

| **Title**  | **Working bottom up – building a local model for deinstitutionalization** |
| --- | --- |
| **Country** | **The former Yugoslav Republic of Macedonia** |
| **Duration** | **24 months** |
| **Total Budget** | **USD 400,000** |
| **Participating UN Organizations** | **UNDP, UNFPA, UNICEF, UN Women** |

# Executive summary

The UN team in the country proposes a two-pronged approach to ensuring that persons with disabilities (PwDs) can realize their right to live independently and be included in the community. First, a localized pilot program focused on the Banja Bansko institution and the surrounding Strumica region will demonstrate that community-based options are a feasible, affordable way to facilitate independent living. Second, a national effort to support biological and foster families will prevent further institutionalization of children with disabilities.

The first effort deliberately targets a single institution in a single region. This is because top-down legislation and policies have failed, over decades, to enable PwDs to realize their rights in everyday practice. In response, the UN team has resolved to work jointly at the local level to create a successful model of community services covering all areas – education, healthcare, housing, employment – that can then be replicated more widely. This approach has been welcomed by the responsible national institutions, making the prospects for sustainability and nationwide implementation far better than in the past. While localized deinstitutionalization is the aim of the first effort, halting the practice of confining children with disabilities to institutions is the goal of the second.

To this end, the UN team will provide rights-based, gender-sensitive training to the full range of professionals who work with PwDs, while also working directly with PwDs (and their associations) to build the skills needed to exercise their rights and take a decisive say in the design and provision of the services they want.

# 1. Background and rationale

## Challenges and opportunities to be addressed by the project

Although the country ratified the CRPD in 2011, little has been done to ensure that persons with disabilities (PwDs) can exercise their rights. As the human rights treaty bodies have repeatedly observed:[[1]](#footnote-1) stigma remains pronounced; physical barriers are commonplace; access to mainstream education, employment, healthcare and other public services is denied; and women and girls with disabilities routinely face double discrimination.[[2]](#footnote-2)

Deinstitutionalization was launched in 2000, and a national strategy adopted in 2008. The practical impact has been marginal, however, owing to providers’ skepticism and a lack of adequate services for independent living. Among the main challenges, a recent deinstitutionalization assessment[[3]](#footnote-3) lists a lack of personalized services to enable independent living; a failure to support the transition from institutional care; and a lack of financing.

Confinement in residential institutions is thus still regarded as something normal and inevitable. Some 400 people currently live in institutional settings at three facilities which provide little or no individualized support. One of these is “Banja Bansko” in Strumica, which currently has 73 residents. Though mandated to provide its residents with the education and preparation needed for independent life and work, it fails to do so.

At the same time, those living outside institutions often find themselves in the care of overburdened biological and foster families, with women shouldering a disproportionate burden of care. Home-based caregivers receive poor support and little recognition and oversight from state institutions. Opportunities for social integration are often missed, making life in the family at times as much of an isolating experience as life in an institution. Recent UNICEF assessments point to the need to provide caregivers – both parents and foster families[[4]](#footnote-4) – with far better information, training and resources to enable their charges to thrive as equals in the community.[[5]](#footnote-5)

All but a fraction of children with disabilities are deprived of formal education. Medical categorization is used to assign children to special schools or special classes in regular schools. Schools fail to include children with disabilities in regular primary education.[[6]](#footnote-6) Only 33 percent of girls with disabilities attend mainstream schools.[[7]](#footnote-7)

Educational discrimination translates into exclusion from the labor market. Only a handful of adults with disabilities are able to exercise their right to work, with most prospective employers reluctant even to consider hiring them. Women face higher barriers than men, even in shelter companies,[[8]](#footnote-8) and are paid less than men.[[9]](#footnote-9)

Healthcare services for PwDs are inaccessible or of poor quality. Women are at a particular disadvantage: sexual and reproductive health services are completely unavailable to women with disabilities. In line with global prevalence rates, women with disabilities are more likely than their peers to fall victim to sexual violence.

The challenges are clear. However, there are also opportunities. The new Government that took office on 31 May 2017 has pledged a new departure for PwDs as part of a broader commitment to social inclusion. The strategy for deinstitutionalization is under revision, and a dramatic expansion of funding has been promised.[[10]](#footnote-10)

At the same time, the UN team has set the inclusion of PwDs as a top priority for 2016-2020, with the outcome: “More persons with disabilities are able to realize their rights and enjoy better living standards in line with the UN CRPD.”

This commitment has already translated into pilot activities that serve as the foundation for this proposal. With UNDP support, a work-oriented rehabilitation process is under way at Banja Bansko, aimed at building bridges between the institution and the local labor market. This activity is viewed as the starting point for a range of broader efforts, both inside the institution and in the Strumica region outside it, to enable the PwDs now resident to leave the institution and, with proper support services, begin independent life in the community.

Initial UN efforts have already engaged national counterparts (including the Ministries of Labor, Education, Health; the Municipality of Strumica; and the local Centres for Social Work), all the relevant associations of PwDs, and local employers to ensure the local effort will succeed and can then be scaled up at national level.

