PROJECT DESIGN FORM[1]

Project title:	**Enhancing CBID in Bangladesh**

Region:	**SAR**	**Country:**	**Bangladesh**

Partner Name	Centre for Disability in Development (CDD)
Project start /end date:	1 January 2020 – 31 December 2022
Project Number (if available):	Applied

[1] This Form is to be used for planning of all projects with a total budget of >50,000 EUR. The term "Project" within the document always also refers to Programmes.
For projects with an overall project budget of <50,000 EUR, the following documents are to be submitted:

i) Project Idea and Programmatic Approval Form (PPA) Section I. A-C + Section II.;
ii) Logical Framework and Cost plan

Contents

I. Project Abstract 3

II. Full Project Design 8
1. Relevance of the Project 8
2. Effectiveness and quality 12
3. Efficiency 20
4. Sustainability and Contribution to Change 23

III. Annexes
A. Description of Project context 26
B. Logical framework / cost plan 36
C. Activity schedule 36
D. Risk Register 36
E. Monitoring and Evaluation (M&E) Plan 36
F. Quality criteria for Project Design 37

I. Project Abstract

A) Project Information

Name of Partner	Centre for Disability in Development		
Region:	SAR	**Country:**	Bangladesh

Project title	Enhancing CBID in Bangladesh
Project Location	Chittagong City Corporation Ward No. 13, 14 & 15 and Bashkhali and Rangunia Sub-Districts of Chittagong District.

Timeframe	1st January 2020-31st December 2022	
Target group	*Direct Beneficiaries of the project are at least 2,000 persons with disabilities.*	
Overall objective	Persons with disabilities and marginalised population are meaningfully contributing to local and national development planning and practices.	• Increased number of men, women, boys and girls with disabilities are accessing health, livelihood and DRR programmes of government and non-government organisations. • Improved quality and inclusion practices for both men and women in government programmes and services.
Specific objective(s)	Effective participation of persons with disabilities and marginalized population in developing and showcasing good practice of community-based inclusive development that influence national level policies and practices. (UNCRPD-Articles 3, 6,7,8,9,10,11,25,26,27) (SDG-1,3,5,8,10, 11,13, 16)	• Communities, including persons with disabilities, will participate effectively in the development planning process of Union Parishad, City Corporation Ward and other relevant service providers in collaboration with DPOs and SHGs by end of the project • Union Parishad, City Corporation Ward and service providers in the project locations will make the participatory planning and implementation process disability inclusive by end of the project. • Some learning documents showcasing model of good practices shared with policy makers for advocacy by end of the project
Expected Results	1. With enhanced capacity, DPOs are supporting SHGs and their networks in collaboration with other stakeholders at district and sub-district levels to influence the government and service providers for participation and inclusion of persons with disabilities in development.	• A capacity development plan is developed for DPOs by first year of the project and male and female DPO members are demonstrating enhanced capacity to influence government and service providers • 1 network of SHGs/apex bodies is active by first year of the project in coordination of joint advocacy

	(UNCRPD-Articles 6,7,8,9,10,17) (SDG-1,5)	initiatives under the leadership of DPOs working with this project • DPOs working with the project are providing support to strengthen the capacity of SHGs, citizen forums, apex bodies and SHG networks, and advocating with Union Parishads, City Corporation Wards, and selected Nation Building Departments (NBDs) in project locations. • With the support of DPOs, local level NGOs will have the capacity to integrate disability inclusion in their mainstream development initiatives after three years. • Among the total executive committee members of the SHG, CF and Apex Bodies 30% are women
	2. UP and City Corporation Ward, with enhanced capacity on CBID, are creating opportunities for increased participation of men and women with disabilities in decision making processes relating to planning, budgeting, programme implementation and reporting. (UNCRPD-Articles 6,7,8,9) (SDG-1,5)	• Disability issues incorporated in the annual planning and budget of Union Parishads and specific budget allocated for disability issues in their annual budget, throughout the project period. • By Year 1, annual budgets of Union Parishads are including disability issues in all development activities.
	3. Government and non-government service providers are available at the community level and are providing disability identification, assessment, referral and rehabilitation services. (UNCRPD-6,7,8,25,26) (SDG-3)	• A referral mechanism established between rehabilitation service providers and local health structures (district, sub-district and union) at project locations (by Year 2) and men, women, boys and girls with disabilities are accessing this referral mechanism. • Capacity of selected local level health service providers (e.g. Community Clinic, Union Health and Family Welfare Centre, etc.) enhanced on disability identification, assessment and referral service by second year of the project • Local level health service providers are extending disability inclusive

		health services throughout the project period
	4. Enhanced economic conditions and disaster resilience of local community, including persons with disabilities and other marginalized groups. (UNCRDP-Articles 6,7,8,9,11,27) (SDG-8,13)	• Advocacy initiatives taken at project locations with concerned stakeholders (national, district and sub-district level) on disaster resilient disability-inclusive livelihood throughout the project period. • 120 persons with disabilities and other marginalised groups have alternative (diversified and adapted) livelihood by end of the project period. • Multi-hazard disability inclusive early warning system initiated at the local level and throughout the project period it is practised by UDMC and WDMC during the first year. • Persons with disabilities, families, communities and Union Parishads and City Corporation Wards are better prepared to face and recover from disasters based on their contingency plan by second year of the project.
	5. Increased participation and meaningful contribution of men and women with disabilities and DPOs at local and national level planning processes influencing policy change supported by DPO Federation leadership. (UNCRPD-Articles 6,7,8,9,10,11,25,26,27 (SDG-1,3,5,8,13,17)	• Men and women with disabilities and DPOs meaningfully contribute in the development process of the 8th Five-Year Plan, Bangladesh Perspective Plan 2021-2041 and inclusive implementation of the 8th Five-Year Plan by the first year of the project. • A situation analysis on accessibility and adaptation scenario in public infrastructures of Bangladesh conducted by year 2. • Infrastructure development planning process will consider universal accessibility issues for women, men, girls and boys with different disabilities, older persons, and other community members in all future infrastructure development following the 8th Five-Year Plan by the end of the project.
	6. Increased technical capacity of DPOs and local partners with the support of CDD on local and	• DPOs and local partners have the capacity to promote CBID in the

	national level advocacy and scaling up of sustainable CBID programme.	working areas by Year 2 of the project • A learning document developed on how UPs are including people with disabilities in their development processes will be shared with policy makers for advocacy by project end.
Activities	Sensitisation and advocacy; Formation of SHGs, apex bodies, CFs, network etc. and regular meetings; capacity assessment and capacity building; training; exposure visits; IEC materials development; provision of therapy and assistive devices; workshops; learning sharing; livelihood; DiDRR; advocacy plan, good practice documentation etc.	

B) Expected costs and sources of funding

	BDT					
Estimated total project cost[2]						
Requested CBM contribution[3]						
Other sources[4] **(please specify)** ***Please add a separate row for each different funding source.***						

C) Partner information

Name of Partner	*Centre for Disability in Development (CDD)*		
New partner?	☐	Active/ongoing partner?	☒
If there is an established partnership with CBM, please provide Partner number	*PARTNER000113*	If this project is the continuation of a previous CBM project, please provide project number	*3337-CBMAUS-MYP*
Partnership approved?	*Yes (2009)*		
Date of last Partner Assessment (PA)	05/2019		
Which other organisations will be part of the implementation and what is their intended role?	*(If applicable – if an organisation is an active CBM partner, please add their partner number)* The following organisations will be part of the implementation: 1. *Association* for the Women Empowerment and child rights (AWAC) 2. Jugantar Samaj Unnayan Sangstha (JSUS)		

[2] Total project budget includes all project costs, including those covered by the partner organisation or funders other than CBM. Please specify the currency of the budget.
[3] CBM contribution refers to the portion of the total project budget to be managed by CBM International and the partner. Please specify the currency in which the contribution is given.
[4] Other sources, e.g. partner's own funds, contribution from other national or international donors, etc.

	3. Disability Development and Research Center (DDRC)-DPO 4. Alliance of Urban DPO's in Chittagong (AUDC)-DPO 5. Centre for Disables Concern (CDC)-DPO 6. Blind Education and Rehabilitation Development Organisation (BERDO)-DPO 7. National Council of Disabled Women (NCDW)-DPO 8. National Grassroots Disability Organization (NGDO)-DPO • The new sub partner organizations engaged in this next phase are below: 1. Alliance of Urban DPO's in Chittagong (AUDC)-DPO 2. Centre for Disables Concern (CDC)-DPO 3. Blind Education and Rehabilitation Development Organisation (BERDO)-DPO 4. National Council of Disabled Women (NCDW)-DPO 5. National Grassroots Disability Organization (NGDO)-DPO • All the partners including the existing ones (AWC, DDRC, JSUS) and the new partners (AUDC, CDC) – will be implementing partners at local level for results 1 to 4. The other 3 new partners (BERDO, NCDW and NGDO) – are DPO/DPO associations will be involved for the event based activities in result 5 and some of result 6 that will be national level advocacy. AWAC, DDRC, JSUS, AUDC and CDC are contracted financially for all activities of result 1 to 4. On the other hand, BERDO, NCDW and NGDO will only get financial support as technical partner for the event based national level advocacy activities under MOU signed between CDD and those organisations.

D) Alignment with CBM Member Association and Initiatives

Has there been so far any involvement of the CBM Member Association and Initiative? If so, by whom?	Yes, there has been involvement of the CBM Member Association and CBID Initiative in the MYP development. MA: Isabella Peryman, Programme Coordinator, CBM Australia, Initiative: Barney McGlade, Regional CBID Advisor

This project will contribute to the following CBM Work Areas:

Inclusive Eye Health	☐	Community Mental Health	☐
Ear and Hearing Care	☐	Disability Inclusive Development	☒
CBID	☒	Inclusive Education	☐

Livelihood	☒	Physical Impairment	☒
		Humanitarian Action	☐

II. Full Project Design

1. Relevance of the Project (max. 3 pages)

1.1. Background and Rationale of this Project

Please describe the attitude of stakeholders and project partners towards the project idea, which needs are addressed, how the desired short-, mid- and long-term changes have been selected, how will the project's activities lead to the achievement of the objectives.

