

# TEMPLATE FOR PROJECT PROPOSALS

| **Title*:*** **Strengthening Integrated Systems to Promote Access to Services for Persons with Disabilities in Namibia** |
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| **Country: Namibia** |
| **Duration: 36 months (November 2018- October 2021)** |
| **Total Budget: U$400,000 requested** |
| **Participating UN Organizations: UNFPA, UNICEF, UNDP** |

**List of Acronyms**

|  |  |
| --- | --- |
| **ACRWC** | African Charter on the Rights and Welfare of the Child |
| **AU** | African Union |
| **CLaSH** | Children with Language, Speech and Hearing Impairments |
| **CRC** | Convention on the Rights of the Child |
| **CRPD** | Convention on the Rights of People with Disabilities |
| **CSO** | Civil Society Organisation |
| **DHS** | Demographic and Health Survey |
| **DPOs** | Organisations of Persons with Disabilities |
| **DSAN** | Downs Syndrome Association of Namibia |
| **ECD** | Early Childhood development |
| **EMIS** | Education Management and Information System |
| **HIS** | Health Information System |
| **IUM** | International University of Management |
| **LRDC** | Law Reform and Development Commission |
| **MGECW** | Ministry of Gender Equality and Child Welfare |
| **MHETI** | Ministry of Higher Education, Training and Innovation |
| **MoEAC** | Ministry of Education, Arts and Culture |
| **MoHSS** | Ministry of Health and Social Services |
| **NDC** | National Disability Council |
| **NDP5** | Fifth National Development Plan |
| **NFPDN** | National Federation of People with Disabilities in Namibia |
| **NGO** | Non-Governmental Organisation |
| **NSA** | Namibia Statistics Agency |
| **NUST** | Namibia University of Science and Technology |
| **PWDs** | Persons with Disabilities |
| **SDGs** | Sustainable Development Goal |
| **UMIC** | Upper Middle-Income Country |
| **UNAM** | University of Namibia |
| **UNCT** | United Nations Country Team |
| **UNDP** | United Nations Development Programme |
| **UNESCO** | United Nations Educational, Scientific and Cultural Organization |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations Children’s Fund |
| **UNPAF** | United Nations Partnership Framework |
| **UNPRPD** | United Nations Partnership to Promote the Rights of Persons with Disabilities |
| **WHO** | World Health Organisation |

# Executive summary

Max 250 words.

*Please provide a short summary of the proposed intervention.*

Namibia ratified the Convention on the Rights of Persons with Disabilities (CRPD) and the Optional Protocol on 4 Dec 2007. The CRPD places emphasis on the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development.

Namibia is signatory to Agenda 2030 and has adopted the Sustainable Development Goals (SDGs). The SDGs place particular focus on addressing the needs of persons with disabilities including education, employment, participation and increase in disability data.

In support of the SDGs, Namibia has a conducive legislative and policy environment, addressing the needs of vulnerable communities and persons with disabilities. However, a gap remains between policy and implementation, primarily as a result of lack of information, public awareness and understanding. This in turn has led to stigma and discrimination, limited access to education, health care, employment opportunities and resources. The proposed intervention will focus on advocating for the full and effective participation and inclusion of persons with disabilities in society, by:

Strengthening disability data collection systems by improving capacity and coordination among existing data collection mechanisms, while also ensuring the production and submission of the initial State Report on the Rights of People with Disabilities. Capacity will be enhanced for Namibia to submit the initial state party report and subsequent periodic reports every four years. This obligation is visible in the CRPD Articles 31 (data collection) and 33 (national monitoring).

Establishing a National Disability Forum under the Office of the President, Disability Affairs to coordinate disability services in Namibia.

Developing capacity to improve the early identification, assessment, and early interventions of children with disabilities.

# Background and rationale

## Challenges and opportunities to be addressed by the project.

Max 750 words.

*Describe the context in which the project will take place, highlighting in particular:*

* *The challenges that the project aims to address.*
* *The opportunities that the project aims to seize.*

*While drafting this section please make specific reference to the following information:*

* *Statistical data (disaggregated by sex) on persons with disabilities and evidence (qualitative and quantitative) utilized as a basis for the development of the proposal.*
* *Relevant normative and institutional frameworks, as well as information on key actors operating in the thematic area identified by the project.*
* *Relevant recommendations resulting from the Universal Periodic Review process or issued by the Committee on the Rights of persons with disabilities (or other human rights treaty bodies), as well as the Special Rapporteur on the Rights of persons with disabilities.*
* *Potential linkages between the proposed project and national SDG processes or other on-going national development initiatives.*

*Please ensure that this section provides relevant information on the different situation of men and women (with a dedicated analysis of the specific barriers faced by women and girls with disabilities and an overview of relevant national commitments towards gender equality).*

Despite being classified as an Upper Middle-Income Country (UMIC) in 2009, Namibia has the second highest rate of income inequality globally, with a Gini coefficient of 0.597 in 2009/10 (World Bank 2016). Persons with disabilities are faced with the two-fold burden of poverty, currently affecting 60% of the population, and widespread discrimination. This discrimination leads to poorer health outcomes, lower educational achievements, less economic, political and cultural participation, higher rates of poverty, increased dependency and less legal protection. This is in part, due to a lack of broad awareness on disability issues by Namibian institutions and authorities. According to the Namibia Demographic and Health Survey (2013, NDHS) 33% of women experienced physical, emotional, or sexual violence from their husband, and 32% of girls 15-19 have experienced physical or sexual abuse. This number is considered to be even higher for persons with disabilities.

Namibia’s UMIC classification has resulted in the scaling back of international development partners’ support in the country, thus affecting the implementation of national policies and programmes at all levels, including programming for persons with disabilities.

The Namibia 2011 Population and Housing Census (and the specific Disability Census Report) estimated that there were between 85,000 and 100,000 people with disabilities, representing 5% of the total population. However, the actual number may be higher; WHO and World Bank estimates are closer to 15%. This discrepancy can be understood in light of the continued stigma, discrimination and cultural prejudices against persons with disabilities experience in society.

The majority of persons with disabilities are in the age groups of 10-24 years, with males (12,075) outnumbering females (10,997). There is a considerable disparity in school attendance, depending on disability status: 41% of females with disability never attended school compared to 17% among those without disability. (For males: 37% never attended school among those with disability compared to 15% among those without). Furthermore, 87% of children with disabilities between the ages of 0-4 years have never attended early childhood development (ECD) programmes. It can be safely assumed that children with intellectual disabilities are even less likely to participate in education. At present there are only two schools that cater for persons with intellectual disabilities, and these are both located in Windhoek. With the delay in the implementation of the 2012 Inclusive Education Policy, participation of children with intellectual disabilities in the Namibian education system remains extremely challenging. Of the persons with disabilities aged five years and above that never attended school, the majority come from rural areas (82.1%) rather than urban areas (17.9%). Furthermore, school attendance among the members of households with disabilities were lower than those with no disabilities; proportion of those who have never attended school in households with persons with disabilities was at 38.6%, compared to those household without persons with disabilities at 16.2%. Of the 77,915 persons with disabilities 15 years and above, 45% are economically active, however, according to the 2011 census disability report, the unemployment rate of persons with disabilities is 39%, compared to the national unemployment rate of 28%. Of the total of 132,544 children who receive social grants, 5,545 of these are children with disabilities below the age of 18.

The 1990 Namibian Constitution explicitly recognizes the inalienable human rights and freedoms of all its citizens. In line with its constitutional obligations, the Namibian Government ratified the CRPD and the Optional Protocol on 4 December, 2007. Equally, Namibia has ratified, the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), and has signed the United Nations’ Agenda 2030, in support of the SDGs enunciated therein, and Agenda 2063 of the African Union (AU).

