

J.no. (to be completed by DPOD)

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1. Cover page

LARGE SCALE DEVELOPMENT PROJECT & DISABILITY MAINSTREAMING PROJECTS WITH EXTERNAL ACTORS (500.000 – 5 m. DKK.)

Applied for (please tick):	
Large scale development project	<input checked="" type="checkbox"/>
Disability mainstreaming project	<input type="checkbox"/>

Project title:	Strengthening the Disability Movement in Ghana, Phase II	
Applicant Danish member organization (financial respons.)	Danish Association of the blind/Dansk Blindesamfund	
Other Danish partner(s), if any:	Danish Deaf Association; Danish Association of the Physically Disabled; National Association LEV	
Local partner organization(s):	Ghana Blind Union; Ghana National Association of the Deaf; Ghana Society of the Physically Disabled; Inclusion Ghana; Ghana Federation of the Disabled	
Country (-ies): Ghana	Country's GNI per capita: 1,550 USD (Atlas method, World Bank, 2012)	
Project commencement date: 1 April 2014	Project completion date: 30 June 2015	Total number of months: 15
Contact person for the project:	Name: Susanne Kjær Email address: skj@dkblind.dk Telephone no.: 21716784	
Amount requested from the Disability Fund: 4.954.732 DKK	Annual project cost: 3.963.785 DKK (Total amount requested divided by number of project years)	
Is this a re-submission? (i.e. a revised application, which has previously been submitted) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, previous date of application: November 2013		
Is this a: <input type="checkbox"/> A new project? <input checked="" type="checkbox"/> A project in extension of another project previously supported by DH, CISU, Danida or others?		
In which language should the response letter from the Danish Disability Fund be written (choose one): <input type="checkbox"/> Danish <input checked="" type="checkbox"/> English		
Synthesis (maximum 10 lines – must be written in Danish, even if the rest of the application is in English) Projektet har til formål at styrke den samlede handicapbevægelse i Ghana med indsatser på både lokalt og nationalt niveau og gennemføres i et samarbejde mellem Dansk Blindesamfund, Danske Døves Landsforbund, Landsforeningen LEV, Dansk Handicap Forbund og paraplyen Danske Handicaporganisationer samt deres respektive partnerorganisationer i Ghana. Projektet arbejder for at fremme mennesker med handicaps adgang til statslige ydelser, tilknyttet kapacitetsopbygning af handicapbevægelsen lokalt (specifikt i 11 distrikter). Formålet er også en opsamling af læring, der kan udbredes til fremtidige indsatser på områder som bl.a. fysisk tilgængelighed og adgang til tegnsprogstolkning. Derudover vil der blive arbejdet med fortsat at styrke de nationale organisationers kapacitet og den fælles indsats med fortalervirksomhed. På både nationalt og lokalt niveau er der ydermere fokus på at styrke koordinering og det fortsatte samarbejde for at sikre fælles forståelse og integration af nye partnere.		

5.02.2014

Date

Høje Taastrup

Person responsible (signature)

THORKILD OLESEN

Place	Person responsible and position (block letters)
Abbreviations	
AL	Action Learning
BPSP	Blind and partially sighted person
CBR	Community Based Rehabilitation
DA	District Assembly (a branch of local government that administers key public services)
DACF	District Assemblies Common Fund
DAB	Danish Association of the Blind (=DBS)
DAPD	Danish Association of the Physically Disabled (=DHF)
DDA	Danish Deaf Association (=DDL)
DPO	Disabled People's Organization (=OPWD)
DPOD	Disabled People's Organisation – Denmark (=DH)
GAB	Ghana Association of the Blind (GAB) (now a part of GBU)
GBU	Ghana Blind Union
GFD	Ghana Federation of the Disabled
GNAD	Ghanaian Association of the Deaf
GSPD	Ghana Society of the Physically Disabled
IG	Inclusion Ghana
MMDAs	Metropolitan, Municipal and District Assemblies
NHIS	National Health Insurance Scheme
NSPS	National Social Protection Strategy
OPWD	Organization of People with Disability (= DPO)
PMN	Project Manager North
PMS	Project Manager South
PWD	People with disability
PWHD	People with hearing disability
PWID	People with intellectual disability
PWPD	People with physical disability
PWVD	People with visual disability
VIP	Visually impaired person

2. Application text

A. THE PARTNERS (indicative length 3 pages)

A.1 The Danish member organization

Danish Association of the Blind's vision is '*Et tilgængeligt samfund med fuld inklusion*'. Danish Association of the Blind (DAB) is an organization of people with a visual impairment (both blind and partially sighted) established in 1911. The organization has developed from a loose network of visually impaired persons to a strong and well-acknowledged disability organization in the Danish civil society with approximately 9,000 members. DAB works for equal rights and inclusion of its members in all areas of society. DAB's members are nationally organised in 21 local branches. The branches arrange local activities for their members. Each local branch has its own chairperson and management elected by the members at the general meeting of the local branch. The chairpersons of each of the local branches together form the superior authority of the organization, namely the DAB Board. The board also includes the chairpersons of DAB's standing committees. The daily running of the organization is maintained by the Executive Committee elected by the Board. Only blind or partially sighted citizens can be members of DAB and its political bodies. There are 35 persons employed at the head office working with advocacy and policy development, membership services, administration, fundraising, communication, and international work.

DAB has worked with development projects in Africa and Asia since the early 1990's and the work is guided by DAB's strategy and action plan for development work agreed upon by the Executive Committee. DAB's work is based on a rights-based approach to development and addresses the needs of blind people as a matter of right and not privilege. DAB's strategy is based on principles of rights, democracy, local ownership, gender equality and building networks. Besides funding part of the administration of the development work, DAB sets aside 1% of the organization's yearly income for development work. The development work is monitored by DAB's Development Committee consisting of board members and appointed members of DAB. DAB as an organization has considerable experience to share with relative new organizations in the South in areas such as blindness issues, organizational development, lobbying and advocacy and membership drive. Furthermore DAB has developed annual learning strategies to improve their own capacity within the development field

DAB is affiliated with the European Blind Union (EBU) as well as the World Blind Union (WBU), where DAB's vice-president chairs the WBU's Development Committee coordinating policy issues and capacity building of blind organizations globally. DAB also collaborates with its Nordic sister organizations and other disability organizations under the umbrella Disabled People's Organization, Denmark (DPOD) who also engage in development work.

Currently, DAB employs 4 persons in the department for International Development Cooperation (IDC), who work with development programmes in Ghana, Rwanda, Laos and Mongolia. DAB collaborates with the organizations of the blind in the said countries within the areas of organizational development, lobbying and advocacy with the aim to build strong organizations that can support and assist its members.

A.2 Other Danish partners

Danish Deaf Association (DDL) was established in 1935, working for ensuring that people who are deaf can obtain improved living conditions in the society, as well as equal opportunities between deaf and hearing people in education, work and accessibility. DDL has 3,000 members – both active and supporting members. We are all aware of the fact that education, work, social network, cultural activities and access to important information all are vital for our development and our life quality. This goes for deaf people as well. The driving force in the work of the association is a belief that deaf people have a right to the same opportunities as hearing people in Denmark. This means equal opportunities for development and happiness in life. Since 1992 DDL has also been involved in development projects cooperating with: Uganda National Association of the Deaf, Deaf Association in Ethiopia, Philippine Federation of the Deaf, and Ghana

National Association of the Deaf. Furthermore, DDL has been responsible for a regional Sign Language Project in Uganda, Kenya, Zambia and Tanzania.

The Danish Association of Physically Disabled (DHF) was founded in 1925 as an interest organization representing and speaking on behalf of people with physical disabilities. The primary objective of DHF is that “anyone – disabled or not – is given the opportunity to function on an equal basis with other citizens”. DHF has worked with international development since 1989 and presently works in five countries (Honduras, Bolivia, Ghana, Uganda and Vietnam). The focus is capacity building of sister organizations for rights advocacy. Development work is led by the Developing Countries Committee under the DHF National Board, and is implemented by a development department employing three program officers and a communication officer.

The National Organization LEV was founded in 1952 by parents to persons with intellectual disabilities (PWIDs). The organization is an umbrella organization comprising more than 16,000 members, organized in local groups as well as 17 smaller organizations working for the rights of specific groups of PWIDs, e.g. persons with Down Syndrome. LEV’s main mission is to advocate and lobby for improvement of the life conditions of PWIDs and their families, and the vision being full inclusion in all areas of life, in accordance with UNCRPD. Since 1984, LEV has been engaged in development work. LEV currently works with partners in Ghana, Uganda, South Africa and Rwanda. Generally, LEV supports establishment and strengthening of umbrella-like organizations of Parents and PWIDs based on Parents Self Help groups.

Disabled People’s Organizations – Denmark (DPOD) is the Danish umbrella organization of persons with disabilities, with 32 member organizations representing 320.000 persons with disabilities, parents and caretakers in Denmark. The overall goal of DPOD’s international work is with outset in the UN Convention for the Rights of Persons with Disabilities to advocate for equal opportunities for persons with disabilities (PWD) in developing countries, so they can develop their potentials and exercise their rights as human beings. The main focus is development and building of strong organizations of persons with disabilities - as well as lobbying and advocacy in relation to governments in order to make them comply with the human rights for persons with disabilities. DPOD is active in eight developing countries.

A.3 The local partner organizations

The Ghana Blind Union (GBU) is an amalgamation of the Ghana Association of the Blind (established in 1963) and the Ghana Society for the Blind (established in 1951) which came into being in 2010. *Its mission is to advocate for the Blind and Partially sighted, and work for their total integration into society through Awareness Raising and the development of services in Education, Rehabilitation, and the Promotion of the Rights of Women, Youth and Children and the Elderly.* The GBU is governed by its constitution and organised through the National Congress. It has approx. 8,000 registered members and approx. 9,000 unregistered members of which about 42 percent are women. The GBU has branches in all 10 regions as well as branches in 119 districts. It generates very limited funds from membership dues, and is thus dependent on external funding. It has a Youth Wing, Sports Wing and a Women’s Wing.