## 1.1a Cost-sharing and resource-mobilization potential

This project will enable the UN to prepare a documented case to show that community options are more cost-effective than institutionalization. Complementing the strong human rights imperative with an economic case is expected to help convince the government to support further UN-led efforts to develop community services.

In addition, the UN is aligning its efforts closely with EU-funded programs currently under way with an eye to securing further IPA funding. Annual EU progress reports have consistently criticized the lack of progress on disability, so implementing more inclusive models will improve the country’s credentials for EU accession.

UNDP has already developed partnerships at local and regional levels to support greater accessibility and the provision of public services tailored for PwDs, so cost-sharing from targeted municipalities is possible.

Finally, larger private-sector companies are generally eager to showcase their commitment to corporate social responsibility. Examples from other countries suggest that employing PwDs can be a win-win opportunity. The UN will look for private-sector partners willing to serve as test cases for the broader corporate community.

## 1.2. Proposal development process

This proposal draws on consultations with policy makers, service providers, civil society, parents and foster families, and PwDs themselves, in line with the key CRPD principle “Nothing about us without us.”

It builds on extensive ongoing cooperation with the Ministry of Labor and Social Policy (MLSP) and its regional units and the centers for social work as the executive branch tasked with addressing disability.

Specific elements draw on UN-supported initiatives under way in the past two years: a survey and data-mining effort to generate disaggregated data and statistics on PwDs (which before were completely lacking); a nation-wide mapping of 130 PwD organizations; consultations with seven key PwD associations; focus discussions with the staff and residents of three main institutions for PwDs; two interview surveys on the needs of biological and foster families caring for PwDs; ongoing training for professional care-givers on work-related rehabilitation of PwDs; and cooperation with the Ministry of Health on establishing an administrative-regulatory framework for evidence-based life-saving clinical guidelines on sexual and reproductive health.

The proposal also draws on an analysis[[11]](#footnote-11) undertaken by UNICEF and the MLSP of alternative care and family-support services provided to families and children with disabilities by the state and non-state actors.

Consultative sessions were held with representatives of the recently established National Platform for Sexual and Reproductive Health and Rights of PwDs. Elements of the proposal addressing sexual and reproductive health and rights of women and girls draw on the Advocacy Document developed by the Platform.

The State Education Inspectorate external evaluation reports for Banja Bansko and primary schools in the Strumica region were reviewed. Consultative meetings were held with the education section and the equal opportunities coordinator of Strumica municipality to gather data, design project activities and align efforts to promote the rights of women and girls with disabilities with the local Gender Equality Strategy.

The proposal also builds on pioneering work in work-oriented rehabilitation undertaken in 2016 and 2017 by UNDP with 15 professionals from care institutions. This was followed by on-site piloting at Banja Bansko, where individual plans were developed for 23 residents. The next step is to develop appropriate services in line with each individual’s plan and start the transition to independent or supported living in the community.

In addition, the project team undertook a joint field visit to Banja Bansko to consult residents directly.

Surveys focused on the Strumica region were particular useful. Face-to-face surveys with PwDs were conducted in 200 families in the region to catalogue the barriers they faced and the services they need most, broken down by gender, age and a variety of other factors. This work helped the UN agencies to understand what needs to be done to end institutionalization, and thus make major progress in CRPD implementation.

Both the Ministry of Health and the Ministry of Labor and Social Policy have endorsed the proposal.

# 2. Project approach

## 2.1 Focus of the project – “What is the project about?”

Deinstitutionalization, as a lever of systemic change, will be supported through a multi-sectoral effort to strengthen the demand for and supply of gender-sensitive services aimed at realizing the rights of PwDs to independent life in the community. A community-level model will show how to build bridges to employment for PwDs; ensure inclusive education for children with disabilities; and provide sexual and reproductive health services for women with disabilities. Full participation of PwDs will pinpoint bottlenecks and empower individuals to participate actively in their communities. The imminent revision of national policies will be an entry point for embedding the local project results into national policies and ensuring national scale-up.

### Theory of change of the intervention –

**“How will the project produce positive change?”**

The positive change that the project seeks to achieve is to ensure that PwDs enjoy their right to independent living, with access to all the necessary support services to make this possible and to employment and to inclusion in the community, in line with articles 5, 6, 9, 16, 19, 23, 24, 25a, 26, 27 and 28 of the CRPD.

To achieve this goal, the UN Agencies will utilize a two-pronged approach, captured in two outcomes.

Outcome 1 concentrates on building capacities of institutions to develop and implement inclusive, evidence-based social policies and services that reduce the social exclusion of PwDs, and ensure improved and equitable access to education, sexual and reproductive health and social services in line with human rights standards.

Outcome 2 aims to increase the capacity of local policy makers PwDs and their associations to understand and claim their rights guaranteed under CRPD, including by contributing to and participating in the design of services and the creation of policies that affect them. It also seeks to help officials and the general public understand and embrace the rights of PwDs. This will enable PwDs to enjoy the whole range of rights available to the general population.

