INCLUSIVE PRACTICES FOR SUPPORTING OLDER PERSONS AND PERSONS WITH DISABILITIES IN HUMANITARIAN SETTINGS

A compilation of good and promising practices from Republic of Moldova

April 2025

Regional Refugee Response for the Ukraine Situation

Disability & Age Task Force

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

INCLUSIVE PRACTICES FOR SUPPORTING OLDER PERSONS AND PERSONS WITH DISABILITIES IN HUMANITARIAN SETTINGS

A compilation of good and promising practices from Republic of Moldova

Republic of Moldova
April 2025

For more information, please contact the DATF Co-chairs:

- **Tatiana Cernomorit,** Human Rights Officer, UN Human Rights Moldova, at tatiana.cernomorit@un.org
- **Ludmila Malcoci,** Director, Keystone Moldova, at lmalcoci@khs.org
- **Alberto Tonon,** Disability Inclusion Specialist, UNHCR, at Tonon@unhcr.org
- **Daniele Pedretti**, Age Inclusion Specialist, HelpAge Moldova, at daniele.pedretti@helpage.org

Cover photo: "In Basarabeasca, Moldova, Oleksandr and Olga, refugees from Ukraine with hearing and vision impairments, received vital support through UN Human Rights referral, including a hearing aid, glasses, and essential medication. "Now I can see him, and he can hear me," says Olga."
© Vincent Tremeau / UN Human Rights

Funded by European Union Humanitarian Aid

A COMPILATION OF GOOD AND PROMISING PRACTICES FROM THE REPUBLIC OF MOLDOVA

List of abbreviations

CRPD – Convention on the Rights of Persons with Disabilities
CSOs – Civil Society Organizations
DATF – Disability & Age Task Force
ECDUR – Emergency Childhood Development Support for Ukrainian Refugees
ECI –– Early Childhood Intervention
GIM – General Inspector for Migration
HRBA – Human Rights-Based Approach
IASC – Inter-Agency Standing Committee
INGOs – International Non-Governmental Organizations
MHPSS – Mental Health and Psychosocial Support
NGOs – Non-Governmental Organizations
OPDs – Organizations of Persons with Disabilities
OSORC – Non-commercial partnership Basic Center of Rehabilitation and Consulting
RCF – Refugee Coordination Forum
ToR – Terms of Reference
TP – Temporary Protection
TRC – Technical Review Committee
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees

List of boxes

Box 1. Case Study: A Mother's Journey to Support and Empower Others
Box 2. The Concept of Brain Gym
Box 3. Case Study: Nelli's story

Table of contents

A COMPILATION OF GOOD AND PROMISING PRACTICES FROM THE REPUBLIC OF MOLDOVA

Table of contents

1. About

The Disability and Age Task Force (DATF) is an inter-agency technical coordination platform that seeks to advance the inclusion, protection, and empowerment of persons with disabilities and older persons in humanitarian programming in the Republic of Moldova. In the broader humanitarian architecture, the DATF brings together government agencies, UN entities, International Non-governmental Organizations (INGOs), Non-governmental Organizations (NGOs), and organizations of persons with disabilities (OPDs) to address barriers, advance human rights observance, and improve access to quality services.

Established in March 2022 under the Refugee Coordination Forum and the Protection Working Group, the Task Force is crucial in facilitating inclusive humanitarian action through program and policy design with disability- and age-mainstreaming strategies. Its objective is to enhance the inclusion of persons with disabilities and older persons in the Ukraine Refugee Response on both banks of the Dniester/Nistru River by ensuring access to mainstream services and the availability of specialized support tailored to their needs. Improved coordination through the DATF supports the stakeholders in enhancing service delivery, making humanitarian responses inclusive and accessible to the requirements of older persons and persons with disabilities.

In addition to coordination, the DATF is also actively involved in policy influence and advocacy. It is an advocate of the use of international frameworks such as the Convention on the Rights of Persons with Disabilities (CRPD), the Inter-Agency Standing Committee (IASC) Guideline on Inclusion of Persons with Disabilities and the Human-Rights-based Approach (HRBA) to Age & Disability. The task force also engages in providing capacity building and technical support to various sectors (e.g., refugee protection, food security, livelihood,

1. About

education, health, and basic needs, etc.) to promote a human rights-based approach to humanitarian work on disability and age inclusion.

Co-chaired by UN Human Rights Moldova, UNHCR, Keystone Moldova, and HelpAge Moldova, the DATF is a critical resource to advancing the protection and inclusion of some of society's most marginalized groups, whose voices must be heard and whose rights must be safeguarded at all levels of humanitarian response and recovery. To know more about the work of the Task Force, please visit the DATF Website.

2. Introduction

2.1 The Human Rights-Based Approach to Age and Disability

The human rights-based approach (HRBA) is a methodology that applies five working principles to human rights for all: meaningful and inclusive participation and access to decision-making; non-discrimination and equality; accountability and rule of law for all; and transparency and access to information supported by disaggregated data. By applying these principles, the HRBA identifies states and their institutions as duty-bearers that are accountable for respecting, protecting, and fulfilling human rights. The HRBA addresses persons as rights-holders and empowers them to know, to claim, and to enjoy their human rights.

An HRBA to disability advocates **that all people are entitled to be treated with respect and dignity, irrespective of their capabilities.** It moves from the traditional view of disability as a state that requires assistance and charity (the Charity Model) towards one that considers persons with disabilities as full members of society with rights to avail the same opportunities, services, and resources as everyone else. Pertaining to this view is the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which underscores disability as not just an individual concern, but a social problem ingrained in the barriers that exist within society. A human rights-based approach argues for the elimination of these barriers – physical, social, institutional, or attitudinal – that limit full engagement in society. This extends including to the provision of education, employment, healthcare, and participation in governance, ensuring that everyone has the freedom and opportunity to enjoy their human rights and a quality life. In addition, it is also about enabling persons with disabilities in all their diversity to live independently and participate in the decision-making process and advocacy.

Ultimately, this approach aims to create a society where persons with disabilities are recognized as rights-holders who have the same opportunities and access to the required support to lead fulfilling and independent lives as anyone else.

The HRBA to ageing is a way of working which is based on human rights principles and human rights standards, and aims to ensure older persons' dignity, voice, and wellbeing.

Several international frameworks including the United Nations Principles for Older Persons[1] (1991) and the Madrid International Plan of Action on Ageing[2] (2002) outline the fundamental rights of older persons and the importance of ensuring dignity, inclusion, and well-being of older persons; emphasize access to basic needs, healthcare, lifelong learning, social engagement, and protection from discrimination and abuse; promote policies that ensure older persons can actively participate in the society, access healthcare, and live in supportive environments focusing on three areas: older persons and development, advancing health and well-being, and ensuring enabling environments.

2.2 Age & Disability in Ukraine Refugee Response in the Republic of Moldova

Disability remains a major concern in the refugee response, creating additional challenges for those already facing displacement. The current refugee crisis has brought greater attention to the need to support various marginalized groups of the population in Moldova. As of February 2025, 127,722 refugees from Ukraine were recorded in Moldova, with around 70,000 having received asylum, temporary protection, or residence status to facilitate their legal stay and access to services,

---

[1] *United Nations Principles for Older Persons available at:*
https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons
[2] *The Madrid International Plan of Action, available at:*
https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf

since the full-scale Russian invasion of Ukraine in 2022[3]. In terms of composition, 58% are women and girls, 42% are men and boys, while 10% are persons with disabilities (estimated by *the Socio-Economic Insights Survey (SEIS) 2024*[4]) and 17% are older persons. Among older persons, it is estimated that around 50% are persons with disabilities, which exacerbates the risks that this category of refugees faces.

Limited response to the requirements of these groups of refugees has posed additional obstacles to accessing basic health, housing, social protection, employment, and education services by persons with disabilities who have been displaced. Even though humanitarian actors have provided critical assistance, much higher contributions are needed in terms of access, specialized services, and changing attitudes towards disability to achieve the full socio-economic participation of refugees with disabilities within Moldovan society and alongside the local population.

According to the *"Assessment on the needs and access to services for older refugees from Ukraine, located on the territory of Moldova"* conducted by HelpAge International in 2024[5], older refugees face significant challenges in accessing quality primary and specialized healthcare, with financial difficulties, high medical costs, and inconsistent application of healthcare provisions under Temporary Protection (TP) status being major concerns. Housing affordability and rising living costs further contribute to their vulnerability, especially as many have chronic health conditions and struggle to access local social benefits or employment in Moldova. With the closure of Refugee Accommodation Centres, more refugees are expected to live independently, exacerbating their financial and housing insecurity.

