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**END OF PROJECT REPORT**

**Title of Project-**Changing mindsets and instilling a human rights approach in the perception of disabilities in Morocco

**Name of Country**- Morocco

**Project Duration (From-To)** March 2018 – July 2021

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# Introduction

The purpose of this report – which is consistent with the UNDG Standard Progress Report format – is to provide information on the progress made by the project towards the realization of its stated objectives. In keeping with the on-going efforts of the UN system to strengthen results orientation, the report should focus on systemic, structural transformation, rather than process. This highlights how the different elements of the results chain described in the approved project document contributed to advancing the rights of persons with disabilities, in keeping with the Convention on the Rights of Persons with Disabilities.[[1]](#footnote-1)

Reporting teams are encouraged to attach annexes containing additional relevant information (including assessments, evaluations and studies undertaken or published) and share videos, photographs (high resolution image files) or other multi-media materials illustrating the work and impact of the project. It is recommended, however, that all annexes be clearly referenced, using footnotes or endnotes within the body of the narrative.

Please note the report should be accessible.[[2]](#footnote-2)

# 1. Overall progress

Please describe the progress made during the reporting period towards the realization of the expected impact of the project. Please make sure to capture, in your description, relevant shifts in capacity development as well as in the wider disability inclusion agenda and implementation of the SDGs in the country. Please also comment, as appropriate, on the variations in impact indicators reported in Table 1.

Morocco has made significant progress in improving the conditions of people living with disabilities (PWDs), including:

* Ratification of the CRPD in 2009;
* Recognition in the new Constitution (2011) of the political, social, economic and cultural rights of PWDs on the basis of non-discrimination;
* Adoption of a multispectral public policy for the Promotion of the Rights of PWDs (2014), monitored by an Inter-ministerial Commission under the chairmanship of the Head of Government ;
* Adoption of a framework law strengthening the rights of PWDs ;
* Public funding for PWDs within the framework of the social cohesion support fund.

However, PWDs are still facing barriers in terms of social acceptance, and access to services, social participation and inclusion. This is mainly due to social stigma, discrimination, and a lack of a human rights-based understanding of the issue by the general population.

Building upon the momentum, the demands of the national partner, and the UNDAF 2017-2021, the UN system in Morocco, with the support of UNPRPD, has strengthened, since 2018, the national efforts in implementing an inclusive public policy on disabilities, in terms of policy advocacy, capacity building of civil society, education and the fight against stereotypes and social representation.

This collective effort is reflected today with the closing of the project “Changing mindsets and instilling a human-rights approach in the perception of disabilities in Morocco”.

The project has enabled and accelerated the national efforts and constitutes an opportunity for UNCT to capitalize experiences, knowledge, good practices and partnerships.

Using the twin-track approach, the programme, coordinated by UNESCO, in partnership with UNFPA, WHO and UNDP, combined targeted and mainstreamed interventions, since it intends to showcase complementarities of scopes and the interdependence of rights. A Human Right Based Approach has been mainstreamed in national institutions, CSOs, PWD organizations, and the media, with a view to facilitating dialogue and common understanding.

In addition, the project targeted the stakeholders concerned at national and local levels (in the pilot regions):

* officials of the ministries concerned (MSFFDS) to implement a mainstreamed disability dimension;
* human rights institutions to follow up on CRPD,
* statistics department to support the national and local information system;
* national health professionals to embed the rights of PWDs in all health strategies;
* education professionals to facilitate health services provision in schools;
* PWD organizations to participate in the process of the first national study concerning the perception of disability in Morocco;
* Medias to tackle stereotypes.

After 3 years of implementation, the project «Changing mindsets and instilling a human-rights approach in the perception of disabilities in Morocco » has thus enabled, thanks to both policy/capacity-building and research actions undertaken:

* Morocco is provided with a national evaluation system of a person’s eligibility. This system is based on the International Classification Functioning, Disability, and Health (ICF). It responds to the lack of data and information on disability and the situation of persons with disabilities at the national level. The national commission in charge of the follow up of the implementation of the National Strategy for PWD rights is informed of, and provided with, this system for a better follow-up implementation of the strategy. Besides, due to the Covid-19 crisis, the project supported innovative solutions for PWDs. For instance, a PWD platform has been established to facilitate access to disabilities certificate to people with disabilities, and the establishment of an educational platform that aims to provide therapy services to persons with disabilities and their families during Covid-19.
* The project contributed an understanding of the cultural and social norms underpinning Moroccan society’s perception of, and interaction with, persons with disabilities. It also confirmed the assumption that the way a person with a disability is treated differs based on the person’s gender. The findings of the study and the audiovisual materials produced *( videos and podcasts)*, helped to develop the tools to efficiently deconstruct negative and harmful cultural norms and beliefs towards PWDs, particularly via an awareness-raising campaign in traditional and digital medias, giving a voice to PWDs.
* The combination of efforts and expertise of the multi-stakeholders involved has enabled the implementation of innovative initiatives for the better social inclusion of young people and adolescents with disabilities. Through this joint project, the UNFPA has contributed to enriching knowledge on the question of disability and, based on the evidence, to launching model initiatives that can be scaled up and replicated across the kingdom and beyond.
* A pilot project is carried out allowing two state schools to strengthen their capacities in school health services to enable children with disabilities to benefit effectively from medical and paramedical support. This enabled them to have an integrated inclusive education. These services could be offered within the qualification and psycho-educational support space (resource room for qualification and support) which constitutes an essential structure for the implementation of the reference framework for inclusive education. They could be made available in the health structures of the Ministry of Health as part of the school and university national health strategy.

The objective was, therefore, to consolidate this complementarity by trying to find the tools and the means to build a solid partnership between these two sectors and their partners, by concentrating on the training of the various actors involved and by adopting an approach based on human rights.

Within the framework of this collaborative work and in order to ensure the commitment and ownership by the main partners of this project, the WHO decided to set up a technical committee for the implementation of result number 4 of this project. This committee is represented by all stakeholders to achieve the expected result. It is made up of representatives of the Ministry of Health, the Ministry of Education, the National Human Rights Council , the collective for the rights of people with disabilities, the autism collective, the Office of the SNU resident coordinator in Morocco and UNICEF.

This committee decided to carry out an inventory of the various initiatives in favor of access to care and an inclusive education for children with disabilities (CWDs) at the level of two pilot sites (Rabat and Casablanca) to ensure the relevance of the planned activities or their update.

The study of the state of educational, medical, paramedical and social services, as well as coordination mechanisms, was based on two main approaches: a documentary review and a field survey.

The documentary review made it possible to observe the commendable efforts in terms of the legislative framework related to the rights of ESH; however, on the other hand, it revealed that the practices in these areas are experiencing deficiencies that require remediation and adjustments.

The field survey was based on three techniques, namely:

1. Observation of the premises
2. Semi-structured interviews specific to each sector, according to the concerns of the sector and the stake it represents in the dynamics of supporting ESH.
3. A focus group.

Three major observations recorded indicate the constraints and the dysfunction hindering the process of inclusive education in the sites visited:

- The absence of the implementation of the individual educational project as stipulated in the official educational provisions of the MEN. This was due to the lack of the qualifications and the training of teachers on the procedures and measures of inclusive education and, above all, on the approach based on human rights and the rights of people with disabilities.

- The lack of medical services and specialized human resources to diagnose the type and degree of disability, on the one hand, and to provide technical support and follow-up services allowing children to be fully involved in the process of learning (speech therapy, psychomotor skills, ergonomics, psychotherapy, etc.).

- The lack of close coordination between educational players and those in the health sector. Each entity operates independently in the absence of a common work program to be implemented in an integrated manner.

- A lack of awareness of the rights of people with disabilities among health and education professionals, parents of students and non-governmental organizations working in this field.

This study clearly showed the relevance of the majority of the activities already identified and in particular:

1. training and awareness-raising workshops on the rights of people with disabilities, for health and education professionals, parents, students, and civil society actors

2. training workshops for the various stakeholders focusing on specific learning disorders among children

3. Training workshops for assistants and educators in extracurricular.

In addition, the project enabled:

* **Advancing the full and effective participation of PWDs**. DPOs are present in the technical committee established on April 9 with the objective of addressing issues related to health and education within the framework of the UNPRPD project (Outcome 4). They sit with representatives of the Ministry of Solidarity, Family, Social Equity and Development, the Ministry of Health, the Ministry of Education, the National Human Rights Council (CNDH), UN agencies, and civil society. Additionally, DPOs and PWDs were fully involved in the design of the survey launched by UNESCO on “Social representations and disability in Morocco” and actively participated in the formulation of the survey’s recommendations.
* **Advancing the Rights**-**based approach**. The revision of the mandate of the National Human Rights Council (CNDH) to include in its missions the national monitoring of the CRPD in conformity of the CRPD art. 33 is a real asset to the project. Additionally the kit and framework developed for health professionals providing essential health services to women and girls (including those with disabilities) is aligned with the concept of Human Rights victims. The project also supported the establishment of the national strategy for the promotion of the rights of persons with disabilities.
* **Increasing of public awareness:** through the survey on “Social representations and disability in Morocco”, the project questioned the public on its perception of persons with disabilities and its interaction with the latter. The survey’s findings provide interesting insights as regards to how the gender issue interferes with the way society perceives and interacts with persons with disabilities. A female person with a disability will be considered differently from a male with a similar disability. The project also developed multimedia content~~s~~ that have been widely broadcast and disseminated. In addition, sensitized a network of journalists to the rights of PWDs and launched a media campaign aimed at the larger public to change their perception of PWDs. The organisation and hosting of the “Arab States Regional Workshop on Gender-Based Violence and Sexual and Reproductive Health Services and Reproductive rights for Women and Young People with disabilities” represented a great opportunity to sensitise the public to the situation of persons with disabilities. The workshop took place in December 2019 and was attended by participants from a different number of Arab countries. Persons with disabilities took this opportunity to advocate for themselves.
* **Fostering coordination mechanisms by the national stakeholders**. The UNFPA coordinated several meetings between the Ministry of Health and the Mohammed VI National Centre for Disability (CNMH) and managed to create a conducive environment for a better coordination between the two entities with a view to providing better access to SHR and GBV based on the concept of Human Rights.

