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**UNPRPD R2 – PHASE 2 SUPPORT**

**Project title: Improving access to services and participation of persons with disabilities in line with the UNCRPD and the conceptual framework of the ICF,**

**Country-Armenia**

PART 2. PROJECT PROPOSAL

# 1. Introduction

*Max 200 words*

*Please include a brief summary of achievements and indicate total budget allocated for Phase 1.*

**New Model of Disability Assessment and Certification based on ICF and aligned with the CRPD was developed, tested and piloted** in **three regions** of Armenia **with 1,269 people. Based on the pilots, application of the model** will start in the summer of 2017 (according to government programme) reaching 17,000 people in the first year of implementation.

For the first time, the **new disability assessment model** allows the applicant **to participate in the assessment process** and to **have a direct contribution to the decision making process** through **self-assessment**. According to the Ministerial decree pertaining to the new assessment process, DPO **representatives have an open invitation to participate during the assessment** as observers (upon consent of the applicant). Furthermore, by putting in place the systemic reforms necessary to facilitate a shift to an ICF based disability assessment system, a significant and positive transformation is evident in the understanding and attitudes of officials and professionals engaged in the disability assessment and social service delivery in Armenia. The reform process has also very importantly provided multi-stakeholder platforms for more informed public discourse on disability with meaningful participation of persons with disabilities and their representative organizations.

The **Project laid the ground for strong alignment of Ministry of Labour and Social Affairs’ (MLSA) reform process with the reforms in education and health sectors** carried out by Ministry of Education and Sciences (MoES) and Ministry of Health (MoH). Namely the MLSA led nation-wide efforts on **the transition to an ICF based disability assessment** system, on the comprehensive **de-institutionalization of children** including **children with disabilities and expansion of child developmental assessment system by MoES,** the introduction of **e-health system** by MoH to result in a **unified electronic information system for data management** (e.g., eligibility determination, individualized needs assessment and planning for service delivery and population of disability statistics).

A gender-responsive Methodology for Individualized Service Delivery Planning was developed and linked to disability assessment, including healthcare, social protection, education and employment components (including vocational training and job market engagement).

The project undertook a country-wide mapping of organizations and their capacities to provide full- scale services to persons with disabilities and developed an **accessible website module with database and mobile application for facilitating access to services**.

|  | **UNPRPD funds allocated to Phase I** | **Non-UNPRPD funds spent for Phase I (UNICEF/UNDP CS)** |
| --- | --- | --- |
| **Total** | **USD 349,521** | **USD 128,879** |

# 2. Objectives and expected results

Max 1000 words

***The objective of the programme is to enhance access to services and to support inclusive environment for participation of persons with disabilities, including children with disabilities, through achievement of the following results (where a key aspect is a legislative reform in line with CRPD Art 4.):***

**I. New ICF-CY based disability assessment model is nationally applied** for the new applicants on a trial basis (17,000 estimated annual newcomers) evaluated and **then expanded to the entire system.**

**II. Mechanisms,** such as information exchange between sectors to **ensure synergies and linkages** between the disability assessment and service provision systems **of healthcare, education and social** sectors are established.

**III. Strengthened gender responsive service provision system established.**

**IV. Monitoring** methodology and tools o**n the availability, access and affordability of services** (health and rehabilitation, education and social support) to/**for persons including children with disabilities** to ensure timely, gender sensitive and r**eliable information** is in place**.**

**V. Data collection and cross-sectoral data management** through ICF-CY so that State **policies/budgeting are better informed about persons with disabilities**, including children with disabilities supported[[1]](#footnote-1).

## Outcome area I.

New ICF-CY based disability assessment model is nationally applied for the new applicants on a trial basis (17,000 estimated annual newcomers) evaluated and replicated to the entire system.

The Project will support national application of the new model of disability assessment and ensure on-the-job coaching throughout the process for all participating sectors to embed a rights based understanding of disability in line with CRPD ensuring that a rights-based approach and gender mainstreaming are at the core of the process of the operationalization of the new systems and the linked delivery of services.

In order to ensure that there is a smooth transition to the new model of disability assessment and service delivery a **diversified advocacy campaign** will be implemented in close collaboration with the **Human Rights Defender’s Office (HRDO) and respective committees of the Parliament and MLSA.**

## Outcome area II.

Strengthened gender responsive service provision system established.