In addition to the international and regional commitments, Namibia also boasts strong national policy, legislative and institutional mechanisms that are intended to enhance the protection and promotion of rights of persons with disabilities. However, despite these intentions, the protection of rights of persons with disabilities has not be located in the human rights paradigm. Instead most persons with disabilities rights are considered within the medical, welfare, and charity model which reduces their acceptance within the human rights context. The Universal Periodic Review for Namibia recommends additional measures to increase the access of persons with disabilities to services, especially education. While the country has a strong policy and legislative framework, implementation of these has been challenging due to lack of awareness, capacity and trained human resources at all levels of the system. Financial resources also hinder the process of implementation. The Law Reform and Development Commission has conducted training at various levels of government to popularise the CRPD, and to advocate for implementation of key approaches related to disability policy framework. However, Namibia is still facing the challenges of mainstreaming and implementing national legislation on disability. Persons with disabilities are also not fully engaged in processes involving consultation and decision making at all levels, while the CRPD calls for their active and meaningful participation. Self-advocacy is particularly underdeveloped for persons with intellectual disabilities due to the challenges they face to express themselves clearly.

The participating UN Agencies seek to provide technical support to improve service delivery for persons with disabilities at national, regional and local authority level. The UN Country Team (UNCT) has a joint approach to the promotion of disability rights within the framework of the United Nations Partnership Framework (UNPAF) 2014-2018. UNPAF II (2019-2023) advocates for equity and equal opportunities for all and the UNCT will continue to advocate for mainstreaming disability across the different government ministries and agencies. This partnership supports system strengthening and coordination amongst and between organisations of persons with disabilities (DPOs) to ensure access to services such as health, education, nutrition and protection of persons with disabilities in Namibia. Further, there has been a recent push by the UNCT in Namibia to strengthen data collection systems, and create synergies and information sharing between these systems. The move towards strengthening data systems provides a unique opportunity to ensure that data collected is representative of the whole population and is tailored to include persons with disabilities, benefiting the upstream objectives of this project.

## **1.2. Proposal development process**

Max 500 words.

*Please describe the consultation process leading to the development of this proposal. Kindly provide specific information on the following points:*

* *National stakeholders, within and outside government who contributed to the definition of the proposed intervention.*
* *The role played by persons with disabilities and their representative organizations in the definition of the project objectives and strategies.*
* *Strategies that were put in place to ensure the full participation of women with disabilities in keeping with the principle of equality between men and women.*
* *The process through which the plausibility of the project theory of change was verified (including research and evaluative evidence consulted).*

The programme was developed by a steering committee consisting of representatives from the organizations mentioned below, with an equal representation of sexes:

1. **Government:** Law Reform and Development Commission, Ministry of Education, Arts and Culture (MoEAC), Ministry of Gender Equality and Child Welfare (MGECW), Ministry of Health and Social Services (MoHSS), Office of the Ombudsman, Office of the President - Disability Affairs, Namibia Statistics Agency, the National Planning Commission Secretariat, and the Inter-Ministerial Disability Committee
2. **Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs):** National Disability Council (NDC), National Federation of People with Disabilities in Namibia (NFPDN), Down Syndrome Association of Namibia (DSAN) and the Association for Children with Language, Speech and Hearing Impairments of Namibia (CLaSH). The Namibia National Association of the Draft provided inputs through submitting comments on the project proposal.
3. **Academia:** University of Namibia (UNAM) and the Namibia University of Science and Technology (NUST).
4. **United Nations (UN):** United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), World Food Programme (WFP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Development Programme (UNDP).

The voices of both men and women with disabilities were heard through the Office of the President, Disability Affairs, and the NFPDN, which represents both men and women with disabilities. In addition, women who represent civil society organizations (CSOs) were amongst the steering committee members (DSAN and CLaSH). The LRDC was represented by a woman with a disability. The project will ensure equal participation between men and women with disabilities, boys and girls with disabilities and organisations of persons with disabilities, especially those in rural and remote communities of Namibia. In particular NADAWO, an organization representing women with disabilities in Namibia, will be the key organisation representing women and girls. Training workshops will also enhance the equal representation of both men and women with disabilities and organizations representing different types of disability, while DSAN as an important driver for inclusion of persons with intellectual disabilities in education, health and employment will be the key organisation in the programme for activities targeting persons with intellectual challenges. The same will apply to monitoring and evaluation activities.

The Theory of Change was verified through consulting various national and international documents on disability, including documents received from the UNPRPD, CRPD, CRC, the National Policy on Disability, the National Disability Council Act, (Act No. 26 of 2004), Namibia 2011 Census Disability Report, Handbook on Costing Gender Equality and the Disability Rights, Gender, and Development: A Resource Tool for Action, amongst others. Careful consideration of available data was paramount in ensuring an evidence informed approach. The challenges and assumptions were addressed during the project proposal period, resulting in a shared understanding of the theory of change.

Communication regarding the approval of the Expression of Interest was shared with the Steering Committee which is represented by both men and women with disabilities. A meeting was held on 18 May 2017 to plan and assign responsibilities for drafting the proposal. A drafting-committee was formed consisting of representatives from Ministry of Education, Arts and Culture, Law Reform and Development Commission (LRDC), Office of the President, Disability Affairs, Namibia Statistics Agency, National Disability Council, Down Syndrome Association of Namibia (DSAN), University of Namibia (UNAM), and UNICEF.

The Committee met weekly, May-June 2017, as follows to work on the proposal and to share the draft with the larger committee on a weekly basis for their inputs:

* 24 May
* 1 June
* 9 June
* 15 June
* 23 June - Larger Steering Committee meeting for finalisation of the draft proposal.
* 29 June – Review by UN Country Team
* 30 June - Submission of proposal to the UNPRPD.

Through the UNPAF II, the UN will continue to engage all stakeholders and promote gender responsive and sustainable results driven programmes that are scalable.

# Project approach

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

Max 100 words; Please refer to the UNPRPD SOF Sections 2.2, page 31.

*Describe the entry point used to define the scope of the proposed project, noting that such an entry point can be one of the following:*

* *The specific right (s) the intervention aims to advance;*
* *The specific group(s) the intervention expects to address;*
* *The lever(s) of change-or enabling factors the intervention intends to focus on.*

In line with CRPD Article 1, the proposed interventions aim to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, with a focus on children and young people, and to promote respect for their inherent dignity through: (a) Improved data collection systems that should result in evidence based planning, advocacy, mainstreaming and decision making; (b) coordinated partnerships and mainstreaming of disability matters between Government, NGO/CSOs and DPOs, and (c) capacity development to ensure early identification, assessment, and interventions for children with disabilities for strengthened service delivery training will also include contingency planning for disaster risk management. The project will specifically focus on ensuring that women and girls with disabilities, especially in rural communities, equally benefit from the different training interventions so that they can better participate and meaningfully contribute to interventions addressing their needs. Advocacy will be conducted with the participating DPOs to ensure that women and girls with disabilities are equally part of the decision making process in their respective organizations. Focal points in the project will include women with disabilities and representatives of persons with intellectual disabilities.

## **Theory of change of the intervention – “How will the project produce positive change?”**

Max 750 words; Please refer to the UNPRPD SOF Section 2.1, 2.2 pages 22 - 35 and Technical Note Section 2.

*Please describe the change that the proposed project is seeking to trigger using one of the following options, as appropriate:*

* *If the entry point of the proposal is a specific right, describe the levers of change that will be utilized to advance this right and the in-focus groups that are expected to benefit from the initiative;*
* *If the entry point is lever of change, describe the specific rights that will be advanced through work on this lever and the in-focus groups that are expected to benefit from the initiative;*
* *If the entry point is an in-focus group, describe the specific rights which will be addressed in relation to this group and the levers of change to be utilized.*

*With respect to the in-focus groups, please provide to the extent possible and as relevant, a breakdown by sex, age, type of disability, race, ethnic origin and geographical location, together with an estimated number of beneficiaries.*

*As per the UNPRPD Strategic Operational Framework page 33 in focus groups will be identified on a case-by-case basis in relation to the context of planned initiatives. Particular attention, however, will be given to women and children with disabilities, in line with articles 6 and 7 of the CRPD.*

*Please feel free to annex a visual representation or diagram of the project’s theory of change, if and as appropriate.*

## CAPACITY DEVELOPMENT

1. ***Strengthened capacity for data systems to ensure the collection of holistic data that mainstream disability at national, regional and community levels***

