



**Submission Form
To
The Lebanon Recovery Fund Steering Committee**

To be completed by the Recovery and Reconstruction Cell (RRC)	
Meeting No:	Date of Meeting:
Item No:	Programme/project

*(To be completed by the Participating UN Organisation
and endorsed by Working Group Chair)*

To: Lebanon Recovery Trust Fund Steering Committee	Date of Submission: April 2007
From: United Nations Development Program	Contact: Telephone number, email Mona Hammam UNDP Resident Representative <u>mona.hammam@undp.org</u> Tel: 961 1 981107
Through: Working Group <input type="checkbox"/> Endorsement <input type="checkbox"/> Comments	Contact: Telephone number, email
Proposed submission, if approved would result in: <input checked="" type="checkbox"/> Continuation of existing programme/project <input type="checkbox"/> New programme/project <input type="checkbox"/> Other (explain)	Proposed submission resulted from: <input checked="" type="checkbox"/> National Authorities initiative within national priorities <input type="checkbox"/> UN Agency initiative within national priorities <input type="checkbox"/> Other (explain)
Programme/project title: Increased Integration of Disabled	
Amount of funds requested for proposed programme/project: USD 1,400,000	
Estimated number of beneficiaries: direct 7.500 indirect : 37.500	
Request against specific earmarking or unearmarked: USD 1,400,000	
Amount of indirect costs requested: (%) USD 98,000	



1. Background

Under safety nets, the Social Action Plan called for the need to implement projects that will have immediate positive impact on improving the lives of those most poor and vulnerable. One of the initiatives recommended was to increase the allocations for “the Right and Access Program” (R&A). The number of services provided has always been inadequate. There are a number of services (beds for example) that were very much needed and requested by the disabled and the RAIS did not have the financial capacity to provide them. In addition, the number of beneficiaries has always been deficient and could not meet the demands and needs of the poor disabled, even before the war. After the war, studies estimate an increase of 600 additional disabled as a result of the war, not to mention the presence of unexploded ordnances (post war).

The RAIS is an operating, efficient and automated program that has been providing 15 types of proximity services (wheel -chairs, air cushions , catheters.. etc.) to holders of the disability card. The "Rights and Access Program (R&A)" was established in 1994 under the National Committee for the Disabled recommendations, and is the technical body through which the MOSA puts number of articles of law 220/2000 (rights of pwd) into implementation (disability card issuing, affidavits for specific services and exemptions, awareness and information...). The R&A serves all Lebanese disabled and provide them with the needed services the entire period of time during which a person is suffering from disability. It has elaborated a set of norms, standards and procedures allowing the accreditation of services and of institutions as service providers. Since 1998 R&A has ensured the provision of more than million items of technical aid to date. It has classified more than 99 services, elaborated standardized classifications for 165 disabilities as per the WHO classifications and issued more than 60,000 disability cards. The disability card is usually given to the disabled after a specialized doctor's examination and is revised on regular basis. The R&A runs 6 centres in 6 mohafaza – and implements the program with fully automated administrative system.

2. Purpose of Proposed Programme/Project

The key objective of the proposed project is to increase the integration of the disabled within the society through the provision of the needed proximity services.

3. Evaluation of Proposals by the Working Group

Provide concise summary evaluation of proposal against:

<i>General principles and selection criteria</i>		
(a)	Must be explicitly based on Lebanon’s national priorities and needs, as noted in the public domain.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b)	Must fall with the UN’s mandate, and must address the Millennium Development Goals, directly or indirectly through a human rights-based approach.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c)	Must promote and ensure national ownership.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d)	Must be at an acceptable level of risk, within UN parameters.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e)	Must fall within the areas of UN’s comparative advantage.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f)	The UN must be an appropriate system to deliver the intervention.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g)	The UN response must be properly designed for and within the Sector setting, must be effective, coherent, context-sensitive, and cost-efficient and the outcomes, sustainable.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h)	Must avoid duplication of and significant overlap with the activities of other actors.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(i)	Must build on existing capacities, strengths and experience.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(j)	Must promote consultation, participation and partnerships.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If one or more of the above criteria is not met, please explain:		

Implementability

	2007	2008
<i>Estimated commitments (\$)</i>		
<i>Estimated disbursements (\$)</i>	300.000	1.100.000



Does the project correspond to national priorities?

