



TEMPLATE FOR PROGRAMME PROPOSALS

Executive summary

The vast majority of children with disabilities in Sudan are out of school. Despite several advances in Sudan in recent years, demonstrated through the ratifying of the United Nations Convention on the Rights of Persons with Disabilities, the development of national strategies and passing of legislation, the rights of children with disabilities continue to be compromised as opportunities for them to participate in society and be included with their peers at school are limited at best. Reasons behind these issues include negative social norms and social pressures, lack of accessible and welcoming schools and health facilities, and lack of trained and skilled professionals including teachers and health workers.

Through joint coordination and implementation, the three agencies – the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) will employ a comprehensive approach to reaching children with disabilities through engaging with government line ministries, the National Council for Persons with Disabilities, and national Disabled Peoples’ Organizations (DPOs) to improve the environment for children with disabilities in schools and promote healthy, inclusive access to education in Sudan.

Please provide a short summary of the proposed intervention.

1. Background

In 2009 Sudan ratified the UN Convention on the Rights of Persons with Disabilities (CRPD), however it is clear that past and ongoing civil strife, coupled with chronic underdevelopment has severely impacted basic social services such as education in the country, having an adverse effect on vulnerable groups including children with disabilities. The 2008 Sudan Census estimated the prevalence of disability at 4.8 per cent, indicating that approximately 720,000 Sudanese children have disabilities. However, considering global estimates of people with disabilities range from 10 – 15 per cent, and due to likelihood of under reporting, this figure could be more than double. While there are no accurate statistics on the number of children with disabilities included in

formal schooling in Sudan, findings from the ongoing Ministry of Education Bottleneck Analysis on Out-of-School Children supported by UNICEF indicate that children with disabilities are among the most vulnerable groups who are not accessing education services in the country. This is due to negative social norms and practices, lack of skilled professional care and early detection, and limited physical access to schools and services.

Despite complex challenges, Sudan is taking steps towards inclusion and support for children with disabilities. In June 2013, a Situation Analysis on the Rights of Children with Disabilities was launched by the National Council of Persons with Disabilities with UNICEF support, outlining the major challenges facing the realization of rights of and providing strong recommendations to ensuring rights are achieved. In November 2013, the Federal Ministry of Education, with support from UNICEF, launched the National Strategy on Education for Children with Disabilities for the period of 2013–2016, which was followed by the first National Conference on Education of Children with Disabilities, jointly supported by UNESCO, UNICEF, and Plan International. Additionally, to strengthen line ministries, the National Council for Persons with Disabilities was established to support the realization of existing laws and legislation, including the CRPD and the 2009 Disability Act.

The Federal Ministry of Health in collaboration with WHO is currently developing a national disability strategic plan (2014-2016) based on the health component of the Strategic Plan of the National Council of Persons with Disabilities (2012-2016) and in line with the National Health Strategic Plan (2012-2016). One of the main components of this preliminary strategic plan is the collaboration with the Ministry of Education in the detection and provision of medical and rehabilitation services to children with disabilities enrolled in the education system through mainstreaming disability in the current existing services and programs of the Ministry of Health. To accelerate progress and translate laws, legislation, and strategies into practice, strong engagement by United Nations partners is required to help develop capacities of national actors and put implementation plans into place for delivering results for children with disabilities across Sudan.

This program offers a comprehensive integrated approach to the inclusion of children with disabilities into mainstream education. It will work on building national capacity and ensuring that

the Sudanese government fulfills its national and international obligations towards protecting the rights of children with disabilities. By combining the capacities of the UNICEF, UNESCO and the WHO, and in close collaboration with large number of DPOs representing all types of disabilities through the National Council of Persons with Disabilities, a holistic integrated model will be established catering for the educational, social, health and protection needs of children with disabilities for the first time in Sudan and will serve as a model to be replicated in other development strategies across Sudan.