As recommended by the UPR, CESCR and CEDAW, particular attention will be given to gender based discrimination among adults and children with disabilities, and the following specific levers of change will be addressed:

**Legislative norms**: Provisions in national policy documents regarding strengthening of community-based services for PwDs, including sexual and reproductive health services, inclusive education and the right to work;

**Cultural norms:** Attitudes towards inclusion of PwDs in the everyday life of local communities, including addressing stigmatization about “Who is ready (and able) to live in the community?” Is the community behaving differently towards women and men with disabilities? Do women with disabilities face different barriers than do men with disabilities and the general population in accessing sexual and reproductive health care and inclusive education for children with disabilities;

**Capacity:** The skills of professionals (and representatives of the central/local government institutions and CSOs) to deliver services to PwDs at the local level, with a particular focus on work-oriented rehabilitation, inclusive education and sexual and reproductive health services and the level of awareness among PwDs about their rights to live independently, receive education and health services as well as join the labor market; and

**Partnerships:** Alliances among local government, CSOs, and private businesses in the Strumica region to ensure opportunities for generation of work, access to quality inclusive education, social and sexual and reproductive health services.

The multi sectoral, multi-partner and multi-level technical support of the project will contribute to building **stable collaborative arrangements** among national state actors as well as encourage partnerships among state actors on one hand and the business community, PwDs and civil society on the other.

The key human rights principles of participation, inclusion, equality, non-discrimination and accountability are the underlying principles which will ensure sustainability of results. Both rights holders and duty bearers, women and men, will be active participants in planning, implementation, and monitoring of progress towards the fulfilment of rights.

Increased knowledge about CRPD rights and principles and the new partnerships will contribute to positive change in both the process and contents of the public policies and services, while the enhanced views about the level of independence and equality that PwDs are entitled to will result in a **positive change in cultural norms**.

### Other programmatic considerations

**Table 2.1**

**1. Mix of targeting and mainstreaming**

**How will the proposed project mix targeting and mainstreaming strategies in order to generate structural transformation?**

**The project will work with PwDs in a single institution in the Strumica region along with DPOs, service providers and the private sector from that region, to develop models of education, employment, social and health services to facilitate independent living of PwDs. Through this approach, tailored models, addressing the needs of the targeted individuals in one institution, as representatives of PwDs, will be developed and will be included in national policies. More specifically, by adapting protocols, guidelines, training modules to ensure accessibility and acceptability of services for PwDs, barriers to existing services will be removed and the attainment of highest possible level of services for PwDs will be sought. The project seeks to improve acceptance and inclusion of PwDs in their local community by addressing stigma and harmful social norms and promote attitude changes, including at the level of families.**

**2. Scalability**

**How will the project create the conditions for scalability of results and successful approaches tested through project activities?**

**The developed policies and practices will be applied nationally, outside the pilot region, thanks to established cooperation and commitments from the Ministries of Labor and Health. The project will focus on developing and disseminating recommendations on a) supporting the deinstitutionalization process of the Banja Bansko institution; b) improving the quality of services provided in the foster families; c) providing quality inclusive education processes; d) the proper methodology for training of professionals and dissemination of SRH practices; e) the appropriate methodology for development of social services; and f) providing inputs to the transition strategy for Banja Bansko, to be handed over to the relevant Ministries for further operationalization of positive practices.**

**3. Sustainability**

**How does the project intend to create the conditions for the long-term sustainability of the project results?**

**Sustainability will be ensured through inclusion of the MLSP, the Minister of Health and other state institutions as duty bearers from the very beginning of the project. In addition, cooperation will be fostered with the Municipality of Strumica and local partners. New services such as community based personal services will be introduced (to be developed and delivered where people live and in the community), and solutions for their sustainability and institutionalization will be defined and planned with the state actors from the very beginning of the project. The project will also monitor the deinstitutionalization process nationwide, and provide evidence-based input to the national institutions.**

**Sustainability will also be ensured by strengthening the capacity of the key institutions, to further implement the established mechanisms for professional staff development, and the system of the support to families, including measuring progress to promote successes and to address challenges.**

### Risk Management Strategy

**Table 2.2 Risk Management**

| Type of risk\* (contextual, programmatic, institutional) | Risk | Likelihood (L, M, H) | Impact on result | Mitigation strategies | Risk treatment owners |
| --- | --- | --- | --- | --- | --- |
| Contextual | The unstable political situation  | M | Delays may be caused in timely implementation of the planned activities | UN agencies will closely monitor the situation and will modify the schedule of activities if deemed necessary. In addition, UN agencies will work with the technical level within the relevant ministries to ensure implementation of the activities is not influenced by the political situation to the extent possible. High level decision makers will be made aware of the implications of further delays for the forthcoming CRPD consideration of the State’s initial report, expected in 2018. | UN agencies |
| Programmatic | High turnover of staff in relevant institutions | M | This may result in reducing the number of trained personnel, by reassignment to other programmatic areas (social workers) | UN agencies will work with the government bodies and agencies that are mandated with capacity building and training of staff, to ensure that training programs are integrated into the curriculum of such agencies.By building the institutional capacities of these agencies continuation of trainings are to some extent ensured. | UN agencies |
| Programmatic | Discriminatory societal norms and attitudes, including gender stereotypes | M | Hampered integration of PwD in their local communities | Advocacy and awareness raising initiatives to promote inclusion of PwD | UN agencies |