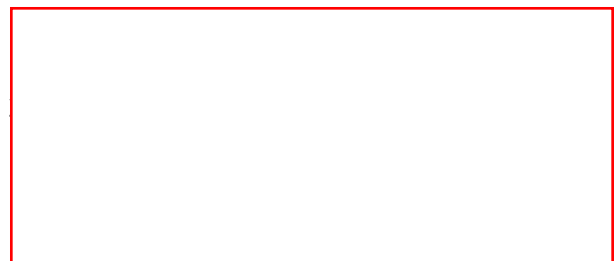
Yes

No

Please elaborate: the law 220 / 2000 confirms the right of all pwd in Lebanon to benefit from the appropriate assistive devices , that includes all proximity technical aids) (cf. article 27 – it. 1 and 4) : It also gives the Ministry of Social affairs the authority of implementing the decisions taken by the National Committee for the disabled, (art 6- it.4) that has identified the delivery of the requested technical aids as a priority; More over, the Lebanese government has signed in June 2007 the International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, after having actively participated to its elaboration since 2003. The convention dedicates one article (20) to the personal mobility and the necessity for state parties to ensure and facilitate access to quality assistive devices...



Project approved by Line Ministry: Ministry of Social Affairs on April 2007



To be completed by the Steering Committee Support Office

4. Review by Recovery and Reconstruction Cell (RRC)

Check on Programme/Project Proposal Format Contents

- | | | |
|--|---|-----------------------------|
| <input type="checkbox"/> Cover sheet (first page) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Logical Framework | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Justification | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Programme/Project Management Arrangements | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Risks and Assumptions | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Budget | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| <input type="checkbox"/> Support Cost | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

*Overall review of programme submission
Recommendations*

Elaborate

5. Decision of the LRF Steering Committee

- Approved for a total budget of \$1.4 million
- Approved with modification/condition
- Deferred

Reason/Comments

Elaborate

11 October 2007
Date

6. Follow-up action taken by the Administrative Agent

- Project consistent with provisions of the Letter of Agreement with donors (if applicable)

9/10/07
Date

Lebanon Recovery Fund Programme/Project Proposal Format and Guidelines

Contents:

1. Cover sheet and description of programme/project document (Appendix A)
2. Logical Framework (Appendix B)
3. Programme/Project Budget (Appendix C)
4. Progress Report (Appendix D)



**LEBANON RECOVERY FUND
PROJECT DOCUMENT COVER SHEET**

Participating UN Organisation:	Sector: Social Recovery
Programme/Project Manager Name: Zena Ali Ahmad, UNDP Beirut Telephone: 961 3 240029 e-mail: Zena Ali Ahmad	Working Group Chair Name: Address: Telephone: E-mail:
Programme/Project Title: Increased integration of poor disabled Programme/Project Number:	Programme/Project Location: Lebanon
Programme/Project Description: The project aims at expanding and improving access of the poor disabled (as marginalized and vulnerable population that was most affected by the war) to proximity services.	Total Programme/Project Cost: LRF: USD 1,400,000 Government Input: Other: Ministry of Social Affairs USD 140,000 Total: USD 1,540,000
	Programme/Project Duration: 2007 – 2008
Development Goal and Key Immediate Objectives: The project proposal aims at integrating the disabled into normal life with full protection of human rights and dignity, through increased integration of the persons with disability (pwd) within the society through the provision of the needed proximity services	
Outputs and Key Activities: The project proposal aims at supporting the implementation of one of the safety net programs suggested in the in the post-war reform and reconstruction programme of the Government of Lebanon as included in the Social Action Plan which is expand the delivery of proximity services targeting the persons with disability as marginalized and vulnerable population that are the more affected by poverty , wars .and unstable situations)	
Working Group Review Date: _____ RRC Review Date _____ Steering Committee/Project Approval Group Approval Date: <u>10/10/07</u>	

On behalf of:

UN Participating Organisation
Chair, LRF SC

--	--

Signature

Date

Name/Title

MONA HAMMAM, UNDP Res. Rep.

