



MULTI-COUNTRY PROGRAMME FULL PROPOSAL

Title of the programme	Enabling development of community support and care systems for inclusion of persons with disabilities across the life cycle
Countries	Colombia and Kenya
Duration (max. 24 months)	20 months
Total Budget (including 7% indirect costs)	299,980 USD
Participating UN Organizations	UNICEF OHCHR
OPDs (global/regional/national)	IDA, National OPDs in Kenya and Colombia (To be specified in the inception report)
Governments offices or regional bodies	Colombia: i) ICBF - Children and Family Agency; Vice Presidency of the Republic - Disability Inclusion Secretariat, National Planning Department, DNP, Health and Social Protection Direction Kenya: State Department for Social Protection and Senior Citizens Affairs (To be formally confirmed in inception report)
Other Partners (academia etc)	
Contact details of focal points for each UN entity	Facundo Chavez Penillas (Facundo.chavezpenillas@un.org); Alexandre Cote (acote@unicef.org)

1. EXECUTIVE SUMMARY

MAX 250 WORDS

Please provide a short summary of the proposed intervention. Make sure you include the following:

Under the CRPD, persons with disabilities have the right to live independently in the community and states have to ensure access of the support they require to do so. However, around the world, at least 150 million persons with higher support needs do not receive any publicly funded disability support required for basic participation in their communities.

In most Low-and Middle-Income Countries (LMICs), persons with disabilities rely on unpaid care work from families and communities, particularly women and girls and receive very little or no publicly funded formal support except for placement in segregated settings in some regions. This status quo is increasingly challenged by the impact of aging populations, increased demand of women in the labour market, urbanization, growing awareness of persons with disabilities about their right to autonomy, and demand for gender equality. While the expansion of social protection across LMICs as well as the CRPD and the care economy momentum create an opportunity for a new model to emerge, there is a lack of clarity among stakeholders about the actual needs and demands of the diversity of persons with disabilities for community support and care as well as benchmark and models for context relevant policy framework, system development, service delivery and financing.

Building on the joint work initiated prior to GDS 2022 and the conceptual and normative framework proposed by OHCHR in its recent report to the Human rights council (A/HRC/52/52), this project seeks to contribute to change by clarifying the demand from an OPD perspective, developing an assessment tool to improve concrete understanding of the normative framework and its implication at country level and to support elaboration of costed policy scenarios exploring viable pathways for progressive development of community support and care systems in Kenya and Colombia.

2. CONTEXT AND RATIONALE

2.1 CHALLENGES

MAX 500 WORDS

Describe the specific problem and target group that the programme will address, highlighting the relevant challenges in overcoming the problem.

Under the Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities have the right to live independently in the community with safety, choice, dignity, and autonomy, and states must ensure access to the support they require to do so.

Community support and care systems enable inclusion by mobilizing communities and coordinating a diversity of schemes and services (cash transfers, human assistance, assistive products, transport, housing, case management...) provided by public authorities and civil society. They connect and leverage the inclusion efforts made in education, employment, health,

political participation and deinstitutionalization, and prevent the most marginalized from being left behind and excluded in their communities.

School closures, high death rate in care institutions and disruptions to support during the COVID-19 pandemic highlighted countries' weak capacity to provide such support to children, working age adults and older persons with disabilities. SDG 1.3 monitoring data¹ and review of social protection system readiness and response to the crisis² showed significant issues with design, coverage and adequacy of disability related cash transfers, as well as a lack of access to health care, assistive products and community support and care services. Around the world, it is estimated that *at least 150 million persons* with higher support needs do not receive any publicly funded disability support required for basic participation in their communities.³

In many High-Income Countries (HICs), where formal support services have been developed, persons with disabilities do not always have the financial means to access the support they need to live an independent life, they often have little to no say in the type of services they receive, and their access is often dependent on the individual and their families' socioeconomic situation. In contravention of the CRPD, there is also a persistent overreliance on care provision in segregated and congregate settings, which contributed to a large proportion of deaths during the COVID-19 pandemic.

In most Low-and Middle-Income Countries (LMICs), persons with disabilities receive very little or no formal support, and they must rely on their families to get the support they need, facing significant disability related costs and barriers to true inclusion. Unpaid support also affects the economic empowerment of families with persons with disabilities, disproportionately impacting women. Available support services are provided by NGOs with little to no government engagement and no overarching policy framework, making inclusion an imperative. During the COVID-19 crisis, when these informal supports were cut off due to lockdowns, many experienced unprecedented levels of hunger, isolation and abandonment.

The lack of publicly funded community support systems contributes to impoverishment, restricted autonomy, higher risk of violence and institutionalization for persons requiring support, as well as loss of opportunity and risk of burn out for care givers.

This status quo is increasingly challenged by the impact of aging populations, increased demand of women in the labor market, urbanization, growing awareness of persons with disabilities about their right to autonomy, and demand for gender equality.

2.2 RATIONALE AND OPPORTUNITIES

MAX 500 WORDS

Describe why this programme is needed: what gaps and/or challenges exist in current global/national efforts to tackle the problem that justify the need for piloting and before scaling them up. *Describe the relevant opportunities and how the programme could tap into them. Please also explain how the programme and tools generated may complement other tools.*

The Care agenda was prioritized by the Secretary General in Our Common Agenda and is likely to emerge as a core area to improve on in current SDG evaluations. Countries have started to develop integrated national care systems as a response to recovering better from the COVID19 pandemic. Current conversations position the discourse of the care agenda only from a gender-equality perspective with the aim of promoting economic empowerment of women, targeting recipients of care, children and 'dependents,' which includes persons with disabilities and older persons. The right to care is being recognized in national legislation and defined in three dimensions: provide care, receive care, and ensure self-care. They also define support and care

systems to reduce unpaid care work, and redistribute and recognize care work. Nevertheless, minimal reflection was invested on these dimensions from a CRPD perspective, risking the development of support and care systems without disability-inclusion in mind.

The expansion of social protection across LMICs and the momentum related to CRPD implementation and the care economy (especially since the COVID-19 crisis) create an opportunity for a new model of support and care to emerge that would foster gender- and disability-equality and dignity. However, the lack of related policies, systems, and services in most low- and middle-income countries deprive governments, OPDs, NGOs and development agencies from benchmarks and blueprints that would help the development of national systems.

There is a need to develop foundational resources that address the following question: How can low- and middle-income countries provide more and better support and care to children, working-age adults, and older persons with disabilities in a way that is gender responsive and transformative, sustainable, and context relevant?

Several LMICs are trying to move forward but are facing multiple challenges, including the lack of:

- Clarity, nationally and globally, in LMICs of the actual needs and demands of the diversity of persons with disabilities for community support and care, which has traditionally been seen as a family matter.
- Clarity about required legal and policy building blocks
- Clarity about the concrete role of governments, civil society (including OPDs), families, and communities (including service providers and private sector) in ensuring access to CRPD-compliant and effective community support and care across the life cycle considering the diversity of contexts in terms of cultural practices, economic development, institutional and fiscal capacities.
- Examples and evidence of public policies effectively organizing community support and care systems across the life cycle in LMICs and benchmarks in terms of required delivery arrangement, initial investment, and recurring costs in most LMICs contexts.

In support of national and international efforts OHCHR, UNICEF, IDA and other actors have already started collaboration through the community 2030 initiative. This initiative seeks to support a strong global voice of organizations of persons with disabilities about the diversity of needs and demand for support, the clarification of implication of multiple normative frameworks (gender, disability, age, child rights, economic and social rights...) and the development of practical resources supporting stakeholders in the development of community care and support systems.

