

# TEMPLATE FOR PROJECT PROPOSALS

| **Title: *Leveraging Early Identification and Intervention to Strengthen Policy and Systems Capacity to Advance the Rights of Children with Disabilities***  |
| --- |
| **Country: Democratic People’s Republic of Korea** |
| **Duration (max. 36 months): 30 months** |
| **Total Budget: 200.002 USD** |
| **Participating UN Organizations: UNICEF** |

# Executive summary

*The Democratic People’s Republic of Korea (DPRK) is in the midst of a protracted humanitarian situation. The geopolitical environment, however, has meant that the situation for many people in the country has been largely forgotten or overlooked by the rest of the world. The UN represents a critical life-line for a significant proportion of the population, most significantly young children, pregnant and breastfeeding women and other vulnerable groups, including people with disabilities and those with non-communicable diseases. Food insecurity, malnutrition and a lack of access to basic services including health care, as well as water and sanitation create overlapping needs and deprivations. Among the most vulnerable are children with disabilities (for this proposal, this definition includes those born with impairments or disabilities and children who are at risk of developing impairments/disabilities), who are prevented from the equal and effective enjoyment of all human rights and fundamental freedoms in the ongoing context of tensions.*

*This action was designed as a UN Country Team response to the most urgent needs of children with disabilities, under the lead of UNICEF and in partnership with Handicap International (HI) and local partner Korean Federation for the Protection of the Disabled (KFPD) for the implementation through the Ministry of Public Health (MoPH). Following a UNPRPD analysis of barriers for people with disabilities, the partners designed a programmatic twin-track approach to both deliver direct benefits to persons with disabilities and indirectly influence the nature of broader systems with which they interact. Therefore the action will mainly work around four dimensions:*

1. *Improving the health and rehabilitation care service provision for children with disabilities through strengthening the health care system*
2. *Enhancing the institutional and technical capacities of health service provider as well as duty bearers (MoPH and KFPD).*
3. *Promoting the inclusive health care service/policy for children with disabilities in line with UNCRPD by introducing early identification of childhood disabilities and intervention as an entry point.*
4. *Creating awareness among duty bearers, rights holders and community on the rights of children with disabilities and their specific needs.*

*The project will mainly be implemented as a pilot initiative in two county/provincial hospitals and one national children’s hospital in Pyongyang, DPRK, proposed for the period July 2018 – December 2020.*

# Background and rationale

* 1. **Challenges and opportunities to be addressed by the project.**

*The 2014 Disability Survey estimates the disability rate in DPRK at 6.2 per cent, with the total number of individuals living with a disability being 1,490,000, comprised of 670,000 men and 820,000 women. This proportion varies with age, with women having a higher prevalence of disabilities in the above-60 age group and men having a higher prevalence in the 0–14 years (infants and children) and 15–59 years’ age groups. This compares to a global disability rate of 15 per cent, which is higher than previous global estimates of the 1970s (due largely to an ageing population and the rapid spread of chronic diseases, as well as improvements in the methodologies used to measure disability). Given the unusually low disability rate reported for the country, additional research is required to ascertain if DPRK data-collection methods in this area are meeting international standards.*

*In terms of disability type, the population with a physical disability is estimated at 674,000 (2.8 per cent); hearing disability estimates are 361,000 (1.5 per cent); visual disability is reported as 313,000 (1.3 per cent); mental and speech disability is estimated at 96,000 (0.4 per cent); intellectual disability is estimated at 72,000 (0.3 per cent); and compound disability is estimated at 120,000 (0.5 per cent). When disaggregated geographically, the population living with disability was found to be significantly higher in urban areas, at 7.3 per cent of the population (1,050,000 individuals), compared with 4.8 per cent of the population (440,000 individuals) in rural areas. South Hamgyong Province has an especially high number of persons with disabilities, which was reported as being ‘due to labour accidents within this chemical industrial zone which houses many factories and enterprises’.*

*Globally, there are currently no reliable and authentic data on children with disabilities available, mainly because of differences in definitions and the wide range of methodologies and measurement instruments adopted.[[1]](#footnote-2) As a result, many children with disabilities may be neither identified nor receive needed services. This is also true in DPRK. National disability data mainly come from a 2008 national population census in which children with disability in the 0–5 year age group were not included. However, the 2016 rehabilitation needs assessment carried out in four provinces[[2]](#footnote-3) revealed that nearly 3 per cent of the total population of people with disabilities are children with disabilities. However this figure is far below available global estimated figures of children with disabilities that say that 15 per cent of the total world population have disabilities (World Health Organization, World Report on Disability 2011). The reasons for a lower number of children with disabilities being reported in DPRK could include the following:*

1. *Children who were born with severe impairments (such as spina bifida, hydrocephalous, etc.) may not survive for long because of lack of proper screening and need for appropriate medical and rehabilitation care.*
2. *Disability, physical medicine and rehabilitation are not widely taught to health care professionals, so they do not have enough understanding and technical skills to detect impairment/disabilities in early childhood.*
3. *Stigma and myths related to disability still prevail in DPRK society; hence there is a high possibility that parents/family members do not feel comfortable admitting to the disability of their child, and children thus remain confined to the home.*

*DPRK’s health-care system is based on a publicly funded socialist system. The child health programme of DPRK is mainly focused on managing and controlling diarrhoea and pneumonia, as these are the main causes of death among under-five children in DPRK. No particular focus has been given to the specific health needs of children born with impairments. Health service provision in DPRK does not include the protocol of early childhood disability identification and intervention; thus children with disabilities are left without proper diagnosis and appropriate health and rehabilitation care intervention/management until they reach school age, and in most cases children developed lifelong disabilities. They are thus deprived of their rights and remain isolated from mainstream society.*

*Despite being more vulnerable to developmental risks, young children with disabilities are often overlooked in mainstream programmes and services designed to ensure child development.[[3]](#footnote-4) They also do not receive the specific support required to meet their rights and needs. Children with disabilities and their families are confronted by barriers including inadequate legislation and policies, negative attitudes, inadequate services and lack of accessible environments. If children with developmental delays or disabilities and their families are not provided with timely and appropriate early intervention, support and protection, their difficulties can become more severe – often leading to lifetime consequences, increased poverty and profound exclusion. The following are the major contributing factors in having poor health and rehabilitation care services for children with disabilities.*