The proposed project is a continuation of the current CBM-funded project "Strengthening Community-Based Inclusive Development (CBID) in Bangladesh" (3337-CBMAUS-MYP), which was started on 1st April 2016 and will end on 31st December 2019. The Centre for Disability in Development (CDD) has been implementing this project in six unions of three upazilas (sub-districts) and one City Corporation Ward in the Chittagong district of Bangladesh. The purpose of the current project was to create a model of CBID practices led by local government institutions (LGIs), service providers and communities through the combined efforts of persons with disabilities, their families, various organisations, and communities.

The overall objective of the project was formulated as: "People with disabilities and marginalised communities have improved health, education, skills, livelihood and influence in communities where community-based rehabilitation (CBR) is applied as a strategy within community development". The project's specific objective was stated as: "Increased participation and inclusion of persons with disabilities and marginalised groups in socio-economic development opportunities and services of local government institutions, service providers, communities and families". The project was expected to reach 2,400 beneficiaries.

A mid-term review (MTR) conducted in April 2018 concluded: "The project is progressing well towards achieving planned outcomes, if the recommendations presented are considered and addressed to maximise the equity in the project and sustainability of achievements". [5] The MTR made a number of recommendations, some of which have been taken into consideration in designing the proposed project. These recommendations include the following:

- Building on the existing sense of ownership of project by continuing to encourage the contribution of the local community and government.
- Further strengthening the capacity of self-help groups and citizen forums in awareness raising skills.
- Ensuring that local partners, citizen forums and self-help group members are alert to addressing gender in their group processes and awareness raising.

[5] Gaskill, C. Mid Term Review. Phase II Strengthening Community Based Inclusive Development in Bangladesh (SCBID). Centre for Disability in Development (CDD). (CBM P3337), May 2018.

- Working to ensure that the chairmen, secretaries and members of Union Parishads are aware of sources of funds that can be allocated and collected by the local government.
- Continuing to support Union Disaster Management Committees in implementing risk reduction action plans, including further awareness raising and resourcing for disaster response, and accessibility of early warning systems and shelters.
- Building on strong rapport with the General Economics Division, Ministry of Planning, and identifying the next steps for engaging in development of five-year and perspective plans.
- Working with the National Institute of Local Government for documentation and sharing of their work with local government institutions for influencing broader strengthening of local government committees and for disability inclusion.

In order to consolidate and build upon the outcomes of the current project described above, CDD is proposing a new project called "Enhancing CBID in Bangladesh". The new project is proposed to be implemented over a three-year period, from 1st January 2020 to 31st December 2022. The proposed project has been designed through a participatory process in which representatives of key stakeholders took part. During 24-25 March 2019, a Reflection and Planning Workshop[6] was organised in which representatives of CBM Bangladesh, CBM Australia, CDD, existing partner organisations, self-help groups (SHGs), apex bodies, citizen forums (CF), disabled people's organisations (DPO), and a number of persons with disabilities participated. The purpose of the workshop was to reflect on what were the stand out achievements of the current project and key lessons learned that could be incorporated into the next project phase. In course of the workshop, the participants developed a draft theory of change (TOC) for the new project. The draft TOC was further discussed among relevant staff members of CDD and CBM, and fine-tuned.

The TOC determined the desired short-, mid- and long-term changes envisaged to be achieved by the project. It also highlighted the project's objectives, results and activities. The changes required for the project to meet its objectives will be brought about by the following change agents: DPOs, self-help groups, citizen forums, apex bodies, chairmen, secretaries and members of Union Parishads (UP), Union Development Coordination Committee (UDCC), UP standing committees, community health workers, rehabilitation workers, Programme Implementation Committee (PIC), Union Disaster Management Committee (UDMC), Ward Disaster Management Committee (WDMC), Department of Youth Development, Department of Women Affairs, and General Economics Division (GED) and Physical Infrastructure Division (PID) of the Ministry of Planning, and different government departments.

With a view to getting the government's perspective, consultations were carried out with relevant officials from the Department of Social Services (DSS), National Institute of Local Government (NILG), Directorate General of Health Services (DGHS), and GED, Ministry of Planning. All stakeholders and project partners, who

[6] Faiz, N. Report on Reflection and Planning Workshop 24-25 March 2019. Strengthening CBID in Bangladesh Project. Submitted to the Centre for Disability in Development.

have been involved in the implementation of the current phase of the project, expressed their support for continuing the project activities under a new phase.

1.2. Relevance for country plan(s), National Development Plans, for SDGs and other international instruments

Please *describe the relevance of the project to key international, national and organisational strategies and key documents. How does the project contribute to their realisation or complements them in important strategic issues that are identified as not sufficiently addressed?*

The proposed project adheres to CDD's organisational strategies. The **vision** of CDD is "an inclusive world where all persons with disabilities live with dignity", while its **mission** is "to contribute in creating a sustainable inclusive environment where persons with disabilities are meaningfully participating in the mainstream development process, on an equal basis with others." Since 1996 CDD is working for an inclusive society for persons with disabilities in Bangladesh. CDD believes that all development actors should mainstream disability issues and make their organisational environment and programmes disability inclusive. Barriers in society that limit inclusion of persons with disabilities need to be removed. At the same time, persons with disabilities must have access to rehabilitation services and their capacity needs to be adequately built. This will encourage participation of persons with disabilities to be meaningful, respectful and dignified. The proposed project falls fully within the mandate of CDD.

The proposed project also aligns with CBM's Bangladesh Country Implementation Plan 2016-2020.[7] The proposed project will work in a number of areas that have been prioritised by the Country Plan. These include Health (medical rehabilitation and raising awareness of disability inclusion in the health sector), Livelihoods, Community-Based Rehabilitation, Advocacy and Empowerment of Persons with Disabilities, and Disability-Inclusive Disaster Risk Reduction (DiDRR). The Country Plan also states that CDD has the required expertise in these areas.

Bangladesh has ratified both the UN Convention on Rights of Persons with Disabilities (UNCRPD) and the Beijing Proclamation on the Full Participation and Equality with Disability in Asia and the Pacific Region. It has also enacted Persons with Disabilities Rights and Protection Act 2013. The current national development plan – 7th Five-Year Plan 2016-2020 – states that this Act will be implemented to ensure international standards on disability rights. The proposed project is in line with these national and international documents and disability inclusion strategies of Bangladesh. Among other things, the 7th Five-Year Plan declares that "inclusion of persons with disabilities in various national and community level decision making processes that affect their lives will be ensured",[8] which is one of the key purposes of the proposed project.

[7] CBM. Bangladesh Country Implementation Plan 2016-2020. CBM South Asia Regional Office.
[8] General Economics Division, Planning Commission, Government of Bangladesh. The 7th Five-Year Plan FY2016-FY2020: Accelerating Growth, Empowering Citizens. p. 650.

The objectives and results of the proposed project plan will address the following Sustainable Development Goals (SDGs):

- Goal 1: No poverty
- Goal 3: Good health and well-being
- Goal 5: Gender equality
- Goal 8: Decent work and economic growth
- Goal 10: Reduced inequalities
- Goal 11: Sustainable cities and communities
- Goal 13: Climate action
- Goal 16: Peace, Justice & Strong Institutions
- Goal 17: Partnerships for the goals

1.3. Participation

Please describe the target group – quantitatively and qualitatively – and explain how they have been and will be included in the different phases of project management.

The direct stakeholders (target group) of the proposed project include the following:

- All types of persons with disabilities, including women, children, youth and elderly persons with disabilities
- Family members and caregivers of persons with disabilities
- Self-help groups of persons with disabilities
- Other marginalised community members

The indirect stakeholders include:

- Community people of the project locations.
- Members of citizen forums.
- Elected members of Union Parishads and City Corporation Wards.
- Secretary and members of UP committees.
- Members of UP standing committees, UDCC, UDMC, WDMC, Community Group, Programme Implementation Committee who will receive training and orientation from the project.
- Officials of government departments at the UP level who will receive orientation and information regarding disability from the project.
- Staff of Community Clinics (CC) and Union Health and Family Welfare Centres (UHFWC) who will receive training, orientation and information regarding disability from the project.
- Officers at district and upazila levels who will receive orientation and information regarding disability from the project.
- General Economics Division, Ministry of Planning, which will receive inputs on disability inclusion for drafting the 8th Five-Year Plan 2021-2025 and Bangladesh Perspective Plan 2021-2041.

- Physical Infrastructural Division (PID)/General Economic Division (GED) of Bangladesh Planning Commission which will technical support on accessibility and adaptation issues

The target group has been involved in the planning and implementation of the current project. In planning the proposed project, the target group was consulted through discussion meetings and participation in a Reflection and Planning Workshop organised by CDD. The target group will also be involved in the implementation of the proposed project. The SHGs and apex bodies, which are made up of persons with disabilities, will directly take part in various project activities. For example, they will receive training and orientation for strengthening their capacities. Under the leadership of DPOs, they will advocate with local government entities and service providers to influence them for participation and inclusion of persons with disabilities in development activities. Some of them will participate in project steering committee and various UP committees. They will provide feedback to the project management and partner NGOs on the status of implementation of planned activities.

2. Effectiveness and quality (max. 5 pages)

2.1 Project Plan

Please give a narrative outline of the project. In line with the logframe please elaborate on the rationale of the project. How will the activities produce the expected results and how will these lead to the achievement of the objectives? What will the change be? What are the deliverables, and the main inputs required for the key activities[9]?

The **overall objective** of the proposed project is formulated as follows: "Persons with disabilities and marginalised population are meaningfully contributing to local and national development planning and practices." The following indicators will be used to measure the extent to which the overall objective is achieved:

- Increased number of men, women, boys and girls with disabilities are accessing health, livelihood and DRR programmes of government and non-government organisations.
- Improved quality and inclusion practices for both men and women in government programmes and services..