Various Namibian government ministries, as well as the Office of the Ombudsman and the Namibia Statistics Agency (NSA), collect data which includes disability disaggregated data. However, this data is limited, poorly coordinated and there is inadequate capacity to use data for planning and budgeting purposes. The only detailed credible data is collected every 10 years through the National Population and Housing Census where disability statistics can be extracted. The absence of regular national population data results in lack of accurate updated data for planning. Stigma and delayed identification, including lack of understanding of disability and lack of capacity of enumerators leads to underreporting of persons with disabilities during data collection. The existing administrative data collection systems, such as EMIS and HIS, lack the mechanisms to effectively gather data on persons with disabilities. There are inconsistent definitions of terms across data bases, which needs to be made coherent using the international classification of disability. Currently DPOs neither have the capacity to collect their own data nor to interpret and effectively use data to enhance rights of persons with disabilities to different services. However, States Parties are required to undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the CRPD. This project proposes to use the services of NSA, and technical assistance, to build the capacity of government institutions, DPOs, NGOs and CSOs to promote the availability of internationally comparable data to improve planning and budgeting to benefit persons with disabilities. The project would ensure the meaningful involvement of men and women with disabilities and their organizations in the consultations leading to the development and finalization of data collection tools as well as in the monitoring and evaluation of project outcomes. The NSA will work on strengthening the capacity of the NDC and DPOs to have a better understanding of how to interpret and use national population and administrative data to better inform programmes that are designed to benefit persons with disabilities.

In collaboration with the Office of the President: Disability Affairs, NSA will train DPOs and the NDC to build their capacity to interpret and use national population data when monitoring and evaluating the impact of programmes benefiting persons with disabilities. Informed decision-making requires a reliable, clear and transparent information and knowledge base. Data collection and its analysis and interpretation helps institutions to produce information that can be tailored for various purposes and audiences: for decision-makers in planning and budgeting; for early warning in case of an imminent disaster; for response and recovery interventions. Media will invited to training workshops to report at national level on the project activities.

The lever of change here is that consultations will be improved between NSA and national organizations of persons with disabilities both for the design of tools and on the analysis and interpretation of data. In addition, capacity of DPOs and the NDC will be built through training to enable them to better use data for planning and budgeting for improved service delivery. Periodic consultations will also be held with DPOs at national and community level to ensure that they understand the use of data for monitoring to enhance service delivery at community level. Data can also be used to increase accountability. Training by NSA will also focus on addressing the following aspects of data:

Training on Disability Statistics- comprising both population based data and administrative data to allow Namibia to produce internationally comparable and good quality data using rights based approaches. This will include support to data production and information management for disaster risk management and contingency planning.

A diagnostic to map current gaps in the data systems architecture.

Developing an action plan to address these with NSA and different ministries and integration of disability questions aligned with the ICF model in the upcoming Census, for example, the Washington Group short set of questions.

Training and engagement of DPOs on disability data.

***(2) Capacity development for response mechanisms including early identification of and early interventions for children with disabilities.***

Article 25 of the CRPD focus on the provision of health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons. As mentioned above, many children with disabilities are not assisted early because service providers are not adequately trained in identification. This intervention will therefore focus on developing guidelines for early identification, assessment, and intervention. The training on the guidelines will focus on NGOs, CSOs and professionals at national, regional and community levels. A useful tool to contribute to the early identification is the newly launched e-Birth Registration system.

Where possible, using DPOs, the project will train 600 professionals and staff made up of ‘educarers’ (i.e. ECD centre staff), doctors, social workers, and community health workers from all 14 regions. Educarers will also receive additional training on how to make their practices in ECD centres inclusive. The direct beneficiaries would be children who have not benefited from basic services.

In order to ensure the sustainability of this intervention, the guidelines for the early identification will also include the pre-service training of student nurses, educarers, teachers and community health workers attending NUST, UNAM and IUM to ensure sustainability and scalability. The guidelines will be made accessible to service providers, in addition to ongoing advocacy and monitoring of how they are being applied at field level. The UNICEF/WHO Care for Child Development Manuals will be made accessible to ECD centre staff to promote best practices for children. DPOs and civil society organizations with expertise in early childhood development and disability rights will assist in the training and dissemination of information on the importance of early identification of disabilities and inclusive ECD at the community level. The guidelines will be piloted with a select group of DPOs and service providers of children with disabilities to ensure that the diverse needs of children with disabilities are met. The groups to be trained will be selected to ensure gender equality, regional representation and inclusivity. Media will be invited to training workshops to report at national level on the project activities and NBC national television will be approached during the project implementation to have regular talks on disability in order to address negative norms and cultural beliefs and practices affecting persons with disabilities.

By the end of the project, boys and girls with disabilities, especially those with intellectual disabilities, and children from excluded marginalised and remote communities, will no longer be excluded from integrated ECD, will access free and compulsory basic education and improved social protection and health services.

See table in Annex 1 for a summary of the Theory of Change (TOC) and Annex 2 for a graphical representation of the TOC.

## PARTNERSHIPS

Coordinating programmes and information regarding disability issues remains a challenge. The NDC, NFPDN and the Office of the President: Disability Affairs, lack the human and financial resources to coordinate programme implementation.

By the end of the intervention, partnerships would have been strengthened between government Ministries, DPOs, NGOs and CSOs, institutions of higher learning, and the private sector. An enabling environment for rights-based responses will be enhanced through the exchange and sharing of information, experiences, training programmes and best practices.

The existing **Inter-Ministerial Committee on Disability** under the coordination of the Office of the President: Disability Affairs, would be strengthened through training to support the National Disability Forum which will be established under the project. The National Disability Forum will be equally represented by men and women with disabilities. While the mandate of the Inter-Ministerial Committee has been on coordinating government programmes, the functions of the National Disability Forum will be to coordinate disability programmes beyond government to include DPOs, NGOs, CSOs, academia and the private sector. Support will be provided to the National Disability Forum to ensure that women, youth and children with disabilities are represented.

In addition, support will be provided to ensure that Committee meetings are held as planned and the voices of women and the most marginalised person with disabilities such as those with intellectual disabilities are heard. Advocacy will continue to be conducted to have meetings and consultations take place in accessible venues and to ensure the meeting proceedings are accessible.

Terms of Reference for the National Disability Forum will be developed and will include focus on advocacy for implementing the CRPD, to advocate for the mainstreaming of disability in policy, legislative, and institutional strategies and work plans incorporating a gender inclusive lens. To this effect, advocacy will also be conducted to revise the 1997 National Disability Policy to bring it in line with the CRPD and other national legislation. This should include availability of funding for addressing negative cultural norms and attitudes towards persons with disabilities.

The project will directly benefit 20 DPOs, NGOs and CSOs (Annex 3), working on disability issues in Namibia, and will indirectly reach 50,000 persons with disabilities with a strong focus on women and girls with disabilities from remote rural and marginalised communities.

**Other programmatic considerations**

Max 650 words. Please refer to Technical Note Section 3 and 4.