Ghana National Association of the Deaf (GNAD): Established in 1968, Ghana National Association of the Deaf (GNAD) is the umbrella organization of associations of Deaf People in the ten regions of the country. The mission is to mobilize members, remove communication barriers, create awareness on deaf issues, and advocate for equal opportunities for the Deaf. GNAD has regional branches in all the 10 Regions of Ghana and district branches in 102 out of the 172 districts in Ghana. GNAD has a registered and paid up membership of 7,000 across the country.

Inclusion Ghana (IG) started in 2006 when the first discussions were held between the various OPWD in Ghana working with persons with intellectual disabilities (PWIDs) to create a platform that unifies the voices of PWIDs and their families. Discussion continued until 25 November 2009 when Inclusion Ghana was formally registered with the Registrar General’s Department. IG is a coalition of NGOs with extensive experience working with and for persons with intellectual disabilities through a rights-based approach that allows PWIDs and their families demand as a “right” the basic conditions that allow them to live in dignity. Presently, there are 19 member organizations and 52 parents’ self-help groups spread across eight regions

in Ghana. IG is governed by a constitution and composed nine member board. In addition, the board chairperson position is reserved exclusively for a parent of a person with intellectual disability or a PWID unless no parent of a PWID or PWID is nominated for the position. Additionally not less than three parents of PWID and a PWID will be elected onto the board.

Ghana Society of the Physically Disabled (GSPD) is a national organization of persons with physical disabilities. It was established in 1980. Its mission is to promote and protects the welfare of its members through advocacy, awareness raising, mobilization and livelihood support to ensure equal rights and full inclusion at all levels of society. GSPD is governed by its constitution and has a democratic structure that elects its executive members every four years. It also has branches in the 10 regions of Ghana and 215 districts branches. The total membership is 24,471, with male population of 10,552 and female of 13,323. It has also established 4 wings; Women, Workers, Youth and Sports who work within their special interests and areas of expertise. This structure makes it possible to attract many people to this organization because different interests are covered.

Ghana Federation of the Disabled (GFD) was established in 1987 as an umbrella organization for organizations of Persons with Disability in Ghana. GFD is governed by its constitution, which was revised during the inception phase of the joint disability movement project to embrace the concerns of its constituents and partners. The delegates assembly is the highest decision making body, followed by the Board and the secretariat in that order. The Board constitutes of member organizations and the chairperson is on rotation every three years between the member organizations, currently headed by the GBU president. The mission of GFD is to work for equal rights and opportunities for PWDs in Ghana. It seeks to improve quality of life, particularly in the areas of health, education and social life. This should be achieved mainly through advocacy, lobbying and awareness raising campaigns. GFD is represented at local level through the GFD Committees established in the pilot districts during the inception phase and functions on the strength of operational guidelines developed during the Phase I of the project. GFD has seven members (GBU, GSPD, GNAD, Ghana Association of Persons with Albinism, Share Care, Mental Health Society of Ghana and Inclusion Ghana). GFD has had some success in fundraising activities, but are primarily dependent on donor funding.

A.4 The cooperative relationship and its prospects:

Is the cooperation between the Danish member organization and the local partner known by the Disability Fund and described in another/other application(s) within the past 12 months?

Yes Please, insert the 6-digit no. / HP no.:
No Except DAB/GBU cooperation (microcredit)

The ten involved partners have a long and varied collaboration history, dating back to the late 1980s for the first Denmark-Ghana bilateral relationships. Since 2002, with the Ghana Country Group initiated by DPOD, the Danish disability organizations in Ghana have systematically exchanged information and experiences. In 2008, three Ghanaian and three Danish disability organizations¹ initiated a cooperation to strengthen the disability movement in Ghana. The aim was to promote rights for PWDs. The cooperation broke new ground in creating a joint framework for mutual capacity building and implementation of activities within the disability movement. Three overall areas of joint intervention were identified to address the capacity of the Ghanaian organizations to improve performance towards strategic advocacy, organizational development, and strengthening communication and coordination.

An inception phase of 18 months running from July 2008 to December 2009 broke ground for the “full” phase I of the project, that started January 2010 and will end March 2014, both financed by Danida. From

¹ In Ghana, the partners involved were Ghana Federation of the Disabled (GFD), Ghana Association of the Blind (GAB), and Ghana Society for the Physically Disabled (GSPD); in Denmark, the co-partners were Disabled People’s Organization – Denmark (DPOD), Danish Association of the Blind (DAB) and Danish Association of the Physically Disabled (DAPD).

September 2009, the Ghanaian Association of the Deaf (GNAD) and the Danish Deaf Association (DDA) were fully included as equal project partners. And during 2013, Inclusion Ghana and her Danish partner LEV entered discussions with the other partners to join the effort. Both have participated in the formulation of the present proposal and will be equal partners from the onset of this project. . The signal achievements of the collaboration so far have been:

- The strengthened spirit of cooperation in the disability movement in Ghana, with GFD and member organizations actively fulfilling their roles.
- The breakthrough into mainstreaming of disability issues into government programs as evidenced by the successful access to the key poverty alleviation program District Assembly Common Fund (DACF) and the National Health Insurance Scheme (NHIS).
- This breakthrough is due to OPWDs cooperating as a joint movement at District level, evidence that the strategy of local capacity building is working.

The cooperation between the different disability organizations in Denmark and Ghana allows for the utilization of years of experiences from initiatives in both Denmark and other project and program countries. Despite the differences in context there are strong parallels between the challenges faced by the different disability groups in terms of achieving their rights. Each Danish partner can contribute with new knowledge on research and development on disability specific issues, new technologies and policy developments. E.g. DDA can utilize their expertise in developing and training in sign language for both the membership and instructors. Also, the Danish organizations have years of experiences in organizational work and membership mobilization. E.g. LEV can utilize its experiences and history of organizing parents groups.

All Danish partners have substantial experience and knowledge in advocating and lobbying for disability rights as this has been the foundation of the Danish disability movement. And, the Danish partners can advise on the development of a rights based approach to organizational work where the basic needs of the members often is the focus. Also, DAPD has years of experience from organizing joint advocacy efforts with different partners in Latin America. DPOD provides valuable experiences with organizing and structuring an umbrella and joint approaches in a field where the memberships represent vast approaches to rehabilitation, education etc. DPOD's experiences ranges from constitutional matters, membership and distribution of internal funds to policy development and influence.

Also, the national, regional and global contacts and networks of the 5 Danish disability organizations provides access for the Ghanaian partners to the international disability agenda – both regarding specific disability issues but also on general issues such as developing disability inclusive MDGs. And the networks provide access to new partnerships and potential donors for the Ghanaian partners.

B. PROJECT ANALYSIS (indicative length 7 pages)

B.1 Preparation

This project is a 15-month Phase II of the Danida financed project “Strengthening the Disability Movement in Ghana”. We see it as the third step in an overall four-step process:

- Inception: Testing a model for cooperation (2009).
Phase I: District based capacity building for unity and advocacy (2010 - 2013). Main achievement: access to government services targeted at PWDs.
Phase II: Securing sustainable local impact and adjusting intervention models based on lessons learned (April 2014 - June 2015).

Phase III: Mainstreaming PWD access to government services and building sustainability in the disability movement in Ghana (2015 to 17/18).²

Why a “short” phase II?

The project partners have jointly decided on a cautious phased approach to the continued cooperation. The decision is based on findings and recommendations as well as on past experience of partner collaboration.

The following factors influence the choice of a 15-month Phase II:

- The district intervention during Phase I needs further strengthening in 11 districts before it can be considered sustainable, especially concerning how to optimize utilization of DACF, local resource mobilization, leadership skills, and planning. This will further generate a full, replicable model for district intervention for future use.
- Two key district advocacy strategies applied during Phase I have proven inadequate: 1) physical access to basic education, and 2) access to SLI for government services, especially health. New strategies have been developed but need testing and fine-tuning before they can be applied full scale. Likewise, the experience from running a Savings and Loans Scheme for physically disabled persons needs to be systematized for future replication. And moreover, the successful CBR model applied by GBU must be developed into a strategy at district and national level with a view to handing over CBR responsibilities to relevant duty bearers. A total of 2,800 PWDs in 8 districts will benefit from these activities.
- The SLI challenges have been a barrier for full inclusion of GNAD members in project activities at district level, and the same SLI solution that will be applied in regard to district advocacy, needs to be tested as a viable solution for smooth internal communication.
- IG and its Danish sister organization, LEV, were welcomed into the project initiative in 2013, with full effect as from Phase II start, on the basis that their participation would reinforce the strategic goals of the project. Based on the learning of the (late) integration of GNAD into the project collaboration in 2010, it is prudent to dedicate a period of time to facilitate a proper integration of IG into the GFD at district level and national level, before the organization fully develops project activities and strategies.
- Changes to the project management structure were initiated in the last part of Phase I following recommendations in the MTR. The final evaluation indicates that there are still some “inherited tensions” which should be dealt with prior to embarking on a longer term collaboration.

All in all, project partners share the well-founded expectation that a 15-month Phase II will: 1) leave a sustainable impact in 11 districts in Ghana, and 2) will provide the disability movement with a clear “district intervention cycle” which can serve as a platform for the projected Phase III of the project and not least for a broader fundraising strategy. As recommended by the Disability Fund Grant Committee, this project thus “secures deliverables and achievements which can form a baseline and reference for the next phase of the continued cooperation”.³

What has informed the project design?

The design of Phase II has benefited from input and recommendation from various sources:

- Mid Term Review (MTR) (Annex L)
- Final Status Reports – Phase I (project monitoring):
 - o Status overview per project indicator (Annex H)
 - o Follow up on MTR recommendations (Annex K)
 - o District Status Analysis (Annex I, Annex J)
- Project Evaluation (Annex M)
- Recommendations by the Disability Fund Grants Committee to a previous version of the application sent in November 2013.

² Phase III might be divided into two separate phases depending on results and learning generated in Phase II.