1. ***People with disabilities, including children with disabilities, are isolated and excluded from services and social participation:*** *In general, the essential service sectors of DPRK are suffering from chronic crisis and are unable to meet the needs of the general population.[[4]](#footnote-5)*
2. **Inadequate legislation and policies implementation:** *The DPRK has adopted or amended other general legislation that has introduced positive changes for persons with disabilities. They include the law on the protection and promotion of the rights of the child, which states that children with disabilities have equal rights with others to receive education and medical care; the law on public health which provides for free medical care to persons with disabilities. Despite of all these legal provisions made in various legislation and policies, no practical and concrete action has been made to realize the rights and addressing the needs of people with disabilities including children and women. Despite of having incorporated the provision of equal rights access to health and rehabilitation care for children with disabilities in law of public health; there is no provision made to early identification and intervention for children who born with impairments or how to enable their participation in mainstream on an equal basis with others through early intervention and rehabilitation .Thus children with disability left without proper diagnosis and appropriate intervention/management until they reach school age. And remain excluded from mainstream service and confined to either in their home or specific baby care institution. Hence this project will support and advocate with MoPH and other stakeholders to develop and introduce the protocol of early identification and intervention in existing child health care programme of DPRK. Article 25 of the CRPD relates to critical areas of health service delivery including rehabilitation and highlights assistive technology.*
3. ***The legal framework surrounding disability is not easily implemented:*** *DPRK has ratified the UNCRPD and the UNCRC but despite strong willingness and many initiatives taken in recent times, the DPRK authorities face multiple challenges (such as limited or no budgetary provision for disability and rehabilitation, poor health infrastructure, lack of or limited technical and material resources, inadequately skilled heath care professionals, etc.) implementing the law and ensuring the rights of children in the country. Hence this project intended to support and strengthen the health care system through making the essential resources available to improve the service delivery.*
4. ***Inadequate access to service:*** *due to inadequate policy realization and resources made available for the same; people and children with disabilities experiencing major obstacles that prevent or limit their access on an equal basis with others to services and facilities intended for the general population, including in critical areas such as health and education.*
5. ***Limited technical skills and knowledge among service providers and duty bearers:*** *The immediate health care services providers and duty bearers (MoPH and KFPD) are having very limited technical skills and knowledge on disabilities identification and early intervention (health and rehabilitation) care service for children with disabilities. Hence, this proposed project also intends to enhance their technical skills and knowledge through capacity building initiatives.*
6. ***Lack of data and evidence related to children with disabilities:*** *As explained above, there is no authentic data on children with disabilities and their needs in the country. Hence introducing the protocol of early identification and intervention in the existing child health monitoring programme will help in collecting the data on children with disabilities and their needs.*

**1.2. Proposal development process**

*Both the UNCRC and the UNCRPD state that all children with disabilities have the right to develop ‘to the maximum extent possible’. These instruments recognize the importance of focusing not only on the child’s health condition or impairment but also on the influence of the environment as a cause of underdevelopment and exclusion. UNCRPD and UNCRC are mutually reinforcing and together provide a framework for growing synergy. They spell out the basic human rights that children everywhere – including children with disabilities – have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. Furthermore, all initiatives intended to improve the lives of children, such as the 2030 agenda for sustainable development, apply equally and in full force to children with disabilities.*

*DPR Korea has ratified the UNPRPD as well as the UNCRC and based on these international human right instruments, the rights of people with disabilities has been guaranteed through making reasonable amendments in various National laws and policies. However, despite of legal provisions made available to the people and children with disabilities in various legislation of DPR Korea ; many of them have not be translated in concrete action for many reasons; such as lack of technical skills and knowledge among duty bearers, poor infrastructure and outdated equipment, sever lack of essential resources for addressing the specific needs of children with disabilities and others, per existence of social stigma and myths related to disabilities, lack of awareness among service providers as well as rights bearers on the needs and rights of people with disabilities including children etc. Thus, people with disabilities and most particularly children and women remain deprived from their rights and facing discrimination and social exclusion at all level of their social and personnel lives. The same has been clearly highlighted in the Report of the Special Rapporteur on the rights of persons with disabilities on her visit to the Democratic People’s Republic of Korea; dated 8th December 2017.*

*Thus, based on the recommendations made by United Nation Special Rapporteur on the rights of people with disabilities in her report, this project aims promote rights and access to essential services for children with disabilities through strengthening service delivery process, strengthening the institutional, operational and inter-sectoral coordination capacity of KFPD and MoPH in the area of policy realization as well as raising awareness among various stakeholders including people with disabilities on their needs and rights.*

*Among many existing issues, early identification of childhood disabilities and early intervention has been chosen as entry point in advancing the rights of children with disabilities mainly for the reasons that;*

*The first three years of a child’s life is a crucial period, as this is when children learn most of their developmental skills. This is even more crucial for children with disabilities as during this period, children with disabilities need specific support and stimulation to attain their maximum functionality and development. If this is not provided, either the child will not survive (due to serious birth defects or secondary complications developed as a result of the primary disability, such as pneumonia in a child with cerebral palsy) or children who somehow manage to survive will face exclusion as well as lifelong disabilities. Children with disabilities who receive good care and developmental opportunities during early childhood are more likely to become healthy and productive adults. This will potentially reduce the future costs of education, medical care and other social spending. Furthermore, functional independence and independent mobility is precondition for people and children with disabilities to enjoy their other rights and to access other essential service such as education, sports, art and culture, labor etc*

*Early childhood disability screening and early intervention services are therefore essential for these children. Early childhood disability screening and early intervention services include the following.*

*1) Early childhood disability screening mainly consists of screening of musculoskeletal integrity; motor development; hearing and speech, visual, cognitive, behavioral and social skills development; and growth (height and weight) of child.*

*2) Early intervention services mainly consist of a detailed and thorough assessment of a child with disabilities; early intervention planning; targeted service provision such as therapeutic services (physiotherapy, occupational therapy, speech therapy, early childhood stimulation, etc.); provision of assistive aids and mobility devices; referral for advanced/tertiary care; and family counselling.*