**Table 1.**

|  |
| --- |
| 1. ***Mix of targeting and mainstreaming***   *How will the proposed project mix targeting and mainstreaming strategies in order to generate structural transformation?* |
| * Develop capacity of educarers, medical personnel, lawyers, community health workers and social workers to better understand the challenges and barriers faced by persons with disabilities, response to which can be incorporated into their daily activities. * Strengthen stakeholder collaboration, including working with the media, to address the negative cultural beliefs and promote the rights and inherent dignity of persons with disabilities. * Through mass media and advocacy events, raise awareness on the Convention on the Rights of Persons with Disabilities, especially amongst policy makers and DPOs, NGOs and CSO working on disability issues. * Strengthen the capacity of disability support organisations that work directly with persons with disabilities to empower parents and caretakers to better care for their children with disabilities and be stronger advocates for the rights of their children with national, regional and local service providers in health, education and vocational training, social welfare, and employment * Strengthen data collection systems and to support the generation and use of improved data to identify previously unaccounted for beneficiaries of services, in particular, vulnerable women and children with disabilities, people with multiple disabilities, and often under-represented intellectual, mental health/psycho-social disabilities. |
| 1. ***Scalability***   *How will the project create the conditions for scalability of results and successful approaches tested through project activities?* |
| * Project activities will be scaled up though the development of guidelines for the early identification of disabilities and training of different service providers in this area. UNAM, NUST and IUM will mainstream the guidelines for early identification of disability in their training programmes and courses going-forward to ensure that all graduates have some knowledge of disability mainstreaming. * The National Disability Forum and the Inter-Ministerial Committee will continue to monitor disability mainstreaming at national and regional level and will advocate for more resources to mainstream disability. * DPOs and service providers who benefitted from the training and capacity development interventions during project implementation will continue to support and monitor programmes to address the needs of persons with disabilities at community level. * The Office of the President: Disability Affairs will be supported through training to be able to advocate for improved budgetary allocations to fund disability related programmes * A multi-sectoral and government wide M&E framework developed by the National Disability Council in collaboration with the Office of the President: Disability Affairs in consultation with DPOs and NFPDN, with support from the NSA, for ongoing and sustained monitoring of programmes and projects. |
| 1. ***Sustainability***   *How does the project intend to create the conditions for the long-term sustainability of the project results?* |
| * Government, DPOs, CSOs, NGOs and the private sector will further increase collaboration and partnerships to promote disability rights through the Inter-Ministerial Disability Committee, National Disability Forum and the NDC and their capacity developed through training to implement, monitor and evaluate programmes. * Mainstream media will be incorporated in all aspects of advocacy agendas towards mainstreaming disability in order to ensure sustainability of messages, * Administrative data and vital statistics systems will be strengthened through training by NSA (EMIS, HIS, DHS, e-Birth Registration, Census) to collect cohesive sex disaggregated data and to use data for improved planning and budgeting purpose at both national and regional levels. * UNAM, NUST and IUM will mainstream the guidelines for early identification of disability in their training programmes and courses going-forward to ensure that all graduates have some knowledge of disability mainstreaming. * NGOs, CSOs, DPOs, and NDC will receive training to strengthen their capacity to promote rights of persons with disabilities through ongoing advocacy and coordinate training on the rights of persons with disabilities as part of ongoing professional development of DPOs at community level. * NDC and NFPDN will have the capacity to plan, monitor and support the implementation of programmes at national, regional and community level. * NSA will institutionalise training on the collection and use of disability sex disaggregated data in its annual programmes and will continue to support government ministries, DPOs and stakeholders to collect regular data and to make use of data to benefit persons with disabilities to access different services. * The Office of the President will continue to submit in a timely manner the State Party Report to the United Nations. |

**Table 1.1k Management**

**Risk Management Strategy (please describe the risk management strategy using the table below)**

| ***Type of risk\****  ***(contextual***  ***programmatic, institutional)*** | ***Risk*** | ***Likelihood (L, M, H)*** | ***Impact on result*** | ***Mitigation strategies*** | ***Risk treatment owners*** |
| --- | --- | --- | --- | --- | --- |
| *Institutional* | Limited government support due to financial constraints and human resources limitations. | ***M*** | Implementation will be limited, and programmes and services focusing on addressing the rights of persons with disabilities will continue to be fragmented and uncoordinated. | Strengthen partnerships and coordination to share human capacity and resources amongst Government agencies, DPOs, CSOs, and development partners.  Mainstream disability issues in established Government platforms for accountability. | *Government;*  *Office of the President, Disability Affairs*  *MoHSS*  *MoEAC*  *MGECW*  *Law Reform and Development Commission*  *National Disability Council,*  *National Federation of Persons with Disabilities Namibia,*  *NGOs,*  *UNAM, NUST, IUM*  *UN Agencies* |
| *Programmatic and Institutional* | Lack of ownership from NDC and NFPDN of the project. | ***M*** | DPOs, NGOs and CSOs will continue to implement poor quality and uncoordinated programmes , both at national and regional level | Involve NDC and NFPDN from conceptual development through to project implementation, evaluation and M&E, and integrate project activities into existing work plans. | NDC  NFPDN |

\* Please specify here the type of risk and refer to the following definitions:

Contextual: risk of state failure, return to conflict, development failure, humanitarian crisis; factors over which external actors have limited control.

Programmatic: risk of failure to achieve the aims and objectives; risk of causing harm through engagements.

Institutional: risk to the donor agency, security, fiduciary failure, reputational loss, domestic political damage etc.

* 1. **Result chain of the intervention**

Max 750 words; Please refer to UNPRPD SOF Sections 2.2 page 34.

*Based on the information in the previous section, provide a concise formulation of the project objectives (expected impact, intended outcomes and outputs) utilizing the table format provided below.* **[[1]](#footnote-2)**

**Table 2. Expected impact**

| **Impact:**  What rights will be advanced? For whom? |
| --- |
| The rights of persons with disabilities are realised through improved data, strengthened coordination and access to inclusive quality services. |

**Table 3. Expected outcomes** *(there will be as many such tables as the outcomes envisaged by the project)*

| **Outcome 1**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| **The data collection systems are strengthened to inform planning, budget allocation and service delivery to promote the inclusion of persons with disabilities** | *CAP* |
| **Outputs** | **Type \*\***  (Only for capacity outcomes) |
| 1.1 The initial State Report on the CRPD, and the shadow report, are produced and submitted to the UN. Subsequent reports will be submitted every four years. | KNO |
| 1.2 Training of NSA, Statistics units in ministries and DPOs on disability statistics and data collection tools. | KNO |
| 1.3 The national census data incorporates the Washington Group questions on disability. | HUM |
| 1.4 Guidelines developed for inclusion of disability statistics in 3 administrative data collection systems (e.g. EMIS, HIS, Disability Grants) | PRO/ACC |
| 1.5 Training provided to organizations of persons with disabilities on how to analyse and use data for planning and budgeting purposes including from a gender lens | ACC |

| **Outcome 2**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| **Strengthened coordination mechanism including participation of DPOs** | *PAR* |
| **Outputs** | **Type \*\***  (Only for capacity outcomes) |
| 2.1 Establishment of the National Disability Forum under the coordination of the Department of Disability Affairs. | *CAP/NET* |
| 2.2 Training provided to The National Disability Forum and the Inter-Ministerial Disability Committee with aim to improve coordination and strengthen the capacity of DPOs, NGOs, CSOs and the private sector to implement disability inclusive and gender responsive programmes at national, regional and community level. | *CAP* |
| 2.3 Multi-sectoral coordination framework on disability developed and implemented. | *TOO* |
| 2.4 Advocacy material about disability rights developed and disseminated, including through media. | *TOO* |
| 2.5 Awareness campaign related to disability issues in the context of human rights carried out. | *CUL* |

| **Outcome 3**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| **Children with disabilities identified very early in life and referred for assessment and early interventions and access inclusive ECD programmes** | *CAP* |
| **Outputs** | **Type \*\***  (Only for capacity outcomes) |
| 3.1 Guidelines developed, and training provided on the early identification, assessment and referral of children with disabilities. | *TOO* |
| 3.2 Training provided to health care workers, educarers, social workers, NGOs, CSOs and DPOs in the early identification, assessment and referral of children with disabilities to services as well as on inclusion of children with disabilities in ECD centres and services. | *CAP* |
| 3.3 Children with disabilities identified early at birth in health facilities, in communities and ECD centres and referred for assessment and intervention | *ACC* |
| 3.4 Children with disabilities identified and receiving necessary and inclusive services before entering formal education. | *ACC* |

**\*** Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select one of the following options:

- LEG: Legislation and policy

- CUL: Cultural norms, beliefs, attitudes and values

- PAR: Partnership

- CAP: Capacity of key actors (duty bearers or right holders)

**\*\*** For capacity-related (CAP) outcomes only: please specify here the type of capacity driver to which each proposed output corresponds. With reference to Technical Note Section 2.1, for each output select one of the following options:

- KNO: Knowledge

- ACC: Access

- HUM: Human Resources

- FIN: Financial resources

-TOO: Tool

-PRO: Procedures

-NET: Networks

-ACC: Access

-ACV: Accountability Venues

# Elements of project design

Max 500 words; Please refer to UNPRPD SOF section 3.1.1 page 46-50.

