



TEMPLATE FOR PROJECT PROPOSALS

Title:	Changing mindsets and instilling Human – rights approach in the perception of disabilities in Morocco
Country:	MOROCCO
Duration (max. 36 months):	36 months
Total Budget:	399 694 \$
Participating UN Organizations:	UNESCO, UNDP, UNFPA, WHO

Executive summary

Max 250 words.

Please provide a short summary of the proposed intervention.

Morocco has made significant progress in improving the conditions of people living with disabilities (PWDs).¹ Some major achievements have been made in relation with the normative frameworks, public policies, and governance of the disability issue.² However, PWDs are still facing barriers in terms of social acceptance, and access to services, social participation and inclusion. This is mainly due to deep-rooted social stigma and discrimination, and a lack of a human rights-based understanding of the disability issue by the general population.

Building upon the momentum, the national partners' demands, and the current UNDAF 2017-2021, this project will aim at:

- 1 Changing the cultural norms by reversing stigmas, prejudices and negative stereotypes in the general mindsets. This will help build a common right-based vision on disability, thus facilitating dialogues between the national institutions, the PWDs, civil society organizations, and the public;
- 2 Enhancing the capacities of the national institutions in elaborating right-based and inclusive policies on disability at the national and local levels, laying grounds for positive governance mechanisms and services provision on disabilities;

¹ 6, 8% of the population, 2014 [National Survey on Disability](#)

² (i) Ratification of the CRPD in 2009; (ii) Recognition in the new Constitution (2011) of the political, social, economic and cultural rights of PWDs on the basis of non-discrimination; (iii) Adoption of a multispectral public policy for the Promotion of the Rights of the PWDs (2015), backed with an Inter-ministerial Commission under the chairmanship of the Head of Government ; (v) Adoption of a framework-law strengthening the rights of PWDs (97-13 Framework Law, 27 April 2016) ; (vi) Public funding for PWDs under the social cohesion support fund ("[Fonds d'appui à la cohésion sociale](#)")

- 3 Improving the sexual and reproductive health (SRH) services and the strategies fighting against gender-based violence within specialized institutions (non-residential), with the active participation of PWDs;
- 4 Improving access to health services by mainstreaming PWD's rights in the design of sectoral strategies, and by defining delivery modalities of health services in schools as a pilot case.

Using the twin-track approach, the project will combine targeted and mainstreaming interventions, in showcasing complementarities of scopes and the interdependence of rights.

1. Background and rationale

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

Max 750 words.

In Morocco, the prevalence rate of disability is 6,8%³ (2,264,672 people)⁴. PWDs and their families face difficult living conditions and major obstacles accessing adequate and quality services, whether ordinary or specialized. They do not have enough opportunities to fully enjoy their social participation.

- Access to education for children between 5 and 17: 2 of 4 from mild to very severe, and 4 of 5 with a slight degree of disability are in schools. 66.1% have no education level, of which 66.6% are women, 50.6% living in urban areas, and 49.4% in rural areas. 85.7% of out-of-school children do not attend school because of their disability status and due to many interconnected factors, such as a limited or a negative perception of disability, a lack of overall accessibility (architectural, organizational, pedagogical, social, etc.), weak extra-curricular support mechanisms in terms of transportation, social assistance, lack of support to parents, etc. Indeed, even if the right to education for all is enshrined, and some ordinary schools are welcoming children with disabilities, the inclusive approach is not yet effective. The current situation is characterized by a limited number of mainstream classes with CWDs, a presence of integrated classes in some mainstream schools, and specialized institutions (non-residential)⁵ which are in majority led by CSOs and play a strong role in schooling of PWDs under 21, especially young woman and men with mental, and/or multiple form of disabilities.
- Access to higher education and vocational training: 39.6% of PWDs aged 18-40 attend educational institutions. 60.4% of them do not attend because of to the lack of educational institutions tailored to their specific needs (53.1% in urban areas, vs 25.4% in rural areas; and 54.1% of male manage to attend, vs 16% of female). Among those attending, 89% attend regular schools, and only 4.5% benefit from specific educational support. Only 8.1% have access to specialized institutions (very limited in number). Of them only 11% are able to obtain a diploma, immediately affecting their possibility of access to employment. Economic conditions, the hostile environment or the complexity of administrative procedures are cited as barriers to schooling.

⁴ This rate represents ¼ one in four households counting at least one person with disabilities. The prevalence is not differing significantly between men (47, 5 %) and women (52,5 %). Among this population, the rate of PWDs in active age is nearly 51, 3%. Only one out of three (27%) reported being occupied at the time of the survey and about 24, 6% declared themselves in unemployment. About 73 % of disabled are without any school level. 15% reached the primary school level, 8.5% secondary level and only 1.5% attained the higher level.

⁵ In Morocco, several associations offer services to PWDs. Each association is specialized in a defined type of disability. The Mohammed VI National Center for PWDs has a strong network of associations whom it works with and also supports, through its 7 regional structures at the national level.

- Access to employment opportunities: The abovementioned figures explain the low employment rate of PWDs (13.6%) and the high unemployment rate (47.65%) – four times higher than the national unemployment rate (10.6%).
- Access to health services: The general health care is inaccessible to 60.8% of PWDs (financial reasons, attitudinal barriers, lack of accessibility, lack of trained healthcare staff, etc.). This pertains to the lack of health institutions and specialized health care delivery (especially on sexual and reproductive health) at the local level, as well as the distance, the cost of medicines and technical furniture and treatments. Only 34.1% benefit from a social protection scheme, of which 62.3% is under the direct insured status. Important limitations are due to financial constraints and the complexity of administrative procedures.
- Sexual and reproductive health services are available at the national level (urban and rural and at all levels of care). These services, among others, include family planning, prevention of STDs, including HIV, etc. Some youth health centers also promote sex education messages, but this is not systematized. At the hospital level, there are services that receive children and women who are victims of violence, providing the necessary care, and referring them to other medical services when needed. It has to be noted that while in principle mainstream health care services should be inclusive, these services are not designed and managed accordingly and are inadequate to address the needs of persons with disabilities.
- Civic participation and access to information: If 53% of PWDs exercise their political rights (vote), only one in ten (10.6%) declare they know all the specific rights of PWDs guaranteed by the Moroccan laws. An important issue relates to the right of access information, with only 13.5% of PWDs aware of the services offered by organizations of PWDs (there are more than 1000 associations working in the field of disability); and only 9.2% know about services provided by the State. This further reduces the possibility of enjoying fundamental rights.