The ongoing **restructuring** process **expands the scope of services**, and brings **new actors** through establishment of **localized social service centers and multifunctional teams.** The Project will support **requalification of the current and new staff in health, social and educational sectors** at central and local levels with particular focus on gender responsive approaches.

Meanwhile the newly developed Individualized **Service Delivery Plans (ISDP) methodology** will need to **be fine-tuned with the final set of assessment tools ensuring gender mainstreaming** and **gender responsive ISDPs**. Together with expanding range of services the Project will tap into the issue of personal assistants and a need for compensation to family members (most often – mothers) taking care of children with disabilities and assisting adults with multiple disabilities.

The Project will also explore **reorganization of social support schemes to a large group of people, including children not** granted disability certification but in need for state funded healthcare or social protection services (targeted persons living under poverty or extreme poverty line).

## Outcome area II.

Mechanisms, such as information exchange between sectors to ensure synergies and linkages within the assessment and service provision systems of healthcare, education, and social sectors (social includes employment) are established.

As people with functioning difficulties may interact with diverse professionals it is critical that all those involved in the disability assessment and service delivery process are basing their approaches and communication on common language and concepts and an identical data collection methodology. The information collected shall be disaggregated, as appropriate, and used to identify and address the barriers faced by women, men and children with disabilities in exercising their rights (CRPD Art31). Thus, the Project will establish **synergies and mechanisms within the assessment systems** of healthcare, education and social sectors **ensuring enhanced linkages.** A small group of researchers involved in UNPRPD Phase1 will guide the Republican Psychological-Pedagogical Center (RPPC) in the process of harmonizing the ICF-CY based assessment tools and methodologies to enhance communication among professionals working with children. The process will assist healthcare, child development, education, habilitation and rehabilitation professionals and case managers in comparable environments to apply the ICF-CY in similar ways.

### Strengthening monitoring and data collection

Monitoring methodology and tools on the availability, access and affordability of services (health, education and social support) to/for persons including children with disabilities to ensure timely, gender sensitive and reliable information on children with disabilities is in place.

The **analysis of pilot data revealed** that **children have more severe difficulties**. Lack of quality age and sex disaggregated data on children with disabilities is one of the biggest obstacles to understanding the barriers that children with disabilities face. **There will be a strong need to strengthen the system for tracking children and providing quality and timely services** (CRPD Article 7).

Specific attention will be paid to the legislation: **by-laws specifying information management and sharing systems, referral mechanisms** and **professional roles of the staff** in Psycho-Pedagogical Centers and MSECs for conducting assessment of activity, participation and environmental factors and applying collected information for planning appropriate services for children with disabilities will be **developed**.[[2]](#footnote-2)

Draft Law will be revised in line with CRPD (Art 4-1, 2, 3) and CRC with consideration of general comments and concluding observations of the Committees.

Data collection and cross-sectoral data management through ICF-CY and aligned to SDGs so that State policies/budgeting are better informed about persons with disabilities, including children with disabilities supported.

Through unified data collection **establish basis for electronic information system for data management**

(e.g., eligibility determination, individualized needs assessment and planning for service delivery and population of disability statistics) between the sectors (the “e-health” is in the process by Ministry of Health.)

**A task-force will be setup to revise the data collection mechanisms** ensuring **comparability of data from different sources/different agencies** for better **monitoring of all aspects of social inclusion of persons/children with disabilities**: health and rehabilitation services, education, employment, social services and community participation (CRPD Art 31, 26 and 7). This will be closely connected to SDG nationalization, implementation and data collection with particular focus on targets and indicators inclusive of persons with disabilities and SDG 17 in particular.

With respect to data collection, Washington Group short set of questions on disability and Washington Group – UNICEF Child Functioning Module for improved identification as well as systematic disaggregation across all sectors will be promoted and specific work will be conducted with the National Statistical Service. This work will be closely linked to the SDGs nationalization and data collection process. UNDP is the leading agency for Phase 2 of the Project and is the initiator of the SDG Lab at the Government takes data collection as one of priorities.

The Project team represented in two national subcommittees on SDGs 1,3,5 and 4,8,16,17 will ensure that these two processes are closely linked.