*Equality between men and women.*

*While describing how the gender equality will be advanced through the initiative please include the following information:*

* *How will the project take into account differences in the barriers faced by men and women with disabilities?*
* *Which strategies will be put in place by the project to advance gender equality?*
* *Which of the specific actions to be undertaken by the project will contribute directly to the empowerment of women and girls with disabilities? (Kindly note that in the budget section projects are requested to state the overall funding to be allocated for these activities).*

*Full and effective participation of persons with disabilities.*

*Please describe how the project will ensure the full and effective participation of Persons with disabilities and their representative organizations. Kindly include the following information:*

* *How will Persons with disabilities be involved in the project governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle?*
* *Which of the specific actions to be undertaken by the project will contribute directly to strengthen the capacity of organizations of Persons with disabilities? (Kindly note that in the budget section projects are requested to state the overall funding to be allocated for these activities).*

*In addressing the above points, please elaborate as appropriate on how the heterogeneity of the various disability groups, and their experience of multiple and compound discrimination, will be taken into account throughout the project cycle.*

*Accessibility*

*Please outline briefly main actions that will be undertaken during the project planning and implementation to ensure that accessibility is fully realized noting also how persons with disabilities and their organizations will be involved in this process.*

1. ***Equality between men and women:***

Women and girls with disabilities have a higher risk of abuse and sexual violence and are less likely to receive an education. They often face triple discrimination due to their disability, sex and previously disadvantaged status in society. Sex and age disaggregated data will assist in highlighting the challenges faced by women and children with disabilities, especially in terms of access to services. The project will also work closely with the Namibian Association of Differently Abled Women (NADAWO), as well as other organizations of persons with disabilities to identify women with disabilities within their organizations to benefit from the capacity development interventions, with a special focus on young women who are often left out of the decision-making process. In addition, advocacy messages will focus on the specific rights of women with disabilities. The project will specifically ensure both women and men, as well as boys and girls with disabilities are actively involved and equally represented in the consultation processes, as champions and advocates, implementers and beneficiaries.

1. ***Full and effective participation of persons with disabilities:***

The Office of the President: Disability Affairs, LRDC, NDC, DSAN and the NFPDN have been the main representative bodies of persons with disabilities during project proposal development and will continue to play that role during implementation, monitoring and evaluation. The National Disability Forum, once established, will be mandated to monitor the overall implementation and evaluation of disability programmes in Namibia, including the proposed project.

Specific training to benefit DPOs, NGOs and CSOs working on disability issues will cover:

* + Collection of data which should be used for advocacy on the rights of persons to services such as education, health, protection and employment;
  + Advocacy to promote cultural and attitudinal changes at different levels of society;
  + Empowerment of parents and caretakers to better care for their children and be stronger advocates for their children at national, regional and local level;
  + Alternative ways of communication for persons with intellectual disabilities for them to participate in self-determination and self-advocacy initiatives;
  + Early identification, assessment and referral of disabilities for early intervention;
  + Networking amongst different DPOs in Namibia and coordination of resources, programmes and human resources.

The successful implementation and sustainability of this project depends on DPOs being the driving force in terms of guidance, consultation, issue identification, implementation and ongoing monitoring and evaluation. Success will also depend on the meaningful involvement of women and girls with disabilities in the project implementation, monitoring and evaluation. By the end of the project, persons with disabilities would have an improved understanding about their rights to services improved access to information and services.

1. ***Accessibility:***

The participation of DPOs and persons with disabilities, including women and girls and representatives of person with intellectual disabilities in trainings, meeting, and advocacy events will be assured through allocated specific financial resources for these activities. Furthermore, where possible, information will be shared with persons with disabilities in a variety of accessible formats. Namibia has a dire need for sign language interpreters who are costly to hire for services. Therefore, funding will also be allocated to ensure the provision of sign language interpretation during trainings, meetings and stakeholder consultations. Appropriate support will also be made available for persons with intellectual disabilities to help them participate in the training, meeting and advocacy events and develop their self-advocacy skills. Training venues will be carefully identified to ensure that the facilities at such venues are disability friendly in terms of access to training rooms, restrooms, resource centres and reasonable accommodation. The project will contribute five modified wheelchairs for use in difficult terrain to children from extreme rural poor and vulnerable communities, in order to ensure accessibility to education and other services. The steering committee will also include municipalities to address and advocate for universal design of infrastructure.

# Partnership-building potential

*Max 200 words; Please refer to the UNPRPD SOF section 3.1.3 page 53.*

*Please describe the way in which the proposed project will establish new connections among relevant national stakeholders and promote partnership-building within and outside state institutions, including for instance between state institutions working in different areas, among non-governmental organizations (including organizations of persons with disabilities) and between governmental and non-governmental actors, organizations of persons with disabilities and other stakeholders.*

The proposed project does not intend to develop parallel structures within government but will build on existing national structures to further strengthen already existing partnerships between government, DPOs, NGOs and CSOs. In particular, the project will strengthen partnerships amongst stakeholders and the NSA in terms of capacity development in collecting disability specific data for planning and budgeting purposes and also to ensure that persons with disabilities have the capacity to contribute to national debates involving their rights. The institutions of higher education, in particular UNAM, NUST and IUM, will strengthen curricula and offer courses on disability issues. Partnerships will also be strengthened with the NDC and the NFPDN and their capacity reinforced so that they can develop the capacities of DPOs at regional and community level to implement quality programmes on the ground to directly benefit persons with disabilities. The scope of the National Disability Forum will involve Government, NGOS, CSOs and DPOs, the UN and private sector institutions. Capacity of the NDC will further be strengthened so that the organization can focus on its mandate to monitor the implementation of the National Policy on Disability.

# Long-term UN engagement in the area of disability

Max 200 words; Please refer to the UNPRPD SOF Sections 2.5 page 39.

*Please describe in which ways the project intends to improve the mainstreaming of a disability rights perspective into the broader work of the UN System.*

The UN Country Team (UNCT) will continue to be engaged in the area of disability through the implementation of the United Nations Partnerships Framework (UNPAF), the Namibian equivalent of UNDAF). The UNCT launched UNPAF II (2019-2023) in May 2018. UNPAF II will ensure that disability issues are mainstreamed across the UNPAF Pillars. In addition, The UNCT ensured the inclusion of disability issues in the 5th National Development Plan (NDP5) 2017/18 - 2021/22. The UN will further continue to monitor the implementation of NDP5 with particular emphasis on how disability is mainstreamed in the various government and NGO, DPO, CSO programmes through the UNPAF II. In particular, the UNCT will ensure that capacity is developed in the collection and use of sex disaggregated data for informed planning, programming and budgeting.

# Management arrangements

Max 350 words; Please refer to UNPRPD SOF Section 3.1.2 page 51.

*Utilizing the table format provided below, indicate for each of the proposed project outcomes: the UNPRPD Focal Point (i.e. the UNPRPD Participating Organization that will have primary responsibility for the achievement of that particular outcome); the implementing agency or agencies (specifying, when necessary, if government institution or NGO); and the main partners (within and beyond the UNPRPD) that will contribute to the realization of the outcome.*

*Briefly also describe, any other relevant management arrangements, including:*

* *Overall coordination arrangements and the way in which the project will ensure a streamlined, efficient flow of communication with national partners;*
* *The overall governance structure of the project (e.g. role and composition of the country-level project Steering Committee).*

The project will be administered through the Education and Skills Pillar of the UNPAF 2014-18 and UNPAF II (2019- 2023). Through this mechanism, overseen by the UNCT, the actual project implementation will be delegated to UNICEF, UNFPA, and UNDP. UNICEF, being the Chair of the UNPAF Education and Skills Pillar, will be responsible for fund management arrangements and coordination on behalf of the UNCT. The Office of the President, Disability Affairs will be responsible for managing the project implementation. The National Disability Forum will be responsible for coordinating and monitoring project implementation and will be reporting to the Office of the President, Disability Affairs and the UNCT.