Finally, this project made it possible to launch a national charter project in July 2021, on the sidelines of the restitution event organized by UNESCO in partnership with the Collective Rights of People with Disabilities, with the participation of different national stakeholders, and an important participation of the media . The charter is being adopted, and UNESCO will continue the coordination of the dissemination and adoption process with the Collective, as agreed with the participants.

Given the restrictions related to the pandemic of COVID-19, a national event dedicated to the adoption of the charter developed within the framework of the project, initially planned for September 2021, had to be postponed. The first edition will be held in Rabat, with the ambition of becoming a permanent and itinerant event in order to assess the current situation, as well as to make constructive recommendations for the promotion and monitoring of the implementation of the charter.

# 2. Progress towards impact and specific outcomes

Using the table format provided below, please provide information on the progress towards the impact and the achievement of the outcome indicators that took place during the reporting period. Where it has not been possible to collect data on indicators, additional narrative information should be provided, detailing why that was the case and what plans have been put in place to ensure that the relevant data will be provided.

## Table 1. Progress against impact indicators

| **Impact** |
| --- |
| * **Through outcome 1**, the rights of PWDs to benefit from inclusive and human rights based public policies will be advanced based on 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 the right of PWDs to exercise their freedom of expression and opinion, and to seek, receive and impart information and ideas on an equal basis will be 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) * **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) |

### Impact Indicators

| **Indicator\*** | **Start level**  (Beginning of the project reporting period)\* | **Target\*** | **End level**  (End of the project reporting period)**\*** | **Means of Verification** |
| --- | --- | --- | --- | --- |
| PWDs and/or DPOs voice , their concerns and opinions in various channels of communication, as well as in decision making instances, taking into account gender equality | There is no existing assessment of the media content so far. The project will address this need with the HACA as one of the preliminary actions.  DPOs are members of National Human Rights Council (CNDH), and the Economic, Social and Environmental Council (CESE) | Around 30 press articles,  10 public bodies include~~s~~ DPOs on their board, involving at least 40% women  Establishment of the disability assessment system (SHE) in progress | Journalists have been sensitized, and have completed several interviews and reporting on the project.  A media campaign was launched.  A video aiming to change the perception of people with disabilities was made with the participation of two well known people that happen to have disabilities.  10 videos and 10 podcasts were produced and disseminated, via social medias and webpages of the project.  2 deliverables were approved by the project team and the terms of service for the dematerialization of the disability card granting system | Press articles, press reviews , radio and TV programs  Video produced by Strateus  Videos and podcasts produced by Z Projects  Online Forums, Official nomination of DPOs to different bodies,  Report of harmonization scenarios |
|  |  |  |  |  |
| Professionals and NGOs are trained to be able to deliver SRH and GBV prevention services to young people with disabilities | Services and prevention services (SRH & VBG) exist but are not specific and adapted to people with disabilities | 50 Professionals are trained  The creation of communication supports for the promotion of COAPHs services. | By the end of 2020 health professionals will have been trained to provide care for PWDs based on the guidelines package of essential health services for women and girls victims of violence  A methodological note was created; an institutional video to promote COAPHs was created | Reports of training sessions  Visual identity and institutional videos |

*\* Please provide sex disaggregation here.[[3]](#footnote-3)*

## Table 2. Progress against outcome indicators

*(Add a table for each outcome in the approved project document)*

| **Outcome 1** |
| --- |
| The capacities of national institutions and local governments to elaborate right-based policies on disability at the national and local levels are strengthened |
| **Type of Lever:** |

### Outcome 1 Indicators

| **Indicator\*** | **Start level**  Baseline  (Beginning of the project reporting period)\* | **Target level\*** | **End level**  End line  (End of the project reporting period)\* | **Means of Verification** |
| --- | --- | --- | --- | --- |
| Number of coordination mechanisms for the promotion of the rights of persons with disabilities, in line with the CRPD provided and used by key actors. | **2016**  National Inter-ministerial committee to follow the implementation of the National strategy of persons with disabilities’ rights institutionally established  **2017**  The national legal framework is not aligned with the provisions of the CRPD  Absence of disability evaluation and information system  No region has a plan to mainstream thedisability issue | 3 including the legal framework, the S&E sensitive to gender and the scaling up of disabilities concerns at the local level | At the time of the completion of the reporting exercise, the coordination mechanisms were yet to be set and operationalised.  Achieving the alignment of the national legal framework with the provisions of the CRPD remains a challenge due to the scarcity of expertise on the issue, including within the UN. Nevertheless, the process has been initiated.  A survey on the establishment of a disability evaluation and information system is being carried out.  To date, no region has mainstreamed the disability issue | Reports on harmonisation options and ToRs  ToRs, concept note developed and first deliverable |
| […] | […] | […] | […] | […] |

*\* Please provide sex disaggregation here.[[4]](#footnote-4)*

| **Outcome 2** |
| --- |
| National institutions and PWDs organizations share a common rights-based vision for conducting strategic awareness-raising campaigns and engaging in a positive and sustainable dialogue with the participation of PWDs |
| **Type of Lever:**  - CUL: Cultural norms, beliefs, attitudes and values  - PAR: Partnership |

### Outcome 2 indicators

| **Indicator\*** | **Start level**  Baseline  (Beginning of the project reporting period)\* | **Target level\*** | **End level**  End line  (End of the project reporting period)\* | **Means of Verification** |
| --- | --- | --- | --- | --- |
| Number of joint initiatives undertaken by the national institutions, DPOs and the media to promote the rights of persons with disabilities in compliance with the CRPD and aimed at addressing changing cultural beliefs, using the reference tools produced and engaging a positive and sustainable dialogue | 1 campaign conducted in 2017 by the Min. of Social Development and Communication | Main common/popular negative beliefs and attitudes towards disability are highlighted and deconstructed through:  (i) a body of knowledge and information on the sociocultural perception of disability, including portraits and testimonies, and taking into account the diversity of disabilities and gender and equality dimension, is produced. This provides information and qualitative data on the representation of disability and PWDs, by different actors and by PWDs themselves.  (ii) Multimedia contents (including photos and videos) based on the body of knowledge and information on sociocultural norms on disability collected from actors and PWDs~~,~~ and on the CRPD are produced and disseminated  Multimedia contents including photos, video clips about main common/ popular negative beliefs and attitudes towards disability are highlighted and deconstructed  (All the contents are produced with a mainstreamed approach and take into consideration types of disability (mental, psychological, physical and sensorial), age, and rural/urban location situations and the intersection of forms of vulnerability/discrimination) | A study “Social representations and disability in Morocco” was published. It provided information on the sociocultural perception of persons with disabilities in Moroccan society. The study also enclosed preliminary recommendations and measures to tackle negative beliefs and perception of persons with disabilities.  For the purpose of the study, 110 persons were interviewed (71 females and 39 men) with the aim of covering the maximum range of disabilities.  DPOs helped to organise 20 interviews and 12 focus groups (with from 6 up to 12 participants) across 4 cities (Agadir, Casablanca, Tetouan and Rabat)  Multimedia contents giving a voice to PWDs, produced and disseminated, including videos (10) and podcasts (10) with subtitles in Arabic, French and English. | Final draft version of the study  The Arabic version of the study  The multimedia contents (videos and podcats produced)  The videos and podcasts produced  The draft of the charter  The report of the media campaign  The press review  The webpage of the project |
| Number of national institutions, DPOs and the media engaged in defining common grounds for regular dialogue and communication to promote the rights of people with disabilities | 0 | The representation of disability in audio-visual media is better addressed through the production of a draft of a national framework of indicators in the framework of the charter~~,~~ on disability as a component of diversity in the media, produced in a participatory approach with key actors (DPOs, traditional and associative media)  A network of journalists mobilized and duly informed about the rights of PWDs is sensitized, and journalistic contents are produced on the issue, with a view to a fair and objective representation of disability by the media | A draft national framework of indicators on disability as a component of diversity in media/ access to information is amongst the priorities of DPOs, and being discussed to be adopted with the media and authorities  The network of journalists is sensitized  A video is produced and widely disseminated  A campaign was launched with the participation of the journalists that have been trained. |  |

| **Outcome 3** |
| --- |
| Capacity of sexual and reproductive health and GBV response services is enhanced for the benefit of young women and men with disabilities. |
| **Type of Lever:**  Capacity (CAP) |

**Outcome 3 Indicators**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator\*** | **Start level**  **Baseline**  **(Beginning of the project reporting period)\*** | **Target level\*** | **End level**  **End line**  **(End of the project reporting period)\*** | **Means of Verification** |
| Number of memorandums established between the CNMH and the institutions involved, integrating SRH and GBV information and services with a focus on young people with disabilities | 0 | 1 MoU between the Ministry of Health and CNMH is established and enables an environment in favor of large access to SRH and GBV services and care  10 NGOs as partners with CNMH implementing SRH and GBV information and services  50 participants PWD/NGO | 1 MoU signed  10 NGOs  500 participants PWD | The MoU and the Action Plan for its implementation  List of professionals in charge of providing the services with their ToRs  List of PWDs |
| Number of professionals and NGOs trained in delivering SRH and GBV prevention initiatives to young people with disabilities | 0 | 1 module  5 trainings  1 network of youth peers | The module of training, with pedagogical worksheets with reference to essential services with a focus on women and girls victims of gender-based violence, is elaborated.  The pool of trainers that are trained (30 persons) comprises : staff of the Mohammed VI National Center for the Disabled and managers of disabled associations | Video, photos, a list of participants, training module, minutes of the consultation meetings, pre and post training surveys |

| **Outcome 4** |
| --- |
| ~~C~~ The 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. |
| **Type of Lever:** |

