

# TEMPLATE FOR PROJECT PROPOSALS

| **Title:** | **Promoting disability inclusion in HIV, sexual and reproductive health and social protection in Luapula Province** |
| --- | --- |
| **Country:** | **Zambia** |
| **Duration (max. 36 months):** | **30 months** |
| **Total Budget:** | **USD 928,426** |
| **Participating UN Organizations:** | **ILO, UNFPA, WHO, UNDP, UNICEF in collaboration with UNAIDS** |

# Executive summary

Max 250 words.

The project focuses on promoting disability inclusion in HIV, sexual and reproductive health services, with a particular emphasis on women and girls with disabilities, and linkages to social protection in Mansa and Samfya Districts in Luapula Province. HIV and sexual and reproductive health are highly underestimated aspects of the lives of people with disabilities reflecting in severe health outcomes. However, without the access to social protection, health services alone are not enough to support people out of poverty and enable inclusion in societies.

The project seeks to capitalize on the existing normative environment, which protects the right to health and well-being of persons with disabilities to strengthen the structural features already in place and build a sustainable approach to disability inclusion that later can be scaled up to national level. The project will focus on changing attitudes and building capacity within communities, among traditional and religious leaders, service providers as well as DPOs to provide accessible services in the selected districts in Luapula. The project will also engage with the provincial administration in providing support to broader disability inclusion at the provincial level.

A good foundation exists for multiple synergies with other existing or planned interventions, with the UN, the CSO and the disability sector, the private sector and international organizations. The consultations with central and local government indicated that the commitment to the project has been established. The project will also serve as an entry point for the UN in Zambia to strengthen disability inclusion in individual agencies. Scaling up of the lessons learned in Luapula Province on approaches for disability mainstreaming and inclusion at provincial and district level will be provided through close integration with policy and programming work taking place under the disability pillar of the UNJP on Social Protection, which includes a strong focus on capacity building at national and decentralized level for disability mainstreaming and awareness raising.

# 1. Background and rationale

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

Max 750 words.

Disability prevalence in Zambia is estimated to be 10.9% with the highest prevalence (9.7%) in Luapula. Zambia has made considerable efforts to strengthen the rights of people with disabilities with the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010, the enactment of the Disability Act (2012) and the National Policy on Disability (2013), the National Social Protection Policy (2014) and recognises the rights of disabled people in the Bill of Rights of its Constitution. Still, disabled people continue to be marginalised in Zambian society facing an overwhelming lack of access to education, health care, employment, participation and social life. As a result, people with disabilities experience poorer health, lower educational outcomes, and have fewer economic opportunities and higher rates of poverty. However, disability is higher on the government agenda than it has been before and there is momentum to advance the rights of persons with disabilities as indicated in the Zambia country report (2016) by the UN rapporteur on the rights of persons with disabilities.

The proposed project aims at increasing access to HIV, Sexual and Reproductive Health and Social Protection services for people with disabilities in Mansa and Samfya Districts in Luapula Province, with a particular focus on women and girls with disabilities. Luapula has high disability prevalence and high levels of poverty with 80.5 per cent of the population accounted as poor. The province is anecdotally referred to as the “The Valley of the Blind” and has also a high HIV prevalence among adults with 10.8% of people between 15-49 living with HIV.

Multiple barriers contribute to the exclusion of people with disabilities from accessing HIV/SRH and social protection services in Zambia. Negative attitudes and misconceptions are widespread and disability is thought to be a curse or caused by witchcraft. People with disabilities are seen as sexually inactive thus not even being considered to need HIV/SRH services. At the same time women and girls with disabilities are more exposed to physical and sexual abuse and therefore vulnerable to acquire STIs, HIV, unwanted pregnancies and their effects. Disability is not mainstreamed across the curriculum of nurses and midwives leaving health personnel poorly prepared to attend to people with disabilities. Long distances to the service points with no means of transport and the inaccessibility of the actual health posts add to the barriers as well as the lack of information in accessible formats. Lack of disability data make it hard for the health system to target persons with disabilities and to adapt services to their need. The project will support Zambia Agency for Persons with Disabilities in increasing the assessment and registration of people with disabilities building on current UN work in supporting the development of a disability management information system and a functional assessment tool.

