

Multi-Country ProgramME Full Proposal

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| **Title of the programm**e | **Addressing stigma, discrimination and violence for empowering women with disabilities (ASDWD)** |
| **Countries** | Moldova, Pakistan, Palestine, Samoa |
| **Duration (max. 24 months)** | 24 months |
| **Total Budget (including 7% indirect costs)** | 500,000 USD |
| **Implementing UN Organizations** | UNDP, UN-Women |
| **Other implementing partners** | Governments (national and provincial agencies), NHRIs, OPDs, CSOs and private sector in implementing countries |
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# Executive summary

The joint project will address primarily two key challenges in overcoming stigma and discrimination, with a view to better addressing violence against women and girls with disabilities following an intersectional approach.

Firstly, better tools are needed to generate evidence of disability-related stigma and discrimination and its impact at national level. Existing tools are fragmented, predominantly focused on the Global North, and do not measure the full chain of stigma including gender based and intersectional stereotypes, prejudice and discrimination. Inspired by examples in other contexts (e.g. PLHIV Stigma Tool) the project will develop a framework tool which can be adapted for national contexts, and pilot it in project countries.

Secondly, many interventions addressing disability-related stigma and discrimination have focused on raising awareness rather than changing behaviour. The project will use behavioural insight (BI) approaches to design and pilot interventions for behavioural change in project countries and evaluate their impact.

The anticipated result of the project is strengthened services for the elimination of violence against women with disabilities following evidence-based interventions and changed attitudes and behaviour of rights holders and duty bearers. The Project will also mainstreame intersectional elements across both interventions.

The project will support project countries (including OPDs and other stakeholders) to design and pilot:

* a tool to generate evidence of disability-related stigma and discrimination and its impacts, which can be scaled up/used for advocacy at country level;
* behavioural change interventions, monitoring evidence of behaviour change, which can then applied on a wider scale in those countries.

Results of both interventions will be consolidated through knowledge products and shared with key stakeholders [Organisations of Persons with Disabilities (OPDs), Network of Women with Disabilities, government agencies, researchers, UN agencies, development partners) as a step towards building global stigma tools and wider use of behavioural change interventions, and participating countries will use the data generated for intersectional interventions aimed at transforming legislative and policy frameworks, systems and services for eliminating violence against women and girls with disabilities.

# CONTEXT AND RATIONALE

#### 2.1 CHallenges

Persons with disabilities (PWDs) experience stigma and discrimination universally, driven by multiple attitudinal barriers, prejudice and stereotypes, which limit both the full exercise of rights of PWDs and sustainable development. Women and girls with disabilities are particularly impacted from intersectional stigma and discrimination based on gender and disability[[1]](#footnote-1): Women and girls with disabilities face significant physical, financial, informational, and communications barriers to accessing health services, including sexual and reproductive health services, that are needed both because of their disability and their gender. Furthermore, because of stereotypes about discrimination, they may be viewed as asexual, not being capable of making decisions for themselves, or not being fit parents, they may not be offered needed sexual and reproductive services or may be denied the opportunity to have children through forced sterilization, forced contraception, and forced abortion.

 For instance:

* a study conducted in **Samoa** revealed that 100% of the women and girls with disabilities surveyed experienced some forms of violence and abuse. The survey showed that 27% experienced domestic violence, 13% experienced physical violence, 13% experienced sexual abuse, 13% were emotionally and mentally violated because they were teased by people, 7% experienced rape, 7% experienced sexual assault, 7% experienced sexual harassment and 7% experienced child abuse. Of the women and girls with disabilities surveyed, 60% said they did not report the violence and abuse they had experienced. For those women and girls who do not report their cases, 71.4% said that this was because of fear, 14.3% because of shame and the other 14.3% because of the attitude of service providers[[2]](#footnote-2).
* Similarly, in **Palestine** a UNFPA study found that women and girls with disabilities are the most vulnerable group to violence, with an increasing proportion experiencing multiple forms of psychological, social, physical and sexual violence in both the private and public spheres[[3]](#footnote-3) [[4]](#footnote-4).
* In **Moldova** the number of domestic violence cases is twice higher among women in households with people with disabilities and among Roma women.[[5]](#footnote-5) Reporting and access to VAW essential services and assistance are particularly challenging, as these are commonly not inclusive of, nor accessible to persons with disabilities.[[6]](#footnote-6)

Although stigma and discrimination against persons with disabilities are universal, the underlying drivers are contextual and reflect local social cultures and norms, such as misconceptions about the cause of disabilities rooted in cultural or religious beliefs (for instance, a divine punishment or the results of misdeeds of the person herself in a former life) and misconceptions about the nature and abilities of people with disabilities (‘asexual’, unmarriageable, incapable of skilled employment or independent living)[[7]](#footnote-7), and may be internalized by PWDs themselves.

The project will address two key challenges in overcoming stigma and discrimination, targeting the elimination of violence against women and girls with disabilities.

Firstly, tools are needed to provide evidence of discrimination against PWDs at country level, the stereotypes and prejudices that drive it, and its impact. Many of the tools that exist have been developed in Western countries, and most tend to measure attitudes rather than the entirety of stigma (the chain from stereotypes through prejudice to discrimination). The project will therefore develop a framework tool which can be adapted for national contexts, to be piloted in the project countries, which represent a diverse set of contexts across Asia and the Pacific, Arab States and Eastern Europe.

Secondly, although many interventions have addressed stigma and discrimination faced by PWDs, they have tended to focus on raising awareness rather than actively aiming at changing behaviour[[8]](#footnote-8). The project will therefore design and pilot behavioural change interventions in project countries and evaluate their impact.

