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**END OF PROJECT REPORT**

**Title of Project- Aawaaz- Inclusion for and by persons with disabilities**

**Name of Country- Nepal**

**Project Duration (From-To) September 2018- 15 November 2021**

**DISCLAIMER**

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# Introduction

The 15th Plan of the Government of Nepal reaffirms the Nepal’s commitment to create a conducive environment for economic and social empowerment for persons with disabilities by establishing their access to facilities, means and resources, in line with the Constitution of nepal 2015. It reaffirms the government commitment to strengthen social and economic empowerment of persons with disabilities through strategic intervention on such as provision of enabling policy environment at all levels of government, adopt measures to address social stigmas, facilitate access to quality public services (including access to health, rehabilitation, and emergency services) and guarantee social protection to persons with disabilities. Emphasis is also laid on the “review of policies and legal frameworks to secure and protect the rights of persons with disabilities.”[[1]](#footnote-1) UN agencies have played a crucial role in the development of the plan.

The government of Nepal conducted the census in 2021, however, despite of all the advocacy by the National Federation for the Disabled Nepal, OPDs and UN agencies, the government of Nepal decided to follow the 10 types of disabilities as categorized in the rights of persons with disabilities act, 2017 than using the Washington Group Short Set of Questions on Disability. However, OPDs and UN are in discussion for the dedicated disability survey in Nepal. However, the central bureau of statistics are also in the process of finalizing the census report and then only might take some pace in work for the disability survey.

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

# 1. Overall progress

The Aawaaz- Inclusion for and by persons with disabilities project was instrumental for the protection and promotion of the rights of the persons with disabilities in Nepal. The project contributed towards in realization and implementation of the rights of the persons with disabilities in Nepal as envisioned in 2015 Constitution of Nepal which provides strong guarantees, including the right to education, right to social justice, participation in public life, and the right to live in dignity and honour. Recognizing that women and girls are at greater risk of multiple forms of discrimination, the project put an effort to protect and promote the rights of persons with disabilities in Nepal and enhance their capacities in ensuring that policies are gender responsive through a range of interlinked and reinforming interventions.

The situation of persons with disabilities in Sudurpaschim in Nepal survey was conducted by valley research croup with technical support from Nossal Institute for Global Health, University of Melbourne. The survey sows that persons with disabilities in Sudurpaschim province are less likely to be in paid work, have lower educational attainment and have higher unmet health needs then persons without disabilities. Over 30% of persons with disabilities reported a monthly income of Rs 5,000 or less compared to around 20% of persons without disabilities. However, with a larger number of persons with disabilities living in urban areas that have higher overall income, the relative differences is reported income levels are likely higher. Women with disabilities are also less likely to marry than men with disabilities who are, in turn, less likely to marry than women and men without disabilities. While almost 95 % of the persons with disabilities rated their health as good, this figure fell to around 20% for persons with disabilities. Persons with disabilities reported several barriers to accessing services, including health and education, and to participating in social life, such as gathering with friends or taking part in community meetings and events. Most importantly, man barriers were physical inaccessibility and a lack of transportation, which was further hindered by the terrain in rural mountain and hill areas.

During the period, successfully establish the one stop rehabilitation services centre/OSRSC which is one of the essential components under the Aawaaz project. The OSRSC is the key facility in Gandaki province/Western Nepal, where comprehensive rehabilitation services are delivered through medical, surgical, and multi-disciplinary rehabilitation team at one venue with adequate referral linkages to acute trauma care and higher medical and surgical facilities along the continuum of care. The OSRSC has in‐built barrier free physical access for persons with disabilities, with adequate signages and essential patient/rehab information materials in accessible formats. Standard treatment protocols were developed by the team to provide quality care that are documented, monitored, and followed up in the care pathway. Home care interventions and monitoring pack for children with disabilities has been developed which can be piloted and linked to the mother and child health programmes as part of golden 1000 days program of Government of Nepal. Training programmes on disability and rehabilitation were conducted for caregivers, government, and partners. A modified and integrated one national toolkit (which is part of hospital safety index) with service availability and readiness assessment /SARA for rehabilitation, access audit and disability-inclusive disaster preparedness components has been developed based on the pilot in four hub hospitals and expert review. It will be used to conduct accessibility audit of 21 COVID- 19 Unified Hospitals in the country. Based on the learning, the toolkit will be integrated into emergency response framework, tools, and guidelines.

The primary aim of OSRSC is to serve as a learning centre for Sudurpaschim province with referral linkages. The linkages during ‘normal times’ could not be developed owing to the pandemic. However, with the scaling up of disability-inclusive COVID-19 response activities to other provinces, the OSRSC will serve as mentor to the Sudurpaschim province and later has the potential to strengthen rehabilitation services through the established rapport and linkages with the province. Efforts have been initiated to identify priority/essential/minimum rehab interventions (irrespective of conditions) that should be available at the primary, secondary, and tertiary levels of care. This will enable planning in terms of training /task-shifting of health care workers, budgeting resources, assistive devices, linkages to insurance/co-financing etc. Data, documentation, and review has been emphasized in OSRSC which would help to showcase the work/interventions, monitor change in functioning, and to identify the strong/weak links in the care pathway. Data points along the care pathway have to be developed.

The project also focused on the capacity development of the organizations of the persons with disabilities (OPDs) and supported 14 OPDs including the National Federation of the Disabled Nepal (NFDN) and capacitate on disability work and coordination with the local government to hold them accountable towards disability inclusion and quality services. The OPDs also supported to organize the mobile camp for the distribution of identify cards for the persons with disabilities and in project implementation local government, OPDs are able to secure the fund even to mark the international disability day which shows their continued engagement on disability issues.

The findings from the disability survey, the survey conducted on the status of the persons with disabilities during the COVID-19 situation, the rehabilitation work, and learnings from the one stop rehabilitation services center in Gandaki and the enhanced capacity of the persons with disabilities facilitated in the drafting of the policy on disability for the Sudurpaschim province in Nepal. The policy for the persons with disabilities in Sudurpaschim province is finalized ensuring the effective implementation of the Convention on the Rights of Persons with Disabilities and Sustainable Development Goals (SDGs) 2030. The Ministry of Social Development had already received the feedback from line ministries on the draft policy and is pending the Cabinet endorsement. Once the policy is endorsed by the cabinet, it is expected that the policy will pave the way for many specific interventions targeting to the persons with disabilities as well as mainstreaming the disability issues in provincial level plans and programmes. The ministry had already indicated the province government to already think about the new programme and plan as per the draft policy. The project also successfully supported in applying the digital ID cards for the persons with disabilities in many municipalities.

Due to COVID-19, many activities were affected, the participating UN agencies were also able to re-purposed/successful to mobilize additional funds for much needed interventions to ensure an inclusive response to the crisis. This has been described in the relevant/last section.

# 2.Progress towards impact and specific outcomes

Using the table format provided below, please provide information on the progress towards impact and the achievement of 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** |
| --- |
| The right to health, participation in public and political life, and access to information for persons with disabilities, in particular women and girls with disabilities is advanced. |

### Impact Indicators

| **Indicator\*** | **Start level**  (Beginning of the project reporting period)\* | **Target\*** | **End level**  (End of the project reporting period)**\*** | **Means of Verification** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\* 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** |
| --- |
| Policy environment enables Persons with disabilities claim their human rights and access responsive and quality services in Province 7 |
| **Type of Lever:** |

| **Indicator\*** | **Start level**  Baseline  (Beginning of the project reporting period)\* | **Target\*** | **End level**  End line  (End of the project reporting period)\* | **Means of Verification** |
| --- | --- | --- | --- | --- |
| [Disability Policy in Sudurpaschim province] | [non] | [draft policy] | [finalize the draft policy] | [report and the draft policy] |
| Establish one stop rehabilitation services centre | Have the rehab center with basic facility only | establish one stop rehabilitation service center for persons with disabilities | Establish the rehabilitation center for persons with disabilities | Report |
| Disability survey for Sudurpaschim province conducted | non | Complete the survey | Final survey report | Survey report |
| OPDs supported for policy advocacy and strengthen their capacity | non | Support at-least 10 OPDs |  | Report |

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

# 3. Progress towards specific outcomes

The Aawaaz project in Nepal is expected to achieve the outcome ‘policy environment enables Persons with disabilities claim their human rights and access responsive and quality services in Sudurpashchim Province (Province 7) by producing high quality disaggregated data on persons with disabilities; by strengthening the capacity of disabled people’s organizations (DPOs) to lead policy advocacy, demand accountability and address stigma and discrimination; and by supporting the development of an evidence-based draft Policy on Persons with Disabilities in line with international standards in Sudurpashchim Province (Province 7).

Towards the reporting period, for the **output 1.1. on high quality disaggregated data on persons with disabilities available and in use**, the disability study conducted by UNFPA, and the situation of the persons with disabilities study conducted by UNDP to better understand the conditions of persons with disabilities guided the programmes as well as for drafting the policy for persons with disabilities in Sudurpaschim province.

**Output 1.2: Capacity of Disabled Persons Organizations strengthened to lead policy advocacy, demand accountability for quality service, and address stigma and discrimination.**

In the reporting period, six local governments demonstrated enhanced capacities on gender and disability responsive planning and budgeting in project districts Kailali and Doti. An increase of 45 percent in the budget for persons with disabilities (PWDs) was reported in five project LGUs[[5]](#footnote-5) from the project baseline year 2019. These funds were used to distribute assistive devices, capacity development of organization of persons with disabilities (OPDs) and coordination with OPDs.

The distribution of disability identity cards to 283 persons through the setting up of mobile camps in Dhangadi Sub-metropolitan and Bhajani Rural Municipality was another key achievement. Following the project intervention, all project LGUs have prioritized the identification of PWDs in the community and distribution of identity card. This is evidenced from the efforts of Shikhar municipality which purchased digital machine to print and distribute disability ID card to PWDs on a timely manner in their LGU. To ensure maximum outreach, the project supported 10 OPDs in the project areas to disseminate information about the disability identity cards, mobile camps and extended accompaniment support to PWDs during the application process for the disability identity cards in close coordination with LGUs. Once issued, PWDs will be able to access social benefits provided by the local government with these identity cards.