---

[3] *Operational Data Portal, available: https://data.unhcr.org/en/country/MDA*

[4] *Ukraine Situation - Moldova: Socio-Economic Insights Survey (SEIS) 2024 Preliminary Analysis, available at: https://data.unhcr.org/en/documents/details/111606*

[5] *Assessment on the needs and access to services for older refugees from Ukraine, located on the territory of Moldova (July 2024), available at: https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons*

2.3 Methodology

The methodology for documenting and disseminating good and promising practices on age & disability inclusion in Moldova involved a structured and participatory approach. The process started with an open call where various participants that included CSOs, OPDs, International Non-Governmental Organizations (INGOs) and UN were invited to submit their good practices on age and disability inclusion from February 2022 to October 2024. This involved identifying their good and promising practices based on selected 5 thematic areas: **(1)** *Empowerment of Older Persons and/or Persons with Disabilities;* **(2)** *Capacity Development of Humanitarian Organizations, including OPDs;* **(3)** *Identification and Removal of Barriers;* **(4)** *Meaningful Participation of Older Persons and/or Persons with Disabilities*, and **(5)** *Quality and Disaggregated Data Collection*. Then, the organizations submitted their good and promising practice through filling a questionnaire **(Annex 2)**. The questionnaire was available online and offline to support organizations preferences. A Technical Review Committee (TRC) consisting of technical experts from UN Human Rights Moldova, Keystone Moldova, UNHCR and HelpAge Moldova, was formed to guide, monitor and oversee the whole process of the call. This included the development of the ToR and submission guidance and questionnaire and support to fine tune the submitted good good practices based on criteria derived from the Inter-Agency Standing Committee (IASC) Guidelines and the CRPD, ensuring alignment with age & disability-inclusive humanitarian & development standards. UN Human Rights Moldova and the DATF provided tailored support and guidance to the organizations in the process of developing the good practice.

The good practice will be referred to as such whenever they are shared on different websites, meetings, and publications to support the peer learning, encourage replication, and the use of inclusive practices within the humanitarian and development space in the Republic of Moldova. The methodology prioritized collaboration, peer learning, and the promotion of evidence-based approaches to age & disability inclusion.

2.4 Key Learnings

The good and promising practices identified several effective approaches for the assistance of older persons and persons with disabilities.

General and Specific Interventions (the Twin Track Approach):
The programs and interventions understand and take into consideration the broad and specific needs of older persons and persons with disabilities. To address specific vulnerabilities, some level of tailored support such as online, peer to peer, or group interventions must be provided to overcome physical and social barriers.

Local Partnerships and Service Delivery:
There is an apparent need to partner with the national and local/ community-based organizations (such as Organizations of Persons with Disabilities) and state institutions. These partnerships facilitate better information flow, service provision, and settlement of problems affecting the marginalized population.

Sustainability and Adaptability:
Programs that focus on professional development, continuous monitoring, and adapting to evolving needs have the greatest long-term impact. The ability to adjust methodologies and involve older persons, persons with disabilities and their caregivers in the learning process ensures ongoing effectiveness.

Empowerment through Peer Support:
Trustable and effective engagement to foster participation is cultivated through peer-to-peer support systems. These programs help individuals and families tell their stories, fostering trust and building solidarity which, if lacking, is one major barrier to participation.

Funding and Logistical Support:
Limited resources often make it difficult to obtain critical services. While allocating food vouchers or medical support can be helpful, addressing transportation and infrastructural bottlenecks goes a long way in ensuring older persons and persons with disabilities access the services they require.

Enabling older persons, persons with disabilities and their caregivers
to become human rights advocates results in improved outcomes and greater community acceptance of age & disability inclusive approaches.

Community Support:
community support structures are vital in combating social neglect and foster engagement.

3. The Good Practices

3.1 Emergency Childhood Development Support for Ukrainian Refugees (Keystone Moldova)

KEYSTONE MOLDOVA

THEMATIC AREA: CAPACITY DEVELOPMENT OF HUMANITARIAN ACTORS

LOCATION OF PRACTICE: NATIONWIDE

THE PRACTICE

The project, "Emergency Childhood Development Support for Ukrainian Refugees" (ECDUR) was implemented by Keystone Moldova in partnership with the European Association of Service Providers (EASPD) and NGOs from other four countries (Romania, Poland, Bulgaria, and Slovakia) in the period November 2022 – December 2023. The main goal of the project was to provide emergency support to children with disabilities, all of whom were refugees from Ukraine, at an earlier age, based on their specific needs. The project was also focused on strengthening the early intervention system in all five countries, including the Republic of Moldova. To achieve the goal, 70 family consultants and 130 parents with small kids with disabilities, all refugees from Ukraine, were trained on how to provide support to other refugee's families with children with disabilities to cope with existing barriers in Moldova, as well as to integrate in Moldova early intervention services. Following the training, the consultants and parents provided peer-to-peer support to around 2000 families with small children with disabilities from Ukraine. The impact of the project resided in empowering refugee's families with small children with disabilities through the networking, capacity building, and day-by-day support, providing assistance to children with disabilities based on their needs, as well as providing counselling, reference and support to parents for their reintegration in the labour market. See below a case study on a mother with a child with disability involved as a family consultant within the project.

CHALLENGES:

- **Limited access to specialized services and resources:** Refugee families struggled to find specialists, rehabilitation options, and reliable guidance for their children's disabilities due to displacement.

- **Financial constraints:** Families required financial support to access medicine, rehabilitation, and specialized interventions for their children.
- **Building trust among families:** Many families were hesitant or lacked confidence in accessing services.
- **Sustaining caregiver engagement:** Required consistent support, resources, and time management to balance their personal and professional responsibilities.

OVERCOME STRATEGY:

- **Peer-to-peer support model:** Implemented a system where families with children with disabilities received emotional and practical support from trained family consultants who could share relatable experiences and provide guidance.
- **Professional training and mentorship:** Developed a robust training program for family consultants, supplemented with ongoing mentorship and monthly consultations provided by national experts in early childhood intervention (ECI) and disability inclusion support.
- **Monitoring and guidance:** Activities were closely guided and monitored by project coordinators to ensure effectiveness and track the impact on families and children.
- **Incentivizing participation:** Introduced financial incentives such as food vouchers, access to rehabilitation programs, and medical support to encourage active involvement from family consultants and improve access to resources for families.
- **Flexible resource allocation:** Provided support systems that addressed specific family needs, such as medicines, rehabilitation sessions, and guidance on creating structured developmental plans for children with disabilities.

REPLICABLE SUCCESS FACTORS:

- **Peer-to-peer assistance:** This approach builds trust and creates empathetic, supportive relationships based on shared experiences.
- **Comprehensive training and support:** Equipping family consultants with professional knowledge and mentorship ensures quality interventions.
- **Flexible and inclusive services:** Providing emotional, financial, and logistical support enabled consultants and families to navigate challenges effectively.
- **Community collaboration:** Partnering with local organizations and leveraging existing networks ensures sustainability and broader outreach.

- **Empowering caregivers as advocates:** Engaging parents like Ina as advocates and consultants strengthens the program's impact while empowering participants.

Box 1. Case study:
A Mother's Journey to Support and Empower Others

Ina, a Ukrainian mother of a child with autism spectrum disorder, was displaced in Moldova after the war disrupted her family's life and access to essential services. Not much before fleeing, her son had been diagnosed, leaving her overwhelmed and uncertain about his future. In Moldova, Ina not only faced the challenges of rebuilding her life but also the added responsibility of navigating care for her child with limited resources. Despite these hardships, Ina's determination to support her son became the foundation for her role as a family consultant in the project "Emergency Childhood Development Support for Ukrainian Refugees."

Through the project, Ina underwent training in early childhood intervention (ECI) and disability-inclusive practices. Drawing on her personal experience and professional expertise as a doctor, she began providing peer-to-peer support to other families raising children with disabilities. Her shared experiences resonated deeply with the families she worked with, fostering trust and empowering parents to take proactive steps for their children's development. Ina's holistic support approach, which included daily communication, guidance on care plans, and emotional support, transformed not only her own child's developmental trajectory, but also the lives of many other families.

Ina's story illustrates the power of resilience and the importance of peer-led initiatives in humanitarian settings. Her efforts helped establish support networks, reduce stigma, and create a nurturing environment for children with disabilities, offering hope and empowerment to those facing similar challenges.

To know more about this good practice, please contact:

✉ Keystone Moldova, moldova@khs.org

To know more about Keystone Moldova, please visit:

🌐 https://www.keystonemoldova.md/

3.2 See the People Beyond the Numbers (HelpAge Moldova)

THEMATIC AREA: EMPOWERMENT OF OLDER PERSON & PERSONS WITH DISABILITIES

LOCATION OF PRACTICE: CHISINAU, CAHUL, CRIULENI, CAUȘENI, SINGEREI, SOROCA

THE PRACTICE

Many caregivers, often isolated in their roles, faced significant challenges such as burnout, social isolation, and financial strain. This project focused on supporting informal caregivers, both refugees and Moldovans, and particularly older persons providing support and care for family members with disabilities by providing targeted training that addressed both their caregiving skills and emotional well-being. The project aimed to address the gap in support and caregiving knowledge and skills by providing targeted training for informal caregivers. Additionally, the project sought to prepare informal caregivers to meet the standards and criteria for becoming formal personal assistants.