Together, these tools and interventions will enable project countries to advocate for reforms to legal and policy frameworks and to design intersectional interventions with duty bearers and rights holders with the aim of strengthening national systems for the elimination of violence against women and girls with disabilities.

#### 2.2 Rationale and Opportunities

Research into stigma and discrimination against PWDs and its drivers is critical for effective development interventions. Without a holistic understanding of the cognitive (stereotypes), affective (prejudice) and behavioural (discrimination) components and their interrelationship, interventions risk being poorly targeted or failing to adopt systematic approaches which address each of these components, impacting negatively on results. Equally, measurement of impacts is necessary for effective advocacy.

While there have been many studies into stigma and discrimination against PWDs, conducted by researchers and development agencies, no consolidated tool has been developed at global level. As a result, these interventions remain fragmented and adopt different approaches – with few adopting a holistic approach addressing cognitive (stereotypes), affective (prejudice) and behavioural (discrimination) components and their impacts.

By contrast, in other fields – particularly in relation to people living with HIV - stigma and discrimination measurement tools have been developed and standardised, allowing for progressive refinements and improvements of the tool based on the collective experience of many countries in its application. This provides stakeholders at country level with a high-quality tool and well-established methodology, considerably reducing the time and expense of generating the evidence necessary for affective advocacy and interventions.

For instance, the People Living with HIV (PLHIV) Stigma Index ([www.stigmaindex.org](http://www.stigmaindex.org)) developed jointly by UNAIDS, GPN+ (the Global Network of People Living with HIV) and ICW (the International Community of Women Living with HIV) was first launched in 2008, and then replaced by an updated and strengthened Stigma Index 2.0 in 2018, based on the experiences from the first ten years’ implementation of the Index. By now it has been implemented in more than 100 countries involving the participation of more than 100,000 PLHIV.

The project will lay the foundation for a similar tool on stigma and discrimination against PWDs, focusing on women and girls with disabilities in order to ensure that this critical dimension of intersectional discrimination is embedded in the design of the tool from the outset. The tool will explore interpersonal, familial, intrapersonal and structural drivers of stigma and discrimination and their impacts on the effectiveness of national frameworks for the elimination of violence against women and girls with disabilities, including the capacity of survivors to access relevant services , leveraging the areas of comparative advantage of the participating UN agencies, and drawing on the their collective experience in research on discrimination and stigma against PWDs in countries such as Armenia, Georgia, Kyrgyzstan and Viet Nam, as well as enabling complementarity with other relevant tools such as the recently-launched *Tool Kit on Eliminating VAWG with Disabilities in Samoa* (developed by UN Women in collaboration with DFAT and regional and national OPDs (Pacific Disability Forum and Nuaunua O Le Alofa Incorporated).

The joint project will also address the relative scarcity of interventions aimed at changing behaviour (rather than just raising awareness) which are needed for effective response to stigma and discrimination against PWDs, through leveraging the experience of UNDP/UN Women in successfully applying by Nudge Lebanon in using BI approaches to address prejudices, mindsets and norms around masculinities in Jordan and Pakistan ).

Together, these tools and approaches will inform advocacy in project countries for change in national systems to eliminate violence against women and girls with disabilities to better address stigma and discrimination, and enable them to design interventions for behavioural change with both duty bearers and rights holders.

# PrOGRAMME APPROACH AND EXPECTED RESULTS

#### 3.1 ProgramME IMPACT[[9]](#footnote-9)

The project aims at reducing stigma and discrimination against survivors of violence against women and girls with disabilities through evidence-based interventions and changed attitudes and behaviour of rights holders and duty bearers.

The impact of stigma and discrimination needs to be addressed at all levels of government systems aimed at eliminating violence against women and girls, in legal and policy frameworks, in the mindsets and attitudes not only of service providers, but also of communities, families and women and girls with disabilities themselves which may lead to them failing to access services through fear, mistrust or shame.

The project therefore aims to:

* identify stigma and discrimination at all levels of the system – interpersonal, familial, intrapersonal and structural and advocate for changes in national systems to address them: and
* develop more effective techniques to change behaviour rooted in stigma and discrimination and use these with duty bearers, communities, families and women/girls with disabilities themselves.

Both of these objectives will provide empirical evidence for informed policy making including legislative advocacy and operational strategies for system changes.

#### 3.2 OUTCOMES

Drivers and impacts of stigma and discrimination against women and girls with disabilities identified and reflected in policies, frameworks and services aimed at the elimination of violence against women and girls.

Reduction in prejudicial attitudes and discriminatory behaviour towards survivors of violence with disabilities. Evidence generated through the diagnostic tool will identify the drivers of stigma and discrimination against women and girls with disabilities at interpersonal, familial, intrapersonal and structural levels and their impact on violence against women and girls with disabilities as well as the effectiveness of government frameworks aimed at its elimination, including availability of appropriate, accessible and effective services (including health, psychosocial and justice services) for survivors of violence. These will provide empirical evidence for informed policy making including legislative advocacy and operational strategies for system changes.

Interventions based on evidence generated by the diagnostic tool in each country will aim to address stigma and discrimination at each of these levels, including through:

* Transformation of policies, frameworks and services to address elements reflecting stigma and discrimination;
* Interventions to reduce stigma and discrimination within families and communities and among women and girls with disabilities themselves;
* Interventions to reduce stigma and discrimination among service providers (including in health, psychosocial counselling and justice services)

The behavioural insights tools will generate new methodologies for these interventions, aimed at attitudinal and behavioural change rather than just awareness raising.