³ Response of Grants Committee to proposal submitted on 1 November 2013 (J.nr. 115-036)

The findings and conclusions of the final project evaluation were available January 2014. These have been discussed among Ghanaian and Danish project partners and they have been crucial in fine-tuning ideas and planned interventions. Significant findings include the following:

- Convincing support for a collective impact approach has been highly instrumental in driving a number of quite impressive successes. However, the potential for even greater impact has been dampened by a deficit in the clarity of roles.
- At national level the GFD advocacy committee has been very proactive in exploiting political windows of opportunity. Where the OPWDs have persisted in asserting their rights, the gains achieved hold greater promise of longevity and scalability than where services are provided incrementally through own limited resources.
- Key advocacy shortfalls concern physical accessibility to schools and availability of sign language interpretation at health centres.
- Access to DACF has been highly successful. However, small one-off type grant has gone mainly into provisioning rather than genuinely profitable investments, and the large allocation of individual grants does not align with the project vision and the driving agenda of collective impact. Equity remains a challenge and resources should be directed towards developing a more credible and equitable methodology for prioritising and allocating the DACF.
- Exit at district level ought to concern itself with deepening members' ownership of the change agenda and process and consolidating and protecting the sustainability of the processes initiated and of the gains made during the course of the project. To this end, *practical* knowledge and appreciation of RBA must be enhanced and multiple strategies available for more effective advocacy shared.
- Longer-term efforts must be made to foster and strengthen alliances with a wider diversity of stakeholders. This includes funding oriented alliances.

Finally, the recommendations made by the Disability Fund Grant Committee late November 2013 have provided useful inspiration and the recommendations to reframe the project and highlight previous findings have been adhered to.

How was the project proposal developed?

The development of Phase II has taken place over a one-year period and the present proposal is the end product of a sustained participatory process. A number of face-to-face workshops and partner meetings have taken place as illustrated by the rough timeline below. These have been supplemented by policy meetings of NSC and SSC, delegated work at team level in Ghana and Denmark, as well as a continuous dialogue between the sister organisations and between PMS and PMN.

- Joint MTR seminar in Ghana (June 2012)
- Preparation of concept note (January - April 2013)
- Joint Workshop in Ghana (June 2013) – preparation of outline LFA
- Partners prepare detailed LFA and budgets (September-October)
- Project design team formed – “Write shop” in Ghana (October 2013)
- NSC supports finalisation of proposal – submission 1 November 2013 (rejection late November)
- “Write shop” in Ghana with participation by PMN (January 2014)

B.2 Context analysis

National context: The Republic of Ghana is located on the coast of West Africa. It comprises ten regions, subdivided into 216 metropolitan, municipal and district assemblies (MMDAs). It has a population of approx. 24.6 million. Ghana has been enjoying significant macro-economic growth since 2000 and currently

benefits from oil revenues. Ghana's Human Development index is at a medium level at 0,558, putting it at number 135 of 187 countries⁴. Many key indicators such as life expectancy, schooling etc. are progressing. However, Ghana's economic development is challenged seriously by large public sector debt, debt to GDP ratio, rising unemployment among the youth and PWDs, higher inflation rate, stagnant manufacturing sector, and a fall in major foreign exchange earners (gold and cocoa). As a result, Ghana remains in the bracket of poor countries in the world. Comparatively, Ghana stands tall in Africa as a democratic country, credited with six successive peaceful national elections since 1992 and appreciable standards of fundamental human freedoms. The latest presidential election was in 2012, which was narrowly contested and marred by allegations of fraud. However, all parties bowed to legal judgement of the charges that ended up confirming the election result, thus confirming respect for rule of law. In 2014, during the intended period of this project, local elections will be held.

National policies targeting disability issues: Ghana has a relatively disability friendly legal and policy framework. These policies and laws include the National Disability Policy of 2000, Persons with Disability Act, 2006, Act 715, Mental Health Act 846, (2012). The UN Convention on the Rights of Persons with Disabilities and its optional Protocols were ratified only in 2012⁵. Regrettably, these laws and policies are not implemented, leaving PWDs to continue to be stigmatized, marginalized and excluded from effective participation in society. The Disability Act of 2006 established the National Council of Persons with Disability as an advisory body joining civil society with the relevant government ministries. It was first constituted in 2009. Its mandate elapsed in 2012 and a new board re-constituted in November 2013 following vigorous advocacy by GFD. GFD advocacy committee also participated in the development of policy objectives and strategy to inform a 4-year national development plan (2014-2018) which replaces the development and policy framework of 2010-2013. This ensured that disability issues are included in the national development plan for annual budgeting and programming. The Li for Act 715 is in a state of hold-up. The ratification of the UNCRPD has resulted in the decision to first harmonize the act with the UNCRPD before developing the LI that will fit the amended Act. This informed the gap analysis which had been completed and the report submitted to the Gender minister. Li for the mental health Act 846 is ongoing

Persons with disabilities in Ghana: WHO estimates that 15% of any given population lives with a disability.⁶ For Ghana, this would mean about 3.6 million citizens. According to Human Rights Watch, "more than 5 million people with disabilities live in Ghana, one-fifth of the total population, including 2.8 million people with mental disabilities."⁷ (The National Census of 2011/12 returned a much lower number. The census has been criticized by GFD for severely underreporting the incidence of disability). In Ghana, PWDs are rated among vulnerable and marginalised groups, characterised by limited access to public health care, education, information and other social services. They are thus classified among the poorest of the poor. Disability and poverty reinforce each other leading to increased vulnerability and exclusion. PWDs have until recently been excluded from mainstream development projects, micro credit schemes and social protection interventions. Many PWDs, particularly those in the rural areas therefore live in a state of abject poverty with limited opportunity for jobs and employment. PWDs most often have no or very poor education. Children with disabilities have limited access to basic formal education in regular schools. Teachers and staff are not adequately equipped or trained to handle the disabled. The situation is further compounded by the fact that there are very few special schools to cater for the needs of the disabled. Those that exist are poorly equipped and oversubscribed with waiting lists that are years long.

⁴ UNDP, Human Development Report, 2013.

⁵ Ghana is to hand in its state report to the UN Committee in August 2014

⁶ WHO, Key facts on Disability, September 2013.

⁷ www.hrw.org

Despite relevant provisions in the Constitution of Ghana and other legal frameworks that grant equal rights of participation to every citizen, PWDs still face some amount of exclusion from politics, governance, and civil society activities outside the disability movement. Appointment of PWDs to high profile and leadership positions is also low. The participation of PWDs in the district level political administration and thus decision making is limited. In recent times however, the stigma associated with disability has gradually been minimised as a result of intense advocacy and awareness creation. This is evidenced by the appointment of Ghana's first ever person with a visual impairment as a Minister of State. However, PWDs are still often perceived as unproductive and incapable of contributing in a positive way to society, and rather seen as constituting an economic burden on the family and the society. In many parts of the country, disabilities are commonly perceived as a curse or a result of witchcraft. The fundamental challenge facing PWDs in Ghana is thus a high level of exclusion from the economic, political and social spheres of society. The different barriers to participation relate to prejudice, perception, inferior education, lack of self-confidence and poverty.

Institutional context: In this picture, some government policies are of special interest:

Districts Assembly Common Funds (DACF): 2% of the development funds transferred to the MMDAs by central government, known as the District Assemblies Common Fund, are allocated to persons with disability living in each MMDA for economic activities, assistive devices, advocacy and organizational development, among others. Guidelines are developed and fund management committees set for the management, disbursement and accountability for the funds. Separate bank accounts have also been opened to "ring-fence" the fund in each MMDA. On average, 90% of the funds have been disbursed to PWDs in the project districts, not least due to extensive advocacy efforts carried out in Phase I by the OPWDs. There is, however, no focused monitoring of this fund intended to be utilized for specified purposes to enhance the living conditions of persons with disability in Ghana. The disability movement is in constant meetings with the administrators of the Fund at national and local levels to ensure greater transparency, accountability and efficiency in the use of the funds.

The Education Policy: Ghana is yet to have an inclusive educational policy in place though it practices free compulsory basic education. Unfortunately almost all basic schools are physically inaccessible. Worse still the number of schools for children with intellectual disability, hearing disability and visual disability are all very low. The few resource teachers teach rather than support children requiring special needs. As a result, less than 2% of children with disability are enrolled in school. The specific needs for each disability group relative to inclusive and/or special education have not been clarified. The Special Education Division of the Ministry of Education exists to evolve policies and programmes that make the educational system available and accessible to persons with disability. So far, about eight different models of inclusive education have been piloted or tested in Ghana by the division, which in itself is positive. The Disability movement has advocated the development of an inclusive education policy that will be a blue print and provide some operational standards for ensuring access to quality education for all, especially persons with disability of school going age. A draft policy has been developed in 2013 but yet to receive approval by the Ministry of Education. The issue of access to school buildings and the school environment has and continues to be pushed by the disability movement in Ghana. The number of schools with accessible features is negligible, with very little effort being made to make existing buildings disability compliant.

National Health Insurance Scheme: The National Health Insurance Scheme (NHIS) remains the major affordable health programme in Ghana. Unfortunately, the insurance does not cover rehabilitation services and assistive devices, which are major needs for PWDs. Free registration for the service is limited to only indigents, which PWDs don't want to be called. However, in the current NHIA Act 846, PWDs can press for free NHIS under the differently disabled provision in the exemption clause.

At the present stage, the disability movement focuses on getting access for PWD to the above-mentioned three types of services. Later on, more schemes will become more relevant, such as:

Social Protection: The National Social Protection Strategy (NSPS) is to protect persons living in situations of extreme poverty. These include Pension Scheme, School Feeding Programme, Capitation Grant (Primary and Soon Secondary Education), National Health Insurance Scheme Social Welfare Programmes, Supplementary Feeding Programmes, National Youth Employment Programme, Integrated Agric. Support Programmes, Microfinance Schemes, and Emergency Management Schemes, and The Livelihood Empowerment against Poverty (LEAP) Programme, which is flagship cash, transfer programme of Ghana's national social protection strategy.