The present project will make significant contribution to those efforts by enabling the participatory process in two countries that will simultaneously support clarification of demand, explore the possible scenarios for development of support services and systems in line with CRPD and other normative frameworks, while contributing to develop knowledge products that will support other countries and development agencies to develop policies which would enable progressive development of community support and care systems in LMICs. To capture the diversity of contexts and based on ongoing efforts and opportunities, the project will be working with OPDs and governments in 2 countries representing 2 different regions and context but with limited foundation for community care and support systems.

- Latin America: Colombia
 - o The government has been promoting in its new National Development Plan, the creation of a "care system for life and peace" as a pillar of a universal and adaptive social protection system that addresses aspects of both institutional design and financing under a new "Ministry of Equality" (in the process of design) largely driven as in many other Latin America country by gender equity concern but with disability related elements.
 - o In parallel, organizations of persons with disabilities have been promoting before the Congress of the Republic the bill 059 of 2022 that promotes "measures to improve conditions of caregivers of people with disabilities" as well as the

- implementation of support systems for decision-making with support and development of legal capacity, approved by law.
 - o UNICEF is finalizing an in-depth analysis of the Colombia social protection system adequacy for children and adults with disabilities which evidenced the limited support provided and has developed good connection with both organizations of persons with disabilities and their families as well as authorities which are keen to get support on this matter.
 - o This situation represents a unique opportunity to strengthen the capacity of OPDs to engage effectively with gender equality movement and authorities and enable a consultative process to collectively draw a road map of possible reform towards more inclusive social protection systems and community care and support systems.
- Eastern Africa: Kenya
 - o Kenya Government is committed to increasing financing to the National Safety Net to 1.7 percent of their GDP to scale up coverage for vulnerable groups, develop integrated package services and promote inclusion of people with disabilities among others.
 - o Different initiatives and programs exist, including the Persons with Severe Disabilities-Cash Transfer (PWSD-CT), in-kind support (e.g., assistive devices for disability card holders, services (e.g., peer support groups – Users and Survivors of Psychiatry in Kenya; circle of support – Kenya Association of the Intellectually Handicap or personal assistance for civil servants with disabilities) but there are significant gaps in coverage, inclusiveness and adequacy.
 - o The Persons with Disabilities (Repeal) Bill approved by the Cabinet in August 2018 includes provisions on social assistance for persons with severe or multiple disabilities who require constant medical care or other long term support services. Furthermore, the government has taken steps to formulate a policy framework for the support of caregivers of persons with high support needs due to permanent motor and neurological disorders.
 - o The department of social protection is interested to work on exploring policy options to develop community care and support systems based, in part, on the results support need survey they carried out in 2022 (report pending), initiated with the support of the UNPRPD ILO-UNICEF inclusive social protection program and with continued technical support from UNICEF. UNICEF has also been supporting extensive assessment of alternative care system for children with disabilities, and piloted inclusive universal benefit as well as cash plus intervention for children with disabilities. IDA has been supporting OPDs in country for many years through Bridge CRPD SDG and inclusive social protection workshop among others. In addition, IDDC members such as Sightsavers, CBM and HI have significant programs across the country and carried out several relevant studies in recent years such as budget analysis and cost of disability studies. The country has also more than 20 alumni from the Bonn course in inclusive social protection across OPDs, UN agencies and government providing a strong common basis for engagement.
 - o Synergies could also be achieved between this project and the preparatory work on going for the design of the R4 UNPRPD country project.

3. PROGRAMME RESULTS FRAMEWORK

3.1 PROGRAMME IMPACT¹

¹ In defining the above, please refer to the following definitions based on the *UNDG Harmonized RBM Terminology*.

The program aims at contributing to the development of context relevant, sustainable, and universal gender responsive community support and care systems in low- and middle-income countries that will enable equal rights of persons with disabilities across the life cycle to live independently and be included in the community.

By combining iterative development on community support and care systems readiness assessment tool as well as supporting the participatory development of national costed scenarios and possibly road maps for development of community support and care systems in two countries with limited foundations to do so in very different contexts, the program will both support policy reform in those countries and provide comprehensive and concrete guidance to governments in low- and middle-income countries.

It also aims to provide both normative and policy perspective to promote due consideration for inclusion requirements of persons with disabilities in the on-going global debate on the care economy and universal social protection.

3.2 OUTCOMES AND OUTPUTS

Table 1. Results framework

Outcome 1 National stakeholders, especially duty bearers and rights holders gain knowledge and co-develop practical tools to advocate and design disability inclusive and gender responsive community support and care systems.
The program will enhance the knowledge and capacity of the diversity of stakeholders in 2 countries (Kenya and Colombia). In particular, the program will work with: - OPDs to clarify their needs, demands, and priorities for gender responsive community support and care systems in line with the CRPD, as well as with institutional and socio-cultural contexts. - Policy makers, service providers, and development agencies to understand the requirement of the CRPD and gender responsive approaches to support and care, as well as to identify the gaps in their legal and policy framework. In addition, the program will produce a synthesis of the methodology and results for participatory development of costed national policy scenarios for progressive development of gender responsive community support and care systems, and a community support and care system country assessment tool to inform countries’ deeper understanding around national gaps to be addressed and contribute to global debates on the care economy and universal social protection.

Impact: Positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types.

Outcome: The intended or achieved short-term and medium-term effects of an intervention’s outputs, usually requiring the collective effort of partners. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.

Outputs: The products and services which result from the completion of activities within a development intervention

Output 1.1 Capacity of national stakeholders enhanced for better understanding of the rights, needs, normative standards and policy issues framing the development of inclusive and gender responsive community support and care systems.

Indicators

1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the UNPRPD programme. (Disaggregated by topics)

1.1.2 # of participants (disaggregated by type of stakeholder[5]) disaggregated by sex, disability ,rural/urban participating in capacity building activities funded or provided by UNPRPD programmes

1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive.

1.1.4 # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities.

Indicator 1.1.1 # of trainings (disaggregation by type of capacity building^[3]) developed and delivered in the UNPRPD programme. (Disaggregated by topics^[4])

Description: 2 Consultations & training workshops will be organized in each country with both OPDs representing the diversity of persons with disabilities as well as policy makers and development agencies.

The first national workshops will be for OPDs only and will aim at helping OPDs to identify together the different support and care services required by the diversity of persons with disabilities across the life cycle in their national context and to understand better connection between CRPD compliant disability support systems and gender responsive care system. Each workshop will be organized by national OPDs with technical support from IDA and will last three days. The first day will cover key concepts, CRPD standards, diversity of needs and role of stakeholders, including family members, care economy and feminists' perspective, and sharing of international promising practices. The second day will focus on the specificities of the country contexts and identify the diversity of demands for support services and systems across the life cycle (Colombia for LAC and Kenya for Eastern Africa) with group work allowing safe deliberation among different groups including women with disabilities as well as under-represented groups. The third day will offer opportunities to interact with gender equality movement and development agencies working in the field as well as development of follow up plan to engage with authorities. Each workshop will be followed by bilateral follow up meeting with underrepresented groups present during the workshop to further dive into their support requirements.