**Table 4. Implementation arrangements**

| **Outcome number** | **UNPRPD Focal Point** | **Implementing agencies** | **Other partners** |
| --- | --- | --- | --- |
| **1** Data Strengthening | UNICEF/ UNFPA | * UNICEF * UNFPA * NSA * Office of the President, Disability Affairs * MoEAC * MoHSS * MGECW * Institutions of Higher Learning * National Disability Council * National Federation of Persons with Disabilities Namibia | * UN Agencies * WFP * UNESCO * DPOs * MICT * Government Ministries |
| **2** Establishing the Disability Forum and Strengthening the Inter-Ministerial Disability Committee | UNDP | * UNDP * Office of the President, Disability Affairs * National Disability Council * National Federation of Persons with Disabilities Namibia | * UN Agencies * WFP * UNESCO * Key line ministries   MoHSS  MoEAC  MGECW  MHETI   * DPOs * CSOs * Institutions of Higher Learning |
| **3** Capacity development of response mechanism for early identification, referral and intervention of children with disabilities | UNICEF | * UNICEF * UNAM * NUST * IUM * MoHSS * MoEAC * MGECW * MHETI * DPOs | * UN Agencies * WFP * UNESCO * DPOs * CSOs * Office of the President: Disability Affairs * National Disability Council * National Federation of Persons with Disabilities Namibia * National Council of Higher Education |

# Knowledge Management

Max 250 words.

* *The way in which the proposed project plans to document good practices and lessons learnt as well the way in which the project will involve multi-stakeholders in the process.*
* *Measures to ensure joint implementation of KM activities.*

As part of the programme, each implementing partner will be required to produce quarterly reports highlighting progress, challenges, opportunities and recommendations for improvement. These reports will be submitted by the National Disability Forum to the Inter-Ministerial Disability Committee, the NDC, NFPDN and the UNCT. Reports will be available in accessible formats to ensure that they are usable for all stakeholders, including by persons with disabilities. As part of capacity development and knowledge management, including the sharing of best practices, members will be given an opportunity at meetings and stakeholder consultations to deliver a brief presentation on their activities and experiences, which will be collected and included in the reports.

Further, information sharing sessions will be held, by rotating hosts, to engage with the media, the public and other stakeholders to discuss topical issues, the CRPD and the implementation of the National Disability Act. The project will particularly strengthen partnerships with the Namibia Broadcasting Corporation (NBC) to make use of national television, such as *Good Morning Namibia*, *Tutaleni* and *Talk of the Nation*, and national radio programmes in the respective local languages to ensure key disability issues are mainstreamed. The project will produce a lasting programme for national radio and television that will specifically focus on addressing disability issues in the different Namibian languages.

Lessons learned through the project implementation will be documented in a user-friendly and accessible manner, making use of infographics, data visualisation, and audio data description.

# Inception Activities

Max 250 words.

*The maximum programme budget for individual projects will be 385.000 USD. In addition, up to 15.000 USD will be made available for inception activities focused on quality assurance. These activities could include joint planning of project implementation involving UN, government, organizations of PERSONS WITH DISABILITIES and other partners; joint capacity building (for instance to ensure all relevant parties have a foundational understanding of the CRPD, or on specific technical issues related to the project); M&E planning; collecting baselines.*

*Please describe below which inception activities will be undertaken. (Kindly note that in the budget section projects are requested to provide an estimate of the monetary value attached to these activities)*

1. The initial activity would be a three-day inception meeting, with all relevant stakeholders invited from national, regional, and community level, including DPOs and persons with disabilities, with consideration for gender balanced representation and representatives of children with disabilities as well as representatives of persons with intellectual and psychosocial disabilities. The inception meeting will ensure that there is common understanding amongst stakeholders of disability concepts, the CRPD, CRPD compliance, disability data, gender mainstreaming, methodologies and systems used to advocate for the rights of persons with disabilities (men and women with disabilities) in Namibia. The project document and work plan will be shared with all stakeholders participating at the inception meeting.
2. A presentation on the CRPD will be made to ensure a better understanding of Namibia’s commitment to this international instrument and its relation to relevant national legislative documents on disability.
3. A presentation will also be made on the international classification of disability and aligned disability data collection methods to ensure that disability sensitive terminology is used across sectors.
4. An outcome would be the identification of key areas relating to disabilities which need to be emphasised in data collection, training and M&E. This will allow Namibia to establish what data needs to be collected annually under the existing mechanisms, which ones need to be included in the 10-yearly census and which need to be developed as stand-alone disability surveys.
5. The Inception Meeting will also be used as an opportunity to launch the National Disability Forum in the presence of stakeholders and the media.
6. The final inception activity would to be establish a project M&E Plan and a regular meeting and reporting schedule, signed off by all relevant stakeholders.

# 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).*

*While developing the budget please ensure that appropriate allocations are made for project inception, monitoring and evaluation activities as well accessibility costs. Kindly note that Table 5 should reflect the entirety of the requested budget, while Table 6 should reflect the following:*

* *Portion of the requested budget that will be allocated to project inception activities (up to 15,000 USD).*
* *Portion of the requested budget that will be allocated to monitoring and evaluation (including final external evaluation).*
* *Portion of the requested budget that will be allocated to covering accessibility costs.*
* *Total budget value of activities that will have a direct impact on strengthening the capacity of organizations of persons with disabilities (based on section 4 of the project narrative).*

## Table 5. 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** | Project Coordinator UNICEF | 1 | 1 | $56,000.00 | $0- | $56,000.00 |  |
| **Staff and Personnel Costs** | Project Coordinator UNDP | 1 | 1 | $56,000.00 | $0- | $56,000.00 |  |
| **Staff and Personnel Costs** | Project Coordinator UNFPA | 1 | 1 | $56,000.00 | $0- | $56,000.00 |  |
| **Sub-total** |  |  |  | **-** | **$0-** | **$ 168,000.00** |  |
| **Supplies, commodities and materials** | Training Materials | $1,000 | 5 | $5,000.00 | $5,000.00 | 0 | 0 |
| **Supplies, commodities and materials** | Printing of guidelines for early identification, assessment and referral | $150 | 200 | $30,000.00 | $30,000.00 | 0 | 0 |
| **Supplies, commodities and materials** | Advocacy materials | $2833.11 | 7 | $19,831.77 | $19,831.77 | 0 | 0 |
| **Supplies, commodities and materials** | Annual report | $1,000 | 3 | $3,000.00 | $3,000.00 | 0 | 0 |
| **Sub-total** |  |  |  | **$57,831.77** | **$57,831.77** | **$0** | **$0** |
| **Contractual services** | **Venue for Inception meeting** | $200.00 | 31 | $6,200.00 | $6,200.00 | **$0** | **$0** |
| **Contractual services** | Sign language interpretation for inception meeting | $400.00 | 3 | $1,200.00 | $1,200.00 | $0 | $0 |
| **Contractual Services** | Training venues | $200.00 | 50 | $10,000.00 | $10,000.00 | $0 | $0 |
| **Contractual Services** | Training on data collection | $13,000 | 5 | $65,000.00 | $65,000.00 | $0 | $0 |
| **Contractual Services** | Improved capacity and coordination of NDC and NFPDN at national, regional and community level | $4,000 | 10 | $40,000.00 | $40,000.00 | $0 | $0 |
| **Contractual Services** | Development of guidelines on the early identification of disabilities | $34,000 | 1 | $34,000.00 | $34,000.00 | $0 | $0 |
| **Contractual Services** | Training on early identification, assessment and referral and inclusive ECD services | $150 | 300 | $45,000.00 | $45,000.00 | $0 | $0 |
| **Contractual Services** | Development of disability and gender sensitive advocacy materials print, radio and television | $1,500 | 30 | $45,000.00 | $45,000.00 | $0 | $0 |
| **Contractual Services** | Sign language interpretation for meetings and training workshops | $400 | 10 | $4,000.00 | $4,000.00 | $0 | $0 |
| **Contractual Services** | Mid-term review /evaluation | $5,000 | 1 | $5,000.00 | $5,000.00 | $0 | $0 |
| **Contractual Services** | End of project evaluation | $10,000 | 1 | $10,000.00 | $10,000.00 | $0 | $0 |
| **Sub-total** |  |  |  | **$265,400.00** | **$265,400.00** | **$0** | **$0** |
| **Travel** | Travel to inception meeting | $400 | 20 | $8,000.00 | $8,000.00 | $0 | $0 |
| **Travel** | Project implementation monitoring through quarterly Disability Forum Meetings, attending trainings for quality assurance and project site visits | $2,000 | 21 | $42,000.00 | $42,000.00 | $0 | $0 |
| **Sub-total** |  |  |  | **$50,000.00** | **$50,000.00** | **$0** | **$0** |
| **General Operating expenses** | Miscellaneous | $200 | 3 | $600.00 | $600.00 | $0 | $0 |
| **Sub-total** |  |  |  | **$600.00** | **$600.00** | **$0** | **$0** |
| **Programmable Subtotal** | **-** | **-** |  | **$373,831.77** | **$373,831.77** | **$0** | **$0** |
| **Indirect costs (7%)** | - | - |  | $26,168.22 | $26,168.22 | $0 | $0 |
| **Total** | **-** | **-** |  | **$400,000.00** | **$400,000.00** |  |  |