"This wheelchair might be a simple tool to others, but it values a lot more to me, a life changing tool. I am confident that it will make my every day easy and meaningful." **Dinesh BK, a PWD expressed his feelings after receiving wheelchair from the local government.**

Further, disability issues have been integrated in the gender equality and social inclusion (GESI) policy endorsed by these local governments. For instance, the GESI Policy of Dhangadi Sub-Metropolitan has included PWDs as one of the target groups under its “policy areas and strategic approach”[[6]](#footnote-6). Project LGUs have also prioritized the collection and use of disaggregated data on gender and disability to design programmes in the aftermath of COVID-19. This was a result of the technical and coordination support provided by the project supported OPDs to collect data on the socio-economic impacts of COVID-19 on PWDs with severe conditions. This data was used by local government to prioritize relief distribution to the most vulnerable PWDs in 2020. This intervention highlighted the need of maintaining disability disaggregated data for the overall planning process at the local level, and some of the LGUs have prioritized this in their annual programming e.g Dipayal Silgadhi has prioritized data collection of PWDs in the fiscal year 2021/22 to inform local government programmes from a disability lens.

Further, Dhangadi Sub-Metropolitan established a help desk to support PWDs to access local government services, Badikedar Municipality appointed PWD representatives as a disability focal point, Dipayal Silgadhi municipality moved Mayor and Deputy Mayor Office offices to the ground floor to make it accessible to persons with disabilities and Bhajani municipality constructed a ramp in the LGU office in the project period. These are few examples of efforts made by project LGUs to strengthen disability inclusion and deliver quality services to PWDs.

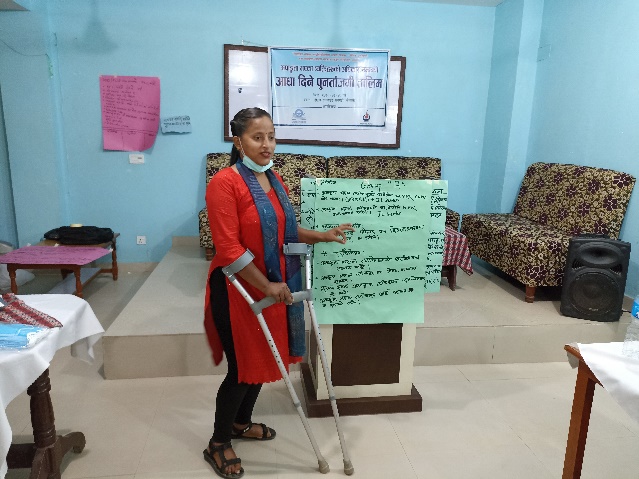
Local Coordination Committees[[7]](#footnote-7)(LCC) in the project LGUs are more inclusive and responsive on the issues of disability rights and inclusion, following project interventions. Despite legal provisions, PWDs were not included in the local coordination committee in project LGUs prior to the project. Now, all project LGU local coordination committees include PWDs representatives as well as women with disabilities. OPDs from project LGUs reported increased engagement of LCCs in the local planning and budgeting process as well as raising the issues of disability inclusive services. This was achieved because of the project’s active engagement with LCCs through a range of capacity building trainings, coordination meetings and follow up support.

Another significant indicator of an enabling environment for PWDs to claim their human rights in the project LGUs, was the reduced use of derogatory words while referring to persons with disabilities. Anecdotal information collected from representatives from OPDs during the project review meeting, refers to increased use of dignified terminology for PWDs by community members as compared to past. They also reported greater space for engagement and coordination with LGUs including in the local planning process. The project contributed to these results through a range of initiatives including capacity development of local government officials (elected representatives, government official and members of the Local Coordination Committee) and OPDs on disability rights and inclusion, technical assistance to the local government on disability inclusion and facilitating dialogue between government and organizations of persons with disabilities.

UN Women, in partnership with JuRI Nepal strengthened the institutional capacity of ten OPDs to advocate for gender and disability issues in the project districts- Kailali and Doti. This was facilitated through technical support from the project on drafting of organizational policies related to administrative, finance and human resources management and review of the institutional statute from gender and inclusion lens. For this, sample policies were drafted and shared with OPDs. Further, the 10 OPDs (five in each district) were provided with institutional support of NPR 100,000 (approx. USD 860) to cover their operational and administrative cost during the COVID-19 pandemic. The institutional support cost enabled these OPDs[[8]](#footnote-8) to sustain their operations, field work and advocacy and coordination efforts with the local government to voice the gender and disability agenda in the local planning and resource allocation.

In the project period, the project supported OPDs led policy advocacy on disability inclusion and quality services at local level through eight dialogue/interaction sessions with the representatives from the local government. A total of 297 participants (female- 172, male-125, PWDs-43) were mobilized to advocate for disability inclusion and demand quality services for the PWDs. In the process, they shed light on the issues of gender and disability inclusion, gendered social norms and stigma around disability, gender-based violence and advocated with the government to ensure quality services for women with disabilities in line with the National Disability Act 2017 such as free and accessible education, health facilities, free transportation services, implementation of accessible building code etc. Further, these dialogues developed concrete strategies for gender and disability inclusive programming at the local government such as i) manage gender and disability disaggregated data at LGU, ii) joint and regular monitoring of local level planning and budgeting from gender and disability lens, iii) strengthen women’s and persons with disabilities networks and organisation to challenge gender based social norms and harmful practices, and iv) develop proper complain handling mechanism at local government, promote public hearing, social audit, gender audit for social accountability. Participants included Deputy Mayors from project LGUs (Deputy Mayor chairs the Local Coordination Committee), other members and focal person from health, education and information section of municipality, persons with disability, women groups and networks members. These interactions and dialogue platforms also provided a space to women organizations and OPDs to voice their agendas and advocate for quality services and resources for gender and disability inclusion with their respective local governments. These advocacy efforts contributed to resource allocation to PWDs from project LGUs as well as incorporation of PWDs as a priority group in the GESI policy endorsed by the project LGUs.

The 10 OPDs supported by the project will continue to champion disability work and coordinate with local government to hold them accountable towards disability inclusion and quality services beyond the project period. The engagement of OPDs in Badikedar municipality to organize a mobile camp for the distribution of PWDs ID cards and successful efforts by project supported OPDs to secure local government funds to mark International Disability Day in December 2021 are some examples of their continued engagement on disability issues post the project period.

Further, capacities of 84 representatives (Female-35, Male-49; BCT 39, Janajatis 21 and Dalits 24) from 10 OPDS were enhanced on local planning and budgeting processes in 2020. Among them, 52 were PWDs and 32 were people working on disability issues. This was facilitated through two four-day online trainings and one two-day in person training on definition and categorization of disability, dignified vs derogatory words on disability, gender and disability rights provided under international normative frameworks and national legislations such as UNCRPD, CEDAW and National Disability Act 2017, governance structures and entry points for disability inclusion as per the Local Governance Act 2017, advocacy and role of stakeholders on disability issues. The pre/post analysis shows 28 percent with enhanced understanding on types of disability, 26 percent with enhanced knowledge on PWDs rights, and 39 percent with enhanced knowledge on formation of LGU coordination committee and their roles and responsibilities. For this a Training Manual on Promoting Disability Rights for Inclusive Governance was developed by UN Women and its partner JURI. Special considerations, such as the use of sign language interpreter, unicode and word file, were adopted to make the training more accessible to persons with disabilities. Following the training, the participants organized an interaction meeting, with funding and technical support from the project, to examine the status of disability inclusion at the local level against the international normative and national legislation learned in the training. During these interactions, persons with disabilities advocated for the inclusion of persons with disabilities in the local coordination committee as well as overall planning and local development process.

Project participant making presentation during the capacity development training on disability rights and inclusion.

“The training increased my understanding on gender and disability inclusion and multiple forms of discrimination across intersecting identities such as Dalit women with disability. There is a strong need to incorporate gender and intersectional lens within organisations working on disability to address specific challenge of women with disability”- **Sharada Bista, DPO representatives from Dipyal silgadi, Doti**

As a follow up to the capacity development training conducted in 2020, UN Women in partnership with JuRI Nepal organized four one day refresher trainings in 2021. The refresher training reviewed the past learning and achievements of participants on disability rights, addressed the queries of participants, identified issues and challenges on disability inclusion at local level and developed action plan for advocacy and alliance building to promote disability inclusion at local level. Approximately, 83 percent (69 out of 84) of past training participants attended the refresher training of PWDs/OPDs. In total, there were 78 participants (BCT: 36, Janjati: 30 and Dalits: 12) of which were 32 women and 46 were men. Among them, 59 were PWDs and 19 were non PWDs working in OPDs and CBOs.

Additionally, 114 community leaders (Brahmin/Chhetri/Thakuri-38, Janajati- 24 and Dalits 52) enhanced their knowledge on disability rights and inclusion as a key element of gender responsive and inclusive governance.[[9]](#footnote-9) Among the total participants, 84 were women and 30 were men, from diverse organisations (women organisations-52, CBOs-34 and OPDs-28). The training also helped the participants to examine existing gaps in terms of access to information, services and decision making to promote gender responsive and inclusive governance in their own LGUs. Pre/post-training analysis revealed that 84 percent of participants enhanced their knowledge on types of disability and 56 percent on inclusive governance compared to 42 percent and 41 percent respectively prior to the training. The training enabled women’s organizations, OPDs and community leaders to raise their voice collectively for gender responsive and inclusive governance, including a focus on disability inclusion. This was evidenced from the issues raised by the women’s organizations and OPDs with policy makers, line ministries, duty bearers, elected representatives during the district and provincial level interactions. The project will continue to follow up with these women’s organizations and OPDs to track the community level advocacy work for disability inclusion in local governance.

To strengthen the enabling environment for policy advocacy and accountability on disability at the local level, capacities of 149 members (Male: 84, Female-65, Dalits: 20, Janjati: 54 and BCT: 75) of the local coordination committee, OPDs and CSOs were enhanced in 2021. This was facilitated through four 2-day training and six half day refresher trainings. During the four 2-day training, 95 participants enhanced their knowledge on types of disability, gender and disability inclusion, policy framework on disability inclusion such as CRPD, National Disability Act 2017, Local Governance Act 2017, roles and responsibilities of Coordination Committee members and procedures/provision to get PWDs ID cards. The pre and post assessment further revealed that 18 percent participants enhanced knowledge on types of disability, 18 percent enhanced knowledge on gender and disability, 15 percent increased their understanding on their roles and responsibilities and 31 percent enhanced understanding on available provisions/process to get PWDs ID card.