The second national workshop in each country will involve policy makers and development agencies with inputs of OPDs. The workshop will last two days and will include a first day a review of normative elements for inclusive and gender responsive community support and care system as well as articulate the key related demands from national OPDs and second day focus on an initial analysis of the country systems using the initial framework developed by OHCHR

for the community support and care system assessment tool.
<u>Baseline:</u> No such training has been specifically organized._
<u>Milestone year 1:</u> 2 Training workshops in Kenya (OPDs and multistakeholder) and 1 training workshop in Colombia (OPDs)
<u>Milestone year 2:</u> 1 multistakeholder training workshop in Colombia
<u>Target:</u> All 4 training workshops planned completed within 12 months of initiating the project implementation (Q2 2024)
<u>Means of verification:</u> registration files, brief training reports
<u>Responsible Agency:</u> UNICEF
<u>Other implementing partners:</u> IDA, national OPDs (to be confirmed in inception report)
Indicator 1.1.2 # of participants (disaggregated by type of stakeholder[5]) disaggregated by sex, disability ,rural/urban participating in capacity building activities funded or provided by UNPRPD programmes
<u>Description:</u> OPDs workshop will focus on representing diversity of persons with disabilities and their families with attention to gender and underrepresented groups as well as representative of care givers, service providers, feminist organizations and relevant development agencies for part of the workshop (3 rd day). Multistakeholder workshops will include designated representative of OPDs that will have participated in the OPDs workshop, representative of relevant ministries covering social protection, human support, assistive technologies, transportation and housing, representative of care givers, service providers, and feminist organizations, as well as relevant development agencies. While attention will be paid to gender balance, no commitments can be made as ministries will choose their own representative independently.
<u>Baseline:</u> Each OPD workshop will include 25 participants (50% male and 50% female) representing the diversity of persons with disabilities, including underrepresented groups. Each multi stakeholder workshop will include 25 participants (5-7 OPDs, 5-7 ministries/agencies, 5-7 CSOs – care givers, service providers, feminists’ organizations- and 5-7 development agencies representatives.

<u>Milestone year 1</u> : at least 70 participants in 3 training (accounting for the overlap of OPDs participation in both sets of workshops)_
<u>Milestone year 2</u> : 25 participants in one workshop
<u>Target</u> : at least 80 participants
<u>Means of verification</u> : registration files, brief training report
<u>Responsible Agency</u> : UNICEF
Other implementing partners: IDA, national OPDs, list of broader CSOs, service providers (names to be confirmed in inception report).
Indicator 1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive
<u>Description</u> : A careful monitoring of impact of the training will be carried out with a pre and post workshop questionnaires, as well as a follow up survey in the second year of the project.
<u>Baseline</u> : A short questionnaire will be requested by training participants before the first training they take part in.
<u>Milestone year 1</u> : 60 participants in 3 trainings fill the questionnaire.
<u>Milestone year 2</u> : 25 participants in one workshop fill the questionnaire and one follow survey is carried out.
<u>Target</u> : 64 participants or 80% of the total number of participants report increased knowledge on CRPD compliant approach to gender responsive community support and care systems in low- and middle-income countries. 50 participants or 60% of total number of participants report increased capacity to advocate for or design policies for progressive development of gender responsive community support and care systems in their country.
<u>Means of verification</u> : registration files, brief training report, follow up survey report

<u>Responsible Agency:</u> UNICEF
Other implementing partners: IDA
1.1.4 # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities funded by UNPRPD programme to strengthen the capacity of organizations of persons with disabilities.
<u>Baseline:</u> no OPDs have been involved so far on training specifically on CRPD compliant inclusive and gender responsive community care and support system as such.
<u>Milestone year 1:</u> 10-14 OPDs through national workshops and consultation
<u>Milestone year 2:</u> 10-14 OPDs through national workshops and consultation
<u>Target:</u> 5-7 OPDs per country (10-14 in total) represented diversity of persons with disabilities including women and underrepresented groups will benefit from capacity building activities (details will be provided in the inception report after detailed project action plans are developed with OPDs and government partners)
<u>Means of verification:</u> registration files, brief training report, follow up survey report
<u>Responsible Agency:</u> UNICEF
Other implementing partners: IDA and National OPDs
Output 1.2 A Report on key findings, lessons learned and recommendations for policy makers, OPDs, and service providers and OPDs from 2 national costed policy scenarios in Kenya and Colombia for progressive development of gender responsive and CRPD compliant community support and care systems is produced and disseminated.
Indicators 1.2.1 1 knowledge product developed and disseminated to the relevant stakeholders to inform inclusive practices 1.2.2 1 knowledge product developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)
<u>Description:</u>

The report will articulate the key findings and lessons learned of the national costed policy scenarios developed under outcome 2. After a short recall of the conceptual framework (building on OHCHR report [A/HRC/52/52](#) and draft tool), it will focus on comparative analysis between Kenya and Colombia on demand and supply side issues for case management and coordinated delivery of social protection, human support, assistive technologies, transportation, and housing across the life cycle for persons with disabilities, as well as in relation to costs, financing options and community resource mobilization. It will have specific attention to women and girls with disabilities and others gender consideration as well as situation of under-represented groups. It will ideally also benefit from learning from the WHO-ILO project on Armenia and Georgia.

The report will be 40 pages long and will be accompanied by an executive summary, an infographic, and a simple animated video for dissemination. It will not be printed. The report will include key findings and lessons learned from Kenya and Colombia recommendations section for policymakers, OPDs and service providers.

A technical webinar will be organized to present the key findings and lessons learned.

Baseline: no publication covers a comparative analysis of supply side issues and cost of development of community support and care systems for persons with disabilities in low- and middle-income countries_

Milestone year 1:

Background desk review of relevant policies, service delivery arrangement in different context on social protection, human support, assistive technologies, transportation, housing, case management (not published)

Milestone year 2:

Drafting of the report, peer review, executive summary, editing, layout, translation, proofreading, accessibility check, official publication on UNICEF website.

Production of infographic and animated video

Technical webinar

Target: 1 Report, infographic and animated video published in Q3 2024

Means of verification: the report is available on UNICEF website and in the UNPRPD repository for knowledge management.

Responsible Agency: UNICEF

Other implementing partners: OHCHR and IDA

Output 1.2B The Community Support and Care System Assessment Tool is developed and piloted, particularly to address gaps in achieving the precondition of support for disability inclusion

Indicators

1.2.1 1 knowledge product developed, piloted and disseminated to the relevant stakeholders

to inform inclusive practices 1.2.2 1.2.3 1.2.4	1 of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus) # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other)) # of stakeholders reporting increased or strengthened policies and systems as a result of UNPRPD funded KM tools (disaggregated by stakeholder)
	Indicator 1.2.1 1 of knowledge product developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices 1.2.2 1 of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)
	<u>Description:</u> The Assessment Tool will help stakeholders understand clearly what CRPD compliant community support and care systems means in their context and to clarify the legal and policy building blocks required to develop such systems as well as their respective roles. It will be drafted in accessible PDF, Word and Epub versions. An Excel file will accompany the publication for users to collect information and track CRPD compliance. The initial structure foreseen is as follows: (i) cover page, (ii) introduction, (iii) conceptual framework, (iii) areas to assess (approx. 3'000), and (iv) a data collection segment to assess law, policy and governance framework (approx. 7'000). The data collection segment will include: (a) general indications for use, (b) readiness assessment tool; (c) activity dashboard; (d) readiness dashboard areas; and (e) reference page. The drafting of the Assessment Tool will be developed in consultation with governments, UNPRPD members, OPDs, Service providers and donors, involved in selected policy areas (Social protection, human support, assistive technologies, transportation, housing, case management). It will pay specific attention to related to women and girls with disabilities as well as broader gendered issues in care and support systems and policies as well as issues of under represented groups.
	<u>Baseline:</u> the main tool related to care system today include OXFAM care score card and has been mostly developed from the caregiver and gender equality perspective, but they do not have a CRPD and disability inclusion lens. The assessment tool produced by the project will build on and complement existing tools.
	<u>Milestone year 1:</u> OHCHR will deliver a preliminary framework and key questions presaging the Assessment Tool within the first 6 months of receiving the funding to support initial assessment work in 2 initial pilot countries. If funding is made available in Q2 2023, in Q4 2023.
	<u>Milestone year 2:</u> OHCHR and UNICEF will test the Assessment Tool within the following 2 months after the first draft to formalize the data collected in first phase. If funding is made available in Q2 2023, in Q2 2024. Q2/3 2024 will focus on finalization of the Assessment Tool, editing, layout, proofreading, accessibility check, official publication in OHCHR website.
	<u>Target:</u> The Assessment Tool is published in Q3 2024 and launched on 3 December 2024.