2. Program approach

Building upon national momentum gained during 2013 through the launching of the Situation Analysis on the Rights of Children with Disabilities and the National Strategy on Education for Children with Disabilities supported by UNICEF, and following the first National Conference on Education of Children with Disabilities, jointly supported by UNESCO, UNICEF, and Plan International, the UNPRPD Fund will support the partnership between UNICEF, UNESCO, WHO to provide direct support to the Ministry of Education and the Ministry of Health in Sudan to implement the newly launched National Strategy on Educating for Children with Disabilities and the strategic health plan for people with disabilities. This will be accomplished through adopting a twin-track approach focusing mainly on two main interventions:

- Interventions targeting and benefiting directly the children with disabilities through supporting the capacity of local and national government agencies and civil society organizations.
- Interventions that promote the inclusion of children with disabilities into mainstream education.

Specifically, the UN country team (UNCT) in Sudan is planning to undertake the following through the UNPRPD Funding Round Two:

- UNESCO will support the enhancement of the institutional environment for inclusive education for children with disabilities with the Ministry of Education to adapt the recently developed Arabic teacher toolkit and training pack entitled “Embracing Diversity:

Tools on Creating Inclusive Friendly Learning Environment”, and ensuring it is contextualized to the situation in Sudan. A capacity building program will also be supported by UNESCO on the developed inclusive packs and toolkits for teachers and policy makers at the Federal Ministry of Education and at state level. Development and scaling up of a Teacher’s Guide on Learning Difficulties will be supported by UNESCO in collaboration with the Department of Planning and the Special Needs Education Department of the Ministry of Education. In addition, South-South cooperation will be supported in the area of inclusive education through the exchange of field visits.

- UNICEF will collaborate with the Ministry of Education to implement teacher training at state and locality level, aligned to the training package developed by the Ministry of Education with UNESCO support, equipping teachers and headmasters at community level with the skills and knowledge required to ensure that schools and teaching methods are inclusive for children with disabilities. In addition, UNICEF will support the Ministry of Education at federal and state levels to ensure that the existing national construction standards, which already incorporate accessible guidelines, are being applied within schools. Special emphasis will be given to the inclusion of children with disabilities in mainstream and alternative forms of education in areas affected by armed conflicts and emergencies. Sudan’s national law indicates that 2 per cent of national service jobs are allocated to persons with disabilities, therefore additional efforts will be made to identify and prioritize teachers with disabilities to be prioritized for the Inclusive Education teacher training module.
- WHO will support the mainstreaming and integration of disability and rehabilitation services in primary health care (PHC) systems for the first time in Sudan. This will be accompanied by establishing appropriate referral systems with services at the secondary and tertiary levels to respond to the medical and rehabilitation needs of children with disabilities enrolled in inclusive education in their local schools. Mainstreaming disability will take place through supporting the Ministry of Health to include disability in the existing training modules of the school health programs and PHC as well as building the capacities of the school health cadres and the community health cadres, such as midwives

and community health workers. WHO will address the major challenges facing the problem of disability in Sudan, including a lack of most of the professional services related to prevention of disabilities, detection and rehabilitation for children with disabilities. In addition, the Ministry of Health will pilot a joint approach with the civil society to establish or strengthen five existing CBR projects to serve children with disabilities enrolled in inclusive education particularly in remote or most disadvantaged areas.

According to the National Strategy of the Education of Children with Disabilities, the three UN agencies, in close collaboration with the National Council of Persons with Disabilities and the Ministry of Education and the Ministry of Health, will unify their efforts to strengthen the coordination of various relevant stakeholders through establishing a 'National Coordinating Committee on Inclusive Education' at Central and State levels. This committee will consist of representatives of various relevant departments within the Ministry of Education such as Basic Education Department, the Special Needs Education Department, the Preschool Education Department, the Assessment and Examination Department, the Girls Education Department, the Nomadic Education Department, the National Center for Curriculum Education Research, the National Council for Literacy and Adult Education, and the Teacher Training Department. The three implementing agencies furthermore will jointly support the Second National Conference on Inclusive Education.