Despite progress at the institutional level, Morocco still faces important challenges in fully meeting its Human Rights commitments in the field of disability⁶. This is mainly due to persistent issues and barriers: (i) a negative social representation stigmatizing PWDs; (ii) a weak integration of a rights-based approach in implementing public policies; (iii) a low level of coordination between the different sectors both at national and local levels.

In response to those “structural” barriers, the project meets a favorable momentum towards a new governance of disability. It builds upon the Moroccan Government’ highest political will in implementing a comprehensive public policy in a multi-stakeholder approach and its commitment to the SDGs overall principle “Leaving no one behind”, in particular SDG 10⁷. The project also builds on the current UNDAF 2017-2021.⁸

Main national reforms and opportunities towards a better governance of disability

- ✓ State party to the CRPD and its protocol since 2009, Morocco embedded in its 2011 Constitution the PWDs’ rights based on equal opportunities and non-discrimination⁹

⁶ *National report - Morocco, 2012; Report of the Working Group on the Universal Periodic Review Morocco, General Assembly, A/HRC/1/3, 2012.*

⁷ Reduce inequalities within and among countries : By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status ; Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

⁸ Effet attendu 1 de l’UNDAF 2017-2021: Les partenaires institutionnels et de la société civile mettent en œuvre le processus de régionalisation avancée et les principes d’une gouvernance démocratique participative, sensible au genre et fondée sur les droits humains, tels que consacrés par la Constitution et les engagements internationaux.

⁹ Article 34 «The public powers enact and implement the policies designed for persons and for categories of specific needs. To this effect, it sees notably: to respond to and provide for the vulnerability of certain categories of women and of mothers, of children, and of elderly persons; to rehabilitate and integrate into social and civil life the physically sensorimotor and mentally handicapped and to facilitate their enjoyment of the rights and freedoms recognized to all »

- ✓ An integrated national strategy for the promotion of the rights of PWDs adopted (2015)
- ✓ An Inter-ministerial Commission for disability established to monitor and evaluate the government action plan (2015)
- ✓ Updated National disability Survey (2014)
- ✓ A Framework-Law strengthening the rights of PWDs (2015) and Law No. 07-92 related to the social protection of PWDs adopted
- ✓ A dynamic civil society with very active PWDs organizations and those representing them. Some discrepancies between large and recognized associations and small and local ones need to be overcome. CSOs are due to participate further in decision-making, policy monitoring and evaluation
- ✓ An MoU exists between the Ministry of Family, Solidarity, Equality and Social Development and the UNDP Resident Representative in Morocco, in the framework of a Self-benefiting funds (US\$ 2,190,000) for the implementation of the national policy on disability
- ✓ The framework Law No. 111-14 adopted in 2016, consolidating the decentralization process, and strengthening the local governments' role while deepening the democratic process

1.2. Proposal development process

Max 500 words.

While preparing the project proposal, the national stakeholders and the PWDs' representative organizations vocally called for UNCT's contribution in accelerating the implantation of the national public policy on disability. UNCT's neutrality and technical expertise in this field have been unanimously recognized as instrumental in the current context of reform – both PWD representative organizations and public institutions need the UN Agencies as credible honest brokers with a strong conveying power.

The changes in cultural norms, and the improvement of public policy services the project aims to bring about have been identified as a key demonstration of how the disability issues need to be tackled in their holistic dimension. The multi-stakeholder approach is viewed as a unique enabling factor in implementing the Moroccan national strategy for the promotion of the rights of PWDs.

The project proposal is building upon UNCT's close partnership with the national institutions, and continuous consultations undertaken since the development of the proposal preselected for R2 (2014). National stakeholders and the PWDs' representative organizations have been closely associated and consulted during the diagnosis, need assessment and definition of priority areas. They will continue to be actively involved in the project implementation and scale-up to ensure national ownership, participation and partnership-building.

The Ministry of Family, Solidarity, Equality and Social Development, as well as of the Ministry of Health, and the Ministry of Education took an active part in the consultation meetings, along with the human rights national institution (CNDH), and two networks of PWDs' organizations – the National Federation for the Promotion of the Rights of Persons with Disabilities, CNPDPSH involving 25 associations, and the National Union of Associations working in the field of mental disability, UNAHM involving 14 associations. Handicap International has provided valuable technical inputs to the proposal definition.

The national ownership, participation and partnership-building have been guaranteed in all phases of the project, through:

National ownership by national institutions

- Consistency with the national agenda as expressed by official statements
- Actively committed in assessing needs and in defining the priorities of the proposal
- Validated the approach, expected results, and outcomes of the proposal
- Will provide assistance and access to the public infrastructures in the implementation phase

Participation of PWDs' organizations

- Provided inputs regarding needs, expectations and opportunities
- Validated the approach, expected results, and outcomes of the proposal
- Will network and mobilize local and national PWDs representative organizations

Partnership-building

- Consensus on the priorities and outcomes of the proposal
- UNCT offered a unique space of dialogue between the PWDs representatives and the public officials while preparing this project proposal, which contributes to overcome the lack of communication

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.