<u>Means of verification:</u> The Assessment Tool is available in the UNPRPD repository for knowledge management.
<u>Responsible Agency:</u> OHCHR with support from UNICEF.
<u>Other implementing partners:</u> WHO, ILO, IDA
Indicator 1.2.3 # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other))
<u>Description:</u> The Assessment Tool will be drafted through a participatory process at two level: global and country level. OHCHR consultant will lead the drafting process. As the funding from the support and care component received from PRPD involves UNICEF, OHCHR, IDA, ILO, WHO, and EDF, a preliminary meeting will be held as soon as both projects are approved. At global level: three meetings are planned through the consultation process involving, policy makers, OPDs and civil society organizations, UN entities, service providers and donors: (i) introduction to the project; (ii) discussion of first draft (Q4 2023); (iii) discussion of consolidated draft (Q2 2024). All meetings will be held with accessibility services, as needed. Separate meetings will be held in Spanish. At national level, the development of the tool will be integral to the participatory process with all stakeholders involved with use of a preliminary framework for assessing country system in the capacity building workshops (both OPDs and multi-stakeholders) and initial data collection. In return, the drafting of the tool itself will be informed by the lesson learned from the development of costed policy scenarios. Then a selection of stakeholders from each country will be involved in revision of the draft and finalization of the draft as per the global process stated above.
<u>Baseline:</u> no consultation on the tool has taken place yet
<u>Milestone year 1:</u> OHCHR completed consultations for first draft of the Assessment Tool within the first 9 months of receiving the funding. If funding is made available in Q2 2023, in Q4 2023. At least 20 gender-balanced representatives of policy makers, OPDs and civil society organizations, UN entities, service providers and donors (10 for each selected country) are involved in consultations. 8 additional representatives of OPDs, and 5 representatives of UN agencies are involved at global level.
<u>Milestone year 2:</u> OHCHR and UNICEF completed consultations on consolidated draft of the Assessment Tool within the following 3 months. If funding is made available in Q1 2023, in Q2 2024. 15 representatives of OPDs, 5 of international NGOs as well as 10 representatives of UN agencies are involved at global level.
<u>Target:</u> All 4 meetings planned completed within 12 months of initiating the project implementation (Q2 2024) involving a total of gender-balanced representatives of policy makers, OPDs and civil society organizations, UN entities, service providers and donors (10 for each selected country) and 15 representatives of OPDs, and 5 representatives of UN agencies are involved at global level.
<u>Means of verification:</u> registration forms for meetings meet milestones and target parameters.
<u>Responsible Agency:</u> OHCHR and UNICEF
<u>Other implementing partners:</u> IDA

Indicator 1.2.4 # of stakeholders reporting increased or strengthened policies and systems as a result of UNPRPD funded KM tools (disaggregated by stakeholder)
<u>Description:</u> The Assessment Tool will be tested with policy makers in both countries; Kenya and Colombia and IDA members. OPDs and civil society organizations, UN entities, service providers and donors will be invited to provide feedback on the Assessment Tool. In person testing with policy makers will include an evaluation exercise to verify its contribution to increased or strengthened policies and systems as a result of UNPRPD funded KM tools (disaggregated by stakeholder).
<u>Baseline:</u> at least 8 gender-balanced representatives of policy makers and OPDs complete evaluation exercise and report satisfaction in implementation of the Assessment Tool.
<u>Milestone year 2:</u> OHCHR and UNICEF completed evaluation exercise. If funding is made available in Q2 2023, in Q3 2024.
<u>Target:</u> All stakeholders report satisfaction of implementation of the Assessment Tool.
<u>Means of verification:</u> evaluation forms report meeting baseline parameters.
<u>Responsible Agency:</u> OHCHR and UNICEF
Other implementing partners: IDA
Outcome 2. Gaps in setting up building blocks towards CRPD compliant and gender responsive national community support and care systems are identified and addressed.
Due to the lack of existing community support and care system in LMICs, most countries do not have a blueprint to support the development of policies and systems for gender responsive community support and care services. The elaboration of costed policy scenarios for developing gender responsive community support and care systems in line with CRPD inspired by promising international practices in 2 countries (Kenya and Colombia) will support the foundation for legal and system development and reform.
Output 2.1 National Stakeholders in Colombia and Kenya strengthen policy frameworks towards development of gender responsive and disability inclusive community support and care system through participatory development of costed policy scenarios.
Indicators 2.1.1 # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversite/monitoring systems, 11) financing and budgeting or 12) other (please explain) 2.1.2 # type of change (development/revision/reform) in legal frameworks and systems

Indicator 2.1.1. # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversite/monitoring systems, 11) financing and budgeting or 12) other (please explain)

Description: Costed policy scenarios for development of developing gender responsive community support and care systems in line with CRPD inspired by promising international practices in 2 countries: Kenya and Colombia will be developed through a participatory process. It is foreseen that costed policy scenarios will consider needed reforms in cash transfer and concessions, human support, assistive technologies, transportation, housing, case management, as well as review of critical supply side issues such as needs assessments, information system, stakeholders' roles and governance structures, cross sectoral coordination and delivery arrangements, gender distribution of unpaid care.

The costed policy scenarios will include i) review of support and care needs and demands in terms of cash transfer and concessions, human support, assistive technologies, transportation, housing, case management for the diversity of persons with disabilities (and their families), ii) review of current legal framework and actual support provided by national systems and programs (social protection, child protection, health, education, transport, housing), some local governments and civil society that have potential for scalability, iii) identification of different pathways (technical, organizational, institutional feasibility and costing) for the development of different components, iv) proposal of costed policy scenarios with different level of ambition by 2030 which will informed national dialogue on roadmap for development of community care and support systems

Costed policy scenarios will be developed in Kenya and Colombia for all age groups. In each country, the process will be adapted to the on-going political and program processes but will, in any case, articulate the following: it will build on the initial consultation/training workshops with OPDs and other stakeholders, combined with national desk review and data analysis with use of draft assessment tool, one multistakeholder workshop, and formalization and validation with key stakeholders including OPDs of costed policy scenarios with recommendations for policy makers and service providers. The process will be facilitated by a consultant in each country.