Social protection is key for disabled persons in order to ensure food security, health care services provision and quality of life, access to skills and employment. The social cash transfer programme (SCT) targets households with members with severe disability who receive a double grant (compared to other families qualified under different entry categories). The SCT grant value is currently at ZMW 90, thus 180 for households including a person with severe disability. Studies have indicated the existence of both supply and demand side barriers in accessing the SCT for households with disabled family members, while other studies on SCT have found evidence of improvements in the social and economic situation beneficiary households in general. There is an SCT-HIV-Linkages initiative in a Cash+ framework which is an extension of the SCT. It was realized that the SCT alone is not enough to support families out of poverty, but that access to other services such as HIV is essential. The government through the Ministry of Community Development and Social Services (MCDSS) has multiple initiatives that will strengthen and develop the Cash+ framework, among them the work on Single Window (One-Stop Shop) access to social services informed by the new Integrated Basic Social Protection Framework, the Service Efficiency and Effectiveness for Vulnerable Children and Adolescents (SEEVCA) programme and the Adolescent Cash Transfers Learning initiative (ACTLi). The ILO is also promoting actions (including a disability inclusion networks run by Zambian Federation of employers) to facilitate the entry of persons with disability in the labour market. The project builds on these initiatives which present an opportunity to ensure they become disability mainstreamed and address barriers effectively.

There is multiple potential for synergy with other actors in the CSO sector in Mansa and Samfya and potential to explore collaboration with the private sector. Particular emphasis of the programme is on collaboration with Disabled Persons’ Organisations (DPOs) and strengthening their capacity. Depending on project success, this may include collaboration on decentralised social accountability. In addition, there is increased attention to Luapula within the UN as the focus of a potential joint area-based UN programme. A partnership has been established at the highest level of government and there is strong commitment and interest to the proposed project.

## 1.2. Proposal development process

Max 500 words.

The proposal development process was led by an inter-agency team comprising technical staff from all participating UN agencies and chaired by a senior ILO disability expert, under overall leadership of RC and UNCT. Early on, the RC visited the UNPRPD Secretariat confirming validity of proposed focus and approach. The plausibility of the theory of change was further verified through extensive consultations, field mission to Luapula Province, feedback discussion with Helpdesk and sharing of draft proposal with UN inter-agency Programme Advisory Team. The UNCT and national partners at highest levels are fully committed to the proposal, including Ministers of Health, Community Development and Social Services and Permanent Secret Luapula Province. To ensure full participation of women in the project design and implementation, all consultations encouraged the participation of women.

In Lusaka, Ministry of Community Development and Social Service responsible for disability and social services, Ministry of Health responsible for HIV and SRH services, and the Central Statistical Office were consulted. Establishing relationships with key stakeholders and obtaining information on the national plans for Luapula facilitated the project’s alignment with policies and programmes, in place and in pipeline, and set the foundation for Government buy-in. A working relationship has also been established at the highest level of Government in the respective Ministries.

In Luapula, consultations started with the PS Luapula. In the health sector, Luapula Provincial and Mansa and Samfya District Medical Officers were consulted, who stressed need to promote disability inclusion at community level. For social protection, Luapula Provincial and Mansa and Samfya District Social Welfare Officers were consulted. They prompted linking SCT to other interventions and mainstreaming disability to increase its impact on the lives of households with persons with disabilities.

Nineteen Disabled People's and Civil Society Organizations were consulted in Lusaka and Luapula. Their contributions highlighted barriers to service access, including physical barriers, lack of accessible information, trained service providers and widespread stigma and discrimination. Several of the consulted organizations have presence in Luapula, including Disability Rights Watch, currently partnering with a Swedish NGO for a project with similar focus and with clear opportunities for synergies.

Two International NGOs were consulted to explore potential partnerships: Lawyers Without Borders works on access to justice in land rights and GBV, and has experience in adapting complex strategies to environments with limited resources by providing mobile legal support and involving traditional leaders. Human Network International (HNI) provides free information via mobile on agriculture, nutrition and health. HNI seeks to increase its scope and is keen to promote disability inclusion; the project may partner with HNI to widen information and sensitization coverage.

UNICEF was consulted on the Social Cash Transfer and work on Cash Plus (Cash+), including the SCT-HIV linkages initiative (ACTLi), which offers sensitization and linkages to a range of HIV/SRH services to families with adolescents and is currently implemented in 15 districts countrywide and will be extended to 8 more in 2018.

The participating agencies have been selected due to commitment and complementarity of expertise and mandates in areas of HIV/SRH, social protection, governance, health and disability inclusion.

# 2. 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.

The project focuses on the access to HIV/SRH services for people with disabilities and social protection linkages in Mansa and Samfya Districts in Luapula Province. The project will address the barriers people with disabilities face in accessing services, with particular emphasis on women and girls. The project will focus on changing attitudes within communities, service providers and authorities, and on building capacity for the DPOs and service providers to provide accessible services. The project will engage with Luapula Province in providing support to the implementation of the UNCRPD, through support developing and Action Plan on Disability Inclusion.

