



## Programme proposal – 4<sup>th</sup> Funding Round 2022 Ukraine

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### Documents to be submitted

1. Programme proposal (please make sure you include the country name in the name of the document for Instance UNPRPD R4 programme Proposal Zimbabwe.doc)
2. Budget template
3. Workplan
4. Programme Signature Page

## 1. Cover page

<b>Title of the programme:</b> Mainstreaming gender-responsive disability inclusion in humanitarian response in Ukraine	
<b>Country:</b> Ukraine	<b>Region or provinces:</b> all Ukraine
<b>Duration:</b> 6 months, indicative start date 15 April 2022	
<b>Total Budget:</b> 833.332 USD	
<b>Co-funding:</b> N/A	
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**Title of the programme:** Mainstreaming gender-responsive disability inclusion in humanitarian response in Ukraine

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**Programme description (max 250 words): (please describe what problem the programme intends to address and what will be the approach)**

Russian military aggression on Ukraine launched on 24 February 2022 resulted in unprecedented loss of life, damage, destruction and displacement. 18 million people, or half of the population, are projected to become affected, including already 6.7 million people newly internally displaced, most to the Western regions of Ukraine. Of the affected population, 12 million people are expected to need urgent humanitarian assistance.

Persons with disabilities are particularly vulnerable as they may be unable to flee or may stay in the impacted areas, resulting in risks to their lives, struggles to meet daily needs and challenges in accessing humanitarian assistance. According to the recent assessment 20% of both IDPs and non-displaced population are people with disabilities. Moreover, Ukraine has the highest rates of institutionalisation of children and adults with disabilities in Europe and the majority of them faced serious challenges during the recent evacuations.

The programme seeks to urgently inform humanitarian response to ensure gender-responsive consideration and coverage of immediate needs of persons with disabilities, by equipping humanitarian actors, local authorities and NGOs with inclusivity tools and checklists, providing fast assessments of the current needs of women and men, girls and boys with disabilities and insure effective communication with and protection of most vulnerable.

Considering daily growing needs, the programme also seeks to further empower organisations of people with disabilities to provide inclusive information and services, as well as improve accessibility in the most overwhelmed pilot regions with high concentration of IDPs.

## 2. Background and rationale

### 2.1. Challenges and opportunities to be addressed by the project.

Russia launched military aggression in Ukraine on 24 February 2022, since then Ukraine has seen intense fighting throughout the country. This has led to a grave humanitarian crisis, with millions of people in dire need, including those who have fled across borders and many more who are on the move inside the country or unable to leave encircled towns and cities. The United Nations and partners have been assisting vulnerable communities in the conflict-torn eastern regions for the past eight years. Now the UN is collectively scaling up supplies and services to meet the massive and urgent relief and protection needs for civilians across the country, including people with disabilities.



The humanitarian impact of the ongoing military clashes across Ukraine continues to exacerbate. As of 22 March, OHCHR reports 2,571 civilian casualties, including 977 killed, figures that are likely much higher and will continue to rise. A month since the military offensive began on 24 February, the confirmed civilian death toll had already surpassed the number of people killed during the second-deadliest year of the armed conflict in eastern Ukraine – 2015 – when more than 955 civilians were killed. There were also reported casualties among people with disabilities.

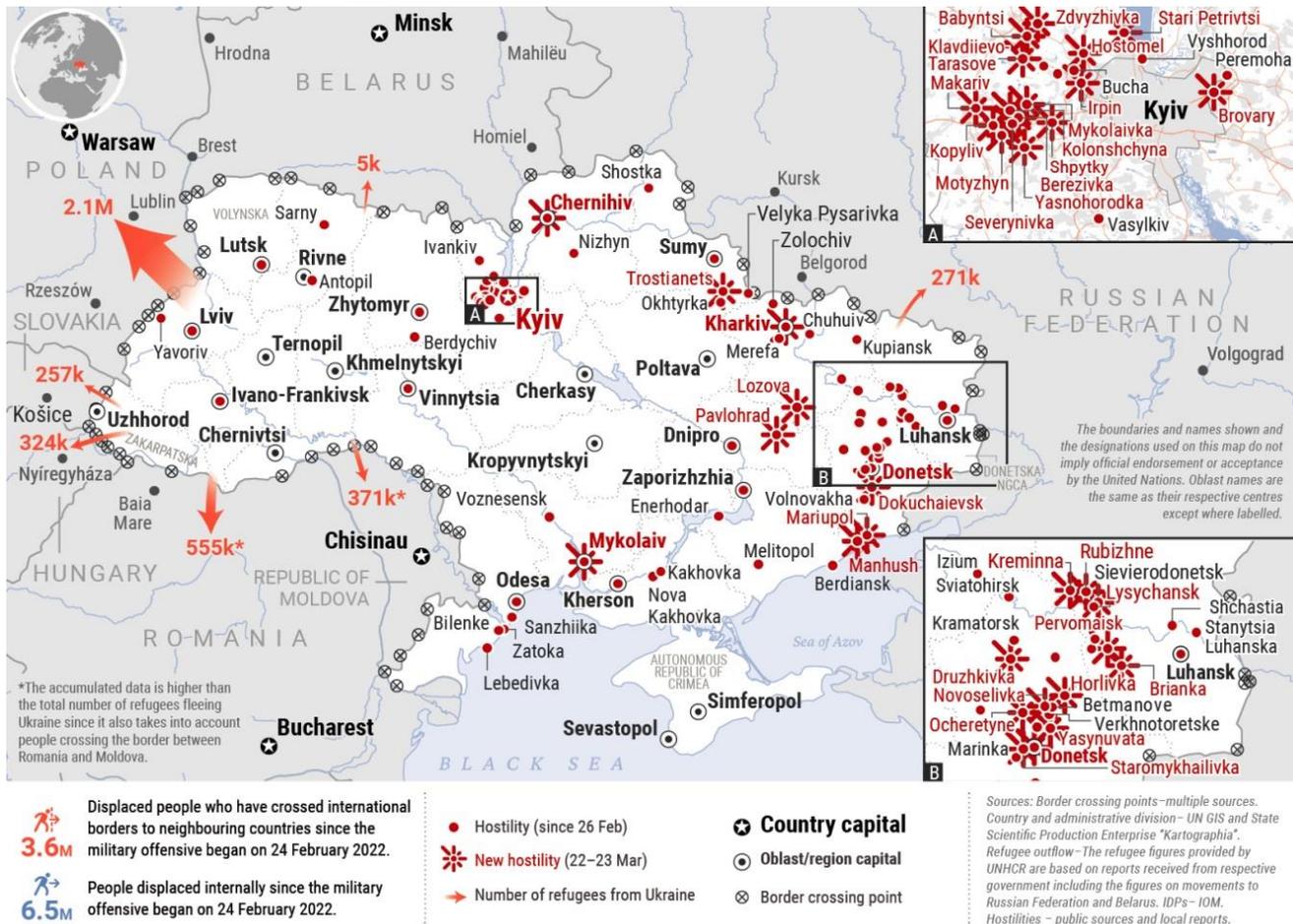
Persons with disabilities are at higher risk during fighting in armed conflicts and the State is obligated to take all necessary precautions to protect people with disabilities under their control. Namely, persons with physical disabilities may struggle to flee and seek shelter without assistance and access to assistive devices. People who are blind or have low vision may require support from others to flee. Persons with hearing, developmental, or intellectual disabilities often cannot hear, know about, or understand what occurs during attacks.

Also, HRW has documented that a key challenge for escaping hostilities for people with disabilities is the absence of assistive devices such as wheelchairs, prostheses, crutches, or hearing aids.

With the scale and direction of the ongoing military operation, 18 million people are projected to become affected, including up to 6.7 million people projected to be newly internally displaced. Of the affected population, 12 million people are expected to need humanitarian assistance, and 6 million with the most urgent humanitarian needs (see map below).

In this regard, persons with disabilities displaced by armed conflict can face serious obstacles to meeting basic needs such as food, sanitation, and health care due to service provision by states, civil society and relief organizations, religious institutions, and local charities that are inaccessible.

Moreover, the conflict imposes an immediate and growing threat to the lives and well-being of the country's 7.5 million children. The most vulnerable children, including children living outside of their families or in institutional care, unaccompanied and separated children, and children with disabilities, are particularly impacted by deterioration in the availability and quality of support services, as well as face serious obstacles to access education and assistive devices.



Girls and young women with disabilities are among the most marginalized people in crisis-affected communities and are disproportionately affected by conflict and emergency situations. Their marginalization is increased when they face significant barriers to accessing sexual and reproductive health (SRH) information, education and services that are adequate, comprehensive, and free of prejudice. Most women with disabilities can become pregnant, to have normal labour and delivery experiences, and to care for their children similarly to women without disabilities. However, complications during pregnancy, labour or post-partum period are higher among some women with disabilities. These risks are exacerbated during conflicts – especially for women with disabilities. In addition, they are at higher risks of exploitation and violence and abuse. According to a UNFPA Global study, women with disabilities are up to 10 times more likely to experience gender-based violence<sup>1</sup>. Young women and adolescent girls who have been displaced are also often targets of sex traffickers and others. It is also during these periods that young persons with disabilities, especially adolescent girls and young women with disabilities, experience the greatest barriers to sexual and reproductive health, which is rarely accessible during a crisis and often the last form of health care to be re-established in its aftermath of a crisis. Older women too, particularly those with disabilities, face heightened risks and barriers in society.

<sup>1</sup> UNFPA (2018). Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights. Available from: [www.unfpa.org/publications/young-persons-disabilities](http://www.unfpa.org/publications/young-persons-disabilities)



The Rapid Gender Analysis<sup>2</sup> carried out by UN Women found that women with disabilities face immediate safety risks, including conflict-related sexual violence and sex trafficking, lack of access to basic necessities and services, including limited access to legal aid and accessible shelters and accommodations in IDPs' camps, gaps in childcare and other critical services, and have suffered considerable loss of livelihoods, while remaining largely excluded from humanitarian response planning as well as peace and security efforts. Since the conscription was announced, many women with disabilities are not able to flee the country to find safe locations without their male family members.