Baseline: there is no costed policy scenario on development of gender responsive community support and care systems for persons with disabilities in LMICs

Milestone year 1: costed policy scenarios for all ages is produced in Kenya

Milestone year 2: costed policy scenario for all ages is produced in Colombia

Target: 2 costed policy scenarios are developed

<u>Means of verification:</u> The costed policy scenarios are available in the UNPRPD repository for knowledge management.
<u>Responsible agency:</u> UNICEF
<u>Other implementing partners:</u>
Indicator 2.1.2 # type of change (development/revision/reform) in legal frameworks and systems
<u>Description:</u> Costed policy scenarios will allow national stakeholders to explore possible approaches and combinations of support for persons with disabilities across the life cycle and their potential outcomes for persons with disabilities, their families as well as the likely resource implications. They will enable evidence based and informed dialogue between policy makers, OPDs, service providers and development partners to make informed decisions about how to allocate resources and design policies. It is expected this may lay the foundations on which governments, OPDs and service providers can build to develop related action plans, policies, and strategies (on this indicator, the partners have low commitments considering the uncertainty of political economy and political processes considering that the work on policy scenarios are not squarely fitted in on going policy processes).
<u>Baseline:</u> No costed scenarios have been developed for inclusive and gender responsive community support and care systems
<u>Milestone year 1:</u> draft road map on support and care system for persons with disabilities in Colombia
<u>Milestone year 2:</u> draft policy on support services for persons with disabilities in Kenya
<u>Target:</u> 2 countries have draft national policy documents contributing to development of inclusive and gender responsive community support and care systems
<u>Means of verification:</u> draft policies, strategies produced by governments
<u>Responsible PUNOs:</u> UNICEF
<u>Other implementing partners:</u>

4 .KNOWLEDGE MANAGEMENT AND CAPACITY BUILDING

4.1 KNOWLEDGE GAPS TO BE ADRESSED

MAX 500 WORDS

Please explain what knowledge gaps the programme is addressing and how the programme monitors and responds to existing gaps.

First, the project will clarify the demands for community support and care systems among the diversity of persons with disabilities in each country, as well as the role of families. Until now, this has not been done formally as support was seen primarily as a private and family matter, and it is often invisible even in CRPD parallel reporting. While many discussions have taken place around Article 19 over the years including in the consultative process for the recent CRPD guideline for deinstitutionalization, there have not yet been significant, movement-wide conversations on the matter across low- and middle- income countries. IDA will support two national workshops as well as follow up interviews to clarify the demands for community support and care of the diversity of persons with disabilities and their support networks, in the two countries. Particular attention will be given to groups with higher support needs that are rarely adequately represented while being primarily impacted by the lack of publicly funded community support systems. The results will be presented through 2 national briefs which will be integrated in the costed policy scenarios and a short note on carrying out national consultation with diversity of persons with disabilities and their families on the matter.

Similarly, on the supply side, very little thought has been given to government funded community support and care systems for persons with disabilities across the life cycle. There have been disjointed debates on early intervention, child protection or long-term care, but rarely a comprehensive take on the matter even in LMICs where deinstitutionalization has been a major issue or in countries where care systems are currently being developed, such as in Latin America.

While the issues of the care economy and the right to care have gained momentum,² the broader conceptual framework has not clearly fostered CRPD standards yet, as stated in the CRPD GC on Article 19. In response to the request of the Human Rights Council (resolution 49/12), OHCHR produced an initial report on disability support and care systems [A/HRC/52/52](#), proposing an articulation of CRPD standards with the conceptual framework on care currently agreed among the feminist movements.

Technically as well, many resources already exist and have been compiled in the June 2022 UN Women “Toolkit on Paid and Unpaid Care Work” including the recently issued “Care Policy Scorecard: A Tool for Assessing Country Progress Towards an Enabling Policy Environment on Care,” as well as the “policy tool on public investment on care” from ILO and UN Women. However, there is no comprehensive assessment tool looking at national support and care systems from a disability inclusion and CRPD perspective.

While the report conceptualizes support and care systems under the CRPD from a normative perspective, significant work is needed to ensure that national stakeholders and UN agencies are equipped to translate this emerging conceptual framework in policies and services. The development of the Community Support and Care System Assessment Tool will help stakeholders understand clearly what CRPD compliant community support and care systems mean in their context and to clarify the legal and policy building blocks required as well as their respective roles.

² Alternative care for children, the right to care and the care economy often framed from a gender equality perspective and long-term care and rights of older persons

In addition, there is little evidence or documentation of how a gender responsive community support and care system could be organized and financed in low- and middle-income countries to be CRPD-compliant. Developing several evidence based and costed CRPD-compliant policy scenarios addressing a range of supply and demand side issues will be a strong innovation both from a methodological and policy point of view.

4.2 TOOLS TO BE DEVELOPED

MAX 500 WORDS

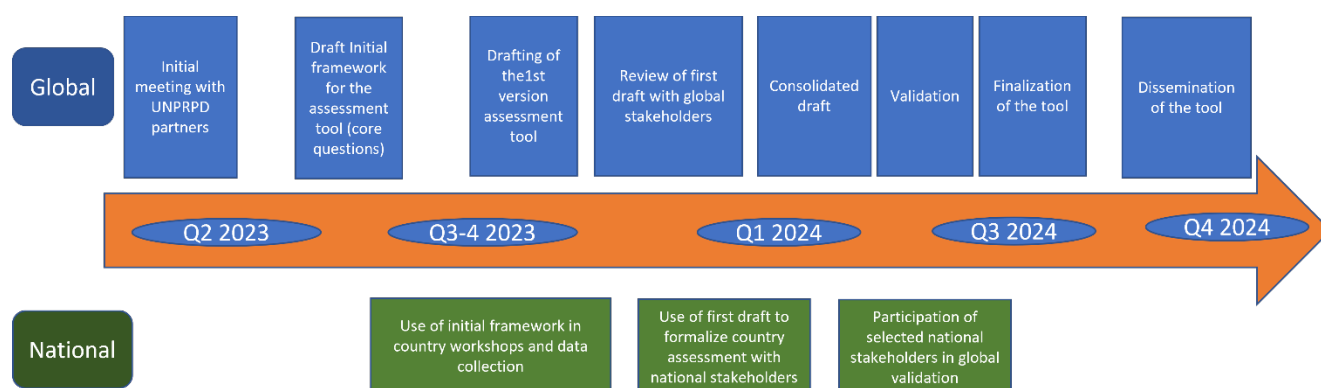
To respond to the lack of resources supporting development of gender responsive national care and support systems from a disability inclusion and CRPD perspective, the project will develop a Community Support and Care System Country Assessment Tool.

The assessment tool, tested in Kenya and Colombia, will be global in scope and could be applied at the national/country level in different contexts to inform policy makers about implications of CRPD standards as well as conceptual framework currently agreed among the feminist movements on development of Community Support and Care System for disability inclusion, instead of reinforcing exclusionary practices. It will cover 7 areas: Governance, social protection, human support, assistive technologies, transportation, housing and case management. It will help stakeholders understand clearly what CRPD compliant community support and care systems means in their context and to identify gaps to be addressed in their legal and policy frameworks. It will serve as a base for multi stakeholder dialogue.

The drafting of the Assessment Tool will be developed in consultation with States, UNPRPD members, OPDs, Service providers and donors, involved in selected policy areas (social protection, human support, assistive technologies, transportation, and housing).

The Assessment Tool will be drafted through an iterative and participatory process at global and country level. A consultant will lead the drafting process. As the funding from the support and care received from PRPD involves UNICEF, OHCHR, IDA, ILO, WHO, and EDF, a preliminary meeting will be held as soon as both projects are approved. After this, a pre-draft tool will be developed for Q4 2023 to support the pilot work in Kenya and Colombia.