## 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.

*Cultural norms*

Negative attitudes and perceptions of people with disabilities are widespread throughout the Zambian society. People with disabilities are represented as not capable of contributing to society and referred to with highly discriminatory labels in vernacular languages. Women and girls with disabilities face additional discrimination and barriers due to their disability and gender. People with disabilities are not believed to be sexually active, yet women and girls with disabilities face high rates of sexual abuse resulting in unwanted pregnancies and sexually transmitted infections, including HIV. These beliefs, attitudes and values are widespread in communities, families and among service providers and need change for people with disabilities to achieve inclusion. The project will work with community leaders, province and district government administration, and service providers in HIV, SRH and social protection sectors raising awareness, providing training on disability inclusion and changing negative attitudes. The project will use ILO Disability Equality Training to raise awareness, and individual disability advocates will be trained in delivering the training. Engagement with religious and traditional leaders in target districts is key as they have a significant role in influencing the communities, families and individuals. The project will also target men and women with disabilities directly to raise awareness of their rights as equal members of society and promote stronger inclusion at the community level.

*Capacity*

The disability sector is comparatively weak in Luapula. A handful of DPOs and loose disability networks exist, but their capacity to strategically and coherently advocate for disability inclusion and rights is weak and there is infighting is between the organizations. The project will support the collaboration between the different groupings and foster the idea of working together for common goals and better impact. The project will also promote a widening of the membership base for the organisations to include all impairments types and an increased representation of women with disabilities. The project will build the capacity of DPOs to undertake disability audits, to raise awareness on inclusion and to be knowledgeable in the areas of HIV/SRH and social protection so as to enable a strategic approach in collaborating with service providers and government administration. In collaboration with the DPOs, the project will train service providers in HIV/SRH on how to respond to the specific needs of women and men with disabilities to enable them to provide accessible services. The capacity building will include introduction of accessibility audits, the development of strategies and work-plans, as well as guidelines and checklists for accessible services. Furthermore, the project will partner with the General Nursing Council, Nursing Directory at the Ministry of Health and School of Nursing and Midwifery in Mansa, which is a centre of excellence in Zambia, to promote adoption of a disability module in the teaching of nurses and midwifes. This partnership has potentially wide impact, as students from the Nursing College go on to work in health centres across the country.

The project will also strengthen disability inclusion in individual UN agencies. The participating organizations will through the project receive ILO Disability Equality Training and UNICEF inclusion of children with disability training at the inception phase, including a thorough introduction to the principles of the UNCRPD. The project will also engage with the UN as a whole through knowledge sharing at UNCT level.

*Partnerships and legislative norms*

The project seeks to capitalize on the existing normative environment, which protects the right to health and well-being of persons with disabilities to strengthen the structural features already in place and build a sustainable approach to disability rights and inclusion that can be scaled up to national level. The project will work in close partnership with the Luapula Provincial administration and engage directly at the level of Permanent Secretary to ensure buy-in and joint commitment. The project proposes to engage Luapula to become a disability inclusive province, turning around the negative perceptions and connotations related to the province being seen as the “origin” of people with disabilities, and instead becoming an example of inclusion for the rest of the country. This being a longer-term goal, the project will support laying the foundation for this through supporting development of a cross-sectoral Action Plan for Disability Inclusion for Luapula. In doing so, a close partnership with the disability movement is essential and the project will foster an increased collaboration between disabled persons organizations and the provincial and district administrations.

### 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?*

**A key targeting strategy is the engagement with the DPOs to support the development of a more strategic approach for disability advocacy, including strong partnerships and increased DPO membership. DPOs will be key actors in developing, supporting and monitoring structural transformation.**

**Through targeted collaboration with Mansa Nursing College the project will aim at strengthening impact in terms of disability inclusion in the nursing training in Zambia.**

**Targeted sensitization of traditional and religious leaders on disability inclusion will not only focus on project intervention sectors but the broader principles of disability rights thus fostering an inclusive approach in communities in general.**

**The engagement and collaboration with the provincial administration and central government will aim to secure a cross-sectoral buy-in for disability inclusion at the provincial level. The project intervention sectors will be a window to encourage broader mainstreaming.**

#### 2. Scalability

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

**A key targeting strategy is the engagement with the DPOs to support the development of a more strategic approach for disability advocacy, including strong partnerships and increased DPO membership.**

**Through targeted collaboration with Mansa Nursing College the project will aim at a broader effect in terms of disability inclusion in the nursing training in Zambia.**

**Targeted sensitization of community leaders and religious leaders on disability inclusion will not only focus on project intervention sectors but the broader principles of disability rights and hence foster an inclusive approach in communities in general.**

**The engagement and collaboration with the provincial administration and central government will aim to secure a cross-sectoral buy-in for disability inclusion at the provincial level. The project intervention sectors will be a window to encourage broader mainstreaming.**