The six half-day refresher training organized in October-November 2021 as a follow up of the capacity development efforts further strengthened the capacity of the 149 representatives from local coordination committees, OPDs and CSOs. During this training, participants shared specific initiatives taken by them such as establishment of help desk at Dhangadi Sub-metropolitan city, appointment of focal person in Badikedar municipality and construction of ramp in Bhajani municipality post the capacity development training to local coordination committees, as a strong demonstration of how they had applied the knowledge to advance disability rights and inclusion at the local level governance. They also reported enhanced understanding of the mandate of local coordination committee and increased skills to review LGUs budget and programme from a disability lens.

"The training helped to develop better understanding on the rights of persons with disabilities, categories of disabilities as per the National Disability Act as well as familiarise with the mandate and role of local coordination committee which I was not very aware of. Post the training, our LGU has prioritized data update of PWDs, PWDs ID card distribution, skill development and income generation activities in collaboration with OPDs. We are open to collaborate with development actors to further expand and work on disability inclusion in local level.” \_ **Sher Bahadur Karki, Information Officer, Coordination Committee Member, Shikhar Municipality, Doti**

The knowledge of PWDs and other stakeholders were further strengthened by sharing an information booklet[[10]](#footnote-10) on disability rights and services. A total of 2500 copies of information booklet on disability rights and services were printed and distributed during project activities to project participants as well as distributed to LGUs, OPDs and CBOs offices for their review and reference. The project LGUs, OPDs and CBOs appreciated the design and content of the information booklet, in particular information on special schools for PWDs, discount entitlement in public transport, types of disability, care and social security allowances, provision of free education and care support that children with disabilities are entitled and role of local government in providing these services. Local level actors reported that information booklet helped them to learn about the disability rights and services entitled and advocate for the same with the local government. This information was collected through an online google form in August 2021 from 31 respondents among those who received information booklet.

Other key initiatives that contributed to these results included six trainings on gender & disability inclusion[[11]](#footnote-11) for 149 elected women representatives and women political leaders (Brahmin/Chhetri/Thakuri- 59, Janjati-29 and Dalit-61). Pre/post-test analysis showed significant increase in knowledge of participants on gender responsive and inclusive governance, including disability rights and inclusion[[12]](#footnote-12).

Further, 118 local duty bearers (elected men representatives/government officials) in the project LGUs were sensitized on gender and disability inclusion through dialogue and interaction sessions organized periodically by UN Women’s CSO partner JURI Nepal. In addition to raising awareness on critical barriers and challenges faced by persons with disabilities, these dialogue sessions provided a constructive platform to identify suitable policy and programmatic measures to address existing gaps.

Further, through the WHO intervention, the one stop rehabilitation services centre/OSRSC and its approach has been advocated towards inclusion in the draft policy guidelines as one of the models of service delivery for the realization of disability support & referral services in Sudurpashim province. It has been showcased/acknowledged as a model approach to provide disability and rehabilitation services along the care pathway with links to 3-tier health systems in an LMIC context. The OSRSC serves as a learning centre for Sudurpaschim province through benchmarking, training, referral, and mentoring initiatives. Formal linkages between disability and rehabilitation stakeholders of Sudurpaschim and OSRSC are yet to be set-up and tested and are affected/delayed due to the pandemic.

**Output 1.3. Draft policy on persons with disabilities at the province 7 in line with international standards**

UNDP, in partnership with the National Federation of the Disabled Nepal (NFDN) strengthen the Government stakeholders' capacity for mainstreaming of disability agenda in the laws and policies of the Sudurpraschim Province. Key strategy targeted effective implementation of the 'Disability Rights Act 2017' and inclusion of disability in the ongoing policy formulation process. This was facilitated through evidence-based advocacy and technical support from the Project to the Government actors (esp. Social Development Ministry – Sudurpaschim Province), resulting in joint drafting of the 'Policy on Disability in Sudurpraschim Province.' Altogether, 14 advocacy dialogues and consultation meetings were held with provincial parliamentarians and representatives from various ministries and departments with the active participation of disability rights activists with various types of disabilities, casts and social backgrounds to ensure ownership and success of the policy draft development. 167 participants participated throughout the program and 704,000.00 NRs were utilized. In addition, NFDN worked with province-level media tohighlight the disability policy-related agendas in the media. The policy is now finalized and awaiting the cabinet approval.

*"There has been a lot of discussion since last year to move forward with the process of formulating a disability policy in Sudurpaschim Province and it is hoped that this process will be taken forward soon in close coordination with the Women's Branch and Legal Officer of the Ministry of Social Development. I personally promise to take initiations for the process of policy passing and within a week the policy will be posted on the web page of the Ministry of Social Development for suggestions"****.*** *Lal Bahadur Khadka, Minister Social Development*

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Figure 1. Captured picture during the consultation meeting with Ministry

Further for the policy advocacy and strengthening the capacities of the underrepresented disable groups, UNDP support was provided to National Indigenous Disabled Women Association Nepal (NIDWAN) in publication and disseminating of the ‘2021 Interim Impact Assessment of Covid-19 to Underrepresented Peoples with Disabilities in Nepal' report to relevant stakeholders such as: right holders, duty and responsibility bearers. attendees and representatives of ministries, governmental bodies, IPOs, OPDs, CSOs, and partner organizations were sensitized on the issues and the status of the underrepresented Indigenous Persons with Disabilities (IPDs) in Nepal. In addition, the project marked the World Indigenous People's Day by organizing an International Panel Debate discussing the status of Human Rights of IPDs and on the 3rd of November, online session was held with CO of UNCRPD and local level government representatives from all 7 provinces highlighting interlinkages between the report findings and Concluding Observations of UNCRPD accounting for the importance and the need for further action in respecting, protecting and fulfilling of the Human Rights of indigenous, Dalit, Madhesi persons with disabilities and their inclusion in intersectional mainstreaming of esp. inclusive and accessible emergency relief measures at all levels. The project's recommendations call for more research with intersectional approach on underrepresented groups with disabilities, implementation of the research findings with data and evidence remains crucial. Overall, 279 beneficiaries were directly reached through direct programing and more than 1000 indirectly.

A group of people on a stage

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*Figure 2.*

*Dissemination workshop of the Covid -19 Report with Key Stakeholders at National level*

Project on 'Increased Access to Local Level Planning Process to Ensure the Rights of the Persons with Intellectual Disability (PWID)' in local level planning and budgeting processes has been carried out by Parent Federation of Persons with Intellectual Disabilities Nepal with support of UNDP. 27 Parents and 3 self-advocates from member org. with residence in Belaka, Triyuga, Sunkoshi, Tokha and Nepalgunj districts received training, enhanced their knowledge, and were sensitized on how to hold local government accountable towards the issues of PWIDs such as: early access in resources allocated at the local level and local level planning process. The project also targeted to enrich the parent's awareness on violence against PWIDS and to sensitize and make government authorities liable on the violence faced by PWIDS. A radio jingle highlighting the violence faced by PWIDs and the report mechanism was prepared and broadcasted in Kantipur F.M; a national level radio. As a result, around 1 milion people including PWIDs and their parents were made aware about the issues of violence against PWIDs. This resulted in 4/5 municipalities allocating budget, in total 11.00.000 NRP for needs of PWIDs for assistive devices and disability card distribution camp (Belaka), their representation and of their parents’ involvement in local level planning process (Nepalgunj sub met., Tokha and (Triyuga in add. to a program related to disabilities)). For further awareness raising among PWIDS on issue related to disability card obtainment and distribution, menstrual hygiene (500 copies of handbook) and COVID-19, they were provided with IEC materials in easy tread format. Altogether, 41 participant received training on the topic of local level planning process.

Graphical user interface, application

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*Figure 3. Online training for the local level planning process.*

UNDP supported the Federation of Women with Disabilities – Nepal to create a Five-Year Strategic Plan of its partner organization FWDN. Goals set for the period of 2021-25 focus of increasing engaging of women with disabilities in long term change through advocacy raising, education and gender-based violence awareness. Improvement of accessibility of service provisions is also a focus point which will be achieved through representing the diverse lives of women with disabilities (WWD), offering education, training, referral and advice on gender and women rights to service providers. Importantly, a review of the policies related to PWDs from the perspective of women with disabilities has been conducted towards ensuring of their recognition and presentation. Two days trainings on gender, disability and social inclusion, digital technology and ICT were organized for WWD with more than 40 participants from all 7 provinces of Nepal in each training boosting more long-term success of women in the activism efforts in their org. and communities. Broadcasting messages and special FM Programme have been sent out and broadcasted through different digital and media channels such as FM Radio stations, on issues related to gender-based violence, menstrual hygiene of WWD, stress management and self-care, COVID-19 pandemic and barriers encountered by WWD.

Special attention to issues related to suicide in Nepalese society was given as Koshish – National Mental Health Self Help Organization with support and financial stimuli from UNDP organized a project on 'The 'Sub-National Government engagement for suicide prevention interventions in policies and programs in  
Province 1'. Project successfully completed all the set activities and objectives of sensitizing the Members of Provincial Parliament, Bureaucrats of various ministries in Province 1, OPDs and CSOs on issues relating to suicide prevention and psychosocial disability. The participants / duty bearers have given commitment to development of relevant policies / strategy for mental health and suicide prevention in Province 1 and development of programs and inclusion of budget for suicide prevention by various rural municipalities. Furthermore, the project provided relief materials to persons with mental health condition who were facing mental distress due to COVID situation. Likewise, audio / visual mediums were used to raise awareness regarding suicide prevention and promote psychosocial wellbeing. A total of 9 events were carried out (6 virtual and 3 in-person) with presence of 162 participants (Female 56, Male 106). IEC materials, podcast, and Informational videos. 2 wellness videos, 2 informational videos and 4 audio podcasts were developed and widely disseminated across various digital outlets.