At global level, three formal consultation meetings are planned through the consultation process involving policy makers, OPDs and civil society organizations, UN entities, service providers and donors who will be invited to provide feedback on the Assessment Tool: (i) introduction to the project; (ii) discussion of first draft (month 9 of the project, Q4 2023); (iii) discussion of consolidated draft (month 12, Q1 2024). All meetings will be held virtually with accessibility services, as needed. Separate meetings will be held in Spanish to ensure adequate participation and additional exchange will allow review by allied policy makers, UN and other development agencies' colleagues, IDA and IDDC members.



Throughout the consultation process, the tool will be elaborated in conjunction with the work at national level. The development of the tool will be integral to the participatory process with all national stakeholders involved with use of a preliminary draft tool (initial framework) for assessing country system in the capacity building workshops (both OPDs and multi-stakeholders) and initial data collection. In return, the drafting of the tool itself will be informed by the lessons learned from the development of costed policy scenarios. The first draft will be used to formalize the country system assessment as stakeholders move towards formulating scenarios. Then a selection of stakeholders from each country will be involved in revision and finalization of the draft as per the global process stated above. In person work with policy makers will include an evaluation exercise to verify its potential to increased or strengthened policies and systems.

The assessment tool will be disseminated in accessible PDF, Word, and Epub versions. An Excel file will accompany the publication for users to collect information and track CRPD compliance. The initial structure foreseen is as follows: (i) cover page, (ii) introduction, (iii) conceptual framework, (iii) areas to assess (approx. 3'000), and (iv) a data collection segment to assess law, policy, and governance framework (approx. 7'000). The data collection segment will include: (a) general indications for use, (b) readiness assessment tool; (c) activity dashboard; (d) readiness dashboard areas; and (e) reference page.

The assessment tool will be accompanied by a report including the tool, lessons learned from the pilots, and an annex on how to facilitate consultation process with the diversity of persons with disabilities to identify their needs and demands for community support and care systems which will build on the experience in both project countries possibly in cooperation with the WHO-ILO project.

4.3 KNOWLEDGE MANAGMENT OUTPUTS

Please list all output and activities in the table below.

Knowledge products	Activities	Partners Involved
<i>Please include the nature of the tool (guidance note, checklist, policy brief etc.)</i>		

Community Support and Care System Country Assessment Tool.	Inception meeting Pre-draft of the tool (initial framework) First consultation meeting First draft of tool Second consultation meeting and peer review National testing and adapting the draft tool Consolidated version of the tool Third consultation (validation) meeting Finalization of the tool	OHCHR IDA, UNICEF IDA, IDDC, OHCHR, WHO, ILO, UNWOMEN, ADB, WB, GIZ, FCDO, IDDC
Overall report including synthesis of the 2 national costed policy scenarios for development of gender responsive community support and care systems as well as lessons from piloting	1. Desk review of relevant policies, service delivery arrangement in different contexts on social protection, human support, assistive technologies, transportation, housing, case management to inform national scenarios (not published) 2. Integration of output of national consultation with OPDs on needs and demands for community support and care systems 3. Elaboration of national costed policy scenarios 4. Drafting synthesis of validated costed scenarios 5. Summarizing lessons learned from piloting assessment tool and developing costed scenarios and recommendations for further action based on interactions with local stakeholders 6. Review with national stakeholders and other partners 7. Finalization of overall report 8. Share, validate and develop in cooperation with UNPRD Secretariat to inform evaluation and future activities	Colombia: ICBF- Children and Family Agency; Vice presidency of the Republic- Disability Inclusion Secretariat, National Planning Department, DNP, Health and social protection Direction as well as national OPDs (to be specified and confirmed in inception report) Kenya: State Department for Social Protection and Senior Citizens Affairs (To be formally confirmed in inception phase) as well as national OPDs (to be specified and confirmed in inception report) Technical peer Review by: IDA, IDDC, OHCHR, WHO, ILO, UNWOMEN, ADB, WB, GIZ, FCDO

Short brief on how to facilitate consultation process with the diversity of persons with disabilities (annex to the report)	Summarizing lessons learned and recommendations with national OPDs on consultation in other countries Validate with IDA members	IDA, national OPDs, UNICEF, OHCHR,
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4.4 CAPACITY BUILDING

MAX 350 WORDS

Briefly describe the technical gaps of the programme partners (including government, frontline professionals, OPDs, UN staff, CSOs, etc.) in delivering this programme and how will this be addressed through programme activities? Please indicate how these gaps are monitored and addressed.

The main gaps identified for national stakeholders to develop policies enabling the progressive development of community support and care systems are the lack of:

- Collective understanding and formulation of the actual needs and demands of the diversity of persons with disabilities for community support and care
- Clarity about required legal and policy building blocks as well as resources and the respective roles of governments, civil society (including OPDs), families, and communities in ensuring access to CRPD compliant and effective community support and care across the life cycle
- Lack of models to effectively organizing community support and care systems across the life cycle in ways that are also gender responsive and transformative

The project due to resource constraints cannot commit to extensive capacity building across stakeholders. The focus of capacity building will be two-fold:

- Supporting OPDs and national stakeholders in two countries to develop a collective understanding and formulation of the actual needs and demands of the diversity of persons with disabilities and their families for community support and care:
 - o 1 national workshop will be organized by and for national OPDs supported by IDA accompanied by bilateral consultations. OPDs will be subsequently involved in the initial multi-stakeholder's workshop and the development of costed policy scenarios which will help consolidate learning and consensus initiated in the first workshop.
 - o Learning will be assessed through pre and post training questionnaire and a short survey in year 2 of the project contributing to the internal evaluation.
- Providing national stakeholders with a collective understanding of key issues to consider as well as a tool that they can use to further develop policies progressive development of development of community support and care systems:
 - o 1 national multi-stakeholders' workshop will be organized by UNICEF with engagement of national OPDs to review key concepts and practice underpinning development of community care and support systems. Participatory development of costed policy scenarios which will help consolidate learning and consensus initiated in the first workshop
 - o Pre-draft of the tool will be developed and used in the work with national stakeholders whose feedback and interaction will contribute to further develop the tool. At later stage, the tool formalized will be provided for validation to stakeholders involved in the first pilots. An evaluation exercise with a questionnaire

for stakeholders involved will be accrued out to assess the added value of the tool for capacity development.

4.5 CAPACITY BUILDING OUTPUTS

Please list outputs in the table below.

CB Outputs	Activities	Partners Involved
2 National training and consultation workshops for OPDs (1 in each country) and bilateral consultation with OPDs	Contract with national OPDs Selection of participants Support development of agenda and material Support organization, facilitation and reporting of the workshop	IDA and its members
2 multi-stakeholders training and consultation workshops	Agreement with authorities Selection of participants with authorities Development of agenda and material Co-organization, facilitation and reporting of the workshop	UNICEF, OHCHR, IDA

5. PARTNERSHIPS AND STAKEHOLDERS ENGAGEMENT

5.1 CONSULTATIVE PROGRAMME DESIGN

MAX 500 WORDS

The project was designed during in-depth exchanges with many stakeholders that took place in reaction to the COVID-19 crisis and in preparation for the GDS 2022. OHCHR has also been in direct dialogue with the Global Alliance for Care and took active part in the Regional Conference on Women in Latin America and the Caribbean, held in Buenos Aires, in November 2022, which focused on the Care Society as a Horizon for Sustainable Recovery with Gender Equality, which informed the design of the project. Exchanges have been taking place with WHO on the work connected to long-term care as they are exploring internal synergies between long-term care, assistive technologies, mental health, and social determinants of health, and engaged closely

with the Special Rapporteur on the rights of persons with disabilities and the CRPD Committee. ILO is also integral to this initiative and conversations and commitments are being built up to cross-fertilize this initiative with the ILO's work on the care economy agenda, including linking their budget impact tool on care, currently under development.