### Outcome 4 Indicators

| **Indicator\*** | **Start level**  Baseline  (Beginning of the project reporting period)\* | **Target level\*** | **End level**  End line  (End of the project reporting period)\* | **Means of Verification** |
| --- | --- | --- | --- | --- |
| Establishment of a technical committee in charge of the implementation of outcome 4 |  |  | Achieved  The committee was constituted | Meeting report of the validation of TOR and the representative members of the technical committee |
| Statement of inclusive education initiatives in the two pilot schools | A synthetic statement of inclusive education initiatives was not  elaborated before | NA | The statement was elaborated with the support of the technical expertise of a national consultant | Report of the statement |
| A number of training workshops on the  right to education and health of  children with disabilities among  health and education professionals  & education  professionals, parents and family  representatives, and students of ordinary schools in two pilot  sites | Four training workshops on the rights of children with disabilities in each sentinel site among  1. Education professionals  2.Health professionals  3. parents and NGOs  4. Students | The target was achieved at 100% | An awareness raising and training workshop on the rights of children with disabilities at two pilot sites (“Saad Bnou Abi Wakkass” school in Casablanca and “Belle Vue” School in Rabat)were organized with the support of The National Human Rights Council (CNDH) and all the technical committee members.  8 training workshops | Final project report |
| Guide and tools on the rights of  children with disabilities are  developed | 0 | 100% | The technical committee decided to use the expertise of the National Human Rights Council and the available tools to strengthen capacities among all the target population, | Report of the human rights training workshop |
| Workshops for setting up coordination mechanisms between the two sectors of education and health, the identification of specific needs for each type of disability and the establishment of tools for the monitoring of CWD. |  | Achieved | The conjoint ministerial circular related to inclusive education among CWD was reviewed and adapted.  The indicators have been reviewed | Workshop report |
| The training workshop for trainers of health professionals in the care of children with disabilities in inclusive education classes |  | Achieved | Set up a pool of trainers to take charge of CWD | Workshop report |
| Training workshops for Auxiliaries of Social Life (SLA) and educators working in the two pilot schools |  | Achieved | Capacities strengthening among SLA | Workshop report |
| Project supervision meeting in pilot sites |  | Achieved | Assess the impact of all the activities that have been implemented in the two pilot schools and define the recommendation for the continuation of the project | Supervision report |

# 3. Progress towards specific outcomes

Please describe the progress made during the project period towards the realization of each of the outcomes envisaged in the approved project document. To the extent that is possible, clearly outline the link between the outputs delivered by the project and the described outcome-related progress. Please also comment, as appropriate, on the variations in outcome indicators reported in Table 2.

Below are details pertaining to the progress made under each outcome.

**Outcome 1:**

* The survey on the establishment of a disability evaluation and information system is being carried out.
* The alignment of the national legal framework with the provisions of the CRPD remains a challenge due to the unavailability of expertise, including within the UNCT. The process has however started with the development of ToRs.
* ToRs for the activity “normalization of Moroccan sign language” were developed and meetings to communicate on this activity were organized.
* In the framework of the support to the “Centre National de Monitoring, des Etudes et de la Documentation” (CNAMED), ToRs were developed for the launch of surveys on “the inclusive education of PWDs” and “ the development of a bibliographic guide on disability in Morocco – elaboration d’un guide bibliographique sur le handicap au Maroc”
* Establishment of the disability assessment system (SHE) in progress: 2 deliverables were approved by the project team and the terms of service for the dematerialization of the disability card granting system
* Creation of a modular and scalable IT platform to obtain a disability card
* Scenario proposition for the harmonization of the national legal framework
* The ongoing elaboration of the disability bibliographic guide
* The organisation of a an awareness-raising campaign about disabilities
* The creation of communication supports for the promotion of COAPHs services.

**Outcome 2:**

* A study on “Social representations and disability in Morocco” is completed. It informs on the sociocultural perception of persons with disabilities in Moroccan society. The study also encloses preliminary recommendations and measures to tackle negative beliefs and perceptions of persons with disabilities.

For the purpose of the study, 110 persons were interviewed (71 females and 39 men) with the aim of covering the maximum range of disabilities.

* DPOs helped to organize 20 interviews and 12 focus groups (with from 6 up to 12 participants) across 4 cities (Agadir, Casablanca, Tetouan and Rabat)
* The translating and diffusing of the study “Social representations and disability in Morocco” in Arabic
* Multimedia contents produced include videos (10) and podcasts (10) with subtitles in Arabic, and French, giving a voice to PWDs to widespread public awareness about the stereotypical social perception of disability, and the discrimination that PWDs continue to face.
* The network of journalists have been sensitized and contributed to the media campaign launched.
* Production and dissemination of the video on the perception of PWDs in the country.
* The development and public presentation of a draft of a national charter, including indicators on disability as a component of diversity in media/ access to information, and the launch of the advocacy process of its implementation.
  + A national restitution event is organized gathering national institutions, UN agencies, members of the steering committee, DPOs, PWDs and medias.

**Outcome 3:**

* Conducting a study on the perception of sexual and reproductive health among people with disabilities;
* Development of a benchmark through the adaptation of the package of essential services for the care of people with disabilities who are victims of violence and monitoring indicators;
* Improving access for people with disabilities to health services through the production and distribution of the disability monitoring booklet, including the necessary specialists;
* Capacity building of executives and managers in terms of the law and gender approach;
* Development of parental guidance to enable parents to acquire the necessary skills in the care of adolescents and young people;
* Use of disabled sports to develop social inclusion through sport, culture and awareness-raising caravans, with the involvement of thematic associations, the media and institutional partners during the celebration of national and international days;
* Development of the peer education approach with the production of teaching materials in sexual and reproductive health and gender-based violence specific to the type of disability.
* At the same time, during the COVID-19 health crisis, we ensured that parents and educators were equipped with the production and distribution of video clips and the organization of webinars on recommendations for best practices, organizational and functional guidelines and practical advice, to ensure quality home care that meets the real needs detected with the families of people with disabilities.
* Strengthening South-South cooperation: exchange of good practices on the issue of sexual and reproductive health care needs among persons with disabilities: Developing a video capsule on its history from 2006 to 2019 and the status of its expertise and its impact on the national and international area in order to make it a reference center in social inclusion, protection and management of risks and needs in SRH and GBV among young people with mental disabilities in the Arab region
* Continuation of the actions organized by the YPEER: Peer educators approach for PWDs with Human Rights;
* Celebration of the International Day of Disability (03 December) under the theme "Promotion of the rights of PWDs to health: MS-CNMH- UNFPA in collaboration with the Ministry of Health and CNMH, UNFPA Morocco, ASRO, HQ.

**Outcome 4:**

* The setup of a technical committee to steer outcome 4 of the said permitted efficient coordination within the framework of collaborative work and commitment and ownership by the main partners. This committee is represented by all stakeholders to achieve the expected result. It is made up of representatives of the Ministry of Health, the Ministry of Education, the National Human Rights Council, the collective for the rights of people with disabilities, the autism collective, the Office of the coordinating resident of the SNU in Morocco and UNICEF.
* Inventory of the various initiatives in favor of access to care and inclusive education for children with disabilities (CWD) at the level of two pilot sites (Rabat and Casablanca) to ensure the relevance of planned activities
* 8 training and awareness-raising workshops on the rights of people with disabilities, health and education professionals, parents, students, and civil society actors in two pilot schools:
  1. “Saad Bnou Abi Wakkass” school in Casablanca
  2. and “Belle Vue” school in Rabat

During the sessions of these workshops, the training was able to convey the following messages:

- The International Convention on the Rights of Persons with Disabilities constitutes the reference which must frame any legal approach to disability.

- Values and principles are not only to be assimilated, but mainly to be acquired and anchored in order to fight against any social representation, perception or practice hindering the participation of the PWD or their enjoyment of their full rights.

- Inclusive education and medical services for CWDs are not a favor but a right for all children equally and without discrimination, and must be of high quality, respected and enforced.

- The adequate accommodation mentioned in the Convention is an obligation of non-discrimination,

- The guarantee of these services constitutes a right to participation which must be carried out with respect for the dignity of the person without discrimination

- Any infringement of these rights by education and health professionals constitutes a violation of law which could be the subject of a complaint

- Inclusive education, in its two components which are education and health, is a responsibility of the State, but partners can contribute to it according to their prerogatives

- **Training workshop for trainers of health professionals in the care of children with disabilities in inclusive education classes**

* 1. training on neurodevelopmental disorders and in particular disorders in the field of autism
  2. a recommendation to ensure ongoing training on this disorder and other disabilities among health professionals

-Training workshops for school assistants and educators in extracurricular

Social workers and educators who support children with disabilities in inclusive classes do not benefit from a training plan. This project provided for a five-day training course at each pilot site on disorders in the autism sphere for the benefit of these professionals.

-Update the coordination system between the various stakeholders in order to create a synergy of efforts and integrated support for ESH.

* 1. Identification of needs for the most frequent types of disabilities at the level of these two schools
  2. Review and update of the joint circular of the Ministries of Education and Health, including coordination mechanisms
  3. Review of CWD monitoring indicators at school level

- Supervision meeting at the two pilot schools

This supervision highlighted the relevance of the project and issued some recommendations:

The recommendation of this supervision is to build a local plan for the management of each type of disability in consultation with actors of the care network at the level of primary care and hospital establishments.

-Continue to build the capacities of all actors on the human rights approach and on the management of disability.

