

JOINT PROGRAMME DOCUMENT

1. Cover Page

Country: **Armenia**

Programme Title: **Stronger Services for Equal Participation and Inclusive Development**

Joint Programme Outcome(s): *Institutions and systems strengthened to improve protection of human rights through enhancement of access to services and inclusive environment for participation of persons with disabilities, including children with disabilities.*

Programme Duration: 36 months	Total estimated budget*: 3,082,320 USD
Anticipated start/end dates: Jan 2020 – Dec 2022	Out of which:
Fund Management Option(s): pass-through	1. Funded Budget: 3,082,320 USD
Managing or Administrative Agent: MPTFO	2. Unfunded budget: 0,00
	* Total estimated budget includes both programme costs and indirect support costs

Sources of funded budget:

The Government of the Republic of Armenia	In kind
Donor the Government of the Russian Federation	3,082,320

UN organizations			
Name of Representative	Dmitry Mariyasin	Name of Representative	Tanja Radocaj
Signature		Signature	
Name of Organization	UNDP	Name of Organization	UNICEF
Date & Seal	25.12.2019	Date & Seal	25.12.2019

2. Executive Summary

The proposed UNDP and UNICEF joint project aims to strengthen the basic service provision system in Armenia, through a *life-cycle approach* and provision of continuous care and support to children and adults with disabilities. This includes habilitation and rehabilitation, health, social and developmental services, all of which are extremely weak or not available in most regions of Armenia. Persons with disabilities (including children with disabilities) have very limited choice when it comes to the needs-based services and support, especially in areas far from capital city. The project will assist the Armenian Government in its efforts to reform the disability assessment and service provision system by enhancing equitable access to services and participation of persons with disabilities in public life.

The project will build on UNPD- and UNICEF-supported Government reform (since 2014), which resulted in the development and establishment of a human-rights based model of disability assessment. The project aims at developing the service system, focusing on areas requiring serious investment, for example: establishing a *policy framework* and *service categories* and making *equipment and human capital* available to serve the needs of persons with disabilities and as well as those of the broader population.

Armenia is one of the region's leading countries that adopted the new model of disability assessment and since 2016 has generated significant expertise and knowledge in this regard that can be leveraged through the region and beyond. However, the next and much bigger effort for the Government now is the development of the service system, without which the reform process will not be complete.

The estimated three-year duration of the proposed project will allow sufficient time for setting up an inclusive service system in underserved areas. The project will be implemented in partnership with leading international service providers and research and rehabilitation centres from a range of countries, including Russia, Germany, Sweden, Norway, Austria, and Finland. These potential partners offer rich learnings from experience and knowledge of best practices.

Given the rapid development of tech solutions that offer opportunities for equal participation of persons with disabilities in the social life, the project will also explore the possibilities for local innovation and testing of new social, digital and AI solutions, that could be shared globally.

Goal:	Foster equal access to quality targeted services for children and adults with disabilities and their families in rural and urban areas and enable persons with disabilities to fulfill their right to social inclusion and participation.
Objectives:	<ol style="list-style-type: none"> 1. Improved access to services and programmes for persons with disabilities (with special attention on children) at the/or close to the place of their residence through modernized and strengthened service centers. 2. Establishment of policy framework to support the modernized and strengthened multi-disciplinary service provision in habilitation, rehabilitation, assistive technology, and assistance and support services at community level. 3. Strengthened capacities at national and local levels for policy makers and service providers to ensure quality and timely service provision to children and persons with disabilities. 4. Raise society's awareness of disability issues and foster greater knowledge among children and adults with disabilities on their rights and on how to exercise them.
Results:	<ul style="list-style-type: none"> ✓ Modernized service provision centers including technical and human resources for provision of rehabilitation, education, social and developmental services. ✓ Policy framework for provision of accessible and quality services developed and adopted. ✓ Increased number of children under five with disabilities and/or developmental difficulties receiving early identification and early intervention services. ✓ Increased number of 5-18 years old children with disabilities receiving quality services and assistive devices and technologies.

	<ul style="list-style-type: none"> ✓ Increased number of adults with disabilities receiving need-based quality services and assistive devices and technologies. ✓ Increased number of families of children with disabilities informed about the rights of children to education, habilitation and rehabilitation. ✓ Stigma towards persons with disabilities and their families decreased among service provider professionals and community. ✓ National system of data collection on disability is updated, functional and comply with international standards.
National partners:	Ministry of Labour and Social Affairs, Ministry of Health, Ministry of Education and Science, Ministry of Territorial Administration and Development, Armenian State Medical University, Armenian State Pedagogical University Yerevan State University (Dep of Sociology and Social Work), American University of Armenia
Partners from Russian Federation	<ul style="list-style-type: none"> • Ministry of Healthcare of the Russian Federation • Saint Petersburg Early Intervention Institute • St. Petersburg Institute of Scientific and Practical Medical and Social Expertise • National Institute of Financial Studies of RF (NIFI)

3. Situation Analysis

Guided by the UN Convention on the Rights of Persons with Disabilities ([UNCRPD](#)), UNDP and UNICEF from 2014 to 2019 have been implementing the joint Project, “**Improving access to services and participation of persons¹ with disabilities**”. The Project was supported in two phases by the UN Partnership to promote the Rights of Persons with Disabilities ([UNPRPD](#)) and was aligned with WHO Global Disability Action Plan 2014-2021 .

The Project is now in its final stage of Phase 2, supporting the Government of Armenia to change the Disability Certification and Individual Rehabilitation Planning procedures from the medical to biopsychosocial needs-based model. This revised model aligns with a rights-based approach in service programming for people with disabilities, and is informed [UNCRPD](#), the Convention on the Rights of the Child ([CRC](#)) and the WHO International Classification of Functioning, Disability and Health ([ICF](#)). The **overarching goal of the ongoing project** is to ***create a system of disability assessment and service provision that in addition to providing services to address issues identified by a medical diagnosis, includes the right of people with disabilities to participate fully in social and economic life.***

Once the new disability assessment system is in place (planned for gradual application in 2019) a service provision system should be enhanced that is key in enabling and supporting independent living, including: healthcare, rehabilitation, social and developmental services.

The assessment data, collected through the PRPD project, confirms that despite significant efforts of Armenia in promoting rights of persons and children with disabilities, there are large gaps in the provision of and access to services and critical lack of assistive technology. The current disability assessment process recognize persons/children as disabled and determine their eligibility for a disability pension (USD 35 - 40) and a limited package of medical services.

Persons/children with disabilities and their families continue to face multiple institutional, attitudinal and structural barriers in fulfilling their rights. Major rehabilitation centers are located in urban areas and even basic therapeutic services often are not available in rural areas. At the same time most of these urban rehabilitation centers located out of capital city of Yerevan, do not have the full range of equipment and professional staff needed to provide the necessary secondary or tertiary rehabilitation services. Services centralized in capital city means that travelling to

¹ The terms “people” and “persons” with disabilities are used interchangeably throughout this action plan and include children and youth.

the secondary or tertiary rehabilitation services becomes very costly and time-consuming, especially from remote areas, with no public transport adapted for persons with mobility difficulties.