IDA has led consultation processes with OPDs for GDS 2022 and on their requirements for the next World Report on Disability, which have all highlighted the importance of living independently and deinstitutionalization.

UNICEF is engaged to different extents in Colombia and Kenya on discussions with governments and OPDs on social support to persons with disabilities and has been working on costs of disability, support needs survey (Kenya), reform of disability assessment (Kenya), local government and support services (Kenya and Colombia) and care policy (Kenya and Colombia). All those processes contribute to inform the design of the project.

Both in Kenya and Colombia, government counterparts at technical level have welcome opportunities to work on an initial and consultative process to develop possible road maps on community support and care systems.

Coordination has already been initiated through meeting with WHO Euro and ILO Euro who have developed a proposal for the same call covering Georgia and Armenia to ensure alignment and complementarity.

5.2 COORDINATION FOR PROGRAMME DELIVERY

MAX 500 WORDS

OHCHR has been promoting the issue of support and care since the onset of the COVID 19 crisis in consultation with many stakeholders and kick started the community 2030 initiative and together with UNICEF, IDA and IDDC led the work towards the GDS and beyond. OHCHR upon request from the HRC has produced a landmark report offering the needed combination of the disability and women rights frameworks to support and care. OHCHR also has a strong experience and expertise in developing tools and has already done a significant background work with the soon-to-be-released "Promoting the Rights of Persons with Disabilities through the Sustainable Development Goals: A Resource Package". OHCHR will therefore lead the development of the country system assessment tool.

UNICEF offer a unique combination of social policy analysis, country presence and field work across regions and sectors which provide the required outreach and insights into policy and supply side issues to be considered. UNICEF can leverage both its global work on inclusive social protection with ILO, WB, ADB, or access to assistive technology with WHO/AT Scale as well as its country work on social protection, management information systems, public financing for social services, local governance, deinstitutionalization, development of alternative care services, early childhood development, family friendly policies to inform the activities of the project. Country offices in Kenya and Colombia and their strong pre-existing engagement with OPDs and government counterparts will be the base from which county activities will be managed with HQ technical support.

The project will be supervised by a steering committee composed of UNICEF global disability lead supported by the social protection specialists on disability and gender, OHCHR Human Rights and Disability Advisor and IDA represented by its Advocacy Director and at least two representatives of the IDA Community Inclusion and Care Systems task team, representing persons with disabilities and their families, UNPRPD Technical Secretariat. The steering committee will meet every 6 weeks to ensure activities across outputs and programme areas are aligned and to identify additional opportunities for engagement.

The steering committee will also constitute an advisory technical working group which will include the co-chairs of the IDDC CBID task team and other and other relevant partners and donors.

The steering committee will also engage with technical national working groups which will oversee implementation at national level (see section 5.3).

The coordination and financial management of the programme and reporting to the UNPRPD secretariat will be undertaken by UNICEF HQ. Quarterly meetings with the UNPRPD Secretariat will allow update on progress according to the planned timeline. UNICEF and OHCHR technical leads on the project will carry out in-person country visits with the aim of supporting capacity and network building, actively participating in data collection and advocacy efforts, and strengthening collaboration and providing support to national authorities as needed.

Furthermore, to ensure coordination in external communication, both with national stakeholders and at international level, the PUNOs in line with UNPRPD communication guidance note and with the support of the UNPRPD TS comms specialist will develop joint communication messages to be used consistently in interactions with the public and local project collaborators and the public. They will also participate actively in the design, development and delivery of multi-stakeholder meetings and communication efforts in the two piloting countries.

It is expected that the UNPRPD knowledge management committee will also facilitate coordination with the WHO-ILO Europe focused project on community care.

5.3 PARTNERSHIPS FOR PROGRAMME DELIVERY

MAX 500 WORDS

IDA is the core partner of this joint project bringing unparalleled outreach in the global disability movement and considerable experience in carrying out inclusive training and consultation, the IDA board has prioritized the issue of community support and care with the creation of the Community Inclusion and Care Systems task team in June 2022. UNICEF will channel the funds required by IDA for the activities related to supporting national OPDs engagement through an existing Partnership Cooperation Agreement.

At national level (Kenya and Colombia), a time bound, gender balanced, ad hoc technical working group with national authorities, national OPDs (including under-represented groups) and other relevant stakeholders will be created to organise and facilitate the process. National OPDs will be contracted (type of contract may vary depending on the country) to organise the national workshop with OPDs and get resources to take part in the whole process. The whole process at country level will be facilitated either by a national consultant or UNICEF staff with technical support from UNICEF regional offices and HQ staff as well as OHCHR country and HQ staff and consultant.

The project will also build on on-going work including:

- The multiple initiatives linked to community 2030 steered by OHCHR (HRC reports; MoU with the Latin American Development Bank; Monitoring GDS commitments on community inclusion; participation in the Global Alliance for Care, exchange with the coalition on deinstitutionalization), as well as dialogue with countries developing integral care systems in Argentina, Chile, Colombia, Costa Rica, Mexico and Uruguay among others.
- UNICEF's work with ILO on inclusive social protection, its new Disability inclusion Policy and Strategy which focuses on cross sectoral service delivery for community inclusion and its growing portfolio on inclusive support and care system and family friendly policy
- UNICEF and IDA works with WHO and AT scale on access to assistive technology
- IDA and its members' engagement across regions and globally on the issue of community support and deinstitutionalization
- Ongoing initiatives under the PRPD by looking at the essential building blocks described in the PRPD SOF.

The inclusion of the IDDC CBID task team in the steering committee will facilitate engagement and coordination with IDDC members' work at country level that can inform policy options in different contexts as well as with the global CBR network (with possibility for joint activities for the Global CBR congress in 2024).

Coordination with WHO and ILO globally but also with the Europe regional office implementing the other program on support and care funded under this call will provide significant opportunities for joint learning (WHO work on long-term care exploring internal synergies between long-term care, assistive technologies, mental health and social determinants of health and ILO's work on the care economy agenda).

MONITORING AND EVALUATION³

MAX 500 WORDS

Please outline the monitoring and evaluation plan for the programme, including details of an independent evaluation.

UNICEF will oversee the overall monitoring and reporting of the programme for UNPRPD secretariat. Through monthly coordination meetings with programme partners and with country offices, challenges as well as learnings will be identified and addressed in the project steering committee meetings.

The steering committee will meet every six weeks to review the progress of the program and plan the next quarter's activities and will validate the annual progress report and the final report before transmission to the UNPRPD secretariat (3 month after completion of the project period).

Feedback on all capacity building events and activities will be documented through pre-post activities survey (i.e. surveys from workshops and events) and will be analysed to assess stakeholders' perspective on the delivery of the activities.

As agreed with the UNPRPD secretariat, an internal evaluation will be carried out Q4 of year 2 which will focus on key learning and will provide background elements to the independent evaluation which will be carried out by the UNPRPD secretariat. The internal evaluation TORS will be shared by the UNPRPD TS.

7. PROGRAMME SUSTAINABILITY AND INNOVATION

How will the programme ensure that results continue to have a lasting impact on institutional behaviours, policies or practices after the project ends?

How will the project promote and develop innovative resources and practices?