In addition to increasing access to education and basic services for children with disabilities, the programme will build upon the comparative advantages of the three agencies together while ensuring strong joint implementation of activities. This will serve as a model for UNCT members for the "working as one UN" approach in mainstreaming rights of persons with disabilities in programming, and will catalyze partners, including line ministries, national and international non-governmental organizations, DPOs, and national disability unions, for enhanced partnership throughout sectoral and cross-sectoral areas and UNCT initiatives.

3. Objectives and expected results

The objective of this program is to ensure a comprehensive integrated approach to the inclusion of children with disabilities into mainstream education through building national capacity and increasing the enabling environment in schools. Simultaneously, the programme will contribute to ensuring that the Sudanese government fulfills its national and international obligations towards protecting the rights of children with disabilities as detailed in article 24 of the CRPD and the in the Convention on the Rights of the Child (CRC). Through joint efforts of the UNCT – namely the three applying agencies UNICEF, UNESCO and the WHO – and in close collaboration with the line ministries, the National Council for Persons with Disabilities, Disabled People’s Unions, and DPOs, a holistic integrated model will be established catering for the educational, social, health and protection needs of children with disabilities in mainstream education for the first time in Sudan, serving as a model for the mainstreaming and fulfillment of the rights of people with disabilities into other development strategies across Sudan.

Outcome One: **The knowledge and skills of policy makers, line ministry staff, and teachers on inclusive education and learning difficulties is enhanced.** This outcome will result mainstream teachers being equipped to ensure better learning environments and employ methods of teaching that are inclusive, particularly for children with disabilities.

Outcome Two: **National school construction standards are being met for construction and rehabilitation of schools, ensuring schools and classrooms are accessible for Children with Disabilities.** This outcome will result in schools being more physically accessible, and in children with disabilities themselves having better access to their learning environments.

Outcome Three: **Inclusion of disability and CBR in current existing mainstream community-based health schemes, programs and services** of the Ministry of health and particularly in the public health sector through the provision of intensive short courses targeting existing community health workers to build their capacities and equip them with basic information and skills needed to provide services for children with disabilities. Interventions include developing training and

simplified resource materials to allow provision of a ‘minimum package of services’ as part of the Basic PHC package, and the school health services as entry point, focusing on:

- Raising awareness
- Prevention
- Early detection
- Early intervention
- Referrals for assessment and diagnosis
- Therapy and medical rehabilitation
- Assessing the need for and support the utilization of assistive devices.

Table 1. Expected impact *(there will be only one such table in the program proposal)*

Impact		
Inclusive environments in schools are promoted resulting in all children, including children with disabilities, having improved access to mainstream education and health opportunities.		
Impact indicators		
Indicator	Baseline	Means of verification
Ministry of Education officials are equipped with the knowledge and methods for ensuring that children with disabilities are included in mainstream schools	No existing inclusive education modules exist in Sudan, and teachers do not have skills to promote inclusive education for CwD	Final assessment comprised of inputs from training modules, workshops, and training sessions
State and Federal Ministry of Education officials are equipped with necessary knowledge to ensure that schools are physically accessible	Schools are not accessible, and knowledge is limited on accessible construction and retrofitting components	Recommendation report prepared in response to the National Workshop on Accessible Construction; National School Construction Standards include annex on accessible construction
Disability and CBR included in current existing mainstream community-based health schemes, programs and services at PHC level.	PHC services and training do not include any modules or guidelines for People with disability.	Evaluation of training documents, modules and guidelines reflects the disability component at PHC services.