**Scaling up of the lessons learned in Luapula Province on approaches for disability mainstreaming and inclusion at provincial and district level will also be provided through close integration with policy and programming work taking place under the disability pillar of the UNJP on Social Protection. The UNJP includes a strong focus on capacity building at national and decentralized level for disability mainstreaming and awareness raising. Work envisaged on supporting ZAPD in the development of disability mainstreaming approaches and instruments at national and decentralized level can be informed by best practices from implementation in Luapula (see outcome 1). The UNJP is also expected to support the preparation of awareness campaigns on disability inclusion, including targeted to traditional leaders, and build capacity amongst DPOs for advocacy on disability inclusion, providing a platform for up scaling initiatives conduced in Luapula province in this area (see outcome 4 and outcome 3).**

**In the context of the UNJP there are plans to support the development of one-stop-shop/single window approaches to disability and social protection programming in a small number of “champion” districts. The two districts that this intervention focuses on in Luapula will be included as part of the one-stop-shop/single window initiative.**

**At National Level, scaling up of the lessons learned in Luapula Province on approaches for disability mainstreaming and inclusion at provincial and district level will also be facilitated through close integration with policy and programming work taking place under the disability pillar of the UNJP on Social Protection. Work envisaged on supporting ZAPD in the development of disability mainstreaming approaches and instruments at national and decentralized level can be informed by best practices from the project implementation in Luapula district. Further scalability flows from coordination of the CASH+ approach to wider work done in other programmes including the UNJP and SEEVCA.**

#### 3. Sustainability

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

**By strengthening the capacity of the DPOs in Luapula to work together and to broaden their membership the project will ensure increased engagement from the disability sector in advocacy and awareness raising.**

**The engagement at the community level with traditional leaders is key in triggering an attitude shift at community level. This partnership is critical and the project will build on previous UN engagement with these partners to ensure the right approach and buy-in.**

**Social protection is high on government agenda and expected to increase. Ensuring disability inclusive SP services in the Cash+ programme will support disability inclusion in other areas of SP in the longer term by providing a practical example on how it can be implemented.**

**The strong collaboration and participation with the local authorities ensures the ownership of the intervention as it involved them from a very early stage. Authorities at central level, as well as DPOs and CSOs actively participated in the development of the proposal. This resulted in an intervention that better adheres to the needs of persons with disabilities, addressing the structural gaps in service delivery, as well as a shared long term view, which is the foundation for sustainability.**

**Table 1.1**

**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 |
| --- | --- | --- | --- | --- | --- |
| ***Programmatic*** | ***Limited buy-in from the Government*** | ***L*** | ***Reduced efficacy and sustainability of the intervention.*** | ***Arrange for regular meetings with government at central and provincial level for project reporting and discussions*** | ***Project staff, participating UN agencies and local authorities, MCDSS, MOH*** |
| ***Programmatic*** | ***Lack of disability data*** | ***L*** | ***The intervention doesn’t fully reflect the situation and address the needs of people with disabilities in the targeted areas*** | ***Project support directed for registration of persons with disabilities in Luapula*** | ***ZAPD, project staff, MCDSS*** |
| ***Programmatic*** | ***Low capacity of and lack of partnership by Disabled Persons Organizations*** | ***M*** | ***May limit the reach-out and awareness rising on disability rights in the communities*** | ***Meetings and trainings with DPOs that emphasise leadership and collaboration.*** | ***ZAPD, Implementing UN agencies, CSO partners, DPOs*** |
| ***Programmatic*** | ***Limited absorption capacity / cultural resistance by Health staff*** | ***M*** | ***Nurses and midwives capacity to attend to disabled persons will not increase.*** | ***Ensuring buy-in of highest level of management at the college and council at the inception phase.*** | ***MOH, Nurses training council, Implementing UN agencies, Mansa nursing college*** |
| ***Contextual*** | ***Change of government, political instability*** | ***L*** | ***Delays in implementation and weakened government buy-in result in lower overall impact*** | ***Building strong partnerships with other implementing partners that can maintain progress even in the event of instability/change.*** | ***Implementing UN agencies*** |

\* 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.

## 2.2. 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-1)**

**Table 2. Expected impactImpact:**

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

**Persons with disabilities in Luapula have improved health and livelihoods**

**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 Capacity of the Provincial administration in Luapula to undertake disability inclusive planning and budgeting is strengthened | [CAP duty bearers] |
| **Outputs**  What project deliverables will contribute to the achievement of the outcome? | **Type \*\***  (Only for capacity outcomes) |
| **Output Formulation** | **Type \*\***  (Only for capacity outcomes) |
| 1.1 Provincial administration has developed an Action Plan and budgeting guidelines for disability inclusion | TOO |
| 1.2 Provincial administration pilots innovative partnerships for disability inclusion and prevention | NET |
| 1.3 Model for one-stop-shop/single windows approach for improved coordination and access to social protection/disability inclusion services developed and tested | TOO |
| 1.4 Process in place to increase registration of persons with disabilities in Luapula and populate DMIS accordingly | PRO |