The **specific objective** of the project states: "Effective participation of persons with disabilities and marginalised population in developing and showcasing good practice of community-based inclusive development that influence national level policies and practices." The following indicators will be used to measure the achievement of the specific objective:

[9] Please limit your description to the **key activities** only. The detailed list of all planned activities is to be given in the **Activity Schedule in Annex C.**

- Communities, including persons with disabilities, will participate effectively in the development planning process of Union Parishad, City Corporation Ward and other relevant service providers in collaboration with DPOs and SHGs by end of the project.
- Union Parishad, City Corporation Ward and service providers of the project locations will support CBID implementation process in rural and urban areas by end of the project.
- Some learning documents showcasing model of good practices will be shared with policy makers for advocacy by end of the project.

In order to achieve the specific objective, the project will produce 6 **results** by undertaking a number of **activities**. These results, and the key activities that will be carried out to achieve them, are briefly discussed below. A detailed list of activities is contained in Annex C (Activity Schedule).

Result 1: "With enhanced capacity, DPOs are supporting SHGs and their networks in collaboration with other stakeholders at the district and sub-district levels to influence the government and service providers for participation and inclusion of persons with disabilities in development." The proposed project will use the following indicators to measure achievement of Result 1:

- A capacity development plan is developed for DPOs by first year of the project and male and female DPO members are demonstrating enhanced capacity to influence government and service providers
- 1 network of SHGs/apex bodies are active by first year of the project in coordination of joint advocacy initiatives under the leadership of DPOs working with this project
- DPOs working with the project are providing support to strengthen the capacity of SHGs, citizen forums, apex bodies and SHG networks, and advocating with Union Parishads, City Corporation Wards, and selected Nation Building Departments (NBDs)in project locations.
- With the support of DPOs, local level NGOs will have the capacity to integrate disability inclusion in their mainstream development initiatives after three years
- Among the total executive committee members of the SHG, CF and Apex Bodies 30% are women.

These key results are the driving force of the project. In this result, the project will work with the SHGs, Citizen Forums (FS), and DPOs at the local level for advocacy. The project will also work with citizen forums, which will consist of members of the community and persons with disabilities. The project will ensure participation of persons with disabilities in the development process; in planning and implementation which is key for project sustainability. Local implementing partners will provide facilitation support to DPOs, SHGs, SHG networks, local government and service providers on disability inclusion. Persons with disabilities represented by SHGs, apex bodies, and DPOs will participate in the local level development planning and implementation process.

DPOs will support the capacity building process of the SHGs and Apex bodies – they will connect SHGs with a network at the local level under the local DPO alliance at Chattogram level, which will coordinate the local level advocacy issues through identification of the issues and supporting the SHGs and Apex bodies in conducting advocacy with the local level service providers. SHGs will organise persons with disabilities. They will connect persons with disabilities, the local government institutions and service providers together. They will identify inclusion issues in the community, and support persons with disabilities participate in the local development process to raise their voice. DPOs will support SHGs and apex bodies to develop their capacity and empower them. DPOs will support SHGs to build their skills in advocacy and communication so that they can effectively influence mainstream development processes to integrate disability inclusion.

Key Activities under Result 1: The local partner NGOs will sensitise community members and representatives of UPs, City Corporation Wards and other local government institutions, and service providers on disability inclusion. The project will form SHGs, CFs, apex bodies, SHG networks and develop their capacity to be influential in their advocacy. DPOs will work with SHGs, CFs & Apex bodies for their capacity development, mobilize the community and conduct advocacy at local level. Under the leadership of DPOs, they will advocate with local government entities and service providers to influence them for supporting participation and inclusion of persons with disabilities in development, focusing on health and rehabilitation, livelihood, DRR, inclusive budgeting and other areas of priorities of the government, addressing UNCRPD and national legislation.

Result 2: "Union Parishad and City Corporation Ward, with enhanced capacity on CBID, are creating opportunities for increased participation of men and women with disabilities in decision making processes related to planning, budgeting, programme implementation and reporting." The following indicators will be used to measure the achievement of Result 2:

- Disability issues incorporated in the annual planning and budget of Union Parishads and specific budget allocated for disability issues in their annual budget throughout the project period.
- By Year 1, annual budgets of Union Parishads are including disability issues in all development activities.

Key Activities under Result 2: Local governance is one of the focus areas of this project. In this result, the project facilitates participation of persons with disabilities in the local governance processes in the communities. The project will contribute to the make the local governance processes disability inclusive. The change agents are the Union Parishad Chairman and the Secretary at the Union Parishad level, the officers in the local government department and services providers and the leadership and management of local partner NGOs. The change advocates are SHG/apex committee members, DPO executive committee members. The project will build the capacity of elected representatives of UPs and members and secretaries of various UP committees on CBID. The partner NGOs, SHGs, CFs and apex bodies will

hold sensitisation meetings with representatives of LGIs and service providers . The project will motivate the UPs for organizing Open Ward meetings, Open Budget events, etc. at the union level and facilitate the process. At the district and division levels, the project will hold regular meetings and consultations on disability issues with the Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Cooperatives, NILG, Local Government Support Programme (LGSP) and other relevant government offices. As a result of the advocacy by DPOs, SHGs and Apex bodies , the UPs and City Corporation Wards will create opportunities for increased participation of persons with disabilities in decision making processes related to planning, budgeting, programme implementation and reporting at the union and ward levels.

Result 3: "Department of Health and CDD collaborated to capacitate the local health providers and subsequently local health institutions provided disability identification, assessment, referral and rehabilitation services. Indicators for measuring the achievement of Result 3 include:

- A referral mechanism established between rehabilitation service providers and local health structures (district, sub-district and union) at project locations (by Year 2) and men, women, boys and girls with disabilities are accessing this mechanism.
- Capacity of selected local level health service providers (e.g. Community Clinic, Union Health and Family Welfare Centre, etc.) enhanced on disability identification, assessment and referral service by second year of the project
- Local level health service providers are extending disability inclusive health services throughout the project period.

This result is related to the health and rehabilitation of persons with disabilities in target locations. Under this result the project will directly work with Department of Health at national level and plan to sign an MoU with them for capacity development of local level health service provider on disability identification, assessment, referral. CDD will develop an MOU with Directorate General of Health Services (DGHS) office in Dhaka to provide upazillas wise training to health providers of the local health structures and to establish a referral mechanism. In addition, the project's field based staff such as the CBID programme officer, CBID facilitator and rehabilitation facilitator project will be providing coaching on identification, assessment and referral to the service providers at local health structures. Most of these health service providers based at community clinic and family health and welfare centre are women. Projects field based staff who will provide coaching to the health service providers consist of both male and female. This strategy of having male and female staff will help accessing to both men and women at local health structures. Through training and coaching, the health service providers will have the capacity to identify persons with disabilities and assess them. They will also refer the identified persons with disabilities to rehabilitation facilities for acquiring rehabilitation support as needed. Mental health needs of people will also be identified and where necessary support will be provided to them. In the training, the referral mechanism will be discussed which will be practiced by the health service providers at the local health structures. Through this capacity building, persons with disabilities will be able to access the

services at the local health structures. Persons with disabilities identified as having the need of rehabilitation services and particularly those with severe disabilities who have difficulties in traveling to rehabilitation centre will be provided with home-based therapy services at the project locations.

Moreover, CDD with the technical support of CBM will work collaboratively with DGHS to conduct a study on rehabilitation needs of persons with disabilities. This is new area of work where no study has been conducted. The study will reveal the current scenario of rehabilitation situation in rural area and the findings will be subsequently shared with the relevant stakeholders. This study finding will support the advocacy strategy for rehabilitation services at the rural level within the existing health structure.

Key Activities under Result 3. In order to improve health care for community members, including persons with disabilities, the project will build rapport and advocate with concerned government health offices from the DGHS at the national level to CCs and UHFWCs at the union level. The project will raise awareness of disability inclusion among government health sector staff through orientation, training and exposure visits. The project will organise joint assessment of health services offered by health service providers of CCs through application of Community Score Card tools and conducting Satisfaction Surveys. It will build the capacity of selected local health care providers/workers on disability identification, assessment and referral services. Training will also be provided by female health staff to caregivers (mothers) on basic rehabilitation for family members with disabilities. The project will provide assistive devices. These and other activities will ensure the availability of service providers with skills on rehabilitation, disability identification, assessment and referral at the community level.

Result 4: "Enhanced economic conditions and disaster resilience of local community, including persons with disabilities and marginalised groups. The following indicators will be used to measure the achievement of Result 4:

- Advocacy initiatives taken at project locations with concerned stakeholders (national, district and sub-district level) on disaster resilient disability-inclusive livelihood, throughout the project period.
- 120 persons with disabilities and other marginalised groups have alternative (diversified and adapted) livelihood by end of the project period.
- Multi-hazard disability inclusive early warning system initiated at the local level and throughout the project period it is practiced by UDMC and WDMC during first year.
- Persons with disabilities, families, communities and Union Parishads and City Corporation Wards are better prepared to face and recover from disasters by second year of the project.

Key Activities under Result 4: The project will enhance the economic condition of persons with disabilities and other marginalised groups by undertaking a number of activities. It will develop a livelihood strategy and plan at project locations and establish a database of identified persons with disabilities, their family members and

marginalised groups for livelihood interventions. The project will create linkages with different government departments for skill development training and arrange vocational and business management training for persons with disabilities and their family members. The project will also establish a revolving fund, which will be utilised within and beyond the project period by persons with disabilities. The current return rate of the revolving fund is over 98%, which is very encouraging. The project will not provide one time grant to beneficiaries. Therefore, the project plans to utilise the revolving fund to reach more persons with disabilities with income generating activity support. As the groups are existing and the SHGs have already saved some fund with an intention to provide support to their members in the future, the project will discuss VSLA will the SHGs in this phase and facilitate the VSLA planning and implementation to those SHGs who have decided to implement VSLA with their members.