Each participant of the project underwent a comprehensive assessment of their caregiving activities to identify potential areas for improvement. This personalized evaluation allowed for the identification of specific technical and adaptive requirements for both caregivers and support and care receivers, considering their individual circumstances, as well as support and care needs. Following these evaluations, participants were provided with vital assistive devices that substantially enhanced the efficiency and safety of their caregiving duties, but the devices also responded to the needs of persons who required support and care. The provided equipment included wheelchairs, walking frames, toilet supports, shower chairs, and pressure-relief mattresses, all of which facilitated mobility and helped prevent complications associated with prolonged immobility.

These measures had a profound impact on caregivers, equipping them with the necessary tools to improve caregiving conditions while reducing physical and emotional strain. The provision of assistive devices not only contributed to the enhancement of quality of support and care but also promoted the overall well-being of both caregivers and of support and care recipients. This highlights the crucial role that access to appropriate resources plays in ensuring high-quality home care. This best practice illustrates how investments in essential equipment can significantly improve the caregiving experience, benefiting both

caregivers and those they care for.

Also, the caregivers received training on the Regulation Framework of the Social Service "Personal Assistance" and Minimum Quality Standards. The sessions were designed to familiarize them with the legal and procedural requirements necessary to obtain authorized personal assistant status. Additionally, the project provided continuous support in the process of preparing the application file for the Personal Assistance Service by the person who required the service, ensuring that participants had all the necessary information and resources to submit the application correctly and to benefit of personal assistance service.

A key success of the project was the approach of focusing on the persons, listening to their stories, and helping them feel valued. This emotional support was crucial in overcoming initial reluctance to participate in the training. Experienced trainers were carefully selected to create an environment of trust, using techniques and exercises to help informal caregivers feel more comfortable and open to the process. Moreover, through the project, refugee caregivers had the opportunity to meet Moldovan caregivers, creating a space for shared experiences and mutual understanding. This interaction not only allowed participants to exchange caregiving strategies but also fostered connections that could enhance refugees' inclusion into Moldovan society. By building these networks, the project contributed to breaking social barriers and promoting inclusion. The combination of caregiving skill development and emotional support helped caregivers cope with their challenges, reducing their burnout and enhancing their ability to provide better support and care for their loved ones. This project demonstrated that by addressing both the practical and emotional needs of informal caregivers, it is possible to improve their well-being and enhance the quality of care they provide to their loved ones.

CHALLENGES:

- **Informal caregivers, particularly older persons, often hesitate to join the program due to prolonged social isolation, burnout, and financial strain,** leading to reluctance in seeking support, disengagement from social interactions, and difficulty in motivating participation.
- **Lack of housing adaptations for older persons and persons with disabilities**, particularly in rural areas with limited infrastructure, heightened the physical and emotional strain on caregivers, further worsened by the high cost of assistive equipment.

- **Insufficient information about the Personal Assistant Service,** including the application process, eligibility criteria, and available benefits, prevented many persons with high care needs and their caregivers from accessing existing support (including, potential financial and social support).

OVERCOME STRATEGY:

- **Trust-Building Techniques:** Experienced trainers used trust-building exercises and techniques to make caregivers feel comfortable and engaged, helping them overcome initial hesitation.
- **Safe Spaces for Connection:** Creating a supportive environment where caregivers could connect with peers, share experiences, and receive emotional support, making them feel valued and less isolated.
- **Practical Training and Knowledge:** The training covered caregiving skills and the requirements to perform the function of Personal Assistant, equipping caregivers with the knowledge and tools to perform effectively and get employed.
- **Provision of Assistive Devices:** The project provided essential assistive devices based on participant's needs, easing their barriers, reducing physical strain, and improving the independence of the person.

REPLICABLE SUCCESS FACTORS:

- **Individualized Support:** Tailoring assistance to address each caregiver's unique challenges and emotional needs.
- **Trust-Building Techniques:** Involvement of experienced trainers to create safe spaces where caregivers feel heard, valued, and comfortable.
- **Community Engagement:** Encouraging peer support and interactions to reduce isolation, fostering a sense of belonging.
- **Gradual Encouragement:** Encouraging participation through small steps that help caregivers build confidence over time.
- **Inclusion Opportunities:** Facilitating interactions between diverse caregiver groups, such as refugee and Moldovan caregivers, to foster social inclusion and exchange of strategies.

✉ **To know more about this good practice, please contact:**
HelpAge Moldova, officehelpage@gmail.com

🌐 **To know more about HelpAge Moldova, please visit:**
https://www.helpage.md/

3.3 Enhancing Speech Therapy and Mental Health and Psychosocial Support (MHPSS) Services for Children with Disabilities in Moldova (WeWorld Moldova)

THEMATIC AREA: EMPOWERMENT OF OLDER PERSON & PERSONS WITH DISABILITIES

LOCATION OF PRACTICE: WEWORLD COMMUNITY CENTER IN CHISINAU

THE PRACTICE:

WeWorld Moldova implemented an inclusive, holistic approach to address gaps in speech therapy and Mental Health and Psychosocial Support (MHPSS) services for children in Moldova, particularly for Ukrainian and local children with neurodevelopmental and cognitive disorders. The initiative, taking place at the WeWorld Community Center in Chișinău, combined tailored one-on-one sessions, innovative group formats like the "Brain Gym," **(Box. 2)** and online therapy to expand access and enhance developmental outcomes.

Collaboration was key, involving a skilled speech therapist, educators, psychologists, and partnerships with local stakeholders and organizations. Parents and caregivers were actively engaged through feedback mechanisms and resources to support their children at home, fostering a collaborative approach to care.

The program reached in a semester (July-November 2024) 57 children (31 boys and 21 girls, including 2 with disabilities), improving communication, social skills, and confidence, and highlighted replicable success factors such as innovative methodologies, community engagement, and continuous professional development. By aligning with the Inter-Agency Standing Committee (IASC) and child protection guidelines, WeWorld's holistic approach offers a sustainable model to ensure inclusive, high-quality interventions for children with disabilities in humanitarian settings.

CHALLENGES:

- **Limited availability of trained speech therapists** due to limited training programs.
- **Accessibility issues for families outside Chisinau:** limited transportation possibilities for persons from rural areas and the required transportation costs.

- **High demand and long waiting lists:** The number of children needing services exceeded capacity, creating delays in the response.
- **Stigma surrounding disabilities:** Some families of children with disabilities were hesitant to seek services due to social stigma.
- **Ensuring sustainability of interventions:** Continuous adaptation of methodologies and maintaining the quality of services was a challenge.

OVERCOME STRATEGY:

- **Addressing the shortage of therapists:** 1) Recruited a highly specialized Ukrainian and Russian-speaking therapist to meet linguistic needs. 2) Introduced group sessions and online therapy to maximize outreach.
- **Improving accessibility:** Implemented online speech therapy sessions for families in remote or underserved areas**.**
- **Managing high demand:** Developed group formats like the "Brain Gym" to reach more children, without compromising quality.
- **Reducing stigma:** Conducted awareness campaigns to educate families on the benefits of early intervention.
- **Ensuring sustainability:** Focused on the therapist's professional development and adopted new techniques to meet evolving needs.

REPLICABLE SUCCESS FACTORS:

- **Holistic approach:** Tailored one-on-one and group sessions addressing children's specific developmental needs.
- **Innovative methods:** Programs like the "Brain Gym" combined cognitive exercises, articulation activities, and breathing techniques.
- **Engaging parents and caregivers:** Provided resources and involved them in the process to reinforce progress at home.
- **Collaboration with stakeholders:** Partnered with schools, CSOs, and healthcare providers to streamline referrals and expand outreach.
- **Online services for accessibility:** Virtual therapy sessions addressed geographic and logistical challenges.
- **Continuous improvement:** The therapist adopted new techniques and expanded methodologies to maintain effectiveness.

Box 2. Brain Gym:
A speech therapy and cognitive development program

Brain Gym is a structured speech therapy group activity for children aged 4 to 7 years, integrating language development, cognitive training, and motor skills exercises to enhance communication and brain function.

Program Goals:
- Improve speech clarity and articulation through targeted exercises.
- Strengthen memory, attention, and logical thinking with neuro-gymnastics.
- Enhance fine motor skills, which support speech and writing development.
- Develop breathing techniques for better voice control and fluency.
- Encourage self-expression through creative activities.

Methodology:
Sessions include articulation training, phonemic awareness exercises, breathing techniques, and hands-on activities, ensuring a holistic approach to speech and cognitive development.

Expected Outcomes:
Children gain clearer speech, improved focus, better motor coordination, and increased confidence in communication.

To know more about this good practice, please contact:
Lucie Ménard, Head of Programme, md.community@weworld.it

To know more about WeWorld Moldova, please visit:
Moldova - WeWorld

3.4 Enhancing Visual Accessibility inclusively through Comprehensive Low Vision Services (Center for Socio-Medical Rehabilitation "Low Vision")

🔍 **THEMATIC AREA:** IDENTIFICATION AND REMOVAL OF BARRIERS

📍 **LOCATION OF PRACTICE:** NATIONWIDE

THE PRACTICE:

The LOW VISION Center in Moldova has been implementing a comprehensive program to support persons with visual impairments, including refugees. The program provides comprehensive evaluations, glasses tailored to individual needs, visual devices and rehabilitation services, subject to available stock, helping the persons to enhance their independence and quality of life.