### Gender Mainstreaming

The Project's Gender Mainstreaming Dimension will ensure that a gender equality prism is considered through technical support to the Government of Armenia at all stages of the reform process with specific attention to women and girls with disabilities. More specifically the Project will:

i.. Ensure participation of at least 50% of female beneficiaries in project related task forces and decision-making

ii. Ensure gender responsive approach with due consideration to the needs of women and girls with disabilities.

iii. Formulate lessons learned on gender equality dimension to inform ongoing and future programming and results delivery.

iv. Apply sex disaggregated indicators framework and inform the Government policy making process with gender specific data.

v. Includes specifically gender equality dimension in the exit strategy.

vi. Develop M&E mechanism to monitor all stages of the project in a gender responsive manner.

### Advocacy

As any social reform, the current reform of changing the disability assessment model is quite sensitive. Though it is opening access to and broadening the scope of services for persons with disabilities, it also limits access to disability certification and benefits for those groups who are socially vulnerable but do not quite meet the criteria based on multidisciplinary disability assessment. As a new process, it will need a strong communication and advocacy campaign to communicate the transition to people. The advocacy strategy will be based on CRPD principles and ICF language which respects the rights of every person and actively avoids labelling, stigmatization and discrimination. Advocacy activities will focus on participation of persons with disabilities[[3]](#footnote-3).

Implementation of all components of the Project and the advocacy strategy will be strongly based on the CRPD **Committee's general comments** and the recent [Concluding Observations](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fARM%2fCO%2f1&Lang=en) of the Committee. The strong linkage between the SDGs framework and the Convention will be the guiding principle throughout the Project including in the materials produced and the day-to-day implementation process.

# Table 1. Expected impact

| **Impact** |
| --- |
| *Advancement of the rights of persons with disabilities through improved access to education, healthcare, habilitation and rehabilitation, adequate standards of living and social protection (CRPD Art 6, 7, 24, 25, 26, 27 and 28).* |

### Impact Indicators

| **Indicator\*** | **Baseline\*** | **Goal\*** | **Means of verification** |
| --- | --- | --- | --- |
| *Percentage of target population disaggregated by sex, benefiting from the new system of disability assessment accessing* services as per the individualized service delivery plan*.* | 0 | 50 | Project evaluation report and disability data electronic system analysis |
| *Percentage of children, disaggregated by sex, benefiting from early identification and intervention services.* | 0 | 50 | Project evaluation report and disability data electronic system analysis |
| *Percentage of children, disaggregated by sex, benefiting from the new system and accessing education* | 0 | 50 | Project evaluation report, Disability data electronic system analysis, education e-system analysis |

*\* Please provide sex disaggregation here and where relevant please include gender responsive indicators.*

### Table 2. Expected outcome

*(There will be as many such tables as the outcomes envisaged by the programme)*

| **Outcome 1** |
| --- |
| The ICF-CY based model of disability assessment and determination has been rolled out nationwide on a trial basis and linked to a coordinated assessment and service delivery system across education, health and employment sectors involving systematic monitoring and evaluation of the process. |

### Outcome 1 Indicators

| **Indicator\*** | **Baseline\*** | **Goal\*** | **Means of verification** |
| --- | --- | --- | --- |
| *Procedures and systems for determination of eligibility and development of the Individualized Service Delivery Plans are in place and operationalized* | The new model was tested and piloted in three regions of Armenia with 1,269 people | Nationwide application of the new model for the new applicants covering 17,000 persons in the first year. | Policy documents, Government Action Plan for 2017  Expert opinion  IMS  Report with analysis of nationwide pilot and recommendations  Incl. beneficiary satisfaction survey  Disability data electronic system |
| *Monitoring framework developed and applied to the new system of disability assessment* | N/a | Application of the monitoring framework for tracking the progress of the new disability assessment model’s implementation | Monitoring reports |

*\* Please provide sex disaggregation here and where relevant please include gender responsive indicators.*

### Outputs

| **Formulation** | **Tentative timeline** |
| --- | --- |
| 1.1 Mechanisms to ensure synergies within the assessment systems of health, education and social sectors are established | June 2018 |
| 1.2 Dedicated and longer term presence and on-the-job coaching and mentoring to integrate the new model and the ICF-CY based thinking and approach into assessment ensured | January 2018-September 2019 |
| 1.3 Engage with the Republican Pedagogical Psychological Center and harmonize all tools, methodology and criteria for eligibility of services (and pension) for children under 18 | September 2018 |
| 1.4 Monitoring methodology and tools on the availability, access and affordability of services to/for children with disabilities to ensure timely, gender sensitive and reliable information on children with disabilities is in place | May 2018 |
| 1.5 Diversified advocacy campaign to bring this change to people and ensure smooth transition from the old to the new system of disability assessment based on the ICF-CY | September 2018 onwards |

| **Outcome 2** |
| --- |
| Strengthened gender responsive service provision system established. |

