UN Partnership to Promote the Rights of Persons with Disabilities

ILO | OHCHR | UNDESA | UNDP | UNESCO | UNFPA | UNICEF | WHO

TEMPLATE FOR PROGRAMME PROPOSALS

Improving access to services and participation of persons with disabilities on the conceptual framework of UNCRPD and ICF - Armenia

Executive summary

Max 250 words

The project aims to support the policy of the Government of Armenia to revise Disability Certification and Individual Rehabilitation Planning procedures in line with the principles of UNPRPD and based on the conceptual framework of the International Classification of Functioning, Disability and Health (ICF). Under the guidance of international experts, the local expert group will develop criteria, tools and procedures, based on ICF, to operationalize the conceptual ICF model and determine eligibility for services, as well as develop a Methodology for Individual Rehabilitation Planning linked with assessment. The Individual Rehabilitation plan will not only outline the services needed for medical and social rehabilitation, but also have a focus on job training and job market engagement. The model will be piloted in one region before finalization and national scale-up. Trainings will be conducted for the professionals from health and social sectors who will be involved in assessment and intervention planning processes. The capacities of DPOs and Organizations of Parents of Children with Disabilities will be strengthened to become more active participants in the policy-making process.

1. Background

Max 750 words

Persons with disabilities are arguably the most disadvantaged group in Armenia. Approximately five per cent of the population in Armenia (and one per cent of children), are recognized as disabled, and are eligible for a disability pension (35-45 USD), and a limited package of medical services. The unemployment rate among persons with disabilities is startlingly high according to official statistics – over 90%. The majority of buildings and public transportation are not disability-friendly. Eighteen percent of children with disabilities do not attend school, and 82% do not receive any social support services except pension, and 73% do not avail of any rehabilitation services. Sixteen percent are subject to institutional segregation – they live or study in residential institutions[1]. Together with the government, UNICEF has embarked on

[1] UNICEF (2012) It's about Inclusion. Access to Education, Health and Social Protection Services for Children with disabilities in Armenia

transformation of such institutions to more suitable community-based services.

The Ministry of Labour and Social Issues (MoLSI), is the government agency primarily responsible for persons with disabilities. Medical-Social Expertise Commissions (MSEC) under the MoLSI are authorized to certify disability which is the basis for pension and service eligibility.

One of the biggest challenges that the policy-makers in disabilities are facing is determination of eligibility criteria for fair and efficient allocation of the existing resources for the realization of the rights of persons with disabilities. Precise description of impairments and problems of functioning and formal decision rules are essential in systems involved in defining eligibility of individuals for service[2]. In the current model of disability determination, albeit the classes of body functions and life activities serve as the source of documentation, alongside with the medical diagnosis, the descriptions are general in nature and lack criteria and decision rules for their application. The lack of specific criteria and decision rules precludes valid determination of who can be defined as having a disability[3]. Thus the diagnosis becomes the key decision factor. Whereas diagnoses collapse information homogenizing functional variability, create a problem of sensitivity (same diagnosis- differences in functioning), and a problem of specificity (different diagnoses share functioning characteristics)[4]. Diagnosis is static and fails to reflect changes in functioning with life experience and development.

With the current model of disability determination, a person on wheelchair who has no cognitive impairments, is educated, and holds a regular job is eligible for the same pension and benefits as a person with severe cognitive limitations who needs constant care and support. A large group of persons with chronic medical conditions (e.g. scoliosis) that do not have serious limitations in most life activities receive disability pensions whereas mothers taking care of children with multiple disabilities do not receive any compensation.

As a result of UNICEF and civil society advocacy efforts and with UNICEF's technical support, MoLSI developed a Policy Concept on Determining Disability based on Multi-Dimensional Assessment in line with WHO International Classification of Functioning, Disability and Health (ICF) which was approved by the Government in January 2014 and recognized as one of the three top priorities for MoLSI in 2014. The integrated social service reform, launched by the government in 2012, creates an institutional platform that can make this targeted approach feasible and effective. The Law on the Protection of the Rights and Social Inclusion of Persons with Disabilities, currently on the Parliament agenda, will create the legislative ground for this reform.