4 levers of change will help advance the PWDs' rights, through a human rights-based approach (HRBA) in both practices (policy formulation and service delivery), and public understanding (general mindsets):

- 1 Enhancing the capacities of the national institutions (mainly the Ministry of Social Development, and the local representations of the National Council for Human Rights, CNDH) in elaborating rights-based and inclusive policies on disabilities;
- 2 Changing the cultural norms by reversing stigmas and stereotypes in the general mindsets;
- 3 Improving access to mainstream sexual and reproductive health services as well as measures to prevent and respond to gender-based violence in particular for youth with disabilities. This will be done by bridging the Mohamed VI National Center for the PWDs' health services¹⁰ and the mainstream health public centers, in close cooperation with Organizations of PWDs and the Ministry of Health.

¹⁰ The project will be conducted with the Mohammed VI National Center for the PWD (CNMH) in order to benefit from its strengths in the field. The specific characteristics of this Center are:

1. It falls under the Mohammed V Foundation of Solidarity, which has political power at the national level chaired by the King;
2. It has a very important network with associations covering the national level : more 30% of associations working in the field of disability;
3. Five ministerial departments: health, education, social development, employment and interior are permanent members of the center's board of directors. Therefore, this administrative board will be a platform to involve government departments in this project to ensure its long-term sustainability.

- 4 Enhancing PWDs’ right to inclusive health services and indirectly advancing the right to education of youth with disabilities as part of the Ministry of Education’s Inclusive Strategy, by improving the inclusiveness of school health services in two pilot sites.

2.2. 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.

The project will lay ground for a right-based and swift implementation of the national public policy on disabilities. It will be as an enabling and accelerating factor for the national efforts in implementing an inclusive public policy on disabilities. RBA, gender equality and representation of all type of disability will be the driving principles of all activities. Using the twin-track approach, the project will combine targeted and mainstreaming interventions – it intends to showcase complementarities of scopes and the interdependence of rights. In this regard, local governments, health and education sectors have been identified as field of application.

For changes to happen effectively, the foreseen actions aim at changing mindsets and at showcasing such changes in the management of disability within local and regional policies; and in provision of health services in the education sector in particular. The project will then activate 3 types of levers of change:

- Changing cultural norms
- Promoting and facilitating partnerships between actors through a common understanding and common matrix and collaborative actions
- Capacity development lever within specific targeted groups such as local authorities, health and education actors

The scaling up of the programme results will contribute to quick-wins identified by national stakeholders, as explained in the table below.

Entry point/levers	Description	Contribution to quick-wins towards adoption of an inclusive national public policy on disabilities
1) Cultural norms (CUL)	Empowering cultural norms by reversing stigmas, prejudices and negative stereotypes,	Facilitate appropriation by all stakeholders of RBA and the principles of non-discrimination and equality. Move away from charity-oriented and fight against stereotypes approach as

The CNMH includes 7 structures at the national level: north, south, east, west (Salé, Marrakech, Oujda, Fez, Safi, Casablanca, Agadir). These are not residential institutions, but service provider centers in the field of socio-educational activities, vocational training, sports, and socio-medical support. The socio-medical service offers to PWDs and their family medical consultations in general medical services, psychiatry, psychology, physiotherapy, speech therapy, psychomotricity, dental surgery. Some centers have developed sexual and reproductive health (SRH) support, and the UNPRPD project intends to further reinforce and extend this service, in order to build a model that could be scaled up in mainstream health services.

One of the main challenges in Morocco is that the mainstream health services does not at the local and central level are not providing specific services to PWDs, and are unable to reach out to them. Adopting a quick-win strategy, the UNPRPD project aims at using the existing resources of CNMH to build good practices in SRH, and to introduce such practices in the mainstream health services. Such a bridging will be facilitated by the ongoing partnership between the CNMH and the Ministry of Health.

Entry point/levers	Description	Contribution to quick-wins towards adoption of an inclusive national public policy on disabilities
	awareness-raising and fight against stereotypes, and promotion of awareness of the capabilities and contributions of PWDs	barrier to PWDs' rights and access to services.
2) Partnership (PAR)	Contributing to build capable inclusive institutions by enhancing the understanding and the capacity of national authorities and that of PWDs' organizations on RBA, thus facilitating dialogues and laying grounds for positive governance mechanisms on disabilities;	<p>Instilling a shared vision on disabilities among political and social actors, as an enabling factor for policy dialogues.</p> <p>Encouraging participation of OCSs in decision-making processes, monitoring and evaluation of public policies.</p> <p>Enhancing CSOs' capacities to design CRPD-compliant key messages</p>
3) Capacity (CAP)	<p>Developing capacities of local authorities to mainstream RBA and disability considerations and indicators in their planning, implementation, monitoring and evaluation policies and action plans processes;</p> <p>Improving access to health services by mainstreaming PWD's rights in the design of sectoral strategies and by defining delivery modalities of health services in schools as a pilot case, so as to leave no one behind;</p> <p>Improving and advocating for PWDs' access to inclusive school health services by mainstreaming the rights-based approach to education and health in pilot sites;</p> <p>Improving capacities of professionals in Mohamed VI National Center for the PWDs' health services, as well as in public health centers, and in organizations of PWDs to offer and deliver sexual and reproductive health services as well as to prevent and respond to gender-based violence issues for PWDs and their families.</p>	<p>Showcasing regional and local policies and action plans integrating RBA and disability considerations and indicators, as models for replication in other regions</p> <p>Showcasing the review of a sectoral policy and strategies using RBA as a leverage on the review of all public policies</p> <p>Showcasing the interdependence of rights and the impact of RBA in the specific field of health services at schools in order to promote the inclusive model/approach of schooling, thus moving forward the national framework (policy and strategy) for inclusive education.</p> <p>Improving the medical care in line with RBA of PWDs especially young woman with disabilities in terms of SRH and setting-up measurement system to prevent, detect and respond to GBV situations in public health centers.</p>

Positive changes will be reached by strengthening access to information and knowledge about disability and PWDs' human rights, by involving the key actors including PWDs and their families, by improving the interrelationships among them and among the various levels of government (central, regional, local), by transferring skills and necessary resources, and working procedures to local authorities and decentralized services, and to health and education actors.