# Project approach

**2.1 Focus of the project – “What is the project about?”**

*As a joint initiative of the UN Country Team, HI and KFPD led by UNICEF, the proposed action intends to ensure that children with disabilities can access inclusive and holistic health and rehabilitation care services through effective implementation of the UNCRPD (in particular, articles 7, 25 and 26) and the UNCRC (in particular, articles 2 and 23). This will be pursued primarily through promoting inclusive health care services/policy by integrating the protocol for the early screening and intervention of children with impairments into existing newborn screening and growth monitoring service provision as an entry point to strengthen system capacity to advance the rights of children with disabilities.*

*The project will support improving referral and access to health care and rehabilitation services for specific needs (such as early identification of birth defects, developmental delays and disabilities; assessment and planning of early intervention therapy; provision of assistive aids and mobility devices; family services) for children with disabilities. This will be achieved by establishing childhood disability screening labs, setting up early intervention units and reinforcing the technical capacities of health services providers, including health and rehabilitation care professionals at selected health facilities.*

* 1. **Theory of change of the intervention – “How will the project produce positive change?”**

*The project intends to ensure that children with disabilities can access inclusive and holistic health care services through effective implementation of the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD – in particular, articles 7, 25 and 26) and the United Nation Convention on the Rights of the Child (UNCRC – in particular, articles 2 and 23). This will be achieved through strengthen health policy and system capacity by introducing a protocol for the early screening of children with disabilities into existing newborn screening and child growth monitoring services, early intervention and referral in the national child health care programme, enhancing the technical, institutional and operational capacities of duty bearer, creating awareness among the service users and communities etc. By introducing childhood disability screening protocol and early intervention service provision, and reinforcing the institutional and technical capacities of health services providers and duty bearers (MoPH and KFPD), the action will also help improve referral and access to specific needs health care and rehabilitation services provided for children who were either born with an impairment or have an increased risk of developing early childhood disabilities; thus guaranteed the rights of access to basic and specific health care services for children with disabilities.* **Other programmatic considerations**

Kindly elaborate separately on each of the following programmatic considerations.

**Table 1.**

| 1. ***Mix of targeting and mainstreaming***

*How will the proposed project mix targeting and mainstreaming strategies in order to generate structural transformation?* |
| --- |
| **The project adopts a twin-track approach in ensuring the rights of children, particularly children with disabilities, are respected at all levels and in all spheres of their lives. The project will work in tandem. At community level, it will ensure access to essential health-care services for children with disabilities by establishing early childhood disability screening labs and early intervention units at two city/county-level hospitals, and extending the screening through a network of household doctors at respective village hospitals and polyclinics, engaging parents and family members. At national level, the project will engage MoPH and KFPD on translating integration of the early childhood disability protocol into policy.** |
| 1. ***Scalability***

*How will the project create the conditions for scalability of results and successful approaches tested through project activities?* |
| **The project intends to draft a protocol and toolkits on early childhood disability screening and advocate with MoPH and KFPD to integrate the early childhood disability screening and early intervention service in universal child health care programme. By doing so, the project will create a positive condition to make this as an essential practice in child health care programme thus will contribute in scaling up of this pilot initiative to the other part of the country.****Furthermore; the project intends to capitalize all the good results, good practices and positive outcomes and lessons learnt of this pilot initiatives and the same will use to advocate with relevant stakeholders on the needs and necessities of this service to better realize the rights of children with disabilities and children who born with some kind of impairment.** |
| 1. ***Sustainability***

*How does the project intend to create the conditions for the long-term sustainability of the project results?* |
| **Sustainability is built into each of the different levels of intervention of the proposed action. The proposed action adopts a holistic approach by mainly enhancing technical and operational capacity of targeted health facilities, MoPH, KFPD and provincial government authorities and increasing the coordination and linkage among different tiers of health systems, MoPH, International stakeholders as well as UN agencies. The proposed project is built on DPRK‘s National Rehabilitation strategy (currently under finalization and validation from Cabinet) which share common agenda of developing and strengthening the disability and rehabilitation sector of DPRK, within the framework of effective implementation of the UNCRPD and the Korean Law of Persons with Disabilities in all sphere of development process; ensuring the rights of people with disabilities are respected. Action is designed using the participatory approach with KFPD and in collaboration of MoPH and Health department of respective provincial People’s Committee, KFPD will take full ownership of the project implementation under the technical supervision of HI and UNICEF. In recent year, KFPD recognition has significantly increased and as a result, KFPD has gain full independency and autonomy in making decision related to disability issue in the country and their role has also change from advisor to controller of policy implication. Hence taking ownership of this project by KPFD along with MoPH will further guarantee the institutional and policy level sustainability as their enhanced capacity in policy implication, advocacy and monitoring, networking as well as disability and rehabilitation management will be pertaining in the long run.** **Furthermore, the activities targeting to increase community awareness on various disabilities issue through national and international inclusive events, development of various IEC materials will increase effective knowledge of communities (including parents and family member of children with disabilities ) on general and specific to disability prevention, early identification and intervention, referral, rights of people with disabilities, access to specific disability related services, etc. in the long run.** **Financial Sustainability: The action will be mainly implemented by provincial and national health facilities and other stakeholders (provincial people’ committee) that are financially autonomous in maintaining their running and operation cost and this up to large extent guarantee the financial sustainability of the action.** **Policy level: The action will built the capacities of KFPD, MoPH , targeted health facilities, Provincial Health department in developing such services for children with disabilities and newborn and providing recommendations and input for the promotion of the health and rehabilitation sector and rights of people with disabilities following the principles of the UNCRPD. Those actors will therefore constitute a considerable force in DPRK to lobby and advocate the government towards a policy and action plan for comprehensive rehabilitation services (early identification and intervention) in the country.**  |