For enhancing the disaster resilience of community members, including persons with disabilities and other marginalised groups, the project will carry out a number of activities. These include sensitising community people, students, and teachers towards DiDRR and observing days. The project will provide capacity development training in DiDRR to local partner organisations, project staff members, UDMC, WDMC and volunteers. UDMC, WDMC, and the standing committees on Social Welfare and Disaster Management of UPs will be activated and involved in the disaster management process. In addition, Capacity and Risk Assessment (CRA) will be done and Risk Reduction Action Plan (RRAP) will be prepared with the active participation of community members, including persons with disabilities, marginalised groups, and local authorities. Advocacy campaigns will be carried out for introduction and prompt implementation of RRAP.

The partner NGOs will closely monitor the outcomes that emerge from the livelihood interventions. In addition to obtaining data on the number of persons with disabilities and their family members trained and accessing loans, the PNGOs will monitor changes to income. The PNGOs will collect income data of persons with disabilities and their families before they embark on an income generating activity (IGA) supported by the project. Project personnel will assess income levels at regular intervals to monitor change and make modifications if needed. Under the current CBID project, SHGs jointly decide which of their members need loans. The selected members decide the type of IGA to engage in. Loan received from the project is kept in a bank account that is operated by one or two group members and the PNGO. The SHG secretary and one family member of a loan recipient, oversee whether the loan is properly used. It is envisaged that in the new project, apex bodies will take over the role of managing the bank accounts. A total of 120 persons with disabilities will be supported with IGA. The existing revolving fund will be continued in the new phase and from the existing revolving fund new beneficiaries will receive financial support to start new IGA or upgrade their existing IGA.

In the current project, there was action to improve accessibility of existing cyclone shelters. These are too expensive to cover under the project. Moreover, Ministry of Disaster and Relief of Bangladesh Government has taken initiatives to incorporate accessibility features in all future cyclone shelters and already started building

cyclone shelters with accessible features. Therefore, in this phase, there is no targeted activity on accessibility of cyclone shelters.

Result 5: "Increased participation and meaningful contribution of men and women with disabilities and DPOs at national level planning processes influence policy change". The indicators to be used for measuring achievement of Result 5 include the following:

- Men and women with disabilities and DPOs meaningfully contribute in the development process of the 8th Five-Year Plan, Bangladesh Perspective Plan 2021-2041 and inclusive implementation of the 8th Five-Year Plan by first year of the project.
- A situation analysis on accessibility and adaptation scenario in public infrastructure of Bangladesh is conducted by Year 2.
- Infrastructure development planning process will consider accessibility issues for persons with disabilities in all future infrastructure development following the 8th Five-Year Plan by end of the project.

A study will be conducted with the physical infrastructure division (PID) / General Economic Division (GED) of Bangladesh Planning Commission. This also a new area where no study has been conducted. This study will help the project to understand the accessibility situation of public infrastructures in Bangladesh. The findings of this study will be used for advocacy to incorporate them in the planning process of PID. CDD has already initiated the discussion with PID.

Key Activities under Result 5: This result focuses on national level advocacy. The project will develop the skills on of DPOs and partner NGOs on the government's planning process and hold joint consultations between various government agencies and DPOs on this issue. Skills will be developed on advocacy, planning process of government, communication, effective and meaningful participation, disability inclusion in the mainstream development process etc. DPOs and partner NGOs will be supported by CDD to strengthen their skills in advocacy and communication so that they can participate effectively with government; and influence mainstream development process to become disability inclusive. A situation analysis on the accessibility of public infrastructure will be conducted to inform disability inclusion in the government's infrastructure development planning. The project will review different government policies and orders regarding disability inclusion. National consultations will be held with the General Economics Division of the Ministry of Planning to include disability issues in the 8th Five-Year Plan 2021-2025 and Bangladesh Perspective Plan 2021-2041. Through increased and meaningful participation of persons with disabilities and DPOs changes to national level policy and planning will be seen.

Result 6: "Increased technical capacity of DPOs and local partners with the support of CDD on local and national level advocacy and scaling up of sustainable CBID programme." The following indicators will measure the achievement of Result 6:

- DPOs and local partners have the capacity to promote CBID in the working areas by Year 2 of the project
- A learning document developed on how UPs are including people with disabilities in their development processes will be shared with policy makers for advocacy by project end.

One of the main objectives of this project is to document its learning and good practices of CBID model implementation contributed from all result areas of the project. This CBID model will be used for local and national level advocacy. This project will have local examples of successful CBID. This will give us opportunity to demonstrate a model of disability inclusion in development process which can be replicated by concerned stakeholders. To attribute change due to this project, it is more useful to have a baseline in the beginning of this phase that will help the project to measure the change due to the intervention of the project. Since in this project phase, a model of CBID will be developed and demonstrated to the government, it will be strategic to have a baseline to be able to show change due to this project to the government authorities and policy makers. Changes measured from baseline will provide the government a clearer picture of impact brought through this CBID model and will be more acceptable to the government to consider for its replication allocating required resources.

Key Activities under Result 6: This result focuses on capacity development of the partner NGOs, project staff members. The result also focused on developing learning documentation. The project will develop the capacity of DPOs that are working in the national level for national level policy advocacy. Capacity of partner staff will also be developed so that they can promote CBID in their working areas. The project will also provide support to CDD for organisational development and learning. Exposure visits for staff members of partner organisations will be organised for observing good practices on Horizontal Learning Platform and the activities and governance of SHGs. In addition, workshops will be held with various NGOs on disability-inclusive development. These activities will strengthen the capacity of DPOs and NGOs to undertake advocacy work at the local and national levels, and replicate CBID programmes in other locations. Learning and good practices from the project will be documented and disseminated.

2.2 Technical quality

Please describe in which way technical expertise is engaged to ensure the project's quality.

While designing the project, advice from CDD's in-house experts was taken into consideration. The project design team held internal discussions and brainstorming sessions to determine various aspects of the project design. Regular consultations were held with relevant managers of CBM's Bangladesh Country Office (BCO). In addition, the project design team consulted various guidelines and publications of

CBM such as "Guidance Note on CBM Project Design Form", "Inclusion Made Easy: A Quick Program Guide to Disability in Development", "The CBM Project Cycle Management", and "Disability Inclusive Development Toolkit", etc. In course of finalising the Project Design Form, comments and suggestions from CBM reviewers will be taken into consideration and incorporated into this document. During the implementation phase of the project, the project management will regularly consult with CDD's in-house experts and CBM managers and follow relevant guidelines in order to ensure the project's quality. Monitoring and reporting will be done in accordance with guidelines and forms prescribed by CBM. CBID regional advisor has been involved in reviewing the MYP and providing valuable comments on the design. The partner requires support on developing an evidence based CBID model based on learning and experiences, and also develop a solid base for sustainable livelihood by facilitating VSLA model with the self-help groups. The partner will require advice of CBID technical advisor and livelihood advisor periodically. A visit of the CBID advisor will be planned to the project by 2019. The advisor will also be engaged in the mid-term evaluation and advising on documentation of the CBID model. In addition, joint review of the project between CDD and BCO management will serve keeping track of strategic objectives. Further, joint field monitoring visits together with CDD and BCO programme and finance team can contribute to actions towards specific objective and compliance standards.

2.3 Disability Inclusive Development (DID), Accessibility and Universal Design

Please explain how the project promotes the rights of persons with disabilities[10] *and how accessibility of the project is ensured.*

The proposed project will follow the principles of Disability Inclusive Development (DID). It will raise awareness about disability issues among the community members, relevant government officials, service providers and other stakeholders with a view to sensitising them to disability inclusion. The project will ensure participation of persons with disabilities at all stages of the project cycle – planning, implementation, monitoring and evaluation. The project will form self-help groups, apex bodies and SHG networks of persons with disabilities, who will be working in partnership with DPOs. The SHGs and apex bodies will receive training from the project and will interact and advocate with representatives of local government institutions and participate in meetings of various committees at the union and ward levels. These activities will empower persons with disabilities and help to address the barriers that hinder their access and participation. The proposed project will adopt a twin-track approach whereby it will take disability-specific initiatives (e.g. provision of rehabilitation services and assistive devices) and disability-inclusive initiatives for mainstreaming disability in development (e.g. participation of persons with disabilities in the national development planning process). The project will collect disability disaggregated data with the help of a questionnaire which CDD has designed and uses for the purpose.

[10] CBM has produced material to ensure the focus on disability inclusive development in the projects supported by it, such as "Inclusion made Easy", "The DID Toolkit", or guidelines on accessibility and universal design. Please contact country office focal points for information.

2.4 Safeguarding

Please describe how children and adults at risk will be kept safe, and which policies and systems your organisation has in place to ensure this.

In 2010, CDD adopted its Child Protection Policy which was developed into CDD Child Safeguarding Policy in December 2018. This policy was developed in keeping with CBM's Child Safeguarding Policy 2014[11] and shaped with inputs from other agencies like Keeping Children Safe, DFAT, Save the Children, and Scope Global Ltd. The purpose of CDD's Child Safeguarding Policy 2018 is "to ensure protection of children and vulnerable adults from any social, physical, mental exploitation, abuse and negligence rather to complement in their potential growth and participation in CDD's programme, enabling them to participate meaningfully and enjoy their rights."[12] This policy document is used as an organisational guiding instrument in planning, designing, organising, monitoring, evaluating and managing all its programmes, projects and institutional initiatives where children and vulnerable adults are involved. This policy will also apply to the proposed project, which will include child safeguarding issues in its capacity building training for different stakeholders, including staff members of partner NGOs, community leaders, elected local government representatives, citizen forums, and SHG members. Each project partner will have its own child safeguarding policy that will be promoted for implementation at the policy and programme levels. All staff members will have to sign a Code of Conduct which will deter the possibilities of abuse of children and vulnerable adults. A complaint mechanism will be developed for use at the field level. Linkages will be created with organisations that have expertise in child protection/safeguarding services and aids.