The project will target the following groups: the Ministry of Social Development as a lead of the disabilities public strategy, CSOs, PWD's organizations, the media, elected officials, and health and education professionals. Building upon new prerogatives of local authorities, this project will develop the capacities of the key actors to mainstream human rights and disabilities' matters at the regional development plan and to improve services provision to PWDs in pilot sites.

The project shall contribute to advance **specific rights as reflected in CRPD articles:**

- Article 4 – General obligations: 1. a), b), c), d)
- Article 8 – Awareness-raising: 1. a), b), c)
- Article 21 – Freedom of expression and opinion, and access to information: a)
- Article 24 – Education
- Article 25 – Health

A special consideration will be given to the situation of women, and especially young women with disabilities, as preconized in Article 6 of the CRPD.

2.3. Other programmatic considerations

Max 650 words. Please refer to Technical Note Section 3 and 4. Kindly elaborate separately on each of the following programmatic considerations.

Table 1

1. Mix of targeting and mainstreaming

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

- Involving media actors and journalists as key-actors in producing positive messages and contents on disability and PWDs' human rights, in order to impel an objective and right-based understanding of disability among decision-makers, civil society, PWDs themselves and the general audience. This will help foster social dialogue among the national stakeholders and facilitate public policy effective implementation
- Working on two strategical domains/sectors, knowingly Education and Health which are fundamental rights, in order to demonstrate the interdependency between human rights
- Supporting the process of harmonization of sectorial legislation in accordance with the Framework-Law and the Convention

- Developing a monitoring and evaluation mechanism on disability in 3 pilot sites. This mechanism constitutes a key-tool for ensuring a mainstreamed management on disability

2. Scalability

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

- The twin-track approach showcasing good practices in pilot sites (regions and local governments; Mohammed VI National Centers for the PWD (CNMH); health officials at regional and local level will be advocated for replication in 7 other regions. Leadership will be given to the 3 initial pilot regions and the Min. of Social Development in setting up partnerships with the other regions from the outset.
- Promoting the RBA and the culture of obligation in political propositions, planning, decision-making, and policy formulation at national and local levels
- Transfer of skills and resources to local authorities and DPOs to mainstream disability in policies planning

3. Sustainability

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

- A specific mechanism will be set up within the Inter-ministerial Committee, tasked with mainstreaming the RBA and the inclusive approach in policy formulation, implementation and monitoring, at the national and local level.
- Trust and a culture of dialogue between national institutions and CSOs and DPOs will be increased through networking and collaborative work culture within actors (institutions, authorities, CSO, PWDs...) that can continue beyond the project. A national Charter signed between key actors concerned by disability and media actors will be instrumental in engaging them to improve the representation of PWDs in the media and to avoid stereotypes, discriminatory and charity-oriented contents.
- Access to information by PWDs will be enhanced and systematized as a fundamental step towards full social inclusion and participation of PWDs in public life.
- Key-messages and referential contents on disability will be made accessible widely, targeting people with all kind of disability (using the potential of NTIC for developing easy-using and accessible contents), and including Key-messages and awareness-rising contents based on people experiences and local initiatives.
- Ensuring skills acquisition and valorization of officials and elected, and CSOs on disability, PWDs' human rights, the convention, non-discrimination and RBA principles, at regional and local levels.

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
<i>Contextual</i>	Priorities and Political agenda of the government on disability	L	The project results are closely linked to the Governments' political will	Close high-level dialogues maintained	The UN Resident Coordinator, the UN Agencies involved
	Possible tensions between institutions and CSOs on current reforms, especially the legislation reform	L	The project's outcomes are not related directly to the legal reform	UNCT will be a neutral space of dialogue, using the steering committee of this project	UN Agencies involved
<i>Programmatic</i>	Resistance and level of understanding and assimilation of HRBA and non-discrimination principles by the different stakeholders (CSOs, officials, elected, journalists...)	M	Risk for the sustainability and efficiency of the project	Adapting contents, tools, approach, and messages; Reinforcing efforts for better-committing people	PUNO and the project
	Difficult coordination between the different stakeholders	H	Impact on the implementation of activities of	Each UN Agency involved does have a strong advocacy	UN Agencies involved

Type of risk* (contextual programmatic, institutional)	Risk	Likelihood (L, M, H)	Impact on result	Mitigation strategies	Risk treatment owners
	within the steering committee and with external partners		the project and efficiency	power on the national stakeholders, and will nurture this relationship	
	Reaching out to all target population	M	Insufficient gender-sensitive measures available Not reaching all types of disability	The National Survey will be the basis of all activities, and close consultation will be conducted with the Haut Commissariat au Plan	UN Agencies and national stakeholders involved
<i>Institutional</i>	Difficulties of working with local governments	H	Identification of the pilot sites for experimentation will be key	Involving at a high level the Ministry of Solidarity and the Ministry of Interior	UN Agencies and national stakeholders involved
	Availability of additional funds from partners	H	Impact the scalability and the quality of activities	Ensuring the financial contribution of partners at the beginning of the project	UN Agencies involved, the Moroccan government for self-benefiting funds, and multilateral donors
	Level of commitment and responsiveness of partners	M	Results delivery may be slowed down	A steering committee will be set up, involving decision-makers from	The steering committee

Type of risk* (contextual programmatic, institutional)	Risk	Likelihood (L, M, H)	Impact on result	Mitigation strategies	Risk treatment owners
				the Ministries involved and from the “umbrella organizations”	
	Level of representation at the local level	M	Local ownership	Nomination of focal points who will be responsible for the project	The steering committee

* 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.