UNICEF supported the Ministry of Education and Science to revise the special education needs assessment tools and procedures based on ICF-CY. With this project, when ICF is used also in the social protection and medical sectors, there will be a harmonized approach and a facilitated collaboration and exchange of information between the three sectors, as they will use the same conceptual framework and the common

[2] American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders-5. Washington DC: APA.
[3] Simeonsson, Rune (2013) Concept Paper on Disability Determination Model for Armenia. Yerevan: Unicef.
[4] Simeonsson, Rune (2014). ICF and Disability. Workshop Presentation. Yerevan: Unicef

language of ICF.

At present, with the technical assistance of UNICEF expert, Dr. Rune Simeonsson, the local expert group is developing the criteria and tools for the new model. The new model is conceptually based on ICF and aims to put the activity and participation limitations (what is it that the person cannot do as a results of impairment and the environment) in focus for determining the nature and severity of disability. Central to the multidimensional approach is that determination of disability is not reduced to a single index, but yields an integrated view of a person's functioning across multiple dimensions. This allows focusing on the life experience of the person with disability and not on the impairment. It also allows to plan interventions to mitigate the limitation the person is facing and improve his/her quality of life, including social and economic integration in the community.

2. Programme approach

Max 1000 words; ref. UNPRPD SOF Sections 2.1-2.5, Annexes 1-3

The overarching goal of the project is to contribute to the progressive fulfilment of the rights of persons with disabilities so that they receive services and support in accordance with their needs and have increased participation in social and economic life.

To this end, the UN Country Team will provide technical support to MoLSI to achieve the following objectives:

- To develop criteria, tools and procedures, based on ICF, to operationalize the conceptual ICF model and determine eligibility for services, test it and pilot in one region
- To develop a gender-responsive Methodology for Individual Rehabilitation Planning linked with assessment, including a training and job market engagement component
- To conduct a large-scale training for the professionals who will be involved in assessment and intervention planning processes, and for DPOs and Organization of Parents of Children with Disabilities.
- To build the system capacity to increase the opportunities for economic participation of persons with disabilities

<u>ICF as a starting point for advancement of the rights of persons with disabilities</u>

ICF is based on the biopsychosocial model of disability which integrates medical and social models and defines disability in line with UNCRPD as a limitation in activities and participation as a result of the interaction of the physical or intellectual impairment of the person with environmental barriers.

The new model will be a paradigm shift from viewing disability as a static medical condition towards understanding it as a life experience, and designing interventions that reduce activity limitations and increase participation (school, work, family and community life, sport and culture, etc.), through removing physical and attitudinal barriers in the environment and providing additional opportunities and services.

Functional assessment will enable the social services to design need-based targeted services. This will allow for a more cost-effective allocation of state budget resources – some of the funds spent on pensions can be

rechanneled to provide services such as job placement trainings, social rehabilitation, adjustment of the work-space, etc. while persons with severe limitations in multiple life activities will receive higher benefits allowing for a better care and quality of life. Thus the project will advance multliple rights of persons with disabilities - education, health, habilitation and rehabilitation, work and employment, adequate standards of living and social protection (articles 24, 25, 26, 27 and 28).

Development and testing of the model for disability determination

The local expert group will develop the model (criteria, decision rules, assessment forms, etc.) under the guidance of international experts. A retrospective analysis of existing cases of persons with disabilities will ensue to determine the applicability and implications of the new model. The model will be further tested on a larger scale, prospectively, on new cases. The persons coming to the Medical-Social Expertise Commission (MSEC) for assessment will be assessed with the new procedure in parallel with the old.

Based on the results of the analyses, revisions will be made to the model, and it will be piloted in one region. Before piloting the model, the specialists of the respective medical-social expertise commissions will be trained on how to apply the new model. Following the pilot, analysis of the application of the new model, as well as client satisfaction survey will be conducted. Based on the results, final adjustments to the model will be made and it will be replicated in all other marzes (regions).

During the testing and piloting period, the implementing agencies will be closely collaborating with the DPOs, Organizations of Parents of Children with Disabilities and other respective stakeholder by including them into the working groups, expert teams and trainings.

Development of Individual Rehabilitation Planning methodology

The objective of Individual Rehabilitation Plan (IRP) is to develop interventions and services (education, health, social, work and job market engagement, environmental adjustments needed) that will reduce the limitation in the activities and participation of the persons. A gender-sensitive methodology of developing IRPs will be prepared. IRPs need to be closely linked to the disability assessment results as they address the activity and participation limitations that have been revealed during the assessment process. IRPs will determine the package of services for which the person is eligible with state funding, as well as the additional (recommended) services. IRPs will also focus on the job training and job market engagement of persons with disabilities.

