

MULTI-COUNTRY PROGRAMME FULL PROPOSAL

Title of the programme	Unpaid care, disability and gender transformative approach
Countries	Colombia, Panama, Tanzania, Mozambique, Kenya
Duration (max. 24 months)	24 months
Total Budget (including 7% indirect costs)	US \$ 4,062, 833
Participating UN Organizations	UNDP (lead), UNICEF, UNWOMEN, UNFPA, ILO, OHCHR
OPDs (global/regional/national)	Global: International Disability Alliance, Inclusion International, ADD International Regional: ONCE Foundation for Latin America (FOAL), African Disability Forum, RIADIS. Panama: National Federation of Persons with Disabilities (FENAPEDI), National Disability Network (REDIS), Association for People with Disabilities and Mobility Difficulties (APEDIPROLOCHI), Luz y Vida Board, Inclusión Panamá: the National Federation of Associations of Parents and Friends of the People with Disabilities, Patronato Luz del Ciego (blind persons), National Union of the Blind, Panamanian Institute of Special Habilitation (IPHE). Colombia: Colombian Coalition for the Implementation of the Convention on the Right of Persons with Disabilities,

	National Network of Women with Disabilities, Polimorfos Corporation, ASDOWN Colombia, National Federation of Deaf Persons in Colombia (FENASCOL), Colombian League of Persons with Autism (LICA), Colombian Federation of Organizations of People with Physical Disabilities (FECODIF), National Coordinator of Civil Society Organization of Persons with Vision Impairment (CONALIVI), Caucasia Disabled Foundation (FUNDISCA), Diverse Women Collective, Colombian Association of Deaf-Blind Persons (SURCOE). Tanzania - Tanzania legal for the blind (TLB), CHAVITA, Tanzania Albino Society, CHAWATA, International Tanzania. Tanzania Federation of Disabled Peoples Organisations (SHIVYAWATA) Kenya - KAIH representing persons with intellectual disabilities and their families, UFPK, Down Syndrome society of Kenya. East Africa Federation of the Disabled (EAFOD). Mozambique - Mozambique Federation of the Disabled (FAMOD)
Governments offices or regional bodies	National governments in Panama, Colombia, Tanzania, Kenya, Mozambique
Other Partners (academia etc)	
Contact details of focal points for each UN entity	UNDP (Lead) – Aroa Santiago aroa.santiago@undp.org ; Temilola Adeoye temilola.adeoye@undp.org UN Women – Monjurul Kabir monjurul.kabir@unwomen.org; Amber Parkes amber.parkes@unwomen.org; UNICEF – Alexandre Cote acote@unicef.org OHCHR – Facundo Chavez Penillas Facundo.chavezpenillas@un.org UNFPA – Leyla Sharafi sharafi@unfpa.org; Nathaly Guzman nguzman@unfpa.org ; Virpi Mesiäislehto mesiaislehto@unfpa.org ILO – Esteban Tromel tromel@ilo.org

1. EXECUTIVE SUMMARY

Care and support systems fundamentally shape societies and economies, impacting how they function. The design and delivery of these systems involve various entities, including the State, communities, private sector, families, and individuals. However, this provision of care remains uneven, predominantly leaning on the unpaid labor of women, contributing to gender inequalities by constraining women's time and limiting their access to opportunities and economic security.

This program adopts an intersectional approach to care system reforms, aiming to understand and dismantle the multiple barriers faced by women and girls, including those with disabilities, in achieving economic justice and accessing necessary services. Advocated by feminist economists and activists, addressing this issue entails recognizing, reducing, and redistributing unpaid care. While UN agencies actively advance this agenda as a crucial step for human development and equitable progress, the care agenda often overlooks the needs of persons with disabilities, operating in parallel without sufficient collaboration.

This UNPRPD joint programme is designed to address the complex issues surrounding care and support systems, with a focus on making them more disability-inclusive and gender-transformative. The ultimate aim is to increase independent living opportunities for persons with disabilities, especially women, and improve the well-being of unpaid caregivers providing support to family members with disabilities. The programme emphasizes influencing national care and support systems, with special attention to unpaid care, to create a more inclusive and gender-transformative policy environment.

Spanning Tanzania, Mozambique, Kenya, Colombia, and Panama, the joint programme strategically selected these countries based on political commitment, policy progress, and the effective engagement and capacity of participating UN organizations and civil society. The programme is unique in its multi-stakeholder design, bringing UN agencies, governments, civil society, and other relevant care sector actors together to take a collaborative approach and form new partnerships. This programme will create new knowledge and tools on disability rights and gender-transformative care system policy reforms and practices, filling a significant knowledge gap. This knowledge will be informed by learning and evidence from national-level piloting, ensuring a practical and contextually relevant approach.

This joint programme, informed by 35 situational analyses conducted by UNPRPD and its implementing PUNOs, integrates insights from national and global consultations, addressing identified gaps in disability inclusion and rights. The programme will be guided by meaningful engagement with organizations of persons with disabilities (OPDs) women's rights organizations (WROs) throughout the cycle, aiming for a holistic and inclusive approach to challenges within care and support systems.

This initiative aligns with the ongoing efforts led by the Deputy Secretary General to unify the UN System in defining a shared vision for expanding care and support systems and delineating the roles of UN agencies in this crucial domain.

2. RATIONALE FOR THE PROGRAMME

2.1 INNOVATION

The programme is unique in its multi-stakeholder design bringing UN agencies, governments, civil society and other relevant care sector actors together to take a collaborative approach and form new partnerships. This programme will create new knowledge and tools on disability rights and gender transformative care system policy reforms and practices, filling a significant knowledge gap. The knowledge will be informed by learning and evidence from national level piloting. The key components of programme innovations include:

Multi-stakeholder partnerships:

The programme is designed to use a multi-stakeholder approach bringing relevant actors together for collective engagement. By bringing UN agencies together who lead work on care reforms, the programme harnesses their high-level expertise and technical knowledge for stronger outcomes and more coordinated delivery at the national level. In addition, the programme will engage government and civil society from both the women's movement and the disability movement to build stronger understanding and collaboration.

Participation

Participation is a fundamental aspect to this programme in which civil society stakeholders are implementing partners with decision-making roles. OPDs have unique technical expertise to understand the changes that are needed to enable full participation on an equal basis. This is an untapped resource in many contexts and this programme is unique in supporting equal decision-making mechanisms to ensure reforms are based on the priorities of rights holders.

Gender transformative:

This programme uses a disability inclusive gender transformative approach to actively examine and challenge the broader forms of structural powers that produce gender and disability inequalities. The programme is intentional in moving beyond gender and disability inclusion to use an inclusive gender transformative approach to address the multiple and intersecting forms discrimination facing women and girls with disabilities and persons with disabilities of diverse SOGIESC. This is an innovative analytical framework as it looks at structural inequality at both disability and gender intersections.

Knowledge generation:

The programme introduces a significant innovation in the field of the care economy by developing tools and knowledge that apply an analysis based on the CRPD. This innovation addresses a notable gap in existing care economy knowledge, data, tools and guidelines. Generating knowledge and tools that address the rights of persons with disabilities within care systems reforms, will benefit the broader care agenda reforms across the four countries. The evidence and tools can also be adapted to be used beyond the scope of this programme in other geographic contexts.

Evidence based programming and action: Deciding on priorities based on evidence that is reflective of both the care and disability work in the countries

In each of the countries, consultations will be carried out with both the disability movement and the women's movement so that programming will be tailored to address their priorities and support ongoing efforts. In addition, mapping and assessments of the existing care and support services and systems as well as the demand for care and support by persons with disabilities will be used for tailoring programme interventions in each country. Implementing partners will also select and design pilots based on readiness and commitment to disability inclusion. In addition, existing promising practices will also be identified and disseminated for their potential replicability.

Developing policy recommendations based on what works :

Through partnerships with civil society and in particular, organizations of persons with disabilities and women's rights organizations, the knowledge and learning in the programme will be informed by the priorities of rights holders. Rooted in the on-the-ground realities, the policy recommendation that are generated, will be based on evidence from the pilots at the national level for policymakers to consider for longer-term reforms.

2.2 REACH

The joint programme, spanning Tanzania, Mozambique, Kenya, Colombia, and Panama, was chosen based on, political commitment, progress on relevant policy areas related to care and support system , capacity of the participating UN organisations (PUNOs) and civil society interest to engage on the topic. With a focus on addressing care and support system gaps, the joint programme targets duty bearers and civil society organizations in unpaid care and support. The intended outcome is to benefit caregivers with disabilities, persons with disabilities, and households by fulfilling their rights to independent living through disability-inclusive and gender-transformative care and support systems.

Moreover, in all targeted countries, unpaid caregivers, predominantly women, will reap the benefits of the envisioned changes in care and support systems. These transformations aim to alleviate their burdens, providing them with more personal time or creating opportunities for meaningful, paid work as caregivers. Notably, an estimated 606 million working-age women remain outside the paid labor force due to their care-giving responsibilities, with older women dedicating approximately 4.3 hours daily to unpaid care work. As the programme develops global normative frameworks through piloting and learning in the five countries, it will indirectly impact these unpaid caregivers beyond the targeted countries.

In **Tanzania**, around 3.3 million people with disabilities are expected to benefit, while women are projected to be relieved of 4.4 hours of unpaid care work. Primary beneficiaries include duty bearers such as government entities coordinating disability efforts, social protection, health, and gender equality. Other beneficiaries encompass OPDs, participating in research and leveraging outcomes for advocacy and policy implementation. Indirect beneficiaries include WGWD, benefiting from strengthened policies, resource allocation, and support structures to address their needs related to GBV prevention and response.

In Mozambique, based on the relatively conservative prevalence of persons with disability, of 15%, 4.8 million persons with disabilities, of whom a majority are women and girls with disability will benefit from the expected changes the joint programme will bring to the care and support system in the country. The primary and direct beneficiaries in this programme will be duty bearers: The ministries of social welfare, justice and constitutional affairs (the ministry overseeing disability issues) and health and gender. Furthermore, the umbrella OPD FAMOD who will work closely to implement the programme and other CSO of women rights groups will be in-direct beneficiaries of the capacity building and piloting interventions.