2.4. 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. ¹¹

¹¹ 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.

Table 2. Expected impact

Impact:
What rights will be advanced? For whom?
<ul style="list-style-type: none"> • Through outcome 1, the rights of PWDs to benefit from inclusive and right-based public policies will be advanced on the basis of the principle of equality and non-discrimination (Articles 4 and 5). • Through outcome 2, respect for the rights and dignity of PWDs will be fostered, and their exercising their right to freedom of expression and opinion, and to seek, receive and impart information and ideas on an equal basis enhanced (Article 8 and 21) • Through outcome 3, the right of PWDs to the enjoyment of the highest attainable standard of health without discrimination, including of sexual and reproductive health services, is improved (Art. 25 and 4.3). <p>* Through outcome 4, the project will enhance PWDs’ right to inclusive health services, and contribute to indirectly advancing the right to education of youth with disabilities as part of the Ministry of Education’s Inclusive Strategy, by improving the inclusiveness of school health services in two pilot sites. It refers to Article 24.2. D)</p>

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 capacities of national institutions and local governments to elaborate right-based policies on disability at the national and local levels are strengthened	<i>Capacity (CAP)</i>
Outputs	

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.

Outcome 1 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
What project deliverables will contribute to the achievement of the outcome?	
1.1 Technical support is provided to established coordination mechanisms in the promotion and protection of the rights of persons with disabilities, in line with the CRPD	<i>PRO</i>
1.2 Legal texts on disabilities are revised in alignment with the new framework law (97-13) and the right-based approach of the UNCRPD	<i>TOO</i>
1.3 A gender-sensitive monitoring system developed, including disaggregated data at both local and national level.	<i>-TOO: Tool</i>
1.4 Three pilots regions' regional plans mainstreamed disability dimension and developed through a participatory process.	<i>-PRO: Procedures</i>

Outcome 2 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
National institutions and PWDs organizations share a common right-based vision for conducting strategic awareness-raising campaigns and engaging a positive and sustainable dialogue	<i>Empowering cultural norms (CUL)</i>
Outputs What project deliverables will contribute to the achievement of the outcome?	
Output Formulation	Type **

Outcome 2 What structural shifts will be achieved?	
	(Only for capacity outcomes)
2.1 Evidence-based study on beliefs and attitudes produced and disseminated.	
2.2 Reference source of key gender-sensitive messages targeting CSO and PWDs' organizations, decision-makers, officials, health and education professionals and the media developed.	
2.3 Network of journalists sensitized and trained in right-based reporting on issues concerning PWDs, with a particular focus on women with disabilities.	
2.4. National charter on mainstreaming a right-based perception of PWDs with gender perspective is adopted and signed.	

Outcome 3 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
Capacity of sexual and reproductive health and GBV response services is enhanced for the benefit of Young women and men with disabilities.	<i>Capacity (CAP)</i>
Outputs What project deliverables will contribute to the achievement of the outcome?	
Output Formulation	Type ** (Only for capacity outcomes)

Outcome 3 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
3.1 A MoU between Ministry of Health and the Mohammed VI National Centers for the PWD (CNMH) is signed and coordination mechanisms established in order to provide and ensure access to SRH and GBV services and care.	<i>ACV</i>
3.2 Trainings on SRH and GBV prevention to the CNMH's CSO networks' staff are carried out.	<i>KNO</i>
3.3 Messages on social inclusion and the active participation of young people with disabilities in decision-making processes affecting them are promoted.	<i>TOO</i>

Outcome 4 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
Capacity of mainstream school health services in two pilot sites is enhanced to ensure children with disabilities have access, as a means to support and actively advocate for the effective application of the Inclusive Strategy of the Ministry of Education.	<i>Capacity (CAP)</i>
Outputs What project deliverables will contribute to the achievement of the outcome?	
Output Formulation	Type ** (Only for capacity outcomes)
4.1 Coordination mechanisms between the two sectors (health and education) are established to improve access	<i>TOO</i>

Outcome 4 What structural shifts will be achieved?	
Outcome formulation	Type of lever*
to inclusive health services in ordinary schools in two pilot sites.	
4.2 Information tools and guides on the rights of Children with disabilities (CWD) are elaborated and widely disseminated.	KNO
4.3 Trainings (with an emphasis on right to education and right to health) among health and education professionals (administrative and technical staffs from health & education professionals within ordinary schools), parents and family representatives, and the large audiences (local communities) within ordinary schools in two pilot sites are carried out.	-KNO-
4.4 The pilot sites are operational and have a monitoring and evaluation mechanism based on clear indicators (of inclusiveness of school health services);	TOO

* 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.