System strengthening and Capacity Building

The capacity building of the system is of crucial importance to the success of the reform. Both the medical and social protection system professionals will be trained on ICF and the new model of disability determination. The following groups will be the primary audience of the specialized trainings:

-Members of Medical-Social Expertise Commissions who are responsible for determining the disability status

of the person

-Medical doctors in polyclinics who are responsible for referring patients to the medical-social expertise commission

-Case managers of the territorial social services who will be responsible for following up with the Individual Rehabilitation Plans

-Organizations of persons with disabilities (DPOs)

Labour engagement

Participatory needs assessment will be conducted among people with disabilities, families, employers, vocational institutions, communities and social protection agencies to assess the limitation of participation of people with disability in work activities. A strategic plan for improved participation in the productive sector and access to services for employment will be developed. Relevant government and non-government agencies will be trained to provide work engagement support services to persons with disabilities. Entrepreneurship skill development workshops will be conducted for DPOs.

Project Sustainability

The sustainability of the project is ensured by the government ownership. The policy has been approved by an official Government Decree and the reform has been announced as a priority for the Ministry of Labour and Social Issues. After the successful completion of the project, the model will be scaled-up nationwide as per the Government approved timeline.

3. Objectives and expected results

Max 1000 words

Table 1. Expected impact *(there will be only one such table in the programme proposal)*

Impact		
Persons with disabilities are receiving social services and support in accordance with their needs; their participation in the social and economic life of the country is increased.		

Impact indicators		
Indicator	**Baseline**	**Means of verification**
% increase in the number and quality of services and the number of their beneficiaries.	Not available	Analysis of old and new IRPs and implementation reports; Client interviews
% and number of persons with disabilities engaged in job market as a result of targeted interventions based on IRP	<10%	Official reports, household surveys

Table 2. Expected outcomes *(there will be as many such tables as the outcomes envisaged by the programme)*

Outcome 1		
The model of disability determination is revised to reflect the UNCRPD and ICF definition of disability.		
Outcome indicators		
Indicator	**Baseline**	**Means of verification**
There is a full scale model of disability determination developed, tested and finalized.	A concept note is developed.	Review of the policy document. Expert opinion on compliance with UNCRPD and ICF. Casa analysis records. Final report with analysis of the pilot and recommendations. Beneficiary satisfaction survey
Outputs		
Formulation	**Tentative timeline**	
1.1. Develop the model of disability determination	January - September 2014; August 2016 (finalization)	
1.2. Retrospective testing and revision	September-October 2014	
1.3. Prospective Testing	November-December 2014	
1.4. Piloting in one region (pilot preparation and implementation)	January-December 2015	
1.5. Analysis of pilot results	January -April 2016	

1.6. Organize public discussions and finalize the model for national replication	May-August 2016	

Outcome 2		
Social service system is strengthened to better meet the needs of persons with disabilities		
Outcome indicators		
Indicator	**Baseline**	**Means of verification**
N and % of healthcare staff trained	0	Training report and evaluation
N and % of medical-social commission experts trained	0	Training report and evaluation
N and % of case managers trained	0	Training report and evaluation
N of DPO representatives trained on ICF	10	Training report and evaluation
Outputs		
Formulation	**Tentative timeline**	
2.1 Develop customized modules for the above mentioned groups	August-September 2014	
2.2. Conduct trainings for healthcare staff (2000 persons)	October 2014 - December 2015	
2.3 Conduct trainings for medical-social commission experts (100 persons)	October-2014 December 2014	
2.4. Conduct trainings for case managers/social workers[5] (250 persons)	January 2015-July 2016	
2.5. Conduct trainings for DPOs (45 persons)	October-December 2014	

[5] Case managers are being introduced in the system gradually within the integrated social services reform.

Outcome 3		
A methodology is prepared for developing gender-responsive individual rehabilitation plans responding to the needs of persons with disabilities, including a training and job market engagement component.		
Outcome indicators		
Indicator	**Baseline**	**Means of verification**
Existence of the Methodology.	No Methodology exists.	Document review
Quality of the Methodology and compliance with UNCRPD and ICF conceptual framework.	N/A	Expert opinion
Outputs		
Formulation	**Tentative timeline**	
3.1. Develop the general IRP methodology with the guidance of the international expert	Jan-April 2015	
3.2. Review individual rehabilitation planning methodology from gender perspective,and ensure gender mainstreaming and gender-responsiveness of the methodology	March-April 2015	
3.3 Develop methodology on integrating work engagement component in the IRP with assistance of international expert	April-May 2015	

Outcome 4		
Capacity of the system is improved to support people with disabilities to enter into the job market.		