Recognizing the economic and social barriers faced by many persons with low vision, the Center works to improve access to affordable services. Beyond direct care, the program actively engages in awareness raising campaigns and training sessions for healthcare professionals and the community, promoting increased understanding of the needs of persons with low vision. Through collaborative partnerships with international organizations, the initiative ensures sustainability and accessibility. Personalized support, like the case of Nelli (please, see the Box 3 below), highlights the program's commitment to restoring confidence and autonomy for persons with visual impairments.

CHALLENGES:

- **Financial Barriers:** Limited funding to provide specialized glasses and visual aids to persons with low vision.
- **Limited Public Awareness** of available low vision services among the community and healthcare professionals.
- **Access to Affordable Services:** Many individuals, especially persons with low-income and refugees, faced economic and social obstacles in obtaining necessary vision care.

OVERCOME STRATEGY:

- **Strategic Partnerships:** Collaborated with international organizations to subsidize costs and secure donations for persons with low-income.
- **Awareness Campaigns:** Conducted community outreach programs and workshops to educate healthcare professionals and the public on low vision care.

- **Service Expansion:** Ensured continuous accessibility to vision care and rehabilitation by adapting services based on community feedback and emerging needs.
- **Stigma Reduction Efforts:** Promoted inclusive approaches through advocacy and personalized success stories to inspire confidence and independence.

REPLICABLE SUCCESS FACTORS:

- **Collaborative Partnerships:** Establishing alliances with international organizations to enhance service delivery and sustainability.
- **Tailored Services:** Adapting programs to address the specific needs of populations, including refugees, is critical for success.
- **Community Engagement:** Awareness campaigns and collaborations with healthcare providers are essential for creating an inclusive environment on the care for persons with low vision.
- **Personalized Support:** Individualized approaches and support can contribute to restoring confidence and independence for persons with low vision.
- **Adaptability:** Continuously evolving services based on feedback and emerging needs ensures long-term impact and relevance.

> **Box 3. Case study:**
> **Nelli's story**
>
> Nelli, a woman with severe visual impairment, faced significant challenges in her everyday life, including the inability to read or perform basic tasks due to lack of access to necessary assistive devices. With the help of the LOW VISION Center, she received tailored optical solutions and training in using assistive devices. Through consistent support and guidance, Nelli regained a sense of independence, now able to pursue her passion for poetry and inspire others with her resilience. Her story serves as a testament to the life-changing potential of comprehensive low vision care and the importance of access to quality assistive devices and technologies.

✉ **To know more about this good practice, please contact:**
Tatiana Ghidirimschi, tatiana.ghidirimschi@gmail.com, lowvision2020@gmail.com

🌐 **To know more about enter for Socio-Medical Rehabilitation "Low Vision", please visit:** Centrul de Reabilitare Medico – Socială pentru Persoane cu Vedere Slabă "LOW VISION"

3.5 Empowering Refugees with Disabilities through Accessible Information and Support (Association „MOTIVAȚIE" from Moldova.)

🔍 **THEMATIC AREA:** EMPOWERMENT OF OLDER PERSON & PERSONS WITH DISABILITIES

📍 **LOCATION OF PRACTICE:** CHISINAU MUNICIPALITY, 11A NICOLAE MILESCU SPATARUL STREET, OFFICE 2

THE PRACTICE:

The Association „MOTIVAȚIE" implemented a series of empowerment sessions to support refugees with disabilities in Moldova, addressing barriers such as language, lack of information, and access to services. These sessions aimed to inform refugees about their human rights, legal procedures, and available medical, social, and legal services. Tailored communication methods, including translations and easy-to-understand materials, ensured inclusivity for participants with various types of disabilities. The sessions were led by a diverse team of professionals, including psychologists and specialists in supported employment, with adapted transportation provided to facilitate access. Over 200 participants gained vital knowledge, reducing uncertainty, improving autonomy, and fostering integration into the local community. A key outcome was the creation of support networks among refugees, enhancing social connections and mutual assistance. By addressing logistical and informational barriers, this initiative improved refugees' quality of life and created a replicable model for empowering persons with disabilities in humanitarian settings.

CHALLENGES:

- **Language Barriers:** Refugees with disabilities struggled to understand information due to not speaking the local language.
- **Diverse type of Disabilities:** Ensuring the content was relevant and accessible to participants with physical, sensory, and intellectual disabilities posed challenges.
- **Accessible Venues:** Finding venues that were fully accessible for persons with mobility impairments required careful coordination.
- **Transportation Issues:** Some participants had difficulty reaching the sessions due to mobility or logistical constraints.

OVERCOME STRATEGY:

- **Hiring a Refugee Facilitator:** Engaged a refugee facilitator to translate materials and assist with communication in Ukrainian and other languages**.**
- **Adapting Session Formats:** Modified session formats and materials to meet the needs of groups of persons with various types of disabilities, using easy-to-read, easy-to-understand formats and visual aids.
- **Ensuring Physical Accessibility:** Selected venues that were physically accessible and scheduled sessions to accommodate participants with disabilities.
- **Providing Free Transportation:** Offered accessible transportation to facilitate participation for persons with mobility difficulties.

REPLICABLE SUCCESS FACTORS:

- **Tailored Communication:** Ensuring information is presented in accessible and comprehensible formats, with translation and visual aids for clarity.
- **Participant-Centered Approach:** Involving refugees in designing and delivering sessions, making them feel empowered and respected.
- **Ongoing Support:** Offering continuous access to psychological, legal, and logistical support between sessions to enhance participation.
- **Inclusion of Persons with Disabilities:** Involving persons with disabilities in planning and facilitation to create relatability and inspire confidence.
- **Flexible Delivery Formats:** Providing a mix of in-person, online, group, and one-to-one sessions to respond to diverse needs.
- **Support Networks:** Encouraging the creation of peer-to-peer support groups to promote collaboration and shared learning among participants.
- **Participant Feedback:** Incorporating suggestions and feedback from participants to improve session quality and relevance.

To know more about this good practice, please contact:
Natalia Codrean & Toporeț Valentina, Project Coordinators,
valentina.toporet@motivation-md.org, office@motivation-md.org

To know more about Association „MOTIVAȚIE", please visit:
Asociația „MOTIVAȚIE" din Moldova

3.6 Enhancing Legal Aid for Refugees Through a Human-Centered Approach (Centre for the Rights of Persons with Disabilities)

🔍 **THEMATIC AREA:** EMPOWERMENT OF OLDER PERSON & PERSONS WITH DISABILITIES

📍 **LOCATION OF PRACTICE:** CENTRE FOR THE RIGHTS OF PERSONS WITH DISABILITIES, 16 PUSKIN STREET, OFFICE NR.5, MD-2012, CHISINAU

THE PRACTICE:

Since its establishment in 2006, the Centre for the Rights of Persons with Disabilities in Moldova has been providing legal assistance to persons with disabilities and ensuring they have access to justice and services they need. At the beginning of the Ukrainian Refugee Response, the organization opened legal assistance to refugees from Ukraine, including persons with disabilities and older persons.

Unlike other traditional legal aid programs, this was distinctive in its people-oriented approach, which generated a sense of dignity, trust, and emotional support.

Refugees were introduced into a warm and informal setting, where meetings with the lawyer were accompanied by some refreshments. This small action transformed the institutional setting into a reassuring space where refugees were willing to talk about concerns other than legal issues. Lawyers utilized these talks not only to guide in solving legal issues, but also determine other protection needs and refer the refugees to relevant partner organizations for additional support.

Apart from consultations and the legal service, the organization provided transportation to refugees with disabilities and older persons to the Ukrainian embassy in Chisinau to ensure that persons who had mobility or digital barriers had access to valuable documentation services. This compassionate and barrier-free legal service reimagined legal assistance by prioritizing accessibility, dignity, and full support, considerably improving the well-being of refugees.

CHALLENGES:

- **Initial resistance to informality:** Some team members were hesitant about shifting from a traditional legal aid model to a more informal, welcoming environment.
- **Unrecognized emotional needs:** Legal services often focus solely on legal solutions, overlooking the emotional and psychological needs of refugees.
- **Barriers to access to the embassy:** Refugees with disabilities and older persons faced difficulties navigating online appointment systems and physical access to the Embassy.

OVERCOME STRATEGY:

- **Cultural shift within the team:** Gradually, staff members recognized the value of a compassionate, human-centred approach in building trust.
- **Creating an informal support system:** Offering refreshments and open conversations helped refugees feel heard, fostering emotional well-being alongside legal assistance.
- **Proactive accessibility measures:** Providing personal accompaniment and transportation to the embassy ensured that refugees with disabilities and older persons could access essential documentation services.