Table 2. Expected outcomes (there will be as many such tables as the outcomes envisaged by the program)

Outcome 1		
The knowledge and skills of policy makers, line ministry staff, and teachers on inclusive education and learning difficulties enhanced		
Outcome indicators		
Indicator	Baseline	Means of verification
Inclusive Education Toolkit and Learning difficulties Guide are available and contextualized to Sudan	None (Target = 2 training modules)	Availability of documents/training modules
100 trainers are trained to use the Adapted Teacher Toolkits on Inclusive Education to make schools more inclusive and welcoming to all children, including children with disabilities	Zero (Target = 100)	Training workshop reports including participant lists
300 teachers are trained on inclusive education for mainstreaming inclusive methodology and practices in schools	Zero (Target = 300)	Training workshop reports and participant lists Joint visit to schools where teachers have been trained
50 trainers from primary teachers are trained on the learning difficulties tool to identify and put educational strategies for modification and improvement of children achievements in	Zero (Target = 50)	Training workshop reports including participant lists
Policy makers knowledge and experience on Inclusive education enhanced through exchanging global and regional experience during the second Inclusive education conference	Policy makers do not have enough knowledge on Inclusive education enhanced	List of conference participants

Outputs	
Formulation	Tentative timeline
1.1. Inclusive education toolkits adapted/developed and printed	Months 1-3
1.2. Learning Difficulties Guide printed	Months 1-2
1.3. Training for trainers delivered for Inclusive Education Toolkits and Learning Difficulties Guide	Months 4-8
1.4. Training for trainers delivered for Learning Difficulties Guide	Months 4-8
1.5. Teacher training on Inclusive Education	Months 9 - 18
1.6. The second National Conference on Inclusive Education is Organized	Months 10-12

Outcome 2		
National school construction standards are being met for new construction activities, ensuring schools and classrooms are accessible for Children with Disabilities		
Outcome indicators		
Indicator	Baseline	Means of verification
At least 40 Ministry of Education officials, including Ministry of Education Engineers, are trained on accessible construction requirements aligned to the national school construction standards	Zero (Target = 40)	Conference/workshop report and participant lists Joint visits to schools where construction is taking place to ensure accessible features meet national criteria
Outputs		
Formulation	Tentative timeline	
2.1 at least 40 State and National MoE personnel are trained on accessible construction requirements based on National School Construction Standards	Month 4	

Outcome 3		
Mainstream disability and CBR in current existing community-based health schemes, programs and services of the Ministry of health through developing training and simplified resource materials to allow provision of a ‘minimum package of services’ as part of the Basic PHC package, and the school health services.		
Outcome indicators		
Indicator	Baseline	Means of verification
3.1 Availability of disability components within the Basic PHC Package	Zero Target: PHC package with disability component	Existence of documents
3.2 No of states providing the ‘minimum service package’ on disability through existing community health workers	Zero Target: two thirds of the States by the end of the year 2016.	Training reports
3.3 Disability is included in the training courses of existing and new community health cadres as specialists of the school health services.	Zero Target: 5 training modules	Existence of documents
3.4 Increasing number of children with disabilities are detected on yearly basis	Zero Target 60 %	Reports
3.5 Number of education curricula and PHC materials developed including the CRPD and CBR.	Zero: Target: 2	Existence of documents
3.6 Number of PWDs, CHWs, teachers, community leaders, volunteers, health professionals, school health personnel, CBR local workers and mass media trained on CRPD and the CBR approach	Zero Target: 810	Training reports
3.7 Number of related raising awareness activities and campaigns.	Zero Target: 15	Reports
3.8 Report on needs assessment for assistive	Zero	Reports

devices including a plan for meeting identified needs.	Target increase by 60%	
Outputs		
Formulation		Tentative timeline
3.1 Develop the “minimum package” that should be provided to PwDs to include it in the Basic PHC Package		Months 1 - 12
3.2 Develop and introduce a very simple tool for the early detection of disability while children are getting their immunizations in the health centers.		Month 6-9
3.3 Mobilize Community health workers and the new joint EPI/nutrition community cadres to contribute to the early detection and intervention of CWDs		Month 1- 12
3.4 Build the capacities of community based health workers and school health workers to support the CBR		Month 6
3.5 Define tasks and responsibilities of the specialists of the school health services and the various community cadres who will be involved in disability interventions; develop curriculum/ manuals and ToT schemes on disability, follow up /monitoring measures		Month 6-9
3.6 6 Assess the needs for assistive devices and provide plan for meeting identified needs in coordination with concerned stakeholders.		6-9 months