National ownership by national institutions:

- Key actors within the Steering Committee
- Mobilize and advocate within their own department and other departments at national and local levels
- Provide inputs in drafting the proposal regarding needs, expectations of public actors
- Provide technical data and information on disability
- Involve organizations of PWDs in a review of a public policy

Participation of PWDs' organizations (PWDs, families' organizations and others CSOs):

- Key actors within the Steering Committee
- Provide information from the field and challenges faced by PWDs (voicing other CSOs' concerns)
- Implement capacity development activities
- Participate in the review of a sectoral policy and in the definition of an intersectoral mechanism

Capacity development will be transversal across the 4 outcomes, and contribute to ensure the scalability and the sustainability of the project, by investing on the concerned actors' competencies:

CSOs, in particular PWDs and their representative organizations

- Demonstrate effective human rights alternatives to the charity-oriented approach
- Raise knowledge, awareness, and commitment to PWDs' rights
- Raise awareness about the CRDP, in particular in relation with article 8 and 33
- Improve PWDs' social capital: help them voice their concerns and aspirations for empowerment, participation, and inclusion
- Enhance advocacy skills

Decision-makers, officials

- Promote RBA and the culture of obligation in planning, decision-making, and policy formulation at national and local levels
- Transfer skills and resources to local authorities to mainstream disability in policies
- Instill trust and a culture of dialogue with CSOs

Health, Education and specialized professionals

- Demonstrate benefits of alternatives to a purely medical perception of disability in access to services and benefits, and promote RBA
- Promote respect for PWDs' rights and the understanding of interdependence rights to health and to education
- Raise knowledge on disability and needs of YPWDs regarding SRH and GBV services
- Raise knowledge on disability and needs of CWDs and YPWDs regarding health services in schools

Medias

- Raise awareness and knowledge on disability, capabilities of PWDs and RBA on this matter.
- Promote a better treatment of disability by means of CRPD-compliant key messages
- Networking to share good practices and strengthening journalistic competences in integrating a right-based perspective in reporting disability

Accessibility will be considered as a priority. Measures will be taken to ensure physical accessibility and accessibility to content and message in all the activities:

Specific activities will be developed in response to the lack of accessibility to information for PWDs and especially persons with sensorial and mental disability. This will include the development of key-messages on PWDs' rights and awareness-raising contents using an adapted and didactical vocabulary, and NTICs to facilitate reading and understanding of contents. A particular attention will be paid in selecting partners and service providers with strong capacities to develop accessibility innovative solutions.

The project will strive to take into account all type of disabilities: physical, sensory and mental. Within the specific outcome dedicated to the access to SSR health services in specialized institutions (non-residential), the access to information and services provided to young women with mental disability will be a high priority, in order to ensure their awareness and understanding.

4. Partnership-building potential

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

Coherence and efficiency of public policies on disabilities require a sustained and positive collaboration between state actors and the PWDs organizations that have accumulated rich and solid experiences on the ground. UNPRPD is an opportunity for UNCT to facilitate this positive collaboration by building (i) a positive and sustained dialogue between CSOs and national institutions benefiting from the UNCT's neutrality; and (ii) long-term partnership and trust between UNCT and organizations of/representing PWDs, including though their capacity-building to influence public policies and to participate effectively in decision-making processes.

UNCT played a crucial role of mediation and coordination between the key public actors dealing with PWD issues and the PWDs' organizations.

UNPRPD funding will be an opportunity to enhance existing efforts towards:

- Advocating for inclusive and right-based approaches through good practices.

- Strengthening existing partnerships and develop new ones between UNCT and PWDs' organizations, at national and local levels.
- Supporting Umbrella organizations to federate more organizations of/for PWDs' on common messages on CRDP principles.
- Enhancing CSOs' capacities to build positive and sustainable dialogues with government in order to take part in the on-going legal and institutional reforms, and decision-making processes.

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

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

Regarding knowledge generation and potential for replication, the project constitutes a long-term opportunity for UNCT in Morocco at various levels.

Within UNCT: The informal working-group established for proposal development purposes will be formalized within UNCT as a UN taskforce on disability within the UNDAF. The UN taskforce will ensure the constant linkage between project activities and the UNDAF, and mainstream disability in the broader assistance framework of UNCT in Morocco, through: knowledge sharing (progress reports, development capacities materials, reference sources, good practices, lessons learnt, etc.); identification of specific indicators on disability for UNDAF's outcomes; advocacy for disability mainstreaming in UN programmes in line with CRPD.

For UN agencies, the project is an opportunity to enhance expertise on disability and support national partners. UN agencies' support to the national efforts in implementing an inclusive public policy on disabilities will be very significant, both in terms of policy advocacy, capacity building of civil society, education and the fight against stereotypes. Hence, the project is conceived as an enabling and accelerating factor contributing to a large national process, and constitutes an opportunity for UNCT to capitalize experiences, knowledge, good practices and lessons learnt, that will be reinvested in the future.

6. Management arrangements

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

UNESCO, WHO, UNFPA and UNDP will jointly implement with a national Steering Committee including the UNPRPD members, concerned ministries and institutions, CSOs and Handicap International. UNESCO will focus on changes of cultural norms and awareness-raising, and civil society/state actors' positive and sustainable dialogue. UNDP will focus on institutional capacity development and provide enabling tools to implement disabilities' policy at national and local levels. UNFPA will consolidate the health strategy regarding reproductive health and sexual violence, especially for people living with mental disabilities. WHO will provide technical support to promote the PWDs' health rights.

The project will implement the principles of participatory, gender-sensitive and human rights-based approach.

The implementation of the project will be coordinated through a national Steering Committee composed of:

- UNESCO, UNDP, WHO, UNFPA, and Resident Coordinator Office (RCO)

- Ministries of Family, Solidarity, Equality and Social Development, of Health, of Education, the National Council for Human Rights, the Inter-ministerial Delegation for Human Rights (DIDH - as the CRDP monitoring and reporting body)
- Umbrella organizations: National Collective for the promotion of Rights of Persons with Disabilities (CNPDPSH - involving 25 associations) and National Union of associations working in the field of mental disability (UNAHM – involving 14 associations)
- Handicap International (HI)

The Committee will work as a common programmatic platform where UN agencies’ and partners’ competencies will be capitalized. This will avoid overlapping and allow synergies and mutual learning within the UNCT. To date, a UN Working Group has been set up for the preparation of the proposal and will continue to drive the Steering Committee of the programme and beyond. In addition, the Steering Committee will link the project to UN Monitoring & Evaluation group, and UN Communication group.