In Colombia, almost 4 million people living with a disability will benefit from the expected changes the joint programme will bring to the care and support system in the country. Additionally, approximately 3.6 million women engaged in unpaid care work stand to benefit. The primary and direct beneficiaries in this programme will be duty bearers: the national disability council, ministry for social welfare, ministry for employment and ministry for gender and ministry for health. Other indirect beneficiaries will be OPDs, especially women led OPDs and organisations working on women rights and gender equality who will benefit from the capacity building as well as engagement with the programme to influence policies and plans.

Panama aims to cover 11% of the population with disabilities, with a specific focus on vulnerable women and girls in rural and indigenous areas. As a result, women are expected to decrease their time spent on unpaid care and domestic chores by 18%. Primary beneficiaries, such as duty bearers including the Ministry of Social Development, the National Secretariat for Disability, and ministries for health, gender, and employment, will have enhanced knowledge and understanding in designing and implementing inclusive and gender-transformative care and support policies and plans. Indirect beneficiaries encompass OPDs, especially women-led ones, and organizations dedicated to women's rights and gender equality, who will benefit from capacity building and engagement with the program to influence policies and plans.

In Kenya, nearly 4 million people with disabilities will benefit from the anticipated improvements brought about by the joint programme in the country's care and support system. Women are projected to decrease their hours dedicated to unpaid domestic and caregiving duties by 5 hours. The primary and direct beneficiaries include duty bearers such as the State Department for Social Protection and Senior Citizens Affairs, the National Council for Persons with Disabilities, the Ministry of Health, the Ministry of Gender, Women's Affairs, the Ministry of Labour and Employment, and the Kenya National Bureau of Statistics. Additionally, OPDs, particularly women-led ones, and organizations dedicated to women's rights and gender equality will be indirect beneficiaries, gaining from capacity building and active engagement in the program to influence policies and plans.

Through the global guidance on care and support and decent work framework, the joint programme will reach a diverse range of stakeholders, benefiting both right holders and duty bearers. International organizations engaging in care economy discussions will gain insights from UN Human Rights' advocacy, understanding the intersectionality between disability rights and care economy processes. Governments globally will receive guidance on integrating disability rights into care economy policies. Civil society organizations advocating for disability rights will gain knowledge and resources. Organizations supporting care economy initiatives will benefit

from UN Human Rights' advocacy, fostering a more inclusive and rights-based approach to their funding priorities.

.2.3 GENDER EQUALITY ANALYSIS

UNPRPD carried out a gender analysis as part of the situational analysis that was conducted in thirty five countries, to understand the intersecting forms of discrimination and structural inequalities experienced by women and girls with disabilities. Stigma and discriminatory attitudes against persons with disabilities are reported to be one of the largest obstacles to inclusion in all thirty five countries. For women and girls with disabilities, harmful beliefs and cultural myths about disability and gender intersect enabling high rates of violence and human rights violations including forced or coerced sterilization, denial of decision-making and lack of access to sexual and reproductive health services. Women with disabilities are at greater risk of poverty than men with disabilities linked to limited access to mainstream education and job training and barriers to accessing work and employment. It is estimated that a significant proportion of women with disabilities are out of work or unemployed and when they do work, they earn less than men with disabilities.

Care work is deeply gendered, with women providing three times more unpaid care work than men. Care work is also still widely perceived as a private issue rather than a public policy issue, with unpaid care work framed as a 'burden' rather than as a social good to be valued, invested in and more equitably shared. Anecdotal evidence suggests women and girls with disabilities are more likely to provide unpaid care work, but this intersectional analysis is still missing in many of the unpaid care dialogues. Capacities of states and civil society to understand the intersecting forms of discrimination women and girls with disabilities experience is still limited. This is compounded by the limited prioritization of women with disabilities' rights in both the disability and the women's rights movements. In most countries, OPDs and, in particular, organisations led by women with disabilities are not engaging with the women's movement around the care agenda.

From these analyses, this programme's theory of change, aims to bring together two agendas that have largely been disconnected; transforming care systems to achieve gender equality; and ensuring persons with disabilities exercise their rights to live independently in the community with support to participate on an equal basis thereby achieving disability equality.

The programme has been informed by, and builds on, ongoing work on care and disability inclusion in the five programme countries and globally, across the six Participating UN Organizations. This includes through gendered assessments of women and girls' (including women and girls with disabilities and other marginalized groups) time use, especially as it relates to unpaid care, women's decent work opportunities and access to care and support. The programme is also informed by national level consultations, policy dialogues and skills-sharing with civil society groups from both the mainstream women's movement and women-led OPDs as well as key national duty-bearers including: ministries of gender, social development, labour, social protection, and finance. The programme design also benefits from research and learning through policy simulations of investments in care services, women's time spent on unpaid care and mapping care and support needs at national level.

A gender transformative and disability inclusive approach will be applied across the program to actively examine and challenge entrenched gender and disability inequalities. These approaches ensure that efforts to transform care systems must actively and systematically address multiple and intersecting forms of discrimination and exclusion on the basis of gender and disability as well as other factors such as: sexual orientation, gender diversity, race, ethnicity, migration status, economic status, religion and age.

Key stakeholders will be women's rights organizations (WROs) and networks, organizations of people with disabilities (OPDs) including women-led OPDs and OPDs representing marginalized and underrepresented groups such as persons with intellectual disabilities, persons with psychosocial disabilities, Deafblind persons, persons with multiple disabilities etc., caregiver organizations, and their constituents (those who are discriminated against), feminist economists and research institutions, social services institutions, labour unions including those representing service providers, national statistics institutions (those who influence), and policymakers in ministries of gender, labour, social inclusion and social protection and finance (those who hold power).

The structural inequalities experienced by women and girls with disabilities as well as unpaid caregivers including pervasive stigma, place them in a position of disempowerment and disenfranchisement which could be a threat to their participation in policy dialogues. Partnerships and capacity building should be designed to ensure their perspectives are not sidelined and that they have a place at the table. Additionally, there is a risk that women's rights actors involved in transforming the care system, could see the intersection of disability within care a threat to their agenda. Partnerships should be made between OPDs, especially women-led OPDs and care workers coalitions/women's rights/feminist organizations to develop a common understanding and strategies for collective engagement.

2.4 HUMAN RIGHTS ANALYSIS

UNPRPD's global situational analysis on implementation of the Convention on the Rights of Persons with Disabilities (CRPD) shows that the availability and accessibility (including affordability) of support services and systems to enable persons with disabilities to exercise their rights to participate on an equal basis are woefully inadequate. Institutional capacity to implement the CRPD is weak and the 'medical model' of disability prevails in legal and policy framework perpetuating segregated services for persons with disabilities such as residential institutions or psychiatric hospitals. Existing support services and systems are insufficiently developed and resourced and comprehensive care and support systems and social protection programmes are not yet in place to meet the needs of persons with disabilities to live in the community and participate across their lifecycle.

The absence of a comprehensive care and support system puts persons with disabilities at risk of human rights violations including forced institutionalization and forced medical treatments. This also means persons with disabilities rely on others for unpaid care or placement in residential institutions or other forms of congregate care. They are denied the opportunity to choose services, make decisions and access support that enables them to live in the community, be independent and participate. There are also major implications for unpaid care workers providing this support and filling the gaps in underdeveloped care and support systems.

The disability movement has long advocated for independent living and community care and support systems. Despite the efforts of the disability rights movement, women's rights organizations and organizations of persons with disabilities, including those led by women with disabilities, have not collaborated around the care agenda. Building a common understanding will be key for the agenda to ensure care system reforms promote the human rights of both care givers and care receivers.

Among persons with disabilities, those most disproportionately affected are persons with intellectual disabilities, deafblind persons, persons with multiple disabilities and complex access and support needs. Persons with intellectual disabilities and persons with psychosocial disabilities are at greater risk of institutionalization, forced and coerced medical treatments and other forms of violence, often at the hands of service providers. People with disabilities living in rural areas, older persons with disabilities and children with disabilities, particularly those living outside family settings and without parental care are further exposed to abandonment and violence.

States are the primary responsible stakeholder to deliver for persons with disabilities. Nevertheless, substantive gaps exist in care systems today. Social protection systems do not commonly address disability related extra costs, with systems that provide poor poverty reduction schemes with often incompatible disability benefits. Disability assessments are either inefficient to deliver to the whole population, or are administratively cumbersome, or are over comprehensive, or do not assess support needs. Time use surveys are rarely disaggregated by disability, both from a caregiver or care and support recipient perspective.

2.5 HUMAN RIGHTS APPROACH

The programme will use a human rights-based approach by supporting rights holders and duty bearers to promote care and support systems that reduce and redistribute unpaid care while ensuring it meets the needs of persons with disabilities to live independently in the community and participate in line with international human rights law including UDHR, CEDAW, and CRPD. The programme will also apply the principles of universality to ensure quality care-related services, infrastructure, regulatory frameworks and benefits reach the entire population in a progressive way – especially those most likely to be left behind, ensuring availability, accessibility (including affordability), adequacy and quality of facilities, services and goods.

The program will promote inclusion and effective participation of all stakeholders in the planning, implementation, and evaluation throughout the programme cycle. This includes involving and supporting meaningful participation of primary rights holders targeted by the program. Through meaningful participation, the programme will partner with and engage a diversity of rights holders including women, children, persons with disabilities, older persons using an intersectional approach to ensure the diversity of voices and perspectives are included. The programme will also support governments to fulfil their obligations under ratified international human rights conventions by improving their capacities to put gender transformative and disability inclusive care systems in place at the national level. The programme will also establish forums for rights holders to contribute to multi-stakeholder dialogues and decision-making processes.

The program will strive to ensure that all individuals, regardless of their gender, disability, or socio-economic status, have equal access to the programme's benefits. Systematic efforts will be made to ensure that programme activities and information by ensuring accessibility measures and reasonable accommodations are planned and budgeted across activities, including in data collection.

The program will pay specific attention to underrepresented and marginalized groups that are often even more likely to provide unpaid care and/or be recipients of unpaid care. This includes women and girls and persons with disabilities including marginalized and underrepresented groups such as those living in poverty, in remote areas, of indigenous origin, migrant or refugees. This also includes marginalized and underrepresented disability groups such as persons with intellectual disabilities, deafblind persons, persons with psychosocial disabilities, persons with albinism and persons with multiple disabilities.