A group of people sitting in a room with tables and chairs

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*Fig. 4. Mr. Koshraj Neupane, Former Purbanchal Chief of NHRC and Activist urging members of province parliament on addressing the issue of suicide during the interaction program on 13 August, 2021.*



Mr. Nabin Raj Rai, ASP and spokesperson of Nepal Police, Province 1 sharing about situation of suicide



Lobbying with Vice President of Kerabari Rural Municipality Ms.

Shanti Bhujel on budget allocation for suicide prevention



Hon. Minister for Social Development, Usha Kala Rai sharing her commitment to suicide prevention



Sarswati Pokharel, Hon. Deputy Speaker of Province Assembly Province-1 expressing her view on Suicide Prevention

# 4. Equality between men and women

UN Women Nepal adopted an intersectional lens to identify multiple and intersecting forms of discrimination considering the differential barriers faced by men and women with disabilities in the project communities. As part of the capacity development initiatives, a range of participatory feminist tools such as power walk, body mapping and role plays were used to unpack the power relations, which limit/facilitate women’s access to resources and decision-making platforms. Further, building on feminist leadership principles, the project emphasized the creation of safe spaces for women to share their diverse experiences in terms of accessibility, gender-based violence, unpaid care and domestic work, harmful practices and social norms such as chhaupadi.

To strengthen the voice and agency of women with disabilities, the project invested in building capacities and skills of women’s organizations and OPDs to advocate for a stronger gender and disability focus in local governance and adopt concrete measures to address gender biased social norms and harmful practices impeding their substantive participation and representation. For this, the project trained representatives from women organizations and OPDs on participatory and reflective discussion tools and advocacy skills for community mobilization and facilitated safe dialogue space for women and persons with disabilities to raise their voice and agenda. The project closely engaged elected women representatives to champion the gender equality and women empowerment (GEWE) agenda with a stronger focus on disability. Further by integrating the Aawaaz project as part of its broader sub-national governance programme, UN Women has been able to engage with a wider cross-section of stakeholders including elected representatives, service provider, and community-based women organizations on disability inclusion in the local governance process.

* *How did the Project take into account differences in the barriers faced by men and women with disabilities?*

UNDP utilized an intersectional, gender equality/equity, social inclusion, and LNOB sensitive lens with its implementing partner organizations making sure that multiple and crosscutting forms of discrimination and barriers experienced by men, boys, women, and girls with disabilities from the project communities are anticipated and accounted for; GESI lens influenced various project planings and preparations, making sure that participants special needs, vulnerabilities, and barriers in relation to their gender and disability such as age, socio-economic status, geographical location, type of disability, caste and religion, acts of discrimination, sexual violence, and harassment, along with harmful traditional practices and views do not become hinders for their presentation, access to resources and services, and meaningful participation in decision-making processes. Special attention was also given to the balance in gender quote and creation of safe and accomodating working/participating environments for all, especially women, who were free to raise their concerns and opinions openly. Women were, in many cases, the primary actors in advocacy raising activities with relevant government actors, programming, and planning of various events, projects and project activities.

* In what way did the project advance gender equality?

The project activities under Aawaaz made contributions to advancement of gender equality through incorporating gender agenda as presented in ‘Agenda 2030’ and SDGs, by actively working towards removing structural barriers to women’s economic empowerment, promoting women’s participation and leadership in all forms of decision-makings, strengthening gender-responsive and disability sensitive strategies in crisis prevention, preparedness and recovery, and preventing and responding to gender-based violence with special attention to women and girls with mental and intellectual disabilities.

*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.*

To enhance and strengthen the capacity of agency and visibility of partnering organizations and their members, especially women, attention was given to the targeted development of their knowledge on intersectionality’s between gender, sexuality and disability, the preconditions for gender sensitive disability inclusive development, strengthened skills in advocacy, negotiation, and presentation, deeper understanding of CRPD and SDGs, strengthening the positive outcomes of their efforts in enticing the gov. parties to accommodate for more significant gender and disability focus in local and national governance addressing the lack of their meaningful participation, representation, and power to influence. To this end, both men and women from their respective organizations received training sessions and learned through aim-oriented discussions during different projects. Women with disabilities were a central point of reference in the scope of research and dissemination of the findings. In addition, the participating elected women representatives were empowered through gender equality and women empowerment agendas with disability as an overarching issue in focus. The Aawaaz project served as an enabling catalyst in the broader UNDP's effort at the local, provincial and national level to meaningfully engage women and ensure their representation with a range of stakeholders such as government representatives, service providers, and local level actors, which could otherwise have been excluded.

# 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. Kindly include the following information in your response:*

*How were persons with disabilities involved in the project’s governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle?*

In the one stop center, WHO Nepal, to facilitate greater interaction among the stakeholders and to spearhead the project, a project advisory committee/PAC has been formed. The president of the provincial chapter of National Federation of Disabled Nepal is one of the key members advising, reviewing, and guiding the OSRSC project in Gandaki province. The other key members include representatives from the Ministry of Social Development, Provincial Health Directorate, Mayor of the Pokhara Metropolitan, Health Coordinator of the Pokhara Metropolitan, rehab professionals, and partners which include Handicap International/HI and International Committee of the Red Cross/ICRC, Gurkha Welfare Trust/GWT. It has been envisaged that this committee would eventually play the leadership and governance role for rehabilitation in Gandaki province.

*Please provide details on how OPDs were engaged in project implementation and describe how OPDs participated and contributed on specific outcomes and outputs.*

In all project outputs and particularly in output 1.2 OPDs were engaged in the capacity development interventions and 1.3 OPDs were fully involved in the project implementation as part of the implementing partner including the National Federation of the Disabled Nepal, and OPDs from unrepresentative disability groups.

*How did the project support OPD engagement in national policy and systems as a result of the UNPRPD project actions?*

OPDs were part of the project implementation and were also supported for policy advocacy at national and sub0naiton level.

*Which specific actions were undertaken by the project that contributed directly to strengthening the capacity of organizations of persons with disabilities including underrepresented groups? (Kindly note that in the budget section below projects are requested to state the overall funding spent on these activities).*

The OPDs were supported or the policy advocacy and also for creating the environment for drafting the policy for the Sudurpaschim province.

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

To address the heterogeneity and the various groups of persons with disabilities, the dedicated support was provide to the OPDs particularly for under representative groups.

* *Please provide information on the level of representation of type of Organization of persons with disabilities involved.*

During the project implementation period, the project supported and mobilized the umbrella organization, the National Federation of the Disabled Nepal, OPDs representing indigenous women with disabilities, OPDs working on mental health, federation of women with disabilities Nepal, parents federation of the persons with intellectual disability etc to name some.

* *How were persons with disabilities involved in the Project's governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle?*

Persons with disabilities were consulted for the design of the programme and consulted on regular basis at every stage of the project implementation. Hence, they guided the project intervention. The National Federation of the Disabled Nepal, facilitated for the consultation with the ministry.

* *Please provide details on how OPDs were engaged in project implementation and describe how OPDs participated and contributed on specific outcomes and outputs.*

To engage OPDs in the project implementation, UNDP formed collaboration partnerships with OPDs who were responsible for implementation of planned project activities. With financial and technical support, awareness of context dependent and intersectional disability issues was raised among OPDs, project staff and beneficiaries including their families and the wider community through formal means (e.g. disability awareness sessions, media outlets…) and informal means (e.g. through discussions during project steering committee meetings and workshops with government representatives and other stakeholders).

OPDs were an integral part in all stages of project design and all ongoing activities contributing to the project objectives, outputs and outcomes towards. OPDs were involved in conception, development, publication and dissemination of respective research, findings and reports; raising awareness and advocacy, organizing and holding discussion and training sessions for right holders, other OPDs, government representatives and other relevant stakeholders at national, province and local levels; OPDs marked and organized events for the International Days raising awareness on situation of PWDs in Nepal and concerns in relation to respect, protection and fulfillment of their Human Rights, OPDs were able to reach out to and have meaningful dialog with members of local communities through different channels of communications (e.g. broadcasting of messages through radio and TV stations, publications in reports and newspapers, social media platforms; OPD were also very much involved with producing of research and information gathering towards creation of a **policy environment which enables PWDs claim their human rights and access to responsive and quality services in Province 7**.

* *How did the project support OPD engagement in national policy and systems as a result of the UNPRPD project actions?*

OPDs engagement in national policy and systems was supported through collaborative partnership with UNDP, allocation of financial resources, technical and expertise support,

* *Which specific actions were undertaken by the Project that contributed directly to strengthening the capacity of organizations of persons with disabilities including underrepresented groups? (Kindly note that in the budget section below projects are requested to state the overall funding spent on these activities).*

Intervention related to the situation of the persons with disabilities during the COVID-19 pandemic situation and its impact was solely conducted by the National Federation of the Disabled Nepal which capacitated them to mobilize and use of technology and conclude the study even during the complete lockdown. The project also supported the OPDs and particularly underrepresented groups including women with disabilities on how to be safe and keep themselves hygiene during the COVID-19. The intervention also highlighted on the mental health, the issues on how to address the violence against women and girls with disabilities.

* *In addressing the above points, please elaborate as appropriate on how the heterogeneity of the various groups of persons with disabilities, and their experience of multiple and compound discrimination, was taken into account throughout the project cycle. the planning, implementation, monitoring and evaluation phases*

In the program design phase, high priority was assigned to the segments of persons with disabilities that are furthest behind in terms of income and other dimensions of poverty, active participation of the poor, disadvantaged and those with various and multiple disabilities was ensured in program design process appraisals, special attention was given to addressing the structural and systemic causes of poverty , discrimination and inequality by giving attention to who is excluded from what, by whom, where, why, how and to what extent; PWDs experiences played a crucial role in uncovering answers to these questions. In the project implementation and monitoring phase, PWDs’ disability heterogenicity and experiences played a role in developing, applying, and sharing approaches and tools utilized in the project; provided baseline and current indicator values using suitably disaggregated data. In evaluation phase, PWDs experiences and disability heterogenicity were channeled into multi-level and multi-stake-holder policy dialogues; played a role in lessons learned and provided sound evidence.

## Table 3. Meaningful participation of persons with disabilities

| **Meaningful participation objective** |
| --- |
| [….] |

### Indicators- Meaningful participation of persons with disabilities

| **Indicator\*** | **Baseline\*** | **Target\*** | **End line\*** | **Means of verification** |
| --- | --- | --- | --- | --- |
| [….] | [….] | [….] | [….] | [….] |
| [….] | [….] | [….] | [….] | [….] |

*\* 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.