#### 3.3 APPROACH

**Outcome 1: Drivers and impacts of stigma and discrimination against women and girls with disabilities identified and reflected in policies, frameworks and services aimed at the elimination of violence against women and girls.**

The project will support the project countries and key stakeholders (OPDs and others depending on country context) to design and pilot the tool on stigma and discrimination. Evidence of the drivers of stigma and discrimination against women and girls with disabilities, and their impacts on the prevalence of violence against women and girls with disabilities, as well as on the availability, accessibility and quality of services for survivors of violence, will be identified by the tool piloted in the project countries. The tool may identify, for instance, how stigma against persons with disabilities acts to reinforce the sense of entitlement among perpetrators and enhance their vulnerability to violence; how myths that women with disabilities are asexual contributes to the invisibility of sexual violence against them; how their internalized fear and shame discourages them from reporting; and how similar prejudices among duty bearers impedes the access of survivors to health, justice and other services. This will enable a comprehensive mapping to be drawn up in each project country on how stigma and discrimination impacts both the incidence of violence, and in parallel the effectiveness frameworks, policies and services to address it. The mapping and feedback will feed into the development of an eventual strategy for reforming these frameworks, policies and services, with interventions at all levels. The project will advocate, for instance, for policies on the elimination of violence to include interventions addressing stigma-based prejudices and myths in communities, families and among women and girls with disabilities themselves; as well as interventions targeting stigma and discrimination among duty bearers such as health-workers, police, prosecutors and judges.

Specific government tools and frameworks to be targeted by the project include:

* Moldova
* Palestine: VAW case conference manual
* Pakistan: Rules of Business operationalizing the Sindh Empowerment of Persons with Disabilities Act 2018, and the Gender Equality Policy of the Government of Sindh;
* Samoa: National Disability Policy (currently under development)

**Outcome 2: Reduction in prejudicial attitudes and discriminatory behaviour towards women and girls with disabilities**

The second outcome aims to address the impacts of stigma and discrimination in relation to violence and systems to address it, through implementation of selected interventions identified through the first outcome. Just as with the tool itself, the interventions under the second outcome will address intrapersonal, familial, interpersonal and structural levels, targeting communities, families and women and girls with disabilities themselves as well as duty bearers such as health workers, counsellors, police, prosecutors and judges.

Recognizing the limited effectiveness of interventions based on awareness raising to change attitudes and behaviors, the project will use behavioural insights approaches to pilot new forms of interventions aimed at behavioural change by duty bearers, communities, families and among women and girls with disabilities themselves. A range of stakeholders including government, OPDs and others depending on country context will be engaged in the design and piloting of these interventions. The pilot interventions will be monitored for evidence of behaviour change, and (taking account of lessons learned) can be applied on a wider scale in those countries. The project will advocate with governments for the institutionalization of these methodologies for addressing stigma and discrimination in policies, frameworks and services for the elimination of violence against women and girls.

At global level, the results of the interventions will be summarized in a knowledge project and discussed in consultative workshops with relevant stakeholders (IDA and regional OPDs, researchers on stigma and behavioural change in relation to disability and other fields, UN agencies and relevant development partners) to further refine methodologies and approaches and generate the case for conducting such interventions on a wider scale.

The project will ensure a gender inclusive approach through both targeted and mainstreamed actions to ensure the inclusion of women and girls with disabilities across all activities. Gender-specific consultation, analysis and guidance will be an integral part of project offerings and will be led by UN-Women with UNDP . This approach will also be applied to all tools, resources, and capacity building for the program.

# 4A LOGICAL FRAMEWORK AND ActivitY MATRIX

***Outcome 1: National Stakeholders are equipped with the knowledge and practical tools for disability inclusive policies and systems***

*Indicator(s)*

*● 1.1 # of stakeholders in ASDWD Joint Programme supported countries with increased knowledge and capacities to design/reform and deliver inclusive policies and systems (disaggregation by stakeholder Gov/ UN/OPDs/other)*

***Output 1.1 - Capacity of the national stakeholders is enhanced to develop and implement gender responsive and disability inclusive policies and systems for the CRPD and SDGs implementation***

*Indicator(s)*

*● 1.1.3. #of OPDs (disaggregated by type umbrella- disability specific- women-other) that benefitted from capacity building activities (development of tools/methodologies ) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities.*

***Output 1.2 - Knowledge products are developed and piloted, particularly to address gaps on the preconditions to implement CRPD and disability inclusive SDGs***

*Indicator(s)*

*● 1.2.1. #of knowledge products (disaggregated by product: tools, guidelines, protocols, reports) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices*