**Table 1.1k Management**

**Risk Management Strategy (please describe the risk management strategy using the table below)**

| ***Type of risk\*******(contextual******programmatic, institutional)*** | ***Risk*** | ***Likelihood (L, M, H)*** | ***Impact on result*** | ***Mitigation strategies*** | ***Risk treatment owners*** |
| --- | --- | --- | --- | --- | --- |
| **Contextual** | **Lack of access for international actors (temporary closure of borders, visa delays, NGOs withdrawal etc.)**  | **Moderate** | **High** | **Keep a direct and strong link with KFPD; concentrate our action on mutually agreed mandate, keeping a collaborative profile.**  | **HI in collaboration with KFPD** |
| **Contextual** | **Lack of access to project area, data & statistics** | **Moderate** | **Moderate** | **KFPD has the influence/capacity to encourage access, as required. If HI is restricted access to necessary information/areas, KFPD’s will be granted more readily. HI’s trustworthy relationship with KFPD built over the years provides HI with access to key data & statistics.** | **KFPD in collaboration with HI****NCC in collaboration with UNICEF** |
| **Contextual** | **Arbitrary regulations and sudden rule changes from the DPRK authorities & necessity to obtain additional permissions** | **High** | **Moderate** | **KFPD’s growing influence allows this to be prevented as much as possible.****Collaboration with UNICEF and UNRC will help in getting necessary permissions**  | **HI in collaboration with KFPD, UNICEF** |
| **Contextual/Institutional** | **Impediments regarding imported materials: in light with current very strict sanction (UN and EU) regulation; most of the material required for the implementation of project is under sanctioned list and need derogation from member state and UN sanction committee to import them to DPRK.**  | **High** | **High** | **HI is currently working with respective member state to get and facilitate the respective derogation from Sanction committee for the procurment the required material.****At the country level HI is closely coordinating with UNRC office and other humanitarian agencies in finding the best possible solution.** **However, Due to any external reason, if HI is not provided with required permission or derogation through relevant authorities then HI would freeze related imports and/or delay/cancel activities.** | **HI in collaboration with UNICEF and UNRC** |
| **Contextual/Institutional** | **Impediments with financial transactions.** | **High** | **High** | **HI is currently managing the operation cost of the project through cash; which brought to the county HI’s headquarter via expat. However, currently HI facing huge challenge in fulfilling the need of cash to cover the operation cost, hence trying to find some sustainable and workable solution with respective member state.****In addition to this, The project involves very little procurement with in country, therefore these should only marginally affect implementation.** | **HI** |
| **Contextual** | **Natural disaster (such as floods)** | **High** | **Moderate** | **HI will have an updated contingency plan to ensure emergency preparedness & project continuity**  | **HI in collaboration with KFPD** |
| **Programmatic**  | **Difficulties linked to human resources recruitment** | **Moderate** | **Moderate** | **Anticipate recruitment timing. HI is able to allocate expatriate staff of other missions/project in case of difficulties and provide technical support from HI HQ. KFPD has the influence and capacity necessary to mitigate imposed changes in Korean staff as much as possible.** | **HI**  |
| **Programmatic** | **Right holders (persons with disabilities and their family members) would not openly voice their needs and/or opinions****Probability** | **Moderate** | **High** | **KFPD and its associated organization have been working and supporting people with disabilities since long time and had developed a good level of trust. The project will use the legitimacy and trust of KFPD with community and other stakeholders to overcome this issue.** | **KFPD in collaboration with HI**  |
| **Programmatic** | **Other donor might not interested in this concept and Not willing to fund the required cost share** | **low** | **High** | **HI together with UNRC office is currently coordinating with some other donor (such as Sida) to ensure the required cost share.** | **HI, UNICEF and UNRC** |

\* 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.

* 1. **Result chain of the intervention**

Max 750 words; Please refer to UNPRPD SOF Sections 2.2 page 34.

*Based on the information in the previous section, provide a concise formulation of the project objectives (expected impact, intended outcomes and outputs) utilizing the table format provided below.* **[[5]](#footnote-6)**

**Table 2. Expected impact**

| ***Impact:*** ***What rights will be advanced? For whom?*** |
| --- |
| ***Global Objective: People with disabilities enjoy their rights on equal basis with all people in the DPR Korea through implementation of the UNCRPD (in particular to articles 7, 25 and 26), contributing to the social inclusion and participation of people with disabilities, especially children with disabilities.******Immediate objective: The added value of early childhood disability identification and early intervention services for children (aged 0–8 years) is integrated, demonstrated and promoted in the universal child health care service/policy of DPRK.*** |

***Impact Indicators***

| ***Indicator\**** | ***Start level*** ***Baseline******(Beginning of the project reporting period) \**** | ***Target level\**** | ***End level*** ***End line******(End of the project reporting period) \**** | ***Means of Verification*** |
| --- | --- | --- | --- | --- |
| **Early childhood disability screening and early intervention integrated in child health care programme** | **Early childhood disability screening and early intervention is not part of the child health care programme** | **National level (MoPH)** | **By the end of the project an early childhood disability screening and early intervention tool is developed and practiced in targeted health facilities** | **Midterm evaluation****End of project external evaluation****Early childhood disability screening tool** |

**Table 3. Expected outcomes** *(there will be as many such tables as the outcomes envisaged by the project)*

| ***Outcome 1****What structural shifts will be achieved?* |  |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever[[6]](#footnote-7)*** |
| **Strengthening the service delivery capacity of targeted health facilities- provision of early identification and referral service of children with disabilities and impairments** | **CAP** |
| ***Outputs****What project deliverables will contribute to the achievement of the outcome?*  |  |
| ***Output Formulation*** | ***Type [[7]](#footnote-8)****(Only for capacity outcomes)* |
| **Develop the protocol and toolkits for early childhood disabilities screening** | **PRO/TOO** |
| **Set up two early childhood disability screening units in targeted county level health facilities**  | **ACC** |
| **Organization of technical training for selected health and rehabilitation care professionals(Household doctors, physician, paediatrician, physiotherapists, occupational therapists , nurses etc) on early childhood disability screening and support for referral/counter-referral** | **KNO** |
| **Provision of mobile disability screening kits to household doctors and carrying out of early childhood disability identification in community** | **ACC** |
| **Support through coaching the setup of data collection on the needs and situation of children with disabilities** | **TOO** |