4 Management arrangements

Overall coordination and management of the programme will be jointly undertaken by the three implementing agencies (UNESCO, UNICEF, and WHO) in close collaboration with UNDP as UNCT secretariat. This will be undertaken through quarterly meetings of the members of the 4 agencies on the Steering Committee to monitor progress, review timelines, facilitate implementation, and document best practices and lessons learned. Each of the three outcomes will have one primary focal point.

For outcome one, UNESCO will serve as the primary focal point, as the agency responsible for the development of the training modules and the training of trainers for Inclusive Education and Learning Difficulties. Close collaboration and participation with UNICEF will be ensured throughout the implementation of all activities, and UNICEF will support as the partner responsible for the teacher training portion of the outcome. For outcome two, UNICEF will serve as focal point, as the agency responsible for supporting the ministry on implementation of accessible school construction standards. For outcome three WHO will take the lead as the agency focusing on the PHC, CBR, and school health components of the programme, in close collaboration with the Ministry of Health.

In addition, coordination and close communication between the three implementing agencies and other implementing partners and key stakeholders – primarily the Ministry of Education, the Ministry of Health and the National Council for Persons with Disabilities and their relevant department focal points – will be maintained through biannual joint review and planning meetings.

Table 3.Implementation arrangements

Outcome number	UNPRPD Focal Point	Implementing agencies	Other partners
1	UNESCO	<ul style="list-style-type: none"> • UNESCO • UNICEF 	<ul style="list-style-type: none"> • State and Federal Ministry of Education • National Council for Persons with Disabilities • Disabled People Organizations and Disabled People Unions
2	UNICEF	<ul style="list-style-type: none"> • UNICEF 	<ul style="list-style-type: none"> • State and Federal Ministry of Education • National Council for Persons with Disabilities • Disabled People Organizations and Disabled People Unions
3	WHO	<ul style="list-style-type: none"> • WHO • FMOH • School health unit. • Community Based Initiatives for Disability 	<ul style="list-style-type: none"> • Health Committee at Parliament • Cheshire Center for Disabilities • The National Council for Persons with

			Disabilities.
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5 National ownership, participation and partnership-building

In Sudan major steps towards fulfilling the rights of Children with Disabilities has occurred in 2013, exemplified though the publishing of the Situation on the Rights of Children with Disabilities by the National Council for Persons with Disabilities, as well as the launching of the National Strategy for Education for Children with Disabilities by the Ministry of Education and the initiative to undertake the National Health Strategy on Disabilities. This has set the ground for advancements towards participation of DPOs, disabled peoples’ unions, teachers with disabilities, and children with disabilities themselves. All these factors have pointed towards an increasingly strong commitment by the Government of Sudan to work on achieving their commitment and obligations to fulfill the rights of children with disabilities.

The improvement of quality and access of inclusive education for children with disabilities is strongly mainstreamed into the National Strategy for Education of Children with Disabilities, falling under the responsibility of the Special Education Department at the Federal Ministry of Education. In addition, each State Ministry of Education in Sudan has one focal point for Special Needs Education, who is responsible for implementing inclusive education measures at the state level in coordination with localities and headmasters of schools. All elements of the project aligned to the National Strategy for the Education of Children with Disabilities has been consulted and coordinated with the Ministry of Education and the Special Education Department, as well as the National Council for Persons with Disabilities. To ensure maximum national ownership and inclusion of people with disabilities into all stages of the programme, special emphasis will be placed on ensuring that trainers and teachers with disabilities themselves are participating and contributing during all development modules and training sessions.