### Outcome 2 Indicators

| **Indicator\*** | **Baseline\*** | **Goal\*** | **Means of verification** |
| --- | --- | --- | --- |
| *# of health staff trained on the new system of assessment, service delivery and referral mechanisms with focus on gender responsive service provision (disaggregated by sex)* | 149 | 250 | Pre and post tests  Training reports and list of participants |
| *# of education sector staff trained on the new system of assessment, service delivery and referral mechanisms with focus on gender responsive service provision (disaggregated by sex)* | 0 | 50 | Pre and post tests  Training reports and list of participants |
| *# of social protection staff trained on the new system of assessment, service delivery and referral mechanisms with focus on gender responsive service provision (disaggregated by sex)* | 170 | 270 | Pre and post tests  Training reports and list of participants |
| *# of DPO and NGO run service centers' representatives trained on the new system of assessment, service delivery and referral mechanisms with focus on gender responsive service provision (disaggregated by sex)* | 45 | 100 | Pre and post tests  Training reports and list of participants |

### Outputs

| **Formulation** | **Tentative timeline** |
| --- | --- |
| 2.1 Reorganization of the system and **requalification of the current and new staff in health, social and educational sectors,** including at central and local levels on a rights based approach to disability assessment and service delivery | April 2018 |
| 2.2 Targeted **training on gender mainstreaming** and **development of gender responsive ISDPs (individualized service delivery plans)** conducted **for all** responsible **actors** | May 2018 |
| 2.3 Setup **mechanisms and operational manuals for full-fledged operation of the newly established bodies\*** including strong referral mechanisms | January 2019 |
| 2.4 Support to strengthen **the system for tracking children and providing quality and timely services** | May 2018 |
| 2.5 Possibilities to **integrate targeted and quality pre-service training courses including the adoption of gender responsive approaches to prepare social workers and occupational therapists** explored and tested | September 2018 |

*\*Note: the new bodies will include: health and disability assessment agency, local social support offices, referral bodies, and/or integrated social services. The exact structure is still to be confirmed by mid-July.*

| **Outcome 3** |
| --- |
| Expanding to other sectors and cross-sectoral synergies in place |

### Outcome 3 Indicators

| **Indicator\*** | **Baseline\*** | **Goal\*** | **Means of verification** |
| --- | --- | --- | --- |
| The electronic information system for data collection, disaggregated by sex, (e.g., eligibility determination, individualized needs assessment and planning for service delivery and population of disability statistics) is operational and aligned with SDGs data collection and monitoring. | Fragmented data collection on disability in health, social and education information system | The electronic information system for data management (e.g. eligibility determination, individualized needs assessment and planning for service delivery and population of disability statistics) system is designed and tested for the first time applicants | Link to the system |
| *Coordination and collaboration of the key actors for a shared vision and unified policy and delivery of services to ensure the rights of persons with disabilities* | Steering committee established in Phase 1 | Donor coordination meetings for ensuring shared vision during the reform process.  Broader working group including key sectors for cross-sectoral coordination. | Protocols of donor coordination meetings  Protocols for working group meeting |
| **Legislative/policy framework and enforcement mechanisms are in place for** cross-sectoral coordinationfor identification, assessment and **development of support schemes for persons and children with disabilities** and strong referral mechanisms for those who are left out of the system | No basis for cross-sectoral coordination and data sharing mechanisms | **Legislative/policy framework and enforcement mechanisms** | Laws, by-laws, decrees |

### Outputs

| **Formulation** | **Tentative timeline** |
| --- | --- |
| **3.1 Data collection and cross-sectoral data management** through ICF so that State **policies/budgeting are better informed about persons with disabilities**, including children with disabilities supported | September 2018 |
| 3.2. Electronic data exchange between respective agencies/units on disability assessment and rehabilitation planning has been developed and tested in one region. | March 2018 |
| 3.3 **Institutionalized** interagency **collaboration** for identification, assessment and **development of support schemes for persons and children with disabilities** and strong referral mechanisms for those who are left out of the system | September 2019 |
| 3.4. **By-laws specifying professional roles and responsibilities of the staff** in Psycho Pedagogical Center and Medical Social Expertise associated with identification, referral and collaboration in addressing the needs of persons with disabilities and children with disabilities **developed**. | September 2019 |

## **2. Management arrangements**

Max 500 words.