As mentioned above, CDD has a child safeguarding policy which was revised in December 2018. The policy explicitly mentions about the safeguarding of vulnerable adults. However, BCO intends to do the following as part of the roll out of new 'Children and Adults-at-risk Safeguarding Policy' of CBM –

- An orientation on CBM's new 'Children and Adults-at-risk Safeguarding Policy' has been conducted for the partners where relevant staff of CDD were present.
- CBM has developed a children and adults at risk safeguarding policy in 2018. The existing Child Safeguarding Policy 2018 is currently being reviewed by BCO to align with the values and principles of CBM's 'Children and Adults-at-risk Safeguarding Policy'. Specific suggestions/recommendations will be made to CDD after the review is done.
- After the partnership assessment in May 2019, recommendations have been made for integration of safeguarding in the monitoring process of CDD and for integrating in the planning of sub-partners of CDD.

[11] CBM has developed a children and adults at risk safeguarding policy in 2018
[12] CDD. Child Safeguarding Policy-2018. p. 4.

- An in-depth training on Safeguarding is in the planning process where all BCO staff and focal persons from partners may participate.

2.5 Environment responsibility

Please describe how you will address, avoid, or limit any potential negative environmental consequences caused by the project.

The proposed project will not directly impact on the local environment. This project will not build any infrastructure or raise plinth which have some effect on the environment. The project will address disability-inclusive disaster risk reduction in one of the results mainly focusing on activating different stakeholders (such as UDMC, Union Parishad, different committees, etc.) who are responsible for addressing disaster risk management component. The project will also develop the capacity of the partner NGO staff, SHG members, UDMC members, WDMC members, CPP Volunteers and community people on DiDRR and thus contribute to the process of reducing disaster risks. The disaster management committees assess comprehensive risks including environmental risks and the mitigation measures are reflected on the risk reduction action plan/contingency plan The project will adopt a comprehensive approach in all of its locations to address the disaster risks of persons with disabilities living in disaster prone areas. An orientation will be provided to the project team on impact on environment and mitigation action plan. Environmental mitigation plan will be incorporated in the Project Implementation Plan (PIP). During review meetings and monitoring visits, risks including environmental risks and mitigation will be reviewed with the project team including sub-partner teams. At the level of beneficiaries, environmental impact and management/mitigation will be considered at the planning, and monitoring stage as well.

2.6 Gender Equality / Justice, Equality and Inclusion

Please explain how the project plans to analyse and include measures needed to ensure gender equality for all age groups. What measures have been planned to focus on the specific needs of each gender and age group?[13]

The project will ensure gender equality for all age groups. It will address the needs of women and girls with disabilities. The working area of the project is a conservative area in Bangladesh. According to the socio cultural context of the working area, it is challenging to include women with disabilities in the communities. The project will emphasise on gender equality in the project as much as possible. A minimum of 40% of persons with disabilities, who will receive training and become members of SHGs and apex bodies, will be females. An equal proportion of citizen forum members will be women. In order to empower all 12 female members of Union Parishads who get elected from reserved seats, the project will provide them capacity building training in topics such as Gender and Child Safeguarding, Disability and Human Rights, Women Leadership, Community-Based Rehabilitation, Disability Inclusive Development, Social Accountability Tools, Resource Mobilisation, and Local

[13] CBM is currently developing a Gender Analysis Tool to assess and monitor gender related aspects of project work. Please contact CBM Country office and CBM advisor on Gender and Equality.

Government and its Role in Mainstreaming Disability. Initiatives will be taken to include at least 40% female participants in all other activities of the project.

3. Efficiency (max. 5 pages)

3.1. Monitoring and Evaluation

Please describe the partner organisation's internal monitoring procedures and timeframes for follow-up and internal/external evaluation.

The proposed project is a continuation of CDD's current Strengthening CBID in Bangladesh project, under which an elaborate monitoring and evaluation (M&E) system was established. The proposed project will adapt this system and further refine it in an M&E Plan which is being developed by CDD and will be submitted separately after completion. Salient features of the M&E system are discussed below.

For monitoring the progress of project implementation and sharing learning, the project team will hold monthly project meetings. The project will participate in the coordination meetings to share learning and develop synergies with other projects. Sharing meetings will be organised to capture learning on the project's outcomes.

Appropriate field visits will be conducted by both CDD and BCO. Two monitoring visits will be conducted by BCO every year. Oversight findings will be shared with sub-partners and the required remedial/ mitigation/preventive actions will be planned with the partners and followed up. Information about oversight will be communicated to CBM BCO as and when required. The project will also be periodically monitored by the senior management of CDD and reported to the Executive Committee. Review meetings with CBM BCO will also be organised.

Financial reports will be provided to CBM on quarterly and narrative reports on six-monthly basis, or as required by CBM. Annual Audit reports will be submitted to CBM. The project will intensively follow up both programme and financial issues. All the original bills and vouchers of the project including sub-partners will be available at CDD office. Internal audit will be conducted by both CDD and BCO finance department along with programmatic monitoring. Randomly bills and vouchers will be checked on the spot by the internal audit. Moreover, at the end of financial year, a financial audit will be conducted by external auditors. Accounts at CDD and sub-partner levels will be audited by the external auditors. 50% to 70% of the sub-partners will be visited by the external auditors for financial audit purpose.

A mid-term review will be conducted at the end of year two (2021). MTR will be conducted by external evaluator to review the progress of the project against the specific objective and results set under the log frame of the project. Annual learning and reflection workshop will be conducted at the end of first and third year.

3.2. Resources and Capacities

Please describe the internal organisational structure of the project team proposed for the implementation of the project[14].
Please provide a summary of the most important capacities and resources required and how they will be met.

The proposed project will be implemented by CDD and its partner organisations consisting of NGOs and DPOs. At the local level, the partners will work directly with local government institutions, service providers, members of the community, persons with disabilities, their family members, and marginalised groups. CDD will provide technical support to the partners from its headquarters in Savar, Dhaka, and its team based in Chittagong.

In the CDD headquarters, a Project Manager will coordinate the project with support from a team composed of full-time and partially allocated staff members, who will be grouped under two departments: (1) Programme and (2) Accounts, Finance and Administration. The Programme Department will consist of staff members responsible for the following units: (a) Training, (b) Health and Rehabilitation, (c) Livelihood and DRR, and (d) Monitoring, Evaluation and Learning. A field based technical team will closely support the partner organisations. The project will have mixed gender within the project team. The full-time programme staff will report to the Project Manager, who in turn will report to CDD's Director. The Accounts, Finance and Administration Department will consist of a Project Accountant who will closely work with the Project Manager but will be supervised by CDD's Head of Accounts and Finance. Relevant senior management representatives and organisational staff members will be partially deputed to support effective implementation of the project, maintaining quality and compliance requirements.

Capacity building requirements under the project will be handled by Capacity Building Specialist. The assigned staff will be responsible for conducting training needs assessments among the targeted stakeholders and develop capacity assessment plan and design required capacity building initiatives.

Monitoring and documentation under the project will be managed by Monitoring Evaluation and Learning (MEL) Analyst. The assigned staff will be responsible for developing monitoring guidelines and tools following which a monitoring system will be established at the field level. The MEL Analyst will also be responsible for monitoring and statistical reporting and preparing various learning documents of the project.

Advocacy Thematic Expert will be responsible for national level advocacy and will take necessary initiatives to communicate and build rapport with policy makers of

[14] Please note that organisations, leadership and management must **not be named on the international sanction lists** or adversely mentioned in local judicial action. The names of leaders and management, including those employed for the project should be checked against the EU, UK, US Office of Foreign Assets Control (OFAC) and UN sanction list. Other requirements from the donor might apply and should also be checked.

different government agencies. National level DPOs will be supporting the process under the leadership of Advocacy Thematic Expert of CDD. At the local level, apex bodies and SHG networks will take the lead for local level advocacy and DPOs will support the process.

The capacity of CDD staff is focussed on promoting disability inclusive development through awareness raising and capacity building of development actors. Staff members are experienced in developing and imparting training, developing materials, providing disability services such as therapy, assistive devices and advisory services, designing and implementing projects, managing partnerships and grants, and handling finance and administration and other organisational matters. They are well conversant with community development approaches, including CBR and CBID.

3.3. Assessment of Risks

Please describe the main risks during the implementation of the project, and how the project will manage them[15].

Annex D contains the Risk Register for the proposed project. With the help of this template, ten risks to project implementation were identified. Six of the risks are low (with a rating of 6-8), while four risks are medium (with a rating of 9). All the risks are acceptable. The major risks, their likely impact on project objectives and strategies to mitigate them are briefly discussed below. Details are given in Annex D.

The political situation in the country could become unstable which could delay or hamper some project activities at the national and local levels. For mitigating this risk, the project staff, partner organisations, SHGs and CFs etc. will have to build up strong rapport and communicate continuously with the concerned stakeholders. This measure is already in place.

Loss of project staff to other organisations could delay or prolong project implementation. This risk can be mitigated by developing a system of annual self-appraisals by staff members. After self-appraisal management will allow open discussion with staff on issues and give effort to resolve issues within organisational policies and available resources. This will help reduce staff turnover. Staff development activities need to be identified and supported.

Since the project activities involve participation of children and vulnerable adults, there are possibilities of abuse taking place. Such incidents could delay some activities of the project. In addition, child abuse can result in harm/injury, damage to a child's life and loss of confidence in the organisation that is not able to prevent such abuse and may lead to criminal charges. This risk is mitigated by having child safeguarding policies of all the relevant organisations in place. All staff members have to sign a Code of Conduct which will deter the possibilities of abuse of children and vulnerable adults. At the same time training in child safeguarding policies will be

[15] This section should refer to the risk analysis documented in the Risk Register in Annex D and summarize it most relevant findings.

arranged for the staff members to sensitize them about the issue. A formal complaint mechanism will be developed by CDD for use at the field level.