Labour Market initiatives: The absence of the legislative instruments for the operationalization of the labour law and the Person with Disability Act, coupled with physical accessibility to public transportation, public buildings and work places, lack of sign language interpreters and appropriate tools and assistive devices, have not motivated employers to employ PWDs. PWDs employed in the public sector are entitled to a disability allowance of 160.00 cedis every month which, because of the decentralization, is now payable based on excess budgetary provision. Most PWDs are not even aware of this entitlement.

The Disability Movement in Ghana: The Ghana Federation of the Disabled has provided an umbrella for the disability movement in Ghana since 1987. As mentioned above, GFD has seven members, three of which have participated in phase I of this project: GBU, GNAD and GSPD. One more, Inclusion Ghana, is to be integrated during this phase. Three GFD members - Ghana Association of Persons with Albinism, Share Care (organizing groups of people with neuro-immunological diseases and autoimmune conditions) and Mental Health Society of Ghana – remain outside the project partnership but benefit from the capacity building of GFD as such. The movement loosely organizes some 40,000 PWD, making it a relatively large movement, although still far from organizing the several million PWD in Ghana.

Disability and Gender: Within the disability movements, women form the major part of the membership and the organizations have taken steps to include women in decision-making at all levels: Boards and GFD Committees, Gender Committees and Women's Wings, of OPWDs. Progress is still lagging, however, especially at local level. In addition, women with disability still face more challenges even within their member organizations due to low education, and lack of confidence. Discrimination of women also prevails as Ghana is still predominantly a male dominated society.

Space for Advocacy: The disability movement is officially recognised by the government and other stakeholders, and is consulted on disability issues. Over the last 4 years, the capacity of the Disability Movement has been improved at all levels, collaboration enhanced and GFD committees formed at the local levels to carry out advocacy in a planned and coordinated manner. This strategy is consistent with the decentralization policy and programmes of the state, with Metropolitan/Municipal and District Assemblies entrusted with administrative and political authority including provision of essential public goods and services. Common advocacy strategies have been collectively developed, revised regularly and implemented by member organizations. An important part of the advocacy effort is the Disability Network set up by GFD almost ten years ago, gathering most civil society actors who work in the disability field in Ghana.⁸

Funding: At present, the organizations have built sufficient capacity within the administration and finance of the projects to the extent that they have gained the trust and confidence to take on a host of new partners and projects. However, there are limited opportunities for raising core funding among OPWDs as most funding organizations are more interested in funding project activities. Furthermore, Ghana's re-designation as a lower middle-income economy, following the discovery of oil and the generally upward trend in gold prices over the past decade has changed the funding environment. One significant outcome in

⁸ For details on members, please see Annex F

terms of the Ghanaian aid architecture is that grants and other concessional forms of aid from traditional sources are being replaced by other modes of financing such as public-private partnerships and debt financing, often by emerging-economy donors such as China, South Korea and Turkey. These new donors have, thus far, demonstrated considerably less interest in the development of civil society. The effective watering down of the Paris principles (particularly the principle of mutual accountability) by Busan and the gradual exit of traditional donors of the OECD bloc will also leave these actors less legitimate space to support civil society by demanding accountability from the Ghanaian state. This raises potential sustainability challenges for civil society which need pre-empting and proactive action.⁹

Coordination and Cooperation: The movement has advanced significantly in coordinating its activities and in building a network of interested partners and allies, including the Disability Network, media, all-party parliamentary caucuses on disability, OSIWA, STAR Ghana, Mwananchi, Ghana AIDs Commission, VSO, LOGODEP, and the BUSAC Fund.

B.3 Problem analysis

The main problem that this project aims to address remains unchanged from Phase I: PWDs are denied the right to participate fully in society. As elaborated on above the exclusion is caused by both attitudinal and structural barriers. Specifically, PWD still do not have equal access to government services. Significant progress has been made during Phase I, but as evidenced by the project monitoring and project evaluation challenges remain to be resolved both at district and national level.¹⁰ The challenges that this project will address constitute both external and internal factors as outlined below.

Ineffective implementation of guidelines and usage of DACF funds

As the evaluation report confirms the work towards ensuring PWD access to the DACF has been very successful¹¹, however barriers still remain in regard to:

Limited transparency and accountability. Fund Management Committees (FMC) are often not effective and are unable or unwilling to carry out effective monitoring and provide required data. E.g. bank statements showing the balance of funds are most often unavailable and district officials cannot be brought to produce them. There are unfortunate examples where PWD representatives on the FMC are following their own personal agendas rather than serving the common interest of PWDs. The lack of equitable ways of allocating the DACF and relative low proportions of members as DACF beneficiaries fuel conflict-of-interest situations.

Too few collective applications from OPWDs. The evaluation report states that OPWDs are still making too little effort and getting very little funding from the DACF to carry out joint or organizational activities. This is partly due to lack of capacity in collective drafting of applications. And partly, there is hesitance on the part of fund management to approve collective grants as the managers tend to focus on numbers and serving individuals. The collective applications could support longer-term gains for the OPWDs.

Poor utilization of grants. It has been revealed from monitoring visits to districts that a large number of the recipients (a clear majority) have mainly used the funds for provisioning rather than profitable investments. Also, the evaluation report points to the poor quality of the business plans accompanying the applications that do not lead to yielding any profit. Members do not use the funds for the reasons they state in their applications and consequently they need reapply for more funds on other occasions. In some districts also, in an attempt to satisfy all the PWDs at the same time, Fund Management Committees pay out a flat rate

⁹ Final Evaluation Report, p. 3, Annex M

¹⁰ Please refer to the Evaluation Report (Annex M) and status reports (Annex H, I, J and K).

¹¹ The project districts as a whole are currently assessing between 80 and 96% of the DACF.

to all recipients. This results in the inability for most to carry out the projects they wish to undertake because they are underfunded.

Need for building of local organizational capacity to sustain local activities

In the course of Phase I, local GFD committees were established in all 14 project districts and a range of capacity building was carried out. The evaluation confirms significant improvements in the organizational capacity of all OPWDs – with increased membership, and with functional committees. The GFD committees are central to the sustainability of the district intervention strategy. As the monitoring shows, and evaluation of Phase I confirms, some challenges remain prior to the effective exit from the project districts. *Meeting attendance is low:* This suggests that there is a continued need for deepening members' ownership to the organizations' work and that the executives have difficulty in mobilizing members. This is linked to the challenges mentioned above regarding the need to strengthen internal democracy and accountability and developing more collective initiatives.

Ensuring equal participation and integration of all project partners: Another issue to be tackled is the continued communication barrier of GNAD members and, in Phase II, a proper integration of IG members into the GFD at district level to ensure that all feel increasingly recognized and prioritized. The local OPWDs and GFD branches need to continuously strengthen the inter-OPWD relationships especially in terms of collective advocacy efforts on local level. The above mentioned issue of few collective applications to the DACF is related to this challenge.

Deepening understanding of rights and entitlements: The evaluator's field work unveiled a lack of appreciation of rights and entitlements by the broader membership beyond the thematic areas of Phase I. Knowledge on e.g. disability – relevant sections of the Constitution and general knowledge on citizens' rights is weak. Also, many members continue to perceive the DACF as a gift rather than enforceable entitlement. The evaluation confirms that this has the tendency to undermine the PWDs resolve to assert their rights for full disclosure of the DACF.

Need for developing the quality of local action plans and advocacy: The evaluation report points to the fact that local branches have become relatively more articulate and able to secure a range of important advocacy gains with their duty bearers. However, local OPWDs need to learn to commit duty bearers beyond verbal agreements and follow up more proactively. In several cases officers from national level have had to intervene in advocacy efforts by accompanying local leaders to assert their claims more forcefully during monitoring visits. The evaluation report stresses that in order to strengthen the sustainability of the local intervention, the project strategy must move from "hand holding" to mentoring efforts from HQ. Refresher trainings are needed in different areas, including in advocacy. This would also be beneficial in light of the fact that some of the key persons have been reshuffled from their positions as advocacy committee members, leaving the tasks to new members who are relatively inexperienced.

Need for building new alliances: The local OPWDs also need to build greater focus beyond the disability sector and strengthen alliances with a wider diversity of stakeholders. This includes duty bearers as well as continued sensitization and mobilizing of the local communities. The evaluation also notes the oversight of acknowledging ongoing partnerships in order to nurture their involvement and cooperation.

Qualification of intervention models and the need for strengthened advocacy

The evaluation report underlines that the interpretation of the "right to accessibility" - contrary to the inclusive provision of Article 29 (6) and Article 38 (1) of the Constitution - has thus far tended to be limited to the nominal provision of ramps sidelining the barriers to accessibility experienced by VIPs, people with a hearing disability and PWLD. PWDs are not a homogenous group and despite similarities, the different disability groups also face different disability specific issues. The diversity is captured in this proposal (as in Phase I) through different intervention models. Significant learning from these models has been gathered in course of Phase I and revisions need to be made based on these findings:

Limited availability and poor quality of SLI resources

As the evaluation confirms the severe shortage of qualified sign language interpretation resources has proven to be a greater barrier for the inclusion of persons with hearing disability (PWHs) in society, and even as equal partners in project activities, than anticipated in the design of Phase I. Ghana has a deaf population of 110,625¹² and there are only about 30 proficient Sign Language Interpreters (SLI) throughout the country with more than 80% of these located in Accra and Kumasi. In addition the SLIs do not work full time and only do interpretation when they are free to do so. The result is that PWHs in most parts of Ghana have no access to sign language interpretation services to enable them access to public information, services, education etc. as well as participant in socio-economic and governance activities at the local and national levels. Further, the qualifications of the SLIs are often quite poor. In Phase I efforts were made, following a recommendation by the MTR, to train a few interpreters locally in the six new project districts using Church of Christ personnel as resource persons. But these make use of “pigeon SL” and do therefore not constitute a solution unless their qualifications are upgraded.