# 4. Equality between men and women

* *How did the project take into account differences in the barriers faced by men and women with disabilities?*
* *In what way did the project advance gender equality?*
* *How have the specific actions undertaken by the project contributed directly to the empowerment of women and girls with disabilities? Please include here baseline and end line data on how women with disabilities were included and impacted while implementing the project. Kindly note that in the expenditure section below projects are requested to state the overall funding spent on these activities.*

The project’s implementation team paid particular attention to the situation of women with disabilities as stipulated in the CRPD article 6. So far, the following steps have been taken:

* Representativeness of women and women with disabilities (WwDs) in the Steering Committee is ensured (from national institutions, civil society representatives, DPOs, UN agencies).
* Among civil society representatives, many are parents of young WwDs, thus guaranteeing that specific issues and forms of gender-based discriminations are not left behind.
* While implementing different components, gender dimension has been both systematically mainstreamed and specifically addressed.
* Consideration of the Covid 19 pandemic and its impact on the lives of PWDs;
* Evidence generation: an exploratory study on Morocco's commitments in reference to the ICPD and the ICPD in terms of regulatory and legislative aspects for the promotion of the rights of PWDs, access to medico-social services, medico-social coverage, socio-economic inclusion of PWDs, achievements and contributions of the health and disability strategic plan
* Avoid a medical approach, to promote equality and the right for a sexual life for PWDs, to respond to a holistic and inclusive approach (different types of disabilities), and to address the issue of education and the prevention of GBV.
* Under outcome 2, the terms of reference of the research mission on the social perception of disability were gender sensitive in general terms, and included very specific requirements in addressing the issue of differences in the challenges faced by men and women with disabilities;
* The implication of women in positions of responsibility ;
* The use of gender-sensitive outcome indicators;
* The integration of gender in public policies;
* The diffusion of lessons for psychological and pedagogical support for PWDs on national TV for a better access of women and men to this kind of support;
* The facilitation of the obtention of the disability card to men and women through the creation of a modular and scalable IT platform ;
* In the framework of the development of the national system of evaluation of PWDs, gender sensitive data was taken into consideration for a better understanding of inequalities in this population category.
* Outcome 3 related to “Sexual and reproductive health (SRH) services and strategies to combat violence against women with the active participation of PWDs” was first not considered as a priority by the representatives of the Ministry of Social Development, in comparison with economic empowerment. However, the project team has insisted that this outcome should be kept in the project as this question is a very concrete challenge faced by many WwDs, their families and professionals, who explicitly expressed the need. This specific outcome has also been revised in order to avoid a medical approach, to promote equality and the right for a sexual life for WwDs, to respond to a holistic and inclusive approach (different types of disabilities), and to address the issue of education and the prevention of GBV.
  + - Under outcome 3 the activities foreseen in the workplan combine targeted interventions and mainstreaming actions. In this respect, municipalities, the health sector and NGOs were identified as a field of application.
    - The outcome contributed to the implementation of the Law No. 103-13 on combating violence against women that was adopted in 2018 and includes explicit reference to PWDs. Also the 2003 Criminal Code, which was amended to prohibit and punish discrimination based on disability, still represents a solid basis of work.
    - Adaptation of the Peer educators approach (Y-PEER) for PWDs with Human Rights;
    - Representativeness of women and PWDs in the Steering Committee is ensured (from national institutions, civil society representatives, DPOs, UN agencies);
    - Among civil society representatives many are parents to young WwDs, thus guaranteeing that specific issues and forms of gender-based discriminations are addressed.
    - Consideration of the Covid 19 pandemic and its impact on the lives of PWDs;
    - Evidence generation: an exploratory study on Morocco's commitments in reference to the ICPD and the ICPD in terms of regulatory and legislative aspects for the promotion of the rights of PWDs, access to medico-social services, medico-social coverage, socio-economic inclusion of PWDs, achievements and contributions of the health and disability strategic plan.
    - Avoid a medical approach, to promote equality and the right for a sexual life for PWDs, to respond to a holistic and inclusive approach (different types of disabilities), and to address the issue of education and the prevention of GBV.

# 5. Full and effective participation of persons with disabilities

*Please describe how the project ensured the full and effective participation of persons with disabilities and their representative organizations:*

* Their membership in the Steering Committee. The Committee counts 20 members, of whom 6 are DPOs, including PWDs – hearing and visual impairment, physical, mental and intellectual disabilities.
* Involvement of both active DPOs with national scope and international dimension (such as members of the International Disability Alliance, IDA), and local DPOs with specific constituency.
* Avoiding walk-on parts for PWDs, and involving them as fully-fledged stakeholders (as speakers, experts) in the preparation and unfolding of the Public Awareness-raising Conference, in the Inception workshop organized as a launching event of the project, during the implementation of different components of the project and the restitution event.
* Their direct involvement as host/ partners (HADAF works with people with mental disability and promotes their social and professional inclusion. All organizational aspects of the event (catering, preparation of documents, logistics, welcoming guests, installation, etc.) have been managed by the HADAF team, including young women and men with different types of mental disability working and trained onsite. Food ingredients were produced by PWDs onsite as well. “Collectif des droits des personnes handicapées” is mainly made up of people with disabilities leading the organization that was a partner during the restitution event) .
* Accessibility has been ensured during inception activities, through lifts, ramps, and accessible facilities in HADAF (this is not a minor concern, as in Morocco many buildings including hotels, public buildings etc., are still not accessible for PWDs ), translation of documents in braille, interpretation in Moroccan sign language, including during group work,.
* Specific actions and meetings with the DPOs were conducted within each outcome in order to seek recommendations and adhesion.
* DPOs and PWDs were fully involved in the development of the framework of the study on “Social representations and disability in Morocco”. Similarly, they played a critical role in organizing focus-groups and interviews within the framework of this activity;
* Under outcome 2 : 2 celebrity PWDs have participated in a video to inspire young people and change their perception of PWDs , especially women and girls.
* Under outcome 3, PWDs contributed to identifying the obstacles in terms of the perception of SRH and GBV among PWDs . The study results will be used to advocate for the revision of regulatory aspects related to disability legislative texts and to develop guidance or parental education according to the needs of PWDs.
* PWDs and DPOs sit on the Technical Committee established under the framework of Outcome 4. As such, they are fully involved in the decisional process of the Committee;
* The establishment of a disability evaluation and information system;
* The presentation, on national TV, of pedagogical video-capsules dedicated to persons with disabilities and their families, to support, educate and accompany persons with disabilities during the period of the health emergency ;
* The development of ToRs for the activity “normalization of Moroccan sign language” and the organization of meetings to communicate on this activity.
* The main partner of the project is the Ministry of Solidarity, Social Development, Women, and Family. However, other organizations are included in the process of decision making, such as the CNAMED, CDDH, …

## Table 3. Meaningful participation of persons with disabilities

| **Meaningful participation objective** |
| --- |
| PWDs are in the driving seat in the project conception, implementation, monitoring and evaluation, as well as in content production and advocacy action that will be undertaken |

### Indicators- Meaningful participation of persons with disabilities

| **Indicator\*** | **Baseline\*** | **Target\*** | **End line\*** | **Means of verification** |
| --- | --- | --- | --- | --- |
| Number of organizations of persons with disabilities involved as partners during the implementation | 0 | 5 | 10 | List of names |
| Number of girls/women and boys/men who benefit from SRR and GBV prevention services | 0 | 50% girls  50% boys | 100 girls  100 boys | List of names |
| Number of persons with disabilities who participated in the survey “Social representations and disability in Morocco” | 0 | 50 | 110 | Annexes of the survey |
| Number of Children with disabilities who benefit from human right sensitization training in two sentinel primary schools | 0 | Girls and boys who were registered to benefit from their education at these two pilot schools | 17 | * Report of state of inclusive education and health services in two sentinel schools * Final report of the outcome 4 (WHO) |

*\* Please provide sex disaggregation here as relevant or include indicators on meaningful participation of representative organizations of women and girls with disabilities as well as disaggregate by type of disability.*

# 6. Partnership-Building

How has the project contributed to partnership-building across key constituencies? Please describe the different stakeholders involved and how they worked together. Please indicate if new partnerships (formal and informal) with OPDs have been established.

The partnership scheme designed by the project was mostly based on joint efforts from both the UNCT and the national institutions. Exchanges and consultations continue to take place on a regular basis, which, in a context of previously strained relationships between DPOs and the line Ministries, have enhanced the participatory and inclusive approach vis-à-vis DPOs and PWDs.

The Ministries of Solidarity, Family, Women and Social Development, as well as of Health and of Education, took an active part in the project implementation, along with the CNDH, Centre National Mohammed VI des Handicapés, and two networks of PWDs’ associations : the National Collective for the promotion of 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).

* Regular monitoring for the project “Appui à la politique publique intégrée relative à la promotion et la protection des droits des personnes en situation de handicap” by UNDP.
* UN agencies are informed about the SHE (Handicap Evaluation System). The Ministry of Social Development as co-president of OG5-undaf presented the SEH during the 2nd meeting of this OG.

More specifically, and in addition to the partnerships within the framework of the UNCT and the diversified steering committee which was set up:

* UNESCO initiated solid partnerships with :
* Private and associative medias, communication agencies:

Following the capacity building sessions of journalists, a communication campaign was carried out on the radio airwaves, in order to contribute to the deconstruction of stereotypes and to act on cultural norms to eradicate discrimination, prejudices and other stereotypes. In addition, this campaign facilitated the appropriation by all stakeholders, including society and PWDs themselves, of the rights based approach and principles of non-discrimination and equality.

* Collective for the rights of people with disabilities:

Following the consultations organized with the relevant stakeholders, and considering the results achieved during the project implementation, the collective drew up the draft of a national charter, which ensures the sustainability of the actions, thanks to the adhesion of the various stakeholders to a common vision.