Natural calamities like cyclone, tidal wave, landslide and earthquake may affect some of the project locations, especially those in coastal and hilly areas. Such calamities could delay or hamper some project activities. Under such circumstances, some activities would be rescheduled and, in some cases, some plans would be revised to mitigate the effect of this risk.

Financial mismanagement or fraud is a risk that can lead to financial loss for the project resulting in major costs and schedule increases. In order to prevent such incidents, the Project Accountant will work closely with the Project Manager but will be supervised by CDD's Head of Accounts and Finance. Financial reporting and auditing will be routinely carried out as per CBM's requirements. Fraud awareness and prevention training will also be conducted by CBM BCO/CDD Finance staff.

The project faces a risk from injuries to project personnel due to road accidents linked to bad road conditions and lack of enforcement of safety regulations. These can lead to some project activities being delayed or hampered at the national and local levels. In order to mitigate this risk, the project will ensure that CDD/rented vehicles are fit to ply and drivers and passengers abide by safety regulations. Project personnel using public transport will exercise utmost caution and follow safety rules while travelling in public vehicles.

In the project areas, women might be prevented from accessing the project's community development opportunities on equal basis with men due to cultural barriers. A high risk is the prevention of women with disabilities from participating because of strong objection from the family. If this risk were to materialise, it would be difficult to ensure gender equality in the project. The project will not be able to achieve the planned target of making sure that a minimum of 40% of persons with disabilities receiving training and becoming members of SHGs and apex bodies will be females. In order to mitigate this risk, the PNGOs and project staff will hold discussions with parents/guardians of persons with disabilities, community members, local leaders, mosque committees and imams to solve the problem of female participation. The project will also involve female UP members in the process.

Union Parishads may not be interested to become involved in the project process which would make it difficult to carry out activities involving them at the field level. For mitigating this risk, strong rapport building and continuous communication with the UPs will be carried out by the partner organisations, SHGs and CFs, etc. Similarly, the General Economics Division and other government agencies might lose their interest to support the project. As in the case of the UPs, the project will have to build rapport and communicate with these agencies to mitigate the risk. A similar risk may be posed by health service providers not being interested in the project. The mitigation strategy in this case will be similar to the cases of UPs and government agencies mentioned above.
Project risks will be revised and updated annually during project reflections workshops.

4. Sustainability and Contribution to Change (max. 2 pages)

4.1. Sustainability

Please describe in which ways the project aims towards sustainability of its outcomes.

An important aim of the proposed project is to ensure that the positive changes achieved will last after the project ends. For this to happen, ownership of the project results needs to be created among community members in the project locations. To this end, the project will further mobilise the local population and motivate them to participate in project activities. The partner NGOs will sensitise community members through courtyard meetings and street theatres to bring about a sense of ownership in them.

The project will continue to provide capacity building support to SHGs, apex bodies, and SHG networks so as to build and strengthen their capacity to do advocacy with local government institutions and service providers on their own after the project ends. The empowerment, entitlements and benefits they receive as a result of their advocacy work will motivate them to continue to engage with representatives of Union Parishads, City Corporation Wards, other government offices and service providers. The SHGs, apex bodies and SHG networks, with the support of DPOs, will act as a resource for persons with disabilities in the project locations and continue to function after the project ends.

The current ongoing project is being implemented in Rangunia, Fatikchhari, Banskhali, and city corporation. In these areas there are SHGs established by the ongoing project, for example, in Rangunia there are 10 SHGs, in Fatikchari 18 SHGs, in Banskhali 18 SHGs and in city 3 SHGs.

However, as per this project design, Fatikchari (and corresponding 18 SHGs), that are continuing inclusion activities, will not be part of project implementation area. But if there is no strategic connection with these SHGs of Fatikchhari with the project, persons with disabilities living in Fatikchhari will be deprived of the benefits of inclusion. Therefore, these SHGs will be connected to the local DPOs of this project under leadership of DPO alliance named Chittagong Society of the Disabled – CSD. This connection will be established like a network of the SHGs supported by the leadership of CSD, that will provide guidance to the SHGs. This network of SHG will support these SHGs to become more organised and empowered.

The project will not form new SHGs but will work with existing 37 SHGs. To organise the 37 SHGs more systematically through the DPOs, they will be connected to a DPO alliance mentioned above. Since to provide leadership to the 37 SHGs by just one DPO will be very challenging, therefore, the project proposing to include 2 new DPOs in 2 new working areas such Ward no 13 and 15 of the city Corporation. Hence, there will be 3 DPOs namely AUDC, CDC and DDRC that will provide leadership to 37 SHGs. These DPOs already coordinate their activities with the local DPO alliance CSD in

Chattogram. In this phase, these DPOs will be formally connected with this DPO alliance and will receive leadership input. Through this leadership support these DPOs will become more coordinated and stronger in advocacy. This will make the project work easy to exit as well. For example, when the project ends, these DPOs will still continue to benefit from the cooperation of this alliance and will be able to continue to coordinate with the SHGs on disability inclusion. That is why the project is proposing to take new 2 project locations with the DPOs namely AUDC and CDC. As the SHGs are already existing in these new areas – the project strongly expect that the outcome will be similar in these areas as the others where the project will be implemented for six years.

The proposed project will continue working with local government institutions so as to capacitate and motivate them to take the lead in enabling disability inclusion in the local development process and programmes. An important aim of the project is to let LGIs take over the function of ensuring disability-inclusive development at the local level thereby making the process sustainable. To this end, the partner organisations, with technical support from CDD, will closely work with government departments and brief them on how to include persons with disabilities in their programmes.

Government health facilities at the union level will continue to provide health care services to the community, including persons with disabilities, after the project ends. The project will work with officials at the national level (DGHS) and local level (CCs and UHFWCs) to ensure the availability of rehabilitation services through capacity building of service providers and establishment of sustainable referral linkages.

4.2. Accountability

Please explain how the project will ensure accountability towards Persons with Disabilities and other relevant stakeholders.

The proposed project is accountable to persons with disabilities and their families and communities and other stakeholders. The project will share information with the target group and other stakeholders at regular intervals. At the start of project implementation, CDD and its partner organisations will hold project inception workshops at all project locations. In addition to representatives of CBM, CDD and partner organisations, these workshops will be attended by persons with disabilities, community members, representatives of LGIs and other government departments, service providers and other relevant stakeholders. In these workshops, the objectives, outcomes and outputs of the proposed project will be shared. The status of project implementation will be shared with stakeholders on a quarterly basis. A feedback mechanism will be developed at field level. The feedback from persons with disabilities and other stakeholders will be collected at regular intervals.

4.3. Advocacy

If the project has an advocacy component, please explain how the project will use advocacy on different levels to promote its aims.

The proposed project will conduct advocacy with various stakeholders at different levels on the basis of an Advocacy Plan. At the union level, the SHGs, apex bodies, citizen forums and SHG networks, with the support of DPOs, will advocate with Union Parishads, City Corporation Wards and selected government offices (e.g. offices of Social Services, Youth Development, and Women Affairs, etc.). Advocacy will be carried out with elected representatives of LGIs (chairmen, secretaries and members) and relevant government officials with the aim of promoting disability inclusion in the programmes and practices of these organisations. Also at the union level, advocacy campaign will be carried out for the introduction and prompt implementation of Risk Reduction Action Plan for disability-inclusive disaster risk reduction. The project will also conduct rapport building and advocacy with government health offices at both national and local levels. CDD will advocate at national level in coordination with national level DPO Federation namely NGDO and NCDW with government officials of DGHS in Dhaka, while the partner organisations, SHGs, apex bodies, citizen forums and SHG networks will do advocacy with union level service providers of CCs and UHFWCs for mainstreaming rehabilitation services. A number of advocacy initiatives on disaster resilient disability-inclusive livelihood will be taken with concerned stakeholders at the national, district and sub-district levels.

As part of the advocacy process, a learning document will be generated on how Union Parishads are activating the development process at the local level and how that process is becoming disability inclusive. This document will be shared with policy makers at the national level for bringing about policy level changes.

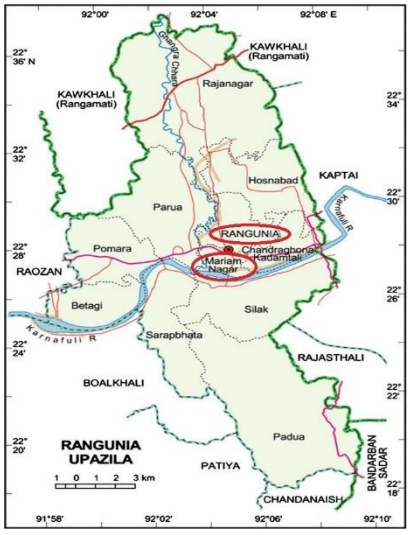
III. Annexes

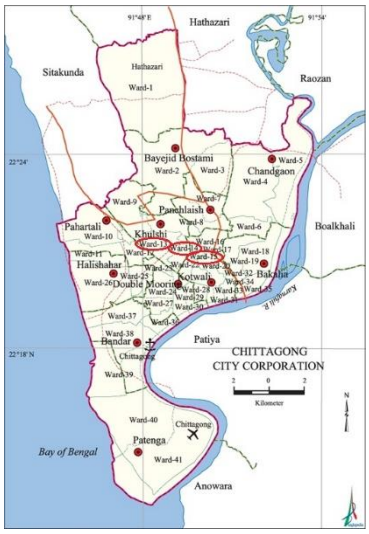
A. Project Context

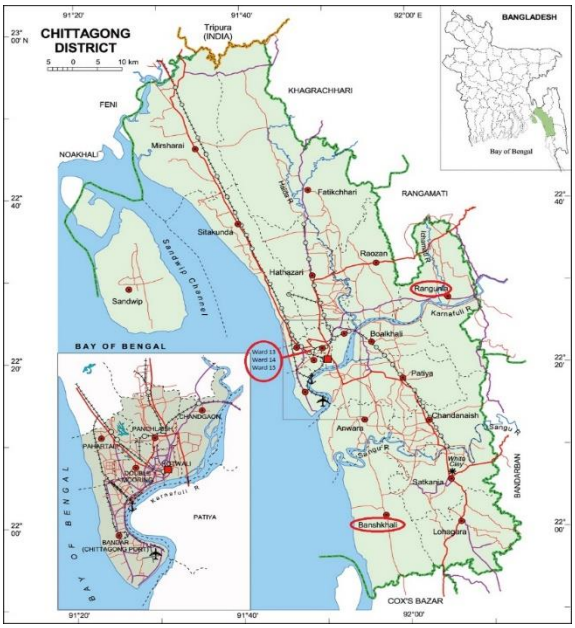
While preparing the project plan, please consider the following questions about the project areas and context of the planned project.