| Outcome 2  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| Multisectoral service providers on HIV, SRH and social protection in Mansa and Samfya provide disability inclusive services | [CAP duty bearers] |
| **Outputs**  What project deliverables will contribute to the achievement of the outcome? | **Type \*\***  (Only for capacity outcomes) |
| **Output Formulation** | **Type \*\***  (Only for capacity outcomes) |
| 2.1 Disability training modules for nurses and midwives strengthened and piloted in Mansa Nursing College, in collaboration with Ministry of Health and the General Nursing Council | KNO |
| 2.2 HIV/SRH service providers acquire knowledge and skills to meet the needs of Persons living with Disabilities through training on disability inclusion | KNO |
| 2.3 HIV-SCT Linkage programmed in Samfya and disability inclusive checklist for Cash+ Initiatives developed and tested | TOO |

| Outcome 3  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| Disabled persons organizations advocate strategically and coherently for disability inclusion among service providers and decision-makers | CAP right holders |
| Outputs  What project deliverables will contribute to the achievement of the outcome? | Type \*\*  (Only for capacity outcomes) |
| **Output Formulation** | **Type \*\***  (Only for capacity outcomes) |
| 3.1 Disabled persons organizations have wider membership by impairment type and increased representation of women | HUM |
| 3.2 Provided training to disabled persons organizations and CSOs to improve management, planning coordination and advocacy capacity | KNO |
| 3.3. DPOS and CSOs develop a common engagement strategy for disability inclusion to engage with decision-makers and service providers | KNO |

| Outcome 4  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| Traditional and religious leaders are actively involved in eradicating stigma and discrimination related to disability | CUL |
| Outputs  What project deliverables will contribute to the achievement of the outcome? | Type \*\*  (Only for capacity outcomes) |
| **Output Formulation** | **Type \*\***  (Only for capacity outcomes) |
| 4.1 Traditional and religious leaders trained on inclusion of people with disabilities in their community (including a focus on HIV and SRH) |  |
| 4.2 Local awareness communication materials produced and delivered |  |
| 4.3 Campaign to address stereotypes and myths regarding persons with disabilities conducted in collaboration with traditional and religious leaders and CWACs |  |

| Outcome 5  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| Men and women with disabilities have greater understanding of their HIV, SRH and social protection rights and are able to claim them | CAP rights holders |
| Outputs  What project deliverables will contribute to the achievement of the outcome? | Type \*\*  (Only for capacity outcomes) |
| **Output Formulation** | **Type \*\***  (Only for capacity outcomes) |
| 5.1 Training and communication campaigns on disability inclusion conducted and information on rights disseminated through one stop shop approach | KNO |
| 5.2 Participatory community dialogues and capacity building activities held with men and women with disabilities strengthening inclusion in community decision making structures and improving advocacy skills | 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

# 3. Elements of project design

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

The project will advance gender equality and women’s empowerment through mainstreaming and targeted interventions. The project design has been grounded on a comprehensive and systematic gender analysis: female representatives of DPOs, of government institutions and of health facilities have been consulted to collect information which would allow for a project design as adherent as possible to the needs of people with disabilities, especially young women and adolescent girls. The project will develop gender-specific indicators and collect sex-disaggregated data to monitor and analyse how the interventions affect the lives of women and men, and the underlying gender relations. A central focus of the project design has been to identify the different needs women and men with disabilities have in relation to HIV, SRH and social protection and the specific barriers they face in accessing these services. It is evident from the analysis that both women and men with disabilities face serious limitations in access to HIV and SRH services, mainly due to a general misconception that persons with disabilities are not sexually active. However, women with disabilities are not only more affected due to gender inequality, but also more vulnerable to gender-based and sexual violence. Stigma, negative attitudes and lack of knowledge among service providers reflect in women with disabilities limited access to HIV and SRH counselling, information on contraception and antenatal care, and services of trained nurses and midwives. The project will contribute directly to the empowerment of girls and women with disabilities by targeting them with accessible and age-specific HIV/SRH information, allowing them to understand their rights and make informed decisions about their own bodies, and by training HIV/SRH service providers, and sensitising religious and traditional leaders on their rights and needs. The project will also ensure that girls and women with disabilities are part of the training and sensitisation interventions and thus able to effectively engage with service providers for inclusive services and increase their participation within DPOs.