* Associative networks (National Union of Associations working in the field of mental disability (UNAHM), Collectif Autisme, Hadaf, la Colombe Blanche , the Moroccan Association for the Rehabilitation of the Visually Impaired (AMRDEV), the Association of Handicapped Children (AEH), Humanity and Inclusion (HI), Moroccan Deaf Forum,) Mohammed V Foundation (Mohammed VI Center),

The various associations and associative networks have contributed to the investigation carried out on the representation of disability in Morocco, and the production of videos and podcasts, as educational tools to initiate the process of deconstructing prejudices, in partnership with NGOs, schools, national institutions and medias.

* UNFPA has contributed to enriching knowledge on the issue of disability and, based on the evidence ,to launch model initiatives that can be scaled up and replicated across the kingdom and beyond. Several activities have thus been implemented towards the inclusion of people with disabilities and with their active involvement.
* Under Outcome 1, the UNDP has enhanced partnerships between civil society organizations and the private sector. While developing the ICF, the number of NGOs and private sector actors increased and had an important added value to both the ICF and its national counterpart. In addition, a strategic partnership has been developed with CNAMED (National Center for PWD Documentation) to collect and organize data on PWDs.
* WHO has set up a solid partnership with the main partners working in the field of inclusive education and, in particular, the Ministry of Education , the Ministry of Health, the National Human Rights Council and civil society, represented by the collective for the rights of people in situation of handicap and the collective with autism. These partners have been involved in all the planification and the implementation steps of the activities. Indeed they were nominated as members of Outcome 4 technical committee, which was in charge of decision making and the monitoring of the project.

# 7. Promoting ONE UN approach to disability Inclusion

How has the project contributed to greater UN inter-agency collaboration to advance the rights of persons with disabilities in the country? How has it contributed towards disability mainstreaming within your offices and at the broader UNCT level? Please describe how the UNPRPD project has contributed directly to the UNDIS scorecard reporting and has contributed towards progress against the UNDIS indicators. How has the project contributed to disability mainstreaming within the UN system, including the UN Sustainable Development Cooperation Frameworks/ UNDAFs?

The project benefits from a particular visibility and attention as a joint programme that contributes to demonstrating the ability of the UN system to jointly deliver on key social challenges, while perfectly feeding into the national strategy on disability. This contributes to enhancing both the overall coordination function of the RCO and the national ownership principle.

**8. Linkages to national development agenda**

Please reflect on the project’s influence on, and linkage to, the national development agenda and initiatives, including SDGs implementation, monitoring, budgeting etc.

* In December 2019 the National Human Rights Council installed the “national mechanism for the protection of the rights of persons with disabilities”.

This mechanism is provided with a broad scope in terms of the protection, promotion and independent follow-up of the implementation of the Convention relative to the rights of persons with disabilities, through related public policies and national programmes.

The mechanism revolves around three main axes. The first axis covers the protection of persons with disabilities, through the reception and treatment of complaints of abuse or discrimination which come directly from the victims themselves. The second axis covers the follow up of the implementation of the convention relative to the rights of persons with disabilities, while the third axis concerns the treaty committees and the special procedures.

* Increased quota to access to public administration employment for people with disabilities;
* The adoption of a new law to enhance accessibility in public administration for PWDs;
* Increased rate of success
* Increased participation of PWDs in Paralympics 2021 and Morocco granted equal bonus as Olympic athletes
* Inclusion of PWD priorities in the new vision of the national protection system. At least 12 recommendations are included.
* Through, this project was designed around three specific complementary axes: Governance, Culture and Services; The UNFPA was responsible for guaranteeing young people with disabilities access to specialized centers offering quality preventive services in reproductive health. It was also involved in the fight against gender-based violence.

In this sense, the UNFPA has seized the close collaboration with its institutional and civil society partners: the Ministry of Women's Solidarity, Family and Social Development, the Ministry of Health and the Mohammed VI National Center for the Handicapped , which through their expertise allow us to implement innovative initiatives for better social inclusion of young people and adolescents with disabilities.

Taking into consideration the common orientations at the national level, in particular the Constitution, the integrated public policy for the promotion of the rights of people with disabilities, the national strategic plan for the promotion of the health of people with disabilities and the orientations at the international level namely the Convention on the Rights of Persons with Disabilities and, lastly , the 2019 UN Disability Inclusion Strategy which provides the foundations and tools necessary to achieve sustainable and transformative progress in theinclusion of these people, we are taking action to bring together the efforts.

Thus, three avenues of intervention are explored: first, the availability of quality services without discrimination, secondly, the promotion of social inclusion with the active participation of young people with disabilities, and thirdly, research to generate evidence on the situation of people in need in order to support changing perceptions and advocacy with decision-makers and the partners involved, including civil society. In addition, we undertook an exploratory study on Morocco's commitments in reference to the Convention on the Rights of PWDs and the ICPD, in terms of regulatory and legislative aspects for the promotion of the rights of people with disabilities, access to medico-social services, medico-social coverage, the socio-economic inclusion of people with disabilities, and the achievements and contributions of the strategic health and disability plan.

**9. COVID-19**

Please indicate if the project has contributed directly to disability inclusion in COVID 19 response and recovery plans. Please list specific products and activities.

During the COVID-19 health crisis, UNESCO and WHO hasn’t contributed directly to disability inclusion in the COVID-19 response, but the media campaign launched and the improvement of inclusive education represents sustainable actions for this vulnerable population.

UNFPA ensured under outcome 1, that parents and educators were equipped to care for the PWDs in their charge.

* The production and dissemination of four digital videos for looking after PWDs at home during the confinement: 1-preventive measures, 2-physiotherapy, 3-rehabilitation; 4-psychomotricity and therapy, with subtitles in English and translated with sign language: <https://morocco.unfpa.org/fr/videos>
* Parent support during the confinement : awareness-raising webinars: "Impact of medical, social and educational actions implemented during the confinement for PWDs" ; Emotional and reproductive health and the fight against gender-based violence among people with disabilities in times of confinement; "Impact of medical, social and educational actions implemented during confinement for PWDs”;
* Distribution of the Salama kit for PWDs to protect them against Covid 19: Protection equipment ;
* Celebration of the International Day of Disability (03 December) under the theme "Promotion of the rights of PWDs to health”: MS-CNMH- UNFPA with the participation in collaboration with the Ministry of Health and CNMH, UNFPA Morocco, ASRO, HQ ;
* Advocacy to add some questions in the study to be conducted by the Higher Planning Commission to consider the impact of the Covid-19 pandemic on the lives of people with disabilities.

UNDP contributed also under Outcome 1 madding available ressources on the educational platform that aims to provide therapy services to persons with disabilities and their families during Covid-19.

This [video](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DpAw9ZM99AL4%26ab_channel%3D%25D9%2588%25D8%25B2%25D8%25A7%25D8%25B1%25D8%25A9%25D8%25A7%25D9%2584%25D8%25AA%25D8%25B6%25D8%25A7%25D9%2585%25D9%2586%25D9%2588%25D8%25A7%25D9%2584%25D8%25AA%25D9%2586%25D9%2585%25D9%258A%25D8%25A9%25D8%25A7%25D9%2584%25D8%25A7%25D8%25AC%25D8%25AA%25D9%2585%25D8%25A7%25D8%25B9%25D9%258A%25D8%25A9%25D9%2588%25D8%25A7%25D9%2584%25D9%2585%25D8%25B3%25D8%25A7%25D9%2588%25D8%25A7%25D8%25A9%25D9%2588%25D8%25A7%25D9%2584%25D8%25A3%25D8%25B3%25D8%25B1%25D8%25A9&data=04%7C01%7Cchafika.affaq%40undp.org%7C6496aee6776843daefff08d8960db898%7Cb3e5db5e2944483799f57488ace54319%7C0%7C0%7C637424332955956777%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=xbekzBx%2BKMVMg8N%2Fh3oy8qv0A9qeXgiur%2BEBty5lMZQ%3D&reserved=0), for instance, provides general information on Applied Behavioral Analysis (ABA) therapy for Autism and explains how this approach can help improve a child’s cognitive ability and daily living skills, and maximize the ability of the child to function and participate in the community.

As for this [video](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DCXEeiwPUgVk%26ab_channel%3D%25D9%2588%25D8%25B2%25D8%25A7%25D8%25B1%25D8%25A9%25D8%25A7%25D9%2584%25D8%25AA%25D8%25B6%25D8%25A7%25D9%2585%25D9%2586%25D9%2588%25D8%25A7%25D9%2584%25D8%25AA%25D9%2586%25D9%2585%25D9%258A%25D8%25A9%25D8%25A7%25D9%2584%25D8%25A7%25D8%25AC%25D8%25AA%25D9%2585%25D8%25A7%25D8%25B9%25D9%258A%25D8%25A9%25D9%2588%25D8%25A7%25D9%2584%25D9%2585%25D8%25B3%25D8%25A7%25D9%2588%25D8%25A7%25D8%25A9%25D9%2588%25D8%25A7%25D9%2584%25D8%25A3%25D8%25B3%25D8%25B1%25D8%25A9&data=04%7C01%7Cchafika.affaq%40undp.org%7C6496aee6776843daefff08d8960db898%7Cb3e5db5e2944483799f57488ace54319%7C0%7C0%7C637424332955956777%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=TdtCL4Z7DN6H66erKhcqyFTJV%2BwYXucgse3DscDGStA%3D&reserved=0), it serves to guide caregivers and families of Children with Cerebral Palsy who have difficulty in getting access to proper treatment during the pandemic.

It provide them with tools and guidelines on how to deal with someone with cerebral palsy during the lockdown, such as helping them stay active and move them as much as possible, in addition to ensuring good nutritional management.