Inclusive and accessible planning and communication will be used to outreach to and engage rights holders, especially from marginalized constituencies, in programme activities. The programme will provide time and space for consultation and multi-stakeholder dialogue with rights holders through their representative organizations. Whenever technically feasible, data collection efforts will seek to address data invisibility of these groups.

Finally, the program will ensure that monitoring and evaluation with specific indicators for equality, non-discrimination, and inclusion of the diverse right holders especially the most marginalized.

Finally, the program will promote accountability by ensuring States bear primary responsibility to respect, protect and fulfil human rights as provided under international human rights law. This includes setting benefits and defining the quality of care services (eligibility, level, entitlements, define and implement funding models, delivery, monitoring and evaluation); effectively regulating the market for care services and labour market for care workers; and acting as a statutory and core funding entity, and in some countries act as a direct provider and an employer of care workers in the public sector.

2.6 GEOGRAPHIC SCOPE

The selection of countries are Tanzania, Mozambique, Kenya, Colombia and Panama, which has been done following the criteria of: government willingness and political commitment to engage in care reforms, capacities of UN agencies to undertake such interventions, and regional representation.

Latin America offers relatively advanced care systems, although still insufficient particularly in the consideration of reducing and redistributing care to achieve gender equality, and in supporting persons with disabilities and their providers of care and support. Therefore, it is expected that Colombia and Panama will serve as pilots to diagnose and test necessary measures

in relatively advanced systems to incorporate a disability inclusion lens and to contribute to gender equality.

In **Colombia**, there is a sound political commitment to move towards the building of comprehensive care systems nationwide. At the local level, Bogotá has been a pioneer in the region in the creation of a District Care System, that for the first time includes a range of services specifically aimed at women caregivers. Different UN agencies have contributed to the strengthening and expansion of the District Care System, which has already been institutionalized by a decree this year. In particular, UNDP supported the Municipality of Bogotá in the following: 1) Regulation of the District Care System Law; 2) Costing of existing care services and costing of new care services until 2030; 3) Georeferencing of private and community care services using a georeferencing tool. UNICEF is currently assessing the existing care system to identify potential reforms to include a disability inclusion lens. Additionally, the District Care System of Bogotá has been presented as a good practice in different editions of the virtual course on care systems organized by UNDP, UN Women, ILO and ECLAC to promote the exchange of knowledge between public officials, academia and civil society from different countries in the region. At the end of 2022, the government created the National Care System, which is one of the main public policy bets of the newly created Ministry of Equality and Equity of Colombia. Colombia is calculated to be the country with most persons with disabilities in the world because of internal protracted conflicts.

Panama has a long history of collaboration between the government and United Nations agencies to advance the care agenda. In 2018, UNDP developed [an analysis that included a critical path for building a comprehensive care system](#) with social co-responsibility in Panama. Since 2019, the Ministry of Social Development of Panama has been working with a group of institutions and organizations, including UN agencies, to build a National Care System. The Executive Decree No. 22 of May 28, 2019 created the Public Policy Roundtable for the definition of the National Care System in the country, whose objective was to identify, propose and promote actions that foster the recognition of the rights of people who require care and of people in charge of caregiving activities. In 2023, the Government of Panama submitted the Bill for the creation of the National Care System to the National Assembly. Recently, the government has expressed interest in advancing in the georeferencing of the supply and demand of care services in the country. UN Women is also working with the government to help in this expansion.

The context and realities of countries in **Sub-Saharan Africa**, such as high levels of informality, rurality, or communal organization of care, require that care and support systems are adapted to each of these concrete contexts. Therefore, this project is an opportunity for UN agencies to adapt and pilot existing tools from other regions as well as build on local practices on care and support for gender equality and for the inclusion of persons with disabilities, to create a set of models that can be further replicated in the region.

The government of **Tanzania** has confirmed its commitment to implement a comprehensive set of actions aimed at reducing and redistributing care and reducing women's time poverty. Commitments include investments in gender-responsive care services within both public and private sectors to enhance the quality of care, with the target of recognizing, reducing, and redistributing unpaid care work by the year 2026. Moreover, the government's pledge extends to policy reforms designed to create decent care jobs, thus acknowledging the significance of care workers while ensuring their labor rights and equitable representation. UNFPA Tanzania has

collaborated closely with organizations representing persons with disabilities to identify and advocate for policy changes, necessary investments, and targeted interventions.

Mozambique faces numerous challenges from climate change to conflict. These have a direct impact on the amount of unpaid care work and increase gender inequalities, making it necessary to support the government in addressing such challenges. Mozambique has demonstrated significant advances in gender equality and effective multiagency collaborations, notably through initiatives like Spotlight aimed at preventing and eliminating Gender-Based Violence (GBV). At the national level, the country has established a multisectoral mechanism, coordinated by the Ministry of Gender, Children, and Social Action, collaborating with various ministries. The Mozambican government's five-year plan outlines key priorities that closely align with the fundamental principles of the care agenda. UNDP's active support in orienting Mozambique's Strategic Planning process toward the Sustainable Development Goals (SDGs), with a strong emphasis on gender equality, provides a strategic entry point to embed the care agenda within national frameworks.

in **Kenya**, the government has already drafted a care policy informed by the 2021 time use survey with UN Women support. In addition, as a follow up of the 2022 national support needs assessment survey of persons with disabilities and their caregivers, the directorate of social development (DSD) has initiated, with UNICEF support, the participatory development of a roadmap for the development of community care and support systems for persons with disabilities and their caregivers with aims to enhance community inclusion and reduce care related gender inequalities. This road map will inform the care and support component of the disability policy currently being drafted. Through this processes most stakeholders have highlighted the fact that there are potential elements of a system, there has not yet a viable and effective integrated model tested to build upon. The implementation of the reformed care policy for children adopted in 2021 with emphasis on deinstitutionalization, face similar challenge to due absence of community support system model. The present program will allow the co-creation and initial piloting of a integrated care model, first for children and youth with disabilities with high support needs and their caregivers as well as for care givers with disabilities that will inform the finalization of and convergence between the care policy and the disability inclusion policy.

3. PROGRAMME RESULTS FRAMEWORK

3.1 THEORY OF CHANGE

Ultimate outcome: Enhanced enjoyment of human rights and quality of life for persons with disabilities and their unpaid and paid care workers, especially women care workers, in Colombia, Panama, Tanzania, Mozambique and Kenya.

This joint programme envisions impacting the lives of persons with disabilities and their unpaid and paid care workers, with a focus on the rights of women care and support workers in Colombia, Panama, Tanzania, Mozambique and Kenya.

The ultimate outcome is that persons with disabilities in particular women with disabilities have the right to choose and control the support and care they receive, enabling them to live independently. The programme will also aim to reduce women's time poverty, redistribute care

responsibilities, and redefine gender social norms. Additionally, the programme will seek to enhance decent work conditions and equal opportunities for women caregivers, including those with disabilities, providing unpaid care, to persons with disabilities.

To achieve this ultimate outcome, the joint programme is aiming to influence existing national care and support systems to reduce and redistribute unpaid care, to achieve a more disability inclusive and gender transformative policy environment in design, implementation and monitoring processes. These efforts aim to reduce women's time poverty and enable the promotion of persons with disabilities' right to choose and control their support and care.

It recognizes that new approaches are required to address the root structural problems, namely addressing gender social norms that define how care responsibilities are understood and distributed within societies, and addressing insufficient care systems and services that take for granted the free work of women. Strategically, this programme intends to bring together policy discussions on expanding care systems for reducing and redistributing unpaid care for achieving gender equality, with the disability rights agenda on care and support for promoting independent living for persons with disabilities.

Care systems are shaped by the State through its three roles as: provider of care services; regulator and articulator of different policies that influence care systems and services, and coordinator of care offered by different actors (private sector, communities, families and individuals). As the national care and support policies, plans and services have a direct impact on gender equality and how care provision is distributed in society, including unpaid care, as well as on the rights of persons with disabilities, this programme is targeting the following intermediate outcomes which are interconnected and intricately linked to the ultimate outcome.

Intermediate outcome 1 : Enhanced responsiveness of legislation, policies and programmes to the needs and rights of women who provide paid and unpaid care, including women with disabilities, in the 5 selected countries.

Intermediate outcome 2: Increased recognition of gaps in national and local care & support systems including policies, legislation, practices and programmes relating to unpaid and paid care delivery hindering the support to persons with disabilities to live independently in the 5 selected countries.

Intermediate outcome 3 : Improved provision of disability inclusive and gender transformative National care and support systems, promoting the right of persons with disabilities to choose and control their care and support in the 5 selected countries.

The intermediate outcomes in the Theory of Change are centered around the assumption that expanding care systems is essential to address one of the major perpetrators of gender inequalities, and that current care systems are still insufficient to meet the existing care needs. These outcomes are also built on the assumption that the current national care systems and local care services need substantive reforms to be disability-inclusive and gender-transformative. Once achieved, governments will be able to advance towards their commitments around gender equality, particularly target 5.4 of the SDGs to "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate", and governments will be able to advance their commitments to supporting persons with disabilities right to choice and control over the support and care they receive.

The assumption of the intermediate outcomes is that gender-transformative approaches to addressing unpaid care will contribute to societal shifts towards elimination of gender discrimination and negative gender social norms around care, as well as the expansion of inclusion and dignity. It is also assumed that the tested interventions will lead to a direct positive impact on persons with disabilities' right to choose and control the support and care they receive, reducing risk of institutionalization.