WHO As part of one stop rehab services approach, partnership building, and networking were given primary importance. Notably, the rehabilitation services, particularly the tertiary level multi-disciplinary rehabilitation is provided by the I/NGOs in the country.

Partnership with Rehabilitation Center of Excellence / One Stop Rehab Services Centre:

This was crucial for the piloting of new initiatives with pooled expertise, manpower and materials, trainers for capacity building, resource development (guidelines & rehab products) and networking with provincial stakeholders – health directorate, local government units, disability and rehab professionals etc. WHO with its convening power and technical expertise has initiated this process/project.

Partnership with Disabled Persons Organization/DPO:

The logo of the disability rights movement is, "Nothing about us, without us!". Persons with disabilities are equal partners, designers, executioners of the programmes that concerns them and their wellbeing and not merely recipients or beneficiaries. As mentioned earlier, the president of NFDN of Gandaki province is the key member of the one stop project advisory committee/PAC which reviewed the work quarterly and provided technical support and partnership/networking with other agencies/hospitals/rehab providers in the province.

Partnership with Professional Associations: The president of Nepal Physiotherapy Association (NEPTA) and other rehab professionals are part of the PAC, and joint programmes with one stop centre have been planned at the provincial level.

Partnership between Disabled Persons Organisations and the Rehabilitation experts: While DPOs are strong in their ‘rights and advocacy’ with respect to ‘social model’ of disability, the rehab experts are trained and focused more on ‘correction’ based on ‘medical model’. There is a seeming disconnect between these two groups in terms of ‘knowledge & skills sharing’ and ‘collaboration’. WHO through this project has brought/bridged both the groups together towards a common goal of improving access to rehabilitation with shared responsibilities, delegation of work through the networking. WHO is facilitating the joint collaboration through this innovative virtual platforms and is being catalytic and is strategic in its approach towards both the stakeholders.

Partnership with Ministries and partners: The project concept was shared and also had the approval from the federal and provincial governments. Members of the PAC included representatives from the provincial and local government units. HI and ICRC are also part of the PAC providing technical support and collaboration with one stop centre. The training materials and rehab monitoring system developed by HI were shared to avoid duplication of efforts and effective resource utilization. Joint projects with one stop centre on assistive technology by ICRC is already functioning. Efforts have been made between the one stop centre and the HI through the USAID Physical Rehabilitation Activity to collaborate for shared objectives/goals in Gandaki province.

In 2020, UN Women established a formal partnership with Koshish Nepal, a national organisation of persons with disabilities to strengthen access of women and excluded groups to information, facilities and services on mental health and psychosocial support in the COVID-19 context, with partial support from the project. Further, UN Women supported 10 organizations of persons with disabilities through its NGO partner JURI Nepal as part of the Aawaaz project in two districts namely Doti and Kailali from Sudurpaschim province. UN Women closely worked with these 10 OPDs to design need-based activities and strengthen community mobilization and advocacy efforts at the local level for disability inclusion. UN Women’s NGO partner worked closely with the National Federation of Disabled Nepal (NFDN) to design and deliver the training manual on disability rights and inclusion and information booklet on disability related services guaranteed by the national policy.

UNDP worked primarily with the NFDN and four other OPDS during the project period details shared above at relevant section. The partnership was for advocacy, lobby for policy intervention, for the effective implementation of CRPD and SDGs, capacity building of the OPDs and supporting to develop their strategic plan etc.

# 7. Promoting ONE UN approach to disability Inclusion

In 2020, UN Women designed a learning session on disability rights and inclusion for UN agencies and development partners to advance the rights of persons with disability in the country. The virtual learning session provided an orientation on key aspects of disability inclusion in line with international normative and national policy frameworks and shared examples and good practices on gender and disability responsive programming in the COVID-19 context. The learning session also provided a space to discuss possible strategies for disability inclusion within programmes implemented by the UN and development partners and entry points for disability mainstreaming in Nepal. Informed by this project, UN Women has started using sign language interpreter in its programme, maintain disability disaggregated data cross programming and focus on disability inclusion in its internal processes, in line with its diversity strategy. Further, UN Women together with other UN agencies implementing Aawaaz project played an active role in the disability related work of UNCT. That includes substantive contribution on disability score card baseline assessment, disability score card action plan and participating on Disability Inclusion Task Team.

Under the leadership of UN Women, UNDP and RCO also hosted the Kathmandu Global Forum on 10 November 2021 bringing together Nepali women leaders to discuss their experiences and models of leadership. One of the speakers was Pratima Gurung, an indigenous and disability rights activist, and the session had Nepali sign language interpretation throughout. In 2021, UN Women participated in the learning sessions on disability inclusive M&E, Human Resources and Procurement organized by UNCT. More than 70 colleagues from different UN agencies participated in a series of sessions organized over a two-week period, learning about the normative frameworks related to disability inclusion; the UNCT Accountability Scorecard; global and national data; respectful terminology; inclusive planning, monitoring, and reporting; and most importantly what each of us can do to ensure a more inclusive workplace.

UNDP initiated the practice of ensuring all programmes organized by UNDP to have the sign language interpretation if there is participation of persons with disabilities. In this process, a range of roster of sign language e interpreters were maintained by UNDP were also encouraged to be mobilized by UN agencies in Nepal which has turned very helpful during the COVID-19 pandemic period.

**8. Linkages to national development agenda**

The project was able to influence other interventions of UNDP and UN agencies to make the interventions disability inclusive and ensure that the persons with disabilities were consulted either during the census, for the health response during the COVID-19 period, localization of the Sustainable Development Goals, the agenda 2030 at the local level.

**9. COVID-19**

The project was able to address the issues and concerns of the persons with disabilities due to the COVID-19. UN Women repurposed some project activities to address emerging challenges in the COVID 19-context. One of the key concerns articulated by OPDs was their inability to continue their work, due to funding cuts. In this context, by extending institutional support/grants to 10 OPDs, the project was instrumental in supporting these organizations to sustain their advocacy and engagement with local governments and other stakeholders, including facilitating access of persons with disabilities to local government relief and response. Further, UN Women in partnership with KOSHISH Nepal[[13]](#footnote-13) (Phase I) strengthened access of women and excluded groups (including PWDs) to information and services on mental health and psychosocial support in the COVID-19 context in three provinces (2,3 and 7) in 2020. As part of this intervention, COVID-19 related IEC materials on reducing social stigma, services for people with mental health problems and people with disabilities and stress management were developed and disseminated. Further radio PSAs on increasing awareness on mental health impact of COVID-19 were broadcasted. These radio PSAs also included an awareness message on the increase in domestic and gender-based violence during lockdown. A toll-free number was established in each province to provide tele-counselling. A total of 150 persons benefitted from this tele-counselling service in 2020. Majority of reported cases relate to domestic violence or gender-based violence. In Sudurpaschim Province, 42 people benefitted from the counselling services. Out of this, one case was referred to Kathmandu for severe mental health problem and two cases were referred to local government in the district for livelihood support provided by the ward office of the municipality.

With the COVID-19 pandemic, UN Women in its capacity as co-chair led a series of GIHA TT meetings since April 2020 virtually. Since the very beginning, GIHA TT has emerged as the common platform of government counterparts, development partners and Civil Society groups to share emerging GESI issues in the Covid-19 context. In the very first meeting, UN Women invited Tika Dahal, President of National Disabled Women Association (NDWA) to share the emerging issues and challenges women with disabilities are facing in the COVID-19 situation that provided deeper insights and indicative areas where development partners and government should prioritize their support to persons with disabilities, in particular women with disabilities. The issues raised were documented and shared with the government counterparts, UN agencies, development partners and CSOs for their reference and action. Representatives from OPDs are regularly invited in all the GIHA TT Meeting series. Further, UN Women made deliberate efforts to raise the issue of disability inclusion in UN Socio-Economic Recovery Framework and Emergency Response Plan.

UNDP, who led technically for the preparation of the Socio-Economic Recovery Framework to address the impact of the COVID-19 in Nepal ensured that the intense consultations were held with the persons with disabilities so that their specific needs are identified and addressed. Also supported to conduct the impact of COVID-19 on the persons with disabilities which guided largely the interventions of UN agencies, Government, and other development partners. The OPDs were also provided with some essential services support to come up from the COVID-19 impact. The efforts were made to ensure that the information provided and shared by the Ministry of Health and Populations was disability inclusive and have the sign language interpretation in all the press briefing of the Ministry of health. It was possible in leadership of the national federation of the disabled Nepal. UN in Nepal also played a major role in developing the disability inclusive checklist which proved to be instrumental for the monitoring of the quarantine and the isolation centers.