# 10. Creation of knowledge and communications materials

How has the project contributed to generating new knowledge on how best to promote the rights of persons with disabilities to support policy and system changes? Please also describe in this section any unique expertise and products developed by the project that could be used to support other countries within a south-south cooperation framework. Please list type of knowledge products.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of product** | **Type of product (report, guidelines, assessment etc.)** | **Purpose and process**  **Describe what the purpose of the product was , who participated in the development of the product (OPDs, NGOs, Academia etc) and if the product was tested/ validated.** | **Link /attachment** | **Accessible formats** | **Validation**  **Has the product been validated by national actors ? If yes by whom?** |
| National Charter | Guidelines | a national charter to be adopted by the various stakeholders | webpage |  | Arabic/ French |
| Training module | Pedagogical material | Training module to build the capacity of journalists to cover disability issues and fight stereotypes | webpage |  | Arabic/ French |
| Social representations and disability in Morocco | Research report | Documenting perceptions of Moroccan society on Persons with Disabilities and shedding light on the aspirations of men and women with disabilities in Morocco | Webpage | N/A | French  Arabic |
| Final report of the project (outcome 4) | report | Reference document for the nationals (MoH, ministry of education, NGO and other main partners) to extend this pilote project at national level | Attachment | PDF | French |
| Report of state of inclusive education and health services among CWD in two sentinel sites | report | Reference document in term of existing inclusive education and health services offer among CWD (regulation, services, collaboration etc; ..) to orient the inclusive education national strategy | Attachment | PDF | French |
|  |  |  |  |  |  |

* Please list type of communications materials.

• What communications strategies did the project adopt?

The project adopted a communication of results approach, providing the narrative and key messaging about the joint programme supported by UNPRPD, with a participatory approach involving all relevant stakeholders.

A special focus has targeted the national media, television, written press, digital media, and associative and private radios, making it possible to communicate on the one hand on the project, its actors, and its results; while raising public awareness and initiating a real reflection on changing the perception of disability.

Overall, the adopted approach is proactive rather than responsive, integrated, simple, targeted and focuses on quality rather than quantity.

In addition, the strategy’s overarching approach is that of storytelling. Adding a human dimension to communication channels and messages is essential to portraying effectively the value and impact of the Project, while focusing on the beneficiaries and addressing them in a language they relate to.

• Please list type of communications materials.

| **Name of Product** | **Type of Product (Toolkit, Video, Poster, publication etc.)** | **Purpose** | **Dissemination** | **Links/ Attachments** | **Language** | **Accessible formats** |
| --- | --- | --- | --- | --- | --- | --- |
| Press release | Press releases  Press review | Communication on results |  | Webpage | French  Arabic |  |
| “Samira” | Video | Sensitization video |  | Webpage | French  Arabic |  |
| “changer de regard” | Podcasts + videos | Testimony productions |  | Webpage | French  Arabic |  |
| UNPRPD | USB | Includes films produced, a study, and concept notes/ charter |  | Webpage | French  Arabic |  |
| Album UNPRPD | Photos | Documenting event/ presenting beneficiaries |  | Webpage |  |  |
| Video-capsules to document the different activities of the outcome 4 (WHO) | Video-capsules | Advocacy tool for inclusive education and health services among CWD | - all technical committee member.  -WHO social network | Video attached | French/Arabic | Video-capsules |
| Press release for the implementation of the human rights training in the two pilot schools | Press release | To document and underline the importance of human rights strengthening capacities to advocate for inclusive education for children with disabilities | Published in the media |  | French |  |
| Report of Outcome 4 | Document of the report | Synthetic report of all the activities of Outcome 4 | To be shared with the partners of the project |  | French |  |
| Outcome 1 | Article | Visibility of the project’s activities | Arab state | [Online platform allows people with disabilities to continue learning amid COVID-19 outbreak | UNDP in the Arab States](https://www.arabstates.undp.org/content/rbas/en/home/presscenter/articles/2020/online-platform-allows-people-with-disabilities-to-continue-lear.html) | English | Web |
| Outcome 1 | Learning platform | Inclusion of PWDs during the COVID Crisis | National and local | [covid19.social.gov.ma](https://covid19.social.gov.ma/handicap) | Arabic | Web |
| Outcome 1 | Digital solution for the most vulnerable population ; | Khadamaty” digital solution to obtain disabilities card:, | National and local | [www.Khadamaty.social.gov.ma](http://www.Khadamaty.social.gov.ma) | Arabic | Web |
| Health book for persons with disabilities | Document | Monitoring book with a multidisciplinary approach to care | NGOs  MOH | finalized | French | PDF |
| Adapted health minimum initial package for women and girls with disabilities who are victims of violence | Document | Reference framework for the essential services package with a focus on women and girls with disabilities who are victims of GBV | NGOs  MOH | Annex 1 | French | PDF |
| Development and production of an awareness kit to enable parents to care for adolescents and young people | Document | Guide for parents on reproductive and sexual education issues | NGOs  MOH |  | Arabic | PDF |

# 11. Challenges

Please describe any major challenges that arose during the project’s implementation. Please indicate specifically if due to the COVID 19 emergency the project’s implementation has been affected.

- The delicacy of the dialogue between national institutions / civil society, and the launch of joint work is a challenge, which the project took up, when the steering committee was set up, which is made up of all the parties stakeholders and which favored joint implementation.

- Integration of PWDs and civil society organizations, in order to facilitate shifting from a claiming attitude to credible participation in national dialogue is a long-term process.

- Strategic partnership and engagement of national counterpart: the institutional dialogue and consultations with national authorities engaged fosters the development of strong, long and medium-term relationships with national partners and the implementation of different components of the project.

- Ownership by PWDs organization and involvement of national stakeholders in the process, is a challenge is a challenge that the project took up, and which represents one of the most viable points for the sustainability of the project.

- Translating skills acquired into concrete practice is the key challenge during the capacity building sessions. The project succeeded in setting up this component, in the capacity building sessions of journalists for example, which resulted in the media campaign carried out.

- Considering the management of the Covid 19 pandemic; the challenge was to strengthen the culture of anticipation, resilience in programming, execution and to avoid delays and possible dysfunctions. The very long confinement period, as well as the lengthy restrictions on public gatherings that followed throughout the year, were a particular challenge. It also highlighted the digital gap that plagues the country and in particular affects vulnerable populations such as PWDs.

- In addition, support the measures to protect the rights of persons with disabilities to sexual and reproductive health and prevent all forms of gender-based violence by adopting a modeling approach and promoting south-south cooperation to ensure social inclusion based on the principles of human rights and dignity, without forgetting the integration of legal aspects.

- Finally, the high turnover in UNESCO staff managing the project was a challenge for the overall coordination process. Indeed, it seems necessary to have a specific project coordinator, in order to ensure effective and continuous management of the synergies inter-agency, and with the national partners, independently of the changes that may be made in the internal management of human resources of organizations.

# 12. Project follow-up and Sustainability

Please provide an overview of the initiatives planned by various stakeholders in order to follow up on activities initiated by the Project. Kindly make sure to cover at least the following stakeholders: relevant parts of Government, organizations of persons with disabilities, the UN system, and other development partners operating in the country. Please outline how the medium-to-long term sustainability of the work initiated by the project will be ensured after the end of the Project.

While it is still too early to evaluate the sustainability of the outputs and the overall achievements of the Project, the Coordination Team, in partnership with the national institutions and CSOs, established a managerial architecture, partnerships and working methodologies that would permit Project sustainability:

* Ownership by PWDOs and involvement of professional organizations, medias and national stakeholders;
* Translating skills acquired into concrete practice and implementation of pilot experiences ;
* Joint work of UNESCO, UNFPA, WHO and UNDP, and a shared priority with the UN.

Furthermore, by developing a national charter targeting the various stakeholders, the Project has succeeded in securing the foundations for its sustainability.

The implementation, management, coordination and consolidation of partnerships, adopted throughout the implementation period, have enabled the operational mechanisms to be put in place to enable the project to be renewed through:

• Assessment of the pilot programme and use of lessons learnt, with the objective being to develop recommendations for its spread to a larger number of schools (Outcome 4);

• UNESCO and UNFPA, co-leads of the UNCT Youth Task Force, signed a cooperation agreement that mentions disability as an area of common priority;

• Design of an exit strategy with identified leads to ensure the sustainability of initiatives launched within the framework of the project, particularly :

* Development of training toolboxes related to the activities of the Project that a variety of partners could use as resource material; based on the videos and podcasts produced;
* Design and development of a numeric platform gathering the material developed within the framework of the Project
* Use of the study on the harmonization of the policy to draft amendment proposals to legal bills related to the domestication of the CRPD
* The outcome of Project 4 was designed as a pilot project at the level of two schools for the implementation of the national strategy for inclusive education. This initiative will be evaluated to be extended to all primary schools.

Our perspectives are essentially aligned with the UN Disability Inclusion Strategy which provides the foundations and tools necessary to achieve sustainable and transformative progress in the inclusion of these people, as well as their participation, in order to create peaceful and more equal societies.

**13.Detailed expenditure in relation to sections 5 and 6 above.**

| **Category** | **Activity (please describe)** | **Budget Allocated** | **Total Expenditure** |
| --- | --- | --- | --- |
| UNFPA  21 activités programmées | 93,20% execution rate | 86471 $US | 79436 |
| PNUD | 100% execution rate |  |  |
| UNESCO | 100% execution rate | 142 853 USD | 142 853 USD |
| Catering, facilitation and periderms | Planification technical committee meeting | 0 | 4,859 |
| Consultancy | To develop an overview and policy analysis of the various initiatives relating to access to care and inclusive education for children with disabilities (ESH) at the two pilot sites (Rabat and Casa) | 0 | 8,324 |
| Training (perdiem, hotel, tools edition and printing) | Training and awareness-raising workshop on the rights of people with disabilities, Rabat and Casablanca, February 15-25, 2021 | 27,000 | 21,312 |
| APW (Agreement for performance of work) contract with a national consultant | Report of the hall project | 0 | 6,076 |
| DFC (Direct Financial Cooperation) | Organization of a workshop for the development of the reference circuit and monitoring and evaluation tools for the care of children with disabilities enrolled in inclusive education classes;  Organization of training sessions for trainers and training of parents and social workers | 6,000 | 15,969 |
| APW | Communication video capsule | 0 | 8,708 |
| Total WHO |  | 73,500 | 65,248 |

\* Please refer to the submitted financial reports.