REPLICABLE SUCCESS FACTORS:

- **Compassionate Engagement:** A simple act of hospitality transformed legal aid into a more holistic support system, fostering trust and emotional well-being.
- **Listening to Needs Beyond Legal Issues:** By engaging in informal conversations, the team identified additional challenges and connected persons with other relevant services.
- **Breaking Barriers to Access:** Personal accompaniment and transportation to the embassy for those facing digital or mobility barriers ensured meaningful access to essential documentation services.

✉ **To know more about this good practice, please contact:**
Mr. Radu Bobeica, Lawyer, radu.bobeica@cdpd.md; info@cdpd.md

🌐 **To know more about the activity of the Center for the Rights of Persons with Disabilities, please visit:** CDPD - Centrul pentru Drepturile Persoanelor cu Dizabilități Chișinău, Moldova

3.7 Together without barriers: experiences in building an inclusive community (Non-commercial partnership Basic Center of Rehabilitation and Consulting – OSORC)

THEMATIC AREA: MEANINGFUL PARTICIPATION OF OLDER PERSONS AND/OR PERSONS WITH DISABILITIESS

LOCATION OF PRACTICE: TIRASPOL, 144 K-LIBKNEHT STREET

THE PRACTICE:

This practice aimed to address the gaps in accessibility, social inclusion, and psycho-social support for persons with disabilities, older persons, and marginalized groups. The key actions involved raising awareness about available social and medical services, improving accessibility of public spaces, establishing inclusive social programs, and providing psycho-social support through counselling and group sessions. A multifunctional committee/interdisciplinary working group consisting of de facto local authorities, community leaders, and specialists on disability inclusion was formed to plan and implement these actions. Regular consultations ensured that the needs of persons with different types of disabilities were met. Results showed increased participation in decision-making processes, with a higher representation of persons with disabilities, improved accessibility of events, and greater satisfaction among participants. The practice successfully facilitated the inclusion of marginalized groups into social life by improving both physical access and emotional support.

CHALLENGES:

- **Lack of Knowledge on Inclusion:** Limited awareness and understanding of the specific needs of persons with disabilities.
- **Logistical and Infrastructural Constraints:** Physical barriers and lack of accessibility limited full participation.
- **Limited Interagency Coordination:** Weak collaboration between stakeholders resulted in fragmented efforts.
- **Insufficient Access to Information:** Persons with disabilities faced challenges in obtaining relevant and timely information.

OVERCOME STRATEGY:

- **Training and Capacity Building:** Organized training seminars and consultations with disability inclusion experts to enhance awareness and understanding.
- **Improving Accessibility:** Allocated additional budgets and secured sponsorships to improve infrastructure and ensure full participation.
- **Strengthening Coordination:** Established an interdisciplinary working group to enhance collaboration and streamline efforts.
- **Enhancing Information Access:** Developed online platforms and mobile apps to ensure accessibility of information for all participants.

REPLICABLE SUCCESS FACTORS:

- **Early and Comprehensive Stakeholder Involvement:** Engaging government representatives, community members, OPDs, and persons from diverse backgrounds ensured a holistic understanding of the challenges faced by marginalized groups.
- **Accessibility and Adaptation:** Providing sign language interpretation, materials in Braille, and ensuring barrier-free environments allowed all participants to engage equally and comfortably.
- **Openness and Transparency:** Regular consultations, focus groups, and roundtables enabled participants to provide feedback, allowing the program to adjust and meet their evolving needs.
- **Systematic Planning and Coordination:** Clear roles and responsibilities among different organizations streamlined efforts, avoided confusion, and ensured smooth implementation.
- **Ongoing Monitoring and Evaluation:** Documenting results and addressing emerging challenges kept the practice on track, motivated participants, and ensured continuous improvement.

✉ **To know more about this good practice, please contact:**
Liudmila Borodina, head of a non-governmental organization, osorc@yandex.ru

3.8 Accessible Information: Improving Temporary Protection for Refugees with Disabilities in Moldova (UNHCR)

🔍 **THEMATIC AREA:** IDENTIFICATION AND REMOVAL OF BARRIERS

📍 **LOCATION OF PRACTICE:** NATIONWIDE

THE PRACTICE:

In Moldova, refugees with disabilities faced significant barriers in accessing information and completing Temporary Protection (TP) registration due to inaccessible communication formats and mobility challenges. To address these gaps, UNHCR worked closely with the Moldovan government, OPDs, and UN agencies to develop inclusive solutions.

Accessible information materials were created to accommodate diverse needs. These included sign language videos and screen-reader-compatible digital content. Organisations of Persons with Disabilities were directly engaged in reviewing and validating the materials to ensure clarity and usability, ensuring the solutions met their needs. To address mobility challenges, UNHCR advocated for the establishment of mobile registration units by the General Inspectorate for Migration (GIM). These units enabled persons unable to travel to registration centers to complete their TP registration at home, removing critical barriers.

UNHCR also partnered with OPDs to distribute accessible materials through their networks, reaching refugees in remote and underserved areas. Information was further shared via hotlines, social media, and in-person outreach by community members. This practice improved access to information and services, strengthened partnerships between stakeholders, and ensured refugees with disabilities could exercise their rights to protection without discrimination.

CHALLENGES:

- **Limited Availability of Accessible Materials:** At the beginning of the Temporary Protection process, official information was primarily available in standard formats, such as text-heavy documents, which were not accessible to refugees with visual, hearing, or intellectual disabilities. This limited their ability to understand critical information about their rights, registration procedures, and services.

- **Reaching Refugees with Disabilities in Remote Areas:** Many refugees with disabilities, especially those in rural or hard-to-reach areas, faced challenges in accessing support. Limited internet access, lack of awareness of available assistance, and physical barriers further excluded these persons from receiving essential information and services.

OVERCOME STRATEGY:

- **Developing Accessible Materials:** UNHCR collaborated with OPDs and UN agencies to create informational materials in accessible formats. These included sign language videos, screen-reader-friendly digital content, and easy-to-read printed materials tailored to the informational needs of persons with various types of disabilities. Engaging persons with disabilities to validate the materials ensured clarity and usability.
- **Strengthening Outreach Efforts:** To reach refugees in remote areas, OPDs and refugee community networks were mobilized to disseminate information through direct engagement. Printed materials were also distributed in key locations, ensuring that persons with limited internet access could still receive critical information.
- **Advocating for Mobile Registration Units:** Recognizing mobility challenges, UNHCR successfully advocated for mobile registration units in partnership with the General Inspectorate for Migration (GIM). These units enabled refugees with mobility difficulties to complete TP registration at home, removing the need for travel to inaccessible registration centers.

REPLICABLE SUCCESS FACTORS:

- **Co-creation with Persons with Disabilities:** Involving persons with disabilities and OPDs in designing, validating, and implementing solutions ensured that actions were inclusive, relevant, and effective.
- **Multi-format Accessible Information:** Disseminating information in diverse formats - such as sign language videos, screen-reader-compatible documents, and printed materials - ensured accessibility for persons with various types of disabilities.
- **Collaborative Advocacy and Implementation:** Advocacy with state institutions, like the GIM, facilitated the introduction of inclusive services such as mobile registration units. This collaboration showcased how partnerships can address systemic barriers effectively.

- **Leveraging Community Networks:** Utilizing OPD and refugee community networks ensured information dissemination reached underserved areas, demonstrating the importance of community-driven approaches in humanitarian responses.

✉ **To know more about this good practice, please contact:**
Alberto Tonon, Disability Inclusion Specialist, tonon@unhcr.org

🌐 **For more information about the activity of the UNHCR in Moldova, please, visit:** https://www.unhcr.org/md/

3.9 Enhancing Disability-Inclusive Protection Monitoring for Ukraine Refugee Response through Disability Data Collection (UN Human Rights Moldova)

🔍 **THEMATIC AREA:** QUALITY DISABILITY DATA COLLECTION AND DISAGGREGATION

📍 **LOCATION OF PRACTICE:** NATIONWIDE

THE PRACTICE:

Since February 2022, mainstreaming disability inclusion within the Ukraine Refugee Response has been a strategic priority for UN Human Rights Moldova. Recognizing the heightened risks of exclusion, discrimination, and inadequate access to essential services faced by persons with disabilities among refugees, UN Human Rights Moldova aimed to ensure their specific needs were systematically addressed within the broader humanitarian response. However, the absence of a structured data collection mechanism made it difficult to adequately identify and respond to these needs.

To address this gap, UN Human Rights Moldova launched a disability-inclusive protection monitoring system in July 2023 under a project funded by the European Union Civil Protection and Humanitarian Aid (DG-ECHO). This system aims to systematically identify protection concerns and human rights violations faced by refugees from Ukraine, including the most marginalized groups. The monitoring approach involves conducting individual interviews with

refugees and host communities across Moldova, including the left bank of the Dniester/Nistru River. Collaboration with international, national, and local CSOs, including organizations of persons with disabilities (OPDs), ensures effective outreach and data collection.

The system integrates the Washington Group Short Set on Functioning, assessing difficulties across six functional domains: seeing, hearing, mobility, cognition, self-care, and communication.