# 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 was the purpose of the product who participated in the development of 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?** |
| Promoting disability rights for gender responsive and inclusive governance (in Nepali) | Training Manual | The training manual was designed for capacity development of persons with disabilities as well as community leaders/duty bearers on disability rights and inclusion | […] | […] | National Federation of Disabled Nepal was engaged in the drafting and finalization of the manual. |
| Information booklet on services available to PWDs as per National Disability Act 2017 | IEC materials | The information booklet was developed to inform the PWDs, development partners and other actors working on disability issues about the services PWDs are entitled as per the existing laws in Nepal. | […] | […] | National Federation of Disabled Nepal was engaged in the drafting and finalization of information booklet |
| Radio PSAs- Awareness on mental health issues in the COVID-19 context | Radio Jingle | Awareness raising on mental health issues of community members in province 2, Bagamti and Sudurpaschim province | […] | […] |  |
| Guidelines for Disability Inclusion and Rehabilitation in COVID 19 Facilities | Guidelines | For Covid 19 facilities | Given below |  | Draft for advocacy & integration |
| Interim Guidance for the Health-related Rehabilitation of person with COVID-19 (comprehensive rehabilitation – draft) | Guidelines | For Covid 19 facilities (level 3) | Given below |  | Draft for advocacy & integration |
| Policy on persons with disabilities for Sudurpaschim | Policy | Policy to guide the province and local government on rights of persons with disabilities. It was developed in participation of OPDS, provincial government, and UN agencies, | [अपांगता नीति प्रारम्भिक.pdf (sudurpashchim.gov.np)](http://mosd.sudurpashchim.gov.np/sites/mosd/files/2021-11/%E0%A4%85%E0%A4%AA%E0%A4%BE%E0%A4%82%E0%A4%97%E0%A4%A4%E0%A4%BE%20%E0%A4%A8%E0%A5%80%E0%A4%A4%E0%A4%BF%20%E0%A4%AA%E0%A5%8D%E0%A4%B0%E0%A4%BE%E0%A4%B0%E0%A4%AE%E0%A5%8D%E0%A4%AD%E0%A4%BF%E0%A4%95.pdf) |  | Validated ad drafted in lead of the provincial government. |
| Jingles about the menstruation hygines of the women and girls with disabilities, marriage and sexual and reproductive health rights, disability friendly infrastructure in health. The jingles were broadcasted from radio Kathmandu, kalika FM from Chitwan, Bharatpur and Saptakoshi FM form Ithari, Sunsari through MIND Space AD and Media Pvt. | Awareness materials | Developed in consultation and by OPDs |  |  | Developed by OPD |
| Digital poster | Awareness material |  | (Digital Poster  attached in Report) |  |  |
| Develop 2 episodes of FM programme about the women with disabilities issues related to barriers of persons with disabilities, gender based violence and broadcasted from FM radio. |  |  | (Attached Radio Program 19  th  September broadcasting by kantipur  FM at 7:30 AM ) |  |  |
| 5-year strategic plan of FWDN |  |  | https://fwdn.org.np/ |  | Developed by OPD |

* What communications strategies did the project adopt?
* Please list type of communications materials.

| **Name of Product** | **Type of Product (Toolkit, Video, Poster, publication etc.)** | **Purpose** | **Dissemination** | **Links/ Attachments** | **Language** | **Accessible formats** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Disability and COVID-19 related awareness videos  2. Seven steps to prevent the spread of the virus | Video | For sharing with persons with disabilities | National coverage based on a dissemination plan including YouTube | <https://www.dropbox.com/sh/5qlqy07uc07e9j4/AAB8vRYu2sFH6fx-TFNu2GECa?dl=0>  <https://bit.ly/3hnlp20> | Nepali | Sub titles and sign-language interpretation embedded |
| Radio jingle - Stress management during the lockdown due to COVID-19: | Radio jingle | Gandaki province | <https://bit.ly/3c6a97o> | Nepali |  |
| Tele Rehabilitation Intervention Questionnaire (TRIQ) | Vulnerability mapping and intervention planning tool | For DPO/OPD and Rehab professionals | Gandaki province | <https://drive.google.com/drive/folders/16oeO7-uaBCiEj8Lwq0w_-Ro0k2ajlpm3?usp=sharing> | English & Nepali |  |
| Covid 19 - Health Facility Assessment for Disability Inclusion and Rehabilitation | Tool to assess gaps in services and intervene | For coordination cluster of health emergency operation centre to advocate with partners | Gandaki province | https://drive.google.com/file/d/1Wq8RTfzZhQOiF2BBJcd7cotO3Sv5FySh/view?usp=sharing | English |  |
| Caring for persons with disabilities in Covid 19 facilities | Training video series | For training staff (nurses & paramedic) of Covid 19 facilities | Gandaki province | https://drive.google.com/drive/folders/1u07AmIo11AG9-lJ\_2xAdzkWJouaz-3Aj?usp=sharing | Nepali |  |
| Training/learning materials and rehab products for Covid 19 facilities | Toolkit | For training staff (nurses & paramedic) of Covid 19 facilities | From Gandaki provinceto national level | https://drive.google.com/drive/folders/1cuXkKpZwcnmHkFiWzTpU5kWkKtMgaYq9?usp=sharing | Nepali |  |

# 11. Challenges

Takes time: DPOs take time in understanding new concepts and approaches but are keen to contribute to serve the families of persons with disabilities in a holistic manner. Gradual introduction of concepts and step-by-step guidance and implementation in phases were used.

Systemic/procedural issues: Rehabilitation centres have their priorities and are struggling to break even during the pandemic. Any new initiatives are considered as an opportunity and the work associated with it is linked to funds the organization may get. Since many of the approaches were re-purposed and are in pilot stage, not much funding was available for the organizations. However, efforts were made to compensate the proportionate work of the staff in these initiatives. It is also to be noted that there is a difference in the working of DPOs/PWD and the rehab staff as the former has more empathy and are willing to work voluntarily.

Sustaining volunteerism: Though DPOs have readily accepted to work on the new approaches voluntarily to start with, it may not be sustained for a long time unless their work is compensated adequately and are leading towards the establishment of a structure within the governmental institutions and framework with dedicated funding. A guideline for their participation endorsed by the ministry would formalize their efforts, with capacity building and resource allocation. Similarly, a set-up for the rehab centre and staff should be advocated and integrated in the preparedness and response plans and frameworks. This will be done as part of dissemination of lessons learnt during the recovery phase of Covid-19. Moreover, the scaled-up project had provisions to reimburse rehab experts on a 'per session' basis. A national and provincial coordinator from the DPO (funded through the project) had coordinated with relevant rehab staff depending on the need/data.

Multi-stakeholder/cluster collaboration: As a sub-cluster, disability and rehabilitation has been mainstreamed as well as targeted interventions have been identified and executed. The weekly sub-cluster and cluster meeting gave an interface/opportunity to share, coordinate and collaborate with other clusters like WASH, Protection, Nutrition, Sexual and Reproductive Health etc. one of the learning was, DPOs needed hand-holding in their networking, negotiating, collaborating, writing and soft skills with other clusters and partners.

The project implementation was delayed due to COVID-19. To adapt to the new normal, activities were planned virtually. However, lack of digital literacy, access to internet facilities and devices limited the full participation of project participants and made virtual mode of learning more challenging. To address these shortcomings, the project scheduled pre-event session to orient participants on zoom platform to ensure their effective participation. Further, outreach to all categories of persons with disabilities remains challenging, as it requires a different/customized approach to designing and implementing project activities. Thus far, the project has been able to reach only persons with physical disabilities and psycho-social disability.

Venues accessible to persons with disabilities were not easily available in the project districts, in particular in Doti district. To address this, the project partner looked for accessible open space or community centers where they re-arranged the set up to make it accessible to persons with disabilities. They ensured the doors are wide enough for wheelchairs and ensured the meeting rooms on the ground floor.

In some instances, due to the unstable internet network connection some participants were not able to fully participate in all session of the program. Covid-19 created challenges to the development of the FM program, jingle, poster, and website and strategy plan due to very limited in-place technical support from FWDN. Because of COVID 19, certain project implementation activities were delayed, and a certain number of parents could not fully participate in trainings due to COVID-19 restrictions or other related circumstances. Access to participation in local level planning process was also a challenge since the project duration and the assigned planning process did not coincide. In addition, it was proved challenging to conduct a follow-up with delegates to the ministry as they required additional time for completion of processes under their authority.

Most importantly, for the policy drafting process, it took more time then expected due to frequent change in the in-government staffs as well as Ministers. It delayed a lot and on top of that COVID-19 pandemic had a major impact on project intervention.

# 12. Project follow up and Sustainability

In response to Covid 19 pandemic, the OSRSC developed and piloted innovative disability inclusion and rehabilitation initiatives. It provided a working model that bridges both disability inclusion and rehabilitation along the continuum of care with data driven advocacy.

* The one stop centre and Covid 19 disability-inclusion and rehabilitation initiatives are sustainable with system elements which can be integrated into the existing emergency response and recovery framework and mechanisms for pandemic response. Also, during ‘normal’ times.
* The sub-cluster for disability inclusion and rehabilitation has the potential to evolve to provide technical leadership and accountability mechanisms to the provincial health directorate and Ministry of Social Development (MoSD) on disability affairs during the emergencies as well as normal times. Further it has the potential to evolve into a multi-sectoral coordination committee for disability affairs bridging ‘rights-holders’ and ‘duty-bearers’.
* The same would enable development of draft policy and guidelines on mainstreaming disability and provide disability support and referral in line with Convention for Rights of Persons with Disabilities (CRPD) and national commitments and frameworks.
* In normal times, the virtual help desk @ the district level would continue to support the district and local government units in advocating for PWD rights and needs (data-driven advocacy based on the data collected), provide support to administration (duty-bearers), budgeting (for disability & rehab needs) and monitoring of activities/accountability. In Gandaki province, NFDN and partners have drafted a disability inclusion and rehabilitation policy at the provincial level which will soon be endorsed and approved for implementation and are invited as members during reviews and monitoring.
* The telerehabilitation and virtual care initiatives (virtual help desk & virtual expert pool) can be solutions to address health and rehabilitation inequities in a complex, social and geographical terrain during post covid context, ‘normal’ times as well, and can be integrated within the health systems.
* The virtual expert pool would be a sustainable resource with the involvement of professional associations and integrating them in the emergency response framework with accountability and service incentives. This pool can play a crucial role in the continuation of essential rehabilitation services in the health facilities (physically) and in remote telerehab services. In the context of Covid 19, It is linked to telemedicine facilities at the provincial level/hospitals with respect to management of post covid-19 conditions.
* The virtual approach that is data-driven, demand-supply matching, with good monitoring and incentives (either through insurance, co-financing or other innovative mechanisms) would offer innovative digital solutions in delivering primary rehabilitation services to whoever, wherever, whenever required that which is cost-effective and does not cause financial hardship on the users towards universal health coverage.

Aawaaz project was a critical entry point for UN agencies to advance its work on disability inclusion. UN Women has included women with disability as one of the excluded groups for programmatic outreach under its SN 2018-22 and will continue to priorities disability inclusion in the new SN 2023-27. Internally, UN Women has started collecting and maintaining disability disaggregated data across its programming implemented by CSO partners to advance LNOB principles of SDG and generate evidence base to advocate disability inclusion in all of its programmatic interventions. UN Women has developed diversity strategy that includes disability inclusion as its priority. Further, UN Women has recruited an international agency to provide technical support on foregrounding LNOB principles in UN Women’ programming going forward.