Public service provision - water, electricity, heating and emergency health and social services - is under severe pressure, and people's access to health care continue to be limited by growing insecurity and shrinking humanitarian space.

According to recent UNDP estimations this war, if protracted further, could erase 18 years of Ukraine's development gains, while every day of this war increases the risk to drive up to 90% of the population into poverty and vulnerability.

In the worst, protracted scenario UNDP projects the international poverty level would escalate 11 times, with almost 30% of the population or 11 million people to be living below USD 5 per day in the centre of Europe, and another 62% at high risk of falling into poverty within the next twelve months.

On 1 March the United Nations and humanitarian partners [launched coordinated emergency appeals](#) for a combined US\$1.7 billion to urgently deliver humanitarian support to people in Ukraine and refugees in neighbouring countries.

The [Flash Appeal](#) that OCHA will coordinate asks for \$1.1 billion to assist 6 million people inside Ukraine for an initial three months. The programme includes multipurpose cash assistance for the most vulnerable people, food assistance, water and sanitation, protection services, support to health care and education services, and shelter assistance to rebuild damaged homes. The plan also aims to deliver support to authorities to maintain and establish transit and reception centres for displaced people and mitigate the risks of gender-based violence and sexual exploitation and abuse.

In times of conflict persons with disabilities are also at a higher risk to face stigma and abuse from their family and their communities. Moreover, many people with disabilities may experience psychological distress as a result of isolation, protracted hostilities, as well as the other barriers they face.

Importantly, engagement with community members and leaders, including disability organizations, faith-based organizations, women's organizations, are critical to ensure affected people have agency and decision making about humanitarian services.

In line with the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, this joint programme proposal aims to ensure that people with disabilities who constitute one of the most vulnerable group in current emergency, receive necessary attention, coverage and protection by the ongoing and planned humanitarian operations, in close connections with local NGO and local authorities that play a key role in delivering support on the ground, while requiring assistance in identifying and addressing specific needs of the people with disabilities.

## 2.2. UNPRPD added value

The UNPRPD flexible and fast funding is vital to support existing UN partnership on the ground, under the leadership of UNICEF as UNCT's disability inclusion focal agency, to ensure that urgent roll out of massive humanitarian response is inclusive, with full respect of the complexity of disability, while ensuring necessary quality assurance. Beyond immediate support to the humanitarian response, the UNPRDP funding will further strengthen opportunities for advancing CRPD implementation and disability inclusive SDGs in the upcoming recovery and reconstruction stage.

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<sup>2</sup> UN Women (2022). Rapid Gender Analysis of Ukraine: Secondary data review. Available at <https://www.unwomen.org/en/digital-library/publications/2022/04/rapid-gender-analysis-of-ukraine-secondary-data-review>



### 3. Overall programme results framework

Please fill in the table below based on the fix UNPRPD logframe.

Table 1. Results framework

<p><b>Outcome 1. Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs.</b></p> <p><i>Lack of understanding of the nature of "disability" leads to the fact that in Ukraine the medical model of disability continues to be used, and disability is equated often with indicators of health status. This does not remove existing external barriers, but only creates new barriers, stereotypes and segregation. Therefore, children and adults with disabilities and their families living in Ukraine consistently face isolation, neglect and poverty.</i></p> <p><i>In addition, Ukraine has a strong culture of institutionalization inherited from Soviet Union which creates several barriers to implementation of the CRPD and promotion of social inclusion of persons with disabilities. The majority of those barriers are first of all attitudinal. Moreover, there is limited understanding on the overall impact of institutional care on the wellbeing of children and adults.</i></p> <p><i>The reform of institutional care has been unfolding for more than two decades. However, it is very complex in nature as it falls under different ministers each engaged in its own reform processes highly influenced by the decentralization reform. Meanwhile, the legislation of Ukraine, which has been adopted or amended in the framework of decentralization, does not contain regulatory mechanisms regarding the distribution of responsibilities and budgets between different levels of government allowing to ensure development of inclusive services for children and adults with disabilities in local communities.</i></p> <p><i>Ukraine has quite a vibrant and active civil society with strong advocacy skills. However, the number of OPDs that are actively engaged in the national dialogue for shaping the national policy on disability inclusion are limited. Also, the majority of them have specific focus or are representing a specific group of persons with disabilities or only a specific geographic area. In some regions, women's or parents ODPs are active and well informed about the unique needs and rights of women and girls with disabilities or children with disabilities. Thus, it is of utmost importance to empower those organisations so that they are engaged in all processes of humanitarian needs assessment and response to the needs of the vulnerable groups among persons with disabilities to ensure that their needs are met and their rights are protected.</i></p> <p><i>All the above-mentioned challenges are even more evident during the humanitarian crisis where persons with disabilities are often excluded and forgotten. Moreover, there is already some anecdotal data that during the evacuation process of some of the residential care institutions, the national and local authorities faced serious challenges in moving out children and adults with disabilities living in residential care that were under the fire.</i></p>
<p><b>Output 1.1 Organisations of People with Disability (OPDs) are supported to systematically engage in the national humanitarian and development coordination mechanisms.</b></p>
<p><b>Indicators</b> please select indicators from <u>the UNPRPD menu of indicators (annex 1)</u> against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU</p>
<p>1.1.4.# of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities (type of activities<sup>3</sup>) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities.</p>
<p>Description:</p> <p>OPDs, including organizations of women with disabilities and ex-combatants with disabilities, will be trained together with other humanitarian partners so that to familiarize them with the humanitarian system architecture, the humanitarian programme cycle,</p>

<sup>3</sup> Organizational development (technical or financial support) specific training to participate in processes such as SA, CCA, UNSDCF etc



and international response processes and tools (such as coordinated needs assessments ,etc ). In addition, they will be introduced to the government coordination structures for emergency response so that they are encouraged to contribute to the needs assessment, monitoring, preparedness and response actions.

Moreover, participation of OPDs in humanitarian response will be facilitated to ensure that the humanitarian partners are aware of and consider the differentiated needs, risks and barriers faced by children, women and men with disabilities in accessing humanitarian aid and services, as well as contribute to introduction of inclusive approaches to address these barriers.

UN agencies will consult and actively involve persons with disabilities through the humanitarian response and operations, applying a “twin-track approach” to consultation: consulting persons with disabilities and OPDs about disability-specific issues, as well as mainstreaming issues which may affect persons with disabilities directly or indirectly

In addition, support will be rendered to the OPDs in elaborating joint advocacy messages for promotion of gender-sensitive and disability inclusive humanitarian assessment and response . Special attention will be given to children with disabilities in residential care institutions that were moved from conflict affected areas or those to be moved for ensuring g safety and protection of those children. Organizations of women with disabilities will be mobilised around strengthening women’s participation in planning and monitoring of humanitarian response and protection from GBV, including conflict-related sexual violence (CRSV). Moreover, OPDs will be engaged in promotion of gender-responsive disability inclusive mainstream services and access to specialized services in host communities.

The viewpoints of OPDs expressed in the consultations will be given due weight and will be reflected in the decisions adopted by UN agencies and other humanitarian actors. Agreements with OPDs will be made on share of the information in formats and spaces that persons with disabilities can access (e.g., local meetings or webinars).

Direct grants will be provided to a number of OPDs that are also service providers to ensure continuity of services, increase of advocacy, accessible information and communication services , etc.

**Baseline:** none of the OPDs is trained on humanitarian programme cycle, including response.

**Target:** at least 10 OPDs trained, including 4 organisations led by women with disabilities

**Means of verification:** Training agenda, presentations and reports

Responsible: UNICEF

**1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the UNPRPD programme.**

Description:

The programme will support a number of capacity building and awareness raising offline and online events on SRH and GBV needs, rights and service provision for people with disabilities, with special attention to women and girls, older women with disabilities:

- i. UNFPA will conduct 10 offline trainings for health workers providing inclusive SRH services for women and girls with different types of disabilities within 20 newly created inclusive SRH cabinets (proposed within this initiative) that will be established within existing health facilities in 10 target regions (2 facilities per region) that are hosting a large number of IDPs, including women and girls, women on the move and older persons.
- ii. UNFPA will conduct 2 online refresher trainings for existing GBV service providers that were established with UNFPA support on how to provide services to people with disabilities, with specific focus on women and girls with different types of disabilities.
- iii. UNFPA will conduct 10 online induction trainings on MISP and how to provide inclusive SRH and GBV services for OPDs, service providers, state social services, organizations - members of GBV sub-cluster, SRH working group, and MHPSS working group
- iv. Online awareness raising webinar for OPDs, service providers, state social services and other organizations on available SRH and GBV services, knowledge products, referral cards and MISP

UNDP, UNICEF and UN Women will support on-line trainings/workshops for the National Human Rights Institution and its regional network is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD, CEDAW, CRC and SDGs. The trainings will cover the following thematic areas 1. CRPD 2. Preconditions for disability inclusion 3 instruments for planning and implementation of UN development 4. Specific needs and challenges of



children, women and men with disabilities raised by the war. In addition, UNDP will support development of trainings for the national and regional authorities on reintegration and inclusion of ex-combatants with disabilities. UNDP will support development of training materials and organization of at least 8 trainings on national and regional levels.

**Baseline:**

- i. None of the new inclusive SRH health teams are trained on provision of SRH services to people with disabilities.
- ii. Previously established GBV service providers require refresher training on how to provide services to people with different types of disabilities
- iii. Targeted service OPDs, service providers, state social services, organizations - members of GBV sub-cluster, SRH working group, and MHPSS working group require induction trainings on the provision of inclusive SRH and GBV services to people with different types of disabilities
- iv. Lack of knowledge among OPDs, service providers, state social services and other stakeholders on (a) newly created and existing SRH services, existing GBV services and (b) informational products covering SRH and GBV service provision to people with disabilities
- v. No training materials on reintegration of ex-combatants with disabilities on regional level

**Target:**

- i. At least 12 teams of the newly created disability inclusive SRH cabinets are trained on provision of SRH services to people with disabilities.
- ii. At least 2 online refresher trainings for GBV service providers are conducted
- iii. At least 6 online induction trainings on SRH and GBV service provision are conducted
- iv. At least 1 awareness raising online webinar on newly established SRH services and knowledge products is conducted
- v. At least 8 training conducted on reintegration and inclusion of ex-combatants with disabilities developed with national-level authorities.
- vi. At least 3 training conducted on CRPD, preconditions for disability inclusion 3 instruments for planning and implementation of UN development, specific needs and challenges of PwD raised by the war.