Limited physical access to education

Physical access to schools is a major impediment to the right to education of PWDs. As evaluation findings from three districts show, physical accessibility has improved in almost all new public educational and health facilities due to the advocacy work done by GSPD. However the same cannot be said of the already existing facilities that were in place before the project started in 2010. Also, the schools which have introduced ramps are often not up to standard and access to sanitary facilities lags behind. GSPD has developed an Accessibility Standard and has begun training members in these standards for them to carry out local advocacy. GFD and GSPD are pushing this standard through the Ghana Standards Board but it is not accepted yet much less made known to relevant duty bearers. Moreover, District Assemblies will often not entertain GSPD District leaders unless accompanied by representatives from Accra and therefore a new and concerted approach that can enable district engagement with the District Education Authorities is necessary.

Social and economic exclusion

Blind and partially sighted persons are largely excluded from social, political and economic spheres of the society as described in the context section. This exclusion impacts negatively on not only their self-esteem but also their participation in the activities of both their families and communities – and thus their involvement in local organisational work. The applied approach by GBU addresses this exclusion by providing VIPs with holistic empowerment through Community Based Rehabilitation (CBR).¹³ This includes economic empowerment and in this regard it was recommended in the MTR that GBU desists from giving grants to its members and give trainings instead. This was duly followed and the organisation linked up with the National Board for Small Scale Industries (NBSSI) to provide training for its members. The final evaluation report confirms the positive impact of the CBR model on the members. However, there is now a need for the GBU to develop this approach into a strategic model and develop advocacy efforts that can engage duty bearers to take responsibility for the rehabilitation programme.

Lack of sustainable livelihoods

In line with GBU, also GSPD has addressed the economic exclusion of its members under Phase I. The idea of a Savings and Loan Scheme (SLS) was conceived to create a sustainable livelihood for GSPD members to be self-employed. The MTR report provided a guide for the provision of micro finance for GSPD members and made recommendations that GSPD should facilitate linkage to NGOs operating in the micro finance sector. An agreement with the Opportunities International Savings and Loans (OISL) was initiated to assist members acquire loans with minimal interest of 2%, and the SLS continues to strive. Some have made gains and made a difference and have engaged themselves into profitable self-employment investment which in

¹² According to the 2010 housing and population census.

¹³ Community Based Rehabilitation addresses several areas, but focuses specifically on support to psycho-social, physical, vocational and organizational issues included in the WHO Components “Personal and Social Life” and “Empowerment” cf. CBR matrix of WHO 2010.

turn has increased their self-esteem. However, the capacity of members needs additional support before they can independently run the scheme. Also, the evaluation reviewed that subscription to the SLS is not encouraging citing poverty as the main reason. To remain viable, the scheme must therefore expand the collaboration with alternative and dedicated micro-finance institutions (such as OISL).

Need for strategic intervention models

As the evaluation report states the disability specific components address legitimate needs of members and help build the capacity towards their involvement in own organisational work. However, at this point in time, it is a priority for the organisations to test and put into practice revised models for increased sustained benefits and for effective replication on a broader scale. In particular there is a need to develop advocacy strategies which can work towards a replication of these “best practice models” by relevant duty bearers. The models will further facilitate evidence-informed advocacy (including mobilising the broader public to join in demanding change) which has largely been lacking during Phase I of the project.

Need for continued pro-active advocacy and building national capacity

The evaluator confirms the need to pay a higher degree of diligence in developing the overall common vision and strategic framework for advocacy and organisational development 2015-18 for GFD and the member OPWDs. Specifically, this should comprise national and thematic advocacy strategies as well as strategies for organisational sustainability and not least financial independence. The evaluation report points to potentials in advocacy efforts that have not been exploited to full extent. In particular efforts should be made to expand the existing collaboration with both state and a new body of non-state actors.

Challenges to effective coordination. The evaluation report confirms that the disability movement has grown stronger and more united in course of Phase I. Among the project partners, and especially after the implementation of measures for more active joint learning following the MTR, the OPWDs express more ownership of the project and of GFD as their common organization, providing a better platform for common action. Still, the fact that the movement is made up by organisations of varying capacity and with differing areas of expertise and focus remains a challenge. There is a need for further clarification of roles and responsibilities and consolidation of established procedures for communication and coordination. This is crucial not least in light of the continuous communication barrier faced by GNAD and the recent integration of IG under the umbrella of GFD and the project partnership. Within the same context, there is a renewed need for development of a joint vision for the future partnership between Danish and Ghanaian OPWDs.

High financial dependency on few donors. The funding environment is becoming more challenging and as the movement is making significant progress towards more sustainable organizational models, the Danish and the international funding environments are posing new demands in terms of documentation, etc. new modes of financing such as public-private partnerships are winning ground and a related challenge is that, while willing to fund activities and benefits directly targeting members, donors are unwilling to contribute to the “overhead” costs of essential organizational governance and management functions. As the evaluation report confirms the OPWDs have for a number of years relied on support from only a few donors (in particular DANIDA) which put them in a very vulnerable situation.

Gender

The evaluator’s fieldwork at district level confirms that women in the OPWDs are more empowered than is usual in the respective cultures and women are represented in the local leadership albeit not equally. *‘Despite this achievement, male voice still dominates and gender tends to be relegated to the domain of “Other Matters” during business meetings at that level. Some internal reports also observe that women tend to have lower ownership of decisions and activities, suggesting room for further improvement.’* (Annex M, p. 16). This reflects the general recognition that women with disabilities are often doubled disadvantaged.

B. 4 Stakeholder analysis

The key stakeholders identified for engagement by the project are mentioned below. A full stakeholder analysis is included as Annex F.

Stakeholder	Description	Role in project
District Assemblies	Manage DACF, local education and health services. Limited by disregard/unawareness of PWD issues, small budgets and dependence on timely transfers from central government.	Key duty bearer to engage for access to government services. Advocacy target for many project activities.
Ministries of Local Government, Education, Health, Information and Communication, National Health Insurance Authority and Ghana Standards Board.	National authorities responsible for formulation of key policies and administrative guidelines that can permit or deny access of PWD to government services. Are obligated by national PWD friendly legislation but limited by routine, lack of knowledge and conflicting calls on their attention.	Key enabling duty bearers. Subject to national level advocacy to formulate disability friendly policies, which can then be used to push PWD friendly implementation by local administrators.
National Council of Persons with Disability	Government body set up by the Disability Act of 2006 to advise government on disability policy and coordinate with civil society. Paralyzed since 2012 by delays in naming its members.	Could become an important advocacy platform in and from which to engage policy makers, but advocacy must first be directed at activating the institution.
University of Ghana	Educates accredited professionals.	Key stakeholder to mobilize as a partner to create a qualified training course for SLI in Ghana.
National Disability Network	Body of civil society actors in the disability sector. Represents many different sorts of organization and interest, which is rich in experience and contacts.	The project engages with the network as useful forum for exchange of experiences, learning and contacts, and coordinating positions on issues and advocacy work.

C. PROJECT DESCRIPTION (indicative length 7 pages)

C.1 Target group and participants

The primary target group is made up of 5,622 members (of these 2,527 are women) of participating OPWDs in 11 districts of Ghana and their families. They will benefit directly or indirectly by training, being empowered to claim their rights, and getting access to government services.¹⁴ The project will engage the primary target group through their own democratically organized district branches, assuring legitimate representation of the target group. The families of empowered PWDs will benefit from a more productive family member. Also, many family members accompany PWD to meetings, trainings etc. as helpers, and as a spill-over effect benefit from attending these sessions.

¹⁴ Please refer to Annex G for a breakdown of this number, including information on direct beneficiaries of the organisation specific activities.

The secondary target groups are:

- Government officials primarily at district level, who will benefit from training and information received, enabling them to exercise their duties with. Some 850 district stakeholders (mostly staff and members of the District Assemblies). On national level 250 stakeholders (both state and non-state actors) will directly participate in project activities and events.
- All PWDs living in the project districts. They will benefit from higher awareness of PWD issues among District officials, and inclusion in programs and services.
- 30,000-40,000 PWDs who are members of the OPWDs, also beyond the project districts, who benefit from a more efficient and capable national organization.¹⁵

Activities will target 11 out of the original 14 project districts in Phase I, the reason being that two districts (Saboba and Kwahu West) are doing so well that they are able to manage with minimal support from the HQs in Accra, and one district (Jaboso) has recently been divided into two by government, so most of the GFD executives are now placed in a different district. Furthermore, there is no GNAD branch in Jaboso following the division so it was decided to discontinue activities in this district for now. Among the 11 districts, some will receive more attention than others, according to the challenges and opportunities perceived by each organization. All 4 OPWDs will focus their efforts in 4 districts each, selected according to sets of criteria relevant to their respective objectives. GFD will support the work of the local committees in all 11 districts, however with particular emphasis on the in total 8 districts in which the OPWDs are implementing their disability specific project activities. Please refer to Annex G for details on selection criteria/OPWD presence, and Annex I and J for an overview of progress and challenges of the respective districts.

District	Membership	GFD local strengthening	OPWD specific intervention
Asutifi	589	X	X (GBU) X (IG)
Domaa	557	X	X (GBU) X (GNAD) X (GSPD) X (IG)
Sefwi Wiawso	391	X	X (GNAD) X (GSPD)
Jaboso	No intervention		
Lawra	506	X	X (IG)
Bongo	893	X	X (IG)
Saboba	No intervention		
Nanumba North	457	X	-
Mampong	439	X	X (GBU) X (GSPD)
Ejisu	322	X	X (GNAD)
Kwahu West	No intervention		
Ga West	405	X	X (GBU) X (GNAD) X (GSPD)
Ketu South	797	X	-
Effutu	266	X	-

¹⁵ GFD membership is registered at 41,000. This figure includes many non-paying members.