Refugees reporting "a lot of difficulty" or "cannot do at all" in any domain are identified as persons with disabilities. An intersectional approach is applied, considering additional vulnerabilities related to gender, age, and other factors, allowing for comprehensive and inclusive analysis.

Collected data is systematically analysed through inter-sectoral categories, highlighting how persons with disabilities access services such as health care, accommodation, education, employment, and social services. This evidence-based approach allowed UN Human Rights Moldova to identify individuals most in need and facilitate referrals to appropriate services for 130 persons, including 42 persons with disabilities. Additionally, data from the left bank of the Dniester/Nistru River, previously inaccessible, is now collected through strengthened partnerships and monitoring efforts.

Findings from the monitoring process are visualized and disseminated through [UN Human Rights Monitoring Factsheets](), which are widely shared with humanitarian partners and available for download from ReliefWeb (https://reliefweb.int) or OpenDataPortal (https://data.unhcr.org/). These tools provide accessible, evidence-based findings, highlight gaps in service provision, and offer recommendations for inclusive interventions. As a result, humanitarian actors increasingly use this information to tailor their interventions and programming to better meet the needs of persons with disabilities.

This approach has significantly improved the visibility of persons with disabilities, enabling partners to enhance their strategies for inclusion and accessibility. It has also contributed to stronger advocacy efforts, ensuring that persons with disabilities are not left behind in the humanitarian response.

From July 2023 to November 2024, UN Human Rights Moldova conducted interviews with 2,332 refugees (1,753 women, 579 men, 711 older persons), identifying approximately 15% (346 refugees – 269 women, 77 men, 247 older

247 older persons) as persons with disabilities. The data collected has been instrumental in informing advocacy, promoting inclusive policies, and guiding humanitarian planning.

This good practice offers a replicable model for integrating disability data collection into broader protection monitoring efforts, enhancing inclusivity and accessibility for persons with disabilities within humanitarian responses.

CHALLENGES:

- **Underreporting of Disabilities:** Refugees may not report their disabilities because of stigma and fear of discrimination by the host society or lack of/limited awareness about what support is available for them.
- **Geographical Barriers:** Persons living in the hard-reached areas and on the left bank of the Dniester/Nistru River face challenges in accessing services because of limited infrastructure and resources.
- **Complex Data Analysis:** Analysing data across several functional domains may prove to be very challenging especially when respondents face challenges in more than one domain.
- **Resource Constraints:** Inadequate funding and staff could undermine the continuation of disability-inclusive monitoring and data collection services.

OVERCOME STRATEGY:

- **Strengthen Local Partnerships:** Work with local NGOs, OPDs and community-based organizations to cover hard-to-reach populations and include refugees with disabilities in protection programs.
- **Clear Communication:** Train interviewers to clearly and respectfully explain the Washington Group questions to prevent underreporting.
- **Data Management Tools:** Use software or tools that can handle complex data analysis, so it is easier to identify patterns and trends.
- **Capacity Building:** Invest in staff training to effectively utilize the Washington Group questions and interpret the data, ensuring disability inclusion is mainstreamed in protection monitoring.
- **Digital Transformation:** Transitioning to digital tools for efficient data analysis and dissemination through Factsheets.

REPLICABLE SUCCESS FACTORS:

- **Use of Standard Tools:** The Washington Group Short Set of Questions ensures similar and consistent collection of disability data that can be applied in other humanitarian work contexts.

- **Intersectional Perspective:** By considering how disability intersects with others like age and gender, the system enables a wider view of vulnerabilities.
- **Mainstreaming with Overall Monitoring:** Integration of the Washington Group questions within the scope of overall protection monitoring ensures that disability data are gathered alongside other vital information to inform a better overall response.
- **Collective Efforts:** Collective efforts with national and local organizations ensure maximum outreach and influence for protection monitoring and ensure services are accessible and inclusive.
- **Focus on Functionality:** Focusing on functional limitations rather than medical diagnoses, the tool can capture a broader range of disabilities, some of which might not be immediately obvious.

To know more about this good practice, please contact:
Olha Florynska, Information Management and Reporting Officer, at
olha.florynska@un.org, ohchr-moldova@un.org

To know more about our support to refugees with disabilities in Moldova:
Refugees from Ukraine receive support in Moldova | OHCHR

For more information about the activity of the UN Human Rights Moldova, please, visit: https://www.ohchr.org/en/countries/moldova/our-presence

4. Recommendations

TO IMPROVE FUTURE HUMANITARIAN AND DEVELOPMENT INTERVENTION, THE FOLLOWING RECOMMENDATIONS ARE PROVIDED:

Inclusive Data Collection and Impact Assessment:

Future programs and projects must ensure inclusive data collection mechanisms. This should focus on both qualitative and quantitative data for older persons and persons with disabilities (prevalence, barriers etc). Impact indicators should track the impact of the program/activities on the barriers and challenges faced by older persons and persons with disabilities in all their diversity.

Multi-Sectoral Collaboration

Inter-agency collaboration needs to be strengthened, particularly in program design and implementation of age and disability-inclusive programs. Collaboration among governments, NGOs and OPDs can merge resources and expertise and result in more efficient and sustainable services and interventions.

Flexibility in Service Delivery:

To maximize participation and empowerment, services need to be designed with flexibility. This includes offering online, mobile, and community-based interventions that can be adapted for the specific needs of diverse populations, such as those within remote or underserved areas.

Comprehensive Capacity-Building Programs:

The quality and sustainability of services would rely on investing in the ongoing professional development of service providers, including support and care providers, at national and local level. Training programs should address both technical competencies (e.g., early childhood intervention) and soft competencies (e.g., inclusive communication).

Empowerment and ensuring participation of older persons and persons with disabilities in the programming, implementation and evaluation of programs.

Inter-agency collaboration needs to be strengthened, particularly in program design and implementation of age and disability-inclusive programs. Collaboration among governments, NGOs and OPDs can merge resources and expertise and result in more efficient and sustainable services and interventions.

Promote Accessible and Inclusive Communication:

Services and materials must be in accessible formats and languages to respond to the informational needs of persons with different types of disabilities, but also for linguistic minorities. Using a mix of communication channels (e.g., digital, print, and face-to-face) could increase coverage and participation.

Increase Awareness and Reduce Stigma:

Awareness raising activities are crucial in reducing the stigma around disability and age, especially in the refugee response where social isolation and cultural disparities can potentially increase barriers. The programs must incorporate community-based awareness programs from its beginning.

Resource Mobilization and Financial Support:

Financial assistance to marginalized groups, e.g., disability related extra cost and reasonable accommodation, should be included in service delivery to alleviate economic barriers. Additionally, securing partnerships for resource mobilization will facilitate sustainability.

Focus on Long-Term Sustainability:

Future programs should have long-term sustainability strategies incorporated right from the outset, so that interventions can be adjusted in the long term and local stakeholders are empowered to continue the work after the external assistance phase is over.

5. Conclusion

This compilation of good and promising practices is a recognition of existing positive practices and at the same time it reminds us that there are still many things to do. The examples documented here demonstrate the effectiveness of collaboration, creativity, and advocacy for an inclusive society where older persons and persons with disabilities will enjoy their human rights regardless of their age, gender, disability, ethnicity and other characteristics. It also reminds us of the importance of ensuring a human rights-based approach where older persons and persons with disabilities are not passive aid recipients but have equal access in the decision-making process and their capacities are built to claim their human rights – which is the main pillar of empowerment.

As we move forward, we must take lessons from these good and promising practices strengthening partnerships, improving accessibility, and ensuring that **No One is Left Behind.** Full inclusion requires a long-term, systematic commitment, planning, and resource allocation. Continuous monitoring of our activities, taking examples from the good practices, adjusting our programs and projects according to the learning, sharing knowledge and capacity, investing in inclusion practices, and active participation of the communities, especially older persons and persons with disabilities can support in creating an inclusive society where all people regardless of their age, disability and other characteristics will fully enjoy their human rights.

6. Annexes

Annex 1: ToR and Guidance for the call for good and promising practices - <u>English</u> version.

(PLEASE SEE THE LINKS FOR <u>RUSSIAN</u> AND <u>ROMANIAN</u> VERSIONS)

Background

Approximately 16% of the global population are persons with disabilities, 80% of whom live in poverty.[1] The report of the Secretary-General for the World Humanitarian Summit (2016) recognized that persons with disabilities are among the most marginalised in any crisis-affected community.[2] [Article 11 of the Convention on the Rights of Persons with Disabilities (UN CRPD)](#) establishes obligations for State Parties to protect and ensure safety of persons with disabilities in situation of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disaster. In 2019, the Inter-Agency Standing Committee (IASC) launched t[he IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action](#)[3] to support humanitarian actors address the barriers to services and assistance, and mitigate the risks faced by persons with disabilities during emergencies.