Immediate Outcomes:

- 1. Immediate outcome 1.1: Increased access for Care and support workers, particularly women and girls including caregivers with disabilities, to support services and protection mechanisms and systems to effectively diminish women's time poverty and reshape gender social norms on care and support.**
- 2. Immediate outcome 1.2: Enhanced Empowerment and Professionalization of unpaid and paid Women Care Providers**
- 3. Immediate Outcome 2.1: Enhanced access for national stakeholders to information and analysis regarding existing gaps in unpaid and paid care work, informing a more inclusive and gender-transformative care economy.**
- 4. Immediate Outcome 2.2: Enhanced understanding and capacity of stakeholders to recognise and value unpaid and paid care work and respond accordingly for a more inclusive and gender-transformative care economy.**
- 5. Immediate outcome 3.1: Enhanced abilities of governments to develop evidence-based solutions/actions to address identified challenges and disparities in unpaid and paid care work, combating gender discrimination, redistributing services and reducing the burden of care for unpaid workers, thereby empowering persons with disabilities including women and girls with disabilities to make decisions on choice and control.**

To achieve the anticipated changes in policies and national care and support systems, it is essential that public institutions are equipped and ready to engage in such reforms and have the knowledge and tools necessary to make them happen. It is also essential that the concrete gaps in national care systems and local care services are identified, both to reduce women's poverty and advance gender equality, as well as to advance the right to live independently of persons with disabilities.

As such, immediate outcome 1.1 aims to reshape gender norms and empowering women and girls to participate more fully in the care economy, thereby fostering broader societal shifts towards gender equality.

As such, immediate outcome 1.2 is aimed to enhance the empowerment and professionalization of unpaid and paid women care providers. By providing training and support, this outcome seeks

to empower women care providers to assert control over their work and contribute to the professionalization of care work. The purpose is to improve the status and recognition of care work, particularly among women, leading to increased empowerment and improved working conditions.

As such, immediate Outcome 2.1 focuses on enhancing access for national stakeholders to information and analysis regarding existing gaps in unpaid and paid care work. The purpose is to identify concrete gaps in national care systems and local care services, leading to informed policy and programmatic interventions to reduce women's time poverty and advance gender equality.

As such, immediate Outcome 2.2 aims to enhance stakeholders' understanding and capacity to recognize and value of unpaid and paid care work. By providing stakeholders with the necessary capacity building training, this outcome seeks to address existing gaps in understanding and recognition of care work.

As such, immediate Outcome 3.1 seeks to enhance governments' capacities to develop evidence-based solutions and actions to address these challenges effectively. The underlying assumption of the outcome is that piloting innovative solutions to reduce women's time poverty, enhance services and support for women unpaid care workers, and redistribute work within households and with the State will generate learning and policy recommendations on what works and what are the needed systemic measures to be taken at national level to ensure sustainable changes.

The three immediate outcomes are strongly aligned with the 5R framework that feminist economists and the UN System follow to expand care systems, namely the recognition, reduction, and redistribution of unpaid care work, as well as the representation and decent rewarding of care workers.

To achieve these immediate outcomes, it is assumed that national stakeholders, including policy makers, service providers and CSOs will have the time and willingness to engage in training and policy dialogues, and are receptive to recognizing the value of disability-inclusive unpaid care and support work to advance gender equality. One of the criteria for the selection of countries have been this political willingness and engagement. They also need to agree on the gaps identified to conduct such reforms, in care and social protection systems, and in reforms around services, policies, legislation, financing or any other gaps identified. It is also assumed that the training will be effective, and that targeted stakeholders, particularly the duty-bearers, will gain the knowledge and tools to translate policies effectively into on-ground changes.

All the envisioned outputs to achieve these three immediate outcomes emphasize eliminating gender biases and discrimination, transforming gender social norms, as well as participation, inclusion, and non-discrimination in policy development, paying particular attention to engage Organizations of Persons with Disabilities (OPDs), as well as women's and feminist organizations. The outputs also focus on bringing together OPDs and feminist and women's organizations to explore their shared objectives, and to train them so they are equipped and ready to influence national policy dialogues.

Outputs

The outputs below are strongly interconnected and aimed at building a roadmap to contribute collectively to realizing the three immediate outcomes.

Output 1.1A – A detailed gender assessment and analysis of the rights, well-being and experiences of women unpaid care workers, including women care workers with disabilities providing care and support services to persons with disabilities, is completed.

A detailed assessment and analysis of the experiences and implications of (mostly women) unpaid care workers, including unpaid care workers with disabilities, will be completed to understand the implications of the existing care systems on gender roles and women's time use, as well as to identify existing gender social norms to redistribute care, and entry points for reducing women's time poverty and identifying needs of unpaid care workers relating to their wellbeing and economic opportunities. UNDP and UNWOMEN in partnerships with feminist organizations and women's organizations, as well as OPDs in Colombia, Panama, Tanzania and Mozambique will carry out these studies.

Output 1.1 B- A detailed assessment and analysis of the gender data collection mechanisms, is completed ensuring a comprehensive understanding of gender disparities in unpaid care work and its impact on time poverty.

A detailed assessment and analysis of the Care/support-related data collection and analysis mechanisms such as time use data and other relevant qualitative and quantitative research, including on gender social norms will be completed to identify gaps in gender data gathering and reporting, including also on disability. This output will assess the existing data collection mechanisms and provide recommendations to improve the collection of statistical data on care that looks at unpaid care workers, as well as disability with attention to women with disabilities to inform policy making. ILO will conduct an assessment on data needs for care and support systems globally, examining available global data sources and their strengths and weaknesses, developing a methodology to assess data availability at the national level. This will be tested in Kenya to address specific national needs, reviewing existing data sources on care and support to identify gaps, and proposing mechanisms to fill those gaps.

Output 1.1 C - - A Pilot completed on the existing gender data collection tools focused on women's time poverty and unpaid care and support work, integrating time use data and other qualitative and quantitative research.

This output involves conducting a pilot of existing gender data collection tools, specifically focusing on women's time poverty and unpaid care and support work, while integrating time use data and other qualitative and quantitative research. This output operates under the assumption that access to higher-quality gender and disability disaggregated data regarding unpaid care and support work will help identify gaps for policymakers aiming to promote decent work processes and frameworks. Following the pilot, the programme will develop recommendations and a roadmap based on a comprehensive understanding of gender disparities in care work, thus contributing to a more robust evidence base for policymaking at the national level, with a heightened focus on inclusivity and gender considerations.

Furthermore, the output will provide a concrete proposal on how existing data collection mechanisms could be made sensitive and inclusive of relevant disability-related data, including within the Labour Force Survey in respective countries. Adjustments to data collection tools will be assessed based on their policy relevance, accompanied by recommendations for their

potential wider use. Additionally, the ILO will evaluate existing legislation on decent employment for care and support providers, providing recommendations to support women with disabilities who serve as remunerated care and support providers.

Output 1.1 D - Decent work processes, frameworks and policies contributing to reducing gender inequalities, and responding to the needs and rights of both unpaid and paid care workers, including those with disabilities reviewed and recommendations developed.

This output involves reviewing existing frameworks, laws and policies related to paid and unpaid care workers, such as labor legislation, and providing recommendations. These recommendations aim to ensure a balanced approach between paid and unpaid care work, encourage the active male participation in the provision of care within the household to transform gender social norms, ensure decent pay, and working conditions, as well as proposing forms of remuneration or support for unpaid care workers. The assessments will also look at the existing legislation for paid and unpaid care workers who are persons with disabilities, with adequate recommendations to ensure inclusion, decent pay, and decent conditions of work. on the extension of minimum wages, regulation of paid care work, and the enhancement of labor laws to ensure safe working conditions.

Output 1.2 A - Women care providers are included in decision making in the governance of care, by supporting care and support workers, especially care workers with disabilities, in professionalization through skills development, accreditation and disseminating rights- focused information.

The programme will work in the 5 countries with feminist organisations, women led OPDs and trade unions to identify multi-stakeholder fora for the governance of care issues. The programme will facilitate initiatives aimed at professionalizing care and support workers, including skills development, accreditation programmes, and the dissemination of rights-focused information by ensuring meaningful participation of women care workers in decision-making for a and promoting gender-inclusive governance structures within the care sector.

Output 2.1.A - A comprehensive review and analysis of care and support policies, strategies, and plans is completed at the national level in each country.

A comprehensive review and analysis of care and support policies, strategies, and plans which encompasses direct care of persons, including children, older persons and persons with disabilities at the national level in each country will be completed facilitating the implementation of an inclusive and gender-transformative care and support system. This analysis will include review of existing legal frameworks , laws, policies, plans and strategies relevant to care systems and support to unpaid care workers, including time use policies (such as labour policies on flexible hours arrangements), and relevant disability policies and strategies including labour rights , social protection, assistive technology, services to develop a baseline on the national policy landscape and identify key entry points to be addressed. The assessments in each country will be conducted in close consultation with the national government, OPDs, women´s organizations and other identified stakeholders, to ensure ownership of the results, validate the recommendations, and generate engagement on priorities to be addressed . A methodology developed at global level will be used by UNWOMEN and UNDP to review care and support policies, plans and strategies in Colombia, Panama, Mozambique and Tanzania.

Output 2.2 A- National stakeholders involved in the care economy in 4 countries, are provided with training to enhance their capacity to effectively contribute to the development of disability-inclusive and gender transformative care and support policies, plans and systems, aligned with the principles and rights of the CRPD and CEDAW.

This output assumes that an informed and inclusive policy development process will result from enhanced stakeholder capacity. At the national level, the joint programme will conduct a mapping of actors to determine the relevant national and local stakeholders (including government , UN , OPDs and civil society network representatives working on care), to be trained in each country. Advanced technical training on recognizing, expanding, costing, budgeting and financing care and support will also be delivered to representatives from governments (Ministries of Social Protection, Finance, Economy, parliament representatives). The programme will also deliver a training to feminist organizations and Organizations of Persons with Disabilities (OPDs) on how to facilitate more effective contributions to the development of care and support policies that are disability inclusive and advance gender equality.

UNDP and UNWOMEN will deliver the modules with technical experts.

Output 2.2 B- A comprehensive training module focusing on the significance of disability rights and gender transformation within the context of care economy-related policies is developed to establish a shared narrative, highlighting the advantages of integrating disability rights principles into care economy initiatives.

Given the lack of comprehensive existing training materials on inclusive care and support system, OHCHR will produce a comprehensive training material focusing on the significance of disability rights and gender transformation within the context of care economy-related policies, disaggregated by policy priorities identified by OPDs in consultations and as defined by the Committee on the Rights of Persons with Disabilities' Guidelines on deinstitutionalization, including in emergencies. This module aims to establish a shared narrative, highlighting the advantages of integrating disability rights principles into care economy initiatives. It seeks to foster cross-movement dialogue, involving individuals with disabilities across age groups and women's rights organizations. By creating this module, the programme will empower stakeholders, particularly duty bearers, with knowledge and tools to promote a more inclusive and rights-based approach to care and support systems."