C.2 Objectives and indicators

Development Goal		
Persons with disabilities enjoy equal rights in all areas of society in accordance with national and international legislation under constant monitoring of a strong disability movement.		
Immediate objectives		Objective Indicators
By the end of the project period, 5,622 PWDs in 11 districts experience improved quality of life through membership of local OPWDs, who individually and through GFD district committees are working effectively in the interests of their members. Approaches are captured for learning and strategies ready for replication.	O11	By the end of the project period PWDs across disabilities have increased access to 2 additional government services in 11 districts compared to baseline (beyond DACF). Members of GNAD and IG have been fully included in this access in at least 4 districts each.
	O12	By the end of the project period, OPWD district branches and GFD committees in 11 project districts are working according to their respective constitutions, statutes and operational guidelines.
	O13	By the end of the project period, GFD district committees and 4 member OPWDs in 11 project districts are jointly raising funds and carrying out activities in accordance with their district plans (advocacy, awareness raising, capacity building).
By the end of the project period, 4 strategic intervention models have been tested in 4 districts each and duty bearers are engaged for broader application and replication. <i>The intervention models concern SLI, physical accessibility to schools, CBR and Savings and Loan Schemes.</i>	O14	By the end of the project period, each local intervention model has been revised based on collection of best practices.
	O15	By the end of the project period, at least 600 PWDs testify to increased participation at household and community level (e.g. decision making).
	O16	By the end of the project, period strategies are in place for engaging duty bearers and other relevant stakeholders.
By the end of the project period, GFD and OPWDs work according to a strengthened strategic framework reflected in joint advocacy initiatives; enhanced financial sustainability and improved partner collaboration	O17	By the end of the project period, GFD and 4 member OPWDs have approved and are implementing joint strategies on national advocacy and sustainable organizational development.
	O15	By the end of the project period, GFD and 4 member OPWDs have developed a strategy for financial sustainability and have reduced their financial dependence on the Danish Disability Fund by 25% relative to end 2013 (total turnover)
	O16	By the end of the project period all project partners re-commit to the joint objectives and visions for the continued development of the disability movement.

C.3 Outputs and activities

Please refer to Annex Q.

C.4 Strategy

The project works towards the development goal by applying a three-pronged approach, inspired by project learning and evaluation of Phase I, and as reflected in the three immediate objectives. A range of mutually supportive interventions at district and national level will aim to:

- Build sustainable local organizations and GFD committees with strong anchoring in their member base (immediate objective 1)
- Test strategic intervention models and engage with duty bearers for broad replication (immediate objective 2)
- Develop a strengthened national strategic framework for advocacy, improved collaboration, and organizational and financial sustainability (immediate objective 3)

A number of cross-cutting implementation strategies will support and guide the interventions. These strategies relate to:

Maximum use of local resources: The vast majority of activities will be held at district level as close as possible to where participants live. Where available, human resources from inside the local organizations will be used as resource persons to facilitate the development of an organisational culture where local leadership become 'doers' rather than beneficiaries. The evaluation report refers to this as a move from "hand holding" towards an "arm-length" approach.

Collaboration and support across organisations: The collective impact approach, which has proven successful in Phase I, will be even more pronounced in Phase II where GFD as the collective body will take the lead on a wide range of joint activities, supported in the implementation by individual OPWDs. GFD will also work closely with GNAD and GSPD to strengthen advocacy on SLI and physical accessibility and will lead the efforts to mainstream IG in the movement.

'Civil society logic': The evaluation of Phase I suggests that a fuller appreciation of fundamental concepts (enshrined rights, public goods etc.) is needed for effective advocacy, not least at district level. As recommended, additional steps will be taken across activities to enhance practical knowledge and understanding of a RBA.

Training methodology: As acknowledged by the final evaluation, the project has with success generated a number of "good practices" which will be replicated to a larger extent in Phase II. These include the two-pronged approach of combining training with "accompaniment" (keeping in mind the 'arm length' approach) and immersion strategies which so far successfully have been applied by GSPD. Further, a careful selection of participants for trainings will amongst others facilitate interaction with local officials and locally based resource persons. Experience has shown that such mixed events and interactions will help pave the way to better collaboration between the state and the PWDs. ToTs will be organised, as a new approach, in all districts with a view to generating a local hub of resources on the drafting of applications to DACF.

Organizational learning: Experiences and learning generated in the course of the project will systematically be monitored, documented and shared. Measures put in place subsequent to the MTR have significantly increased quality of documentation and have contributed to understanding and cohesion across the OPWDs. Good practices of joint and OPWD specific monitoring will continue and will, apart from data collection, also comprise follow up on trainings, coaching on advocacy and fundraising initiatives etc. (refer D2 and Annex O).

Timing: A preliminary project plan/time line has been developed (refer Annex N). This will be jointly revised to ensure that activities are well coordinated and synergies are exploited where possible. Timing will reflect the interdependence of activities, i.e. systematic advocacy on availability of SLI services will take place at an early stage to facilitate GNAD integration in activities at district level.

Gender: Gender mainstreaming is a concern shared by all OPWDs. Consequently, an equal gender balance will be respected in trainings and other project initiatives. Special care will be taken as regards the involvement of women in leadership positions, especially in light of the fact that Phase II coincides with several OPWD congress assemblies and the election of new officers. Monitoring will capture the gender distribution in terms of participation in project activities, access to government services and representation.

Cost efficiency: Since the MTR, the OPWDs have increased focus on cost efficiency and have institutionalized a number of measures (incl. 'quality assurance formats') to ensure that costs are kept to a minimum. Venues are chosen with an eye to costs, rates are negotiated, and transportation is shared where possible. The same goes for common office facilities in districts.

LOCAL SUSTAINABILITY (Immediate objective 1)

As the findings of the evaluation of Phase I have shown a quite successful entry has been achieved at district level where established local GFD committees work in a united manner to access respective district authorities and not least DACF. To ensure a successful exit, interventions will in Phase II be directed towards deepening members' ownership and engagement while consolidating the sustainability of the processes and gains made. The main instruments are continued capacity building of the local GFD committees and strengthening of strategic alliances at local level.

Result 1.1: Access to and disbursement of DACF

Coaching and supportive visits by the OPWD monitoring and support teams, and increased Local Development Funding (LDF)¹⁶ to support advocacy as recommended by the MTR, have in Phase I provided the local committees with confidence to engage the district authorities on issues concerning the DACF leading to impressive results. As recommended by the evaluation, attention will now be paid to more equitable ways of allocating the DACF, and efforts will be made to pursue increased transparency and accountability in the disbursement and usage of the funds, as well as collective proposals. Collective resources from the DACF can be used to run offices and hold joint meetings and can work towards the achievement of common goods which in turn will mobilize members around their local committees. The GFD and members from the OPWDs intend to carry out a series of training and refresher training events for FMCs, district level authorities, local level PWDs and OPWD committees with a view to delve into/systematize the guidelines for disbursing the funds and increase the quality of both proposal writing and of monitoring by FMCs.

Particular attention will be given to the 7 districts where GNAD and/or IG are focusing their activities. This is partly to rectify the reported discrimination of GNAD members' access to DACF, and partly to introduce IG and their particular disability to the other members. Both will receive specific orientation and training to enable them to benefit from the DACF, and trainees will subsequently spread the acquired knowledge within their respective communities.

As part of an umbrella intervention in the 11 project districts to enable PWDs obtain the best results from the use of their funds, GFD will, as an initial step, replicate good practice from GBU's experience with entrepreneurial training on other projects and will engage with the National Board for Small Scale Industries (NBSSI) at the national level and more importantly at the local offices level. This engagement is to elicit the technical expertise from the local Business Advisory Centres (BACs) in identifying viable investments within their communities. They will also support the PWDs to write proposals that will enable them to undertake profitable ventures. Experience shows that when the technical services of the BACs are harnessed, PWDs will be better advised in their selection of how to use their funds and thus more profitably engaged.

¹⁶ For more details on LDF, please refer to Annex R

Result 1.2: Access to additional government services

Learning from Phase I shows that when given the opportunity and support, the local GFD committees have the ability to identify collective priorities, design action plans and implement effective advocacy initiatives. In this vein, the project intends to support the districts in reviewing and implementing their advocacy plans. As part of this process and in line with recommendations in the evaluation, targeted efforts will be made to foster and strengthen alliances with a wider diversity of local stakeholders for increased gain and sustainability. LDF will be disbursed among the 11 project districts to enable them undertake their proposed initiatives (e.g. access to NHIS, Agric Extension Service, GFD office space, SLI services etc). The LDF will supplement what committees are able to request from their DACF with joint proposals, and is in itself a tool for local sustainability as it builds local fundraising and management capacity. Refresher trainings for GFD M&E subcommittees will be organized to strengthen the tracking and reporting on the advocacy work and its results.

Another key lesson learnt is that in those districts where local GFD committees have been supported by committed people who are relatively well educated, documentation, correspondence and follow up has been smooth and relatively efficient. This has been the case in districts where GBU field workers have provided immense support not only to the GBU but also the whole disability fraternity. During the evaluation this feature was well noted by the consultant. The project will replicate this good practice in 5 of the selected project districts (where GFD has suitable office space) by seeking the engagement of the National Service Secretariat at both national and district level to provide personnel for the support of the OPWDs. The National Service personnel will be selected from the project districts and taken through orientation in disability issues and relevant skills before being posted to the committees. This orientation will also be attended by selected members of the local committees so that future orientations can be carried out by them for sustainability.

Result 1.3: Strengthening of GFD Committees and OPWD local branches

In addition to the posting of National Service Personnel in 5 districts, efforts to strengthen the organizational capacity of GFD committees through leadership training will take place in all 11 districts in order to strengthen ownership, internal democracy and accountability as recommended by the final evaluation. In the 8 districts specifically targeted by the OPWDs under this proposal, the training will take the form of a joint workshop involving members from the district branches besides the GFD committee executives. The activity will embrace training in basic skills to manage and vary meetings so that these are more engaging, speak directly to the needs of the members and offer them something which they find useful, e.g. a presentation by a local health officer which was tried with great appreciation in Phase I. Moreover, participants will learn conflict management skills and address issues of ethical behavior to avoid conflict-of-interest situations as noted by the evaluation. Another set of trainings, in each 11 districts, will aim to identify and map available resources (human and financial) within and outside the districts and also identify stakeholders that could link the OPWDs to have access to these resources. Among the participants will be strategically selected resource groups and individuals.

These trainings will be closely coordinated with the DACF sensitization/orientation sessions (result 1.1) to ensure coherence and synergy, e.g. in regard to sharing of disability specific issues and proper integration of GNAD and IG members in joint activities.