1. Information on the Project Area:

1.1 What is the project area (geographical scope)? Please provide a map (e.g. Google Maps) of the area the activities take place.







The proposed project will be implemented in 2 unions of Banshkhali and 2 unions of Rangunia upazilas (sub-districts) and 3 wards of Chittagong City Corporation of Chittagong district. The unions of Banshkhali where the project will be implemented are Khankhanabad and Shadhanpur, while those in Rangunia include Mariumnagar and Shonirvar Rangunia. In Chittagong city, the project will be implemented in wards no. 13, 14 and 15.

- The existing area of the project are below:
  - District: Chittagong

    - Sub-District: Rangunia (2 Union), baskhali (2 Union), Fatikchori (2 Union), and 14 no ward of Chattogram City Corporation.
- The new areas are at Chattogram City Corporation and there are 2 new areas (Ward no 13 and 15).
- 31 SHG already exist and part of ongoing project. These SHGs are also proposed for new project design.
- 6 SHGs will be formed in the city corporation area.
- The new areas (Ward no 13 and 15) are adjacent areas of the existing Ward no 14 where the ongoing project being implemented. These areas share similar geographical and socio-economic context. At Ward no 13 the DPO named AUDC is working and in Ward no 15 DPO named CDC is working. These DPOs – AUDC and CDC are already connected with the DPO DRRC at Ward no 14 and all are part of a DPO alliance (called Chittagong Society for the Disabled). There are some favourable conditions at Ward 13 and 15, for example: in these wards there is list of persons with disabilities available based on survey conducted by Social Welfare Ministry and these local DPOs are already doing some advocacy for including persons with disabilities in the local services. Living and transport are costlier in the upazillas.

Further information on project area, if not yet covered by the CBM Country Plan

1.2 What are the conditions in the project area? Please specify the geographic characteristics and other relevant influencing factors like transport, cultural and political aspects, potential or actual conflict as well as existing services, relevant for the (proposed) project.

Chittagong district is situated in the south-eastern part of Bangladesh. The dialect spoken in Chittagong differs markedly from the Bengali spoken in other parts of Bangladesh. The elected representatives of local government institutions exercise considerable power and influence at the local level. Some conflicts exist as different political parties participate in local elections.

Mariumnagar and Rangunia unions under Rangunia upazila are hilly, where some indigenous people also live. The general population is conservative. These unions suffer from disaster risks of flash flooding and water logging. The transportation system, however, is good.

Shadhanpur and Khankhanabad unions under Banshkhali upazila, on the other hand, are situated on plain lands. Khankhanabad union lies on the coastal belt of Bay of Bengal and suffers from the disaster risk of cyclones and tidal waves. Banskhali upazila has the second highest number of cyclone shelters in Bangladesh. The road transport system is difficult for persons with disabilities to cope with as it is expensive and scarce at the union level. The local population in these unions is very conservative

and it is usually difficult to hold joint meetings of male and female community members.

Ward nos. 13, 14 and 15 of Chittagong City Corporation are situated on hilly and plain lands. The context of these wards is different from that of the upazilas described above. The culture is mixed and migration rate is high. Living and transport expenses are higher than in the upazilas.

1.3 Please specify the relevant socio demographic data including
1) total population in the area, (if not available for the project region, please provide that data for the country)
2) gender and age distribution,
3) population growth rate,
4) percentage of population below the poverty line (<1.25 US Dollar per day),
5) life expectancy,
6) prevalence of impairments and disabilities and
7) major forms of income,
8) for education projects provide net primary school enrolment/attendance.

Table 1: Socio-demographic data

Particulars	Data
1. Total population of Chittagong	7,616,352
a. Population of Mariumnagar union	18,658
b. Population of Shonirvar Rangunia union	13,354
c. Population of Khankhanabad union	29,609
d. Population of Shadhanpur union	23,937
e. Population of Ward nos. 13, 14, 15 of Chittagong City Corporation	450,000
2. Gender and age distribution	
a. Female: Male ratio per 100	100.3
b. Population aged 0-14 years of both sexes (%)	33.1
c. Female population 15-49 years (%)	54.3
d. Population aged 60+ years of both sexes (%)	6.7
3. Population growth rate – national (%)	1.37
4. Percentage of population below the poverty line (<1.25 USD per day) – Poverty head count ratio by CBN method, 2010	
a. National (%)	31.5
b. Rural (%)	35.2
c. Urban (%)	21.3
5. Life expectancy at birth (years)	
a. Both sexes	67.7
b. Male	66.6
c. Female	68.8
6. Prevalence of impairments and disabilities (%)	5.6
7. Major forms of income (percentage distribution of establishments by economic activities)	
a. Mining and quarry	0.26
b. Manufacturing	11.1
c. Electricity, gas, steam and air conditioning supply	0.05
d. Water supply, sewerage, waste management and remediation activities	0.03
e. Construction	0.1
f. Wholesale and retail trade, repair of motor vehicles and motorcycles	45.91
g. Transportation and storage	16.68
h. Accommodation and food services (hotels and restaurants)	6.65
i. Information and communication	0.25
j. Financial and insurance activities	0.60
k. Real estate activities	0.07
l. Professional, scientific and technical activities	0.58
m. Administrative and support service activities	0.61
n. Public administration and defence, compulsory social security	0.33
o. Education	2.41
p. Human health and social work activities	1.02
q. Art, entertainment and recreation	0.15
r. Other service activities	13.2

The sources of income in the project areas are the following:

- Fishing
- Cropping/livestock/forestry
- Agricultural labour
- Non-agricultural labour
- Small- and medium-scale factory
- Small businesses and hawking
- Transport and communication
- Construction
- Regular employment
- Rent and remittance

1.4 Please briefly explain what is the general situation of people with disabilities in the respective country. If possible, please provide information on

- *Signature/ratification and reporting on the UNCRPD*
- *National disability laws or policies that foster disability inclusion*
- *National disability plans or policies that resource disability inclusion*
- *National statistics and data available on disability*
- *National budget allocations that resource disability inclusion*
- *National umbrella organisations of Disabled People's Organisations (DPOs), council, steering group, or other coordination body on disability related issues*
- *Role and capacities of local DPOs*
- *Local and international organisations active in country that specifically focus on people with disabilities in their activities.*

Persons with disabilities are continuously being deprived of various available services and opportunities. They are usually not visible as a result of which the general community is not at all aware of disability issues. However, the scenario is now changing. The Government of Bangladesh (GOB) has already signed and ratified UNCRPD, based on which the Rights and Protection of Persons with Disabilities Act 2013 has been enacted. At the same time, GOB has also enacted the Neuro-Developmental Protection Trust 2013 Act. Disability issues are also being incorporated in different laws and policies. The Local Government Division issued circulars to the Union Parishads and Municipalities mentioning what needs to be done for including persons with disabilities in their development programmes. The development of a national disability plan is underway. The 7th Five-Year Plan mentions disability issues, especially in its sections on health and education. The national budget allocates budget for persons with disabilities. A National Social Security Strategy is being developed which incorporates disability issues. It is evident from the above that the government is including disability issues in different laws and policies, albeit at a slow pace. However, implementation of these laws and policies has not been at the expected level. As a result, persons with disabilities are continued to be deprived of their rights, services and opportunities.

Many DPOs are working for the rights of persons with disabilities at the local level. There is an obvious lack of coordination. Therefore, in most cases the voice of persons

with disabilities is not reaching the national level policy makers. Although these DPOs are capable of organising persons with disabilities, they lack the skills to work with them in a coordinated manner. Therefore, organised joint initiatives of DPOs are rarely seen.
According to the recent government policy, children with disabilities are getting opportunities to enrol themselves in mainstream education. However, disability-friendly classrooms, toilets and curriculum are not as yet ensured. Specialised rehabilitation services for persons with disabilities are very rarely available at the local level. Moreover, persons with disabilities continue to face different types of barriers to participating in skill development training.

1.5 What are other main governmental development policies and strategies relevant for the project? What is their impact on the project? (Please provide hyperlinks)

The following are the main governmental policies and strategies relevant for the project:

1. Development
   a. Perspective Plan of Bangladesh (2010-2021): Making Vision a Reality
   b. 7th Five-Year Plan (2016-2020)
   c. National Social Security Strategy (2016-2020)

2. Disability
   a. Persons with Disabilities Rights and Protection Act 2013 and its Rules
   b. Neuro-Developmental Disability Protection Trust Act 2013 and its Rules

3. Health
   a. Health Policy 2011

4. Local Government
   a. Local Government (Union Parishad) Act 2009
   b. Union Parishad (Tax Schedule) Rules 2012
   c. Union Parishad (Development Planning) Rules 2013
   d. Union Parishad (Agreement) Rules 2012
   e. Government circular for Union Parishads to address disability issues
   f. Union Parishad Development Planning Rule
   g. Upazila Parishad (Amendment) Act 2011
   h. Upazila Parishad (Programme Implementation) Act 2011
   i. Local Government (City Corporation) (Amended) Act 2011

5. Livelihood
   a. National Skills Development Policy
   b. Bangladesh Labour Law

6. Disaster
   a. Disaster Management Act
   b. Standing Order on Disaster (SOD)

c. Disaster Management
d. Guideline for Humanitarian Assistance Programme
e. Cyclone Shelter Construction, Maintenance and Management Policy 2011

7. Gender
   a. National Women Development Policy 2011

8. Child
   a. Women and Children Violence Protection Law 2000
   b. Child Marriage Control Act 2013

9. Others
   a. Right to Information Act 2009

10. International
   a. Sustainable Development Goals (SDG)
   b. United Nations Convention on Rights of Persons with Disabilities (UNCRPD)

The obligations of the state and duty bearers of Bangladesh resulting from adoption of these documents will be highlighted during project implementation. The project will make efforts so that its interventions will be aligned to the state's Policies and Acts and will contribute to the progress towards achieving the country's development goals and targets.