This module will be integrated to existing and planned modules on care more broadly such as the UN Women global training curriculum on care.

IMMEDIATE OUTCOME 3.1 RELATED OUTPUTS

Output 3.1 A -7 pilots conducted on service delivery interventions to establish “What Works” to reduce, redistribute and respond to unpaid care and support work and recommendations and roadmap developed for adoption at national level.

Within this output, different interventions that have been identified as promising practices, such as the Care Blocks of Bogota, or potential solutions with attention to human support (personal assistance, sign interpretation etc), assistive technology, transportation, accessibility and social protection systems for gaps identified during the assessments will be conducted. Thereby, including the expansion of existing pilots or developing new. These include for example the design and development of a prototype to activate services that help caregivers of people with disabilities to better manage their time and resources, support in the implementation of

recommendations of local assessments, or supporting national stakeholders to design practical ways to reducing unpaid care and enhancing support for independent living, conducting a care and support readiness assessment to deliver case management and disability-specific interventions such as early childhood development, transportation to school, assistive technologies, home adaptation, and therapeutic learning support tools. UNDP, UNWOMEN and UNICEF will carry out these pilots in Colombia, Panama, Tanzania, Mozambique and Kenya.

Output 3.1 B - 3 Pilots completed of service delivery interventions focused on empowering women with disabilities to choose and control support workers/caregivers and reshape gender social norms, with recommendations and roadmap developed on both promotion of independent choice of carers and protection measures for survivors of GBV for adoption at national level.

This output focuses specifically on piloting services to prevent gender-based violence, with the adaptation of Essential Services Package for Women and Girls with disabilities Subject to Violence Document, while support is provided to women to empower them and prevent potential risks of GBV by caregivers.

In addition, this output will also develop concrete recommendations based on the existing assessments provided under outcome 1 with a concrete roadmap to strengthen the capacity of carers to address stigma and discrimination and prevent and respond to GBV and promote protection measures for women and girls who are survivors of GBV for adoption at the national level. Under this output the programme will also develop an operational manual for health and GBV service providers that will build on the Disability Awareness Checklist for health providers and health facilities. UNFPA will lead on delivering this in Colombia, Panama, Mozambique and Tanzania

Output 3.1.C. - Guidelines informed by the findings of the pilots designed to support national governments on developing and reviewing National care and support system plans, policies, gender-based budgeting and monitoring systems to allocate resources for services and initiatives related to care from a disability inclusive and gender transformative lens.

Based on the insights from the assessments under outcome 2 and the pilot initiatives under outcome 3, a set of guidelines will be designed to aid national governments in developing and revising their National care and support system plans and policies. These guidelines will incorporate considerations for gender-based budgeting and monitoring systems, ensuring the equitable allocation of resources for care-related services and initiatives from a disability-inclusive and gender-transformative perspective. By providing a structured framework informed by pilot findings, these guidelines aim to support governments in implementing comprehensive and inclusive care systems that address the diverse needs of individuals, particularly those with disabilities, while promoting gender equality and social inclusion within the care sector.

Output 3.1.D - Care recipients with disabilities systematically engaged in local and national level fora to contribute to the design, piloting, and developing recommendations on national care and support policies, budgeting and service delivery.

This output assumes that meaningful participation of representatives of persons with disabilities including women with disabilities will lead to stronger and more relevant policy reforms and investments on the issue. The participation of OPDs will be ensured throughout all activities of the programme. At the same time, specific interventions will be developed to ensure this active

participation. For example, in Panama a multi-stakeholder governance space that includes persons with disabilities, OPDs, government and civil society, will be developed linked to the national care mechanism and the stewardship of policy for persons with disabilities.

In sum, the ToC for the programme looks into addressing the issue of the unpaid care work, gender inequality and disability inclusion from two main angles; one on building capacities, tools and generating evidence on existing gaps to advance towards gender equality and disability inclusion, and the other is on generating learning by testing solutions that work to address the gaps identified. The learning will be accompanied by recommendations and roadmaps for longer sustained policy change on care and support systems to be disability inclusive and gender transformative. This will ultimately result into long term positive impact on the lives of recipients of care with disabilities including women with disabilities and care workers with and without disabilities.

Sustainability of the programme will be ensured by the following:

Commitment and ownership of key country stakeholders including national and local governments and OPDs and women's organizations. The active engagement of national and local stakeholders from the inception of the programme, as well as the existing political commitment, will contribute to ensure the maintenance of reforms conducted and the continuation of reforms after the programme has ended. Furthermore, the One UN approach promoted through the joint programme's multi-stakeholder approach strengthens the collaboration at national level. All recommendations will be validated with partners, and all of them will consider financial sustainability, as well as social and political sustainability.

Influencing the mainstream agenda on care and support system will ensure that disability will be taken account in further reforms and discussions beyond the UNPRPD programme.

Building guidelines, methodologies, tools, and approaches that can be replicated. All 6 UN agencies work on care and support in other countries from all five regions, as well as globally. The approaches and tools developed within the program will be used in other countries and interventions, also expanding the outreach of this programme.

3.2 OUTCOMES and OUTPUTS

Elements of ToC	Outcomes/outputs	Indicators, baseline and targets
Ultimate outcome	1000- Enhanced enjoyment of human rights and quality of life for persons with disabilities and their unpaid and paid care workers, especially women care workers, in Colombia, Panama, Tanzania, Mozambique and Kenya.	SDG indicator 1.2.2 - Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions disaggregated by disability, before and after social transfers.

		SDG Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location. # & % of persons with disabilities, disaggregated by sex, age, location accessing community-based support services, including personal assistance, assistive devices and technologies for independent living, out of the total number of requests made. Baseline – to be determined during programme inception phase. Target: The targets for these will be determined based on the assessments that will be completed as part of the programme during the first six months of the programme implementation. As a two-year programme, it would only be possible to report the contribution made by the programme towards the indicators based on the evaluation that will be completed at the end of the programme.
Intermediate outcome:	1100- Enhanced responsiveness of legislation, policies and programmes that respond to the needs and rights of women unpaid and paid care workers, including those with disabilities in the 5 selected countries.	# of legislative and policy changes (disaggregated by type of change-amend/review/revise/new development),implemented to address the needs and rights of women caregivers (disaggregated by disability, employment status and location) # of national care and support programmes/plans/ budgets

		which are inclusive to women caregivers, disaggregated by age, disability, location and employment status.
	1200- Increased recognition of gaps in national and local C&S systems including policies, legislation, practices and programmes relating to unpaid and paid care delivery hindering the support to PwD to live independently.	#/ % of National and Local Care and Support policies, legislation, practices and programmes assessed for disability inclusion, gender equality, disaggregated by location.
	1300- Improved provision of disability inclusive and gender transformative National care and support systems, promoting the right of persons with disabilities to choose and control their care and support in the 5 selected countries.	#/% of national C&S systems updated to address the rights of persons with disabilities to choose and control the care they need, disaggregated according to sector, beneficiary type and location.
Immediate outcomes:	1110- Increased access for C&S workers, particularly W&G including caregivers with disabilities, to support services, protection mechanisms, systems to effectively diminish women's time poverty and reshape gender social norms on C&S.	# of inclusive national service delivery system (disaggregated by type of service provided and accessibility) adapted to increase well-being of care for C&S workers, disaggregated according to sex, age, disability and location.
	1120- Enhanced Empowerment and Professionalization of Women Care Providers	# stakeholders that participated in the design/reform and implementation of inclusive care and support policies and systems, disaggregated by sex, age, disability, employment status and location # of training programmes (disaggregated by location), specifically designed and implemented for women care providers (disaggregated by sex,

		age, disability) to enhance their professional skills and knowledge in care giving.
	1210- Enhanced access for national stakeholders to information and analysis regarding existing gaps in unpaid and paid care work, informing a more inclusive and gender-transformative care economy	# of learning dissemination events (disaggregated by on line/ in person) held for national stakeholders (disaggregated by Gov/UN/Academia/CSO, sex, age, disability and location.) to disseminate knowledge products on gaps in unpaid and paid care work
	1220- Enhanced understanding and capacity of stakeholders to recognize and value unpaid and paid care work and respond accordingly for a more inclusive and gender-transformative care economy.	# and % of stakeholders (disaggregated by Gov/UN/Academia/CSO, sex, age, disability, location) with increased knowledge and capacities to design/reform and deliver inclusive C&S policies and systems in line with CRPD and CEDAW implementation.
	1310- Enhanced abilities of governments to develop evidence-based solutions to address identified challenges in unpaid and paid care work, thereby empowering PwD including W&G with disabilities to make decisions on choice and control.	# and % of countries (disaggregated by location) that have developed and/or strengthened national guidelines, protocols, and/or standards to inform C&S policies and systems through multi-stakeholder approach, disaggregated by tool.
Outputs	1111-Detailed gender assessment and analysis of the rights, well-being and experiences of women unpaid care workers, including those with disabilities providing C&S services to PwD is completed.	# of gender assessments completed that address gaps related to inclusion of women care workers (disaggregated by sex, age, disability , socio-economic status, location). # of care workers (disaggregated by sex, age, disability, employment status (unpaid/paid), location) involved

		in designing, data collection, validating the analysis of the assessment.
	1112-Detailed assessment and analysis of gender data collection mechanisms, is completed ensuring a comprehensive understanding of gender disparities in unpaid care work and its impact on time poverty.	# of data collection mechanisms reviewed, disaggregated by type of mechanism (census, household surveys, LFS etc) type of data recorded (unpaid/ paid care work, gender, age, disability), and location. # of reports analyzing findings on gaps in data collection mechanisms for capturing time use related care work, disaggregated by gender, age, disability and location.
	1113-Pilot completed of existing gender data collection tools focused on women's time poverty and unpaid care and support work, integrating time use data and other qualitative and quantitative research.	# of gender data collection tools that has piloted the integration of time use data, disaggregated by disability and location # of reports with analysis of qualitative feedback from stakeholders involved in the piloting process, including their perceptions of the tools' effectiveness in capturing women's time poverty and unpaid care and support work per location.
	1114-Decent work policies contributing to reducing gender inequalities, and responding to the needs/rights of unpaid and paid care workers, including PwD reviewed and recommendations developed.	# of national labour policies responding to the rights of care workers (disaggregated by sex, age, disability and location) reviewed. # of stakeholder (disaggregated by gender, age, disability and location) involved in the review. # of reports with

		recommendations developed to reduce gender inequalities and strengthen policies to respond to the needs and rights of care workers, disaggregated by thematic focus and location.
	1121-Women care providers, incl. those with disabilities, included in care governance, by supporting professional development through skills enhancement, accreditation, & rights-focused info, dissemination.	#/ % of women care providers (disaggregated by gender, age, disability and location) who participated in professional development activities have enhanced skills, rights-focused information. # of Care Governance Structures with Women in Leadership Positions, disaggregated by age, disability, ethnicity, socio economic status and location.
	1211-A comprehensive review and analysis of care and support policies, strategies, and plans ⁸ is completed at the national level in each country.	# of national reviews completed on care and support policies, strategies and plans disaggregated by location # actors (disaggregated by actor (GOV/UN/NGOs/OPDs/advocay group/Other), gender, age, disability and location) involved in the review and analysis of care and support policies, strategies, and plans at the national level. # of reports with recommendations developed based on the findings of the comprehensive review and analysis of care and support policies, strategies and plans per country.