Result 1.4: Generic model for “Organizing for PWD rights”

By the end of the 15 month project period, the different experiences of establishing GFD district committees (full intervention cycle – entry and exit) will be documented for comparison and selection so that best practice can be captured and those found viable can be replicated. It is expected that the collation of processes, experience and documentation of a generic model “Organizing for PWD rights” will be carried out by an external consultant with the requisite capacity (survey will include all 14 original project districts). Core staff and local GFD committees on the project will be in close consultation. In a similar manner the 4

OPWDs will also document their experiences. This will ensure that their future implementation is based on tested processes and experience.

STRATEGIC INTERVENTION MODELS (Immediate objective 2)

Social and economic empowerment at individual PWD level is a prerequisite for confident engagement and skilful participation in community and organizational work. The OPWDs hold vast experience in training to empower their members within each their respective area. As recommended by the final evaluation, these initiatives will in Phase II to a larger extent be oriented towards developing and showcasing evidence-based models as a way of influencing state authorities and other duty bearers to adopt and finance more effective approaches at scale. Strategic intervention models will be tested, systematized and documented and relevant stakeholders will be engaged within the areas of SLI, physical accessibility to schools, CBR, and Savings and Loan groups. The interventions will also work towards the results under immediate objective 1 by delivering tangible results to members in return for their increased participation at organizational level, and will furthermore assist evidence based advocacy at national level under immediate objective 3.

Result 2.1: A model for increased access to SLI

In the short term, and for the enablement of participation of PWDs in their communities as well as project activities, an assessment of existing interpreters in the targeted areas will be done. This assessment is necessary in order to determine those who can immediately receive an advanced training for service delivery in the districts which have no interpreters. GNAD will be relying on the experience of DDL assessment procedures and a consultant from Denmark for this exercise (assessment of 60 SLIs) which will result in the development of a Directory of Sign Language Interpreters which will be distributed to PWDs and district assemblies/service providers respectively in the targeted districts.

As a result of vigorous advocacy in Phase I, the allowances of 1 interpreter each in 3 districts were paid by the district assemblies which led to an increased participation by the deaf community in services and meetings. GNAD, alongside GFD, will engage closely with the Chief Executive in the 4 GNAD target district to achieve the same in these. As recommended by the final evaluation, the strategy is to produce a scalable model for embedding in the mainstream public service delivery system. GNAD will also pursue the recommendation of lobbying the MoH for the production of basic information leaflets on SL. In the long term, training of SLIs using the University of Ghana (UoG) will be pursued in order to increase the availability of proficient SLIs. In Phase II GNAD and the Linguistics Dept. at UoG will jointly push for the approval of a summer course in 2015 by the Academic Board, the University Council and the National Accreditation Board.

Result 2.2: An advocacy approach for increased physical accessibility to schools

As earlier indicated, the official approval of the manual for accessibility standards has been delayed by bureaucracy and in Phase II intensified engagements with the relevant authorities and stakeholders will take place to push for an early approval, in view of the deadline for the moratorium on the implementation of the disability law in 2016. Alongside this, GSPD will follow up and repeat the sensitization workshops where the duty bearers were “immersed” in the situation faced by PWDs on a daily basis. The workshops were successful as evidenced by the fact that all the districts involved drew up action plans to be carried out during 2014. In Lawra district, following a sensitization workshop, the Director of Education called a meeting that brought together the Parent Teacher Association (PTA), the GFD Committee and officials from the DA. The meeting resulted in an agreement to construct a ramp that is to serve as a model for other schools in the district. There are plans by the district for the process to be replicated with other schools in the district and the local GFD Advocacy and Monitoring Committees are to play active roles in this activity. GSPD will carry out follow-up visits to project districts to ensure that the commitments are fulfilled, and will document the process and systematize it for replication in other districts.

Result 2.3: A model for district based replication of CBR in 4 districts

GBU will engage a cross section of VIPs to develop their successful CBR model into a strategy that will be more sustainable. This will be tested among the members (300 out of the 1,257) in 4 districts. To ensure that the CBR strategy will be taken on board by the branches and it actually works and is sustainable, GBU will use the action learning methodology to enable the visually impaired set up a system to identify their own problems and probable solutions. This will promote ownership and ensure sustainability. The methodology will be developed collectively with the VIPs and will be institutionalized in all the branches. Moreover, political leadership and other duty bearers will be lobbied to enable them understand the importance of rehabilitating VIPs through CBR, secure their buy in and they becoming advocates. In districts that have government eye clinics, the medical directors will be targeted. The efforts will also prepare GBU's inputs towards the long term strategic framework where rehabilitation is envisioned be part of the organisation's priorities.

Result 2.4: Enhanced economic opportunities due to revitalized Savings and Loans Groups

Despite the small subscriber numbers of the Savings and Loans groups, the committed and active members have accumulated savings and provided credit to their members thus enhancing money circulation, investments, entrepreneurial development and economic activity resulting in both increased self-esteem and job creation for members. In Phase II, the groups will through the Opportunity International Savings and Loans or other financial institutions take up ownership of the scheme as part of the empowerment strategy of the activity. This was successfully piloted in 3 districts in Phase I and constitutes an approach supported by the evaluation findings. Volunteers within the groups will promote increased saving mobilization and membership, and continued efforts will take place to create a "financial linkage model" that will be systematized for future use. In support of this process, a forum will be organized for 24 members in the 8 groups in 4 districts to seek information to standardize savings mobilization operation. Gathered learning will also feed into a GBU micro credit scheme (a separate Danida financed project) and vice versa. And the collaboration with BACs will likewise support the SLS.

FRAMEWORK FOR SUSTAINABLE DEVELOPMENT (Immediate objective 3)

The disability movement is increasingly recognised as the collective voice of PWDs and the final evaluation notes the overwhelming support for a collective impact approach which has been highly instrumental in driving the quite impressive successes achieved so far. Phase II will build on these achievements to further strengthen joint long term planning, improved collaboration and organizational and financial sustainability.

Result 3.1: Joint advocacy and long term advocacy strategies 2015-18

As noted by the final evaluation, the OPWDs have achieved a number of important results by application of innovative advocacy models at national level. Also local level advocacy have been successful in terms of accessing DACF. In Phase II, concerted and intensified advocacy efforts at national and district level will focus on the two areas where progress has proven difficult in Phase I; physical accessibility of public buildings and SL services for the hearing impaired community. The methodology to push forward this agenda shall include engagements with national and district level authorities (e.g. within the context of current review of DMTDPs) to present the issues with stronger emphasis on the rights of PWDs to government services as enshrined in the constitution of Ghana. The Disability Network will be mobilized for increased impact and data and documentation gathered at district level will be used to build persuasive arguments. Moreover, efforts led by the GFD will be made to sensitize the newly elected DA on disability friendly policies (elections planned for June 2014)¹⁷, and to consolidate strategic alliances with the media. As emphasized by the evaluation, the latter was carried out with great effect during Phase I. A long term National Advocacy Plan, also embracing IG specific issues, will be developed.

¹⁷ This activity will also work towards the results under immediate objective 1

Result 3.2: Further strengthening of cooperation and coordination

Attention will be paid during Phase II to continued nurturing of improved collaboration and dialogue amongst the organisations both in Ghana and in Denmark. Collaboration at all levels is still marked by regular misunderstandings resolving around a lack of clarity around respective roles. A partnership workshop will be organised, as highly supported by the evaluation, which will address the underlying challenges and aim to establish a common broad based vision of values, desired change and priorities. This will also include the prospects for eventual Danish exit.

Particular efforts will be carried out to welcome IG into the partnership and the disability fraternity in Ghana. There will be some awareness creation with the Disability Network, the GFD Board and staff so that the specific issues and challenges of persons with ID is understood by all. To strengthen IG's objective at a national level, it will also be developing a national strategy on living independently and being included in the community with a view to helping persons with ID mainstreamed in every aspects of society.

Result 3.3: Policies for organizational development and financial independence

Since the MTR, the OPWDs have worked towards increasing the number of donors supporting various interrelated advocacy interventions. The evaluation has emphasized the need to foster alliances in order to broaden the constituency of the disability sector through the pooling of voices and resources. All the Ghanaian partners will continue to place heavy efforts in sourcing additional funding by developing new project ideas, writing proposals and engaging with potential new donors. A key strategy in this phase therefore will be to focus on strengthening the capacity of the organizations and boards in such areas as fundraising, efficient management of existing funds, and improvement in the quality of contributions that are made to ensure overall organizational sustainability.

To achieve the indicator the project supports core governance (meetings by elected bodies, newsletters to members) with a lump sum at approx. 50% of the funding level hitherto provided. Lump sum support of 200.000 DKK for core governance is to be used by the organizations at their discretion, but adhering to their constitutions and according to a budget presented and approved by SSC/PMS/PMN. The budgets must adhere to the agreed upon implementation guidelines. Division of funds between partners is to be agreed by SSC and confirmed by NSC.

C.5 Sustainability

As described in the above section, sustainability is a key issue in Phase II:

Political sustainability – There is a high level of commitment by the OPWDs and members to work for improving the rights of PWDs. Also, GFD and member organisations enjoy a high level of legitimacy as spokes-organisations for the disabled population, and the advocacy and awareness efforts will continue to build the movement's visibility. The legislation framework is in place supporting PWDs in Ghana and reveals an initial commitment that can be built on during the project and beyond. GFD and the OPWDs will engage with other actors creating alliances to secure the support of various stakeholders in changing the situation of PWDs that will last beyond the project period. The advocacy efforts also target issues where the successes will benefit members beyond the project period (e.g. access to government services).

Organisational sustainability – The main focus of this project is building the local sustainability of the OPWDs and local GFD Committees. The aim is the development of the branches to a point where the leadership and membership continue their activities on their own – linked to local stakeholders. The training is thus targeted to move from "handholding" to mentoring and utilising local resource persons where knowledge and skills will remain within the local associations. The project is also concerned with the

work to build the membership influence, democratic systems and transparency. The advocacy themes are selected in a manner to encourage the members to be active in their local associations because they directly feel the benefit of being active thus improving on the perceived benefit of going to meetings. By strengthening the collective and inclusive efforts the aim is to ensure that no parallel structures are being built and internal conflicts are limited. This is mirrored at national level where focus is on continued improvement of the collaboration and coordination amongst the diverse members of GFD in order to sustain the joint efforts. The project objective falls under the overall strategic objectives of the disability movement ensuring coherence with initiatives outside the project realm. Also, the lessons learnt can be applied in other areas of the work of the organisations. E.g. the the full model for “Organizing for PWD rights’ will be ready for replication in non-project districts.