Outcome indicators		
Indicator	**Baseline**	**Means of verification**
Strengthened national capacity to support work participation of people with disabilities in work activities.	State Employment agencies are institutionally quite weak in general. However, Save the Children and ILO have been providing them training on some tools to assess working capacity for persons with disabilities.	System capacity evaluation; Focus group discussion with beneficiaries.
Outputs		
Formulation	**Tentative timeline**	
4.1. Conduct needs assessment and participatory survey among people with disabilities, families, employers, vocational institutions, communities and social protection agencies to assess the limitation of participation of people with disability in work activities	January-March 2015	
4.2. Set up Labour Engagement Working Group and train them on ICF, UN CRPD and best practices in labour market engagement of persons with disabilities.	May -July 2015	
4.3. Develop a national strategic plan for improved participation in the productive sector of persons with disabilities.	September - December 2015	
4.4. Train stakeholders on entrepreneurship skill development practices	June-August 2015	

4. Management arrangements

Max 500 words; Ref. UNPRPD SOF Section 3.1.2

MoLSI as the government agency primarily responsible for persons with disabilities is leading the process. Hence, we will work in close consultations and coordination of the activities with the MoLSI and the Medical-Social Expertise Commissions (MSECs) under it, to ensure smooth communication, as well as ownership and sustainability of the project.

Currently there is a Steering Committee headed by the Deputy Minister of Labour and Social issues, Head of MSEC, UNICEF, and USAID Pension and Labour Market reform project, and an NGO. This committee will be expanded to include representatives from relevant line ministries and representatives of DPOs, as well as the participating UN agencies. The steering committee will meet monthly, and review the project progress, discuss and make decisions on policy-level issues.

A management group including the technical specialists of the participating UN agencies, and department level representatives of the MoLSI, Medical-Social Commissions and DPOs will be established to follow-up and closely coordinateand monitor implementation of the activities. The Management Team will meet every two weeks to report on the activities, to find joint solutions to operational and management issues, and identify issues to be forwarded to the steering committee for a higher-level decision-making.

The UN agencies will have the following distributions of roles and responsibilities:

UNICEF will provide technical support to the development of criteria, tools and procedure for disability assessment and individual rehabilitation planning, and provide trainings to DPOs, as well as provide technical support and coordination for training of professionals on ICF and the new model of disability determination. UNICEF will also receive technical support from its regional headquarters - since the introduction of ICF is on their agenda as well.

UNDP will provide quality assurance and administrative support for retrospective and prospective testing of the new model and for piloting it in one region. This will be conducted in close collaboration with the MoLSI and the DPOs and Organizations of Parents of Children with Disabilities. The ICF model development and application raises a lot of questions regarding the expected changes in the management system, in determination of the pension scales, as well as with adjustment of related policy frameworks that would support proper realization of the potential of people and ensuring employment possibilities with the new classification of functionality. Similar experiences from other UNCTs or other organizations that the headquarters is familiar with would be very helpful. We would also seek for expert opinion in regional/headquarters offices while analyzing the testing results.

UNIDO - will provide technical assistance for development of tools for assessing work engagement possibilities and planning based on the new model as well as capacity building of DPOs, policy-makers and service providers to stimulate synergies with the job market and increase the work activities of people with disabilities. UNIDO will also support the development of a national strategy to improve the economic self-sufficiency of persons with disabilities. UNIDO will receive technical support from its Headquarters. UNIDO will be subcontracted by UNICEF.

UNFPA will provide technical support for gender sensitization of individual rehabilitation planning methodology. Given the relatively small budget cost of the UNFPA component, UNFPA expert will be paid by UNICEF.

In addition, the project will gain support from WHO headquarters who can provide technical advice on ICF as requested during the project implementation.