|  | ***Results chain*** | ***Indicators***  | ***Baseline*** | ***Target******(value & reference year)*** | ***Source and mean of verification*** |
| --- | --- | --- | --- | --- | --- |
| ***Impact***  | Reduced stigma and discrimination against survivors of violence against women and girls with disabilities through evidence-based interventions and changed attitudes and behaviour of rights holders and duty bearers. | *1. Numbers of policy changes proposed to national systems for eliminating violence against women and girls with disabilities.*  | Tbd (country based)  | *By 2022**At least 2 country specific proposals.*  | *CEDAW, UPR, CRPD submissions. Annual report Ministry of Women in respective country.* *Relevant national action plans*  |
| ***Outcome (s)***  | 1. Drivers and impacts of stigma and discrimination against women and girls with disabilities identified and reflected in policies, frameworks and services aimed at the elimination of violence against women and girls.
2. Gradual reduction in prejudicial attitudes and discriminatory behaviour towards women and girls with disabilities in pilot communities.
 | *1. Numbers of policy changes proposed to national systems for eliminating violence against women and girls with disabilities.* *2.1 Number of service providers that demonstrate reduced prejudicial attitudes and discriminatory behavior towards women and girls.*  | Tbd (country based/ national stakeholders, government, consultation participants) | *By 2022**30% of consulted stakeholders demonstrate reduced prejudicial attitude and discriminatory behaviour.*  | *Consultation and workshop evaluation.* *Local and national survey among stakeholders*  |
| ***Outputs*** | * 1. *Stigma and discrimination against women with disabilities is acknowledged and addressed by local stakeholders.*
	2. *Advocacy is conducted at global level to develop a* comprehensive tool against stigma *discrimination against women with disabilities* (based PLHIV Stigma Index model).
	3. *Evidence on behavioral change to reduce sigma and discrimination towards women and girls with disabilities is collected and disseminated.*
 | 1*.1.1 Numbers of tools on stigma and discrimination developed, promoted and adopted by pilot communities.**1.1.2 Numbers of global and regional consultations/ discussions conducted to* *promote the tool on stigma and discrimination.* *1.1.3 Number of finalized publications capturing evidence on behavioral change to reduced stigma and discrimination against women is finalized.*  | 0 tool developed0 discussions  0 publication  | *By 2022**1 tool and global advocacy paper developed and adopted by at least 4 pilot communities* *By 2022**At least 2 global and 3 regional discussions conducted* *By 2022**1 Publication containing experience of 5 countries.* *1 Infographic* | Finalized knowledge product and advocacy paper for measuring stigma and discrimination against women and girls with disabilities *Consultation, workshop and media reports.* *Consultation reports, meeting minutes.* Finalized knowledge products on behavioural change interventions to address stigma and discrimination against women and girls with disabilities |
| ***Activities*** | * Design framework tool for measuring stigma and discrimination and its impact on national systems (pilot countries) for elimination of violence against women and girls with disabilities
* Establish or utilise existing national taskforce/ coordination body comprising OPDs, PWD representatives, experts, Human Rights- and Women’s Rights Commission, relevant government officials, CSOs and development partners to design and pilot tools/interventions.
* Support the established/ existing coordination body to conduct relevant consultations, research, mapping to contribute to the development of tool for measuring stigma and discrimination against women and girls with disabilities.
* Support countries to conceptualise the framework tool based on country needs and translate into local language.
* Conduct trainings for relevant partners(national and local government, OPDs. National (Women) Human Rights mechanisms etc. on the tool for measuring stigma and discrimination against women and girls with disabilities.
* Implement the tool in pilot locations
* Based on collected data, UNDP and UN Women in collaboration with OPDs, as appropriate, provides technical assistance (policy guidance and advisory services )to government to integrate measures and benchmarks for eliminating stigma and discrimination against women with disabilities into relevant national action plans, policies, legislation related to elimination of violence against women and girls with disabilities as well as COVID-19 recovery frameworks .
* Integrate created knowledge on stigma and discrimination against women and girls with disabilities into UN planning processes including UN Common Country Assessment (CCA)’s process and Human Rights treaty reporting and implementation (CEDAW/ CRPD).
* Utilise national taskforce / coordination body to develop pilot behavioural change initiatives to address prejudice and stereotypes leading to discrimination against women with disabilities identified through the diagnostic tool and to trigger mind- and behavioural change**.**
* Develop a solid monitoring and evaluation framework to measure impact and collect evidence.
* Engage with government, CSOs and development partners to implement pilot behaviour change interventions among service providers, community and families of persons with disabilities themselves.
* Capture evidence of mind- and behavioural change and feed into national frameworks and the global knowledge product on behavioural change interventions to address stigma and discrimination against women and girls with disabilities.
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# 4B Knowledge management AND CAPACITY BUILDING

#### KNOWLEDGE GAPS TO BE ADRESSED

The project builds on two important gaps in knowledge and understanding of what works to address disability-based stigma and discrimination, as noted above:

Firstly, although some studies on disability-based stigma and discrimination have been undertaken at country level (often on a one-off basis) – and these will be mapped and will inform the development of the project tool – there is a lack of a standardized tool specifically designed to measure such stigma and discrimination, that covers the full results chain from cognitive assumptions (stereotypes), affective reactions (prejudices) and behaviour which treats PWDs less favorably and limits the exercise of their human rights and their sustainable development (discrimination)[[10]](#footnote-10). Development of such a tool – together with implementation guidance based on the experience of project countries - will in turn lower the barriers (cost, knowledge) for other countries to conduct similar assessments; at global level it will generate a stronger evidence base around stigma and discrimination and identify common trends as well as country or regional differences; it will be an important contribution towards global knowledge on effective methodologies to identify and measure stigma and discrimination.

Secondly, the behavioural change interventions will move practice at country level beyond awareness-raising towards interventions that directly aim to impact attitudinal change (stereotypes and prejudices) as well as behaviour (discrimination) – the scarcity of these has already been identified as a serious gap in literature reviews of disability-focused interventions. At country level these interventions will build on the evidence of the cognitive biases and prejudices underlying stigma and their manifestation in discriminatory behaviour – generated by the diagnostic tool – and conduct experiments using behavioural insights (“BI”- borrowing from work done by UNDP in relation to addressing masculinities) aimed at behavioural change in each country. The results from these experiments will be consolidated across all countries as a knowledge product which will mark a significant contribution to knowledge about what works in reducing stigma and discrimination., stimulate the development of more behavioural change interventions (including those addressing stigma and discrimination against women with disabilities and in other areas of stigma and discrimination) and progressively lower the barriers in terms of cost and knowledge for stakeholders in other countries to design and implement such interventions.

#### TOOLS TO BE DEVELOPED

Both tools – the diagnostic tool and BI approaches – will be designed with input at global level from consultants with expertise in (i) measuring stigma and disability against people with disabilities and (ii) applying BI approaches for behavioural change in relation to stigma and discrimination, respectively. Global-level consultants will help each country design specific contextualized tools and interventions, conduct/support design of trainings for country-level stakeholders and monitor the results across all countries; and finally consolidate those results into two knowledge products to contribute to knowledge and guidance at global level.