Means of verification: Training agenda, presentations and reports, NHRI records

Responsible: UNFPA, UNDP, UN Women

**Output 1.2 Gender-responsive knowledge and communications products (inclusive communication, tools and guidelines for regional authorities, CSOs etc) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion in the humanitarian response.**

**Indicators please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU**

**1.2.1 # of knowledge products (disaggregated by type of product<sup>4</sup>/thematic focus<sup>5</sup>) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices**

<sup>4</sup> Tools, guidelines, protocols, reports

<sup>5</sup> COVID-19 response and recovery; Inclusive SDGs planning and monitoring; Climate change; Inclusive education; Early childhood development; Access to health; Access to Justice; Social protection; Employment; GBV & sexual and reproductive health; Statistics and data collection; CRPD monitoring (art 33); Intersectionality; Political participation; Disability assessment and referral services; Disability Policy and/or Law; Access to Information and ICTs; Deinstitutionalization; Legal Capacity; Independent living; Awareness raising; OPDs capacity building

**Description:**

Through expert support and in close cooperation with NHRI and OPDs (including support to their monitoring activities) UNDP and UNICEF will support development of relevant recommendations to address gaps in achieving the preconditions for disability inclusion. Those recommendations will be widely promoted among national duty-bearers and right holders. UNDP will coordinate wide promotion with NHRI's regional network in all oblasts where relevant activity can be implemented considering security reasons. As well information will be shared with the Free Legal System to reach as many right holders as possible.

Technical experts will assist in development of gender-responsive disability inclusion simple guides and checklists for territorial administration units, implementing partners and development partners. This is to ensure that authorities are aware of disability inclusive humanitarian response and planning processes and promote participation of persons with disabilities in planning and decision making at local level.

To address stigma and discrimination against internally displaced persons with disabilities or families with children with disabilities it is important to elaborate and disseminate a number of knowledge products promoting inclusive practices. Also, communication messages will be developed together with authorities in target regions, including information on existing humanitarian services for persons with disabilities and families of children and adolescents with disabilities in host communities; access to humanitarian aid or to GBV/SEA services and complaint mechanisms, etc.

The knowledge products will include positive images of children, men and women with disabilities to help transform attitudes towards persons with disabilities and reduce stigma and discrimination.

UN agencies will support the authorities in targeted host communities in producing inclusive communication materials to ensure equal access for persons with disabilities to information and to humanitarian aid.

In addition, the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action will be translated and disseminated among humanitarian actors and stakeholders for provision of further guidance on how to consult persons with disabilities in humanitarian contexts.

**Baseline:**

- No inclusive knowledge products on humanitarian response and aid
- No reports for local authorities on inclusive practices (UNDP)

**Target:**

- at least 6 knowledge products (inclusive of online and offline materials, short video, etc.)
- at least two reports and one guidance for local authorities to be developed (UNDP)

**Means of verification:** Reports, materials developed, open sources, CSO's reports

**Responsible:** UNICEF, UNDP, UN Women

**1.2.2 # of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)**

**Description:**

UNFPA jointly with technical experts will work on raising awareness, informing and educating PWD as well as OPDs, SRH and GBV service providers, state social services and other stakeholders on reproductive rights, sexuality, relationships, family planning, SRH and SRH care, protection from abuse and discrimination, ways and instruments to claim rights:

- I. UNFPA will engage with technical experts who will assist in the development and design of the informational materials for OPDs, for other existing services, and for state social services which will focus on providing information for women and girls with disabilities on where to access relevant SRH and GBV services
- II. UNFPA will engage with technical experts who will assist in the development and design of the informational materials for people with disabilities providing information for women and girls with disabilities on where to access relevant SRH and GBV services

UN Women and UNDP in partnership with the Secretariat of Parliament Commissioner on Human Right and OPDs will develop informational materials on monitoring the rights and addressing the needs of persons with disabilities with specific focus on women with disabilities in humanitarian response in line with Ukraine's normative commitments under the CEDAW and CRDP.



<b>Baseline:</b> no inclusive knowledge products on humanitarian response and aid
<b>Target:</b> i. informational materials for OPDs, service providers, and other stakeholders on SRH and GBV matters are developed and accessible ii. informational materials for people with disabilities covering GBV and SRH matters are developed and accessible iii. informational materials on monitoring the rights and addressing the needs of women with disabilities in humanitarian response
<b>Means of verification:</b> Project reports, materials developed
<b>Responsible:</b> UNFPA, UNDP, UN Women
<b>Outcome 2. Gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs are addressed.</b>
<i>Please describe how the project will contribute to outcome 1 of the UNPRPD results framework.</i>
<b>Output 2.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN humanitarian and development activities at the country level through joint needs assessment, focusing on most vulnerable and isolated people (women and men).</b>
<i>Indicators please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate</i>
<b>1.3.1 # of UNPRPD Situational Analysis through multistakeholder approach</b>
<b>Description</b>  Where data are unavailable, UN agencies and humanitarian stakeholders, in partnership with OPDs, will collect data on sex, age and disability using a variety of tools tested in humanitarian contexts. When Multi-Sector Needs Assessment (MSNA) will analyse the severity of a population's needs, the impact of a situation on persons with disabilities and their families will be in focus. However, having in mind the limitations in access and lack of robust quantitative data, in some cases estimations will be made to address the needs based on assumption that 15 per cent of an affected population has a disability.  To monitor inclusion, data on barriers and on the requirements of persons with disabilities that are essential, joint needs assessments will be carried out with focus on collective shelters and host communities with high number of IDPs Humanitarian data will be disaggregated on disability to ensure that humanitarian action planning, implementation and monitoring are accessible to and include persons with disabilities. Additionally, data and information on risks and barriers faced by persons with disabilities will be collected and analysed. This will strengthen humanitarian stakeholders' understanding of the barriers to inclusion, which in turn will enable them to remove them effectively and adopt measures to promote inclusion. Specific attention will be given to data on children, women and girls with disabilities and those in closed residential care institutions with limited access to services.  Disaggregating data by sex, age and disability will make it possible to develop appropriate indicators and use them to monitor the inclusion of persons with disabilities in all phases of humanitarian action in response to the ongoing conflict in Ukraine.  In addition, information on services that include and target persons with disabilities in humanitarian contexts will be collected through modification of operational management tools such as the standard 5W s used by protection, health and education clusters and relevant sub-clusters.
<b>Baseline:</b> The 2022 HNO (developed prior to the current conflict) includes some data on persons with disabilities in eastern Ukraine as the most vulnerable and excluded community.
<b>Target:</b> disability inclusive HNO and HRP
<b>Means of verification:</b> UN reports, humanitarian documents
<b>Responsible:</b> UNDP and UNICEF with support from OCHA and UNHCR
<b>Output 2.2 – Multi stakeholder participation and contribution to the design, reform, and implementation of disability inclusive laws policies and systems is enhanced with focus on humanitarian response</b>
Indicator: 2.2.3 # stakeholders involved in consultation and validation processes (disaggregation by stakeholder (GOV/UN/OPDs/other)
<u>Description</u>



Collecting data on persons with disabilities is also an obligation of the Ukrainian government on the Rights of Persons with Disabilities (CRPD). Therefore, through this project, UN agencies will engage key stakeholders in consultations, design and validation process. The key stakeholders to be consulted will be:

1. The Secretariat of Parliamentary Commissioner on Human Rights
2. Ombudswoman for the Rights of Persons with Disabilities
3. Advisor of the President on Barrier Free Society, Lomakina Tetiana
4. The Ministry of Social Policy
5. 4 target regional state administrations
6. 6 regional-level associations of persons with disabilities
7. 10 OPD, including 4 OPD led by women

Six UN Agencies (UNDP, UNICEF, UNFPA, UN Women - as participating agencies, OCHA, UNHCR) will contribute to the project. Engagement of regional-level associations of persons with disabilities is crucial for ensuring that the humanitarian response and validation process is adequate and in line with the regional specifics. UNDP will be engaging partner OPDs from the target regions in consultations and validation processes.

**Baseline:** 0 regional OPDs are involved in validation process

**Target:** at least 6 regional OPDs are involved in validation process

**Means of verification:** lists of participants, reports

**Responsible:** UNDP

**Output 2.2 Gender-responsive disability inclusion is strengthened through mapping and dissemination of information about services available for People with disability in humanitarian action, especially in the forced displacement.**

*Indicators please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate*

**2.1.1.1.** # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversite/monitoring systems, 11) financing and budgeting or 12) other (please explain)

**Description 1:**

Service providers should be able meet the demand from PWD for good quality accessible SRH services. The following elements of service quality will be tackled by the proposed project: physical accessibility and convenience of service facilities, availability of equipment and tools necessary to provide general and specialized care for PWD.

**Baseline:** No SRH cabinets are equipped to provide quality services to people with disabilities, specifically women and girls with different types of disabilities, including older women with mobility disability in 6 target regions

**Target:** 12 disability inclusive SRH cabinets are established within 12 health facilities in 6 target regions

**Means of verification:** Project reports, monitoring visits

**Responsible:** UNFPA

**Description 2:**

in close cooperation with CSOs and NRRI through expert support conduct gender-responsive needs assessment of women and men with disabilities during evacuation / relocation and in evacuation sites. Results of the monitoring shall include concrete recommendations to the national and local authorities and will be widely disseminated through NHRI's regional network. In frame of the assessment regulatory framework and technical readiness to conduct evacuation and relocation will be assessed and addressed.