DPOs, representing women and men with disabilities, have been engaged in the project design process providing first-hand inputs on the current situation regarding accessibility of HIV/SRH services and effectiveness of the social cash transfer and Cash+ models. As members of DPOs, persons with disabilities will be fully involved in the project’s implementation, monitoring and evaluation phases, participating closely in the implementation and monitoring of trainings, sensitisation campaigns and disability assessments. Selected DPOs will also be part of the project’s steering committee. The project will directly strengthen the capacity of DPOs by supporting them to establish networks, develop action plans and build their capacity to engage with duty-bearers for disability inclusive services.

The project will seek to ensure accessibility through organising its own consultations, trainings and sensitisation sessions in accessible locations and providing information in accessible formats and languages. The project’s interventions will specifically focus on removing barriers that hinder people with disabilities to access services, including by making health clinics and their services more accessible to people with different kinds of disabilities.

# 4. Partnership-building potential

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

The project will create multiple partnerships at national, provincial and district level, including with government, civil society, traditional leaders, disability movement, private sector and international organisations.

A key CSO key partner in engaging with DPOs, service providers and community leaders will be Disability Rights Watch (DRW) with an anticipated EU funded disability programme in Samfya and Kawambwa districts. Zambia Agency for Persons with Disabilities (ZAPD) will equally be a key partner in the project in all intervention areas and in strengthening the DPOs.

The project will facilitate joint work between service providers under MoH and MCDSS through the Cash+ and HIV/SRH programmes, and foster close cooperation between ZAPD, DPOs and government at national, provincial and district levels, while also engaging through the UN at Ministerial level and encourage engagement from Luapula Members of Parliament.

Further linkages will be facilitated with international partners in the health sector, such as the Carter Center and Clinton Health Initiatives, aiming to secure wider support for the prevention of blindness. Close linkages with the UN Zambia area-based programme targeting Luapula, currently in planning stage will be secured. Partnerships with private sector will be explored leveraging ongoing efforts by the Province to attract domestic and international private investments.

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

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

In 2016, the UN and partners commenced implementation of the Zambia-UN Sustainable Development Partnership Framework 2016-2021, which brings together 22 UN entities operating in Zambia. The Partnership Framework aims to achieve eight outcomes under three Pillars: Inclusive Social Development; Environmentally Sustainable and Inclusive Economic Development; and Governance and Participation. In line with the principle of leaving no one behind, the Partnership Framework addresses persistent vulnerabilities and inequalities by targeting vulnerable and marginalized populations such as children, adolescents, women, persons with disabilities and people living with HIV across all result areas.

Building on the Partnership Framework, the project will serve to improve mainstreaming of a disability rights perspective into all UN programmes, strategies and projects in line with the specific recommendations of the Special Rapporteur. The project will raise awareness of and build capacity on disability rights, including how to mainstream, set indicators and ensure accessibility, among the participating agencies, and more broadly among the whole UN system. As a joint initiative, the project will structurally fall under the technical oversight and quality assurance mandate of the inter-agency Programme Advisory Team, and thus influence all UN programming. The project will also regularly be discussed at the UN Country Team meetings.

# 6. Management arrangements

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

The project’s management arrangements will be based on the “broad-based programme” model described in the UNPRPD SOF. The UNPRPDparticipating organisations will coordinate and lead implementation in the specified programmatic areas. UNFPA and ILO will receive resources from the UNPRPD Fund and programme them according to a jointly agreed workplan. The other agencies, including UNAIDS, may receive funds from the direct recipients for specific activities through a UN-to-UN agreement. The management arrangements are designed to ensure maximum accountability and efficiency in delivering collective results.

In terms of coordination arrangements, the proposed project will be integrated into the overall coordinationstructures for the UN in Zambia to promote mainstreaming of disability rights in all UN programming and to streamline planning, reporting and communication. The coordination arrangements will consist of four levels:

* A project steering committee will be established in Luapula province to provide strategic oversight and guidance, approve work plans, promote partnerships and identify funding opportunities. The steering committee will consist of Heads of Agencies of the participating UN agencies and partners from MCDSS, MoH, Luapula provincial administration, Samfya and Mansa district administrations, ZAPD and selected DPOs. The steering committee will meet twice a year in conjunction with the overall Partnership Framework mid-year and annual reviews.
* The inter-agency Programme Advisory Team (PAT) in Lusaka, will provide technical oversight and quality assurance, ensuring integration of UNDG programming principles and promoting synergies and interlinkages with other UN programmes. The active involvement of PAT will be a central feature in promoting mainstreaming of disability rights across UN programming.
* The project will programmatically be hosted in two Partnership Framework Result Groups, HIV/SRHR and Social Protection for the respective outcomes and budgets, which are coordination platforms in specific result areas responsible for achieving progress towards collective outcomes, and for promoting information sharing, cooperation, and strategic planning, monitoring and reporting.
* A project coordinator with extensive disability experience will be recruited by the ILO to oversee implementation of activities implemented in partnership with DPOs and other partners in Luapula. The project coordinator will be based in the UNFPA field office in Mansa, and supported by technical staff in the participating agencies who will commit a certain amount of their time to the project. Local office space and transport facilities will be provided by UNFPA.