The tools are designed to be interlinked, in that the cognitive/behavioural biases identified by the diagnostic tool will form the basis for the design of behavioural interventions.

The project’s approach will be informed by both a human rights and a social model of disability, and will aim to generate a portfolio of tools that will allow the generation of data on stigma and discrimination facing people with disabilities, with a particular emphasis on the experiences of and challenges faced by women and girls with disabilities in relation to vulnerability to violence, as well as accessing services as a survivor of violence, although the scope of inquiry into the drivers of stigma and disability will be wider, recognizing that diverse prejudices and biases related to the causes of disability and the capacities of persons with disability may impact on their experience of violence and of seeking support in addressing it. The tools will be suitable both to build up a picture of disability stigma in different settings and to evaluate change in response to interventions designed to end disability stigma and discrimination at four levels:

* Persons with disabilities;
* Their families (in recognition that (1) family members often experience affiliate stigma, i.e. are subject to stigma through being associated with the stigmatized person, and (2) families can be the source of powerful advocacy and changes in attitudes but in turn for many persons with disabilities can actively reinforce and maintain stigma and discriminate against their family member with a disability);
* The interpersonal level, i.e. the level of the stigmatize, with a focus on stigma at general population level and among key stakeholder groups, including healthcare providers, law enforcement officers, and policy makers;
* The structural or institutional level

Given current and historical links of stigma to manifestations of power and systems of oppression, the project will aim to ensure that the portfolio of tools captures the intersectional inequalities faced by women and girls.

At the outset, at global level the project will conduct a scoping review of the literature to identify existing tools that assess disability stigma at each of the four levels set out above, and taking account of stigma tools in other fields such as the PLHIV Stigma Index. The findings from this review will be used to inform the overall development of a portfolio of tools addressing all four levels mentioned above:

* At the **individual level**, ggiven that persons with disabilities must be central to efforts to understand and reduce stigma and discrimination, developing a tool that they can use to ensure their participation as equal members of society and lead, shape and influence decisions affecting them, will be critical.
* **Family level**: Unless the scoping review identifies a more suitable tool for the assessment of experiences of stigma among family members of disabled persons, the project will explore and adapt relevant aspects of Family Stigma Instrument (FAMSI). The FAMSI is a psychometrically sound tool developed to assess affiliate stigma experienced by family members of people with intellectual and developmental disabilities, which has already been adapted and validated for use in people with dementia. Based on actual needs, the project will adapt relevant elements of this tool to ensure it is suitable to assess affiliate stigma associated with all main types of disabilities and in diverse social and cultural contexts, while paying attention to gender-based stigma. However, the project technical team will further explore the relevance of the tool.
* **Intrapersonal level**: The project will develop a questionnaire measure/survey that can be used to assess stigmatizing attitudes towards women and girls with disabilities among the target population and key stakeholder groups, while also distinguishing between attitudes to different types of disabilities.
* **Structural level**: The project will develop a tool that can help generate an understanding of structural and institutional stigma affecting women and girls with disabilities in a given country. The tool will summarize what legislation and reporting to seek to access and how to interrogate such information to build up a picture of structural stigma affecting the lives of women and girls with different types of disabilities at country level. This will include a checklist of information to collect from e.g. UNCRPD State Party Reports, UN Rapporteur reports, human rights legislation and its implementation in the national context, and reports by third parties, such as assessments of the legal context by *Validity* (formerly *Mental Disability Advocacy Centre*), and reports on the country context published by multiple NGOs and DPOs

The global expert will support each of the country teams to design tools contextualized for use at country-level but informed by a coherent framework design. While the stakeholders involved may differ between countries, government, OPDs and women with disabilities themselves will be involved in the design and piloting of the tool, with capacity-building provided as required in each country.

Stakeholders in each project country will then be supported to rollout the tool in selected pilot areas to be identified in each countries during the inception phase of the project in each country - with OPDs playing a central role, including as enumerators/surveyors - and to produce a report with the results of the tool as well as lessons learned in its implementation. The tools will generate evidence of the drivers of stigma and discrimination at all levels, and their impacts in terms of the incidence of violence against women and girls with disabilities, community perceptions of it, and barriers to access to services to address it.

After completion of the piloting of the diagnostic tools, at global level the project will then consolidate the country-level results and experiences and produce a knowledge product setting out the survey instrument, methodology, results and lessons learned from implementation of the pilot, together with recommendations for further development of the tool (and expansion to other areas of disability-based stigma and discrimination)

In parallel, a second consultant at global level will conduct a literature review/mapping of behavioural change interventions addressing the chain of stigma across cognitive (stereotypes), affective (prejudices) and behavioural (discrimination) dimensions, in particular disability-based stigma and discrimination but also in other areas and drawing on the recent advances of knowledge on what works in the field of behavioural insights for developmental change. Based on this mapping the consultant will outline a framework for the design of targeted behavioural change interventions addressing disability-related stigma and discrimination which impacts on violence against women and girls with disabilities, will train key stakeholders in countries (using training-of-trainers approach) on behavioural insights approaches, and will support OPDs and other stakeholders in the project countries to use the framework to design specific, targeted behavioural insights experiments in their country contexts, as well as to implement them and monitor the results in terms of attitudinal and behaviour change.