**Baseline:** 0 gender-responsive assessments of needs of PwD in context of evacuation and relocation needs

**Target:** At least one gender-responsive needs assessments of PwD in context of evacuation and relocation needs

**Means of verification:** NHRI's and SCOs' reports, open sources.



<b>Responsible:</b> UNDP, UN Women
<p><b>Description 3:</b> Accessibility assessment of shelters for IDPs and transit points in the target oblasts will be conducted to identify the needs, provide recommendations to the regional and local authorities on accessible accommodation for persons with disabilities. Accessible accommodation at existing shelters or rehabilitation centers will be created for at least 100 people with disabilities.</p> <p><b>Baseline:</b> approximately 250 accessible spaces for accommodation in the target oblasts for IDPs with disabilities (exact number will be identified during the assessment)</p> <p><b>Target:</b> over 350 accessible spaces for accommodation in the target oblasts for IDPs with disabilities</p> <p><b>Means of verification:</b> monitoring visits</p> <p><b>Responsible:</b> UNDP</p>
<b>Outcome 3. National development and humanitarian plans, budgets, programs and monitoring processes are disability inclusive.</b>
<i>Please describe how the project will contribute to outcome 1 of the UNPRPD results framework. (200 words)</i>
<b>Output 3.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN development activities at the country level including in humanitarian settings.</b>
<i>Indicators please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate</i>
<b>3.1.4. # Humanitarian Response Plans (HRPs) and Humanitarian Needs Overviews (HNOs) addressing persons with disability needs and rights.</b>
<p><b>Description:</b> Through implementation of the project, UN agencies will encourage government officials and humanitarian stakeholders to learn about disability, change and review their plans and programmes, review the budget and adopt processes that will strengthen the protection and assistance available to persons with disabilities during crises. This will ensure that both humanitarian and recovery programmes, as well as the HRPs and HNOs are disability inclusive.</p> <p>UN Women will lead gender mainstreaming of HRPs and HNO and ensure that the rights and needs of women with disabilities are reflected and addressed accordingly.</p>
<b>Baseline:</b> No gender-specific HRP and HNOs
<b>Target:</b> 1 gender and disability-inclusive HRP and 1 HNO developed
<b>Means of verification:</b> HCT in Ukraine report
<b>Responsible:</b> UN RCO, UN Women



## 4. Outcomes strategy

### 4.1 Theory of change

The Ukraine Flash Appeal and Humanitarian Response Plan acknowledge that particular attention should be paid to age, gender and disability considerations in needs assessment and humanitarian response, also well as specific attention should be paid to the protection of persons with disability and older persons. At the same time across tense emergency situation, where humanitarian access is limited and information collection is challenging, involved actors, including local authorities and NGOs/OPD playing key role in actual delivery of the response, may have a lack of quick assessment and analysis tools, as well as targeted information, advocacy, planning and programming tools, as well as critical assistive equipment and supplies to ensure efficient support and protection of people with disabilities. Leveraging the collective expertise of the UNPPRD agencies, along with close collaboration with the humanitarian actors and donor community, the programme can quickly equip stakeholders with necessary information and tools, ensuring meaningful participation of OPD and women organisations in humanitarian response.

Key entry points for change are: rapid and simplified capacity building adopted to humanitarian emergency as well as building coalition of competent and empowered stakeholders with meaningful decision-making capacities to shape and implement gender-responsive and disability inclusive humanitarian action.

Another significant entry point for the programme is active involvement of volunteerism and community volunteers, that have gained significant importance for organization and delivery of humanitarian response in Ukraine.

The Theory of change is based on the following critical elements: ensuring families of children with disabilities, women and men with disability are included in all phases of humanitarian response and further early recovery, by promoting meaningful participation in planning, implementation and monitoring of humanitarian programmes in Ukraine, identify and remove barriers preventing access of persons with disabilities on the local level and especially in major IDP hubs in Western Ukraine as well in large institutions, and finally collecting and disaggregating data to monitor differentiated needs and inclusion in humanitarian response.

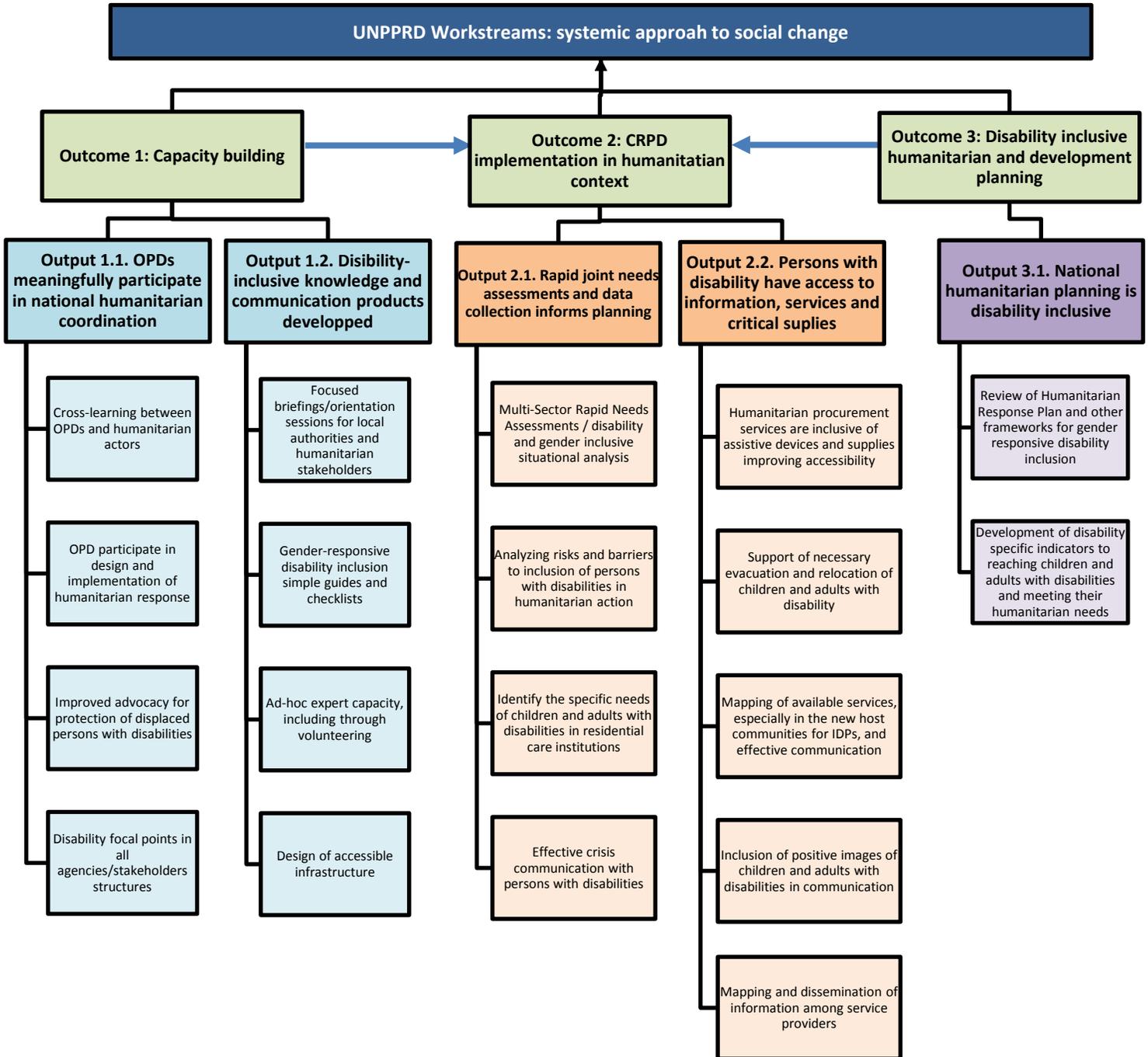
In this way, if capacities of national humanitarian stakeholders are enhanced so they develop awareness of complex needs of persons of disabilities, if disability inclusion is informed and strengthened through rapid joint needs assessments, while stakeholders are equipped with simple and powerful inclusion and communication tools and products, including where necessary assisted in removing direct barriers through provision of critical assistance equipment and other relevant supplies, then persons with disabilities will be indeed receive necessary support and protection throughout humanitarian action, and OPD will meaningfully take part in decision making process within and beyond humanitarian response phase.

Key assumptions underpinning the theory of change:

- Humanitarian access is ensured and not interrupted by increased military aggression;
- OPD and NGOs remain functional despite significant displacement;
- Financial, banking and communication systems remain operational.



## 4.2 Result Chains





### 4.3 Geographic scope

The programme in its regulatory components will cover the whole territory of Ukraine.

In terms of Outcome 2 – implementation of CRPD in humanitarian context – the programme will primary target Western regions of Ukraine, where more access and security is objectively available, and with significant influx of IDPs and large assembly of people require urgent support. In particular, regions of Vinnytsya, Ivano-Frankivsk, Lviv, Chernivtsi will be in the focus, as well as cities where large institutions exist.

### 4.4. Sustainability

The programme first of all seek to respond to urgent humanitarian needs and accompany humanitarian response. At the same time, normative, capacity-building as well as planning elements with significantly improve sustainability of the programme results and ensure their transition into early recovery and reconstruction phase, where local and regional authorities, as well as humanitarian stakeholders will already be sensitised and empowered to protect the rights of persons with disabilities, including children, women and men, and design policies accordingly.

### 4.5 Innovation

The programme will seek to implement agile approach to capacity-building elements, in a highly fluid context where traditional training avenues are unrealistic due to time pressure and actual hard humanitarian needs.

Another innovative element of the programme will rely on volunteering modalities in partnership with UN Volunteers, in particular the Community UNV modality that is especially relevant for humanitarian response actions. Considering current role and wide network of the volunteers and volunteerism in planning, collecting and providing humanitarian assistance, this partnership is critical for successful implementation, as it can provide direct access to data, information and capacities in local communities where traditional access may be restricted due to security reasons.

Finally, the implementation of the programme will build on pre-war momentum of the national Barrier-Free strategy adopted in 2021, with pilot regional and hromadas having already received necessary training and instruments that could be rolled out to other regions.

### 4.6 Complementarity with other ongoing initiatives.

As the development arm of the United Nations, UNDP supports strategic capacity development initiatives to promote inclusive growth and sustainable human development. Based on its longstanding, trusted partnership with the Government of Ukraine, UNDP has been working in all 24 oblasts (administrative districts) of Ukraine with more than 332 municipalities, 15 civil society organizations hubs, and more than 17 business membership associations across the country. As regards the disability inclusion, we have strategic partnership with all key national stakeholders, including the Ministry of Social Policy which is the key relevant government body, organisations of people with disabilities, and has established the network of Community Security and Social Cohesion Working groups as an instrument for inclusive and participatory mechanism of dialogue in the communities (hromadas).