The Project will continue to work with the lead national counterpart Ministry of Labor and Social Affairs, and Ministries of Health and Education, and the new decision making body for disability certification to be established. The Project will have the Programme Steering Committee (PSC) and the management/working group\*.

The current Steering Committee headed by the Deputy Minister of Labour and Social Affairs, Head of MSEC,  UNICEF,UNDP, former USAID Pension and Labour Market reform project, and DPOs (including representation from women with disabilities) will continue to oversee the implementation of Phase 2 and will include also WHO and UNIDO. The PSC will meet by-monthly, and on ad-hoc basis as need be, to review the project’s progress, discuss and make decisions on policy-level issues.

A management group including the technical professionals of the participating UN agencies, and department level representatives of the MLSA, Medical-Social Commissions and DPOs will continue to work and closely coordinate implementation of the activities. As in Phase 1, the Management Team will continue to meet every two weeks to report on the activities, to find joint solutions to operational and management issues, and identify issues to be forwarded to PSC for a higher-level decision-making.

**The UN agencies will have the following distributions of roles and responsibilities:** UNDP and UNICEF will lead the project implementation, with UNDP management and administration. In this phase WHO will join to bring in the wealth of knowledge and expertise in disability assessment process with ICF and in development of the rehabilitation service framework. WHO will play a key role in strengthening the collaboration and lobbying at the policy level with the MoH.

Tapping in on UNIDO’s successful participation in Phase1, UNIDO’s expert will be contracted to support development of ISDPs with particular focus on vocational and professional service design. UNIDO will be part of the PSC and major discussions/presentations of Project outcomes.

### Table 3. Implementation arrangements

| **Outcome number** | **UNPRPD Focal Point** | **Implementing agencies** | **Other partners** |
| --- | --- | --- | --- |
| **Outcome 1**  Outputs - 1.1,1.2,1.5  **Outcome 2**  Outputs - 2.1, 2.2, 2.3, 2.5  **Outcome 3**  Outputs - 3.3, 3.4 | UNDP | UNDP` | MLSA  MoES  RPPC  DPOs |
| **Outcome 1**  Outputs – 1.1, 1.3, 1.4, 1.5  **Outcome 2**  Outputs – 2.1, 2.2, 2.3, 2.4  **Outcome 3**  Outputs - 3.1, 3.2, 3.3, 3.4 | UNICEF | UNICEF | MLSA  MoES  RPPC  DPOs |
| **Outcome 1**  Outputs - 1.1, 1.2, 1.5  **Outcome 2**  Outputs - 2.1, 2.2, 2.3, 2.5  **Outcome 3**  Outputs - 3.3 | WHO | WHO | MoH  Healthcare providers |

## **3. National ownership, participation and partnership-building**

Max 1000 words.

3.1 Sustainability of the reform process is ensured by strong government ownership and leadership from the start including at the highest level as well as meaningful engagement of DPOs. The application of the ICF based model is in the Government Programme to start summer 2017 (there was a slight delay from planned start of April 2017 due to Parliamentary elections of April, 2017). The Government is committed to take the reform further and expand to other areas, which is indicated already by the initiated structural changes of the system and the specific ICF based drafted Ministerial and Prime Minister decrees.

3.2 In Phase 2 through practical application of the new model and design of the service plan, the Project will have more peer reviews and consultations with DPOs, and on individual basis with women and men with disabilities. Meaningful engagement of women and girls with disabilities and their representative organizations will be given specific consideration.

3.3.To advance UN system’s ability to promote disability rights – beyond the work carried out by the project – as well as expanding the prospect for long-term UN interagency collaboration on disability, the Project will establish and interagency WG on the rights of persons with disabilities and will design an Interoffice memo. In addition, the Project will organize Disability Equality Training for the national counterparts, and for relevant UN staff, thus sensitizing and preparing among other things for better incorporation of the rights of persons with disabilities in upcoming UNDAFs, the current programming frameworks and the broader development agenda.

3.4. The Project covers quite a sensitive process, and partnership-building between governmental and non-governmental organizations, including persons with disabilities and their representative organizations, the broader civil society and social partners is quite a challenging task.  In Phase 2 a dedicated communication, advocacy and partnership building strategy will be developed to ensure all stakeholders and beneficiaries are duly informed and mutually supportive.