The BI experiments will draw on the evidence generated by the diagnostic tool to produce a “behaviour map” based on a “stakeholder journey” for woman with disabilities seeking to live free from violence and/or address violence, identifying and prioritizing behavioral barriers which she may encounter, as well as the potential touch points and potential entry points for optimal behavioral interventions; and proposing a set of nudges and choice-architecture type solutions to offset the identified barriers and biases in order to eliminate violence and ensure effective responses to violence from duty bearers. Examples of such barriers could include fear or shame which prevents women with disabilities from reporting violence, and/or attitudes or beliefs which lead duty-bearers such as police not to act appropriately in response to reported violence against women with disabilities. The global consultant will support stakeholders in each country to design and implement experiments to change these attitudes and behaviour accordingly and to measure results in terms of behavioural change.

The global consultant will also have the responsibility to share learning between the different project countries on the interventions being designed and facilitate a small “ community of practice” between all participating stakeholders in the countries.

The consultant will then summarize the results and experience from the pilot interventions in a knowledge product which will be discussed with OPDs, researchers, development partners and other stakeholders in regional/global consultations to identify key learnings from the project and to make recommendations for next steps in the field of behavioural interventions to address disability-related stigma and discrimination

A third global expert consultancy to be hosted at UN-women HQ would ensure gender responsiveness and integration of intersectionality principles across all components and pilots of the joint programme. This component will also build synergies with ongoing initiatives on intersectionality [other toolkits etc.) led by UN-Women for the benefit of this joint programme. This will be supported by a dedicated project knowledge management (KM) services with an assistance from a Knowledge and communication consultancy

#### KM OUTPUTS

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| **Outputs** | **Activities** | **Partners Involved** |
| Knowledge product: a tool for measuring stigma and discrimination against women and girls with disabilities | To be drafted by the global consultant based on inputs from country pilots the global tool also inform the pilot process.  | IDA, PDF and ADF and other relevant regional OPDs, UNDP, UN Women, OPDs and other stakeholders in project countries  |
| Knowledge product: behavioural change interventions to address stigma and discrimination against women and girls with disabilities | To be drafted by the global consultant based on country pilots | IDA, PDF and ADF and other relevant regional OPDs, UNDP, UN Women, OPDs and other stakeholders in project countries  |
| Knowledge Services: Identify knowledge services to operationalize knowledge products developed through this project for strengthening gender responsive capacity development initiatives and menu of knowledge services | To be developed by a global knowledge and learning expert based on country positions, available knowledge resources, and global knowledge products | UN-Women, UNDP and other relevant regional OPDs and stakeholders |
| Deepening Gender Equality and Intersectionality; ]Building linkages with existing intersectionality initiatives and products, as appropriate.] | To be developed by global project expert capacity hosted by UN-Women HQ with communication and knowledge consultancy support | UN-Women in collaboration with relevant OPDs and experts. |

#### 4.4 Capacity Building

OPDs, governments and UN agencies at country level lack the capacity to design the tools and interventions envisaged by the programme, since such tools and interventions do not yet exist, and many stakeholders may not yet have an understanding of BI approaches, although they do have experience of conducting surveys of PWDs through OPD networks. The consultants to be engaged at overall project level will support country teams to design, and to train OPDs/other stakeholders to implement the tools and interventions, with the help of relevant expertise at country level. The project will develop an introduction to disability-based stigma and discrimination, which varies from other forms of stigma and discrimination

#### 4.5 Capacity Building OUTPUTS

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| **CB Outputs** | **Activities**  | **Partners Involved**  |
| OPDs, government and other stakeholders are supported to design tools and implement pilot rollouts of the tool | 1. Design workshop at country level
2. Implementation training
 | Consultant, UNDP and UN Women country offices supported by regional/HQ offices, OPDs government and other stakeholders in project countries |
| OPDs, government and other stakeholders are supported to design behavioural change interventions and implement pilots | 1. Design workshop at country level2. Implementation training | Consultant, UNDP and UN Women country offices supported by regional/HQ offices, OPDs government and other stakeholders in project countries |
| Country-level capacity-building on other project interventionsGlobal level advocacy and cross-regional knowledge based capacity building on project areas of focus.  | 1 .Country specific, see Country Project CNs and details.2. Global and regional specific advocacy and knowledge activities.3. Global Webinars/consultations | UNDP and UN Women country offices supported by regional/HQ offices, OPDs government and other stakeholders in project countriesUNDP and UN Women HQ supported by regional offices, OPDs government and other stakeholders in project countries |

# 5.Partnerships and STAKEHOLDERS ENGAGEMENT

#### 5.1 Consultative ProgramME Design

The following stakeholders have been engaged in development of the proposal and the activities to be carried out under it:

Moldova: state institutions, national human rights institutions and OPDs

Pakistan: STEP (OPD), National Commission on Human Rights, government

Palestine: Stars of Hope (gender-focused OPD); Ministry of Social Development

Samoa: NOLA (OPD), Ministry of Women, Community and Social Development

Globally, UN-Women will further leverage partners and networks of women with disabilities and its own knowledge base on gender equality and intersectionality.

#### 5.2 Parternships for ProgramME Delivery

At national level, in each project country, relevant government departments and OPDs – including organisations of women with disabilities (such as STEP in Pakistan and Stars of Hope in Palestine), and forums for women with disabilities where these exist – will be key stakeholders who will be centrally involved in the design and implementation of tools and interventions and related advocacy, together with other relevant stakeholders (depending on national context) including National Human Rights Institutions and CSOs. The project will target women with disabilities in each country and ensure they are capacitated to play a leading role in the design and implementation of all project activities. Particular attention will be paid to underrepresented groups of persons with disabilities such as blind and deaf people and persons with intellectual and psycho-social disabilities and where possible OPDs representing these groups will also be engaged.

Relevant government departments in each country will be engaged in design and implementation of tools and interventions and will also facilitate access to relevant duty bearers such as health workers, law enforcement officials etc. who will participate in behavioural change interventions.