**Table 4. Implementation arrangements**

| Outcome number | UNPRPD Focal Point | Implementing agencies | Other partners |
| --- | --- | --- | --- |
| **1. Provincial administration in Luapula undertakes disability inclusive planning and budgeting** | **ILO** | UNDP/UNFPA/UNICEF | * **ZAPD** * **MCDSS** * **MOH** * **Permanent Secretary Luapula** |
| **2**. **Multisectoral service providers on HIV, SRH and social protection in Mansa and Samfya provide disability inclusive services** | **UNFPA** | UNFPA/UNAIDS/ILO/WHO/UNICEF | * **UNICEF** * **ZAPD** * **MCDSS** * **MOH** * **Permanent Secretary Luapula** * **DPOs** * **Mansa Nursing College** * **Clinics** |
| **3.** **Disabled persons’ organizations advocate strategically and coherently for disability inclusion among service providers and decision-makers** | **ILO** | UNDP/ILO/UNFPA/UNICEF | * **ZAPD** * **MCDSS** * **MOH** * **Office of Permanent Secretary Luapula** |
| **4. Traditional and religious leaders are actively involved in eradicating stigma and discrimination related to disability** | **ILO** | UNFPA/UNDP/UNAIDS/UNICEF | * **ZAPD** * **MCDSS** * **MOH** * **Office of Permanent Secretary Luapula** * **Council of Chiefs** |
| 5. **Men and women with disabilities have greater understanding of their HIV, SRH and social protection rights and are able to claim them** | **UNFPA** | WHO/UNAIDS/ILO/UNDP/UNICEF | * **ZAPD** * **MCDSS** * **MOH** * **Office of Permanent Secretary Luapula** |

# 7. Knowledge Management

Max 250 words.

The UN and partners will employ several proven strategies for documenting, disseminating and communicating good practices and lessons learned during the implementation of the project. A central aim with the knowledge management activities will be to share information and achievements of the project with local authorities and within the communities to encourage stronger mainstreaming of disability rights among a diverse set of stakeholders (authorities, DPOs and health practitioners) and with the purpose of scaling up the intervention at provincial and national level.

The key audiences for information sharing will be 1) UN internal, i.e. all UN agencies operating in Zambia, 2) partners at the district, provincial and national level, including implementing partners such as DPOs and civil society organisations, and 3) stakeholders and interested parties both in Zambia and abroad. The project will regularly collect and document information in the targeted districts, including through interviews with persons with disabilities, DPOs, service providers and provincial and district administration, and digest the information to suit each separate media and audience. Communication forms that might be used include newsletters (e-mail and print), policy briefs, social media posts and brief video documentaries. Efforts will be made to produce information about the project also in formats accessible to persons with different disabilities and in different Zambian languages.

# 8. Inception Activities

Max 250 words.

* Sensitise UN partner, government and non-government counterparts at national, provincial and district on the objectives and structure of the proposal
* Recruit National Project coordinator and set up the project office
* Conduct further consultations and planning and finalise the partnership arrangements
* Elaborate a detailed workplan and budget for the first year of implementation
* Define the M&E framework and data collection systems based on quantitative and qualitative indicators focusing on age and sex-disaggregated indicators that cross reference types of disability, gender and the demographic structure of households.
* Conduct baseline surveys related to outcome areas in Mansa and Samfya based on identified indicators

# 9. Budget

**Table 5. Project Budget**

Kindly note that the table below provides indicative cost estimates based on the prevailing situation for the proposed 30 months project. The total project duration includes 3 months inception period, 24 months implementation period and 3 months project closure period.