In 2021, UNDP supported the Government of Ukraine in the development of the National Strategy on Barrier-Free Environment in Ukraine, through which a nation-wide network of contacts has been built on various issues of disability inclusion and accessibility, and continue working together with the Advisor-Commissioner of the President of Ukraine on Barrier-Free Approach on operationalization of the strategy in the regions and communities, so under this JP UNDP will leverage those well-established partnerships and the national and subnational levels to achieve the Programme objectives. For many years, UNDP has worked to mainstream policies and services for people with disabilities in Ukraine. In 2012-2015, UNDP together with WHO, ILO and UNICEF, worked in partnership with the Ministry of Social Policy and National Assembly of People with Disabilities to promote the inclusion and participation of people with disabilities by developing and applying universal design standards for products, environments, programmes and services to be usable by all people to the greatest extent possible. In 2017-2019 UNDP with WHO and ILO worked on promoting accessibility and Universal Design standards



and addressing existing barriers that prevent or limit equal access for persons with disabilities to services and facilities intended for the general public and fosters that the human rights of persons with disabilities for healthcare, education, employment, public services and social realization are fully exercised on a daily basis. Throughout 2019-2022, UNDP implemented a variety of projects on disability inclusion focusing on creation of favourable policies for people with disabilities at all levels, creation of employment opportunities for people with disabilities, promotion of digital accessibility, promotion of rights of people with disabilities through international human rights reporting mechanisms, raising public awareness on their rights, and providing hands-on support through OPDs.

In addition, under UN RPP UNDP has been actively promoting the inclusion of OPDs in the decision-making processes on the regional level in the government-controlled areas of Donetsk and Luhansk oblasts. With the help of UN RPP, Luhansk Association of Organizations of Persons with Disabilities was formed and became a significant actor in the region for promoting rights of persons with disabilities.

UNICEF Ukraine has a long history of contribution to promotion of the social model of disability in Ukraine. In the past few years, UNICEF facilitated the development and endorsement of the National Concept and an Action Plan on Early Intervention. In line with the Government Strategy for Creating a Barrier-Free Environment approved in April 2021, UNICEF provided technical expertise to MoES to develop the national strategy on inclusive education 2022-2032, advocating for adherence to the UN Convention of the Rights of Persons with Disabilities, International Classification of Functioning (ICF), and application of the bio-psychosocial model of disability. In addition, UNICEF is supporting the government of Ukraine in implementation of the national de-institutionalization reform for children, with specific focus on young children and children with disabilities. Moreover, in the past few years, UNICEF introduced several models of disability inclusive integrated social services in eastern Ukraine, as well as developed guidelines for community leaders for improved case management, budgeting, design and planning of disability inclusive and accessible integrated social services.

For the past eight years, UNFPA has had strong working relations with health authorities, especially along the contact line of Luhansk and Donetsk oblasts and two partners running SRH mobile teams, as well as organizations managing Gender-Based Violence in Emergencies (GBViE) response, risk mitigation and prevention programmes, with a particular focus on response services and information. Prior to the escalation of hostilities, UNFPA operated across 22 out of 24 oblasts (administrative units), including eastern Ukraine (Donetsk and Luhansk Government-Controlled Areas, GCA), and worked with over 25 implementing partners from government/local authorities, civil society, private sector companies, etc, mostly at district and municipality level.

Advocating for the rights of women with disabilities (WwD) is one of the priority issues of UN Women's partnership with the government counterparts and CSOs. UN Women cooperates with the National Gender Mechanism, the National Parliament, the Ombudsperson Office, the Ministry of Communities and Territorial Development, regional and local administrations on the implementation of Ukraine's commitments to the rights of women with disabilities under the CEDAW and the CRPD. Multiple discrimination against women with disabilities is being reflected in UN Women analytical reports<sup>6</sup>, including rapid gender analyses<sup>7</sup> of crises in Ukraine. UN Women has a long-term partnership experience with the National Assembly of People with Disabilities (NAPwD) on advocating for the rights of women with disabilities based on data and developing methodological tools for addressing their needs<sup>8</sup>. UN Women supported the empowerment of WwD to successfully advocate with local authorities for the elimination of barriers to public services through the implementation

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<sup>6</sup> UN Women (2019). Human Rights of Women and Girls with Disabilities: Brief Guide to the Intersectional Approach through the Implementation of CEDAW and CRPD in Ukraine. Available from <https://eca.unwomen.org/en/digital-library/publications/2019/06/ukraine-human-rights-of-women-and-girls-with-disabilities>

<sup>7</sup> UN Women (2020). Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine. Available from <https://eca.unwomen.org/en/digital-library/publications/2020/05/rapid-gender-assessment-of-the-situation-and-needs-of-women>

UN Women (2022). Rapid Gender Analysis of Ukraine: Secondary data review. Available at <https://www.unwomen.org/en/digital-library/publications/2022/04/rapid-gender-analysis-of-ukraine-secondary-data-review>

<sup>8</sup> UN Women (2018). Gender Accessibility Toolkit. Available from <https://eca.unwomen.org/en/digital-library/publications/2019/04/gender-accessibility-audit-toolkit>



of key recommendations of the Gender Accessibility Audit (GAA) of public facilities in 5 target regions. In order to address the impact of the war on women with disabilities, UN Women provided funding to the NAPwD from Women and Peace Humanitarian Fund for the following activities: 1) Establishment of Women Crisis Centers (6 centers) to provide immediate humanitarian support to WwD. This will also entail transportation services, delivery of medication and food, communication services (sign language, communication with women with visual and hearing impediments, etc.). The activities of the project will be carried out in close coordination with the government bodies at all levels to ensure that the specific needs of women and girls with disabilities are included in the emergency response. 2) Facilitate access to information and legal and psychological support to women and girls with disabilities affected by the war. This will be provided through the NAPD network of civil society organizations (at least 20 CSOs). The project will facilitate platforms for dialogue between governmental bodies, women’s activists, and women’s rights defenders to ensure that their voices are heard.

## 5. Cross cutting approaches

### 5.1 Equality between men and women.

The project ensures consideration of differences in the barrier faced by men and women with disabilities through the implementation of UN normative documents on the rights of women facing multiple forms of discrimination and the participation of UN Women and UNFPA in the project implementation. UN Women, guided by its normative and coordination mandate, will facilitate addressing the multiple discrimination faced by women with disabilities in the project implementation, in line with the CEDAW, CEDAW Committee General Recommendation #18, and CRPD. UN Women developed several knowledge products assessing the needs of WwD in Ukraine in crises, including gender assessment of the COVID-19 and the Rapid Gender Analysis of Ukraine in the war context.

The project will apply a gender mainstreaming approach to planning, implementation, and monitoring of humanitarian response provided by the Inter-Agency Standing Committee (IASC) Reference Group on Gender and Humanitarian Action<sup>9</sup> (2018). Based on the IASC guidance on gender-responsive humanitarian assistance<sup>10</sup>, UN Women will provide experts and coordination support to RUNOs on mainstreaming gender equality and empowerment of women with disabilities in the project outputs' implementation. The project will collect and analyse sex and age-disaggregated data to address the differentiated needs of women, men, girls, and boys with disabilities in HRP and HNO; support the provision of gender-responsive services and humanitarian assistance; support the empowerment of women with disabilities to participate in decision making on humanitarian response in pilot communities. The project will specifically address the vulnerability of WwD to GBV and CRSV by raising awareness of stakeholders and protection services provision.

### 5.2 Full and effective participation of persons with disabilities.

Representation of people with disabilities in the project governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle will be ensured by the participation of the National NGO “National Assembly of

<sup>9</sup> IASC Standing Group on Gender and Humanitarian Action. Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2017). Available from <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf>

<sup>10</sup> IASC (2018). The Gender Handbook for Humanitarian Action. Available from [https://interagencystandingcommittee.org/system/files/2018-iasc\\_gender\\_handbook\\_for\\_humanitarian\\_action\\_eng\\_0.pdf](https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf)



Persons with Disabilities” in the steering committee of the joint programme and meaningful consultation with organizations of people with disabilities through the whole programme cycle.

National NGO “National Assembly of Persons with Disabilities”, established in 2001 with the purpose to promote and protect rights of people with disabilities, unites over 100 non-for-profit organizations from all regions of Ukraine working with people with disabilities. The Assembly works at national, regional and local levels focusing on the following areas:

- Monitoring of Ukraine’s national and international commitments and obligations on implementations of rights of people with disabilities;
- Promoting inclusion and accessibility;
- Advocacy and awareness raising to promote rights of people of disabilities, combat stereotypes and advocate for participation in decision-making, social life, access to services and education;
- Policy work.

Organizations of people with disabilities will be consulted in through needs assessments, development of the programme proposal and workplans as well as participate in the evaluation of the programme results. UN country team in Ukraine has an existing formal partnerships with the following organizations of people with disabilities: NGO “National Assembly of Persons with Disabilities” (120 OPDs), Ukrainian Society of the Deaf, Association for the Protection of Rights and Assistance to Persons with Disabilities “Open Hearts,” Zhytomyr Oblast Organization “Youth. Woman. Family,” Lviv Oblast Organization “Rehabilitation of Persons with Disabilities,” Chernivtsi Oblast Organization of Persons with Disabilities “Leader,” Ukrainian NGO of persons with disabilities patients of mental healthcare “User,” Foundation “Protection of the Rights of the Child,” Ukrainian Helsinki Human Rights Union – on development of alternative report on CRPD ; “Social Synergy” CSO of parents of children with disabilities on inclusive education and non-discrimination.