In 2017, service plans were provided to 201,915 people (including 181,467 for rehabilitation services, 4,885 for orthosis and prosthesis and 9,094 for assistive technology). However, because there is no mechanism to monitor and record the number of people who received any type of services prescribed to them, there is no information on how many eligible people were able to use the services prescribed. The lack of systematic data collection hinders policy planning aimed at effectively reaching people who are in need.

A large-scale study conducted by UNICEF in Armenia revealed that children with disabilities face strong disadvantages in accessing kindergartens, schools, health and rehabilitation services. Eighteen per cent of the surveyed children do not attend schools, 71% do not attend kindergartens (80% in rural areas); only 1 in every 4 children with disabilities (23%) receives services envisaged by Individual Rehabilitation Plan (IRP)²; only 80% of children with disabilities are under the supervision of a pediatrician or family; and 27% of children with disabilities received a technical assisting device³. However, the majority of parents whose child was without such a device felt that their child did not need one.

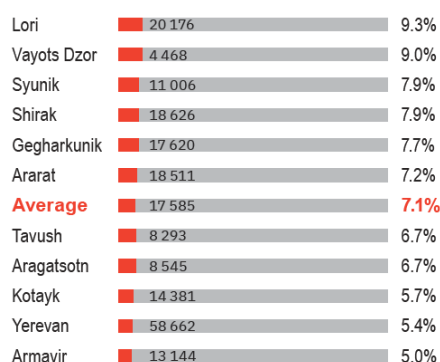
The recent national pilot of disability assessment (conducted in the framework of UNDP/UNICEF joint project with Government, in 2014-2017) where people were provided with full package of medical rehabilitation services in one of the best clinics of the capital Yerevan, revealed that half of the disability certificate applicants refused the services because travel to access them from where they lived was simply too hard and costly. Moreover, the clinic was providing rehabilitation services to adults only and does not have capacity to provide rehabilitation for children.

Currently there are **193,302 (6.4%) registered persons⁴ with disabilities**, including **8,177 children in Armenia** (1% of children respectively, while it is estimated that real number is higher⁵), with **134,640 (including 5,879 Children) living outside of capital Yerevan and needing services as close to their places of living as possible**. However, service provision outside Yerevan, remains a major issue in absence of state policy for service provision, lack of funds, lack of professional staff in the regions (and incentives to bring this staff to the regions) and lack of equipment and assistive technology.

Early childhood (from birth to the age of eight) is the essential period for all children to achieve their full developmental potential. The brain develops most rapidly in the first years of life. The science underlines that while genes provide the blueprint for the brain, it is a child's environment that shapes brain development.

Unfortunately, in most cases disabilities and /or developmental difficulties are not identified until children start primary school. There is growing evidence that children under eight who do not receive adequate early stimulation, learning opportunities, nurturing care and protection tend to have lowered cognitive, language and psychosocial outcomes as well as lowered academic achievement in primary school and, ultimately, lowered economic

RATIO OF PEOPLE WITH DISABILITIES TO ENTIRE POPULATION PER PROVINCE



² Individual Rehabilitation Plan (IRP) is the plan of services prescribed to the person at the moment of determination of their disability grade. Currently this function is implemented by the Medical-Social Expertise Commission, with a view of reforming the system in line with the new disability determination system. The IRP will be changed into Individual Service Delivery Plan (ISDP) with extended services including health, habilitation, rehabilitation, social and developmental services, and others.

³ It's About Inclusion: Access of the Children with Disabilities to Education, Health and Social Protection Services in Armenia. UNICEF (2012), Yerevan

⁴ The terms "people" and "persons" with disabilities are used interchangeably throughout the proposal and include children and youth.

⁵ World Report on Disability 2011, WHO & World Bank

productivity and more health problems as adults⁶. According to global estimates 11% to 17% of children are at risk of having or have disabilities and are at risk of not fulfilling their full potential, due to risks of poverty, poor nutrition and lack of access to basic services and early enriching opportunities⁷. Therefore, the early stimulation is especially highly important and, in a way, is also a preventive measure from developing disabilities with early identification and intervention.

The reform road-map for transition period highlights an urgent need for improvement and strengthening of services provision system in Armenia to meet the needs of persons/children with disabilities. As such, the availability of accessible and affordable rehabilitation plays a fundamental role in achieving Sustainable Development Goals (SDG) 3, “Ensure healthy lives and promote well-being for all at all ages”⁸ and SDG 4 “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”⁸ at the same time paving way to achievement of other related SDGs.

4. Strategies, including lessons learned and the proposed joint programme

UNDP and UNICEF plan a comprehensive support to advance the rights of persons and children with disabilities, to improve and strengthen the service provision and support the Government of Armenia in the implementation of the UNCRPD. Governmental stakeholders, local NGOs, Organizations of Persons with Disabilities (OPDs), persons with disabilities and parents of children with disabilities will be engaged in joint work with UNDP and UNICEF Armenia to implement this project to build inclusive system of services for persons and children with disabilities and/or developmental delays and their families.

The suggested intervention will be very much guided by principles and approaches of WHO Global Disability Action Plan.

PROJECT SYNERGIES WITH GOVERNMENT REFORM

The Government of Armenia led by the Ministry of Labor and Social Affairs is committed to the reform and improvement of the disability assessment and service provision system. The reform, supported by UNDP and UNICEF, has resulted a human-rights based model of disability assessment system that is being implemented in 2019. To proceed to the next stages of the reform agenda, Government has identified several priority areas, including:

1. Full integration and nationalization of the human-rights based model of disability assessment based on WHO’s ICF for rights-based and multidisciplinary assessment (including health, social and education/developmental professionals).
2. Strengthening and diversifying service provision including rehabilitation, habilitation, social, educational/developmental and other range of services and support modernizing, equipping and capacitating the service provision centers.
3. Development of a national policy on assistive technologies (ATs) and provision of full range of ATs.
4. Structural reform in the assessment and service provision, including massive capacity building of the health, social, and education professionals that will be involved in the assessment and service provision processes.
5. Strengthening the research and analytical capacity for evidence-based policy making.

The Government requested extended support to develop the broad sector of service provision, including the technical resources/equipment support, policy framework and professional capacity. The proposed project to

⁶ UNICEF and WHO (2012) Discussion Paper on Early Childhood Development and Disability. WHO. Geneva

⁷ Maureen M. Black, et al., ‘Early Childhood Development Coming of Age: Science Through the Life Course’, *The Lancet*, series 0140-6736, no. 16, 4 October 2016, p. 2. Available from: [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31389-7.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31389-7.pdf).

⁸ United Nations. Sustainable Development Knowledge Platform. Sustainable Development Goals. Available from: <https://sustainabledevelopment.un.org/sdgs>

continue reform is timely and fits exactly to the needs of Government. This project concept was developed in close consultation with the Deputy Minister of Labor and Social Affairs (the Focal Point and lead on the reform) and is built on Government priorities.