| ***Indicator outcome 1*** | ***Start level*** ***Baseline******(Beginning of the project reporting period) \**** | ***Target level\**** | ***End level*** ***End line******(End of the project reporting period) \**** | ***Means of Verification*** |
| --- | --- | --- | --- | --- |
| **Number of newborns of at least 6 weeks and children under 8 are screened for childhood disability** | **No newborns of at least 6 weeks and children under 8 are screened for childhood disability** | **3600 baby boys and 2400 baby girls.** | **6,000 newborns of at least 6 weeks old / first vaccination( at least 40% girls) children are screened in 2020** | **\*Hospital databases****\*Individual screening sheets****\*Midterm internal evaluation****\*End-of-project external evaluation** |

| ***Outcome 2******What structural shifts will be achieved?***  |  |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever[[8]](#footnote-9)*** |
| **Strengthening the service delivery capacity of targeted health facilities- provision of early intervention and referral health and rehabilitation service** | **CAP** |
| ***Outputs******What project deliverables will contribute to the achievement of the outcome?***  |  |
| ***Output Formulation*** | ***Type [[9]](#footnote-10)******(Only for capacity outcomes)*** |
| **Set up two early intervention service units in targeted county level health facilities.** | **ACC** |
| **Organization of technical training for selected health and rehabilitation care professionals (Household doctors, physician, paediatrician, physiotherapists, occupational therapists, nurses etc) on early intervention and functional rehabilitation care.** | **KNO** |
| **Provision of early intervention care and tailored functional rehabilitation services (including need appropriate assistive devices) and referral (institutional and outreach rehabilitation service).** | **ACC** |

| ***Indicator outcome 2*** | ***Start level*** ***Baseline******(Beginning of the project reporting period) \**** | ***Target level\**** | ***End level*** ***End line******(End of the project reporting period) \**** | ***Means of Verification*** |
| --- | --- | --- | --- | --- |
| **Number of beneficiaries in the targeted facilities** | **No such service is available in the targeted facilities** | * 1. **300 baby boys and 200 baby girls**
	2. **54 baby boys and 36 baby girls**
 | **1.1. At least 500 children (at least 40 per cent girls) receive early intervention in 2020****1.2. At least 90 children( of which at least 40 % girls) with impairment at birth will receive referral and tertiary care health services** | **\*Early intervention units’ database on children****\*Midterm review****\*End-of-project external evaluation** |

| ***Outcome 3******What structural shifts will be achieved?***  |  |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever[[10]](#footnote-11)*** |
| ***Strengthening technical, institutional and inter-sectoral coordination capacity of duty bearers(KFPD and MoPH)*** | ***CAP/LEG*** |
| ***Outputs******What project deliverables will contribute to the achievement of the outcome?***  |  |
| ***Output Formulation*** | ***Type [[11]](#footnote-12)******(Only for capacity outcomes)*** |
| **Set up a technical working group (MoPH and KFPD) and analyse the existing gap in health care service provision in line with specific health care needs of people with disabilities.** | **KNO** |
| **Exposure to good practices on integration of early identification of disability and intervention service in child health care programme.** | **KNO** |
| **Organization of disability-inclusive early childhood development seminars** | **KNO** |

| ***Indicator outcome 3*** | ***Start level*** ***Baseline******(Beginning of the project reporting period)***  | ***Target level*** | ***End level*** ***End line******(End of the project reporting period)***  | ***Means of Verification*** |
| --- | --- | --- | --- | --- |
| **Number of Childhood disability screening and early intervention services integrated into child health care programme** | **Childhood disability screening and early intervention services are not integrated into child health care programme** | **National and provincial level** | **By end of project, early Childhood disability screening and early intervention services are developed and introduced into the DPRK universal child health care programme** | **Strategic Plans of Action** |

| ***utcome 4******What structural shifts will be achieved?***  |  |
| --- | --- |
| ***Outcome formulation*** | ***Type of lever[[12]](#footnote-13)*** |
| **Awareness’ raising and support the advocacy strategy based on the findings of piloted intervention**  | **LEG** |
| ***Outputs******What project deliverables will contribute to the achievement of the outcome?***  |  |
| ***Output Formulation*** | ***Type [[13]](#footnote-14)******(Only for capacity outcomes)*** |
| **Formation of peer support group of parents and children with disabilities, facilitate meeting and discussion.**  | **NET** |
| **Organization of awareness raising events on the rights of children with disabilities** | **KNO** |
| **Analyse the data collected through this intervention and support KFPD in using this data to advocate on the rights of children with disabilities.** | **TOO** |

| ***Indicator outcome 4*** | ***Start level*** ***Baseline******(Beginning of the project reporting period)***  | ***Target level*** | ***End level*** ***End line******(End of the project reporting period)*** | ***Means of Verification*** |
| --- | --- | --- | --- | --- |
| **Level of understanding of rights of children with disabilities. (service providers)** | **Right holders, service providers and community are having very limited understanding on needs and rights of children with disabilities.** | **National and Provincial level** | **By end of project right holders, service providers and communities have a better understanding on the needs and rights of children with disabilities.** | **Attendance of the awareness raising events, report, media coverage etc** |
| **Level of understanding of rights of children with disabilities. (rights holders)** |  | **Community level** | **Parents involved in peer support groups improve understanding of their individual child’s condition and treatment approach** | **Parents feedback** |

# Elements of project design

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

*Equality between men and women.*

*While describing how the gender equality will be advanced through the initiative please include the following information:*

* *How will the project take into account differences in the barriers faced by men and women with disabilities?*
* *Which strategies will be put in place by the project to advance gender equality?*
* *Which of the specific actions to be undertaken by the project will contribute directly to the empowerment of women and girls with disabilities? (Kindly note that in the budget section projects are requested to state the overall funding to be allocated for these activities).*

*Gender sensitiveness is being applied throughout the project. Gender is not recognized as an issue in DPRK, as equality between sexes is stated in the constitution and the Korean society is based on a traditional repartition of gender roles which is lived as “natural” by the authorities. Nevertheless, the project will pay attention to the segregation of data per gender in all project activities and ensure the gender equality through participation of adequate number of women and men in all the training, capacity building initiative and awarness raising events. Some specific awareness-raising sessions will be organized on ad-hoc basis for chosen KFPD and targeted health facilities staff so to increase the sensitiveness and responsiveness of the federation to gender related issues. Furthermore, HI will ensure and put the mechanisms (setting specific indicators, collection and use of data disaggregated by sex and age) in place to ensure the participation of women/girls with disabilities at equal basis at all the stages of project implementation.*