	1212-A detailed mapping and analysis of all relevant public and private care and support services available at local level is completed in each country	# of mapping completed with public and private care and support services available at the local level, disaggregated by accessibility and location. # of actors (disaggregated by Gov, UN, NGOs, OPDs and service providers) engaged in the mapping and analysis of local-level care and support services disaggregated by gender, age, disability location. # of reports developed identifying gaps to access public and private care and support services (disaggregated by type of service and location) for care workers (disaggregated by sex, age, disability and location) at local level.
	1213-A detailed assessment and analysis on the needs, experiences and implications on persons with disabilities relating to unpaid care and support work/services is completed.	# of assessments completed on the unpaid care and support services (disaggregated by type of service) for persons with disabilities (disaggregated by gender, age, type of disability and location). # of persons with disabilities (disaggregated by gender, age, type of disability and location) who have participated in the needs assessment related to unpaid care and support work/services. # of reports developed with analysis of the needs, experiences and implication of persons with disabilities in unpaid care, disaggregated by location

	1214-Detailed study on the exposure and risks of GBV for W&G with disabilities by their unpaid C&S workers, as well as their experiences and gaps in accessing support systems incl protection is completed.	# of studies conducted on the exposure and risks of GBV for W&G with disabilities (disaggregated by age, type of disability and location) by their unpaid care workers (disaggregated by age, disability type and location) # of persons with disabilities (disaggregated by gender, age, type of disability and location) who have participated in the study. # of reports with analysis of exposure and risks of GBV risk for W&G with Disabilities by their unpaid care workers (disaggregated by age, disability type, and location) developed
	1221-National stakeholders provided with training to enhance their capacity to effectively contribute to the development of disability-inclusive and gender - transformative C&S policies, plans & systems.	# of trainings sessions delivered on care and support, disaggregated by topics. # of actors participating in capacity building activities, disaggregated by type of stakeholder, sex, age, disability.
	1222-Comprehensive training module focusing on the significance of disability rights and gender transformation within the context of care economy-related policies is developed .	# of training modules 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 (disaggregated by type of actor-GOV/NGOs/OPDs/Other, gender, age, location) involved in developing and testing of the training modules (disaggregated by themes)

	1311-7 pilots on service interventions completed to establish 'What Works' in reducing, redistributing, and responding to unpaid C&S work, with recommendations and roadmap for national adoption developed	# of service delivery interventions successfully piloted to reduce, redistribute and respond to unpaid C&S work, disaggregated according to thematic focus and location. # of actionable recommendations generated to advance the care framework based on the completed pilots, disaggregate by effectiveness, scalability and sustainability. # of roadmaps developed for national adoption based on the findings and outcomes of the completed pilots, disaggregated by location.
	1312-3 pilots completed on empowering WWD to choose support workers with recommendations and roadmap developed for promotion of independent choice of carers and protection for GBV survivors nationally.	# of interventions successfully piloted (disaggregated by thematic focus) to empower women with disabilities (disaggregated by age, type of disability, location) to choose and control caregivers (disaggregated by sex, age, employment status) # of roadmaps developed for the promotion of independent choice of carers and protection for GBV survivors nationally, disaggregated by gender, disability, age and location.
	1313-Guidelines informed by pilot findings developed to aid Govts in designing and reviewing disability-inclusive, gender-transformative care plans, policies, and budgeting systems for service allocation.	# of guidelines developed (disaggregated by thematic focus and location) piloted and disseminated to the relevant stakeholders (disaggregated by gender, age, disability, representing organization). #/% of government policies,

		plans and systems (disaggregated by type and thematic focus and location) that incorporates elements from the guidelines
	1314-Care recipients with disabilities engaged in local and national forums to shape care policies, budgeting, and service delivery recommendations.	# of stakeholders (disaggregated by disability, sex, age) systematically engaged in reviewing and monitoring implementation of recommendations for disability-inclusive care and support policies and systems.

4. PARTNERSHIPS AND STAKEHOLDERS ENGAGEMENT

4.1 CONSULTATIVE PROGRAMME DESIGN

This joint programme is anchored in the identified needs from past and ongoing initiatives by UNPRPD and the six implementing PUNOs at local, regional, and global levels. For instance, UNPRPD has conducted 35 situational analyses on the rights of persons with disabilities, identifying gaps in the preconditions for disability inclusion. These studies employ a multi-stakeholder approach, with government officials, OPDs, and UN organizations collaborating to analyze data and pinpoint gaps. UNPRPD requires OPDs to be fully participating in all stages of UNPRPD programmes from inception to implementation and monitoring – as rights-holders they have a clearly defined roles in each stage of the programme. Their involvement extends beyond being consulted so that they are included throughout the programme cycle and provided the information, access and accommodations to effectively engage and influence the process. UNPRPD has developed a guidance note for PUNOs on meaningful engagement of OPDs through the programme cycle which will be used in this joint programme as well.

Situational analyses for Colombia (completed in 2021), Tanzania (completed in 2021), and Panama (completed in 2021) are available on the UNPRPD website. Situational analyses for Kenya (completed in 2023) and Mozambique (completed in 2023) will be accessible on the website in early 2024.

Specific examples highlighting priorities raised during consultations include a situation analysis in Mozambique in June 2023, revealing that caregivers, usually family members, are reported as

both perpetrators and bystanders in gender-based violence against women and girls with disabilities. The UNDP office in Colombia has fostered a lasting relationship with women's organizations, aligning and strengthening their key goals through a developmental lens. In Panama, needs expressed during consultations encompassed lack of access to basic services, care, education, employment, budgetary constraints, limited capacity for disaggregated data provision, restricted ICT use, and discrimination based on gender and ethnicity.

This Programme integrates insights from global consultations led by OHCHR with OPDs, exposing a gap in developing a central support agenda within social protection and health systems. OHCHR initiated consultations in 2021 to formulate a strategy promoting the rights of persons with disabilities, focusing on ending institutionalization and advancing independent living. Collaborative efforts like Community 2030 emerged in 2022, involving OHCHR, UNICEF, ILO, WHO, and CSOs, aiming to craft a comprehensive narrative on care and support systems with a gender perspective.

In 2023, OHCHR convened consultations with IDA members, aligning priorities and expressing continued interest in direct engagement. Concerns were raised regarding terminology, misrepresentation of disability rights in 'care' discussions, and resource mobilization perpetuating human rights violations. Further consultations with OPDs from all regions and the coordination of a CSO network informed OHCHR's stance, contributing to the foundation of this programme. This collaborative effort builds upon the rich tapestry of insights and needs gathered from diverse stakeholders, ensuring a holistic and inclusive approach to addressing challenges within care and support systems.

4.2 COORDINATION FOR PROGRAMME DELIVERY

The Joint Programme will be implemented through a collaborative effort at the global, regional, and national/local levels. The UNPRPD Fund acts as a catalyst, bringing together United Nations entities, governments, organizations of persons with disabilities (OPDs), and civil society to advance the Convention on the Rights of Persons with Disabilities (CRPD) and Disability-inclusive Sustainable Development Goals (SDGs) worldwide. Given the complexity of the focus on disability inclusion, unpaid care, and gender equality, the programme is designed to support collaborative, unified action, fostering a collective, multi-sectoral response and leveraging the comparative advantages of individual UN entities. This collaborative partnership model emphasizes meaningful participation from OPDs and works closely with governments to ensure enduring change.

The Programme will be co-implemented by six UN entities in conjunction with government ministries for social welfare, gender, and disability across five countries. Civil society organizations at sub-national, national, regional, and global levels, including disability and women's rights organizations, associations, alliances, councils, and networks, will be engaged in the delivery of the programme. Key Government ministries involved from the five countries encompass gender, social development and inclusion, social protection, labour and employment, statistics, and finance. The programme will leverage existing partnerships with the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC), as well as the participation of the PUNOs in the Global Alliance for Care.

During the inception phase, a comprehensive partnership and stakeholder mapping and strategy will be conducted at both global and country levels. This strategic exercise aims to validate existing partnerships, identifying any strategic gaps that may necessitate new collaborations.

UNPRPD will be responsible for managing donor relations, reporting program progress and achievements, ensuring quality assurance of final products, disseminating results, and overseeing the independent evaluation of the program. At the global level, UNPRPD will establish contractual relationships with six UN entities to facilitate the joint program's delivery in the five countries, leveraging their respective comparative advantages.

UNDP is positioned as the lead agency, coordinating the program's implementation at both global and country levels. UNDP's global presence in 170 countries uniquely positions it to articulate the 2030 Agenda and integrate a multidimensional perspective on human development. The organization's strong relationships with key ministries and civil society allow it to drive policy reforms, social and economic development, and fiscal policies. UNDP has a proven track record in supporting governments to develop and expand care systems, notably in Colombia and Panama. The organization's tools, such as the Care Georeferencing Tool and Care Costing Tool, showcase its commitment to innovative approaches in building care systems. UNDP's regional and global collaboration, capacity-building efforts, and research on community-based care highlight its multifaceted contributions. The organization's commitment is further underscored by high-level courses on feminist economics, solidifying its key role in advancing gender-equal economies.