WHY UNICEF AND UNDP JOINT PROJECT

Joint approach and implementation of the project by UNICEF and UNDP is absolutely necessary, as the system of disability assessment and service provision is inclusive of all ages and applies a life-cycle approach. The joint implementation allows holistic vision starting from early childhood, as well as makes it possible to bring onboard all actors of the process from health, social and education sectors, responsible for diverse age groups. Along with strengthening the services for persons and children with disabilities, particular attention should be paid to early identification and intervention as a preventive measure for certain types of developing disabilities.

This project in Armenia represent a unique collaboration between UNDP and UNICEF, where their technical and implementation teams will be working closely together in an unprecedented way, and with a high level of engagement between the organisations. UNDP will respond to the current deficit of services for persons with disabilities in Armenia, focusing on improvement of policy framework, establishment of services and strengthening local capacities, while UNICEF will work in the same areas focusing on children with disabilities and/or developmental delays and their families.

The joint support provided to Government for change of disability assessment system, proved that combination of the mandates of both UNDP and UNICEF targeting different age groups is highly effective and allows full capture of the systemic issues. It allows identification and addressing of the age specific issues, thus resulting in an effective and ample implementation of the reform.

UNDP and UNICEF will synergize the activities of the project at the same time implementing individual chunks, driven by the needs of the target groups – children and persons with disabilities.

II. PROJECT DESCRIPTION

The project logic is built to a large extent in line with the Government reform agenda and will support implementation of the above-mentioned priority areas based on the following objectives and activities.

OBJECTIVES

1. Improved access to services and programmes **for persons with disabilities (with special attention on children) at the/or close to the place of their residence** through modernized and strengthened service centers.
2. Establishment of **policy framework to support the modernized and strengthened multi-disciplinary service provision** in habilitation, rehabilitation, assistive technology, and assistance and support services at community level.
3. Strengthened **capacities at national and local levels for policy makers and service providers** to ensure quality and timely service provision to children and persons with disabilities.
4. Raise society's awareness of disability issues and **foster greater knowledge among children and adults with disabilities on their rights** and on how to exercise them.

Lessons Learned: This sub-section provides a summary of relevant lessons learned from experiences, opportunities and challenges which may support or constrain achievement of results— Statements of agreed lessons are particularly important where there is a significant departure from previous programmes or strategies. This sub-section should also indicate how recommendations and observations of Human Rights treaty bodies to the respective State Party have been considered and used in the design of the joint programme.

The proposed joint programme: **Objective 1 – Improved access to services and programmes for persons with disabilities (with special attention on children) at the/or close to the place of their residence through modernized and strengthened service centers.**

Results:

- ✓ Increased number of children under five with disabilities and/or developmental difficulties receiving early identification and early intervention services.
- ✓ Increased number of children from five to eighteen with disabilities receiving need-based quality services and assistive devices and technologies.
- ✓ Increased number of youth and adults with disabilities receiving need-based quality services and assistive devices and technologies.

*Community-based rehabilitation (CBR) is a major focus of the disability programme within WHO and for other UN Agencies supporting the service provision sector. CBR has expanded and evolved in focus and is now defined as a broad development strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. The CBR guidelines have a strong focus on empowerment through facilitation of the inclusion and participation of persons with disabilities, their family members, and communities in all development and decision-making processes. However, **disability is a multisectoral issue and therefore a comprehensive and coordinated response involving multiple sectors and partners is required also under this objective.***

Well-designed community-based rehabilitation programmes can provide habilitation and rehabilitation services, assistive technologies and support in countries with limited resources like Armenia and empower persons (including children) with disabilities and their families. The Project will count on WHO's guidelines on the subject matter for practical suggestions on how to build links with and strengthen the capacity of mainstream services and facilitate access to specific services for persons with disabilities. UNICEF in line with the concept of Nurturing Care for Early Childhood Development⁹ promotes mechanisms for inter-sectoral collaboration and provision of services through the life course at community level to support children to reach their full potential.

For more informed and evidence based policy formulation in this area, the project will start with an assessment and data analysis on existing schemes of social support and benefits is required to have full information on: the efficiency of social protection system in disability sector; assessment of possibilities of rearranging social support/benefit schemes with new model of disability determination; assessment of the poverty and disability benefit potential interrelation, and other related financial implications the change of disability determination system and service provision system will have. UNDP and UNICEF, together with Government of Armenia will work with National Institute of Financial Studies of RF to get their support and expertise in conducting the mentioned assessment.

ACTIVITY 1. Development of regional modernized **Centers of Excellence and Hubs for Independent Living** to provide across the life-cycle continuum care to persons with disabilities (including children and adults with moderate and severe disabilities) and include the establishment of the **institute of personal assistants** and **provision of mobile services**.

The project will identify **strategically located service provision/rehabilitation centers to fully equip and strengthen them to serve as service provision hubs for the provided regions.** This will allow to bring high quality

⁹ UNICEF, World Bank, WHO (2018). Nurturing Care for Early Childhood Development. Available from: <http://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

services closer to people throughout Armenia. Depending on costs and available budget the centers will range from 4 to 6.

ACTIVITY 2. Strengthen capacity of healthcare professionals in early identification and early intervention at the primary, secondary and tertiary levels of health care system.

ACTIVITY 3. Modeling a system of provision of rapid psychological (posttraumatic) services for families (mothers, fathers and caregivers) in crisis due to birth of child with disability or newly diagnosed as child with disability or adult with disability.

ACTIVITY 4. Support development of specialized units for integration of mental health identification into primary care at community level.

Objective 2 – Establishment of policy framework to support the modernized and strengthened multi-disciplinary service provision in habilitation, rehabilitation, assistive technology, and assistance and support services at community level.

Results:

- ✓ Policy framework, including the laws, by-laws and supporting strategic framework are developed to enable modernized and strengthened service provision system.
- ✓ Systems of data collection on disability are functional and effectively feed evidence-based policy formulation.
- ✓ Research and analytical capacity is built to ensure scientific support to the new policy framework on disability assessment and service provision.

One way to facilitate multisectoral collaboration and development of enabling policy framework for service provision is through making optimum use of local resources. As outlined in WHO Action Plan, this activity has evolved to become a multisectoral strategy that offers practical guidance on how to link between, and strengthen the capacity of, mainstream services to ensure that persons with disabilities and their families have access to and benefit from education, employment, health and social services.

The prevalence of disability types, and the needs and characteristics of the sub-groups of children and adults cannot be identified without reliable data. Disaggregated data collection on regular basis is critical to have objective picture about situation of persons with disabilities and their needs. The accurate data will guide decision makers to plan actions to fulfill unmet needs and rights of persons with disabilities and their families. Major efforts should be directed at eliminating the existing gaps in the systems of accounting data on persons with disabilities, particularly children with disabilities among health, education and social protection sectors (CRPD Art 31).

The project will support modeling of disability survey to streamline qualitative and quantitative information to identify the barriers for social inclusion and to monitor the situation with the reference to key national and international goals on the rights of persons with disabilities.