Activities under the Joint Programme Outcome 1 *“Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies.”* will contribute directly to strengthen the capacity of organizations of persons with disabilities and support their systematically engagement in the national humanitarian and development coordination mechanisms. Some suggested activities include: promotion of meaningful diverse participation of OPD in the design and implementation of Ukraine Humanitarian Response Plan, disability inclusive humanitarian-development nexus plan, implementation of Ukraine Flash Appeal 2022; promotion of cross-learning between OPDs and humanitarian actors, providing OPD expertise to humanitarian actors, e.g. by disability inclusion screening of the ongoing or new humanitarian response actions and development of recommendations for inclusion of disability in their logical frameworks; assessing and mapping of resources and expertise on children and adults with disabilities; establishment of a disability focal point, focal agency or task force to represent disability issues in humanitarian coordination mechanisms, e.g. in existing clusters and humanitarian working groups; improvement of advocacy for protection of displaced persons with disabilities (women and men), including through ongoing cooperation with the local and regional authorities implementing emergency response, Government Commissioner on Disability Inclusion, President’s Advisor-Commissioner on Barrier-Free Environment and other relevant actors.

### 5.3 Full and effective participation of most marginalized groups.

The programme will directly engage underrepresented groups (women and children with disabilities, PwD in institutions, persons with mental health disorders etc) in the project implementation and M&E through partnership and grants to OPD representing the most marginalised PwD, through participation of the NAPwD in the Project Steering Committee, through Protection and Health Clusters work.

The intensity of the armed violence in Ukraine is having a severe humanitarian impact on the population. As a result of insecurity, people are fleeing from their homes in high-risk and the most-exposed areas in search of safety, many of whom were already displaced multiple times by previous fighting. Particularly vulnerable groups include older persons and persons with disabilities, who may be unable to flee or may stay in the impacted areas, resulting in risks to their lives, struggles to meet daily needs and challenges in accessing humanitarian assistance. Women and girls, already susceptible



to various forms of gender-based violence, particularly transactional sex, survival sex and sexual exploitation and abuse, will be even further at risk of gender-based violence, including conflict related sexual violence. With the scale and direction of the ongoing military operation, 18 million people are projected to become affected, including up to 6.7 million people projected to be newly internally displaced. Of the affected population, 12 million people are expected to need humanitarian assistance.

UN entities and UNCTs will strive to reach out to and support the consultation with and participation of persons with disabilities from marginalized and underrepresented groups, including women with disabilities and parents of children with disabilities on each context and decision level. The identification of such groups should be carried out collaboratively, leveraging particularly the expertise of national and regional OPDs on how to identify and reach out to under-represented groups. Their participation will ensure accountability, as well as greater relevance, efficiency and improved outcomes of humanitarian interventions for them and their communities. Since the experience of disability is not homogenous, voices of particularly those from underrepresented groups (e.g. those in residential care institutions) will be heard.

In addition to note, the following underrepresented groups experiencing significant barriers to accessing mainstream services will be considered :

- People with difficulty with mobility
- People with difficulty with hearing
- People with difficulty with cognition
- People with difficulty with communication
- People with difficulty with self-care
- People with difficulty with seeing

Participation of persons underrepresented groups of persons with disabilities in the project governance as well as in the planning, implementation, monitoring and evaluation phases of the project cycle will be ensured by consultations with representatives of the most marginalized groups throughout the programme development, implementation and evaluation.

## 6. Governance and management arrangements

### Steering Committee

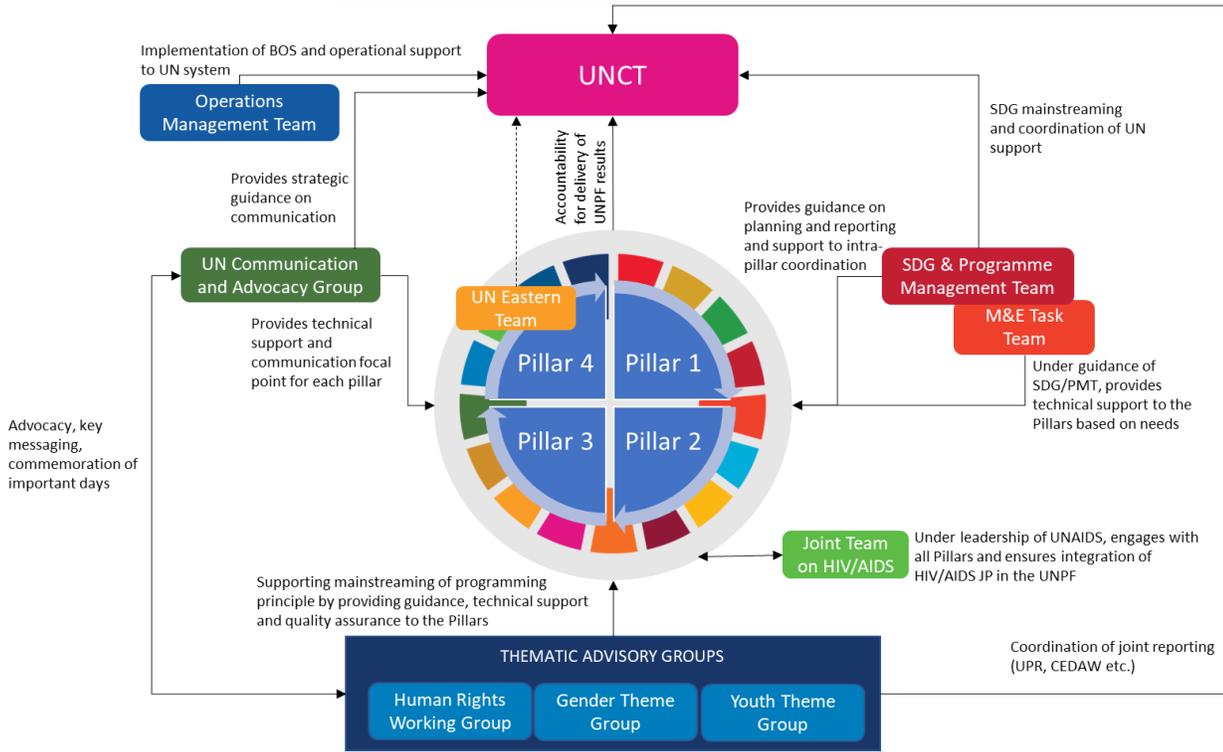
A Steering Committee will ensure strategic direction, oversight and decision-making authority for the joint UNPRPD Programme. The Steering Committee will review the progress of implementation, approve and adjust the programme's work plans as necessary (work plan, risk management plan, communications plan), ensure quality assurance and validate reporting.

The Steering committee will be co-chaired by the UN Resident Coordinator/Humanitarian Coordinator (RC/HC) and a high-level representative of the Government of Ukraine / Minister of Social Policy.

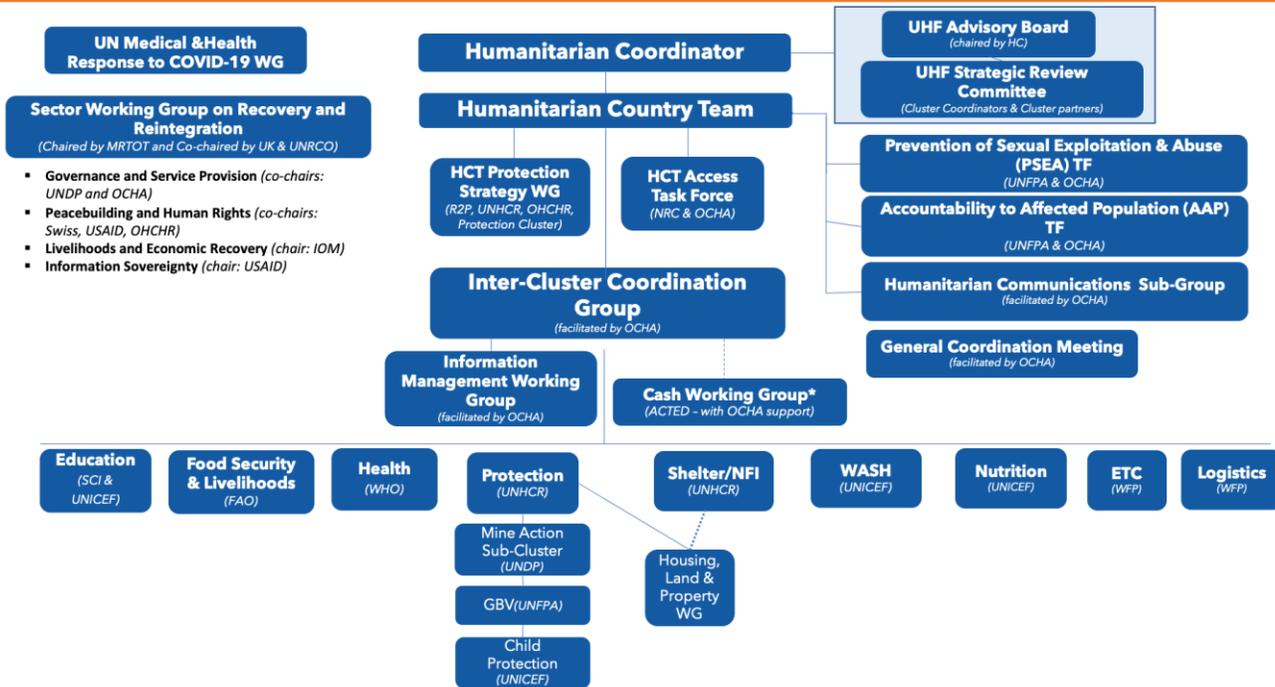
The Steering Committee will be further composed of the relevant representatives of the government, civil society (National Assembly of People with Disabilities) and Implementing agencies (UNICEF, UNDP, UNFPA and UN Women), together with other UNCT agencies and HCT members, in particular OCHA and UNHCR as observers.

In order to avoid duplication of coordination structures, the Steering Committee will be convened three times at (1) the initiation of the programme, (2) mid-term review, and (3) after the final programme evaluation as the special extended meeting of the UNCT with invitation of relevant government, and civil society counterparts.

In this way the Steering Committee as part of the regular UNCT/HCT coordination will be fully integrated into the existing UN country management and coordination mechanism. Please refer to the figure below for current coordination set up.



### Humanitarian Coordination Architecture





## **Roles and responsibilities**

Under the general direction of the Steering Committee, the participating UN agencies will ensure day-to-day management of the programme and assume responsibilities for achievement of the results.

### **RCO**

RCO will provide secretarial support for the Steering Committee. The RCO will further coordinate the communication on the Joint Programme under the UN Communication and Advocacy group.