The 10 OPDs supported by the project have strong institutional base to continue advocacy on disability rights and inclusion beyond the project period. They have established working relation with the local government that will enable them to lobby for local resources, ensure representation in the local coordination committee and demand disability responsive services from the local government. Further, the project has made local coordination committee inclusive and functional that will provide regular guidance and feedback to local government to plan and implement disability responsive programmes and services. Six local government has pledged their commitment to continue resource allocation for disability rights and inclusion and continue working towards strengthening local government services more disability inclusive and responsive.

Further, Aawaaz project implementing UN agencies developed a concept note, which was selected for the full proposal development in 2020. The next phase of the project will build on the progress made so far to advance disability rights and inclusion in 2022-23. The next phase partnership will enable UN agencies to scale up good practices and address emerging/evolving needs of persons with disabilities and their organizations in the aftermath of the pandemic. With the launching of the disability score card, UNCT set up Disability Inclusion Task Team in 2021. This has now merged into the LNOB working group, which will serve as the primary coordination platform to advance disability inclusion across UN agencies in the country.

The draft policy which is in the process of approval from the provincial cabinet will further strength the work of the project. The QR code digital disability ID card, the disability service center which is already initiated serves as a model effort form the project and is taken care by the respective municipalities.

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

| **Category** | **Activity (please describe)** | **Budget Allocated** | **Total Expenditure** |
| --- | --- | --- | --- |
| Direct impact on empowerment of women and girls with disabilities | Capacity development training on the rights of PWDs | USD 37,000 | USD 37,000 |
|  | Promoting psychosocial support for persons living with or at risk of mental health conditions and psychosocial disabilities in response to COVID-19 | USD 20000 | USD 15517 |
| Direct Impact on DPOs’ capacity | Institutional supports to 10 OPDs | USD 78,663 | USD 78,163 |

# 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, civil society including organization of persons with disabilities (DPOs) and 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?[[14]](#footnote-14)** | **Testimony** | **Photo Shared (Y/N)[[15]](#footnote-15)** | **Consent for Use of Photo obtained (Y/N)** | **Photo Caption** | **Photo Credit** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Web Story: A Reignited Will to Live (link [here](https://www.who.int/nepal/news/detail/02-12-2019-a-reignited-will-to-live)) |  | Green Pastures Hospital/One Stop Rehabilitation Services Centre |  |  |  | […] | […] | […] |
| Web story: Access Audit of Covid-19 Unified Central Hospital / Bir Hospital  https://m.facebook.com/story.php?story\_fbid=471543757858772&id=112389293774222&m\_entstream\_source=timeline&anchor\_composer=false | […] | […] | […] | […] | […] | […] | […] | […] |
| Covid-19 vaccines: Nepal leaves no people with disability behind  https://www.facebook.com/92572781406/posts/10159863910831407/?sfnsn=mo |  |  |  |  |  |  |  |  |
| Accessible transportation to vaccine facilities: One Stop Rehab Centre  https://m.facebook.com/story/graphql\_permalink/?graphql\_id=UzpfSTExMjM4OTI5Mzc3NDIyMjozODU2NTUyOTY0NDc2MTk%3D |  |  |  |  |  |  |  |  |
| Facebook post: Renovated basketball court in One Stop Rehab Project in Gandaki province  https://m.facebook.com/photo.php?fbid=10219450936720843&id=1135651206&set=a.2120059397814 | […] | […] | […] | […] | […] | […] | […] | […] |
| National Policy Dialogue on Disability Inclusion and Rehabilitation  https://m.facebook.com/photo.php?fbid=10159046371494965&id=606284964&set=a.10150265421309965 |  |  |  |  |  |  |  |  |
| […] | […] | […] | […] | […] | […] | […] | […] | […] |

# 15. Photos depicting Project related impact and outcomes[[16]](#footnote-16)

*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 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** |
| --- | --- | --- | --- | --- |
|  | One Stop Rehab Centre:  Photographs: [Link](https://worldhealthorg-my.sharepoint.com/:f:/g/personal/samatya_who_int/Ej2jVujsihNMkNr3qa_EkhIBjxACeFNL1-USCm_3xwEhSA?e=PdmhRN); also available in the UNIC Photo Repository | Yes | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |
| […] | […] | […] | […] | […] |

# 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.

| ***Type of risk\****  ***(contextual***  ***programmatic, institutional)*** | ***Risk*** | ***Occurrence***  ***(Y/N)*** | ***Impact on result*** | ***Mitigation strategies*** | ***Risk treatment owners*** |
| --- | --- | --- | --- | --- | --- |
| ***[Programmatic]*** | ***Frequent change in government]*** | ***[Y]*** | ***[delay in project activity implementation]*** | ***[continued to identify the strategy to quickly engage with the newcomer]*** | ***[PUNOs]*** |
| ***[Contextual]*** | ***[COVID-19 impact delayed in prog implemntaiton]*** | ***[Y]*** | ***[some activities were repurposed, and some had to catch up when the government relaxed the restrictions]*** | ***[start implementing even online which was very difficult with the persons with disabilities]*** | ***[PUNOs]*** |

\* 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.

**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[[17]](#footnote-17) with increased knowledge and capacities to design/reform and deliver inclusive policies and systems (disaggregation by stakeholder Gov/ UN/OPDs/other) | Yes | Provincial Government: (Gandaki Province):   * Provincial Health Directorate/PHD - 7 * Provincial Health Emergency Operation Centre/HEOC - 7 * Ministry of Social Development/MoSD - 7   OPD/DPO:  Provincial chapter of National Federation of Disabled Nepal (NFDN) – 7 provinces  Health care workers & Rehabilitation professionals:  Federal & Provinces: more than 50 |
| 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 |  |  |
| 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 | Efforts are being made for disability inclusion and rehabilitation through one stop approach and disability inclusive Covid 19 Response (pilot project) which is being scaled up to 77 districts in 7 provinces of Nepal |
| 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) |  |  |
| 1.5 # and % of UNPRPD supported countries that undertook multi stakeholder capacity building initiatives on disability inclusive policies and systems |  |  |
| **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). |  |  |
| 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. |  |  |
| 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 | List and links given in relevant section above. |
| 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 |  |  |
| 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) |  |  |
| **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 | Two case studies on one stop centre/approach submitted – UNPRPD & WHO  Multiple social media posts and web stories related to and as an outcome of the project |
| 1.3.2. # actors involved in learning and evidence generated to inform inclusive policies and systems disaggregated by actor (GOV/OPDs, NGOs, etc) |  |  |
| 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) |  |  |
| **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. |  |  |
| * 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 | Disability-inclusive disaster preparedness and response has been piloted and are gradually being introduced in the health systems with terms of reference/guidelines for participation of OPD/DPO at 3-tier levels |
| * 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 |  |  |
| **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 |  |  |
| 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) |  |  |
| 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). |  |  |
| 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 |  |  |
| 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. |  |  |
| 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 |  |  |
| **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 |  |  |
| 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 |  |  |
| 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) |  |  |
| 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 |  |  |

**Annex 2. Report on UNPRPD funding for supporting an inclusive COVID-19 recovery efforts**

**The UNPRPD MPTF approved additional funding to your joint program in 2020 to address disability inclusive COVID-19 recovery efforts.**

1. *Please use the table below to report progress against these outcomes and outputs. Please also provide narrative to support the results in the table focusing on achievements in influencing systems, processes, services and other reform processes.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Brief Description of Progress | Budget allocated | Budget Spent |
| Outcome 1: XXX |  |  |  |
| Outputs 1.1 |  |  |  |
| Output 1.2 |  |  |  |
| Outcome 2: XXX |  |  |  |
| Outputs 2.1  Development and inclusion of Covid-19 / epidemic / pandemic-specific disability components in the following planning and advocacy tools | **D**isability inclusion and rehabilitation are part of WHO Health Emergency Operations and Incident Management Systems |  |  |
| Outputs 2.1  Capacity building of health care administrators/ managers, health care staff & support staff and other stakeholders involved in health sector response and recovery to improve access to essential and critical health services in emergencies and in normal times | Disability inclusion and rehabilitation have been integrated into capacity building activities and guidelines in Technical Expertise and Training /TET pillar of Incident Management System /IMS. |  |  |
| Outputs 2.1  Empower DPOs on reduce stigma and social discrimination for persons with disability and engage with them to support their efforts to advocate for better/more inclusive response. | DPOs have been empowered to actively participate and advocate in the disability inclusive covid 19 response.  Based on the learning, guidelines will be prepared in the next project phase or during Covid-19 recovery |  |  |

*Explain how this supported a joint UN system response to COVID-19 recovery planning and response? What were the results achieved?*

*Highlight linkages and collaboration with other initiatives including COVID-19 Fund*

Together and in collaboration with the Ministry of Health and Population, Nepal, a model project namely, *YES WE CAN! Persons with Disabilities-led Disability-inclusive COVID-19 Response* was launched in 2021. World Health Organization (WHO) partnered with the National Federation of Disabled Nepal (NFDN), an umbrella organization of persons with disabilities (PWD) in the country, to advance disability-inclusive preparedness for and response to COVID-19 pandemic.

What started as a pilot initiative in Pokhara City, Gandaki Province – more than a hundred miles from the capital, Kathmandu – YES WE CAN has now been scaled up to all 77 districts of all seven provinces of Nepal. The programme aims to empower PWDs by enhancing their capacity to prevent and protect themselves from COVID-19 and also support others.

*Specify any knowledge generation including tools guidelines, checklists, evidence-based analysis etc generated. Please include description and links.*

**Accessible risk communication & home care interventions package**

The following accessible materials were developed during the early part of pandemic response using UNPRPD funds which are being used in the WHO-NFDN Yes We Can Project

VIDEO: People with disabilities during COVID 19: How to take care of yourselves?

2. VIDEO SERIES (4-part):

Home Care Interventions during the Pandemic

Creative engaging of children at home through Play Based Learning

Sleeping posture for patients with Spinal Cord Injury/SCI

Sitting postures for patients with SCI

Exercises for patients with SCI /wheelchair user

3. Kobo Tools:

a) Vulnerable Household Audit too: to assess the suitability of house for quarantine and/isolation.

b) Covid 19 Facility Audit for availability of assistive devices, WASH etc.

c) screening/follow up tool on post COVID-19 Conditions: for screening persons with disabilities recovered from Covid 19

d) Tele Rehabilitation Intervention Questionnaire/TRIQ

*Expand on any capacity building activities including for government, UN and OPDs undertaken.*

Ensuring that facilities and their health care workers are adequately equipped to provide appropriate treatment and care to PWDs with COVID-19 is among the priorities set by the disabled people behind *YES WE CAN*. Training for frontline COVID-19 nurses and paramedic have started in some provinces and are targeted as well for the rest of the country.