The delivery of health services for disable children will be based on the NCD Strategy document, the health service delivery system in Sudan; which includes a range of public providers and both not for profit and for profit private sector providers. The National (Federal) Ministry of Health (FMOH) has a leading role in policy and stewardship while responsibility for delivery of public services is largely led by states and their localities and by other agencies including police and army health services and the National Health Insurance Fund (NHIF). This project sheet consulted the FMOH (NCDs and Mental health, School health unit) - Health committee in disability council and its members to address:

- The disability persons and their representative organization participated in priority setting and collection of baseline data and identification of needs.

- The CBR will be mainly based on the partnership and participation of GOs, NGOs persons with disabilities and their representative organizations. It will further involve the social society and social partners in Health awareness regarding (prevention, early detection and rehabilitation).

6 Knowledge generation and potential for replication

Monitoring of proposed indicators and overall progress of the programme will be the shared responsibility of the three implementing agencies, the line ministries, and the National Council for Persons with Disabilities. Joint monitoring and participation in workshops will also be undertaken by all agencies on the Steering Committee. The involvement of key partners participating in the achievements of the outcomes and lessons learned will be documented and disseminated at all level. Additionally, the outcomes will be used as advocacy paper for the health improvement of the children with disability at national, regional as well as international level.

As a major component of the programme is to undertake the development of training modules and training sessions, the lessons learned will be documented and included into a final advocacy paper prepared jointly by the three implementing agencies. Based on key recommendations and lessons learned, the potential to scale up this project across Sudan is one of the key highlights of the prigramme for replication on a national scale, to ensure that government officials, teachers, health workers and all stakeholders have knowledge and tools to ensure that children are able to access safe, inclusive education opportunities.

7 Budget

Overall budget							
Category	Item	Unit cost	No. units	Total cost	Request from UNPRPD Fund	UNDPD POs cost-sharing	Other partners cost-sharing
Supplies, commodities, equipment and transport	Printing advocacy materials (Information Education and Communication)	N/A	N/A	4,500	4,500		
	Transport of supervisory visits	2,109	6	12,654	12,654		
Personnel (staff, consultants, travel and training)	Consultants (task force) to Develop adapt and update 5 guidelines and modules	N/A	21	25,445	25,445		
	WHO technical support for monitoring and evaluation of planned activities	500	1	9,000	9,000		
	Education Specialist (@50%)	60,000	1	60,000	10,000	50,000	
	Project Officer \consultant	1	24,000	24,000	24,000		
	Travel	4	250	1,000	1,000		
	Travel of experts for the conference	4	1,250	5,000	5,000		
Training of counterparts	Training school health workers	50	90	4,500	4,500		
	Awareness campaign	300	15	4,500	4,500		
	Training for Medical Specialist's	50	15	750	750		
	Training Manufacturing Technicians	50	30	1,500	1,500		
	Training for Psychologist	50	180	9,000	9,000		
	Training for Psychiatrist	20	180	9,000	9,000		
	Training for Midwives – health workers	50	300	15,000	15,000		
	Training for Prostatitis and specialist	50	30	1,500	1,500		

	TOT on Inclusive education	250	100	25,000	20,000	5,000	
	TOT on Learning Difficulties	250	50	12,500	12,500		
	Conference organization	100	100	10,000	10,000		
	Teacher Training Course on Inclusive Education	300	300	90,000	75,000	15,000	
	National Workshop on Accessible School Construction	35,000	1	35,000	25,000	9,000	1,000
Contracts	Adapting and printing the Toolkits on Inclusive education	5,000	9	45,000	34,000	11,000	
	Developing and Printing the learning	7,500	1	7,500	7,500		
Other direct costs	Advocacy Meetings Sector related	1,000	3	3,000	3,000		
	Project operational cost	N/A		2,455	2,455		
Subtotal					326,804		
Indirect costs (7%)					22,876		
Total					349,680		

*1 (WHO will be able to make use and pool the HQ and regional office technical experts to ensure the quality of activities identified)