---|---|
| <p>Describe briefly:</p> <ul style="list-style-type: none"> For activities: <ul style="list-style-type: none"> - worth EUR 5 million or more'; or - of strategic importance; or - involving political risks/interests; or - for which evaluation has been agreed with parliament whether the implementing organisation has been informed about the MANDATORY FINAL EVALUATION and the procedure BZ follows in this regard; whether it has been agreed to include specific questions in the final evaluation. State the questions here. For all other activities, briefly describe: whether an evaluation or midterm review will take place and, if so, when. whether sufficient budget has been set aside and whether there | <p>A midterm, monitoring, evaluation, learning and final evaluation have been planned with sufficient budget.</p> <p>The midterm evaluation will take place at the end of phase 1, after 19 months of implementation and will be a GO – NO GO decision, based on reasonable findings during the feasibility study.</p> <p>An external evaluation will take place at the end of the project and will be led by HE.</p> |
| <ul style="list-style-type: none"> is a timetable to ensure the evaluation procedure starts on time; who is going to organise the evaluation - this can be BZ or the implementing organisation that hires an evaluator; whether it has been agreed to include specific evaluation questions in the final evaluation. | |

6. IMPLEMENTATION AND AGREEMENTS

6.1 Budget

Involve your colleagues from the Control Unit or FSO in drawing up this section.

6.1.1 Breakdown of costs

This is a difficult section for some people. Be sure to involve your Control Unit, work together and look at the submitted budget carefully. State what the total costs are of the activity and overheads. Indicate the various cost centres (activities and outputs) in the rows and cost types (e.g. staff, equipment, etc.) in the columns. If this information has been provided in enough detail as part of the project proposal, this section does not need to be completed. [Click here for the quick reference guide.](#)

| Name of Organisation | Heathy Entrepreneurs | | | |
|--|---|------------------|------------------|--------------------|
| Project Title | Establish an HE operation in Burkina Faso | months | months | |
| Project Duration | March 2022 - Aug 2025 | March 22 - Sep | Oct 23 - Aug 25 | |
| | | PHASE 1 BUDGET | PHASE 2 BUDGET | OVERALL TOTAL |
| Particulars | Unit Description: (For transparency reasons we need here a clear description of your unit). | Total Cost (EUR) | Total Cost (EUR) | Overall Cost (EUR) |
| <i>Output 1: Market research and feasibility conducted</i> | | | | |
| Sub-total Output 1 | | 18.000 | - | 18.000 |
| <i>Output 2: Franchise model of HE ready for scaling in remote and rural areas of Burkina Faso</i> | | | | |
| Sub-total Output 2 | | 25.400 | - | 25.400 |
| <i>Output 3: a local entity is fully operational in different geographic areas</i> | | | | |
| Sub-total Output 3 | | 121.800 | 111.800 | 233.600 |
| <i>Output 4: 2,500 new CHEs are selected and trained on business, health and soft skills</i> | | | | |
| Sub-total Output 4 | | 38.300 | 440.450 | 478.750 |
| <i>Output 5: implement and applied comprehensive SRHR products and services</i> | | | | |
| Sub-total Output 5 | | 5.700 | 4.989 | 10.689 |
| TOTAL Programme Activities | | 209.200 | 557.239 | 766.439 |
| Programme Indirect Costs | | | | |
| Programme Staff | | | | |
| Sub-Total Programme Staff | | 62.100 | 43.560 | 105.660 |
| Capital Investment | | | | |
| Sub-Total Capital Investment | | - | - | - |
| Administrative and Operating | | | | |
| Sub-Total Admin & Operations | | 14.400 | 21.600 | 36.000 |
| Monitoring and Evaluation | | | | |
| Sub-Total Monitoring & Evaluation | | 15.750 | 16.750 | 32.500 |
| TOTAL Programme Indirect Costs | | 92.250 | 81.910 | 174.160 |
| Subtotal | | 301.450 | 639.149 | 940.599 |
| Contingency | | | | |
| TOTAL BUDGET | | 301.450 | 639.149 | 940.599 |
| Percentage of Total | | 32% | 68% | 100% |