In the proposed programme, in addition to UNDP playing the role of the lead agency, they will also be responsible for the following areas of work:

Knowledge generation: Mapping services and support to understand needs.

Piloting: Generating policy recommendations and service models.

Learning and exchange: Capacity building and organizing a global closing workshop.

UN Women, is a leading force in the care economy, demonstrating a triple mandate covering normative functions, UN System coordination, and operational work. With a commitment reflected in its strategic plans and the initiation of the Gender Equality Accelerator on Transforming the Care Economy, UN Women operates globally, executing notable initiatives and joint programs with ILO. The organization co-chairs the Global Alliance for Care and leads the Generation Equality Economic Justice and Rights Action Coalition, showcasing its commitment to global gender equality. In parallel, UN Women systematically mainstreams disability inclusion, evident in its financial commitment exceeding USD \$50 million in the last five years. Through a multi-pronged approach, UN Women addresses the interconnected issues of gender, disability, and discrimination, actively supporting knowledge generation and fostering partnerships with diverse stakeholders.

In the proposed program, UN Women will be responsible for:

Knowledge generation: Especially for women and girls with disabilities and care providers.

Piloting: Generating policy recommendations and service models.

Learning and exchange: Capacity building.

UNICEF plays a key role in addressing disability-related care and support gaps, emphasizing a comprehensive approach spanning gender-transformative, disability-inclusive, and context-relevant systems. The organization focuses on building support structures across various levels and sectors, involving government, the private sector, civil society, and communities. UNICEF's initiatives include promoting family-friendly policies, particularly in Latin America and Africa, and conducting analyses of social protection for children with disabilities. In Europe and Central Asia, UNICEF supports the implementation of the EU child guarantee, emphasizing early childhood education and care, alternative care, and integrated social protection for children with disabilities. The organization's involvement in research, policy development, and programme implementation underscores its expertise in fostering inclusive care and support systems.

In the proposed program, UNICEF will be responsible for:

Knowledge generation: Especially for children with disabilities and care providers.

Piloting: Generating policy recommendations and service models.

Learning and exchange: Capacity building.

UNFPA brings a comparative advantage to care and support work grounded in its commitment to the International Conference on Population and Development (ICPD) and its Program of Action. The organization actively engages in promoting an enabling environment through gender/family-friendly policies, advocating for gender equality, and empowering women through comprehensive sexuality education. UNFPA focuses on strengthening health and social protection systems, ensuring the provision and utilization of high-quality care and services, especially for marginalized groups like persons with disabilities.

At the global level, the Gender and Human Rights Branch in the Technical Division leads UNFPA's work on the care agenda. Regionally, notable programs include the MenCare Georgia campaign, contributing to improvements in national legislation on paternity leave. In Eastern Europe and Central Asia, UNFPA focuses on policy dialogue, advocacy, and capacity building for better access to sexual and reproductive health services for persons with disabilities. The organization's publications, such as the Gender Transformative Approaches technical note and collaboration with Equimundo in the International Men and Gender Equality Survey (IMAGES), contribute to advancing the agenda by addressing social norms, gender roles, and equality.

In the proposed program, UNFPA will be responsible for:

Knowledge generation: On GBV protection for women & girls with disabilities around care.

Piloting: Generating policy recommendations and service models.

Learning and exchange: Capacity building.

ILO- Following the decision made during the 2023 International Labour Conference, an ongoing report on care is being prepared, serving as the foundation for a significant discussion on decent work in the care economy during the 2024 ILC. The UN Women-ILO Joint Programme has notably catalyzed progress in Argentina, Egypt, Ethiopia, Morocco, and Nepal, fostering collaboration with governments and social partners. Additionally, the ILO has contributed significantly to the development of a new "light" time-use module within the Labour Force Surveys, aimed at

measuring participation and time allocation for unpaid care and domestic work. This pioneering effort is being deployed in various countries, including Zimbabwe, Kenya, the Maldives, and Indonesia. The ILO has leveraged technology with the introduction of the ILO Global Care Policy Portal, disseminating data and resources on care leave policies globally. The organization's commitment to gender equality is underscored by key reports, such as the 2018 report on Care Work and Care Jobs and the 2022 report on Care at Work, addressing legal gaps and advocating for support for workers with family responsibilities.

In the proposed program, ILO will be responsible for:

Guidance: On carers with disabilities rights; guidance on inclusive data mechanisms on care.

Piloting: Data collection tools in one country.

The United Nations Office of the High Commissioner for Human Rights (UN Human Rights) holds a distinctive comparative advantage in the realm of care and support through its pioneering work at the intersection of care economy discussions and disability rights. Entrusted with a mandate by the Human Rights Council, UN Human Rights has developed a deep understanding of the impact of care and support systems on the rights of persons with disabilities. The office has played a pivotal role in mainstreaming disability rights in global care agenda discussions, contributing significantly to the development of the Buenos Aires Commitment. Recognized globally, UN Human Rights has influenced UN General Assembly resolutions and the SDG Summit political declaration, emphasizing the inclusion of persons with disabilities in development efforts.

In the proposed program, UN Human Rights will be responsible for:

Shaping the global normative framework on inclusive care and support systems, building on OHCHR's global convening role.

4.3 PARTNERSHIPS FOR PROGRAMME DELIVERY

Cross-sectoral, multi-mandate approach is key to ensuring this programme works across institutional and thematic silos and embeds a disability-inclusive approach to transforming care systems. This includes strengthening existing, and developing new, partnerships with government ministries, OPDs, WROs, and other civil society groups, as well as with feminist economists and research institutes. Key ministries include ministries of gender, social development and inclusion, social protection, labour/employment, statistics, and finance. Key civil society organizations include sub-national, national, regional and global disability and women's rights organizations, associations, alliances, councils, and networks (please see specific names listed in the cover page table on p1).

The following strategies will be used to ensure OPDs, women with disabilities, underrepresented groups of persons with disabilities, WROs and unpaid caregivers are meaningfully represented in the design, validation and piloting stages of the programme:

- Consultation and co-creation sessions with OPDs to adapt mapping and costing tools for care and support services for persons with disabilities, particularly women, ensuring a disability-inclusive lens. This will also lead to development of a comprehensive OPD resource Toolkit for pilot countries and beyond;

- Skills- and knowledge-sharing sessions with OPDs to validate and disseminate results of mapping and costing studies and research;
- Supporting OPDs, women with disabilities and their unpaid caregivers to engage in policy dialogues on the design and the implementation of comprehensive care systems;
- Co creation and monitoring with OPDs, WROs, Service providers and authorities of the model of local integrated care and support system that will be piloted through the program
- Learning and knowledge exchange sessions between OPDs, WROs, women with disabilities, unpaid caregivers on good practices for integrating a disabilities lens and/or address and support care needs of persons with disabilities, particularly women;
- National policy dialogues among OPDs, WROs, women with disabilities, unpaid caregivers and policymakers to share research findings and policy recommendations on disability-inclusive care systems;
- Global convening and policy dialogues through the Global Alliance for Care with OPDs, WROs, women with disabilities, unpaid caregivers and policymakers to share research findings and policy recommendations on disability-inclusive care systems.

This program is designed to complement existing initiatives, strategically selecting focus countries based on the ongoing efforts of PUNOs. These selections serve as strategic entry points to enhance the integration of disability perspectives within current care and gender equality interventions and normative agendas.

In Colombia, for instance, UNDP and UN Women are actively involved in supporting the 'Care Blocks' initiative in Bogota and the establishment of a National Care System. This system prioritizes the care of persons with disabilities. Simultaneously, UNICEF engages in consultations with OPDs on the care system policy, aligning it with disability policies. The collaborative effort will contribute to the development of a roadmap for territorializing the care system and creating a model that will be piloted through this program. In response to the Colombian analysis of persons with disabilities, UNFPA has conducted a diagnostic study highlighting challenges faced by OPDs in decision-making scenarios. The focus is on leadership and the active participation of women and youth with disabilities. This process has yielded direct insights into the insufficient data on the sexual and reproductive rights of persons with disabilities, including gender-based violence and barriers to prevention, early detection, and service provision in such cases.

In Panama, UN Women supports the Ministry of Social Development in crafting a National Care System and implementing a local pilot. Additionally, UN Women aids the participation of persons with disabilities in shaping disability-inclusive laws and policies. Concurrently, UNDP assists with results-based budgeting, offering support to the Ministry of Social Development in care and disability policy budgeting. UNICEF plays a crucial role in implementing an integrated social services program targeting the most underserved areas in collaboration with the Ministry of Social Development (MIDES), the Ministry of Education, the Ministry of Health, and the Secretary of Children and Family (SENNIAF). UNICEF's involvement extends to pilot programs covering 13 remote rural and indigenous communities, aiming to mainstream support for children with disabilities and their caregivers.

UNFPA's initiatives in Tanzania, Mozambique, and Kenya complement ongoing policy dialogues and assessments with governments on national care policy frameworks.

In Kenya specifically, the program aligns with UN Women's efforts on the care policy and supports UNICEF in developing a roadmap for care and support systems for persons with disabilities and their caregivers. An additional focus is on an innovation program centered around digitization and assistive technology.

As part of the inception phase, a partnership and stakeholder mapping and strategy will be undertaken, at the global and country levels, to validate the relevance of existing partnerships, and identify strategic gaps that might require building new partnerships.

5. MONITORING AND EVALUATION¹

The PUNOs engaged in the program have established track records globally, especially in Latin America and Africa, where the interventions will take place. These entities have demonstrated expertise and policy support on disability inclusion, gender equality, human rights, and care and support systems. All six UN agencies delivering the program have established country teams, ensuring alignment in portfolios and work areas, particularly concerning social protection and support services for vulnerable populations, including persons with disabilities and older people.

Inter-agency cooperation during programme implementation will benefit from common processes, synergistic goals, and a longstanding tradition of collaboration. Coordination and financial management will be centralized at UNDP's head office in New York. A technical team will lead the development of knowledge products in collaboration with all programme partners. Monthly coordination meetings with programme partners and the UNPRPD Secretariat will ensure alignment across outcomes and program areas. UNDP country offices in pilot countries will play a pivotal role in organizing and implementing data collection, engaging local stakeholders, and conducting local capacity-building activities. Constant dialogue with local implementing partners will ensure full participation and engagement.