From the above information please specify the following:

## Table 6. Detailed Costs

| **Category** | **Activity (please describe)** | **Total cost U$** |
| --- | --- | --- |
| Inception activities | Inception meeting venue 100 participants | 6,200 |
| Inception activities | Transportation of persons with disabilities and DPOs from all 14 regions 50 participants (20 will come from 13 regions the rest will come from in and around Windhoek) | 8,000 |
| Inception activities | Sign language interpretation 3 days (NNAD also to contribute in kind) | 1,200 |
| **-** | **SUBTOTAL** | **15,400** |
| Monitoring and Evaluation[[2]](#footnote-3) Costs | Project implementation monitoring through quarterly Disability Forum Meetings, attending trainings for quality assurance and project site visits | 66,000 |
| Monitoring and Evaluation Costs | Consultancy - Mid-term evaluation | 5,000 |
| Monitoring and Evaluation Costs | Consultancy- End of project evaluation | 10,000 |
| **-** | **SUBTOTAL** | **81, 000** |
| Direct impact on empowerment of women and girls with disabilities to reduce instances of violence and abuse of females with disabilities. | Consultancy- training on data collection, use and management trainings to be gender balanced, enhancing capacity | 61,831.77 |
| Improved knowledge of rights, and access to information, for women with disabilities. | Consultancy for strengthening capacity of National Disability Forum for improved coordination and capacity | 20,000 |
| Increase number of girls with disabilities gaining an education | Consultancy for development of guidelines for early identification, assessment and referral of disabilities | 34,000 |
| Increase number of children with disabilities gaining an education | Consultancy for training on the early identification, assessment and referral of disabilities | 45,000 |
| **-** | **SUBTOTAL** | **160,831.77** |
| Direct Impact on DPOs’ capacity  The training will benefit the DPOs to improve coordination of DPOs at regional and constituency level; enhance understanding of the CRPD; improve capacity to monitor and evaluate programmes at national and community level and improve capacity to do resource mobilization. Improved data collection capacity, and use of statistics. | Consultancy- strengthening capacity of NDC and NFPDN at national, regional and community level | 40,000 |
| **-** | **SUBTOTAL** | **40,000** |
| Accessibility costs | Sign language interpretation, advocacy, trainings and meetings | 55,000 |
| Accessibility costs | Participation on persons with disabilities in quarterly meetings | 21,000 |
| **-** | **SUBTOTAL** | **76,000** |
| General operating expenses | Miscellaneous | 600 |
| **-** | **SUBTOTAL** | **600** |
| **-** | **SUBTOTAL** | **373,831.77** |
| **-** | **Indirect costs (7%)** | **26,168.22** |
| **-** | **TOTAL** | **400,000** |

# ANNEX 1

## Theory of Change

| **IMPACT** | **OUTCOMES** | **OUTPUT** | **ACTIVITIES** | **RISKS/ASSUMPTIONS** |
| --- | --- | --- | --- | --- |
| The rights of persons with disabilities are realised through improved data, strengthened coordination and access to inclusive quality services. | The data collection systems are strengthened to inform planning, budget allocation and service delivery to promote the inclusion of persons with disabilities. | The initial State Report on the CRPD, and the shadow report, are produced and submitted to the UN. Subsequent reports will be submitted every four years. | Provide technical support to the Office of the President: Disability Affairs to finalise the State Report on the CRPD and to submit it. | Ministry of Justice and the Law Reform Development Commission not speeding up the process of providing inputs on the Draft Report. |
|  |  | Training of NSA, Statistics units in ministries and DPOs on disability statistics and data collection tools. | Conduct specific training workshops for the different ministries on data collection tools | Namibia Statistics Agency has sufficient capacity to train in data collection and use |
|  |  | The national census data incorporates the Washington Group questions on disability. | Incorporate the Washington Group questions in the data collection tools | Lack of appreciation of the Washington Group questions by ministries |
|  |  | Guidelines developed for inclusion of disability statistics in ministerial administrative data collection systems (e.g. EMIS, HIS, Disability Grants) | Conduct training workshop to mainstream disability and disability inclusive data in the relevant ministry programmes at national level | Lack of consultation with persons with disabilities and organizations of persons with disabilities in planning, advocacy and training programmes. |
|  |  | Training provided to organizations of persons with disabilities on how to analyse and use data for planning and budgeting purposes. | Conduct training and advocacy interventions with DPOs to enhance capacity to use data for planning and budgeting purposes. Activities will also include training on contingency planning to ensure timely and coordinated disaster response. | Lack of collaboration between government Ministries, DPOs, NGOs and CSOs and NSA in the implementation of the project and sustain project activities |
|  | Strengthened coordination mechanism including participation of DPOs | Establishment of the National Disability Forum under the coordination of the Department of Disability Affairs. | Provide technical assistance to the Department of Disability Affairs to establish the National Disability Forum | Inability National Disability Forum to strengthen multi-sectoral coordination |
|  |  | Training provided to The National Disability Forum and the Inter-Ministerial Disability Committee with aim to improve coordination and strengthen the capacity of DPOs, NGOs, CSOs and the private sector to implement programmes at national, regional and community level. | Promote advocacy and information sharing through media and the DPOs and persons with disabilities | Lack of support from media to raise awareness on disability rights through media channels. |
|  |  | Multi-sectoral coordination framework on disability developed and implemented | Provide technical assistance to the Department of Disability Affairs to coordinate the development of the multi-sectoral coordination framework on disability developed and implemented | Lack of ownership by the Department of Disability Affairs |
| The rights of persons with disabilities are realised through improved better us of data and access to integrated quality services. | Children with disabilities identified very early in life and referred for assessment and early interventions and access inclusive ECD programmes | Guidelines developed on the early identification, assessment and referral of children with disabilities. | Develop guidelines on the identification, assessment and referral of children with disabilities. | Timely completion of the guidelines for training |
| The rights of persons with disabilities are realised through improved better us of data and access to integrated quality services. |  | Training provided to health care workers, educarers, social workers, NGOs, CSOs and DPOs on the early identification, assessment and referral of children with disabilities to services. | Conduct training workshops on the on the early identification, assessment and referral of children with disabilities to services. | Lack of interest by service providers to benefit from the training |
|  |  | Children with disabilities identified early at birth in health facilities, in communities and in ECD centres and referred for assessment and intervention. | Provide technical support to service providers to be able to identify children with disabilities and refer them for services. | Lack of interest from service providers to support children with disabilities. |
| The rights of persons with disabilities are realised through improved better us of data and access to integrated quality services. |  | Children with disabilities identified and receiving necessary services before entering formal education. | Provide technical support to service providers to be aware of where to refer children with disabilities for early intervention. | Lack of interest from service providers to support children with disabilities |
|  |  | More children with disabilities under 5 accessing ECD programmes and benefit from equal opportunities. | Support advocacy campaigns for parents to ensure access to services including ECD for their children with disabilities | Parents of children with disabilities will ensure that their children access to services. |