## 2.2. Result chain of the intervention

### Table 2.3

**Impact:**

**What rights will be advanced? For whom?**

**The rights of persons with disabilities to enjoy an independent life in the community will be advanced.**

**The project will do this both by enabling persons currently residing in institutions to leave them and find homes and jobs in the community, and by ensuring better conditions and greater access to public services for those living with biological and foster families, to prevent their entry into institutions.**

**Specifically, the project will advance the rights of all 73 women and men currently residing in the Banja Bansko institution to live independently in the community and to earn a living through decent work.**

**It will also advance the rights of the estimated 200,000 children and adults with disabilities who are currently living outside institutions, by providing enhanced support to biological or foster families and expanding proper access to public services (including education and healthcare in particular).**

**By building models for gender equality in the social inclusion of persons with disabilities, the rights of women with disabilities will also be advanced.**

### Table 2.4

| **Outcome 1****What structural shifts will be achieved?** |   |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever\**** |
| ***Outcome 1. Children and adults with disabilities benefit from an improved system of support that enables them to leave closed residential institutions and pursue independent lives in the community***  | Capacity of key actors - duty bearers  |
| ***Output formulation*** | ***Type \*\*****(Only for capacity outcomes)* |
| *Output 1.1 Community-based services are developed and individual employment plans prepared to assist adults from the Banja Bansko in reintegrating into society.* | *KNO* |
| *Output 1.2 Training on rights-based, gender-sensitive and non-discriminatory services for sexual and reproductive health is provided to improve healthcare provision and better respond to gender-based violence in the Strumica region* |  *KNO* |
| *Output 1.3 Training is delivered to education staff in the Strumica region to enable them to design and provide inclusive education programs for children with disabilities*  | *KNO* |
| *Output 1.4 A professional community of practice on inclusive education is established* | *TOO* |
| *Output 1.5 Training tools are developed and training is delivered to foster families to improve the care provided to children with disabilities*  |  *KNO* |

| **Outcome 2****What structural shifts will be achieved?** |  |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever\**** |
| ***Outcome 2. The capacity of persons with disabilities to advocate for their rights is increased, and persons with disabilities find greater acceptance in their local communities*** | Capacity of key actors - right holders |
| ***Output formulation*** | ***Type \*\*****(Only for capacity outcomes)* |
| *Output 2.1 Awareness-raising initiatives, including training manuals for DPOs, on understanding their rights and mapping of opportunities for alternative (non-institutional) care for better inclusion in the society are implemented* |  *KNO* |
| *Output 2.2 Support mechanisms are designed for biological and foster families to better respond to the different needs of male and female children with disabilities while ensuring a focus on social inclusion in line with the CRPD* |  *KNO* |
| *Output 2.3 Good practices for social inclusion and integrated support including access to non-discriminatory, gender-responsive health and social protection services, inclusive education and inclusive labor market are documented* |  *TOO* |
| *Output 2.4 Support is provided to care-givers in biological and foster families to improve the quality of care for children and adults with disabilities* |  *Networks* |

### Elements of project design

The intervention acknowledges and reflects on the heterogeneity of needs of various groups of persons with disabilities, thus it includes them in the project design and implementation. Both women and men with disabilities will benefit from community-based services and work-oriented rehabilitation; girls and boys with disabilities will enjoy improved access to quality inclusive education. At the same time, civil society organizations, including DPOs an/d women’s organizations, will undertake outreach activities in local communities to promote acceptance and address stigmatizing norms and attitudes that PwDs face in their immediate environment and which impede their full participation in all spheres of life. Further, since sexual and reproductive health and rights affect both men and women, by supporting the fulfillment of these rights, both women and men will benefit. While maternal health is directly beneficial for women, family planning, abuse and gender-based violence are valuable for both women and men.

The project intervention has been designed based on a participatory approach, ensuring that PwDs are consulted and take part in the project design in each step of the development process. For this purpose, a field visit was conducted at the Banja Bansko institution, to ensure that the voices of women and men, girls and boys, and their needs and priorities in terms of deinstitutionalization and provision of community-based services were adequately considered and reflected in the project proposal. Furthermore, active engagement of CSOs, including DPOs, has been ensured. For example, during project planning, the National Platform for SRH of PwDs was consulted, and the activities referring to SRHRs have been tailored based on the Advocacy Document of the Platform.

With regards to project implementation, children and families of children with disabilities will participate in the process of development of information materials and additional support services, through different mechanisms, including: involvement in working groups, focus group discussions, interviews, testing and piloting. Representatives of the CSOs, including DPOs and women’s organizations will participate in the Steering Committee, assuming oversight role of the project. The CSOs will be capacitated through sensitization events and peer education on the rights related to sexual and reproductive health and violence and abuse, including gender aspects of it, in order to boost the “demand” for services.

 The entirety of the project design is centered around improving accessibility to ensure full realization of rights of PwDs, by enhancing access to independent/supported living, foster care, inclusive education, and sexual and reproductive health services, and removing barriers for full participation of PwDs in local communities with the support of local DPOs and women’s organization. Appropriate measure will be undertaken during project implementation to organize project events in accessible venues, to include assistive devices when needed, and to produce project-related information and publications in accessible formats.