6.1.2 Financing

The aim of this section is to provide better insight into the activity's financing. Indicate the total costs and envisaged inputs of the activity. Use the overview below. If there are multiple donors, state each donor's contribution.

| | | |
|---|------------|--|
| Total budget | EUR | 940.599,00 |
| Implementing organisation's and partners' own contribution | EUR | 0,00 |
| Firm commitments by other donors (itemise by donor) | EUR | 0,00 |
| Dutch contribution | EUR | 940.599,00 |
| Still to be financed | EUR | 0,00 |
| Soft commitments by other donors | EUR | 0,00 |
| Uncovered balance | EUR | 0,00 |
| Evaluation costs If you are planning to carry out an evaluation on the activity, provide an estimate for these costs. | 5.000 EUR | <i>This budget is part of HE global budget</i> |

6.1.3 Other contributions

| Task | Description |
|---|----------------------------|
| State what other – non-financial – contributions are relevant to implementation of the activity, such as deployment of volunteers, availability of buildings, materials, etc. | EKN OUA is the sole donor. |

6.1.4 Budgetary risks

| Task | Description |
|--|--------------------|
| If there is an uncovered balance, state how this will affect implementation of the activity (e.g. proportional reduction in outputs or omission of regions) and how this will affect the decision whether to fund this activity. | N/A |

6.1.5 Statement on the budget presented

The budget presented does/does not satisfy the following requirements:

The budget is quite low and can meet some difficulty in the implementation. For example the activity "Adapt HE guidelines, procedures and boundary conditions for scaling the HE model in Burkina" is budgeted at 2700 euro. It is too low if you considered the renting room, number of people to be involved, food, transportation and per diem...it is the same with the activity "Onboarding and training of new entrepreneurs on health & business related topics" for 10000 euro. Notice that with the political situation added to the insecurity, there is a surge in the prices of basic items as well as the general cost of living in Burkina. recently there was a surge in the price of hydrocarbons which will have consequences on other sectors.

An amendment could be considered after the startup period to allow the efficient implementation of activities.

| | |
|--|-----|
| Budget is arithmetically correct | YES |
| Overheads are proportional to the outputs to be delivered. Please note: What is included? What is recharged? Are costs entered twice (e.g. as indirect costs and in the administrative cost allowance)? | N/A |
| Are the other amounts/rates in the budget acceptable in relation to the activity? | YES |
| Is the budget suitable as a management tool (linking of outputs – budget) | YES |
| Implementation is conditional on budget being amended* | NEE |

*** Specify the requirements that the budget must satisfy and the date by which the budget must be amended.**

At the end of the startup phase I HE has to provide a detailed budget, clear on budget lines, travel and DSA.

| Task | Description |
|---|--------------------|
| Briefly describe any anomalies that were identified when assessing the budget and any changes made to the budget as a result. | N/A |

6.2 Prepayments

6.2.1 Earmarking multi-donor activities

| Task | Description |
|--|--------------------|
| <p>Is the Dutch contribution to the programme earmarked (i.e. reserved for a specific purpose)? If so, specify the reasons why.</p> <p>Are other donors' contributions earmarked? If so, explain how this will affect reporting.</p> | n/a |

6.2.2 Prepayment/no prepayment

| Task | Description |
|--|--|
| <p>Using the prepayment decision tree, assess whether the payments need to be entered as prepayments and give reasons for this. Give the outcome of this assessment along with a brief explanation in this section.</p> <p><i>In the case of lump sum funding, assess this against the applicable criteria and give the reasons for your choice.</i></p> | <p>Prepayment</p> <p>After the first payment, all other payments will be made in prepayment mode. Liquidity forecast will be provided by implementing partner for each instalment.</p> <p>First payment will be based on grant.</p> <p>Advance payments will be accounted for by an audited statement.</p> |