ACTIVITY 1. Connect electronic systems of healthcare, education, and social sectors (social includes employment) to ensure smooth **data exchange and data management for assessment and service provision systems**. *Note: The Project will model a standardized disability survey to improve disability data collection.*

ACTIVITY 2. Develop the necessary legal framework for service provision: National Strategy on service provision and assistive technology; National Strategy for Early Childhood Development including criteria and national standards, quality assurance and monitoring. develop “accessible environment” strategy based on Russian

experience (the RF National Programme 2011-20 “Accessible Environment” ([Доступная Среда](#)) including the national standards and list of assistive products (APL).

ACTIVITY 3. Establish research centers in relevant academic institutions, assessment and service provision center, to support evidence-based service delivery.

Selected team of national experts will work together with the National Institute of Financial Studies of RF to conduct the assessment of social protection, benefit and service schemes for persons with disabilities and socially vulnerable groups, as described under Objective 1 of this Project proposal. The experience of NIFS of RF will be a good basis for experience sharing and capacity building for the Armenian team to further continue similar assessments and data analysis on regular basis.

Armenian State Medical and State Pedagogical Universities, the Yerevan State University and American University of Armenia, will partner with the Project and identified Russian and other International Research Institutions to learn from best practice and strengthen the research capacities in the areas of disability, health, and diverse service provision and behavioral insights that could potentially provide more information and impact the disability sector in the long run.

ACTIVITY 4. Improve the Individual Service Delivery Plans (ISDP) in line with best international standards, with due consideration of gender specifics in service provision. Together with expanding range of services the Project will tap into the issue of trained personal assistants and family members taking care of children with disabilities and assisting adults with multiple disabilities.

Objective 3 – Strengthened capacities at national and local levels for policy makers and service providers to ensure quality and timely service provision to children and persons with disabilities.

Results:

- ✓ The modernized and strengthened service provision centers have sufficient technical and human resources to provide quality services to children and adults with disabilities.
- ✓ Increased number of families of children with disabilities receive tailored services to reduce likelihood of lifelong sequelae.

*Strengthening and **expanding the scope of services** will bring-in **new actors** through establishment of **localized social service centers and multifunctional teams**. The Project will support **requalification of the current and new staff in health, social and educational sectors** at central and local levels with particular focus on gender and age responsive approaches.*

Habilitation and rehabilitation are cross-sectoral activities and may be provided by health professionals in conjunction with specialists in education, employment, social welfare and other fields. In resource-constrained settings these services will be provided by non-specialist workers, such as community-based rehabilitation workers, in addition to family, friends and community groups.

It should consider establishing innovative incentives to consolidate the position of general practitioners as “gatekeepers” of the system. That is of special importance when it comes to the right to physical and mental health of women, children and groups in vulnerable situations, such as persons with disabilities, migrants and refugees.

ACTIVITY 1. Conduct capacity development training courses for policy makers to ensure there is joint vision and policy formulation on multi-disciplinary approach to service provision.

ACTIVITY 2. Strengthen capacity of health, social and education professionals/service providers to ensure best quality service provision (through training, mentoring and coaching).

ACTIVITY 3. Establish professional training centers and/or training platforms in acting institutions **for continuous education and preparation of rehabilitation professionals, occupational therapists, social workers and other professionals** for habilitation and rehabilitation service provision (e.g., based on experience of [St. Petersburg Institute](#) of Scientific and Practical Medical and Social Expertise, [Albrecht Scientific Rehabilitation Center](#) and other globally-recognized best practices).

ACTIVITY 4. Design model curricula on disability for personnel working in **health care, rehabilitation and habilitation to serve as continuous training guidelines** for service providers at all levels.

Objective 4 – Raise society’s awareness of disability issues and foster greater knowledge among children and adults with disabilities on their rights and on how to exercise them.

Results:

- ✓ Stigma towards persons with disabilities and their families decreased.
- ✓ Persons children with disabilities and their families are aware of their rights and can exercise them effectively.

UNDP and UNICEF will support efforts of the national stakeholders in their fights against stigma and discrimination, through organizing national information days, campaign, public opinion polls and etc., with maximum involvement of persons with disabilities, their families and their representative organizations.

The advocacy action will promote urgent need to provide quality targeted services and support to persons with disabilities and their families. UN Agencies will work with local organizations to advocate and facilitate dialogues with the Government for the realization of the rights of persons with disabilities and promote participation of persons with disabilities in decision making process.

The project will work to ensure that children and adults with disabilities and their families are aware of their rights. Special attention will be focused to promote “universal design” approach to products, services and environments.

ACTIVITY 1. Raise awareness among persons with disabilities and their families: on types of services and assistive technology for informed choice tailored to their needs; and on their rights to be better prepared for meaningful participation at all levels: from service provision to decision making.

ACTIVITY 2. Raise society’s awareness on disability issues with specific attention to childhood disability, acceptance of children with disabilities and their parents to foster early inclusion.

Sustainability of results: State how the results will be sustained including relevant capacities being developed among duty bearers and rights holders and government institutions and communities.

Alignment of Project activities with UNCRPD and SDGs:

The **project activities will** support the implementation of measures that are designed to meet **Armenia’s commitments** for the rights of persons with disabilities as enshrined in **the UN Convention on the Rights of Persons with Disabilities** and will be strongly aligned with the **Global Development Agenda 2030**.

The following articles of UNCRPD will be targeted through implementation directly: Articles 9 (Accessibility), 12 (Equal recognition before the law), 19 (Living independently and being included in the community), 20 (Personal mobility), 25 (Health), 26 (Habilitation and rehabilitation), 28 (Adequate standard of living and social protection),

31 (Statistics and data collection), 32 (International cooperation) and 33 (National implementation and monitoring). It also supports Articles 4 (General obligations), 5 (Equality and non-discrimination), 6 (Women with disabilities), 7 (Children with disabilities) and other articles indirectly.

Data collection and cross-sectoral data management will be aligned to **SDGs** so that State policies/budgeting are better informed about persons with disabilities, including children with disabilities.



PARTNERSHIP

The Project will be very much cultivated by best international practice, including rich experience of Russian partners. While subject for diverse partnership solutions, the project will be implemented in close collaboration with leading Russian institutions, building on its earlier successful partnership experiences and expanding to other networks in Russia.

Armenian State Medical and State Pedagogical Universities, the Yerevan State University and American University of Armenia, will partner with the Project and identified Russian and other International Research Institutions to learn from best practice and strengthen the research capacities in the areas of disability, health, and diverse service provision and behavioral insights that could potentially provide more information and impact the disability sector in the long run.

The Project team will continue close collaboration with [St. Petersburg Institute](#) of Scientific and Practical Medical and Social Expertise, and the [Albrecht Scientific Rehabilitation Center](#) together with the above mentioned national academia partners, for capacity development, establishment of training capacity and content, as well as on research and analysis. Though the Russian practice shares a similar legacy of disability assessment process, it has at the same time generated a lot of experience on rehabilitation services, capacity development and research, which will be extremely helpful for Armenia. The very initial collaboration with one of the leading Russian institutions - [St. Petersburg Institute](#) of Scientific and Practical Medical-Social Expertise, revealed the huge experience and potential that will be extremely helpful for Armenia while building its service provision system.