2. Stakeholders and Target Group

2.1 *Please specify the direct and indirect target group's socio demographic and economic characteristics and location. Please particularly refer to age, gender, ethnicity, vulnerability or deprivation.*
If the project's activities also address children, please describe the age group.

The direct stakeholders (target group) of the proposed project include the following:

- All types of persons with disabilities, including women, children, youth and elderly persons with disabilities
- Family members and caregivers of persons with disabilities
- Self-help groups of persons with disabilities
- Other marginalised community members

The indirect stakeholders include:

- Community people of the project locations.
- Members of citizen forums.
- Elected members of Union Parishads and City Corporation Wards.
- Secretary and members of UP committees.
- Members of UP standing committees, UDCC, UDMC, WDMC, Community Group, Programme Implementation Committee who will receive training and orientation from the project.

- Officials of government departments at the UP level who will receive orientation and information regarding disability from the project.
- Staff of Community Clinics (CC) and Union Health and Family Welfare Centres (UHFWC) who will receive training, orientation and information regarding disability from the project.
- Officers at district and upazila levels who will receive orientation and information regarding disability from the project.
- General Economics Division, Ministry of Planning, which will receive inputs on disability inclusion for drafting the 8th Five-Year Plan 2021-2025 and Bangladesh Perspective Plan 2021-2041.

All persons with disabilities in the project areas are the main beneficiaries of the project. However, women with disabilities will be given priority since they live in more marginalised and vulnerable conditions. Family members of persons with disabilities will also benefit from the project and so will other marginalised people in the project locations. As the quality of services of local government institutions and service providers improve, persons without disabilities will also benefit from the project.

Table 2 below shows the number and types of expected beneficiaries of the proposed project.

Table 2: Number and Types of Project Beneficiaries

Beneficiaries	Number (People)	Remarks
Persons with disabilities (preferably 40% will be women as per current project expected ratio of women in activities of the project which will be updated in this phase for ensuring women participation in the project)	80	persons with disabilities from the community level will receive training from CDD
	528	members of SHGs, of whom 80 will be nominated or elected
	280	will get resource support from the project
	300	will get vocational skill development training and business development training for engaging in income generating activities.
	600	will receive screening and referral and/or therapy and/or assistive devices
Day observance	13,500	will become aware through day observance events organised at PNGO level
Community awareness	6,000	community people will become aware through different sensitisation activities
UP chairmen and secretaries	8	will participate in orientation towards disability, inclusive development, gender,

Beneficiaries	Number (People)	Remarks
		child protection, and social accountability, etc.
UP women members	12	will participate in orientation towards gender and child safeguarding, disability and human rights, women leadership, CBID and disability inclusive development, social accountability tools, and resource mobilisation.
UP general members	36	will participate in orientation towards disability inclusive development, social accountability tools, resource mobilisation, local government and their role in mainstreaming disability inclusion.
City Corporation Ward councillor and secretary	6	will participate in orientation towards disability inclusive development, social accountability tools, resource mobilisation, local government and their role in mainstreaming disability inclusion.
Community people, policy makers and civil society representatives	42,491	Collaborative efforts of 31 citizen forums, 37 SHGs, 4 apex bodies, 9 PNGOs / DPOs and CDD
Staff of PNGOs and DPOs	20	will be under capacity building
Staff of CDD	12	will be under capacity building
Citizen Forum (CF)	25 CFs	Out of 25, 19 CFs are existing in the project locations. Out of the remaining 6 CFs, will be located in 2 Wards (No. 13 and No. 15) of Chittagong City Corporation
Self Help Groups (SHGs)	37 SHGs	Out of 37, 31 SHGs are existing. The remaining 6 SHGs will be located in 2 Wards (No. 13 and No. 15) of Chittagong City Corporation
Apex Bodies (ABs)	5 Abs	Out of 5, 3 ABs are existing in the project locations. The remaining 2 ABs will be located in 2 Wards (No. 13 and No. 15) of Chittagong City Corporation
Awareness through Mock Drill	9,000	9 mock drills will be conducted in the project locations. Around 1,000 persons will participate in each drill.

Beneficiaries	Number (People)	Remarks
Sensitised government officers	240	government officials will be sensitised through meetings and lobbying
DPOs/Disability NGOs	7	Implementing and strategic partners of the project
NGOs/ Development Organizations	2	Implementing partners of the project.
LGIs	7	4 UPs and 3 City Corporation Wards in the project locations
Community Clinic/UHFWC	80	17 Community Clinics/UHFWCs in the project locations
Govt. service providers	7 departments	District and sub-district level government offices
CPP Volunteer	60	CPP Volunteers will receive training
Different Committees (UDCC, Standing Committees)	270	4 UDCCs, 4 UDMCs, 36 WDMCs and 52 SCs

2.2. *Who else will be involved in the project implementation? Which stakeholder groups would or could have an important influence on the project's implementation?*

The proposed project will be implemented by CDD in collaboration with partner NGOs and DPOs. These organisations are involved in the development of local communities, including persons with disabilities and other marginalised groups. They have experience of working in the areas of health, education, livelihood, empowerment, rights, awareness raising, etc. They have included disability issues in their activities and conducted advocacy and networking. These capacities of partner organisations and their local structures will be used for implementing the project.

Persons with disabilities, their family members, other marginalised groups and community members will learn from the project about their rights, services and opportunities available at the community level. They will also learn about the roles and responsibilities of LGIs and service providers. The SHGs, apex bodies and CFs will communicate and advocate with the LGIs and service providers for receiving quality services. They will also take steps to ensure good governance in these institutions and inclusion of disability issues in their programmes.

The project will use the infrastructural facilities of LGIs to conduct meetings, training sessions, orientation programmes and workshops, etc. The Union Parishads will organise regular open ward meetings and open budget meetings for preparing their annual budget with the involvement of the local community, including persons with disabilities and other marginalised groups. The UPs will also hold regular meetings of different committees such as standing committee, UDCC and UDMC, to involve local

community members in the mainstream development process. Similarly, government offices and service providers at the union and upazila levels will be involved in project activities.

At the national level, LGD, NILG, Department of Social Services, Department of Youth Development, Department of Women Affairs, etc. will provide policy and technical support for the implementation of the project. The project will provide inputs to GED for incorporation of disability issues in the next national and perspective plans of Bangladesh.

As per CCD's experience, when a government officer with disability sensitivity is transferred to another office, then sometimes it becomes difficult to continue the relationship with that department with the same pace. CDD is working for a long time with good rapport with the above-mentioned government departments. But still due to transfer of government officers, there is often chance of non-cooperation. And in such case, it takes time to recover the relationship. These risks have been included in the risk register as well.

B. Logical Framework / Cost Plan

Please see the Annex 01_ 002 Project Design Form Annex B_Logframe and Costplan__1st Draft_12 June 2019

C. Activity Schedule

Please see the Annex 02_003 Project Design Form_Annex C_ Activity Planning Schedule_1st Draft_13 June 2019

Note: The Activity schedule provides an overview on when during the project implementation which activity will be conducted and how long it will take.
The tool provides information and clarity when staff and resources will be needed during the project cycle and helps avoiding bottlenecks, e.g. due to overuse of a certain staff group or a resource in several activities at the same time. Thus the tool contributes to demonstrating and ensuring the feasibility of the project.

D. Project Risk Register

Please see the Annex 03_004 Project Design Form_Annex D_Project Risk Register__1st Draft_13 June 2019

Note: The risk register provides an overview on identified risks, their perceived relevance and mitigation strategies considered. It is mandatory for all projects with a total funding volume above EUR 50,000.

E. Monitoring and Evaluation Plan

Please refer to separate Excel sheet

Note: The M&E Plan provides an overview how and when during project implementation data will be collected to measure its progress against the indicators and results as outlined in the Project Plan (Logical Framework). It is mandatory for all projects with a total funding volume above EUR 250,000, and needs to be submitted latest three (3) months after start of project implementation.

F. CBM's Quality Criteria for Project Designs

In keeping with CBM's Programme Quality Framework presently under development, a set of quality criteria has been defined. Any Project Design will be expected to reflect these criteria.

Relevance

1. The Project Design aligns with CBM's vision, mission, strategy and the relevant country plan.
2. The Project Design clearly benefits the poorest.
3. The Project Design aligns with CBM disability inclusive development (DID) principles.
4. The Project Design has a clear approach & objectives.

Effectiveness

5. The Project Design builds in monitoring and learning.
6. The Project Design demonstrates quality and technical strength.
7. The Project Design has a strong approach to safeguarding children and vulnerable adults.
8. The Project Design identifies and minimises harmful impact on the natural environment.
9. A gender equality approach is evident.

Efficiency

10. The Project Design has a strong risk approach.
11. Value for money is evident in the Project Design.
12. Partner resources for this plan and capacity building needs are addressed.

Sustainability and Contribution to Change

13. The Project Design demonstrates sustainability of project outcomes, transition plan & potential wider scale implementation.
14. The Project Design shows accountability to local stakeholders.
15. Advocacy, influencing and networking are applied to good effect.

If applicable:

16. The Project Design has a strong approach towards Inclusive Disaster Risk Reduction (iDRR).