6.2.3 Grant with a repayment obligation, loans, equity investment or guarantee

| Task | Description |
|--|---|
| Does the Dutch contribution take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part)? | Dutch contribution is a grant. At the end of the project, any remaining fund will be returned |
| <p>Are there revolving funds? What will happen to any residual funds?</p> <p>If so, briefly set out the consequences for accounting and how correct processing in the financial records will be ensured.</p> | No revolving funds. |

6.2.4 Accounting for prepayments

Task

Set out the reporting obligations on the basis of which the prepayment can be closed, such as an audit report (if applicable) or a financial statement issued by the organisation itself.

Audit on the activity

Description

Prepayments are to be cleared on a basis on an approved audit report.

6.2.5 Payment schedule

Use the [payment schedule decision tree \(click here for the quick reference guide\)](#) to determine the required payment frequency for this activity. Give the outcome of this assessment along with a brief explanation in this section.

| Milestone payment date | Milestone payment currency and amount |
|--------------------------------------|---------------------------------------|
| Size of first payment | € 155.800 |
| Mar 2023 | € 145.650 |
| Oct 2023 | € 308.920 |
| Oct 2024 | € 283.199 |
| Date of next payment: after activity | € 47.030,00 (5%) |
| TOTAL | € 940.599,00 |

The project has a go/nogo after the startup phase 19 months, so the advance payments can only be till the decision moment which will be few months after the GO/NOGO due to delay in reporting. There cannot be an advance of 19 months, so agreed to pay till February 2023, than there could be a 12 months advance (or 2x 6 month again). Required budget till February 2023: 155.800 Euro. Remaining for startup phase is 145.600 euro.

Budget for phase 2 is 639.149 euro -/- 5% final payment = 592.119 / 23 months = 25744,30/month.

6.3 Monitoring

For activities that fall under a framework agreement (UN, IFI) or when a multi-donor arrangement is in place, the activity analysis decision tree and the decision tree for determining the type of audit opinion can be skipped.

6.3.1 Narrative and financial reports**Task**

Use the [activity analysis decision tree \(click here for the quick reference guide\)](#) to determine the required reporting information for this activity.

Give the outcome and a brief explanation in this section.

Task

Set out any issues requiring special attention in terms of monitoring.

Description

An annual financial and narrative report, together with quarterly reporting in IATI is required.

Recipients of grants up to EUR 125,000 that fall under the Uniform Grant Framework (USK) must submit activity completion statements (P statements) rather than narrative reports.

In the event of additional criteria: specify what conditions must be set (e.g. greater payment frequency, substantive criteria, etc.). Indicate whether there is another way of gaining insight into the activity's implementation (e.g. participating in the board or the donor committee).

6.3.2 Audit opinions

| <u>Task</u> | Description |
|--|--|
| <p>Use the type of audit opinion decision tree (click here for the quick reference guide) to determine whether an audit opinion is required for the activity. Briefly give the reasons in this section, along with the outcome of the decision tree. Will the auditor provide additional reports? Check the risks you set out in the risk section above. It may be desirable to have the audit opinion accompanied by an additional auditor's report on the risks set out above. You should ask your Control Unit for advice.</p> <p>If the organisation itself also makes prepayments you should ask the organisation's auditor to report on effective monitoring that the organisation carries out on prepayments.</p> | <p>Outcome 9 would be enough, but because it is a new partner and new organisation in BF, an annual audit with a report of findings is required.</p> |

6.3.3 Annual plans and other reports

Added an annual plan is required for year 2 and 3 and an inception plan report and the mid-term evaluation and final evaluation report are requested

| <u>Task</u> | Description |
|---|--|
| <p>State whether any other reports (annual plans, management assertions) are required in addition to the above narrative and financial reports.</p> | <p>Annual plan startup phase report</p> <p>Market research report</p> <p>A midterm evaluation report</p> <p>A final evaluation to assess the performance of the initiative</p> |