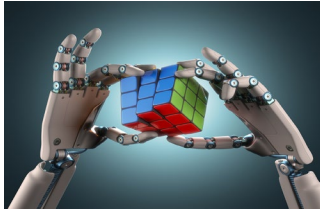
Note: In February 2018, five professors and associate professors of [St. Petersburg Institute](#) visited Armenia to conduct training for 80 Armenian medical-social experts, with support of Russia-UNDP Trust Fund. Following the training on disability assessment and rehabilitation services, Armenian government requested further support in experience sharing on research capacity. Russia-UNDP Trust Fund will support a short-term mission to Armenia for initial capacity development, however, the establishment of full research and analytical capacity and specialized centers will require additional funding to make this possible.

The project team will collaborate with St. Petersburg Early Intervention Institute and the Association of Early Intervention, for adaptation of the Russian experience in identifying deviations in the development of an infant or young child as early as possible and supporting parents in providing optimal conditions for a child's development and education in the context of family and local community.

Another strategic direction to be implemented in close collaboration and learning from Russian experience, will be "accessible environment" strategy development based on RF National Programme 2011-20 "Accessible Environment" ([Доступная Среда](#)) including the national standards and list of assistive products (APL). In addition, to be specifically highlighted, that the project will be implemented with active and meaningful participation of DPOs (Organisations of Persons with Disabilities) and will facilitate partnership building with Russian DPOs.

The project partnership will also extend to other international organizations working in this area including from countries with recognized wide-ranging experience in service provision, such as Germany, Sweden, Norway, Austria, Finland and others.

INNOVATIVE POLICIES AND PRACTICES



Given the rapidly evolving global innovative solutions, including for persons with disabilities, the Project will open space to test a number of innovative policies and practices in close collaboration with leading partner organizations, including [Zero Project](#)¹⁰ - and [Global Disability Innovation Hub](#) - as leading platforms for innovative and effective solutions worldwide. The focus of innovative solutions will mainly include experimentation in the Armenian market for new software and artificial intelligence (AI) solutions for persons with visual, hearing or motor disabilities.

¹⁰ The Zero Project, an initiative of the Essl Foundation, focuses on the rights of persons with disabilities globally. It provides a platform where the most innovative and effective solutions to problems that persons with disabilities face, are shared. Its sole objective is to assist in creating a world without barriers. Ref. <https://zeroproject.org/about-us/mission-statement>

5. Results Framework

Joint Programme Monitoring and Results Framework

Table 1: Results Framework

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
Overall objective (Impact)	<u>UNDAF Outcome 2:</u> By 2020, people benefit from improved systems of democratic governance and strengthened protection of human rights.	Number of persons with disabilities receiving rehabilitation services in the regions of project operation	TBD based on a baseline survey of 2020	TBD based on a baseline survey of 2020			
	<u>UNDAF Outcome 5:</u> By 2020, vulnerable groups have improved access to basic education and social protection services and participate in their communities.	% of children with disabilities using rehabilitation services	23 (2012)	40 (2020)	MoLSA and MoESCS reports		
		Number of children with special education needs enrolled in inclusive schools	3,000 (2014)	6,000 (2020)	MoESC, NCET and NPPC reports		
Specific objective (Outcomes)	<u>JP Outcome:</u> By 2022, Institutions and systems strengthened to improve protection of human rights through enhancement of access to services and inclusive environment for participation of persons with disabilities, including children with disabilities.	Number of children under five with disabilities and/or developmental delays receiving early identification and early intervention services	TBD based on a baseline survey	TBD based on a baseline survey	MoLSA, MoH, MoESCS		
		Number of 5-18 years old children with disabilities receiving need-based quality services and assistive devices and technologies	TBD based on a baseline survey	TBD based on a baseline survey	MoLSA, MoH, MoESCS		
		Number of youth and adults with disabilities receiving need-based quality services and assistive devices and technologies	TBD based on a baseline survey	TBD based on a baseline survey			

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
		Policy framework for provision of accessible and quality services developed and adopted.	0 (2019)	1 (2020)	MoLSA, MoH, MoESCS		
		National system of data collection on disability is updated, functional and comply with international standards.	0 (2019)	1(2022)	Gov decision, MoLSA, MoH and MoESCS reports		
Results and Outputs	JP Output 1. Access to services and programmes for persons with disabilities (with special attention on children) close to the place of their residence through modernized and strengthened service centers improved.						
	Activity 1.1. Development of regional modernized Centers of Excellence for Independent Living (including support for assistive technologies) to provide across the life-cycle continuum care to persons with disabilities (including children with moderate and severe disabilities) and include the establishment of the institute of personal assistants and provision of mobile services.	1.1.1 Existence of regional Centers of Excellence for Independent Living	0 (2019)	5 (2022)	Programme reports, MoLSA and MoESCS reports	UNICEFUNDP	
	Activity 1.2. Strengthen capacity of healthcare professionals in early identification and early intervention at the primary, secondary and tertiary levels of health care system.	1.1 Number of regions with capacitated healthcare professionals in early identification and intervention at the primary, secondary and tertiary levels of health care system.	0 (2019)	2 (2022)	Programme reports, MoH reports	UNICEFUNDP	

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
		1.2 Number of regions where youth and adults with disabilities receiving need-based quality services and assistive devices and technologies.	0 (2019)	3 (2022)			
	Activity 1.3. Modeling a system of provision of rapid psychological (posttraumatic) services for families (mothers, fathers and caregivers) in crisis due to birth of child with disability or newly diagnosed as child with disability or adult with disability	1.3.1 Number of regions with modeling parent support services.	0 (2019)	2 (2022)	Programme reports, MoH, MoLSA and MoTADI reports	UNICEF	
	Activity 1.4 Support development of specialized units for integration of mental health identification into primary care at community level.	1.4.1 Number of regions with personal assistants institutions and family support system	0 (2019)	3 (2022)	Programme reports, MoLSA, MoESCS, MoH and MoTADI reports	UNDP	
JP Output 2. Policy framework to support the modernized and strengthened multi-disciplinary service provision in habilitation, rehabilitation, assistive technology, and assistance and support services at community level established							
	Activity 2.1. Connect electronic systems of healthcare, education, and social sectors (social includes employment) to ensure smooth data exchange and data management for assessment and service provision systems.	2.1.1 Systems of data collection on disability are functional and effectively feed evidence-based policy formulation	0 (2019)	1 (2022)	Programme reports, MoLSA, MESCS and MoH reports	UNDP	
	Activity 2.2. Develop the necessary legal framework for service provision: National Strategy on	2.2.1. Existence of a national policy on service provision and	0 (2019)	1 (2021)	Programme reports, MoLSA and MoH reports	UNICEFUNDP	