# 14.Life stories and testimonies

Please provide one or more life stories or direct testimonies to illustrate the results described in sections 2-6. To the extent that is possible, reporting teams are encouraged to share photos, video and other materials to accompany the stories described in this section. Also include testimonies from other stakeholders involved in the project and their perception of the value added of the UNPRPD intervention representatives of government and civil society, including organizations of persons with disabilities (DPOs) and the private sector as relevant.

| **Name** | **Sex** | **Designation and Organization** | **Is this a testimony from a person with a disability? If so, what kind of disability do they have?[[5]](#footnote-5)** | **Testimony** | **Photo Shared (Y/N)[[6]](#footnote-6)** | **Consent for Use of Photo obtained (Y/N)** | **Photo Caption** | **Photo Credit** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10 podcasts |  | PWD | Various | X | Y | Y | Y | Y |
| 10 videos |  | PWD | Various | X | Y | Y | Y | Y |
| 1 video |  | PWD | Various | x | Y | Y | Y | Y |
| 4 video capsule including direct testimonies |  | Children , parents, NGO, education and health professional , member from national Human Right council | Various | x | Y | Y | Y | Y |

# 15. Photos depicting Project related impact and outcomes[[7]](#footnote-7)

*Please share photos depicting project related impact and outcomes in high resolution image files, with appropriate consents of subjects having been taken, as well as with the associated credits and along with permission for use in UNPRPD publications and communications materials, including the website. For photos of children, due protocols should be followed for ensuring safety and obtaining consent. Kindly list below the following for photos shared.*

| **Photo No.** | **Photo description for use in alternative text for images, to enable persons with visual impairments using screen readers to understand and perceive the image.** | **Consent for Use of Photo obtained (Y/N)** | **Photo Caption** | **Photo Credit** |
| --- | --- | --- | --- | --- |
|  | Workshops “perception of PSH” | Yes |  | Z Projects |

|  | A training session for students on the inclusion of children with disabilities in school life | Yes | Photo Caption | Hassan Chabbi |
| --- | --- | --- | --- | --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **carnet** | Disability Logbook |  |  |  |
| **guide** |  |  |  |  |
|  | Students with special needs attending a training session with their classmates |  |  | Hassan Chabbi |
|  | Kit d’accompagnement parental |  |  |  |
| **C:\Users\i_bounjara\Desktop\UNPRPD ANNEXE\Photo event clôture UNPRPD.jpg** | National event “Changing mindsets and instilling a human rights approach in the perception of disabilities in Morocco” | **Yes** |  | Quadricom / UNESCO |
| Given the volume of photos, please refer to the attached photo file in Annex as well | | | | |

# 16. Risk Reporting

Please describe any risks to the project’s implementation experienced during the project’s implementation and how these were managed. If other risks were identified during the project implementation period, please add them to the table.

\* 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.

| ***Type of risk\****  ***(contextual***  ***programmatic, institutional)*** | ***Risk*** | ***Occurrence***  ***(Y/N)*** | ***Impact on result*** | ***Mitigation strategies*** | ***Risk treatment owners*** |
| --- | --- | --- | --- | --- | --- |
| Programmatic: scarcity of expertise in the field of disability | *Likely* | *Y* | *Delay* | *Seek assistance from the CRPD Secretariat* | *Implementing UN agencies* |
| Institutional: Poor coordination and integration of activities | *Likely* | *Y* | *Submission of the 2019 report delayed* | *Further involvement of head of agencies* | *Implementing UN agencies and BCR* |
| Programmatic:  Delays in launching calls for interest | *High* | *Y* | *Delay in attaining the expected results*  *of the project* | *Acceleration of the validation processes* | ***MFSEDS - UNDP*** |
| Contextual :  Unsuccessful calls for interest | *Likely* | *Y* | *Results not achieved due to the lack of the expertise needed* | *Sensitization of potential consulting firms through the organization of information sessions* | ***MFSEDS - UNDP*** |
| Programmatic: administrative constraints | *High* | *Y* | *Delays in establishing processes*  *of contracts* | *Sensitization of partners* | ***MFSEDS - UNDP*** |

**Annex 1.**

**The UNPRPD MPTF approved in June 2020 it’s New Strategic and Operational Framework 2020-2025. As the Fund has now the obligation to report against the new results framework, we are requesting projects that were approved before June 2020 to reflect on which Fund’s outcome/outputs/indicators their project is contributing.**