To measure the impact of the intervention in the lives of women, men, girls and boys, gender sensitive indicators have been developed. To measure the participation of PwDs and DPOs, clear indicators have been defined.

# 3. Partnership-building potential

One of the main challenges faced in realizing the rights of PwDs is a failure of cooperation and coordination of the multiple institutions that need to provide support to make independent life in the community a reality. Too often the sole responsibility is assumed to lie with healthcare institutions, or with families. The project, by contrast, will engage all parties: labor, health, education, housing institutions; civil society; the private sector; and the public at large. This scope of collaboration will be a first for the country.

By bringing together all the relevant partners at the local level, in the Strumica region, the project will help to forge localized strategic partnerships. For example, social welfare centers need to work closely with employment service agencies to ensure that PwDs who find employment are not abruptly deprived of the benefits they need to make ends meet. Once tested, these partnerships can be replicated at national level.

The project will apply an innovative approach by including the voice of PwDs from the beginning in designing and implementing services, and in engaging the associations that represent PwDs in realizing their rights. Once proven to be effective, this approach can be applied as a standard practice by central-level institutions.

# 4. Long-term UN engagement in the area of disability

UN Agencies in the country have all been active in addressing the problems faced by PwDs, though so far each in its area of primary focus. However, these efforts now need to be integrated and coordinated in order to find successful solutions to the challenge of deinstitutionalization and community living for PwDs.

To achieve this, in line with the UN strategy for 2016-2020, UN agencies need to come together to build the full range of services needed to support independent living, while fighting stigma and providing both officials and PwDs with the tools and skills they need to prevent and reverse institutionalization.

Successes achieved by the project will be enhanced by ongoing programmes of different agencies: UNDP’s employment portfolio will apply active labor market measures to help PwDs integrate into the labor market; UNICEF will expand inclusive education models as the national norm; UNFPA will further apply evidence-based protocols and guidelines on sexual and reproductive health; and UN Women will continue to incorporate gender equality concerns of PwDs through gender-responsive budgeting interventions at local level.

In this way, the project will both instill a regular pattern of joint UN work to promote the inclusion of PwDs and ensure that disability is a consideration for all the “regular” programming pursued by the UN agencies.

# 5. Management arrangements

Program oversight will be provided by a Steering Committee (SC) composed of a Principal Coordinator nominated by the government, representatives of UN agencies, the UN Resident Coordinator and NGO platform members. The steering committee will meet quarterly, review progress and decide policy-level issues.

A Management Team, composed of including technical specialists of participating UN agencies, and department-level representatives of the Ministries of Labor, Health and Education and DPOs, will be established to coordinate and monitor day-to-day project implementation. The Management Team will meet once a month to review progress, find joint solutions to operational and management issues, and identify topics to be forwarded to the Steering Committee for higher-level decision-making.

UN agencies will monitor implementation of the outputs for which they are responsible. Each agency will provide the following:

1. Annual narrative progress reports on the project outcomes/outputs/activities;
2. Meeting minutes of periodic coordination and thematic meetings among UN agencies, government and NGOs;
3. Reports of regular SC meetings that will provide assessment of progress and guidance on revision/rescheduling of activities if and when needed;
4. Annual financial reports as of 31 December each year regarding expenditures incurred during the year against the funds disbursed to them from the Joint Programme Account by the Administrative Agent.
5. A final narrative report, cleared by the SC and a financial report, following the completion of the project;
6. A final certified financial statement.

A final evaluation of project results will be conducted by national evaluators to assess results and provide recommendations for future actions.

The project will have a pass-through modality. UNDP will serve as Administrative Agent and will:

1. Receive contributions from the Trust Fund;
2. Administer and disburse received funds in line with MoUs signed with each managing UN agency.
3. Compile agency financial reports into a consolidated report and share with the donor.
4. Provide final reporting, including notification that the Joint Project has been operationally completed.

The management of the project output/activity by each of the five UN agencies as contained in the joint project document will be done in accordance with the regulations, rules, directives and procedures applicable to it.

## Table 5.1 Implementation arrangements

| **Outcome number** | **UNPRPD Focal Point** | **Implementing agencies** | **Other partners** |
| --- | --- | --- | --- |
| ***1. Children and adults with disabilities benefit from an improved system of support that enables them to leave closed residential institutions and pursue independent lives in the community***  | […] | UNDPUNFPAUNICEF | Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Health, Local Self Government, Institute of Social Activities, State Education Inspectorate, Center for Social Work, regional Employment Center, CSOs, Academia |
| **2.** ***The capacity of persons with disabilities to advocate for their rights is increased, and persons with disabilities find greater acceptance in their local communities.*** |  | UNDPUNFPAUNICEFUN Women | Ministry of Labour and Social Policy, Ministry of Education and Science, Ministry of Health, Local Self Government, Institute of Social Activities, CSOs, Academia, Ombudsman |

### Knowledge management

An entire output is dedicated to gathering evidence to showcase the successful models which will serve as an advocacy tool for national scale-up after the project is completed. This will be done through documenting good practices for social inclusion, including access to social protection services, non-discriminatory sexual and reproductive health services, inclusive education and inclusive labor market in the pilot region of Strumica.