*Full and effective participation of persons with disabilities.*

*Please describe how the project will ensure the full and effective participation of persons with disabilities and their representative organizations. Kindly include the following information:*

* *How will persons with disabilities be involved in the project governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle?*
* *Which of the specific actions to be undertaken by the project will contribute directly to strengthen the capacity of organizations of persons with disabilities? (Kindly note that in the budget section projects are requested to state the overall funding to be allocated for these activities).*

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

*The project is design and develop in consultation with KFPD and its associated network (Korean rehabilitation center for children with disabilities and disabilities association); who are officially representing and protecting the needs and rights of people with disabilities in DPR Korea. While it comes to project cycle management; KFPD and its associated network will take the lead role in implementation, management and monitoring and evaluation of the project activities both at national and provincial level in collaboration with HI and UNICEF; which will guarantee the involvement of people with disabilities and its representing organization in the project governance. Furthermore , the project’s initiative to promote peer to peer support of family member/parents of children with disabilities will also contribute to increase their direct involvement in project implementation and help in improving the quality of service through feedback and suggestion.*

*Accessibility*

*Please outline briefly main actions that will be undertaken during the project planning and implementation to ensure that accessibility is fully realized noting also how persons with disabilities and their organizations will be involved in this process.*

*Accessibility is taken into account at each of the different levels of intervention of the proposed action. The proposed services (such as disability screening and early intervention unit) at targeted health facilities will be fully equipped with accessibility features in accordance with universal design to ensure the equal access of service by people with all kind of disabilities. Furthermore, all the IEC material will be developed and printed with appropriate and context based accessibility feature such as use if appropriate color contrast and large font. Project will also take into consideration that all the events, workshop including training programme are taken place in accessible environment.*

# Partnership-building potential

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

*The proposed collaborative setup comprises national and international partners, UN and non-governmental organisation with complementary mandates and advantages, which has proven to be a highly effective mechanism to assist the implementation of the CRPD by states. The protocol for the early screening of children with disabilities will be developed in a joined-up, ‘One UN’ approach, whereby UNICEF, WHO and UNFPA will build on successful recent experiences programming jointly for activities related to maternal and neonatal care and assisting the MoPH in the complete review of the medical protocols for the management of pregnancy, delivery, post-natal and neonatal care. UNICEF in collaboration with UNRC office in DPRK will take the lead role in coordinating and negotiating with MoPH to promote the inclusive health policy in line with UNCRPD articles 7, 25 and 26 through integrating the early childhood disability screening protocol into the existing newborn health screening process and making the provision of early health and rehabilitation service in mainstream health care system for children with disabilities. HI, based on its disability specific expertise, unique experience in DPRK and existing partnership with KFPD (disability focused organization) will take the lead in the operationalization of the proposed early detection and intervention during childhood and service-related capacity strengthening at all levels.* Long-term UN engagement in the area of disability

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

*Please describe in which ways the project intends to improve the mainstreaming of a disability rights perspective into the broader work of the UN System.*

*In the report of the May 2017 visit to DPR Korea of the Special Rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas Aguilar strongly encouraged the United Nations Country Team to mainstream disability in all their strategies, assessments and programmes, to make all their projects inclusive of persons with disabilities and to continue strengthening the capacities of the Korean Federation for the Protection of the Disabled to coordinate the provision of medical services at the provincial, district and county levels, refraining from building separate facilities for persons with disabilities including access to reproductive health services to promote their inclusion, autonomy and independence.*

*In the Government and the United Nations country team joint strategic 2017-2021 framework for cooperation one of the strategic objectives is the access to basic services to ensure that the most vulnerable people, including children, women, people with disabilities and the elderly, have access to basic health services including maternal, new-born and child health, immunizations and early interventions for people with disabilities.*

*The annual UN DPRK humanitarian “Needs and priorities” document for 2018 sets the early detection and intervention for children and people with disabilities as a priority intervention for the health sector partners. The strategic intent of mainstreaming a disability rights perspective into its interventions, notably in the health sector, is thus firmly inscribed in the UN System’s medium- and short-term planning frameworks and objectives. In a situation of declining donor interest and support, generally and specifically in terms of funding for interventions for people with disabilities, it is hoped that the UNPRDP support will act as seed-funding and attract other donor funding in its wake, based on documented results of the proposed intervention, for the advancement of the rights of people with disabilities in other sectors and for persons of all age groups.*

# Management arrangements

*HI, in collaboration with UNICEF, will be the final responsible party for the overall management of the project. The HI team will therefore be in charge of coordinating with KFPD on financial and logistics management, the planning and design of activities, and the overall monitoring and evaluation process. The UNICEF team will take the lead role in coordinating with MoPH on implementation of project activities wherever they are required. Moreover, HI will bring its expertise in the field of disability to all activities, especially in regard to capacity-building of the selected services providers. In addition to this, UNICEF will also take the lead role in coordinating and negotiating with MoPH on including and integrating the early childhood disability screening protocol into the existing newborn health screening process, as well as taking all the necessary measures to make it compulsory practice. Furthermore UNICEF technical team (Health Chief) will also actively involved in implementation and monitoring of the project activities through regular field visit, joint assessment , review and evaluation etc. UNICEF will also play a key role in getting the necessary authorizations to work in UNICEF supported hospital and to meet the necessary administrative requirements (hence the lump sum amount in budget for monitoring).*

*As the only civil society organization vested with the responsibility of supporting people with disabilities to enhance their rights in DPRK, KFPD is the main implementing partner of the action, together with MoPH. The participation of KFPD, with its experience in the field of disability, will guarantee the legitimacy of the project, as it will be the key actor in influencing the changes in practice at the national level and, in turn, at decentralized levels. HI has gained recognition from national stakeholders and in 2009 the Government clearly gave it the mandate to support the disability sector in the country. During and after the completion of the project, HI will play a key role in planning, implementing and monitoring the action undertaken, making the link with supported service providers. It will also continue to support government authorities in planning, implementing, monitoring and evaluating policies, programmes and projects that improve people with disabilities’ access to rehabilitation services.*

*MoPH will be timely updated about the action and its progress in order to contribute to its smooth implementation, liaising directly with KFPD and other service providers.*