Table 3. Implementation arrangements

Outcome number	UNPRPD Focal Point	Implementing agencies	Other partners
Outcome 1 - Output 1.1; 1.6 Outcome 3- Output 3.1; Outcome 2	Meri Poghosyan	UNICEF	● Ministry of Labor and Social Issues ● DPOs
Outcome 1, Output 1.2-1.5	Alla Bakunts	UNDP	● Ministry of Labor and Social Issues ● DPOs
Outcome 3, Output 3.3; Outcome 4, Outputs 4.1-4.4	Meri Poghosyan Cristina Pitassi, Vienna (UNIDO) Anahit Simonyan, Yerevan (UNIDO)	UNICEF, in cooperation with UNIDO	● [Ministry of Labor and Social Issues] ● DPOs
Outcome 3, Output 3.2.	Meri Poghosyan Garik Hayrapetyan (UNFPA)	UNICEF, in cooperation with UNFPA	● [Ministry of Labor and Social Issues] ● DPOs

5. National ownership, participation and partnership-building

Max 500 words; ref. UNPRPD SOF Section 3.1.3

During the parliamentary hearing on the new draft The Law on the Protection of the Rights and Social Inclusion of Persons with Disabilities in 2013, the concept of disability determination based on working capacity was first presented to the national stakeholders where UNICEF provided a critical analysis on the deficiencies of that model, and suggested an alternative ICF-based model more in line the rights framework. After careful review of the proposed model and discussion with DPOs and other stakeholders the Ministry of Labour and Social Issues made a decision to proceed with the ICF-based strategy. The National Commission on Persons with Disabilities which includes 9 state representatives and 8 NGO representatives was convened by the Minister of Labour and Social Issues, and the new strategy was proposed and discussed. MoLSI drafted a Policy Concept on Determining Disability based on Multi-

Dimensional Assessment in line with ICF and circulated among DPOs for feedback. After the revision process the Policy Concept was submitted to the Government for approval. The government has started the official translation of the ICF to establish it as a National Standard. Thus, there is a strong government ownership for the programme, however there a strong need for technical and financial support to ensure an effective and smooth reform process.

UNCT members presented the current proposal to the National Coalition of Disability Organizations which is an officially registered body consisting of 22 partner NGOs. Based on the discussion, the following modality of engagement was suggested. DPOs will be trained to gain expertise and understanding of ICF and disability policies to be better qualified for the consultative process. DPOs will have standing representatives in the project steering committee and management team who will serve as a liaison and express the joint decision of the DPOs, as well as subject-matter experts who will advise the steering group on specific topics such as education, community participation, social protection benefits, etc. DPOs will conduct regular meetings to discuss the project updates and provide feedback to various processes and outputs of the programme. This kind of participative consultation process will be a new experience both for the DPOs and the Ministry and can start a positive culture of direct engagement of DPOs in policy-making.

6. Knowledge generation and potential for replication

Max 500 words ref. UNPRPD SOF Section 3.1.4

Monitoring and evaluation of project implementation will be done in accordance with detailed action plans developed for each component and implementing site, along with the key deliverables as elaborated in the project logframe. These plans will include general agreement with the implementing sites on key information for progress monitoring that will be collected and shared with the project management team on a monthly basis. A designated person of each counterpart organization will ensure quality day-to-day monitoring with completion of agreed monitoring forms. They will also have overall responsibility for the quality of implemented activities in the field. Local project stakeholders will be involved in monitoring the project implementation process through involvement in regular discussions and reflection sessions.

Developmental and other associated approaches will be utilized to capture learning while also encouraging responsiveness and innovation in programming at the local level. Regular analysis of progress, data and learning will be gathered into quarterly and annual project reports. Annual reviews of progress against plans will be conducted, reported and analysed at annual face to face meetings.

The use of ICF for disability determination by state authorities is a relatively new phenomenon and is of great interests to many countries who are working on incorporating the ICF into their social services system. The involvement of experts from academia such as Dr. Rune Simeonsson from UNC will ensure that knowledge is disseminated in the academic community and best practices are replicated.

The participation of UN agencies in the programme will provide a valuable learning experience for them to gain better insights into and a stronger understanding of disability which will enable them to mainstream

the issues of disabilities into their programmes and in UNDAF.

7. Budget

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

Overall budget							
Category	Item	Unit cost	No. units	Total cost	Request from UNPRPD Fund	UNDPRPD POs cost-sharing	Other partners cost-sharing
Supplies, commodities, equipment and transport							
	Office supplies for pilot/year	500	2	1,000	1,000	-	-
	Translation/page	17	400	6,800	6,800	-	-
	Translation/page (UNICEF special rate)[6]	10	700	7,000	7,000		
	Interpretation/ day	350	40	14,000	3,500	10,500	-
	Vehicle rent for coordination and monitoring of the pilot/month	100	10	1,000	1,000	-	-
	Local Transport for pilot experts/trip	50	20	1,000	1,000	-	-
	Printing of Labour engagement questionnaires/page	0.2	5,000	1,000	1,000	-	-
	Local Transport for Labour engagement experts/trip	50	20	1,000	1,000	-	-
Personnel (staff, consultants, travel and training)							

[6] UNICEF has a specially selected group of translators who provide translations on disability topics at 10 USD per page. The standard UN rate is 17 USD per page.