Once the results of the national interventions have been consolidated into global knowledge products, the project will engage with global OPDs such as IDA, relevant research centers such as the UCL Centre for Stigma Research and others to raise awareness about the project’s interventions and to contribute towards the development of global tools on stigma and discrimination against persons with disabilities.

UN Women has the comparative advantage lead on gender equality, intersectionality, women’s economic empowerment and protection from violence and engagement with women’s organisations, OPDs including network of women with disabilities. UNDP will leverage its established relationships with a broad range of relevant stakeholders including government, national human rights commissions, OPDs and others as well as its broader engagement on disability inclusion.

# 6.Monitoring and Evaluation[[11]](#footnote-11)

#### 6.1 M&E PLAN

M&E plan and/or frameworks will be established at overall project level and for each country with appropriate budgetary allocations for M &E in line with UNDP and UN Women’s policies and procedures.

UNDP and UN Women at global HQ/regional Center level will manage common elements of the project, including the desk reviews/mapping and design of framework tools, coherent support to country offices in design, implementation and monitoring results of tools, and development of knowledge projects and portals. On behalf of both the entities, a light project management team commensurate with the limited project budget will be established to ensure day-to-day project management and implementation. A project manager for the project will be hired through UN-Women and/or UNDP and will coordinate and manage the process. Fund allocations will be made directly to UNDP and UN Women business units and country offices for corresponding implementation at national level, subject to reporting to regional/HQ in line with UNDP/UN Women policies and procedures.

To ensure effective and outcome-level coordination, planning, monitoring & evaluation, and reporting of project activities, a Project Coordination and Technical Committee (PCTC) comprising of lead focal points from both entities will be set-up to provide overall strategic guidance, management oversight and to ensure strategic partnership. Stakeholder engagements will be managed and monitored by the Country Project Advisory Committees (CPACs) to be established in each country office, including OPDs, government and other relevant stakeholders.

The PCTC will meet on a monthly basis depending on actual needs, emerging demands, and will communicate regularly. The Project Manager will support the work of PCTC. The PCTC will be review regular project reports including M&E reports to the PCTC will ensure the involvement of other stakeholders.

#### 6.2 Programme sustainability

At global level, UNDP and UN Women will conduct communications campaigns on stigma and discrimination against women and girls with disabilities using the knowledge products to be designed through the project, disseminating knowledge of the tools and engaging with relevant stakeholders for further development and institutionalization of these tools as global public goods, and will additionally use stories based on project results as a communications tool to raise awareness on the issues identified through the project.

At country level institutionalization of project results is incorporated in project design through activities to raise awareness among stakeholders of disability-based stigma and discrimination, training of duty bearers, advocacy for legal reform (e.g. inclusion of anti-discrimination provisions in the revision of the Cambodia Disability Law), inclusion of indicators related to disability-based stigma and discrimination in national human rights monitoring frameworks etc., through designing follow-on interventions in other relevant country projects and through using project results for resource mobilization for further projects targeting disability-based stigma and discrimination (including UNPRPD-funded projects).

# Risk Management

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

| **Type of risk[[12]](#footnote-12) (contextual, programmatic, or institutional)** | **Risk (include country)** | **Likelihood (L, M, H)** | **Impact (L, M, H)** | **Mitigation strategies** | **Risk treatment owners** |
| --- | --- | --- | --- | --- | --- |
| Contextual  | ***The global tool and guidance are developed without meaningfully engaging with civil society organizations and OPDs rendering it prescriptive***  | Low | Moderate | ***Actively engage with OPDs, civil society advisory group and their regional and national networks***  | UNDP, UN-Women |
| Contextual | ***Not getting enough participation in the consultation process from OPDs particularly those from underrepresented groups on account of the barriers they may face to participation in the process*** | Moderate | High | ***Ensuring various methods of communication including engagements with OPDs by the project team/consultants who is undertaking the study and consultations and ensuring materials regarding any calls are in plain language, easy read formats etc.***  | UNDP, UN-Women |
| Contextual | ***Project activities cannot take place in the pilot locations due to COVID-19 restrictions*** | High | Moderate | **Use remote survey methods (online, phone, social media); conduct consultations, meetings and trainings virtually to the extent possible** | UNDP, UN-Women |
| Institutional  | ***Duplication of efforts within the UN System and civil society*** | Moderate | Moderate | ***Actively engage with UN agencies and civil society advisory group and their regional as well as inter-agency networks such as the Inter-Agency Networks***  | UNDP, UN-Women |
| Institutional  | ***Resistance to uptake of Global tool/guidance by UNCTs*** | Low | Moderate | ***Actively engage with civil society advisory group and their regional as well as inter-agency networks and UNSDG (DCO) to disseminate the guidelines*** | UNDP, UN-Women, UNSDG/DCO |

# Accessibility

OPDs will be engaged in the proposal development process, design of the tools as well as piloting and will advise on necessary accessibility measures, including interpretation, easy-to-read/easy-to-understand, braille or audio and other accessible formats. As far as possible, enumerators/surveyors for the piloting will include PWDs. The tool should be made available in accessible formats. Interpreters will be invited to any workshops/trainings, and venues will be accessible.