Project monitoring and evaluation will be conducted through detailed action plans developed for each project outcome in consultation with key stakeholders, including DPOs. Plans will include general agreement of the participating UN organizations and their relevant counterparts on progress monitoring, key information that will be collected and shared with the Management Team and Steering Committee during scheduled meetings.

Each participating UN organization will assign a person that will ensure monitoring of activities for the respective PUNO. Tracking will be done through monitoring forms to be completed by local project stakeholders (to be agreed during project planning). In addition, local project stakeholders will be involved in regular discussions and reflection sessions. Telling individual stories will be a central part of the monitoring.

Regular analysis of progress, data and learning will be gathered into quarterly and annual project reports. Annual reviews of progress against plans will be conducted, reported and analyzed during annual meetings. At the end of the project, an evaluation report covering all project results will be produced.

### Inception activities

A full profile of the Strumica region will be completed, including demographic, economic, social and other relevant data, building on the UN research already conducted on numbers of PwDs and qualities of services they receive. Additional surveys will be conducted to collect information about barriers to inclusion of PwDs in society, possibilities for transition to community care and the need for development of social services.

UN agencies will develop an assessment of existing stereotypes and stigmas towards PwDs as well as a gap analysis of health, education and labor competencies among professional service providers.

An assessment of community-based services will provide an inventory of available services as well as the need for changes in legislation and current practices regarding educational, work-oriented rehabilitation and health services. The process will define possible local actors that can become enablers and supporters of the process, helping in the development of the services but also offering concrete solutions for service delivery.

In order to support independent or supported living, the inception phase will be used to analyze the current housing offering but also potential providers of personal assistant services. The need for adaptation of the public institutions and overall infrastructural barriers in the Strumica region will also be assessed. And candidates most ready and willing to move into the community will be identified at Banja Bansko.

Based on these findings, estimates will be made of the main services needed in housing, social/care services, specific health services and work-oriented rehabilitation services.

At the beginning of the project, the PUNOs will organize a joint planning exercise together with representatives of central and local government, organizations of persons with disabilities and other partners. This planning will ensure commitment by all parties involved and will clearly define the timeframe of activities, responsible entities/organizations, the M&E framework and reporting formats and schedules.