	International expert on ICF and disability assessment-consultancy fee/day	500	68	34,000	15,000	19,000	-
	International expert on ICF and disability assessment DSA/ day	200	30	6,000	3,000	3,000	-
	International expert on ICF and disability assessment ticket	1,500	6	9,000	4,500	4,500	-
	Local experts on ICF and disability assessment/day	50	180	9,000	9,000	-	-
	Pilot Coordinator/month	1,500	10	15,000	15,000	-	-
	International Consultant for pilot/day	500	40	20,000	20,000	-	-
	International Consultant for pilot ticket	1	1,000	1,000	1,000	-	-
	National Consultants/day (retrospective and prospective testing)	70	80	5,600	5,600	-	-
	National Consultants/day (pilot)	70	50	3,500	3,500	-	-
	International consultant DSA (Yerevan) /day	200	10	2,000	2,000	-	-
	International consultant DSA (regions)/day	125	20	2,500	2,500	-	-
	Transportation (pilot training and workshop participants 50 participants daily/15days)/day	200	15	3,000	3,000	-	-
	Training coordinator/month	10	1,500	15,000	15,000	-	-
	International trainer DSA	200	12	2,400	2,400	-	-
	International Trainer for TOT ticket	1,500	1	1,500	1,500	-	-
	International IRP expert fee /day	500	25	12,500	12,500	-	-
	International IRP expert DSA/day	200	10	2,000	2,000	-	-
	International IRP expert Ticket	1,500	3	4,500	4,500	-	-

	National IRP experts/day	50	100	5,000	5,000	-	-
	Gender expert/day	20	100	2,000	2,000	-	-
	Labour engagement International Experts/day	500	20	10,000	10,000	-	-
	UNIDO HQ mission/day	500	5	2,500	2,500	-	-
	Labour engagement National Expert/day	100	50	5,000	5,000	-	-
Training of counterparts							
	Training of MSEC staff for pilot -lunch and coffee breaks (50 participants/10 days)/person-day	12	500	6,000	6,000	-	-
	Workshops-discussions on analysis of testing and piloting - coffee breaks(50 participants/5 days) /person-day	4	250	1,000	1,000	-	-
	Pilot trainer/day	70	50	3,500	3,500	-	-
	Pilot training hall rental/day	100	10	1,000	1,000		
	TOT on ICF and disability for 20 persons- International Trainer fee /day	400	10	4,000	4,000	-	-
	TOT on ICF and disability for 20 persons- Local Trainer fee /day	100	20	2,000	2,000	-	-
	Training module development/person -day	50	100	5,000	5,000	-	-
	Local trainers for medical staff (2000 persons, 80 groups, 3 days), case managers(250 persons, 10 groups-3 days), MSEC (100 persons, 5 groups - 5 days) and DPO trainings (45 persons, 2 groups - 4 days) (2 trainers per					-	-

	day)/person-day	50	606	30,300	30,300		
	Lunch and coffee breaks for training and TOT participants/person-day	10	7,630	76,300	58,300	18,000	-
	Trainee transportation reimbursement (average) /person-day	4	3,295	13,180	13,180		-
	Training hall rental/day	50	73	3,650	1,825	1,825	-
	Training Material Printout/Page	0.2	28,750	5,750	5,750	-	-
	Training of Labour Engagement Working Group (10 people x 6 days)/person-day	100	60	6,000	6,000	-	-
	Training on integration of work engagement measures into IRP for counterparts and DPOs (10 people x 3 days)/person-day	100	30	3,000	3,000	-	-
	Training on business and entrepreneurship skills for persons with disabilities (30 people x 4 days)/person-day	100	120	12,000	12,000	-	-
Contracts							
	Survey - Pilot Stage (client satisfaction survey)	5,000	1	5,000	5,000	-	-
Other direct costs		-	-	-		-	
Subtotal				**383,480**	**326,655**	**56,825**	-
Indirect costs (7%)				**26,844**	**22,866**	**3,978**	
Total				**410,324**	**349,521**	**60,803**	