Republic of Moldova has ratified the CRPD in 2010 and the country attaches great importance to the inclusion of persons with disabilities in society. However, persons with disabilities still face many attitudinal, environmental, institutional and communication barriers that prevent them from fully enjoying their human rights. The refugee influx caused by the outbreak of the armed conflict in Ukraine in 2022 resulted several negative impacts on the full enjoyment their human rights by the refugees, among which at least 10% of refugee populations are persons with disabilities (RRRP 2025-26), that includes limited access to basic needs such as health, education, livelihood etc. Limited presentation of international disability focused organisations put a greater responsibility on the existing mainstreamed organisations and national/local

---

[1] *[World Health Organization and the World Bank, World Report on Disability (2023)](#)*
[2] *General Assembly, One Humanity: Shared Responsibility, Report of the Secretary-General for the World Humanitarian Summit A/70/90 (2 February 2016), available from http://undocs.org/A/70/709*
[3] *Thereafter referred to as the [IASC Guidelines on disability-inclusion](#)*

organisations including Organisations of persons with disabilities (OPDs). Despite of the existing barriers for the persons with disabilities, together with the UN agencies, Organizations of Persons with Disabilities (OPDs) and Civil Society Organizations providing services to persons with disabilities, International Non-Governmental Organisations (INGOs) and the community, the humanitarian community showcased many good practices in the field on inclusion of older people and persons with disabilities.

During her official visit to Moldova in November 2023, the Independent Expert on the enjoyment of all human rights by older persons found that older persons in Moldova do not fully enjoy their human rights due to many structural barriers.[4] These include a lack of adequate support and care and limited participation in decision-making. Among older persons, those with a disability are further at risk of age discrimination and of being left behind. Older persons are highly dependent on social benefits as their main source of income and require special attention to improve their living standards.

Call for good and promising practices on mainstreaming age & disability inclusion in the refugee response in the Republic of Moldova

Disability and Age Task Force (DATF) observed how humanitarian actors including UN Agencies, INGOs and CSOs, including OPDs have adapted or changed their programming to ensure age & disability inclusion in the response and respond to the needs of older people and persons with disabilities.

The DATF is launching the current call for good and promising practices with the aim to foster learning between Government institutions and humanitarian organizations. The call is conducted as part of the project "Improving the equal access to services and assistance for refugees with specific needs and the most vulnerable host community members in Moldova including the left bank of Nistru River" implemented by the UN Human Rights in Moldova, funded by the European Union Civil Protection and Humanitarian Aid (ECHO). The documentation and dissemination of these practices shall showcase good & promising practices in integration and inclusion of older people and persons with disabilities from humanitarian partners in Moldova and help accelerate the adherence to commitments (CRPD) and use of the global guidelines (i.e. IASC Guidelines). The DATF will establish a Technical Review Committee (TRC) as part of this process.

Why should you participate, what is the benefit for your organisation?

Peer Learning & exchange from other humanitarian actors on age & disability inclusion!

This is a unique opportunity for organisations that provide humanitarian support and work in the Republic of Moldova to share their good or promising practice on Age & Disability Integration and Inclusive humanitarian action. Good practices from any sector are welcome. We have made the process as light and interactive as possible.

Based on an initial scoring by members of the Technical Review Committee, best good or promising practices will be selected. The technical review committee will have a joint review of the submissions and provide necessary recommendations to improve the writing, if necessary. The selected organisations will have an opportunity to present their good practices to the dissemination workshop.

All selected case studies will then be published and promoted via the following channels:
- Websites (UN Human Rigts Moldova & DATF),
- DATF Meeting
- Sector and RCF meeting,
- Panel Discussions, and/or
- Publications.

How can I participate in the process?

Submit your good or promising practice! We are looking for a recent practice (February 2022 to October 2024) to ensure that we can reach out to the main collaborators, including the affected population. It can be from any humanitarian sector of intervention.
- All suggested practices need to be submitted using the online form by **22nd November 2024.**

---

[4] *https://digitallibrary.un.org/record/4061287?v=pdf*

Who will be engaged in the selection?

The preliminary selection will be led by a Technical Review Committee (TRC) composed of subject matter experts on age & disability-inclusive humanitarian action, including members from the DATF (including co-chairs), 1 Organization of Persons with Disabilities (OPD) and 1 Protection Working Group representative. The selection will be based on agreed scoring criteria (see below) derived from the IASC Guidelines.

We will share information on the selection process and outcomes on the DATF website as well as in the DATF Monthly Meetings.

Permission and consent to publish.

Permission to publish the case studies in their final and edited form will be sought from the submitting agency for each case study prior to publication. We welcome the submission of photographs or videos with the documentation of the good practices. If you decide to do so, you must ensure that the informed consent has been obtained in writing from any individual featured in the photographs. We will abstain from publishing photographs without written evidence that informed consent has been given.

Process for case study submission, review, and selection.

Following the launch of the call for practices by the DATF:

Step 1: Register to submit a good & promising practice by completing the online form by 22nd November 2024.

Step 2: Review by Technical Review Committee (TRC) according to the compliance with the objectives and thematic priorities of the call for good & promising practices. Review questions for further fine-tuning of good practices along the IASC Guideline on disability-inclusion will be shared by the TRC with the good practice holders.
Deadline for final review: 30th of November (pending numbers of submission to be reviewed, this can be extended).

Step 3: Selected applicants/candidates/submitters address the recommendations from the TRC to improve their submission (6th December 2024).

---

4 *https://digitallibrary.un.org/record/4061287?v=pdf*

Step 5: Drafting the good & promising practice document for publishing and review by TRC and submitters by December 2024.

Step 6: Publishing and dissemination workshop: January-February 2025.

Priority thematic areas.

Case studies should show integration and inclusion of older people and persons with disabilities through at least one of the following priority thematic areas. These thematic areas have been selected because they are essential for age & disability-inclusive programming and represent key elements of the IASC Guidelines. They are relevant for each sector as well as humanitarian coordination to enhance meaningful participation and equitable access by older people & persons with disabilities to humanitarian assistance and protection:

1) Empowerment of older people & persons with disabilities
- Actions that supported affected older people or population with disabilities, as well as their representative structures (OPDs) to understand, claim and hold leadership accountable to their rights and entitlements.
- Good Practices that empower older people & persons with disabilities to contribute to humanitarian programming, coordination and/or protection.

2) Capacity development of humanitarian actors, incl. organisations of persons with disabilities
- Foster or ensure meaningful participation of older people and persons with disabilities in humanitarian assistance and protect,
- Collect information on older people & persons with disabilities requirements, capacities and priority unmet humanitarian needs, barriers and enablers,
- Adapt humanitarian accountability mechanisms, delivery modalities and services to become more age & disability-inclusive, and/or
- Coordinate and/or monitor their equal access to and meaningful participation in humanitarian assistance and protection.

3) Identification and removal of barriers
Actions that resulted in the identification and/or removal of attitudinal, environmental, communication and institutional barriers and/or enablers (see pages 12- 15 of the IASC GL) faced by men and women, boys and girls with disabilities or older people that hinder and/or enhance their equal access to and/or meaningful participation in humanitarian assistance and protection.

4) Meaningful participation of older people & persons with disabilities

Good or promising practices that resulted in enhancing or ensuring:

- Participation of older people & persons with disabilities in processes that assess, plan, design, implement, monitor and/or evaluate humanitarian interventions
- Employment of older people or persons with disabilities, including those from the affected population as humanitarian staff, frontline staff, such as community mobilizers, data collectors and/or volunteers.
- Consultation and/or collaboration with older people or persons with disabilities or OPDs from affected communities/ host communities in processes around humanitarian intervention, accountability, localization and/or resourcing strategies or related policies.

5) Quality disability data collection and disaggregation

- Good and/or promising practices that resulted in the collection, analysis and use of age & disability-inclusive data for programming, inclusive of locally appropriate disaggregation by gender, age, disability and/or other factors influencing access and/or protection.
- Practices may include those that led to adaptation of existing gender or conflict analysis and/or protection monitoring tools or the design of new ones that allowed for a better understanding about the situation of men and women with different types of disabilities of different age groups (including youth, old age and children) and socio-economic characteristics.

Guidance for completing the case study template.

The template is designed to assist in capturing the key elements of the story behind a practice.

When collecting information for the brief about a practice we encourage you to use available documentation and seek input from the following stakeholders:

- People responsible for implementing the practice.
- Decision-makers involved in supporting the practice.
- Frontline workers of the service or programme.
- Affected population engaged in the programme or service, including older people & persons with disabilities.
- Partners, organisations, groups or individuals identified as key change agents.

Guidance for completing the case study template.

The template is designed to assist in capturing the key elements of the story behind a practice.

When collecting information for the brief about a practice we encourage you to use available documentation and seek input from the following stakeholders:

- People responsible for implementing the practice.
- Decision-makers involved in supporting the practice.
- Frontline workers of the service or programme.
- Affected population engaged in the programme or service, including older people & persons with disabilities.
- Partners, organisations, groups or individuals identified as key change agents.

The template is structured to facilitate the description of a single practice and analysis with respect to its alignment with the IASC Guidelines its 'must do' actions.