# Annex 2 Theory of Change Graphic Representation

# Graphical representation of the Theory of Change

# Annex 3

## Organizations of Persons with Disabilities in Namibia

### 2017

|  | - | **NUMBER OF MALE REGISTERED PERSONS WITH DISABILITIES** | **NUMBER OF FEMALE REGISTERED PERSONS WITH DISABILITIES** | **REGIONAL OFFICES** | **CONTACT DETAILS** |
| --- | --- | --- | --- | --- | --- |
|  | **NAME OF ORGANIZATION** | **-** | **-** | - | - |
| 1 | Namibia Association of Children with Disabilities | 300 | 2,527 | Khomas Region | Mrs. P Somses  [pamsomses@gmail.com](mailto:pamsomses@gmail.com)  0812302633 |
| 2 | Namibia Organization of Youth with Disabilities | 453 | 568 |  | Mr. R Shipulwa [chukukavandje@yahoo.com](mailto:chukukavandje@yahoo.com)  0816709340 |
| 3 | Albino Association of Namibia | 502 | 1269 | Oshana, Khomas Regions | Mr. J Ndinomupya  0814180499/ 061-224910 |
| 4 | National Federation of People with disabilities in Namibia | 6 national affiliate members: NFVI; NNAD; NAPPD; | NADAWO; Disabled Youth Council of Namibia; and the NACD | National | Mr. Daniel Trum  061-22491/0812836748 |
| 5 | National Association of People with Physical Disabilities-NAPPD | 94 | 64 | Khomas Region | Mr. Nixon Munamava  Munamavanixon31@gmail.com  0812836748 |
| 6 | Namibia Association of Differently Abled Woman-NADOWO | 0 | 450 | Khomas Region | Ms. Miriam Sam  [samM@nsi.com.na](mailto:samM@nsi.com.na)  0812779015 |
| 7 | Down Syndrome Association of Namibia- DSAN | 73 | 64 | Khomas Region | Anita Manthe  [Anita@downsyndromenamibia.org](mailto:Anita@downsyndromenamibia.org)  0812422302 |
| 8 | Fly Internship | 50 | 250 | Khomas Region | Anita Nangobe  [Anita.nangobe@gmail.com](mailto:Anita.nangobe@gmail.com)  0818860180 |
| 9 | Lebensschule | 12 | 20 | Omaheke Region | Kathy Hampe  [pham@iway.na](mailto:pham@iway.na)  0816650363 |
| 10 | Mainstream Foundation | 28 | 32 | Zambezi Region | Sylvia Chidunka  [mainstreamfoundation@ymail.com](mailto:mainstreamfoundation@ymail.com)  0812983557 |
| 11 | Namibia National Association of Deaf-NNAD | 9,628 | 21,695 | Khomas Region | Mr. Paulus Nayeni  [nanyenip@yahoo.co.uk](mailto:nanyenip@yahoo.co.uk)  061-244811 |
| 12 | National Federation of the Visually Impaired-NFVI | 865 | 1,524 | Karas, Khomas, Kavango East and Oshikoto Regions | Mr. Moses  [mnghipandulwa@gmail.com](mailto:mnghipandulwa@gmail.com)  0816414814 |
| 13 | Epilepsy Namibia | 625 | 574 | Khomas Region | Ms. Harmiena Riphagen  [namep@epilepsynamibia.org](mailto:namep@epilepsynamibia.org)  0813514323/0813226834 |
| 14 | Mental Health Organisation | 55 | 110 | Khomas Region | Ms. Magdalena Didalelwa  [mhanamibia@gmail.com](mailto:mhanamibia@gmail.com)  0812273673 |
| 15 | Namibia Association of Wheel Chair Users (NAWCU) | 25 | 34 | Khomas Region | Mr. Ebenhard Ripunda  [Nawcu2016@gmail.co](mailto:Nawcu2016@gmail.co).  0813545036 |
| 16 | Aurora Primary School –SP class | 500 | 600 | Otjozondjupa Region | Mariam Silver  [Silver.miriam9@gmail.com](mailto:Silver.miriam9@gmail.com)  0816387219 |
| 17 | Autism Namibia | 562 | 188 |  | Petra Dillmann  [autnam@iway.na](mailto:autnam@iway.na)  0812793639 |
| 18 | CLaSH |  |  |  | Heide Beinhauer  [clash@afol.com.na](mailto:clash@afol.com.na)  Linea Mudjanima  coord@clash-namibia.org |
| 19 | Onyose Trust | 10 | 36 | Khomas Region | Ebenecia Tjiveta  [onyosetrust@mweb.com.na](mailto:onyosetrust@mweb.com.na)  0812995550 |
| 20 | Sunshine Center |  |  |  | Ms. Murangi  wbcfc@iafrica.com.na |

# Annex 4

## Disability Proposal Steering Committee Members

1. Ms. Ruusa Ntinda, Law Reform and Development Commission (LRDC)
2. Ms. Yvonne Dausab, Law Reform and Development Commission (LRDC)
3. Mr. Job Hengari, University of Namibia (UNAM)

2. Prof. Roderick Zimba, University of Namibia (UNAM)

3. Dr. Geoffrey Nambira, Namibia University of Science and Technology (NUST)

4. Ms. Anita Mathe, Down Syndrome Association of Namibia (DSAN)

5. Ms. Regina Karises, National Institute for Educational Development

6. Ms. Rachel Philander, Ministry of Education, Arts and Culture

7. Ms. Loide Amukongo, United Nations Population Fund (UNFPA)

8. Ms. Grace Hidinua, United Nations Population Fund (UNFPA)

9. Ms. Geraldine Van Wyk, United Nations Development Programme (UNDP)

10. Mr. Simson Kambonde, Ministry of Health and Social Services

11. Mr. Meleherius Haukambe, National Disability Council (NDC)

12. Mr. Samwele Samwele, Office of the Vice President, Disability Affairs

13. Ms. Paulina Enkono, Namibia Statistics Agency (NSA)

14. Mr. Eben Kahitu, Namibia Statistics Agency (NSA)

15. Ms Heide Beinhauer, Association for Children with Language, Speech and Hearing Impairments of Namibia (CLaSH)

16. Mr. Ehrens Mbamanovandu, United Nations, Educational, Scientific and Cultural Organization (UNESCO)

17. Ms. Aina Heita, United Nations, Educational, Scientific and Cultural Organization (UNESCO)

18. Mr. Gerrit Maritz, United Nations Children’s Fund (UNICEF)

19. Dr. Aune Victor, United Nations Children’s Fund (UNICEF)

20. Ms. Lylie Set, United Nations Children’s Fund (UNICEF)

21. Ms. Celeste Feris, United Nations Children’s Fund (UNICEF)

22. Ms. Catherine Tiongco, United Nations Children’s Fund (UNICEF)

23. Wojciech Dabrowka, World Food Programme (WFP)/ Office of the Prime Minister

24. Kristen Myers, United Nations Development Programme (UNDP)

### Drafting Committee Members

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9. Dr. Aune Victor, United Nations Children’s Fund (UNICEF)
10. Ms. Catherine Tiongco, United Nations Children’s Fund (UNICEF)
11. Ms. Jessica Brown, United Nations Children’s Fund (UNICEF)

1. *In defining the above, please refer to the following definitions based on the UNDG Harmonized RBM Terminology.*

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

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

   ***Outputs:*** *The products and services which result from the completion of activities within a development intervention.*

   *When articulating the result chain, the following should be noted with reference to the level of control the project can have over the envisaged short, medium and long term results of the planned intervention.*

   ***Outputs*** *are elements within the direct sphere of influence of the organizations implementing the project. Implementing partners are therefore directly accountable for this component of the result chain.*

   ***Outcomes*** *are higher-level structural shifts, which are not fully within the control of the project. For this reason, projects cannot be directly accountable for outcome-level transformation, although it is expected that successful projects will be able to demonstrate high rates of outcome-level achievement.*

   ***Impact*** *- as a significant change in conditions of life - is not intended to be achieved solely by the project and in most cases will not be fully observable within the project implementation time span. However, within an appropriate timeframe it should be possible for the project to show a plausible link between the outputs delivered, the outcomes facilitated and relevant improvements in conditions of life.* [↑](#footnote-ref-2)
2. Please include costs for a final external evaluation of the project. [↑](#footnote-ref-3)