From the above information please specify the following:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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, Mansa | 45,000 (year) | 2 | 90,000 | 90,000 | 0 | 0 |
|  | Social Protection Coordinator, Samfya | 45,000 (year) | 2 | 90,000 |  | 90,000 (UNICEF) |  |
| **…** | Finance and Administrative Assistant, Mansa | 40,000 (year) | 0.15 (2 years) | 12,000 | 0 | 12,000 (UNFPA) | 0 |
|  | SRH expert (Mansa) | 75,000 (year) | 0.25 (2 years) | 37,500 | 0 | 37,500 (UNFPA) | 0 |
|  | Disability Expert | 120,000 (year) | 0.1 (2 years) | 24,000 | 0 | 24,000 (ILO) | 0 |
|  | Social Protection Expert | 120,000 (year) | 0.1 (2 years) | 24,000 | 0 | 24,000 | 0 |
|  | HIV Officer | 93,490 (year) | 0.10 (2 years) | 18,698 | 0 | 18,689 (WHO) | 0 |
|  | Making Pregnancy Safe Officer | 93,490 (year) | 0.10 (2 years) | 18,698 | 0 | 18,689 (WHO) | 0 |
|  | Country Director/RG Chair | 125,000 (year) | 0.05 (2 years) | 12,500 | 0 | 0 | 12,500 (UNAIDS) |
|  | Strategic Information Adviser | 107,000 (year) | 0.08 (2 years) | 17,120 | 0 | 0 | 17,120 (UNAIDS) |
|  | Communication and advocacy Officer | 56,000 (year) | 0.15 (2 years) | 16,800 | 0 | 0 | 16,800 (UNAIDS) |
|  | Governance Adviser | 100,000 (year) | 0.05 (2 years) | 10,000 | 0 | 10,000 (UNDP) | 0 |
| **Supplies, commodities and materials** | Information materials | 20,000 | 1 | 20,000 | 18,000 | 0 | 2,000 (UNAIDS) |
| **…** | Disability sensitive educational material | 20,000 | 1 | 20,000 | 20,000 | 0 | 0 |
| **Equipment vehicles, furniture depreciation** | Office equipment | 8,000 | 1 | 8,000 | 3,000 | 5,000 (UNFPA) | 0 |
|  | Vehicle maintenance and fuel | 7,500 | 2 | 15,000 | 7,000 | 8,000 (UNFPA) | 0 |
| **Contractual Services** | Sign language interpretation | 60 | 100 (days) | 6,000 | 6,000 | 0 | 0 |
|  | Trainings (venue procurement etc) | 2,500 | 31 (workshops/events) | 77,500 | 74,500 |  | 3,000 (UNAIDS) |
|  | Reproduction of HIV-SCT Linkages in Samfya (some of this falls under supplies above, but I kept it together) | 30,000 (per district per year) | 4 (2 districts x 2 years) | 120,000 | 0 | 120,000 (UNICEF) | 0 |
|  | Consultant (international) | 15,000 | 1 (consultancy) | 15,000 | 15,000 | 0 | 0 |
|  | Consultant (national) | 5,000 | 9 (consultancies) | 45,000 | 37,500 | 0 | 7,500 (UNAIDS) |
|  | Consultant for final evaluation | 15,000 | 1 (consultancy) | 15,000 | 15,000 | 0 | 0 |
|  | Disability mainstreaming in Cash+ | 30,000 | 1 | 30,000 | 20,000 | 10,000 (ILO) | 0 |
| **Travel** | DSA UN staff | 128 | 180 | 23,040 | 6,000 | 14,200 (WHO, UNFPA, UNDP, ILO, UNICEF) | 2,840 (UNAIDS) |
|  | DSA government | 85 | 50 | 4,250 | 4,250 | 0 | 0 |
|  | Transport refund for persons with disabilities | 25 | 180 | 4,500 | 4,500 | 0 | 0 |
| **Transfers and grants** | ZAPD registration of persons with disabilities | 30,000 | 1 | 30,000 | 20,000 | 10,000 (ILO) | 0 |
|  | Accessibility grant for health facilities | 1,500 | 20 (clinic) | 30,000 | 30,000 | 0 | 0 |
| **General Operating expenses** | Operational costs for office | 60,000 (year) | 0.25 (2 years) | 33,000 | 3,000 | 30,000 (UNFPA) | 0 |
| **Subtotal** |  |  |  | 867,688 | 373,832 | 432,096 | 61,760 |
| **Indirect costs (7%)** | […] | […] | […] | 60,738 | 26,168 | 30,247 | 4,323 |
| **Total** | […] | […] | […] | **928,426** | **400,000** | **462,343** | **66,083** |

**Table 6. Detailed Costs**

Kindly note that the table below provides indicative cost estimates based on the prevailing situation for the proposed 30-month project. Detailed workplans and budgets per outcome will be developed during the inception phase.

| **Category** | **Activity (please describe)** | **Total cost** |
| --- | --- | --- |
| Inception activities | Sensitise UN partners on disability inclusion | 800 |
|  | Recruit National Project coordinator and set up the project office | 2,300 |
|  | Elaborate a detailed workplan and budget for the first year of implementation | 200 |
|  | Conduct further consultations and planning and finalise the partnership arrangements | 2,110 |
|  | Define the M&E framework and data collection systems based on quantitative and qualitative indicators | 500 |
|  | Conduct baseline surveys related to the outcome areas | 8,190 |
| Monitoring and Evaluation[[2]](#footnote-2) Costs | Final evaluation | 15,000 |
|  | Joint monitoring visits | 12,750 |

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-1)
2. Please include costs for a final external evaluation of the project. [↑](#footnote-ref-2)