Table 4. Implementation arrangements

Outcome number	UNPRPD Focal Point	Implementing agencies	Other partners
<p>Outcomes 1</p> <p>Capacities of national institutions and local governments to elaborate right-based policies on disability at the national and local levels are strengthened</p>	Chafika Affaq, UNDP	<ul style="list-style-type: none"> • UNDP • UNESCO, WHO, UNFPA 	<ul style="list-style-type: none"> • Ministry of Family, Solidarity, Equality and Social Development • Ministry of interior • DIDH • CNPDPSH • UNAHM • HI • Elected officials • Other PWDs organizations and representing CSOs
<p>Outcome 2</p> <p>National institutions and PWDs organizations share a common right-based vision for conducting strategic awareness-raising campaigns, and engaging</p>	Phinith Chanthalangsy, UNESCO	<ul style="list-style-type: none"> • UNESCO 	<ul style="list-style-type: none"> • Ministries of Family, Solidarity, Equality and Social Development, Health, and Education • Ministry of Communication and other departments • CNPDPSH • UNAHM

Outcome number	UNPRPD Focal Point	Implementing agencies	Other partners
a positive and sustainable dialogue			<ul style="list-style-type: none"> • HI • Journalists • PWDs organizations and representing CSOs
<p>Outcome 3</p> <p>Capacity of sexual and reproductive health and GBV response services is enhanced for the benefit of Young women and men with disabilities.</p>	Laila Acharai, UNFPA	<ul style="list-style-type: none"> • UNFPA 	<ul style="list-style-type: none"> • Ministries of Family, Solidarity, Equality and Social Development, Health, and Education • Ministry of Justice • Foundation Mohamed V • CNPDPSH • UNAHM • HI • Specialized institutions (non-residential) • PWDs organizations and representing CSOs
<p>Outcome 4</p> <p>Capacity of mainstream school health services in two pilot sites is enhanced to ensure children with disabilities have access, as a means to support and actively advocate for the effective application of the Inclusive Strategy of the Ministry of Education.</p>	Soumia Triki, WHO	<ul style="list-style-type: none"> • WHO • UNFPA, UNDP, UNESCO • UNICEF 	<ul style="list-style-type: none"> • Ministries of Health, Education, of Family, Solidarity, Equality and Social Development, • Health and education professional : administrative and technical • Teachers • Parents Teachers associations (PTA) • Communities • Universities

7. Knowledge Management

Max 250 words.

- Studies and researches will be conducted under the project and existing studies and documentation will be capitalized, especially on cultural norms (perceptions / attitudes on disability) and on health and education issues. These will constitute a strong knowledge basis on living conditions of PWDs in a view of future programs on disability and will be effectively shared with local universities and institutions, in order to encourage further researches and knowledge production on disability.
- The steering committee will be a platform for sharing documentation and knowledge. Existing surveys, studies, reports produced by the partners will be shared and taken into account in the project orientation and implementation.
- The project will also keep a special attention in reporting challenges, lessons learnt, mitigation actions, etc. within the steering committee, and beyond.
- Specific outreach and public information campaigns will be undertaken on the basis of the knowledge produced, with specific attention to accessibility.
- A website, functioning as an accessible platform of referential contents on disability will be created in order to make visible and accessible the project's activities, contents produced and knowledge resources on disability.

8. 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)

The inception phase will be coordinated by UNESCO, and will include a series of meetings and planning workshops with partners involved in order to:

- identify and validate precisely the activities to be undertaken under the project;
- to develop indicators and baselines for each,
- to define a timetable;
- to define roles and other specific partners to commit;
- to define pilot sites of intervention.

The inception phase will also include a review and mapping of existing studies, experiences, projects, good and innovative practices that can be capitalized on for the project. The mapping can be consolidated in a report, drafted by the Steering Committee.

An official consultation meeting will be held with the Inter-ministerial Commission on disability, in order to present the main outcomes and to fine-tune with the Committee’s ongoing work stream.

One capacity-building workshop will be organized with the aim of fostering a common understanding of the CRPD, targeting UNCT, national institutions involved, PWDs representative organizations, and the media.

Filed visits will be organized with the national stakeholders, in order to deepen need assessments and exchange directly with PWDs and their families, the media, and CSOs.

Lastly, an information meeting will be held to present the project to the bilateral and multilateral donors, advocating for stronger partnership and funding on disability.

9. 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	UNESCO overall coordination	123	2 days/month * 36 months (junior)	8856	8856		[...]
	UNESCO supervision	516	1day*36 months	18576	-	18576	[...]

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
	UNDP Technical expertise (OC 1)	8 500	2 Staff members (1 week* 36 months)	17 000	8500	8500	
	WHO overall coordination	103	2 days/month * 36 months (junior)	7416		7 416	
	WHO supervision	292	1day*36 months	10300		10300	
	UNFPA technical expertise	8500	1 Staff members (1 week* 36 months)	8500	8500		
Supplies, commodities and materials	[...]	[...]	[...]	[...]	[...]	[...]	[...]
Equipment vehicles, furniture depreciation	OC 4: Educational techniques and materials to respond to disabled pupils in classes	lump sum	lump sum	14000	14000	[...]	[...]
Contractual Services	OC 1: Consultancy for the revision of legal texts and international benchmark	25 000	1	25 000	25 000		
	OC 1: development of a disability monitoring and evaluation system	25 000	1	25 000	25 000		
	OC 1: Capacity-building trainings	3 000	4	12 000	12 000		
	OC 2: Consultancy (2 middle)	300	17days*2*3 months	10200	10200		