--

2. Logical Framework

Objectives	Measurable indicators	Means of verification	Important assumptions
Immediate Objective: Providing the persons with disability with the needed proximity services to enable them to become more independent and integrated within the society, and to preserve their dignity.		- Direct observation - # of beneficiaries through MoSA	- no war or security degradation that may cause the Rights and Access centres of MOSA to stop functioning
OUTPUTS: <ul style="list-style-type: none"> ▪ To improve the provision of good quality reliable and suitable aids to the persons registered as disabled ▪ To cater for the new disabled groups that emerged as a result of the July 07 war. 			
ACTIVITIES: <ul style="list-style-type: none"> Assessment of disability and specific needs by authorized doctors through the 6 centres of R&A Home visits by authorized medical and administrative staff to persons unable to move Delivery of prescribed and appropriate service by the accredited institution as per the pre-set procedure Reimbursement by the MOSA/R&A of the delivered service after thorough control by the administrative staff 	INPUTS: <ul style="list-style-type: none"> - (actual R&A staff in the 6 dedicated centres : administrative: 43 and medical : 25) 		

3. Programme/Project Justification

The Social Action Plan that was submitted to Paris III included the need to implement projects that will have immediate positive impact on improving the lives of those most poor and vulnerable. Within this framework, the government is keen to put into action around 14 safety net programs, one of which is targeting (directly or not) the disabled through calling for increasing the allocations for "the Right and Access Program" (an operating, efficient and automated program) that provides around 15 types of proximity services for mobility: wheel -chairs, crutches, for prevention : air cushions, water mattresses, special seats for incontinence: pads, catheters, etc.

Disability by itself is a major source of vulnerability and marginalization. It limits the access to information, job opportunities, education, social services and much more. Being disabled, very often isolates the person from fully integrating within his/her community or society. The risks of marginalization are almost ensured, especially when disability is compounded with deprivation and poverty. Lack of resources to get the needed proximity services force the disabled, and consequently his/her family, to live in isolation with his/her surrounding as it deprives him/her from a basic right of being fully integrated within the society. In addition, the absence of such services (wheel chair or other proximity services for example) normally impedes the disabled from being autonomous in his daily activities and forces him to depend on others (usually another family member) for subsistence. Such dependency would magnify the burden on other family members in such a way that their efforts and financial means would be mostly consumed by the disability expenses and indirect cost of survival.

The July 2007 war has caused more than 4000 injuries, figures estimate around 15% of which are permanent disabilities. In addition, qualitative studies have revealed that the war exacerbated the conditions of the poor and



vulnerable households and its impact was most acute on this population¹. Moreover, the financial problems that the government encountered starting 2002, forced the MOSA to restrain the service delivery, reducing it to the available funds, which generated an important waiting list of more than 2600 persons. Accordingly, it is essential that the poor disabled are properly catered for as a marginalized group, as being increased in number after the war and as being most affected by the consequences of the war in terms of access to employment, to health services and to social aid.

Increasing allocations of R&A is indispensable to cater for the chronic needs of the disabled and to cover the emerging requests of the newly disabled as a result of the war. The provision of proximity services to the disabled is a preventive measure as it often precludes the development of chronic or longer term treatments that are usually costly, time consuming and more painful. Expanding the number of services provided to the disabled, and providing uninterrupted services for more days and longer hours to a larger share is a basic right for the disabled and the enforcement of the law 220. It is an essential measure that will free – to a large extent – the disabled from depending on charity and on other household member, enable household members to undertake more productive tasks and thus improve their living conditions. Without the proximity services, the greatest majority of the disabled will be deprived from their right to be independent and integrated within the society, and deprived of their dignity. That is not to mention the complications that may occur from a bad response to many urgent needs such as bed sore prevention through the use of appropriate matrices or cushions, and the urinary infections that can occur from the lack or the bad quality catheters, pads, and/or colostomy devices. Children more specifically run serious malformations when the special seats designed as per each individual case and needs are not provided timely and adapted as per the growing rhythm.