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
	service provision and assistive technology; National Strategy for Early Childhood Development.	assistive technology 2.2.2 Existence of a national Strategy for Early Childhood Development	0 (2019)	Strategy developed (2022)			
	Activity 2.3. Establish research centers in relevant academic institutions, assessment and service provision center, to support evidence-based service delivery.	2.3.1. Survey on children with disabilities; 2.3.2. Research and analytical capacity is built in 3 centers to ensure scientific support to the new policy framework on disability assessment and service provision.	0 (2019) 0 (2019)	Survey on CwD conducted (2021) 3 (2022)	Survey report Reports from 3 selected institutions, Programme reports, MLSA, MoH statements	UNICEFUNDP	
	Activity 2.4. Improve the Individual Service Delivery Plans (ISDP) in line with best international standards, with due consideration of gender specifics in service provision.	2.4.1Existence of gender-sensitive and age-specific Individual Service Delivery Plans for children/adults	Individual Rehabilitation Plans are at initial stage of development to include gender-sensitive and age-specifics	Gender-sensitive and age-specific Individual Service Delivery Plans for children/adults developed (2022)	Programme reports, MoLSA, MoESCS and MoH reports	UNICEFUNDP	
JP Output 3: Capacities at national and local levels for policy makers and service providers to ensure quality and timely service provision to children and persons with disabilities strengthened.							
	Activity 3.1. Conduct capacity development training courses for policy makers to ensure joint vision and policy formulation on multi-disciplinary approach to service provision.	3.1.1 Number of policy makers trained and applying the knowledge in the policy formulation	15 (2019)	100 (2021)	Programme reports, MoLSA, MoESCS, MoH and MoTADI reports	UNICEFUNDP	
	Activity 3.2. Strengthen capacity of health, social and education professionals /service providers to ensure best quality service provision (through	3.2.1 Number of regions with trained health, social and education professionals /service providers	0 (2019)	5 (2022)	Programme reports, MoLSA, MoESCS, MoH and MoTADI reports	UNICEF UNDP	

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
	training, mentoring and coaching).	3.2.2 Increased number of families of children with disabilities receive tailored services to reduce likelihood of lifelong sequels.					
	Activity 3.3. Establish professional training centers and/or training platforms (including innovative solutions) in acting institutions for continuous education and preparation of rehabilitation professionals, occupational therapists, social workers and other professionals for habilitation and rehabilitation service provision.	The modernized and strengthened service provision centers have sufficient technical and human resources to provide quality services to children and adults with disabilities.	0 (2019)	3 (2022)	Programme reports, MoLSA, MoESCS, MoH and MoTADI reports	UNDP UNICEF	
	Activity 3.4. Design model curricula on disability for personnel working in health care, rehabilitation and habilitation to serve as continuous training guidelines for service providers at all levels.	Model curricula for targeted groups of health care, rehabilitation and habilitation service providers developed.	0 (2019)	2 (2022)		UNDP UNICEF	
JP Output 4: Society's awareness of disability issues and foster greater knowledge among children and adults with disabilities on their rights and on how to exercise them raised.							
	Activity 4.1. Raise awareness among persons with disabilities and their families: on types of services and assistive technology for informed choice tailored to their needs; and on their rights to be better prepared for meaningful participation at all levels: from service	4.1.1 Number of regions where persons/children with disabilities are informed about their rights and can exercise them effectively.	0 (2019)	11 (2022)	Programme reports, Campaign materials	UNICEF/UNDP	

Results Chain		Objectively verifiable indicators of achievement			Sources & Means of verification	Responsibilities	Risks & Assumptions
		Indicators	Baseline & Indicative timeframe	Target			
	provision to decision making.						
	Activity 4.2. Raise society's awareness on disability issues with specific attention to childhood disability, acceptance of children with disabilities and their parents to foster early inclusion.	4.2.1 Number of public events on disability issues 4.2.2 Stigma towards persons with disabilities and their families decreased among service provider professionals and community.	0 (2019) Needs a pre and post assessment	11 (2022) Target to be determined based on initial assessment	Survey and assessment materials, Programme reports, Campaign materials and records	UNICEF/UNDP	

6. Management and Coordination Arrangements

In the proposed Joint Programme, a Steering Committee (SC) will provide strategic direction and advisory authority using the pass-through modality. UNDP as the Convening Agency will be responsible for coordinating programmatic aspects, and the Administrative Agent (UNDP's Multi-Partner Trust Fund Office) will be responsible for financial management, with each participating UN organization having programmatic and financial responsibility for the funds entrusted to it. (See Annex 1 for Organogram).

6.1 The National Programme Steering Committee (PSC):

The National Programme Steering Committee (PSC) is the Joint Programme oversight and advisory authority, representing the highest body for strategic guidance, fiduciary and management oversight/coordination. It facilitates collaboration between participating UN organizations, donor community and the host government for the implementation of the Joint Programme. Advisory in nature, the PSC reviews and endorses the Joint Programme Document and annual work plans. It provides strategic direction and oversight, advises on allocation criteria for resources, reviews implementation progress and addresses problems. The PSC also receives progress reports, approves budget revisions/reallocations, notes evaluation and audit reports (published in accordance with each PUNOs' disclosure policy), and initiates investigations if needed. The PSC is supported by a Joint Coordination Unit and meets at least semi-annually. The PSC will include senior Managers of UNDP and UNICEF, senior representatives from the Ministry of Labour and Social Affairs, the Ministry of Health, the Ministry of Education, Science, Culture and Sports, the Ministry of Development and Territorial Administration, and a representative from the donor (Russian Government). The representatives of Civil Society Organizations will participate as observers.

Convening Agency and Joint Coordination Unit

Under the current Project arrangements, UNDP is the Convening Agency and will provide joint coordination support, management and administration. The Convening Agency will be responsible for the operational and programmatic coordination, including compiling annual work plans and narrative reports. It will establish a Joint Coordination Unit, comprised of representatives from UNDP, UNICEF and the lead government agency (MoLSA), which will be responsible for: i) coordinating all Joint Programme partners, ii) coordinating the monitoring of annual

targets, iii) reporting on Steering Committee meetings, and iv) coordinating evaluation(s). The Joint Coordination Unit will not have financial accountability.

7. Fund Management Arrangements

Fund Management Arrangements

This UN Joint Programme will follow the pass-through fund management modality according to the United Nations Development Group (UNDG) Guidelines on UN Joint Programming. As outlined, the UNDP MPTF Office, serving as the Administrative Agent (AA) for the Joint Programme, as set out in the Standard Memorandum of Understanding (MoU) for Joint Projects using pass-through fund management, will perform the following functions:

- Establish a separate ledger account under its financial rules and regulations for the receipt and administration of the funds received from donor(s) pursuant to the Administrative Arrangement. This Joint Programme Account will be administered by the AA in accordance with the applicable rules, regulations directives and procedures, including those relating to interest;
- Make disbursements to Participating UN Organizations from the Joint Programme Account as instructed by the Steering Committee, in line with the budget set forth in the Joint Programme Document.

The Participating UN Organizations will:

- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA as detailed in the Management Arrangements and Coordination section;
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the AA.

Each UN organization is entitled to deduct their indirect costs on contributions received according to their own rules and regulations, considering the size and complexity of the programme. Each UN organization will deduct seven percent as overhead costs of the total allocation received for the agency.

Administrative Agent

According to the pass-through modality, the UNDP [Multi-Partner Trust Fund Office \(MPTF Office\)](#) will serve as the Administrative Agent (AA) of the Joint Programme. The AA will be accountable for effective and impartial fiduciary management and financial reporting. The AA will be responsible for financial/administrative management that includes: i) receiving donor contributions, ii) disbursing funds to Participating UN Organizations based on the Steering Committee instructions, and iii) consolidating periodic financial reports and the final financial report.