*For 3.2 and 3.3, please formulate a concrete objective with indicators, using the table formats provided below.*

### Table 4. Meaningful participation of persons with disabilities

| **Meaningful participation objective**  Persons with disabilities and DPOs with due representation of women and girls with disabilities are engaged in the process of implementation and participate in decision making on the new assessment system. |
| --- |
| Participation is ensured through inclusion into the Steering Committee and other decision making boards, peer review and consultations, feedback sharing and recommendations. Special attention will be paid to the participation of women and girls with disabilities at all stages of the Project.  DPOs and NGOs as service providers - One of DPOs (with a financial support from Save the Children Armenia) went further and used ICF-CY d/e codes not only to assess activity/participation and environmental barriers for their beneficiaries but also to develop and implement their ISDPs. A methodological guide for the assessment of functionality, participation and environmental factors of children with disabilities of 2-18 age group was developed to support professionals working with children with disabilities under the selected codes of ICF-CY. |

### Indicators- Meaningful participation of persons with disabilities

| **Indicator\*** | **Baseline\*** | **Goal\*** | **Means of verification** |
| --- | --- | --- | --- |
| [% of persons with disabilities disaggregated by sex and age prioritizing their participation in the assessment process through self-assessment] | [0] | [80] | [client satisfaction feedback in the assessment forms] |
| [# of DPOs including DPOs targeting women and girls who participated in consultations and decisions on each outcome of the project] | [0] | [20] | [Minutes and reports of the meetings, documented input from DPOs] |
| [# of women and girls with disabilities disaggregated by age and other possible groups consulted on their needs in service delivery ] | [0] | [30] | [Minutes and reports of the meetings, documented input from participants] |

*\* Please provide sex disaggregation here as relevant or include indicators on meaningful participation of representative organizations of women and girls with disabilities.*

**Table 5. Long-term UN engagement in the area of disability rights**

| **UN engagement objective** |
| --- |
| [UN Country team plays a significant, influential role in supporting States to implement the UN Convention on the Rights of Persons with Disabilities, through the design and implementation of the UN Development Assistance Framework (UNDAF) and through the work of individual agencies in their areas of mandate.  With the entry into force of the CRPD, this is seen as “an integral part of relevant strategies of sustainable development and inclusion of persons with disabilities in development programming becomes a must. Guided by these principles and equipped with knowledge and experience on the specifics of participation of persons with disabilities, the Project team will strive for genuine inclusion of disability rights into the UNCT programming through a set of targeted long term outputs including the SDGs national implementation.] |

### Indicators- Long-term UN engagement in the area of disability rights

| **Indicator** | **Baseline** | **Goal** | **Means of verification** |
| --- | --- | --- | --- |
| [Interoffice memo on disability sensitive programming in line with UNDG guidance] | [0] | [1] | [Interoffice Memo] |
| [Generation of disability responsive planning and disability disaggregated data collection through development of SDG nationalization plans] | [0] | [4] | [SDG nationalization plans from 4 National working groups] |

## 

## **4. Knowledge generation and potential for replication**

Max 500 words.

* **UN system-wide coherence**.

UNPRPD increased UN system capacity and collaboration on the advancement of the rights of persons with disabilities and consolidated engagement with the national counterparts in Armenia. The programme brought together four UN entities (UNDP, UNICEF, UNIDO and UNFPA), three ministries (Labour and Social Affairs, Education and Sciences, Health), organizations of persons with disabilities and engagement with the other key constituencies, such as civil society and international organizations, who joined their efforts for the promotion of the human rights based and bio psycho social model of disability and establishment of the new system for disability assessment.

Synergies of the work were mainly ensured due to the strong support of the RC. The UN implementing team has benefited a lot from the consultations on the actions with the headquarters, such as for example the involvement of the UNICEF expert consultant on Inclusive Education for CEE/CIS, UNIDO international expert, UNDP Social Inclusion Advisor, Special Rapporteur on the rights of persons with disabilities, UNPRPD Secretariat and took direction from the recommendations on the measures to improve the legislation and intervention’s outcomes by the Int experts and colleagues: of ILO, WHO, OHCHR and others. As well as the External Consultant of the International Disability Alliance, and international consultants of UNDP, UNICEF and UNIDO.

As outlined earlier in this proposal, Phase2 will very much focus on harmonization and building synergies between the sectors promoting a more seamless and coordinated access to services. This to a large extent will expand to the work of other UN agencies and the broader donor community. The Project team is already utilizing the respective donor coordination platforms to flag this and ensure a more unified effort.