4. Management Arrangements

The project will be implemented through the Rights and Access Program at the Ministry of Social Affairs. R&A has already a fully automated system RAIS (Rights and Access Information System) that has been upgraded in 2002-2004 through OMSAR; it is able to provide quality statistical and analytical reports on the provision of services, eligible persons and needed cost. The disability card issued by MoSA for disabled persons would also form a very effective targeting instrument (61,111 cards have been issued so far based on accurate criteria and examination). Moreover, it is worthy to note that R&A and the RAIS function in a decentralized manner through 6 regional centres (in each mohafaza), an element that would also ensure proper outreach in all the Lebanese regions. The RAIS is a well established and operating system. Targeting of eligible beneficiaries is an on going process, once the project approved, the delivery of the voucher (bon de demande) by the authorized medical doctors at the centres will start, and the delivery of service could be immediately implemented, through the accredited service providers, all institutions of non profit NGO's. It does not require any additional administrative measures or cost. The R&A centres are daily opened from 8 to 4 PM, even on Fridays, and until 1. Pm on Saturdays, and the service providers are committed to deliver the service within the specific delays decided for each service, as per the required specifications and procedures.

R&A has set an internal audit unit, who's specific task is to visit disabled persons on basis of a random selection and on specific criteria's and make sure that all services are satisfactory and that work is being achieved properly through the centres and the accredited service providers. It also has a mandate to assess the user's satisfaction. An administrative and automated control is also made on all the vouchers that are returned after the service delivery to the central unit of R&A, where every detail is checked to make sure that procedure was entirely respected, and that the pwd has duly signed reception of the technical aid. Reports of control are submitted to the responsible at the MOSA, and the disbursement of the incurred cost occurs only when all control has been achieved. Monthly reports are issued, and all irregularity detected will delay payment, and even stop it. So the service provider takes full responsibility of and supports all the costs until proving to have delivered the requested service.

The project is an on-going process; services will be delivered as long as the disability persists, on the condition that the needs to this service persists (i.e. : self propelled wheel chair can be no more a need if the pwd loses control of his/her hands.) that is why every time request a proximity service, a new assessment is made. In addition, each service has a pre-set life time that conditions the issuing of a new automated voucher during this period. This duration is set depending on many parameters (type of service, age of beneficiary, disability, frequency of use, etc..). The disability cards are also reviewed at every consultation, and for every service delivery (be it voucher of institutional care, affidavits for municipalities, or other) and on basis of factors related to the disability and morbidity of each person. Renewal is mandatory every 5 years for all type of disabilities

¹ Unpublished study: Ministry of Social Affairs – World Bank, "Post Conflict Rapid Social and Livelihood Assessment", Consultation and Research Institute, May 2007.

Another control allowing more accurate targeting, is made on the existing / non existing link or relation between the requested service and the impairment and/or the morbidity it self; the RAIS system is pre-set to make an automatic control on this issue, and block the delivery of the voucher when the service is not technically possible ;for instance a person with only visual or auditive or mental impairment will not be allowed to be delivered a wheel chair. a special seat – voucher will only be issued for specific disabilities, such as cerebral palsy. A wooden seat will only be issued for children from 1 till 18 .. It will not be possible for an amputee to have an orthopaedic shoe. Etc. All these parameters (impairment, morbidity, cause of morbidity, age of the pwd, type of service, and all the links between them) allow the system to conduct a precise targeting, and to narrow down the risks of misuse and of errors

5. Analysis of risks and assumptions

In order to be able to successfully expand the delivery of proximity services for the disabled, the following has to be ensured.

- The existing accessible and dedicated centres affiliated to the Ministry of social affairs - “Rights and Access” program are still operational
- Various classifications (impairments, Morbidities, Services...) and the individual invalidity card are issued and regularly updated as per the on-going procedures.
- Standards for the services and the specialized institutions providing them are regularly upgraded and updated.
- The existing auditing and control unit and procedures are continuously enhanced and
- The legislation to ensure the rights and privileges of pwd is put into implementation ensuring within the briefest delays the participating in the covering of technical aids and other specialized services through the all existing social coverage systems (national social security fund, the government employees coop., security forces fund, army’s medical brigade, ministry of public health, ministry of social affairs),
- The RAIS automated, decentralized administrative system is continuously upgraded and well managed.
- An awareness and information campaign is launched.



6. Programme/Project Budget

CATEGORY	ITEM	UNIT COST	Number OF UNITS	TOTAL COST
- Personnel Incl staff and consultants				
- Contracts Incl. companies, professional services, grants	o Accreditation to distribute aids for disabled people			\$ 1 302 000
- Training Staff training, workshops...				
- Transport				
- Supplies and commodities				
- Equipment				
- Travel				
- Miscellaneous Printing reports, proposals, pamphlets, decrees...				
- Agency Management Support*				\$ 98,000
Total				\$ 1,400,000