Furthermore, RCO will ensure coordination with the regional and global expertise, including the involvement of the non-resident agencies.

### **UNICEF**

UNICEF will act as Co- Convening/Co-Lead Agent for the Joint Programme, leading on Outcome 1 and co-leading on Outcome 3 with UNDP.

UNICEF will provide technical guidance and support to national and local stakeholders to ensure that the rights of children with disabilities, especially those living in residential care institutions are considered in humanitarian needs assessments and response plans.

Also, UNICEF will partner with organisations of Parents of children with disabilities (Parents for Early Intervention) in order to empower them for participation in local planning and budgeting of inclusive services, as well in planning , monitoring and reporting on inclusive humanitarian response.

In addition, UNICEF will support to the implementation of the Joint Programme with other complementary funds and projects ensuring equal access to services and to assistive devices for IDP children with disabilities, child and caregiver victims of landmines and ERW, as well as psycho-social support to children with disabilities in residential care and other alternative childcare forms such as small group homes and foster care.

### **UNDP**

UNDP will act as Co- Convening/Co-Lead Agent for the Joint Programme, leading on Outcome 2 and co-leading on Outcome 3 with UNICEF.

UNDP will provide policy advise and technical support on disability inclusion to the key relevant national and local stakeholders with special focus on the target oblasts in the western part of Ukraine. It will partner with the Ombudsperson's Office, Advisor-Commissioner to the President of Ukraine on Barrier-Free Environment, Government Commissioner on Disability Inclusion, CSOs, in particular with Luhansk Association of Organisations of Persons with Disabilities, and other relevant partners to promote disability inclusion in humanitarian response.

UNDP will provide technical support and guidance on strengthening capacities of national and local authorities to implement inclusive e-participation mechanisms on regional level to empower and ensure gender-sensitive participation of people with disabilities in the decision-making processes. UNDP will also support national and local authorities in designing gender-responsive disability inclusive humanitarian and crisis response and ensure accessible information on the availability of services or during the provision of services.

In cooperation with Luhansk Association of Organizations of Persons with Disabilities, currently based in Lviv, UNDP will coordinate delivery of humanitarian aid to Donetsk, Luhansk and Kharkiv oblasts and distribution with the help of volunteer networks through sub-granting. UNDP will contribute to monitoring of transit hubs in central and western oblasts of Ukraine to identify their accessibility to persons with disabilities and will provide expertise and assistance in making them more accessible. Also, UNDP in the framework of its work within UN RPP's - reintegration of veterans, can also engage veterans with war-related disabilities, to the implementation of the programme.



## **UN WOMEN**

UN Women will provide technical and coordination support to key stakeholders on mainstreaming fulfillment of the rights and the needs of women with disabilities in humanitarian needs assessments and response plans based on data and analysis. UN Women will provide analytical findings and recommendations on addressing the humanitarian needs of women with disabilities based on the findings of the Rapid Gender Analysis and consultations with the National Assembly of People with disabilities and organizations of women with disabilities. UN Women will support the mobilisation of women with disabilities by strengthening their participation in planning, monitoring and evaluation of humanitarian response and service provision through the engagement of the organizations of women with disabilities. It will include gender mapping of available services, especially in the new host communities for IDPs, conducting the communication campaign on the needs of women with disabilities, their access to services. UN Women will support the implementation of the Joint Programme with complementary activities on addressing the needs of women with disabilities in a war context funded by the Women and Peace Humanitarian Fund.

## **UNFPA**

UNFPA has a leading role in both areas of GBV and SRH, including through co-chairing of the GBV Sub-Cluster, and the SRH Working Group and a leading role in IDP settings on GBV. UNFPA has extensive experience in capacitation of local SRH and GBV service providers on how to provide care to people with different types of disabilities which is especially critical for health providers. UNFPA co-chairs the Accountability to Affected Population WG which includes PSEA and includes a keen focus on disability. UNFPA has a focus and longstanding history of inclusive procurement which is essential for humanitarian settings. Finally, through our strong network of municipalities and regional authorities, UNFPA will support the implementation of the Joint Programme with advocacy and capacity-building activities to ensure women and girls have equal access to SRH and GBV services.

UNFPA is also ensuring inclusive access to SRH and GBV services with special focus on women and girls within other humanitarian response interventions.

## **UN COMMUNICATION AND ADVOCACY GROUP**

Considering significant communication component of the programme, UNCAG will be closely involved in the design and dissemination of relevant communication materials targeting persons with disabilities.

## **7. Monitoring and Evaluation**

Reporting on the Joint Program on mainstreaming disability in humanitarian response will be results-oriented, and evidence based. Each PUNO will provide the Convening/Co-Lead Agents with the following narrative report prepared in accordance with instructions and templates developed by UN PRPD MPTF:

- Considering the limited timeframe of the programme, only the Final consolidated narrative report, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

The Convening/Co-Lead Agents will compile the narrative reports of PUNOs per Outcome of their responsibility and submit a consolidated report to the UN PRPD MPTF.

Additional insights (such as communication materials, manuals, guidance, check-lists, case studies, infographics, blogs, etc) might need to be provided, per request of the UN PRPD MPTF.



Considering the limited timeframe of the programme and the war context, it is proposed that the Joint programme will not allocate programme resources for monitoring and evaluation in the budget. Monitoring and evaluation will be ensured in line with PUNOs internal standards and procedures.

PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the UN PRPD MPTF, in the reporting done.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- A final financial report, after the completion of the activities financed by the UN PRPD MPTF and including the final year of the activities, to be provided no later than three month after the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of UN PRPD MPTF.

*OPTIONAL (to be decided by the Steering Committee if necessary):* After competition of a joint programme, a final, external independent and gender-responsive evaluation will be organized by the Resident Coordinator/Humanitarian Coordinator. The cost needs to be budgeted, and in case there are no remaining funds at the end of the joint programme, it will be the responsibility of PUNOs to pay for the final, independent evaluation from their own resources.

The joint programme may be subjected to a joint final independent evaluation. It will be managed jointly by PUNOs as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of PUNOs to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

## 8. Risk Management

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

Table 6 Risks Management Strategy

<b>Type of risk* (contextual programmatic, institutional)</b>	<b>Risk</b>	<b>Likelihood (L, M, H)</b>	<b>Impact on result</b>	<b>Mitigation strategies</b>	<b>Risk treatment owners</b>
Contextual	Increased hostilities preventing humanitarian access	H	This risk can result in delaying some activities but only expect to raise the relevance of the interventions	Continuous monitoring of war dynamics, monthly review of critical activities and their implementation plan	PUNOs
Contextual	Lack of incentives by local stakeholder to	M	High impact on effectiveness of key	Active advocacy through humanitarian and development assistance	PUNOs



<b>Type of risk* (contextual programmatic, institutional)</b>	<b>Risk</b>	<b>Likelihood (L, M, H)</b>	<b>Impact on result</b>	<b>Mitigation strategies</b>	<b>Risk treatment owners</b>
	implement capacity-building activities being overwhelmed by actual humanitarian needs		programme elements	providers, as well as maximally simplified and condensed delivery of capacity building through synthetic informative products and short targeted briefings	
Programmatic	Delays in implementation of the programme	M	Low impact, delays may be objectively foreseen considering fluid and highly dangerous implementation environment	Agile planning of the programme, prioritization of core activities, frequent monitoring checks	PUNOs
Institutional	Lack of cooperation from Government/Ministry	L	Low potential impact as most critical counterparts are regional and local authorities that will benefit from targeted outreach and sensitisation	High level / RC/HC outreach and advocacy to the Ministry and higher officials on the necessity of disability inclusion	RC/RCO
Contextual	Limited understanding of the social model of disability and the importance of participatory decision making among key stakeholders. Limited understanding of multiple discrimination faced by women with disabilities among government	M	Low impact, promoting support to institutional care vs community inclusion; creating barriers to OPDs with limited advocacy skills.	Active advocacy and communication and facilitated dialogue at national and local levels. Engaging the national stakeholders responsible for the implementation of the "Barrier Free Ukraine" strategy. National-wide awareness raising campaign about multiple discrimination and exacerbation of challenges being faced by WwD in a war and humanitarian crisis context.	

\* 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.



## 9. Budget

Please use the template attached (annex 2) to fill in the budget based on the format approved by the UNDG Financial Policy Working Group. (please refer to the [2015 ANNUAL FINANCIAL REPORTING AND THE UNDG REPORTING CATEGORIES](#))

<b>Title of Programme:</b>	<b>Mainstreaming gender-responsive disability inclusion in humanitarian response in Ukraine</b>
<b>Country:</b>	<b>UKRAINE</b>

<b>Total Resources for the transfer (US\$)</b>	<b>833,332</b>
<b>% of Indirect Costs</b>	<b>7</b>
<b>Total Indirect Costs</b>	<b>52,778</b>
<b>Total Direct Costs</b>	<b>780,554</b>

PROGRAMME BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US\$) BY OUTCOME					
	CATEGORY	Total Amount (US\$)	Participating UN Organization	UNICEF	UNDP	UN Women	UNFPA
1	Staff and Personnel Costs	185,454		40,000	50,000.00	51,900	43,554
2	Supplies, commodities, and materials	242,000		70,000	100,000.00		72,000
3	Equipment, vehicles, furniture depreciation	-					
4	Contractual Services	139,100		50,000	45,000.00	8,100	36,000
5	Travel	16,000		3000	5,000.00		8,000
6	Transfers and grants	198,000		50000	60,000.00	40000	48,000
7	General Operating Expenses	-					
<b>Total Programme Costs</b>		<b>780,554</b>		<b>213,000</b>	<b>260,000.00</b>	<b>100,000.00</b>	<b>207,554.00</b>
8	Indirect Support Costs**	52,778		14,000.00	18,200.00	7,000.00	13,578.30
<b>TOTAL Pass-Through Amount Approved</b>		<b>833,332</b>		<b>227,000</b>	<b>278,200</b>	<b>107,000</b>	<b>221,132</b>

\* This is based on the UNDG Harmonized Financial Reporting to Donors for Joint Programmes. <http://mdtf.undp.org/document/download/5489>

\*\* Indirect costs of the Participating Organizations should not exceed 7% of Total Programme Costs. All other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund will be recovered a

Please note the UNPRPD will not cover the following costs:

- The direct provision of services, e.g., assistive devices, educational services, or rehabilitation services
- Acquisition of land or buildings or reconstruction or renovation of physical spaces
- Equipment costs, such as computers, vehicles, furniture etc.
- Operating costs for running an office e.g. rent.
- Grants for filling a 'funding gap' for fulfilling the mandates of UN entities
- Re-granting activities
- Scholarships
- Infrastructure work
- Travel to countries outside of the target country unless it is part of capacity building
- Regional activities, unless it is part of UNPRPD MPTF knowledge management programs

Please also note that:

- Minimum amount received by each PUNO should be of 100.000USD
- No funds transfer between PUNOs is allowed

### 13.2 Co-funding – Not applicable

Please indicate if the programme will be co-founded and from which partner. Please fill in table below.