* **Knowledge creation**.

The project contributed to generating new knowledge on how best to promote the rights of persons with disabilities through shifting from a medical and charity model to a bio psycho social model of disability which is a rights based and inclusive model. The Project generated knowledge not only among the local counterparts, but created, exceeding-expectations, a wealth of data, knowledge and expertise within the UN itself and the Project implementing team in particular.

UNPRPD project placed Armenia amongst the global pioneers in operationalizing the conceptual framework of ICF. Phase 2 will provide the unique opportunity to expand this knowledge to other sectors, document the wealth of knowledge and data and share the experience and expertise globally. It will also provide the option to fill in the knowledge and attitudinal gaps observed in Phase 1.

The process of ICF based model integration is gradually expanding and engaging new sectors, as well as triggering interest with new donors for potential support to the broader reform agenda.

Upon completion of Phase 1 the Project team and MLSA agreed with Jonkoping University to work cooperatively on the development of a scientific paper to document and disseminate the reform process and the knowledge achieved in the development of an ICF based disability assessment system in Armenia. The consultants will assume responsibility for development of the paper with active involvement of members of the working group from MLSA, DPOs and UN offices.  The timeline and scope of this effort will be developed and shared in the coming months.

The Project will also have a dedicated person to prepare a case study and document both the process and the wealth of materials produced and data generated.

## **5. Budget**

*Please use the template below, based on the format approved by the UNDG Financial Policy Working Group, to provide overall budget information. Please also utilize the attached Excel spreadsheet to provide a budget breakdown by fund recipient (Sheet 1) and by outcome (Sheet 2).*

### OVERALL BUDGET

Total allocation for Phase I - **USD 349,521**

| **Category** | **Item** | **Unit Cost** | **No units** | **Total cost** | **Request from UNPRPD Fund** | **UNPRPD POs cost-sharing** | **Other partners cost-sharing** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff and Personnel Costs** | Project Coordinators (UNDP and UNICEF) | 41,600 | 2 | 83,200 | 43,200 | 40,000 | 0 |
| **…** | Project Assistants (UNDP) (50%)/year | 6,000 | 2 | 12,000 | 12,000 | 0 | 0 |
|  | Project Assistants (UNICEF)/year | 4,000 | 2 | 8,000 | 0 | 8,000 |  |
| **Supplies, commodities and materials** | Office supplies/year | 300 | 2 | 600 | 600 | 0 | 0 |
| **…** | Translation/pages | 16 | 600 | 9,600 | 8,000 | 1,600 | 0 |
| **.** | Interpretation/day/2 interpreters | 775 | 10 | 7,750 | 7,750 | 0 | 0 |
|  | Printing/copying/page | 0.2 | 8,000 | 1600 | 1,200 | 400 | 0 |
|  | Office space/year (50%) | 2 | 4,000 | 8,000 | 3,000 | 5,000 | 0 |
|  | Internet/email accounts/firewall/3 persons/year | 500 | 3 | 1,500 | 1,000 | 500 | 0 |
|  | Fuel for vehicle/liters | 0.8 | 1050 | 840 | 440 | 400 | 0 |
| **Equipment vehicles, furniture depreciation** | Vehicle maintenance/km | 0.2 | 6,440 | 1,932 | 932 | 1,000 | 0 |
| **Contractual Services** | Conference organization services – Social protection staff training/100 participants /4 days/person | 18 | 400 | 7,200 | 7,200 | 0 | 0 |
|  | Conference organization services – Healthcare sector staff training/100 participants/ 16 days | 19 | 1600 | 30,400 | 5,400 | 0 | 25,000 |
|  | Conference organization services – Healthcare sector staff training with focus on early identification and early intervention/100 participants/3 days | 18 | 300 | 5,400 | 0 | 5,400 | 0 |
|  | Conference organization services – Education sector staff training/50 participants/5 days | 18 | 250 | 4,500 | 4,500 | 0 | 0 |
|  | Conference organization services – Gender mainstreaming training/30 participants /2 days | 18 | 60 | 1,080 | 1,080 | 0 | 0 |
|  | Conference organization services – DPOs and NGOs training/50 participants/2 days/ | 18 | 100 | 1,800 | 1,800 | 0 | 0 |
|  | Conference organization services-DET training/70 participants /5 days/ | 18 | 350 | 6,300 | 6,300 | 0 | 0 |
|  | Gender expert/days | 100 | 72 | 7,200 | 7,200 |  | 0 |
|  | Researcher/expert on harmonization/day | 70 | 70 | 4,900 | 3,500 | 1,400 | 0 |
|  | Expert on development of database for education sector (Psycho Pedagogical Center) | 100 | 50 | 5,000 | 0 | 5,000 | 0 |
|  | Expert on Early identification and early intervention | 70 | 50 | 3,500 | 0 | 3,500 |  |
|  | On-the-job trainers/day | 70 | 40 | 2,800 | 2,800 | 0 | 0 |
|  | Communication/Advocacy expert/day | 70 | 80 | 5,600 | 3,500 | 2,100 | 0 |
|  | Monitoring & Evaluation expert, lump sum/year | 3,000 | 2 | 6,000 | 6,000 | 0 | 0 |
|  | International expert on DET for training of National counterparts, ToT | 500 | 10 | 5,000 | 5,000 | 0 | 0 |
|  | International expert on employment to support development of service packages in ISDP | 500 | 11 | 5,500 | 5,500 | 0 | 0 |
|  | International expert on education to support development of service packages in ISDP | 500 | 14 | 7,000 | 7,000 | 0 | 0 |
|  | International expert/s to support development of monitoring and evaluation methodology | 500 | 30 | 15,000 | 15,000 | 0 | 0 |
| **Travel** | Local transportation for social workers’ visit to PWD and staff of Psycho Pedagogical Center/km | 0.2 | 10,000 | 2,000 | 1,000 | 1,000 | 0 |
|  | Local travel DSA for staff/trip | 125 | 12 | 1,500 | 500 | 1,000 | 0 |
|  | International travel for UN experts (incl. ticket and DSA)/trip | 1,800 | 4 | 7200 | 1,800 | 5,400 | 0 |
|  | International travel for international consultants (incl. ticket and DSA)/trip\*\* | 1,700 | 11 | 18,700 | 18,700 | 0 | 0 |
| **General Operating expenses** | Direct project costs (ISS)/year | 4,450 | 2 | 8,900 | 5,000 | 3,900 | 0 |
| **Subtotal** |  |  |  | **297,502** | **186,902** | **85,600** | 25,000 |
| **Indirect costs (7%)** |  |  |  | 13,083.14 | 13,083.14 | 0 | 0 |
| **Total** |  |  |  | **310,585.14** | **199,985.14** | **85,600** | **25,000** |