The project features innovation at various levels as it is tackling the question of community support and care systems that has not yet been comprehensively addressed by:

- The normative aspect combining CRPD and gender equality frameworks
- The policy aspect considering both demand and supply issues
- The diversity of contexts

First, it will clarify the demands for community support and care systems among the diversity of persons with disabilities in different contexts and the role of families. Until now this has not been done formally as support was primarily a private and family matter, and it is often invisible even in CRPD parallel reporting. IDA involvement and work through the project will provide insights on the perspective and demand of organizations of persons with disabilities and their families. The results will be used by IDA to inform its work and advocacy which will be led by its Community Inclusion and Care Systems task team.

The development of the costed policy scenarios with the support of the *country assessment tool on community support and care systems* will set an innovative approach to consider and aggregate a diversity of demands and supply side issues in a way that has not been comprehensively addressed in most LMICs. This work will contribute to the support of UNICEF to governments in pilot countries, could be expanded through the R4 UNPRPD grant in Kenya (should the UNCT consider this a priority) and will inform globally the work of UNICEF on inclusive community support and care systems which is at the core of its new Disability Inclusion Policy and Strategy.

The publication of the *country assessment tool on community support and care systems* will be a significant contribution to the broader debate on the care economy and will provide concrete guidance for all stakeholders to include the CRPD and framework and perspective of persons with disabilities across the life cycle in their future work. There is no such resource available today.

The project will also inform and be informed by the second report of OHCHR to the human rights council on the matter and the related 2024 HRC resolution. It will also provide essential elements for developing the second-world report on disability, whose process will provide opportunities to expand and deepen consultation with OPDs.

8. RISK MANAGEMENT

Please describe the risk management strategy for the programme using the table below.

Type of risk⁴ (contextual, programmatic, or institutional)	Risk Kenya	Likelihood (L, M, H)	Impact (L, M, H)	Mitigation strategies	Risk treatment owners
Contextual	Event such as deterioration of political situation or health crisis prevent country activities	M	M	Remote work	UNICEF OHCHR
Contextual	Change of government or political leadership lowering interest for the issue limiting ownership	L	M	Focus on OPDs for sustaining demand as well as continued engagement with service providers and technical level in ministries	UNICEF OHCHR
Type of risk⁵ (contextual, programmatic, or institutional)	Risk Colombia	Likelihood (L, M, H)	Impact (L, M, H)	Mitigation strategies	Risk treatment owners
Contextual	Event such as deterioration of political situation or health crisis prevent country activities	M	M	Remote work	UNICEF OHCHR
Contextual	Change of government or political leadership	L	M	Focus on OPDs for sustaining demand as well as continued engagement with	UNICEF OHCHR

⁴ Use the following definitions: Contextual – Factors over which external actors have limited control, e.g., political turmoil, return to conflict, humanitarian crisis; Programmatic -Factors specific to the delivery of the programme, e.g., failure to achieve objectives, low turnout at programme event; Institutional –Internal factors specific to the participating organisations, e.g., reputational loss, financial mismanagement.

⁵ Use the following definitions: Contextual – Factors over which external actors have limited control, e.g., political turmoil, return to conflict, humanitarian crisis; Programmatic -Factors specific to the delivery of the programme, e.g., failure to achieve objectives, low turnout at programme event; Institutional –Internal factors specific to the participating organisations, e.g., reputational loss, financial mismanagement.

Type of risk (contextual, programmatic, or institutional)	Risk Kenya	Likelihood (L, M, H)	Impact (L, M, H)	Mitigation strategies	Risk treatment owners
	lowering interest for the issue limiting ownership			service providers and technical level in ministries and	

9. ACCESSIBILITY

MAX 200 WORDS

Please briefly outline main measures that will be taken to ensure that the programme processes, activities, and outputs are fully accessible and how OPDs will be involved in this process.

Provision in the budget have been made to ensure that reasonable accommodation (sign language, illustrator, personal assistance...) will be provided in workshops, webinars will include sign language interpretation and captioning, online survey will be carried out on an accessible platform and global knowledge products will be made available in accessible formats.

10. BUDGET

9.1 BUDGET NARRATIVE

Based on the format approved by the UNDG Financial Policy Working Group, please utilize the attached Excel spreadsheet to provide a budget breakdown by fund recipient (Sheet 1) and by outcome (Sheet 2).

The total cost of the project is estimated at 459,980 USD with UNPRPD contribution of 299980 USD. Out of the UNPRPD contribution, 175694 USD will support outcome 1 and 124286 USD will support outcome 2.

UNICEF will co finance in kind for a value of 80000 USD with 7 months equivalent full time of staff EFT (in HQ: Social policy specialist 1 months, Global disability lead 1 month, M&E officer 1 month and in country offices: social policy officers: 4 months)

OHCHR will co-finance in kind for a value of 60000 USD (3 months EFT of Human rights and disability advisor)

IDA will co finance for a value of 20000 USD the cost of senior advisor and project officers, cost of webinars and the face-to-face meeting of the IDA Community Inclusion and Care Systems task team.

9.2 BUDGET ELEMENTS

From the budget information please specify the following:

Category	Activity (please describe)	Total cost
Monitoring and Evaluation ⁶ Costs	Monitoring activities and reporting internal evaluation	15000 USD *financed from UNICEF own resources
	[...]	[...]
	[...]	[...]
Direct impact on empowerment of women and girls with disabilities	[...]	[...]
	[...]	[...]
	[...]	[...]
Direct Impact on DPOs' capacity	National workshops and follow up	40000 USD
	[...]	[...]
	[...]	[...]
Accessibility costs	International sign language, easy read version of publications,	12000 USD
	[...]	[...]
	[...]	[...]

9.3 FINANCING

Please provide information on additional resources that will be mobilized and are available for the programme.

Partner (UN/Gov/	Outcome	Description	Amount USD
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⁶ Please include costs for a final evaluation of the project.

Private sector)			
UNICEF	1 and 2	UNICEF will cover the cost of monitoring, reporting and evaluation as well as technical coordination of outcome 2 and technical contribution to outcome 1 with 7 months equivalent full time of staff EFT (in HQ: Social policy specialist 1 month, Global disability lead 1 month, M&E officer 1 month and in country offices: social policy officers: 4 months)	80000 USD
OHCHR	1 and 2	3 months EFT of Human rights and disability advisor	60000 USD
IDA	1 and 2	Co funding for the project officers, the cost of webinars and the face-to-face meeting of the IDA Community Inclusion and Care Systems task team	20000 USD

9.1 VALUE FOR MONEY

MAX 300 WORDS

Please describe how the programme will deliver value for Money (include key cost drivers).

Considering the UNPRPD investment of 299,980K (480K with partners own resources) and scope of the project with activities in 2 countries on an issue that has not been comprehensively explored before the project will yield strong value for money both in providing key resources to stakeholder in pilot countries as well as in the development of 2 knowledge products of global relevance.

The national activities are designed to have strong catalyzing and leveraging potential as clarification of demand, the costed policy scenario and the assessment tool will all contribute to build a basis for further advocacy and programmatic/policy developments on an issue that have not been comprehensively explored but is timely. Growing attention development agencies including World Bank and Regional Development Bank on this issue provide reasonable optimism on the possibilities for government to find financial support to invest in development of such system.

Also, the project will deliver 2 knowledge products of global relevance which will provide to both the disability rights movement and development agencies to consider the investment on care economy policies from a disability inclusion perspective potentially contributing to significant resource mobilization.