Financial sustainability – At local level the focus is on integrating branch members into government programmes and services ensuring their access to financial support. Also, efforts are made towards economic empowerment of members through qualifications of Income Generating Activities. At national level the project works towards securing additional funding sources for activities and running costs of the organisations. This is done through increasing capacity in fundraising and resource management and a target set for a reduced dependence on support by the Danish Disability Fund by 25 %. The project applies cost-effective measures where expenses are kept to a minimum and do not contribute to amplifying running costs. As reflected in the project budget, the project has reduced the support to governance expenses (board and committee meetings, general assembly, newsletters etc.) by approx. 50 %. This gradual reduction is accelerated compared to Phase I and will continue as an incentive to improve on the fundraising efforts. During the project the OPWD will have financial independence strategies in place with focus on spreading dependence.

Social and cultural sustainability – The awareness raising efforts at local and national level are aimed at changing how relatives and communities view and interact with PWDs and the effects of the changing attitudes will reach beyond the project period. In support of the policy issues the project will aim to change attitudes amongst decision makers, communities and relatives. Equally important is that the perception of the members themselves will be challenged allowing a change in how the members and leadership carry themselves and interact and negotiate with others. The visibility of PWDs is sustained through the active involvement in community activities and mainstream programmes.

This project is envisioned to be followed by an additional phase (see Section B1). In preparation for this the project partners will renew their partnership agreements and plan the exit strategy together.

C.6 Assumptions and risks

The main assumptions and risks are listed below:

- It is assumed that the political will and commitment of duty bearers at national and local levels will continue and allow the OPWDs to debate and influence policies. The present government is receptive to PWD issues but also subject to many other pressures. The project thus includes active advocacy measures targeting both implementing and policy making bodies.
- It is assumed that the existing protection policies for PWDs (e.g. 2% DACF) will be maintained during the project period. The timely release of funds to the districts is a definite risk and may affect the project. This will be monitored continually by GFD.

- It is assumed that the information flow within the project partner's structures will continue to improve and ensure effective communication as the progress of the project is dependent on this. To minimize the risk a partnership conference will be held to build common visions, and a conflict resolution scheme will be put in place.
- Due to PWD living conditions and HR constraints at the local level, sustainability of any given local capacity is a risk to be monitored continually. It will be supported by a continuing mentoring from HQ.
- It is assumed that the OPWDs will be able to retain the human resources necessary to implement the project.

D. PROJECT ORGANIZATION AND FOLLOW UP (indicative length 1 ½ pages)

D.1 Division of roles in project implementation

The project is managed by the **southern steering committee (SSC)** and the **northern steering committee (NSC)** respectively; SSC consisting of three representatives from each of the southern project partners (president, director, woman's wing) and NSC consisting of one from each of the northern partners. SSC is formed as a working group under the GFD Board and it is the duty of SSC to inform and report to the GFD Board on project progress. SSC will meet on a bi-monthly basis. The NSC will meet every month. Minutes will be shared mutually. The **Project Manager South (PMS)** has a coordinating role and serves as contact person between SSC and NSC. The project manager will be employed under the project and refer directly to the Executive Director of GFD.

Danish Association of the Blind will be the lead agency hosting the project in Denmark. A project manager (PMN) placed with the hosting organization will coordinate inputs from the five Danish organizations and handle the day-to-day work, incl. contact to the project manager in Ghana.

SSC will receive inputs and feedback from the **Directors Forum**. This forum consists of the directors of each project organization and will be in charge of the day-to-day implementation of the project under the supervision of SSC. The role and mandate of the directors are, amongst more, to ensure that proper coordination and information sharing is carried forward. It is the responsibility of the directors that quarterly reports are timely submitted from each sub-component. Directors Meeting will also initiate and coordinate joint staff meetings.

At district level, **GFD committees** in each project district serve as a coordinating body of the project organizations at local level. In close relation to the district GFD committees the **advocacy committees**, **M&E committees** and **gender committees** will function as working groups. A project monitoring officer will ensure a high standard of work in the M&E Committee and will build capacity in the district monitoring teams.¹⁸

The management structure is based on the previous structure, however, following MTR recommendations revisions have been made to make decision making processes and project coordination more efficient. For example, a template has been adopted for making the SSC more efficient and this has been used for the remainder of the project period. Consequently, the "administrative issues" were reduced, so that more time was made available to focus on selected themes for each meeting. However, burning issues many times take precedence during the meetings. Now SSC is also called in when major/strategic decisions have

¹⁸ See Annex P for a diagram of the project structure.

to be made. The directors meet when and where they have to. This has led to quick decisions that allow implementation to take place smoothly.

There is agreement amongst all project partners, both in Ghana and Denmark, that it would still be fruitful to revisit the governance structure again and as part of this carry out a comprehensive assessment before any changes are made. This is also in light of the growing membership of the project and different roles of members in NSC. This has to be done with all the directors, SSC members and NSC present. A proposed “partnership and relationship workshop” is planned in the first quarter of Phase II, which will offer the right opportunity.

D.2 Monitoring and evaluation¹⁹

The appointment in Phase I of an M&E officer following the MTR significantly increased systematic project monitoring. Building on these experiences a participatory monitoring and evaluation approach will be used for self-assessments, knowledge generation, exchange of information, individual and joint reflections and collective action-taking that involves stakeholders who collaboratively define issues, collect and analyse data and take actions based on the lessons learnt.

M&E data is collected at different levels. The national project officers at the OPWDs level collect organisation specific data at the national level which feeds into their reports. Data is provided on national level advocacy indicators by the national Advocacy Officer working in close collaboration with the national M&E Officer. The bulk of data is generated at the districts, by the local M&E committees and evaluated/ analysed by the national M&E officer at periodic times. Phase II shall build upon the experiences from first Phase by identifying and harmonizing the different data needs of the partners and stakeholders. It will also provide a framework for sharing and will make use of the information generated to influence advocacy for better recognition of PWDs rights in the country. The Overall Joint Monitoring process, which has particularly been an eye opener for project management in Phase I, will continuously provide useful opportunity for the PMs, directors and M&E officer to test assumptions, reflect on the strategies and measure the worth of changes that have occurred on the lives of PWDs in the project districts. This phase will introduce the use of other methods like the Most Significant Change (MSC) approach and the use of the Advocacy Index (i.e. a method to measure, from time to time, the capacity of the disability movement to advocate on an advocacy issue). The advocacy index will enable the movement to engage in targeted advocacy and ensure best use of time, efforts and resources available. The application of these two approaches will require some capacity building of the local GFD monitoring and Advocacy committees. Each OPWD will produce quarterly narrative and financial reports which will be checked and approved by directors, PMS and PMN. The M&E officer will update a **joint database** every quarter and present progress achieved towards the indicators in the logframe and share the outcome with both local and external partners. Data collected in course of Phase I and through the evaluation will serve as baseline for Phase II. A baseline survey will however be carried out in relation to indicators applicable to Inclusion Ghana (IG), the new partner.

Reviews/Reflective sessions and Evaluations: A review session in Ghana is proposed at the second half of the project implementation. The review shall provide opportunities to address implementation issues through action/research/learning cycles. Organizational level monitoring will be more focused on documentation of lessons, checking of progress being made, providing feedback and evidence to support local level advocacy interventions, and carry out supportive supervision of local initiatives, especially in the implementation of the LDF activities. NSC will also conduct a half-way review in Denmark apart from the

¹⁹ A monitoring plan is annexed, Annex O.

ongoing follow-up during NSC meetings. There will be an **external evaluation** at the end of project evaluation which will feed into the final progress review workshop. The review workshop will be attended by project organisations, selected partners in the disability sector, and district representatives of the local federations. This final review session will examine the project's gains and major modules for future scale up.

E. INFORMATION WORK (indicative length 1½ pages)

E.1 Project related information work in Denmark

The project will not include specific information work in Denmark.

3. Budget summary

Budget summary		Currency
Indicate the total cost (i.e. including contributions from the Disability Fund as well as others)	4.954.732	DKK
Of this, the Disability Fund is to contribute	4.954.732	DKK
Of this, indicate the amount to be contributed by other sources of finance, including self-funding by the Danish organization or its local partner, if any		
Indicate total cost in local currency	<u>897.596</u>	USD
Indicate exchange rate applied	<u>5,52</u>	

Main budget items:	Full amount	Financing plan	
		Of this, from the Disability Fund	Of this, from other sources
1. Activities	2.411.667	2.411.667	
2. Investments	51.612	51.612	
3. Expatriate staff			
4. Local staff	981.722	981.722	
5. Local administration	354.029	354.029	
6. Project monitoring	392.480	392.480	
7. External evaluation	85.000	85.000	
8. Information in Denmark (max 2% of 1-7)	0	0	
9. Budget margin (min 6% and max 10% of 1-8)			
10. Project expenses in total (1-9)			
11. Auditing in Denmark	25.000	25.000	
12. Subtotal (10 + 11)	4.428.890	4.428.890	
13. Administration in Denmark (max 7% of 12)	310.020	310.020	
14. Disability compensation	215.820	215.820	
15. Total	4.954.732	4.954.732	

4. Annexes

Annex no.	Annex title
A1- A5	Organizational fact sheets
B	Detailed budget
F	Stakeholder analysis
G	Criteria for selection of districts / OPWD presence
H	Project status – performance of key indicators
I	Status report per district (comprehensive)
J	Status overview per district
K	Follow up on MTR recommendations
L	Mid Term Review (only electronic copy)
M	Evaluation Report – zero draft
N	Project implementation plan / timeline
O	Monitoring plan
P	Organizational project structure
Q	LFA
R	LDF guidelines