Table 7 Co-funding arrangements

<b>Output</b>	<b>Funding source</b>	<b>Amount</b>	<b>% of total output</b>
[...]	[...]	[...]	[...]
[...]	[...]	[...]	[...]

## 10. Safeguarding

United Nations country team has a collective approach to raise awareness and to prevent and respond to sexual exploitation and abuse at the country-level, taking into account the relevant risks of our duty station.

In 2021 UNCT in Ukraine has developed for the first time the Action Plan to Prevent and Respond to Sexual Exploitation and Abuse for 2021-2022. The Program Management Team (PMT) has been appointed as a PSEA Coordination Mechanism and the Head of RCO as a PSEA Coordinator. Humanitarian Country Team PSEA Task Force (HCT PSEA Task Force) developed visibility materials for all agencies to raise awareness of existing mechanisms with the contact details for reporting allegations and conducted trainings for the task force members and hot lines workers.

The conflict puts women and girls at increased risk of sexual and gender-based violence, especially those who are refugees or otherwise displaced from their homes. To ensure that the health, rights and dignity of women and girls are safeguarded, the United Nations with the partners strengthen the existing coordination mechanisms, including the HCT PSEA Task Force and the humanitarian sub-cluster on gender-based violence. The information on the appropriate protocols on reporting and cooperation with investigations and hotlines has been shared by the HCT PSEA Task Force among partners for further dissemination. Besides that, several UN agencies are deploying PSEA coordinators to respond to the crisis.

## 11. Workplan

*Please attach a detailed workplan using annex 3.*



Outcome	Output	Activity	Responsible Partner	Timeline
Outcome 1	<b>Output 1.1 Organisations of People with Disability (OPDs) are supported to systematically engage in the national humanitarian and development coordination mechanisms.</b>	1.1.1. Promote meaningful diverse participation of OPD in the design and implementation of Ukraine Humanitarian Response Plan, disability inclusive humanitarian-development nexus plan, implementation of Ukraine Flash Appeal 2022.  Direct grants to OPDs that are also service providers to ensure continuity of services, strengthen the advocacy, ensure accessible information and communication etc.	All PUNOs	April-December 2022
		1.1.2 Promote cross-learning between OPDs and humanitarian actors, provide OPD expertise to humanitarian actors, e.g. by disability inclusion screening of the ongoing or new humanitarian response actions and development of recommendations for inclusion of disability in their logical frameworks. Assessing and mapping of resources and expertise on children and women and men with disabilities.	All PUNOs	April-October
		1.1.3 Establish a disability focal point, focal agency or task force to represent disability issues in humanitarian coordination mechanisms, e.g. in existing clusters and humanitarian working groups.	All PUNOs	April
		1.1.4 Improve advocacy for protection of displaced persons with disabilities (children, women and men), including through ongoing cooperation with the local and regional authorities implementing emergency response, Government Commissioner on Disability Inclusion, President's Advisor-Commissioner on Barrier-Free Environment, Ombudsperson's Office and other relevant actors.	UNDP, UNICEF	April-October
	<b>Output 1.2 Gender-responsive knowledge and communications products</b>	1.2.1. Conducting focused briefings/orientation sessions for the Government of Ukraine, regional authorities and humanitarian actors on gender-responsive disability inclusion to ensure they have knowledge and	UNICEF, UNDP, UN Women	



	<b><i>(inclusive communication, tools and guidelines for regional authorities, CSOs etc) are developed and piloted, particularly to address gaps in achieving the preconditions for disability inclusion in the humanitarian response.</i></b>	skills to better respond to differentiated needs and/or communicate with persons with disabilities.		
		1.2.2 Development of gender-responsive disability inclusion simple guides and checklists for territorial administration units, implementing partners, development partners.	All PUNOs	April-June
		1.2.3 Working with national and local authorities and service providers to plan the accessibility of key humanitarian interventions, such as distributions points, outreach mechanisms and design of accessible infrastructure (planned within humanitarian response and recovery). <ul style="list-style-type: none"> <li>Capacity and partnership building to support the implementation of inclusive e-participation mechanisms on regional level to empower and ensure gender-sensitive participation of people with disabilities in the decision making processes</li> <li>Enlist local / national OPDs to assist in the reintegration process and provide support to such OPDs or other CSOs that work with veterans who have acquired disability as a result of the war</li> </ul>	UNDP with inputs from UNICEF	April-June
		1.2.4 Provision of ad-hoc expert capacity, including through volunteering, to support national and regional authorities in designing gender-responsive disability inclusive humanitarian and crisis response and ensure accessible information on the availability of services or during the provision of services (e.g. places of refuge, the mechanism of access to services).	UNICEF, UNDP, UN Women	April-October
		1.2.5 Design of accessible knowledge and communication products for persons with disabilities aimed at ensuring their access to humanitarian aid, rehabilitation, health, social and other services with consideration of their differentiated gender needs and in collaboration with the target communities working on the creation of the barrier-free environment and ensure their replication and dissemination to other regions.	All PUNOs with UNCAG	April-October
		1.2.6 Capacity building of sexual and reproductive health (SRH) and introduction of disability inclusive gender-based violence (GBV/SGBV) prevention and response mechanisms and promotion of inclusive services.	UNFPA with inputs from UNICEF	



Outcome 2	<b>Output 2.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN humanitarian and development activities at the country level through joint needs assessment, focusing on most vulnerable and isolated people (women and men).</b>	<p>2.1.1 Conducting Multi-Sector Rapid Needs Assessments / disability and gender inclusive situational analysis of needs of persons with disabilities, involving humanitarian stakeholders, in partnership with OPDs, with focus on children and adults with disabilities in residential care institutions.</p> <p>Provide needs assessment of people with disabilities during evacuation / relocation and in evacuation sites in close cooperation with CSOs (including through direct grants) and local authorities</p> <p><i>Note: Consider disaggregation by disability when establishing a rapid assessment mechanism by using the Washington Group Short Set of Questions of the Child Functioning Survey Module (adding to questionnaires).</i></p>	All PUNOs in close coordination with OCHA	April-May
		2.1.2 Analyzing risks and barriers to inclusion of persons with disabilities in humanitarian action, in provision of cash-based interventions, timely life-saving multisectoral assistance and basic services.	All PUNOs	April-May
		2.1.3 Identify the specific needs of children and adults with disabilities in residential care institutions facilitating assessments related to nutrition, health, protection, shelter, water and hygiene for this marginalized and excluded group.	UNICEF, UNDP in coordination with OHCHR recent assessments	April-May
		2.1.4 Identify information bottlenecks preventing effective crisis communication with persons with disabilities. Ensuring alert and emergency systems and shelters are available and accessible for women and men with different types of disabilities.	All PUNOs	April-May
	<b>Output 2.2 Gender-responsive disability inclusion is strengthened through mapping and dissemination of information about services</b>	2.2.1 Ensuring that humanitarian procurement services are inclusive of assistive devices and supplies improving accessibility for people with disability in the shelters and evacuation sites (checklist)	All PUNOs with supply units procuring humanitarian supplies, based on	April-July



	<b>available for People with disability in humanitarian action, especially in the forced displacement.</b>		guidelines of mainstreaming disability inclusion in humanitarian action	
		2.2.2 Identification, communication and support of necessary evacuation and relocation of children and adults with disability, especially those living alone and deprived of family care.	All PUNOs	April-July
		<p>2.2.3 Gender-responsive mapping of available services, especially in the new host communities for IDPs, incl. mapping and assessment of available SRH and GBV services of their accessibility to women and girls with disabilities.</p> <p>This activity will include procurement for transformation of a mainstream service/ new community to become accessible (accessibility and reasonable accommodation for women and children with disabilities, accessible transportation, assistive devices for women that are not able to function without them, accessible medical devices etc.)</p> <p>The activity will also include establishment and equipping disability inclusive SRH cabinets in six regions of Ukraine with high number of IDPs, including women and girls, older persons with different types of disabilities.</p>	UN Women, UNFPA, UNICEF	April-July
		2.2.4 Communication activities to promote inclusive services, support provided by national and humanitarian actors with clear messages on rights to services and protection for children and adults with disability	All PUNOs with UNCAG	April-July
		2.2.5 Inclusion of positive images of children and adults with disabilities in communication materials to help transform attitudes towards persons with disabilities and reduce stigma and discrimination.	All PUNOs	April-July
		2.2.6 Mapping and dissemination of information among service providers (including hotlines, Health Mobile Teams, Service Delivery Points, etc.) and people with disability on available SRH and GBV services in Ukraine and some neighbouring countries, accepting refugees from Ukraine.	UNPFA; UNICEF	April-July



Outcome 3	<b>Output 3.1 Disability inclusion is strengthened in planning, implementation and monitoring of UN development activities at the country level including in humanitarian settings.</b>	3.1.1 Review of Humanitarian Response Plan and other frameworks for gender responsive disability inclusion, engaging OPDs, inclusive of organisations of parents of children with disabilities (such as parents for Early Inclusion and Intervention) in mapping, analysis, monitoring and response actions.	All PUNOs with OCHA support	April-July
		3.1.2 Develop prioritized disability specific indicators to monitor progress in reaching children and adults with disabilities and meeting their humanitarian needs.	All PUNOs	April-July