Participating UN Agencies: Participating UN organizations operate in accordance with their own regulations, rules, directives and procedures. They assume full programmatic and financial accountability for funds disbursed by the Administrative Agent and are responsible for the implementation and delivery of results under each activity result.

PUNOs will have dedicated resources to achieve results, including personnel and consultants (technical assistance) that are directly contributing to Project activities, and allocated budgets for associated costs, such as office structure, and operability of field visits for quality assurance.

PUNOs Financial Management: PUNOs have bank accounts set up in Armenia. These accounts will be managed by authorized staff who will maintain comprehensive records of local bank account transactions (including clearly labelled receipts) and produce monthly reconciliations. This will also be summarised for inclusion in the bi-annual reports.

The operational departments in each organization will support the financial management of the Programme by approving timesheets, expenses and contractor invoices, and by preparing internal financial reports, including periodic financial reports.

8. Monitoring, Evaluation and Reporting

Monitoring:

A Joint Programme will be monitored throughout its duration in accordance with the Joint Programme Document. Monitoring will be done against targets and indicators through field visits and studies, and progress will be reported in the narrative report. UNDP and UNICEF are responsible for monitoring their contributions, and the UNDP as a Convening Agency oversees and coordinates to ensure all targets are monitored.

Both UNDP and UNICEF will engage key stakeholder and beneficiaries in project monitoring activities, including women and men, young people, children and people with disabilities. They will be consulted on regular basis and their views will be considered in any necessary changes and adjustments of the project.

Regular reviews of joint project will be conducted in cooperation national counterparts and other stakeholders to assess the progress of the project, review lessons learned and suggest necessary adjustments, as needed.

Annual/Regular reviews:

Any revision needed during the Joint Programme implementation, such as no-cost extension, increase or decrease of total budget and reallocations between budget categories will be initiated by the Management group and approved by the Programme Steering Committee. Changes of activities that affect outputs and outcomes must also be approved by the Programme Steering Committee, and the Joint Programme Document may need to be amended, the annual work plan revised and the budgetary framework adjusted to accommodate new or changed allocations.

Evaluation:

In order to determine the relevance and fulfilment of objectives as well as to analyze the efficiency, effectiveness and sustainability of the Joint Programme (and when feasible, its impact) an evaluation will be conducted. Evaluation of the Joint Programme will inform and guide decision makers and relevant stakeholders on how to implement the modality.

Evaluation of the Joint Programme will be undertaken in accordance with the guidance from the United Nations Evaluation Group (UNEG) (e.g., relevance, efficiency, effectiveness, impact and sustainability) with an emphasis on results and on the Joint Programme process. UNDP and UNICEF will share information and progress updates and undertake joint monitoring and evaluation where appropriate.

In the Joint Programme financial resources are planned for the evaluation.

Reporting:

The Administrative Agent will prepare certified annual and final financial reports consisting of the reports submitted by each participating UN organization. The reports will use UN approved harmonized budget categories: (1) Staff and other personnel costs, (2) Supplies, commodities, materials, (3) Equipment, vehicles and furniture, including depreciation, (4) Contractual services, (5) Travel, (6) Transfers and grants counterparts, (7) General operating and other direct costs, (8) Indirect support costs.

The Convening Agency will prepare annual and final consolidated narrative progress reports based on the reports submitted by participating UN organizations, and shall provide those consolidated reports to the Administrative Agent, in accordance with the timetable. The narrative reports should describe in a coherent manner what is being

done jointly at outcome and output level. For reporting the generic annual and final programme narrative progress report template will be used.

Both UNDP and UNICEF will prepare narrative reports in accordance with the narrative reporting template and financial reports in accordance with its financial regulations, rules and operational policy guidance, using the UN harmonized budget categories. The narrative report will be shared with the Convening Agency, and the financial report will be shared with the Administrative Agent. In addition to annual reports, quarterly or semi-annual field updates, e.g., to the Programme Steering Committee, are encouraged for effective management of Joint Programmes, though these updates are unofficial (i.e., not certified by agency headquarters) and may involve a level of detail not meant to be captured in official annual reports.

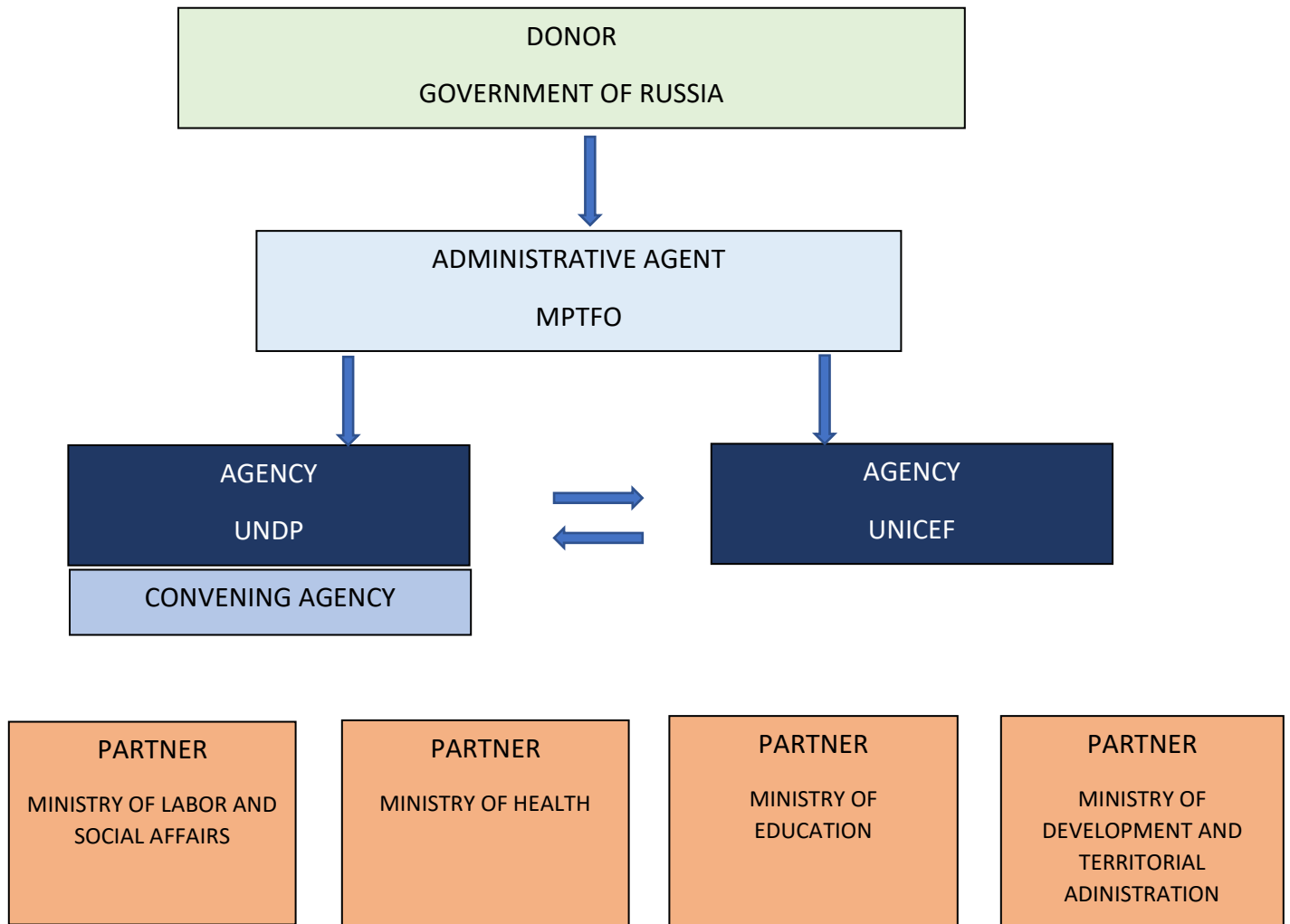
9. Legal Context or Basis of Relationship