# Budget

#### 9.1 BudgeT Narrative

The provisional budget [subject to change depending on field reality and project management actual needs] breakdown by fund recipient and by category (subject to consultations with country offices which are still ongoing) are:

|  |  |  |
| --- | --- | --- |
| HQ/RHQ/country  | UNDP | UN Women |
| Moldova | 40,000 | 40,000 |
| Palestine\*\* | 40,000 | 40,000 |
| Pakistan | 40,000 | 40,000 |
| Samoa | 40,000 | 40,000 |
| HQ/Regional HQ | 73,645 | 73,645 |
| Indirect Cost [7%] | 16,355 | 16,355 |
| TOTAL | 250,000 | 250,000 |

\*\* to be managed by a joint UNDP/UN Women programme

#### 9.2 Budget Elements [Indicative]

From the budget information please specify the following:

| **Category** | **Activity (please describe)** | **Total cost** |
| --- | --- | --- |
| Monitoring and Evaluation[[13]](#footnote-13) Costs | […Project Management and Coordination] | […] 50,000 |
|  | […Monitoring] | […] |
|  | [Evaluation…] | […] |
| Direct impact on empowerment of women and girls with disabilities  | […] Gender Equality and Intersectionality Consultant;GE and Intersectionality Expert Group Consultation;Knowledge Services; | […] 50,000 |
|  | […] | […] |
|  | […] | […] |
| Direct Impact on DPOs’ capacity | […]Cross-regional Workshop | […] 25,000 |
|  | […]Cross-regional Knowledge sharing and capacity development  | […] 25,000 |
|  | […] | […] |
| Accessibility costs | […] | […] 7% [TBC] |
|  | […] | […] |
|  | […] | […] |

#### 9.3 FiNANCING

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner (UN/Gov/ Private sectror)** | **Outcome** | **Description** | **Amount USD** |
| UNDP Global Programme on Rule of Law and Human Rights for Sustainable Development | Both outcomes | Funding initial consultants to design diagnostic and behavioural change tools and support implementation  | 70,000 USD (2021) |
| Additional Activity supported by GPRoLHR (UNDP) |  | Consultancies to develop knowledge products based on results of global tool | 50,000 (2022) subject to availability of GP funding (confirmed on annual basis) |
| UN Women | *Both outcome, as appropraite* | *Technical Guidance and knowledge generated through ongoing initiatives on intersectionality toolkit and disability inclusive COVID-19 response.* | * *Peer Review and Peer Assist Support*
* *Knowledge Development Support*
 |

#### 9.1 Value FOR MONEY

In accordance with the above mentioned planning of both entities, the programme will add value for money by mobilizing additional financial and knowledge resources and by piloting global toolkits leveraging both entities’ existing and ongoing relevant HQ/ROs/COs based projects and initiatives. This would directly contribute to building national ownership and capacity development. This would also influence ongoing and planned global/corporate policy advocacy and operational initiatives to address stigma, discrimination and violence against women with disabilities.

1. See UNGA, *Report of the Secretary-General on the Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto* (SG’s Report) (A/72/227 of 28 July 2017). [↑](#footnote-ref-1)
2. Quoted in Pacific Disability Forum, *Toolkit on Elimination of Violence against Women and Girls with Disabilities in Samoa,* available at [http://www.pacificdisability.org/getattachment/Resources/PDF-Resources/UN\_Women\_EVAW\_Samoa\_English-(web)-(1).pdf.aspx](http://www.pacificdisability.org/getattachment/Resources/PDF-Resources/UN_Women_EVAW_Samoa_English-%28web%29-%281%29.pdf.aspx) (last accessed 16 Dec 2020) [↑](#footnote-ref-2)
3. Ministry of Foreign Affairs of Denmark and UNFPA (2019). Women and girls with disabilities: Needs of survivors of gender-based violence and services offered to them. [↑](#footnote-ref-3)
4. See UN, *Policy Brief: A Disability-Inclusive Response to COVID 19* at <https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf>. Findings and recommendations from this Policy Brief will be used to guide interventions under this programme. [↑](#footnote-ref-4)
5. *Unequal Moldova* (2019), <https://eef.md/media/files/files/unequal-moldova-report-english-web_1278956.pdf> [↑](#footnote-ref-5)
6. <https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf> [↑](#footnote-ref-6)
7. Much of the recent research was summarized in Rohwerder, *Disability stigma in developing countries* (K4D 2018) [↑](#footnote-ref-7)
8. See Scior, K., Hamid, A., Hastings, R., Werner, S., Belton, C., Laniyan, A., Patel, M., & Kett, M. (2015). Intellectual Disabilities: Raising Awareness and Combating Stigma- a Global Review. University College London. <https://www.ucl.ac.uk/ciddr/documents/Global_ID_Stigma_Report_Final_July_15.pdf>, and Werner, S. & Scior, K. “Interventions Aimed at Tackling Intellectual Disability Stigma: What Works and What Still Needs to Be Done” in K. Scior & S. Werner (eds.). *Intellectual Disability and Stigma: Stepping Out from the Margins.* (Palgrave Macmillan 2016) [↑](#footnote-ref-8)
9. *In defining the above, please refer to the following definitions based on the UNDG Harmonized RBM Terminology.*

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

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

***Outputs:*** *The products and services which result from the completion of activities within a development intervention* [↑](#footnote-ref-9)
10. The conceptual framework of stigma and discrimination in terms of cognitive (stereotypes), affective (prejudices) and behavioural (discrimination) components has been applied in social psychology since the 1990s, but its application in disability research is more recent e.g.: Werner, “Stigma in the Area of Intellectual Disabilities: Examining a Conceptual Model of Public Stigma”, *American Journal on Intellectual and Developmental Disabilities,* 120(5):460-475 (2015) [↑](#footnote-ref-10)
11. [↑](#footnote-ref-11)
12. Use the following definitions: Contextual – Factors over which external actors have limited control, e.g., political turmoil, return to conflict, humanitarian crisis; Programmatic -Factors specific to the delivery of the programme, e.g., failure to achieve objectives, low turnout at programme event; Institutional –Internal factors specific to the participating organisations, e.g., reputational loss, financial mismanagement. [↑](#footnote-ref-12)
13. Please include costs for a final external evaluation of the project. [↑](#footnote-ref-13)