6.3.4 Reporting obligations

Set out the reporting requirements in the table below, to ensure they are accurately incorporated in the decision/agreement. Use the [activity analysis decision tree \(click here for the quick reference guide\)](#) to determine the required reporting information for this activity

| Type | Any specific requirements* | Period | Submission |
|-------------|-----------------------------------|---------------|-------------------|
|-------------|-----------------------------------|---------------|-------------------|

| | | | |
|----------------------------------|---|---|--|
| Annual plan | <i>Partner to provide liquidity plan till 2/2023</i> <i>Partner to provide a detailed plan including a detailed budget before the first instalment. The first plan will include the startup phase and the year 1 activities.</i> | 03/22- 02/23 03/22-09/23 10/23-09/24 10/24-08/25 | <i>In proposal</i> <i>In proposal</i> 01/08/2023 01/08/2024 |
| Startup Phase I | <i>Market study</i> <i>Specify implementation area</i> <i>Detail result framework with RBM indicators filled</i> <i>A gender analysis</i> | 03/22- 09/23 | 01/11/23 |
| IATI publication* | | Quarterly | |
| Narrative report** | <i>Last narrative can be combined with final narrative.</i> | 03/22-09/23 10/23-09/24 10/24-08/25 | 01/12/2023 01/12/2024 01/11/2025 |
| Financial report | <i>Last financial can be combined with Final Financial.</i> | 03/22-02/23 03/23-09/23 10/23-09/24 10/24-08/25 | 01/03/2023 01/11/2023 01/11/2024 01/10/2025 |
| Final narrative report*** | | 03/22-8/25 | 01/12/2025 |
| Final financial | | 03/22-8/25 | 01/12/2025 |
| Audit | <i>Last audit can be combined with Final Audit.</i> | 03/22-09/23 10/23-09/24 10/24-09/25 | 01/01/2024 01/01/2025 01/12/2026 |
| Final Audit | | 03/22-7/25 | 01/11/2025 |
| Evaluation report **** | Midterm review Evaluation | 03/22-08/24 3/22- 8/25 | 01/11/2024 01/11/2025 |

* An IATI publication in accordance with the IATI standard, as set out in the BZ publication guidelines.¹ The IATI Standard recommends data to be updated at least once a quarter. The ministry appreciates it if IATI data are regularly kept up to date. Legally, partners are required to update their IATI publication at least once a year, in order to allow for the annual assessment of the progress of the activities.

If applicable: describe any specific requirements or documents that should be added to the IATI publication (e.g. short narrative reports, Theory of Change, program documents, evaluation report, ...), certain results or standard indicators.

¹ <https://www.government.nl/documents/publications/2015/12/01/open-data-and-development-cooperation>
AVT/BZ-291123-010

*** Narrative report: reports on the contributions by third parties (inputs), outputs, outcome, sustainability and the spending of the Dutch contribution in accordance with the latest approved budget. If the partner provides a full IATI publication on the activity, the narrative report can be limited to those elements that cannot be availed in public, or cannot be expressed in the IATI standard. Please indicate whether the narrative report is submitted as a document in IATI or by email.*

**** See also the results given in section 6.3.1; if any additional criteria are desirable, insert them here. Please indicate whether the final narrative report is submitted as a document in IATI or by email.*

***** Only include evaluation report as a reporting obligation if responsibility for carrying out the evaluation falls to the business partner. In that case, BZ must approve the ToR in advance. Evaluations costs should be part of the activity budget. Please indicate whether the evaluation report is submitted as a document in IATI or by email.*

| <u>Task</u> | Description |
|---|--------------------|
| In case a waiver is given for an IATI narrative report for activities worth EUR 250,000 or more, explain why. Also describe what has been agreed with the organisation in terms of implementation and what needs to be included in the contribution agreement or grant decision in this regard. | No waiver issued. |