## Table 5.2 Project Budget

| **Category** | **Item** | **Unit Cost** | **No units** | **Total cost** | **Request from UNPRPD Fund** | **UNPRPD POs cost-sharing** | **Other partners cost-sharing** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff and Personnel Costs** | Service contract [UNDP]  | 1,176  | 18  | **21,175**  | **21,175**  |  |  |
|  | Service contract individual [UNWOMEN]  | 500  | 16  | **8,000**  | **8,000**  |  |  |
|  | Technical assistance [UNICEF; UNDP, UNFPA, UN Women]  | 13,958  | 1  | **13,958**  | **13,958**  | **58,492** |  |
| **Supplies, commodities and materials** | Training materials for participants [UNFPA]  | 10  | 180  | **1,800**  | **1,800**  |  |  |
|  | Living costs during 12 months of supported living of 5 end-beneficiaries of Banja Bansko [UNDP]  | 100  | 60  | **6,000**  | **6,000**  |  |  |
|  | Printing of handbooks for professionals [UNWOMEN]  | 527  | 4  | **2,108**  | **2,108** |  |  |
| **Equipment vehicles, furniture depreciation** | IT equipment for Project Manager [UNDP]  | 700  | 1  | **700**  | **700**  |  |  |
| **Contractual Services** |  International consultants, 2 x 15 days [UNFPA]  | 400  | 30  | **12,000**  | **12,000**  | **2,284** |  |
|  |  National consultants (173 days) [UNFPA]  | 130  | 173  | **22,490**  | **22,490**  |  |  |
|  |  Translation services / related to the work of the international consultants [UNFPA]  | 2,000  | 1  | **2,000**  | **2,000**  |  |  |
|  |  Training-related costs (training venue, accommodation, refreshments) [UNFPA]  | 25  | 400  | **10,000**  | **10,000**  |  |  |
|  |  Piloting of multi-sectoral response [UNFPA]  | 13,400  | 1  | **13,400**  | **13,400**  |  |  |
|  |  Consultant for gap analysis – Case Managers [UNDP]  | 1,500  | 1  | **1,500**  | **1,500**  |  |  |
|  |  Case Managers (2 months x 4 CMs) [UNDP]  | 350  | 8  | **2,800**  | **2,800**  |  |  |
|  |  VET Provider for training of 5 personal assistants [UNDP]  | 550  | 5  | **2,750**  | **2,750**  |  |  |
|  |  VET Provider for 5 trainees (end-beneficiaries) [UNDP]  | 550  | 5  | **2,750**  | **2,750**  |  |  |
|  |  VET for 5 trainees x 4month daily costs & transport [UNDP]  | 110  | 20  | **2,200**  | **2,200**  |  |  |
|  |  Monthly allowance for 5 end-beneficiaries during 3 months internship, practice work or job occupation [UNDP]  | 110  | 15  | **1,650**  | **1,650**  |  |  |
|  |  Wage subsidies (employee's salary) for 3 months x 5 end-beneficiaries [UNDP]  | 250  | 15  | **3,750**  | **3,750**  |  |  |
|  |  Employment subsidy for the employer (mentoring and coaching costs) for 3 months x 5 beneficiaries [UNDP]  | 100  | 15  | **1,500**  | **1,500**  |  |  |
|  |  Employment subsidy for the adaptation of working conditions and facilities [UNDP]  | 600  | 5  | **3,000**  | **3,000**  |  |  |
|  |  Consultant for design of training programme and training delivery [UNDP]  | 3,000  | 1  | **3,000**  | **3,000**  |  |  |
|  |  Venue for Workshop on capacity building of Centers for Social Work for prevention of institutionalization [UNDP]  | 3,500  | 1  | **3,500**  | **3,500**  |  |  |
|  | Venue for workshop on capacity building of Employment Centers for activation of PwDs in the labour market [UNDP]  | 3,500  | 1  | **3,500**  | **3,500**  |  |  |
|  |  Consultant for developing new models for community-based services [UNDP]  | 5,000  | 1  | **5,000**  | **5,000**  |  |  |
|  |  Consultant for developing practical models for delivery of work-oriented rehabilitation services on a local level [UNDP]  | 6,000  | 1  | **6,000**  | **6,000**  |  |  |
|  |  Community-based services by professionals (social worker) for supported living outside of institution [UNDP]  | 250  | 12  | **3,000**  | **3,000**  |  |  |
|  |  Evaluation of project results [UNDP]  | 6,000  | 1  | **6,000**  | **6,000**  |  |  |
|  |  Communication and promotional costs [UNDP]  | 2,525  | 1  | **2,525**  | **2,525**  |  |  |
|  |  2 National consultants (30 days) [UNWOMEN]  | 150  | 60  | **9,000**  | **9,000**  |  |  |
|  |  Personal Assistants (4 months x 5 PAs) during vocational training [UNWOMEN] | 150  | 20  | **3,000**  | **3,000**  |  |  |
|  |  Personal Assistants (3 months x 5 PAs) during internship phase [UNWOMEN] | 150  | 15  | **2,250**  | **2,250**  |  |  |
|  |  Personal Assistants (12 months x 5 PAs) for independent/supported living phase [UNWOMEN] | 150  | 60  | **9,000**  | **9,000**  |  |  |
|  | Institutional contract with research organization [UNWOMEN] | 15,000  | 1  | **15,000**  | **15,000**  |  |  |
|  |  PCA with CSO [UNWOMEN]  | 18,000  | 1  | **18,000**  | **18,000**  |  |  |
|  |  Training related costs (venue, accommodation, refreshments) [UNWOMEN]  | 500  | 3  | **1,500**  | **1,500**  |  |  |
|  |  PCA with CSO [UNWOMEN]  | 19,000  | 1  | **19,000**  | **19,000**  |  |  |
| **Travel** | Travel costs, DSA and terminals (IC) [UNFPA]  | 3,257  | 2  | **6,513**  | **6,513**  |  |  |
|  |  Travel costs for project implementation and monitoring [UNDP]  | 100  | 18  | **1,800**  | **1,800**  |  |  |
|  |  Travel costs for end-beneficiaries during project implementation 18 months x 5 end-beneficiaries [UNDP]  | 100  | 90  | **9,000**  | **9,000**  |  |  |
|  |  Travel costs, DSA and terminals (IC) [UNWOMEN]  | 160  | 10  | **1,600**  | **1,600**  |  |  |
| **Transfers and grants** |  PEER education component, implemented through NGO [UNFPA]  | 20,255  | 1  | **20,255**  | **20,255**  | **20,620** |  |
|  |  Transfer to implementing partner Inclusive Education [UNICEF]  | 30,000  | 1  | **30,000**  | **30,000**  |  |  |
|  |  Transfer to implementing partner - Foster families [UNICEF]  | 39,500  | 1  | **39,500**  | **39,500**  |  |  |
|  |  Transfer to implementing partners - Support to parents of children with disabilities [UNICEF]  | 5,000  | 2  | **10,000**  | **10,000**  |  |  |
| **General operating expenses**  | Monitoring and documentation of good practices [UNFPA] | 5,000  | 1 | **5,000**  | **5,000**  |  |  |
|  |  Rent costs for independent/supported living of 5 selected adults from Banja Bansko (12 months x 2 apartment) [UNDP]  | 200  | 24 | **4,800**  | **4,800**  |  |  |
|  | Documentation of good practices [UNWOMEN] | 5,000  | 1 | **5,000**  | **5,000**  |  |  |
| **Subtotal** |  |  |  | **373,832** | **373,832** | **81,396** | - |
| **Indirect costs (7%)** |  |  |  | **26,168** | **26,168** |  |  |
| **Total** |  |  |  | **400,000** | **400,000** | **81,396** | - |

From the above information please specify the following:

## Table 5.3 Detailed Costs

| **Category** | **Activity (please describe)** | **Total cost (USD)** |
| --- | --- | --- |
| Inception activities | Analysis of the current housing offering but also potential providers of the service - personal assistants. | 1,000  |
|  | Assessment of the need for adaptation of the public institutions and overall infrastructural barriers in the Strumica region. | 1,000  |
|  | Analysis on the needed changes in the legislation and current practices regarding educational, work-oriented rehabilitation and health services.  | 3,000  |
|  | Development of timeframe of activities, responsible entities/organizations, M&E framework and reporting formats and schedules.  | 1,000  |
|  | Conduct assessment of existing stereotypes and stigmas within the local community towards PwDs.  | 9,000 |
| Monitoring and Evaluation[[12]](#footnote-12) Costs  | Field monitoring and documentation of good practices. | 10,000 |
|  | External evaluation of the project results. | 6,000  |
|  | Costs for monitoring will be covered by UN Agencies contribution and will include activities such as, collecting baselines, mission reports, collection of human stories, etc. (In-house contribution) |  |
| Direct impact on empowerment of women and girls with disabilities | Strengthening knowledge and skills of service providers and DPOs in health sector response to violence and abuse, including their gender-based aspects, including sexual violence for PwDs | 45,146 |
|  | Strengthening the knowledge of health service providers and DPOs, on SRH services for PwDs  | 23,057 |
|  | Provide capacity development activities for teachers, school administrators and state education inspectors for implementing, supporting and monitoring inclusive education  | 26,490 |
|  | Establish professional community of practice to serve as mechanism for exchange of experience and good practices and enhanced collaboration and peer learning among teachers.  | 3,670 |
|  | Monitor and support schools on a regular basis by involving state education inspectors and the Bureau for Development of Education advisors in order to ensure that the system is transparent and accountable to children with disabilities.  | 3,280 |
|  | Provide psychosocial support for families of children with disabilities to enable better inclusion in mainstream classes  | 12,592 |
|  | Develop specialized training module and tools for the professionals of centres for social work on how to assess, prepare and support foster families to care for a child or children with disabilities  | 10,000 |
|  | The professionals of the Institute for Social Activities deliver capacity building activities to professionals of the centres for social work, based on the specialized training module and tools for assessment, preparation and support provision to families that foster children with disabilities  | 14,000 |
|  | Develop information materials intended for the potential foster families and for the active foster families that provide care to a child with disabilities  | 7,000 |
|  | Deliver specialized training to # of potential foster families of children with disabilities, and to all active foster families that provide care to children with disabilities. | 16,426 |
|  | Delivery of trainings for service providers on gender equality and anti-discrimination and gender sensitive service provisions to PwDs survivors of violence.  | 10,500  |
| Direct Impact on DPOs’ capacity | Raising awareness among PwDs, DPOs and their supporters on sexual and reproductive rights and SRH services for people with disabilities. | 20,255 |
|  | Design and deliver local outreach actions with the support of local DPOs and women’s organizations to improve inclusiveness of PwDs in the local community in the Strumica region by addressing stigmatization of disability and promoting supportive and empowering attitudes towards PwDs.  | 20,000 |
| Accessibility costs | Adjustments of working places for 5 private companies  | 3,000  |

1. See, for example, paragraphs 101.87, 101.100 and 101.101, Report of the Working Group on the Universal Periodic Review on the former Yugoslav Republic of Macedonia, UN document A/HRC/26/10, 26 March 2014. [↑](#footnote-ref-1)
2. Paragraph 30, Committee on Economic, Social and Cultural Rights, [Concluding observations (2016) E/C.12/MKD/CO/2-4](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E/C.12/MKD/CO/2-4&Lang=En), 24 June 2016, and paragraph 32, Committee on the Elimination of Discrimination against Women. [↑](#footnote-ref-2)
3. IPA project draft inception report: Technical assistance support for the deinstitutionalization process in social sector, 11 April 2017. [↑](#footnote-ref-3)
4. https://www.unicef.org/tfyrmacedonia/UNICEF-Alternative\_Care\_Assessment-A4-ANG\_for\_web.pdf [↑](#footnote-ref-4)
5. https://www.unicef.org/tfyrmacedonia/Policy\_Brief\_AssessmentOfCapacityOfDisabilityServices\_v6\_EN\_\_FINAL-SENTTOPRINT.pdf [↑](#footnote-ref-5)
6. “Towards Inclusive Education,” Office of the Ombudsman, Skopje 2016. [↑](#footnote-ref-6)
7. Elena Kochovska, Juliana Klimovska Andonov, Gender responsive budgeting for the inclusion of children with disabilities in education in the Municipality of Aerodrom (Skopje: Center for Research and Policy Making, 2016), 7. [↑](#footnote-ref-7)
8. State Statistical Office, Labor Force Survey, Skopje 2017. [↑](#footnote-ref-8)
9. http://www.osce.org/mk/skopje/230251?download=true [↑](#footnote-ref-9)
10. Government Program for 2017-2020, see http://vlada.mk/sites/default/files/programa/2017-2020/ProgramaVlada2017-2020\_08062017.pdf. [↑](#footnote-ref-10)
11. https://www.unicef.org/tfyrmacedonia/UNICEF-Alternative\_Care\_Assessment-A4-ANG\_for\_web.pdf [↑](#footnote-ref-11)
12. Please include costs for a final external evaluation of the project. [↑](#footnote-ref-12)