*The Ministry of Foreign Affairs is the main regulatory authority and its cooperation is essential in the form of travel permits to the provinces and permission to work with all the other stakeholders involved. Granting visas for international staff is another key function and role of this ministry. The ministry has authorized the action and its liaison officer will ensure adequate information and collaboration during implementation of the activities.*

*The provincial and local governments – People’s Committees – in the relevant provinces will guarantee authorizations and smooth implementation of activities in loco.*

*Service providers are key stakeholders who will benefit from improved structures and numerous training sessions. The implementing hospitals will be actively involved in all the mentioned activities. They will be part of the pilot to develop and integrate early childhood disability screening and early intervention.*

***Table 4. Implementation arrangements***

| ***Outcome number*** | ***UNPRPD Focal Point*** | ***Implementing agencies*** | ***Other partners*** |
| --- | --- | --- | --- |
| ***1*** ***Strengthening the service delivery capacity of targeted health facilities- provision of early identification and referral service of children with disabilities and impairments*** |  | *HI and KFPD* | ***UNICEF and MoPH*** |
| ***2*** ***Strengthening the service delivery capacity of targeted health facilities- provision of early intervention and referral health and rehabilitation service*** |  | ***HI and KFPD*** | ***UNICEF and MoPH*** |
| ***3*** ***Strengthening technical, institutional and inter-sectoral coordination capacity of duty bearers(KFPD and MoPH)*** |  | ***HI and UNICEF*** | ***KFPD and MoPH*** |
| ***4*** ***Awareness’ raising and support the advocacy strategy based on the findings of piloted intervention***  |  | ***HI and KFPD*** | ***UNICEF, UNRC and MoPH*** |

# Knowledge Management

*Progress assessment and technical orientation will be ensured through a* ***midterm internal evaluation*** *and a* ***final external evaluation and lessons learned exercise****. This will be led by an expert and will involve the participation of key stakeholders. The internal evaluation will focus on the progress towards meeting objectives and, more specifically, on the methodology’s effectiveness in the local context. It will also be an opportunity for the HI technical advisor (maternal and child health) to give* ***technical support*** *and suggest corrective actions and strategies. The external evaluation that will take place at the end of the action will focus more on ascertaining the overall achievement of objectives (effects/impact), the efficiency and efficacy of the project’s strategy, and assessing the project’s relevance and prospects for sustainability. In addition, it will provide key recommendations for improvements, establishing lessons learned and ideas for future promotion of the inclusion of persons with disabilities and the improvement of their access to adapted rehabilitation services. Project will develop and capitalize the specific case/success stories, best practices and lessons learned documents and will use for further advocacy and networking with relevant national and international stakeholders to ensure the continuity and scaling up of this pilot initiative.* Budget

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Item** | **Unit Cost** | **No units** | **Total cost** | **Request from UNPRPD Fund** | **UNPRPD POs cost-sharing(UNICEF)** | **Other partners cost-sharing** |
| **Staff and Personnel Costs** | Rehabilitation project coordinator (expatriate) | 7915 | 10 | 79150 | 15830 | 0 | 63320 |
|  | Support Service Coordinator (expatriate) | 7576 | 4 | 30304 | 0 | 0 | 30304 |
|  | Early intervention service expert(expatriate) | 5654 | 16 | 90464 | 0 | 22616 | 67848 |
|  | Administration Officer | 509 | 18 | 9162 | 3054 | 0 | 6108 |
|  | Driver | 622 | 18 | 11196 | 3732 | 0 | 7464 |
|  | Liaison Officer | 565 | 12 | 6780 | 1130 | 0 | 5650 |
|  | Project Officer | 509 | 18 | 9162 | 3054 | 0 | 6108 |
|  | Logistic Officer (in Beijing) | 3399 | 6 | 20394 | 0 | 0 | 20394 |
|  | Finance Manager (in Beijing) | 4636 | 6 | 27816 | 0 | 0 | 27816 |
| **Supplies, commodities and materials** | Development and printing of protocol and tool kits on early childhood disability screening | 0.45 | 10000 | 4500 | 4500 | 0 | 0 |
|  | Setting up of early childhood disability screening lab (renovation, accessibility and equipment) | 2 | 39578 | 79156 | 39578 | 39578 | 0 |
|  | Training cost on early childhood disability screening (accommodation, stationary, training material, travel allowances, etc)  | 5654 | 4 | 22616 | 11308 | 0 | 11308 |
|  | Early childhood disability screening mobile kit for household doctors | 339 | 100 | 33900 | 0 | 0 | 33900 |
|  | Setting up disability data management system  | 1696 | 2 | 3392 | 0 | 0 | 3392 |
|  | Setting up of early intervention units (renovation, accessibility and equipment) | 28270 | 2 | 56540 | 0 | 28270 | 28270 |
|  | Provision of assistive devices for children with disabilities( mobility devices, hearing aid, glasses etc) | 113 | 500 | 56500 | 22600 | 0 | 33900 |
|  | Equipment and other accessories for tertiary care referral | 226 | 90 | 20340 | 10170 | 0 | 10170 |
|  | Provision of outreach functional rehabilitation service( 12 mobile camp in 2 targeted counties) | 2400 | 12 | 28800 | 0 | 0 | 28800 |
|  | Working group meeting- Policy Dialogue  | 57 | 12 | 684 | 684 | 0 | 0 |
|  | Seminar on children with disabilities rights and early child hood development (venue, TA, Material, food, etc) | 5654 | 3 | 16962 | 16962 | 0 | 0 |
|  | Peer support meeting/orientation (parents of children with disabilities)- food and snacks | 113 | 12 | 1356 | 1356 | 0 | 0 |
|  | Awareness raising event on childhood disabilities ( transportation, food, venue etc) | 3393 | 6 | 20358 | 20358 | 0 | 0 |
| **Equipment vehicles, furniture depreciation** |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **Contractual Services** | consultant for audiology testing  | 452 | 70 | 31640 | 0 | 0 | 31640 |
|  | Consultant for speech therapy | 452 | 70 | 31640 | 0 | 0 | 31640 |
| **Travel** | Study tour/Exposure visit (4 staff)- Ticket, accommodation, visa, food etc | 4523 | 4 | 18092 |   |   | 18092 |
|  | Project monitoring( accommodation and travel) | 215 | 42 | 9030 | 3010 | 1505 | 4515 |
|  | Project Monitoring cost (UNICEF) | 16962 | 1 | 16962 | 8481 | 0 | 8481 |
| **Transfers and grants** |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| **General Operating expenses**  | General running costs (consumable + office supplies) | 679 | 12 | 8148 | 2037 | 0 | 6111 |
|  | Car running costs and fuel  | 1131 | 18 | 20358 | 6786 | 0 | 13572 |
|  | Pyongyang office rent | 1244 | 18 | 22392 | 1244 | 0 | 21148 |
|  | Communication costs - (Vsat+Phone) | 679 | 12 | 8148 | 679 | 0 | 7469 |
|  | Mid Term Internal evaluation/technical support | 2827 | 1 | 2827 | 2827 | 0 | 0 |
|  | Publication of IEC material | 9 | 2000 | 18000 | 3015 | 0 | 14985 |
|  | End of Project external evaluation and lesson learnt workshop | 16692 | 1 | 16692 | 0 | 0 | 16692 |
|  | Audit | 4523 | 3 | 13569 | 4523 | 0 | 9046 |
| **Subtotal** |   |   |   | **847030** | **186918** | **91969** | **568143** |
| **Indirect costs (7%)** |   |   |   | 59292.1 | 13084.26 | 6437.83 | 39770.01 |
| **Total** |   |   |   | **906322.1** | **200002.26** | **98406.83** | **607913** |