*\*Note: International Experts:*

*1. Expert on DET for training of National counterparts, UNCT and conducting ToT (approx. 10 days)*

*2. Employment Expert to support development of service packages in Individualized Service Delivery Plans (approx. 11 days)*

*3. Education Experts to support development of service packages in Individualized Service Delivery Plans (approx. 14 days)*

*4. Expert/s to support development of monitoring and evaluation methodology, analysis of results of the national application of the ICF model for further adjustments (approx. 30 days)*

*5. UN experts to advise and support capacity building on development of Individualized Service Delivery Plans compliant with the CRPD.*

*6. Additional, if not covered by any of the above-mentioned experts: Gender expert (possibly from UNWOMEN, UNICEF, UNDP, WHO or ILO) to consult and conduct trainings on gender mainstreaming and gender responsive approach for national disability policy formulation and programming with particular focus on gender responsive service provision.*

*\*\* International Experts’ days and travel costs*

*As per Project Proposal, throughout its duration, the Project will need the support of International Experts with total of 90 working days (65 working days for external experts will be paid from the Project and for 25 days Travel and DSA will be covered from the project given that the experts are UN staff). The current estimate is of a cumulative 60 days for missions out of 90 working days. Given the daily rate for travel, DSA and terminal (311.67 USD), the total amount will be 18,700 USD.*

1. The ICF is a scientific and rights-based instrument that can help build bridges between data and indicators as well as between scientific values and the political and social values expressed in the rights of the Convention on the Rights of Persons with Disabilities (Bickenbach 2011). [↑](#footnote-ref-1)
2. Ref: Under the current restructuring process of disability assessment system, the project aims to align and harmonize the assessment processes of key sectors health, education and social. Given the operating specifics of the sector, this procedures should be fixed by legislation to ensure smooth process of harmonization. [↑](#footnote-ref-2)
3. *A Practical Manual for using the International Classification of Functioning, Disability and Health (ICF), 2013 WHO.* [↑](#footnote-ref-3)