Of course, many practices may not reflect all four 'must do' actions. However, it is important to identify progress in certain areas, whilst highlighting gaps, and explaining what further steps are necessary to make practices fully inclusive.

Review criteria

The following review criteria are aligned with the IASC Guideline and summarize the five thematic areas as well as some key principles applied to humanitarian action.

REVIEW CRITERIA	
Non-discriminaton	1. Practice demonstrates actions to identify and eliminate discrimination against older people or persons with disabilities in humanitarian programming and policy, including by guaranteeing protection and equal and/or targeted access to assistance
	2. Practice demonstrates distinct measures and approaches to facilitate protection and safety of all adults and children with disabilities, (including people from under-represented groups such as persons with intellectual disabilities or persons with psychosocial disabilities or older people) according to their gender, age, ethnicity, minority status, as well as other diversity and context-specific factors.

REVIEW CRITERIA	
Non-discriminaton	3. Practice pays specific attention to the situation of older people and persons with disabilities who face multiple and intersecting forms of discrimination, and considering gender and age, to empower and protect them from physical, sexual and other forms of violence, abuse, exploitation and harassment.
Protection Mainstreaming	1. Prioritize safety & dignity, and avoid causing harm 2. Meaningful Access 3. Accountability
Empowerment	1. Practice demonstrates how older people & persons with disabilities, as well as their representative structures (OPDs are claiming their rights, holding leadership accountable to their rights and entitlements. 2. Practice demonstrates how older people & persons with disabilities were equipped with knowledge, skills and leadership that empowers them to contribute to programming, coordination and/or protection
Capacity Development	1. Practice demonstrates what type of actions (awareness sessions, learning series, technical support and advisory) led to increased rights-based understanding of age & disability in assistance and protection, knowledge, skills and confidence to undertake age & disability-inclusive project or program cycle management or coordination. 2. Practice evidence one of the following changes: • meaningful participation of older people & persons with disabilities, • collection of information on older people & persons with disabilities requirements, capacities and priority unmet needs, barriers and enablers, • change in accountability mechanisms, delivery modalities and services to become more age & disability-inclusive, and/or • coordination and/or monitoring of older people & persons with disabilities access to and meaningful participation in assistance and protection.
Participation	1. Practice promotes meaningful participation and/or involvement of older people & persons with disabilities in the program or project cycle management and planning processes including in appropriate coordination mechanisms
	2. Practice fosters inclusive community-based protection mechanisms so as to better provide tailored and context specific response and strengthen the resilience of older people & persons with disabilities, their communities, their families and peer-support networks.

REVIEW CRITERIA	
Identify & Remove Barriers	1. Practice demonstrates that emergency and preparedness programming included components to identify and/or remove/ enhance barriers/ enablers, in its diverse forms.
Identify & Strengthen Enablers & capacities	1. Practice demonstrates that emergency and preparedness programming included components to identify and/or remove/ enhance barriers/ enablers, in its diverse forms.
Data collection	1. Quality data collection systems or processes that started to help identifying, targeting and monitoring equitable access and meaningful participation of older people & persons with disabilities.
	2. Data collection practice fostered better coordination within or between agencies around the inclusion of older people & persons with disabilities,
	3. Data collection, conflict analysis, gender analysis or information management processes that helped to adapt information collection and analysis processes to disaggregate by age & disability and/or make programming and planning processes more inclusive of requirements of and responsive to the diversity of persons with disabilities.

PRACTICE REVIEW CRITERIA – LEARNING

Positive practices: documented or observable positive effects on the following:

- Impact: Demonstrates progressive change in policy, practice, knowledge, attitudes, relationships at different levels (e.g. local, national, organisational, sector-wide etc.)
- Sustainability and replicability: Demonstrates potential for systemisation and adoption by local actors in this context, and adaptable and scalable in other contexts
- Relevance and innovation: Demonstrates appropriate and innovative use of activities, tools and partnerships including Assistive Technology.

Annex 2: Questionnaire for submitting good and promising practices - <u>English</u> version.

(PLEASE SEE THE LINKS FOR <u>RUSSIAN</u> AND <u>ROMANIAN</u> VERSIONS)

Thematic area of the good humanitarian practice

Find some more detailed information on the thematic areas. For more detailed description of the thematic areas, read the guidance:

Empowerment of older people & persons with disabilities

- Actions that supported affected older people or people with disabilities, as well as their representative structures to understand, claim and hold leadership accountable to their rights in situation of emergencies.
- Good Practices that empower older people or persons with disabilities to contribute to humanitarian programming, coordination and/or protection.

Capacity Development of Humanitarian/development Actors, incl. Organizations of Persons with disabilities

Actions (awareness sessions, learning series, technical support and advisory) that resulted in ensuring that humanitarian actors, uphold a rights-based understanding of age & disability, have knowledge, skills and confidence to undertake age & disability-inclusive project or program cycle management or humanitarian coordination, aligned with the IASC GL.

Identification and removal of barriers

Actions that resulted in the identification and/or removal of attitudinal, environmental, communication and institutional barriers (see pages 12- 15 of the IASC GL) faced by men and women, boys and girls with disabilities and older people that hinder their equal access and/or meaningful participation.

Meaningful participation of older people & persons with disabilities

Good or promising humanitarian practices that resulted in enhancing or ensuring:

- Participation of older people or persons with disabilities in processes that assess, plan, design, implement, monitor and/or evaluate humanitarian interventions.
- Employment of older people or persons with disabilities, including those from the affected populations humanitarian staff, frontline staff, such as community mobilizers and/or volunteers.

- Consultation and/or collaboration with older people, persons with disabilities or OPDs from affected communities/ host communities in processes around humanitarian intervention, accountability, localization and/or resourcing strategies or related policies.

Quality Age & Disability Data collection and disaggregation
- Good and/or promising practices that resulted in the collection, analysis and use of age & disability-inclusive data for programming, inclusive of locally appropriate disaggregation by gender, age, disability and/or other factors.

1. **Which priority thematic area does your good or promising practices on age & disability-inclusive humanitarian action address?**

a) Empowerment of older people & persons with disabilities

b) Capacity development of humanitarian actors, including organisations of persons with disabilities

c) Identification and removal of barriers

d) Meaningful participation of older people or persons with disabilities

e) Quality age & disability data collection and disaggregation

2. Information on Focal Points for the Good Practice
1. Organisation name:
2. Organisation type (e.g. Government, UN, Inter-agency, I/NGO, OPD, other):
3. Name and title of focal point(s) for this case study:
4. Role of focal points with respect to the practice addressed:
5. Contact information (physical address):
6. Mobile phone number:
7. Email:

3. Background information on the practice
1. Case study title:
2. Timeframe: (i.e. the period in which the practice took place)
3. Location of the practice:
4. Sector (or sub-sector as appropriate):
   a. Protection (including CP & GBV)
   b. Health & Nutrition
   c. Education
   d. Livelihood and Inclusion
   e. Basic Need (WASH/Food Security)
5. Which actors and stakeholders were involved in what? (max. 250 words).

4. Categorization of practice

1. Assistance delivery modalities
- Cash-based.
- In-kind
- Service delivery.
- Technical expertise

2. Stage of the programme cycle and related actions
- a. Preparedness
- b. Needs assessment and analysis.
- c. Strategic planning
- d. Implementation
- e. Monitoring and evaluation
- f. Coordination

3. Inclusion of under-represented groups or groups facing discrimination
- a. Children with disabilities
- b. Older people & persons with disabilities from ethnic minorities
- *c.* Older persons with disabilities
- *d.* Persons with disabilities from ethnic or religious minorities
- e. Persons with psychosocial and/or intellectual disabilities
- f. Women and girls with disabilities
- g. Youth with disabilities

4. How would you classify the type of action around including older people or persons with disabilities, is the practice comprised of targeted actions for older people or persons with disabilities only (targeted action), or is it addressing older people & persons with disabilities as part of the overall target population (mainstreaming action)?
- a. mainstreaming action
- b. targeted action

5. Description of the practice
- What was the situation before the practice, what gaps (or barriers) were you trying to address? What specific gap you wanted to overcome by this practice (aim)? (max. 300 words)
- What actions were taken to address the gaps? (max. 300 words)
- Who was engaged to plan and implement the actions? How were men and women, boys and girls with different age & types of disabilities engaged? (max. 250 words)

- What were the results of the practice (with respect to the objective/ aim, indicate any qualitative/quantitative data or evidence you may have collected)? (max. 300 words)
- What were success factors that could be replicated or inform other actors' action? (max. 200 words)
- What were the challenges you experienced and how did you address them? (max. 300 words)
- Did you make use of any chapters or recommendations from the IASC or any global Guidelines? If yes, which? (max. 50 words)

6. Publishing and Dissemination

- Do you agree to public sharing of your good and promising practice in a database that will be made accessible online for wider learning and networking? Please note, the information shared will include Name of your organisation, type of organization, contact details in the form of the email provided, the title of the practice, and the summary.
    - a. Yes
    - b. No

If yes, could you share a summary of your good or promising practice for sharing and networking (max 250 words).