Table 3: Basis of Relationship

Participating UN organization	Agreement
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Armenia and the United Nations Development Programme, signed by the parties on 8 March 1995.
UNICEF	The Basic Cooperation Agreement (BCA) concluded between the Government of the Republic of Armenia and the United Nations Children’s Fund, signed between parties in 1998 and ratified by the National Assembly of the Republic of Armenia on 26 April 2000, provides the basis of the relationship between the Government and UNICEF. The Country Programme Action Plan for the period from 1 January 2016 to 31 December 2020 is interpreted and implemented in conformity with the BCA.

ANNEX 1

JOINT PROJECT PASS-THROUGH MODALITY
MANAGEMENT ARRANGEMENTS



Stronger Services for Equal Participation and Inclusive Development in Armenia

Annex 2

Work Plan and Budget for: Stronger Services for Equal Participation and Inclusive Development

Period: 36 months

JP Outcome: Institutions and systems strengthened to improve protection of human rights through enhancement of access to services and inclusive environment for participation of persons with disabilities, including children with disabilities.												
UN organization-specific Annual targets	UN organization	Activities	TIME FRAME					Implementing Partner	PLANNED BUDGET in USD			
			Year 1				Year 2		Year 3		Source of Funds	Budget Description
			Q1	Q2	Q3	Q4						
JP Output 1: Access to services and programmes for persons with disabilities (with special attention on children) close to the place of their residence through modernized and strengthened service centers improved.												
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life	UNICEF UNDP	Activity 1.1. Development of regional modernized Centers of Excellence for Independent Living (including support for assistive technologies) to provide across the life-cycle continuum care to persons with disabilities (including children with moderate and severe disabilities) and include the establishment of the institute of personal assistants and provision of mobile services.							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP & UNICEF contribution		1,070,000
		Activity 1.2. Strengthen capacity of healthcare professionals in early identification and early intervention at the primary, secondary and tertiary levels of health care system.							MoH, MoTADI	JP		85,000
		Activity 1.3. Modeling a system of provision of rapid psychological (posttraumatic) services for families							MoLSA, MoH, MoTADI, CSOs and	JP & UNICEF		80,000

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		(mothers, fathers and caregivers) in crisis due to birth of child with disability or newly diagnosed as child with disability.							Organizations of persons with disabilities	contribution		
By 2020, people with disabilities benefit from improved systems and strengthened protection of their rights, including through accessible services and enabling environment for equal participation.		Activity 1.4 Support development of specialized units for integration of mental health identification into primary care at community level.							MoLSA, MoH, MoTADI, CSOs and	JP		30,000
		Activity 1.5 Support needs assessment for Assistive Technology, update the national list of AT and build capacities for low-cost solutions.							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP		100,000
		Activity 1.6 Strengthen personal assistants and family support skills							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP		70,000
JP Output 2: Policy framework to support the modernized and strengthened multi-disciplinary service provision in habilitation, rehabilitation, assistive technology, and assistance and support services at community level established.												
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life.	UNICEF UNDP	Activity 2.1 Connect electronic systems of healthcare, education, and social sectors (social includes employment) to ensure smooth data exchange and data management for assessment and service provision systems.							MoLSA, MoESCS, MoH,	JP		40,000
		Activity 2.2. Develop the necessary legal framework for service provision: National Strategy on service provision and assistive technology; National							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of	JP & UNICEF contribution		49,867

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By 2020, people with disabilities benefit from improved systems and strengthened protection of their rights, including through accessible services and enabling environment for equal participation		Strategy for Early Childhood Development.						persons with disabilities			
		Activity 2.3. Establish research centers in relevant academic institutions, assessment and service provision center, to support evidence-based service delivery.						MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP		100,000
		Activity 2.4. Improve the Individual Service Delivery Plans (ISDP) in line with best international standards, with due consideration of gender specifics in service provision.						MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP & UNICEF contribution		125,000
JP Output 3: Capacities at national and local levels for policy makers and service providers to ensure quality and timely service provision to children and persons with disabilities strengthened.											
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life.	UNICEF UNDP	Activity 3.1. Conduct capacity development training courses for policy makers to ensure joint vision and policy formulation on multi-disciplinary approach to service provision.						MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP & UNICEF contribution		20,000
		Activity 3.2. Strengthen capacity of health, social and education professionals /service providers to ensure best quality service provision (through training, mentoring and coaching).						MoLSA, MoESCS, MoH, MoTADI	JP & UNICEF contribution		220,000
By 2020, people with disabilities benefit from		Activity 3.3. Establish professional training centers and/or training platforms (including innovative solutions) in acting institutions for continuous education and preparation of						MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of	JP		140,000

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improved systems and strengthened protection of their rights, including through accessible services and enabling environment for equal participation.		rehabilitation professionals, occupational therapists, social workers and other professionals for habilitation and rehabilitation service provision.							persons with disabilities			
JP Output 4: Society’s awareness of disability issues and foster greater knowledge among children and adults with disabilities on their rights and on how to exercise them raised.												
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life. By 2020, people with disabilities benefit from improved systems and strengthened protection of	UNICEF UNDP	Activity 4.1. Raise awareness among persons with disabilities and their families: on types of services and assistive technology for informed choice tailored to their needs; and on their rights to be better prepared for meaningful participation at all levels: from service provision to decision making.							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP		70,000
		Activity 4.2. Raise society’s awareness on disability issues with specific attention to childhood disability, acceptance of children with disabilities and their parents to foster early inclusion.							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with disabilities	JP & UNICEF contribution		110,000
		Activity 4.3. Apply innovative solutions for targeted service provision and assistive technology							MoLSA, MoESCS, MoH, MoTADI, CSOs and Organizations of persons with	JP		82,000

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their rights, including through accessible services and enabling environment for equal participation.									disabilities, IT Companies			
JP Administrative costs												410,000
JP Monitoring and Evaluation												50,000
Sub-Total for UNDP/UNICEF												2,851,867
Indirect costs for UNDP/UNICEF (7%)												199,630
Administrative fee (1%)												30,823
Total Planned Budget												3,082,320
Including*	Total UNICEF											1,500,120
	Total UNDP											1,582,200