In Gandaki, Karnali & province 1, **more than 50 forefront health care staff (nurse & paramedic) of at least 15 covid 19 facilities** have been trained in basic disability and rehabilitation aspects.

Participants learnt about,

Basic disability rights & issues

Simple tools to communicate with persons with disabilities

Techniques to calm & engage children with disabilities

*What did UNPRPD do to ensure OPDs participation in COVID 19 response? (For e.g. support consultations, promote engagement in formal decision-making bodies etc?)*

*YES WE CAN* operates virtual district help desks that provide life-saving guidance and information to PWDs, including COVID-19 protective measures, and as necessary, isolation and quarantine instructions and/or referrals to COVID-19 health facilities. These help desks also connect experts with needy patients with disabilities through telerehabilitation so that essential rehabilitation-related services, are maintained amidst restrictions triggered by the pandemic.

Covid 19 Unified Central Hospital, a central reference Covid 19 facility for COVID-19 wase assessed for disability inclusiveness by an audit team comprising persons with different disabilities. Based on the audit, WHO will advocate and support the central hospital along with partners to bridge the gaps and thereby demonstrate/showcase a disability inclusive Covid 19 facility which would become a benchmark for other Unified Covid 19 facilities.

Moreover, as part of data-driven advocacy, the project stakeholders have collected information from several facilities on the availability of assistive devices, and other basic amenities including WASH for persons with disabilities. Similarly, data on vulnerable household of persons with disabilities that are not suitable for home quarantine/isolation will be shared with the municipal authorities for prioritizing people in institutional quarantine or isolation. These data are discussed during the weekly disability inclusion and rehabilitation sub-cluster/committees that have been formed at the provincial level which provides an interface in each province to discuss issues related to Covid 19 facilities and services at the district level, and to find innovative solutions with the support of key governmental stakeholders and partners.

For COVID-19 vaccination, NFDN partners successfully advocated for prioritizing persons with severe disabilities in the vaccine rollout/campaign through a government order. More than that, transportation to vaccine facilities was also arranged through partners in a few municipalities. Vaccination registration system can capture data on persons with disabilities.

*How were rights of underrepresented groups and women addressed?*

As part of Yes We Can Project on disability inclusive Covid 19 Response, 65 Woman peer counselorsat the district level are trained to address psycho-social issues related women and girls with disabilities during the pandemic including gender-based violence.

The initiative also addresses the potential impact of the pandemic to the psychosocial wellbeing of women and girls with disabilities, including those related to gender-based violence (GBV). Women peer counselors have been selected and trained to help manage this sensitive topic and they have become instrumental in facilitating timely interventions to some GBV cases involving PWDs.

1. *Share lessons learned that can be used for the future and how what we learned from COVID can impact SDGs acceleration. Please provide practical examples.*

Outcomes:

* 1. 7 disability-inclusion and rehabilitation sub-clusters in each province have been formed which meets every week at the provincial level to discuss issues related to Covid 19 facilities and services, and to find innovative solutions with the support of key governmental stakeholders and partners.
  2. 77 Virtual help desks at the district level have been formed at the district level to assist with information and services for persons with disabilities during the pandemic. Around 2,000 (1% of certified) persons with disabilities directly benefitted from services through virtual help desk at the district level.
  3. Towards vaccine equity, vaccine registration system includes persons with disabilities. Around 8,000 to 10,000 (about10% of eligible) were fully vaccinated with single dose JJ vaccine. Approximately 86,000 persons (43% of certified) with severe and complete disabilities will directly benefit due to successful vaccine policy/directive advocated by NFDN & partners.
  4. Good practices: 1) Established at least 2 dedicated vaccine corners for persons with disabilities at one in Dhangadi (Sudurpaschim) and other in Pokhara (Gandaki province). In a few places, vaccination in residential home/facilities for elderly and disabled persons were facilitated by partners. 2) Nepal Red Cross Society and their partners enabled (accessible) transportation to vaccine facilities in 32 Pallikas (4%) of the country in which persons with disabilities also benefitted.
  5. 65 Woman peer counselors at the district level are trained to address psycho-social issues related women and girls with disabilities during the pandemic including gender-based violence.
  6. 156 women and girls with disabilities were given psychosocial counselling, relief measures with the support of partners. Issues related to domestic and gender-based violence were intervened timely by woman peer counselors.
  7. 254 Covid 19 facilities in all provinces have been assessed for availability of assistive devices and accessible WASH facilities.
  8. Structural access audit of Covid-19 Unified Central Hospital / Bir hospital has been completed by persons with disabilities, and the plan is to demonstrate and advocate disability-inclusive facility for other hospitals to learn.
  9. Based on the rapid assessment of 21 Covid-19 Unified hospitals, basic assistive devices for demonstration and advocacy have been procured by WHO through MPTF. Persons with disabilities are part of the monitoring & review committee of the hospital in this regard.
  10. 1666 Household of persons with Disabilities have been assessed up to date to know the suitability for quarantine and/isolation. This data is used for advocacy with the municipality for prioritizing individuals in community quarantine/isolation.
  11. 830 persons with disabilities have been reached out with telerehabilitation intervention questionnaire and were provided appropriate support and/or referred to relevant stakeholders/service providers including screening/following up persons with disabilities for post covid symptoms.
  12. In Gandaki, Karnali & province 1, more than 50 forefront health care staff (nurse & paramedic) of at least 15 covid 19 facilities have been trained in basic disability and rehabilitation aspects. Participants learnt about, a) basic disability rights & issues, b) simple tools to communicate with persons with disabilities, c) Techniques to calm & engage children with disabilities.

**Lessons learnt and future directions**

1. Gender, equity, human rights, disability inclusion and rehabilitation are cross-cutting areas which needs to be incorporated in every stage of pandemic/disaster preparedness, response and recovery frameworks with adequate budgeting and resources. A two-page guidance on this developed by WHO is being incorporated in the technical guidance documents of the ministry.
2. Availability of disaggregated data for disability is a major challenge. All public health information to include an additional variable on disability that helps in ascertaining equity and thereby review and address the determinants.
3. Public (health) facilities – temporary and permanent should be accessible for persons with disabilities which includes elderly, children, frail patients and those who are temporarily disabled due to injury/trauma, pregnancy etc. In this regard, access audit should be carried out and the gaps addressed with the support of partners.
4. Availability of essential assistive devices – wheelchair, walking frame, crutches, commodes etc. and rehabilitation products (communication board, calming & engaging kits for children) should be planned and provided.
5. Screening for post covid conditions (post hospital care) and addressing the medical and rehabilitation needs that arise should be part of preparedness and response framework.
6. Capacity building initiatives for health care staff should include/integrate disability inclusion and rehabilitation contents as well.
7. Strengthening and sustaining disability inclusive Covid 19 response initiatives until the initiatives are integrated into the disaster/emergency response framework with resource allocation.

1. The 15th Plan of the Government of Nepal, National Planning Commission, [15th\_plan\_English\_Version.pdf (npc.gov.np)](https://npc.gov.np/images/category/15th_plan_English_Version.pdf) [↑](#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, ethnicity, age, rural/urban location. [↑](#footnote-ref-4)
5. Bhajani Municipality, Kailari Municipality, Dipayalsilgadhi Municipality, Shikhar Municipality and Badikedar Rural Municipality [↑](#footnote-ref-5)
6. This ranges from review of existing policy/guidelines review from gender and disability lens to substantive participation in planning process to access to local resources [↑](#footnote-ref-6)
7. The National Disability Act 2017 has provisioned local coordination committee at local level under the leadership of Deputy Mayor/Vice Chair with mandatory provision of three members from persons with disabilities. Local Coordination Committee is a mechanism envisioned at local government level to make coordinate on the matters related to the protection of rights and interests of the persons with disabilities. [↑](#footnote-ref-7)
8. These 10 DPOs were identified and selected in 2019 through a participatory process wherein DPOs were invited for an introductory meeting to share the project objectives. Following this, an expression of interest was sought from DPOs, and ten organizations shortlisted based on their past initiatives on different forms of disability, as defined by the Disability Rights Act 2017 and geographical alignment with the project areas. Further, the selection was informed by the output of mapping exercise of the OPDs initiatives in Sudurpaschim province carried out by UN Women in 2018 [↑](#footnote-ref-8)
9. The training sessions included gender and intersectionality, feminist principles, disability rights and inclusion, international normative framework and national legislation on gender and disability such as CEDAW, Beijing Platform for Action, UNCRPD, Disability Act 2017, local governance act and participatory planning process at local level. [↑](#footnote-ref-9)
10. An information booklet on rights and services guaranteed by National Disability Act 2017 to persons with disabilities, prepared as a part of IEC materials by the project in 2021 that covers the rights and services of persons with disabilities and details out which level of government is accountable to implement those rights and services. [↑](#footnote-ref-10)
11. The key topics they learned includes gender and intersectionality, gender equality, international normative framework and national legislation on gender and disability rights such as Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Local Governance Act 2074 and gender and disability inclusive governance. [↑](#footnote-ref-11)
12. After the training, 65 per cent of the participants indicated that they have good knowledge of gender responsive and inclusive governance and 50 percent responded understanding of disability rights and inclusion compared to 23 percent and 40 percent respectively. [↑](#footnote-ref-12)
13. The initiative with KOSHISH Nepal was partially supported by UNPRPD. [↑](#footnote-ref-13)
14. 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-14)
15. If yes, please share the photo in a high resolution image file given they have shared consent to their photograph being used in UNPRPD publications and communications materials including website. For photos of children due protocols should be followed for ensuring safety and obtaining consent. [↑](#footnote-ref-15)
16. Please see Annex 5 UNPRPD Quality Assurance Framework photography notes. [↑](#footnote-ref-16)
17. 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-17)