| **REPORTING AGAINST UNPRPD MPTF RESULTS FRAMEWORK** |  |  |
| --- | --- | --- |
| **Outcome 1: National Stakeholders are equipped with the knowledge and practical tools for disability inclusive policies and systems** | **Yes/No** | **Brief Description** |
| **Outcome indicators** |  |  |
| 1.1 # of stakeholders in UNPRPD supported countries[[8]](#footnote-8) with increased knowledge and capacities to design/reform and deliver inclusive policies and systems (disaggregation by stakeholder Gov/ UN/OPDs/other) | **Yes** | **See Outcome 3/ 4** |
| 1.2 # of stakeholders in UNPRPD supported countries with strengthened evidence-based knowledge and capacities to assess and respond to gaps in relation to preconditions to CRPD implementation and inclusive SDGS achievement | **Yes** | **See Outcome 1** |
| 1.3 # and % of UNPRPD supported countries that have developed and/or strengthened national guidelines, protocols, and/or standards to design and implement policies and systems | **Yes** | **See Outcome 3/4** |
| 1.4 # of stakeholders in UNPRPD supported countries used UNPRPD’s situational analysis to inform their future actions around disability inclusion. (disaggregation by stakeholder Gov/ UN/OPDs) | **Yes** | **See Outcome 2** |
| 1.5 # and % of UNPRPD supported countries that undertook multi stakeholder capacity building initiatives on disability inclusive policies and systems | **YES** | **See Outcome 2** |
| **Output 1.1 - Capacity of the national stakeholders is enhanced to develop and implement gender responsive and disability inclusive policies and systems for the CRPD and SDGs implementation** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 1.1.1. # of trainings developed and delivered to support national CRPD /inclusive SDG implementation disaggregated by geography (country, regional and global), topic(thematic area, specifics modules on women with disabilities and underrepresented groups needs and rights, and specific modules on instruments for planning and implementation of UN development activities both in development and humanitarian settings). | **YES** | **See Outcome 3, 4** |
| 1.1.2. # of participants (disaggregated Gov (type of ministry)/ UN/OPDs/other) (disaggregated by sex/type of disability/rural urban) participating in capacity building activities funded or provided by UNPRPD programmes |  |  |
| 1.1.3. # of OPDs (disaggregated by type umbrella- disability specific- women-other) that benefitted from capacity building activities (type of activities) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities. | **Yes** | **See Outcome 3, 4** |
| 1.1.4. # of OPDs that have been trained to participate in planning and monitoring of national development plans related to UN/government /other |  |  |
| 1.1.5. # of capacity building activities (disaggregated by type of capacity building) funded by UNPRPD programmes, directed at women and girls with disabilities on their rights and requirements and/or directed at underrepresented groups of persons with disabilities on their rights and requirements. (Number of participants, disaggregated by age, disability and geographical location. |  |  |
| **Output 1.2- Knowledge products are developed and piloted, particularly to address gaps on the preconditions to implement CRPD and disability inclusive SDGs** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 1.2.1. #of knowledge products (disaggregated by product: tools, guidelines, protocols, reports) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices | **Yes** | **See Outcome 2** |
| 1.2.2 # of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and underrepresented groups of persons with disabilities | **yes** | **See Outcome 2** |
| 1.2.3. # of actors involved in developing and testing of knowledge products (disaggregated by product tools, guidelines, protocols, reports) disaggregated by actor (GOV/ OPDs (disaggregated by type of representation)/ NGOs/Other) | **Yes** | **Outcome 2** |
| **Output 1.3 - Evidence generation, learning and exchange mechanisms are developed and functional, based on country level experiences, to increase understanding and inform innovative practices.** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 1.3.1. # of learning and evidence generated to inform inclusive policies and systems disaggregated by type e.g. situational analysis, thematic reports, peer reviewed evidence evaluations and assessments, learning reports, case studies etc. | **Yes** | **See Outcome 1 & 2** |
| 1.3.2. # actors involved in learning and evidence generated to inform inclusive policies and systems disaggregated by actor (GOV/OPDs, NGOs, etc) | **Yes** | **See Outcome 1** |
| 1.3.3. # of established mechanisms/ instances promoting learning and exchange across countries (disaggregation by region/ group of countries/ theme and participants (disaggregation by sex, disability, representation of OPDs, UN ,GOV/other) |  |  |
| 1.3.4. # of reports, case studies and/or other sources of evidence addressing the situation of women with disabilities and underrepresented groups of persons with disabilities disaggregated by disability specific or mainstream and women or underrepresented) | **Yes** | **See Outcome 2** |
| **Outcome 2: Gaps in achievement of essential building blocks or preconditions to CPRD Implementation in development and humanitarian (gender equality, data accessibility, support services, etc.) are addressed** | **Yes/No** | **Brief Description** |
| **Outcome indicators** |  |  |
| * 1. # and % of UNPRPD supported countries with inclusive and non-discriminatory laws, national policy/plan for persons with disabilities. | **Yes** | **See Outcome 1** |
| * 1. # and % of UNPRPD supported countries with inclusive service delivery systems and processes across the sectors. |  |  |
| * 1. # and % of UNPRPD supported countries with enhanced or newly established mechanisms supporting formal participation of OPDs to support CRPD implementation. | **Yes** | **See Outcome 1** |
| * 1. # and % of UNPRPD supported countries with enhanced and or newly established multi-stakeholder national and/or sub-national coordination and monitoring mechanisms established to monitor CRPD and include multi-sectoral representation and representation of OPDs |  |  |
| * 1. # and % of UNPRPD supported countries that have mechanisms in place to support quality, disaggregated and globally comparable data on disability in line with international standards to inform laws, policies and programmes | **Yes** | **See Outcome 1** |
| **Output 2.1 - Legislative and policy frameworks are newly developed, reviewed, or reformed to promote equality and non-discrimination, based on CRPD standards, and are translated into plans as relevant.** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 2.1.1. # of newly produced, reviewed, or reformed laws and policies disaggregated by type (disability specific /mainstream) disaggregate by review reformed and developed | **Yes** | **See Outcome 1** |
| 2.1.2. # of developed and or adopted national action plan/strategy to ensure that persons with disabilities, have access to quality and affordable services,(disaggregation by service) | **Yes** | **See Outcome 3, 4** |
| 2.1.3. # of national strategies and plans with measures in place to ensure disability sensitive budgeting and financial management |  |  |
| 2.1.4. # laws and policies (mainstream and targeted) changes addressing rights and inclusion of most marginalized groups (disaggregation women and underrepresented by different groups) |  |  |
| 2.1.5. # of laws and policies and plans on VAWG and or SRHR that adequately respond to the rights of women and girls with disabilities (disaggregation by plan-laws-policies and VAWG-SRHR) |  |  |
| 2.1.6. # of developed/strengthened multi-stakeholder coordination mechanisms supporting legal, policy and plans changes (disaggregation by stakeholder Gov/ UN/OPDs/other). | **Yes** | **See Outcome 1, 2** |
| 2.1.7. # of organizations of persons with disabilities taking part in consultation processes related to legislative and policy changes, disaggregated by kind of organization of persons with disability, constituency represented among persons with disabilities and geographical location. |  |  |
| **Output 2.2 –Service delivery systems implementation and processes across the sectors are reviewed/reformed/developed to ensure disability inclusion** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 2.2.1. # of reviewed, newly developed or strengthened service delivery systems and processes disaggregated by precondition (add as footnote) type of change (reviewed developed or strengthened) and sector. |  |  |
| 2.2.2. # of reviewed, newly developed or strengthened national implementation systems and processes addressing the rights for women with disabilities in particular around Sexual and Gender Based Violence and SRH services. |  |  |
| 2.2.3. # of reviewed, newly developed or strengthened national implementation systems and processes addressing the rights the most marginalized groups of persons with disabilities (disaggregation by group (women, underrepresented, etc) |  |  |
| 2.2.4. # of supported multi-stakeholder coordination mechanisms supporting targeted services delivery systems and processes changes (disaggregation by stakeholder Gov/ UN/OPDs/other). |  |  |
| 2.2.5. #and of organizations of persons with disabilities taking part in consultation processes, disaggregated by kind of organization of persons with disability, constituency represented among persons with disabilities (including Women and underrepresented groups) and geographical representation e.g. national/local. |  |  |
| **Output 2.3 National data collection systems, accountability and monitoring mechanisms, and inter-ministerial coordination systems are reviewed/reformed/developed to ensure disability inclusion** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 2.3.1. # of strengthen /developed national and/or sub-national coordination and monitoring mechanisms for CRPD implementation in line with article 33 |  |  |
| 2.3.2. # of OPDs involved in government monitoring and accountability mainstream mechanisms (disaggregation by type of OPDs and type of government mechanism) |  |  |
| 2.3.3. # of national mechanisms, institutions, services, programmes, collecting disaggregated data on persons with disabilities (disaggregated by mechanism institution service) according to international standards |  |  |
| 2.3.4. # of national coordination, accountability and monitoring mechanisms related to GBV and SRH mainstreaming disability. |  |  |
| **Outcome 3: National development and humanitarian plans and monitoring processes include disability mainstreaming** | **Yes/No** | **Brief Description** |
| **Outcome 3 Indicators** |  |  |
| * 1. % # of UNPRPD supported countries with instruments for planning, implementation and monitoring of UN development and humanitarian activities inclusive of disability (disaggregation by process planning-implementation and monitoring) |  |  |
| * 1. % # of UNPRPD supported countries with adopted national SDGs plans and budgets that are inclusive to persons with disabilities including women with disabilities and underrepresented groups |  |  |
| * 1. % # of UNPRPD supported countries with formal participation of persons including women and underrepresented groups with disabilities in mechanisms for planning implementing and monitoring the SDGs and/or UN development and humanitarian Instruments (disaggregation UN instruments and SDGs national plans) |  |  |
| * 1. % # of UNPRPD supported countries with inclusive national implementation and monitoring of COVID 19 response and recovery plans |  |  |
| **Output 3.1 - Disability inclusion is strengthened in instruments for planning and implementation of UN development activities at the country level including in humanitarian settings** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 3.1.1. # of Common Country Analysis (CCA) including disaggregated data and analysis of the situation of persons with disabilities. Disaggregated by type of analysis e.g. thematic focus versus cross cutting comprehensive inclusive analysis | **Yes** |  |
| 3.1.2. #UNSDCF where disability inclusion has been mainstreamed and/or targeted |  |  |
| 3.1.3. # of UNSDCF with at least 3 indicators related to disability |  |  |
| 3.1.4. # of UNSDCF related financial tools with explicit allocations for disability inclusion |  |  |
| 3.1.5. # of joint programmes funded through MPTFs funds where the rights of persons with disabilities have been addressed (disaggregation by disability group) through collaboration with UNPRPD programmes |  |  |
| **Output 3.2 - 'Disability Inclusion in National Development and Humanitarian Planning, Implementation and Monitoring mechanisms is strengthened.** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 3.2.1. # of national and subnational SDGs implementation plans integrating targeted and mainstream actions towards persons with disabilities. | **Yes** | **Outcome 2, 3, 4** |
| 3.2.2 # of adopted/ implemented COVID 19 inclusive response and recovery plans and frameworks containing systematic mainstreaming of persons with disabilities including the most marginalised. |  |  |
| 3.2.3. % and # Humanitarian Response Plans (HRPs) and Humanitarian Needs Overviews (HNOs) addressing persons with disability needs and rights; |  |  |
| 3.2.4. # of SDGs implementation data collection, monitoring and accountability processes assessing progress against specific disability-inclusion targets | **Yes** | **Outcome 1** |
| **Output 3.3 - Systematic engagement of OPDs is strengthened/enhanced in the national development coordination mechanisms and accountability frameworks (government/UN/Independent) around SDGs** | **Yes/No** | **Brief Description** |
| **Output Indicators** |  |  |
| 3.3.1. # of UN led national and/or regional coordination mechanisms with established consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the design, implementation and monitoring of instruments for planning and implementation of UN development activities at the country level | **Yes** | **Outcome 1, 2, 3 & 4** |
| 3.3.2. # of governmental coordination mechanisms with established consultation processes undertaken to ensure the active involvement of persons with disabilities, including through their representative organizations, in the planning, implementation and monitoring of SDGs | **Yes** | **Outcome 1, 2, 3 & 4** |
| 3.3.3. # of OPDs formally participating in UN supported development processes and national SDGs coordination, planning and implementation processes. (disaggregation by type of OPD and process) | **Yes** | **Outcome 1, 2, 3 & 4** |
| 3.3.4. # of identified persons with disabilities including through their representative organizations participating in the State’s formulation/implementation of COVID-19 policy responses affecting them |  |  |

1. The following definitions, which are based on the UN Development Group Harmonized RBM Terminology, were used in the “Template for Programme Proposals”, utilized by UN Country teams to develop the approved project documents:

   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. [↑](#footnote-ref-1)
2. **Prior to the submission of this report, please check that the document is accessible to persons using screen readers.** In a window system it is possible to do this by going to the File Menu, clicking Check for Issues and then Check Accessibility. If errors, warnings and tips show up in the report of the accessibility checker, please follow the instructions in the checker to make the necessary corrections. On a Mac, click on review and select check accessibility. When the document is accessible the checker will display a report stating *“No accessibility issues found. People with disabilities should not have difficulty reading this document.”* Please see [Windows Accessibility Checker](https://support.office.com/en-us/article/Use-the-Accessibility-Checker-on-your-Windows-desktop-to-find-accessibility-issues-a16f6de0-2f39-4a2b-8bd8-5ad801426c7f) ; [Apple Mac Accessibility Checker](https://support.office.com/en-us/article/Use-the-Accessibility-Checker-on-your-Mac-to-find-and-resolve-accessibility-issues-3b84295e-d55b-49f1-b443-523ec45a5232) for more information.

   . [↑](#footnote-ref-2)
3. As relevant and appropriate, kindly please also disaggregate by type of disability, age, ethnicity, rural/urban location. [↑](#footnote-ref-3)
4. As relevant and appropriate, kindly please also disaggregate by type of disability, age, ethnicity,rural/urban location. [↑](#footnote-ref-4)
5. Efforts should be made to capture the voices of persons with different types of disabilities, including a balance between men and women with disabilities. [↑](#footnote-ref-5)
6. If yes, please share the photo in a high resolution image file on condition that they have shared consent to their photograph being used in UNPRPD publications and communications materials, including the website. For photos of children, due protocols should be followed for ensuring safety and obtaining consent. [↑](#footnote-ref-6)
7. Please see Annex 5 UNPRPD Quality Assurance Framework photography notes. [↑](#footnote-ref-7)
8. Throughout all the Logframe countries will always have to be disaggregated by *(disaggregation lower- and middle-income countries, fragile and humanitarian contexts, least-developed countries and countries within the bottom 50 of the Human Development Index* [↑](#footnote-ref-8)