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
	OC 2 : 3 high level meetings (CSOs and national decision-makers)	3000	3	9000			9000
	OC 2 : Survey/qualitative study on disability and cultural norms	35000	1	35000	35000	[...]	[...]
	OC 2 : Production of an accessible and creative referential and a platform on PWDs rights	24000	1	24000	24000	[...]	[...]
	OC 2 : High level national conference for launching and signature of the national charter	7500	1	7500	7500		
	OC 2: Translation, Editing and publishing for a large dissemination the National charter	3000	1	3000			3000
	OC 3: Assessment of SRH and GBV holistic response	5500	1	5500	5500		
	OC 3: Produce and disseminate a Sexual Violence Detection and Response Protocol adapted to PWDs' needs	20 000	1	20000	20000		
	OC 3: Trainings for professionals on GBV response standards and on SRH information and services.	20 000	1	20000	20000		

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
	OC 3: Produce and disseminate a Parenting Education program on SRH for young persons with mental disability	15 000	1	15 000			
	OC 3: Support the active participation of Young PWD in the implementation of Outcome 3.	1 000	1	1 000			
	OC 4: Consultancy for situational analysis (1 middle)	300	20 days	6000	6000		
	OC 4: Production and dissemination of adapted guides on the right of health targeting health and education professionals, families and communities	2 000	2 Workshops/ 2 pilot sites	8000	8000		
	OC4: Duplication of guides	(3types and 3 targets)	10	500 ex	5000		
	OC 4: Training and capacity-building for health and education professionals	3 000	6 Workshops in 2 pilot sites	18000	18000		
	OC 4: Information and sharing experiences with the large audience, especially families and Organizations representing CWDs	3000	4 meetings * 3 per year \ site	12000	12000		

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
	(WHO) Monitoring & Evaluation meetings	3000	3 (one per year)	9000	9000		
	(UNESCO) External Monitoring and evaluation consultancy	10000	1	10000	10000		
Travel	OC 1: Staff travel (Morocco elsewhere)	159	31	4 929	4 929		
	OC 1: Pilot sites visits	159	31	4 929	4 929		
	OC 2: Staff travel (Morocco elsewhere)	159	28 days	4452	4452	[...]	[...]
	OC 2: Travel costs for consultants (internationals and national – field visits)	2000	lump sum	2000	2000	[...]	[...]
	OC 3: Staff travel (Morocco elsewhere)	159	20	3180	3180		
	OC 3: Travel costs for staff or consultants (national – field visits)	2 000	1	2000	2000		
Transfers and grants	OC 2: Grants to PWDs organizations for the organization of the project's workshops and seminar during both inception and implementation phase	10000	3	30000	30000	[...]	[...]
	OC 3: Grants to PWDs organizations for the organization of capacity building activities during the implementation phase	8 000	1	8000	8000		

Category	Item	Unit Cost	No units	Total cost	Request from UNPRPD Fund	UNPRPD POs cost-sharing	Other partners cost-sharing
General Operating expenses	Miscellaneous (OC1)	1500	1	1500	1500	[...]	[...]
	miscellaneous (OC2)	1500	1	1500	1500	[...]	[...]
	miscellaneous (OC3)	1500	1	1500	1500	[...]	[...]
	miscellaneous (OC4)	1500	1	1500	1500		
Subtotal				430338	373546	44792	12000
Indirect costs (7%)	[...]	[...]	[...]	30 124	26148	3135,44	840
Total	[...]	[...]	[...]	460 462	399694	47927	12840

From the above information please specify the following:

Table 6. Detailed Costs

Category	Activity (please describe)	Total cost
Inception activities	OC 2: Grants to PWDs organizations for the organization of the project's workshops and seminar during inception phase. Estimated number of meetings and workshops with partners and stakeholders in order to define challenges and opportunities for the project. These meeting will be covered through grants transferred to one or two DPOs that have the organizational capacities to hold the logistical aspects	10000
	OC 2: Consultancy (2 middle) 1 consultant will be contracted in the inception phase in order to facilitate the consultation actions and to define the project action plan and indicators	5100
	TOTAL	15100

Category	Activity (please describe)	Total cost
Monitoring and Evaluation ¹² Costs	Monitoring & Evaluation meetings of the steering committee	9000
	Final external evaluation	10000
	TOTAL	19000
Direct impact on empowerment of women and girls with disabilities	OC 2 : Production of an accessible and creative referential and a platform on PWDs rights Part of the referential and the platform dedicated and targeting specifically Women and girls' with disabilities rights and issues, thus contributing to improve their knowledge and consciousness on their human rights and their capacities to better advocate for their realization	7200
	OC 2 : Survey/qualitative study on disability and cultural norms Part of the content focused on better understanding and fighting stigma and barriers regarding disability especially stigma and barriers that are faced by women and girls with disabilities	10500
	OC 3: Produce and disseminate a Sexual Violence Detection and Response Protocol adapted to PWDs' needs The setting-up a Sexual violence prevention and detection system for Young women and men with disabilities will have a direct impact of women and girls with disabilities (with a special focus on women and girls with mental disability). It will improve capacities and means for themselves and their environment to prevent and to face violence risks and situations	20000
	Portion of the participation to the implementation of OC 3	500
	TOTAL	38000
Direct Impact on DPOs' capacity	Organizational, management, coordination and networking capacities enhanced through the management of OC2 and OC 3 grants and the organization of the project activities	38000

¹² Please include costs for a final external evaluation of the project.

Category	Activity (please describe)	Total cost
	Portion of activity dedicated to improve knowledge on PWD's rights and how to address cultural stigma and barriers regarding disability	15000
	Portion of training targeting staff of specialized institutions (non-residential.), considering that many of those structures are managed by DPO's/representing them, and some of them are even families	20000
	TOTAL	73000
Accessibility costs	Portion of the contract for the development of the accessible referential and platform	10000
	Adapted techniques and materials introduced and made accessible to CWDs in pilot schools	20000
	TOTAL	30000