To ensure effective results and risk monitoring, the programme has identified contextual, programmatic, and institutional risks and designed measures to address them. The risk management strategy and matrix will be continuously revised and validated throughout program implementation. Each implementing country will develop a country-specific risk matrix during the inception phase, contributing to the global risks assessment. A 'manage by exception' approach will be adopted, escalating the most strategic risks to the joint programme Steering Committee.

The monitoring approach of the joint program is pivotal for its success and sustainability. In the program's inception phase and within 90 days as per donor requirement, a comprehensive Monitoring, Evaluation, Accountability, and Learning (MEAL) plan will be devised, outlining data collection methods, reporting frequencies, beneficiary feedback mechanisms, adaptive

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management strategies, risk mitigation, and capacity-building initiatives. A budget allocation of 7-10% will be dedicated to strengthen these MEAL activities.

The UNPRPD's monitoring and evaluation approach are guided by the quality assurance framework, outlining different mechanisms to ensure joint programs are delivered to a high standard. The monitoring and evaluation approach encompass a detailed results framework with indicators to guide programs, structures for programme governance and management for reviewing progress and addressing bottlenecks, a mid-term review after six months of programme inception to check in with the program delivery teams, and an annual reporting guided by standard templates. Furthermore, the UNPRDP has introduced technical working groups to bring similar programs together and have regular check-ins for routine monitoring. UNPRDP has also developed TORs for final program evaluations adopted by different programmes to conduct independent evaluations at the end.

As the lead coordinating PUNO, UNDP will oversee the implementation of joint program activities across outputs and policy areas. This oversight will be facilitated through quarterly steering committee and monthly coordination meetings with program partners and regular engagement with country offices. Each PUNO will monitor implemented activities through monthly meetings with their respective country teams and experts. Progress, learning and challenges will be openly shared among implementing partners during programme steering meetings and decisions will be made through a consensus-driven approach.

The UNPRPD Fund will conduct a mid-term and final independent evaluation to assess the achievement at the outcome level, led by UNPRPD with coordination support from UNDP and engagement from all involved agencies.

The methodology for monitoring will rely on key performance indicators agreed upon by all agencies, conducting day-to-day monitoring at both country and global levels. Country-level oversight will be carried out by national steering committees, meeting biannually to make decisions on potential programme changes or contingency actions, with additional exceptional meetings as needed. Globally, the programme will undergo semiannual monitoring by the global steering committee, which will convene regularly twice a year, plus any necessary exceptional meetings.

To ensure inclusive participation in the monitoring and evaluation, a beneficiary feedback process will engage women and men with disabilities in research design, data collection, and validation of findings. Monitoring indicators will be developed with gender sensitivity, capturing disaggregated data to assess the impact on women and men with disabilities.

All capacity-building events and activities will incorporate feedback collection through surveys at workshops and events. This feedback will be analyzed to evaluate the quality and impact of activity delivery. Direct interviews with policymakers, OPD and WRO representatives, and other key collaborators will supplement data collection, providing insights into the quality, utility, and impact of the activities.

6. RISK MANAGEMENT

The risk management strategy and matrix will be revised and validated at each stage of the programme implementation. During the inception phase every implementing country will develop a country-specific risk matrix that will feed into the global risks. A 'manage by exception' approach will be adopted escalating the most strategic risks to the joint programme Steering Committee.

Type of risk² (contextual, programmatic, or institutional)	Risk (include country)	Likelihood (L, M, H)	Impact (L, M, H)	Mitigation strategies	Risk treatment owners
Contextual: Backlash against WROs and OPDs	All countries	M	M	Procedures are in place to mitigate backlash. Handle recommendations and interactions with the government carefully and sensitively. Listen to OPDs and WROs on local risks and heed their recommended risk mitigation measures.	All teams
Risk on focusing on one group of population only	All countries Lack of consideration of intersectional factors and/or work in silos among PUNOs with only selected target population (women, children, etc..°)	M	M	Develop intersectional tools and approaches to ensure joint disability inclusive and gender transformative strategies Implement global and national working groups to ensure all population groups are being considered	All teams
Contextual: Lack of Common Care Approach Across Project Countries.	All countries The inconsistent approaches adopted on care and disability across and within countries, may lead to providing low quality care and support to women and girls with	M	L	Understand country specific approaches and differences on care and disability at the outset of the programme. Standardize training programs and implement quality	Country teams all agencies

Inconsistent Quality of Care, Policies, and Services Across Regions	disabilities, reinforce misconceptions around the nexus care and disability and structural discriminations. These have the potential to nullify or dilute the impact/results the programme is trying to achieve.			control checks. Establish feedback mechanisms across regions to maintain care standards. Develop south-south learning initiatives to share best practices. Elevate and adapt successful care models from various regions.	
Contextual: Care Responses Not Aligned with CRPD	All countries	M	M	Develop and adhere to strong project guiding principles that align only with the Convention on the Rights of Persons with Disabilities (CRPD), emphasizing non-segregation and inclusion. Advocate for care responses that are in full compliance with the CRPD, and challenge practices that are not.	All Agencies
Contextual: Focus on Carers Over Persons with Disabilities	All countries	M	L	Implement strategies to ensure the voices of persons with disabilities are adequately represented. Engage actively with Organizations of Persons with Disabilities (OPDs) to ensure their perspectives and needs are central to	All Agencies

				the project.	
Programmatic: Project Delays in Implementation	All countries Delays in the implementation of project activities (resourcing, project management capacities and partnership selection) could lead to inability to achieve the results, and consequently, asking the Donor for an extension, ultimately impacting donor relationships.	H	H	In the event of delays, catchup plans are established. Detailed project timeline with flexibility for unforeseen delays. Regularly monitor progress and adjust strategies as needed to stay on track. Clear milestones and meetings to monitor progress.	UNDP accountable and all agencies responsible.
Programmatic: Limited Capacity of Implementing Partners	All countries The partner selection process may not effectively identify the strengths and weaknesses of selected and potential IPs. Furthermore, capacity assessments carried out may fail to systematically address gaps, or where these are done, may be ineffectively used to monitor and manage the gaps identified going forward. These might lead other projects or core capacities to support the activities implementation, and delays in achieving results.	H	M	Develop clear terms of references and apply rigorous partners capacity assessment and selection. Provide hands-on technical support through gender expertise from UN Women and care expertise from UNDP and other partners. Conduct capacity-building workshops and training sessions for partners	All partners
Programmatic:	All countries	M	M	Implement comprehensive	UNDP (leading and all other agencies

Inadequate Training and Capacity Building of key actors (who?)				training programs. Ensure participatory processes in design and implementation. Ensure appropriate baseline and post-capacity building impact is adequately captured.	participating)
Programmatic: Lack of Diversity of Disabilities Reflected Project Beneficiaries	All countries	H	M	Ensure implementing partners and OPDs can demonstrate representation, or augment representation through affiliate relationships. Ensure a wide range of persons with disabilities, and carers are targeted in these activities, with indicators and activities demonstrating this.	UNDP
Institutional: Ineffective Coordination Between Agencies and Projects	All Lack of adequate coordination either between internal functions and/or offices, or between UN agencies in contributing to the implementation of organization wide initiatives leading to duplication of efforts, internal competition and friction, that would negatively impact the external/partners perceptions of the	H	M	Strengthen communication systems and hold regular coordination meetings. Establish shared platforms for information exchange and collaboration.	UNDP mechanism All participants obliged to participate

	United Nations.				
Lack of collaboration with countries	All countries Lack of adequate coordination, share of information and resources leading to duplication of efforts.	M	M	Strengthen communication systems and hold regular coordination meetings. Establish shared platforms for information exchange and collaboration.	UNDP (as lead) and all Agencies
Institutional: Risk of Fraud and Corruption	All Fraud risks that may occur due to ineligible expenditures by partners, improper use of advances, falsified documentation, material errors in reporting of expenditures, misuse of funds and resources evidences by long outstanding advances not liquidated without good reason and the inability to achieve agreed upon milestones, might lead to increase negative reputation towards the UN.	M	M	Follow all UNDP and other agencies procurement policies, as applicable. Implement and continuously develop a robust accountability framework. Establish protocols for the escalation of suspected fraud cases. Organizational audits.	All parties
Institutional: Limited Engagement and Participation in Coordination Structures	All	H	M	UNDP To establish clear coordination structures and document participation. Continuously encourage and support all stakeholders to participate in UN joint coordination	UNDP

				structures. Regularly review and adapt coordination structures to ensure they meet the evolving needs of stakeholders	
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7. ACCESSIBILITY

To ensure full accessibility:

- The project will allocate appropriate budgetary resources for accessibility and reasonable accommodation.
- Use and promote among partners existing guidance on accessibility and reasonable accommodation, such as the [Feminist Accessibility Protocol](#) (Generation Equality Collective), [Essential Checklist for Organizing Event](#) (UN Women Nepal Country Office), and Checklist tools and tips in the [Disability-Inclusive Communications Guidelines](#) (United Nations).
- UN Women's Global Disability Inclusion and Accessibility Knowledge Exchange Forum would facilitate transfer of relevant knowledge on Accessibility.

For effective involvement of OPDs

- Allocate financial resources for covering expenditures related to the consultation processes for representatives of organizations of persons with disabilities, including transport and other expenses necessarily incurred to attend meetings and technical briefings.
- Reach out to a diversity of persons with disabilities and OPDs. These including persons with sensory and intellectual impairments, including organizations of self-advocates and organizations of persons with psychosocial disabilities, as well as ethnic or racial identities, different age groups, non-gender conforming persons with disabilities from rural and urban areas, migrants, refugees, internally displaced; those in institutions, under the care of family members, survivors of violence, etc.
- Ensure women and girls with disabilities are represented, and to the extent possible approach parity or equal representation.
- Include in invitations question to help identify accessibility and reasonable accommodation requirements.
- Invite feedback and periodically provide OPD representative the space to assess accessibility and make actionable recommendations

8. BUDGET

8.1 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.