1. Maulik, P.K., Darmstadt G.L. Childhood disability in low- and middle-income countries: overview of screening, prevention, services, legislation and epidemiology. *Lancet*, 2007, 120:S1–S55. [↑](#footnote-ref-2)
2. South Hamgyong, Kangwon, North and South Pyongan. [↑](#footnote-ref-3)
3. Simeonsson  R.J.  *Early Childhood Development and Children with Disabilities in Developing Countries*. Chapel Hill, University of North Carolina, 2000. [↑](#footnote-ref-4)
4. 2017 Needs and Priorities document of the United Nations Resident Coordinator’s office, DPRK. [↑](#footnote-ref-5)
5. *In defining the above, please refer to the following definitions based on the UNDG Harmonized RBM Terminology.*

***Impact:*** *Positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types.*

***Outcome:*** *The intended or achieved short-term and medium-term effects of an intervention’s outputs, usually requiring the collective effort of partners. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.*

***Outputs:*** *The products and services which result from the completion of activities within a development intervention.*

*When articulating the result chain, the following should be noted with reference to the level of control the project can have over the envisaged short, medium and long term results of the planned intervention.*

***Outputs*** *are elements within the direct sphere of influence of the organizations implementing the project. Implementing partners are therefore directly accountable for this component of the result chain.*

***Outcomes*** *are higher-level structural shifts, which are not fully within the control of the project. For this reason, projects cannot be directly accountable for outcome-level transformation, although it is expected that successful projects will be able to demonstrate high rates of outcome-level achievement.*

***Impact*** *- as a significant change in conditions of life - is not intended to be achieved solely by the project and in most cases will not be fully observable within the project implementation time span. However, within an appropriate timeframe it should be possible for the project to show a plausible link between the outputs delivered, the outcomes facilitated and relevant improvements in conditions of life.* [↑](#footnote-ref-6)
6. Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each

outcome select one of the following options:

- LEG: Legislation and policy

- CUL: Cultural norms, beliefs, attitudes and values

- PAR: Partnership

- CAP: Capacity of key actors (duty bearers or right holders) [↑](#footnote-ref-7)
7. For capacity-related (CAP) outcomes only: please specify here the type of capacity driver to which each proposed output corresponds. With reference to Technical Note Section 2.1, for each output select one of the following options:

- KNO: Knowledge

 -ACC: Access

- HUM: Human Resources

- FIN: Financial resources

-TOO: Tool

-PRO: Procedures

-NET: Networks

-ACC: Access

-ACV: Accountability Venues [↑](#footnote-ref-8)
8. Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select one of the following options:

- LEG: Legislation and policy

- CUL: Cultural norms, beliefs, attitudes and values

- PAR: Partnership

- CAP: Capacity of key actors (duty bearers or right holders) [↑](#footnote-ref-9)
9. For capacity-related (CAP) outcomes only: please specify here the type of capacity driver to which each proposed output corresponds. With reference to Technical Note Section 2.1, for each output select one of the following options:

- KNO: Knowledge

 -ACC: Access

- HUM: Human Resources

- FIN: Financial resources

-TOO: Tool

-PRO: Procedures

-NET: Networks

-ACC: Access

-ACV: Accountability Venues [↑](#footnote-ref-10)
10. Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select one of the following options:

- LEG: Legislation and policy

- CUL: Cultural norms, beliefs, attitudes and values

- PAR: Partnership

- CAP: Capacity of key actors (duty bearers or right holders) [↑](#footnote-ref-11)
11. For capacity-related (CAP) outcomes only: please specify here the type of capacity driver to which each proposed output corresponds. With reference to Technical Note Section 2.1, for each output select one of the following options:

- KNO: Knowledge

 -ACC: Access

- HUM: Human Resources

- FIN: Financial resources

-TOO: Tool

-PRO: Procedures

-NET: Networks

-ACC: Access

-ACV: Accountability Venues [↑](#footnote-ref-12)
12. Please specify here the type of lever of change to which each proposed outcome corresponds. With reference to Table 1, page 33 of the SOF, for each outcome select one of the following options:

- LEG: Legislation and policy

- CUL: Cultural norms, beliefs, attitudes and values

- PAR: Partnership

- CAP: Capacity of key actors (duty bearers or right holders) [↑](#footnote-ref-13)
13. For capacity-related (CAP) outcomes only: please specify here the type of capacity driver to which each proposed output corresponds. With reference to Technical Note Section 2.1, for each output select one of the following options:

- KNO: Knowledge

 -ACC: Access

- HUM: Human Resources

- FIN: Financial resources

-TOO: Tool

-PRO: Procedures

-NET: Networks

-ACC: Access

-ACV: Accountability Venues [↑](#footnote-ref-14)