



UNITED NATIONS  
MOLDOVA



# THEORY OF CHANGE ON CRPD AND SDGS



2020

**THEORY OF CHANGE** to advance the implementation of the Convention on the Rights of Persons with Disabilities and the disability-inclusive Sustainable Development Goals for all persons with disabilities in the Republic of Moldova.

# United Nations Moldova Country Team

<b>FAO</b>	United Nations Food and Agriculture Organization	<a href="http://www.fao.org">www.fao.org</a>
<b>IFAD</b>	International Fund for Agricultural Development	<a href="http://www.ifad.org">www.ifad.org</a>
<b>ILO</b>	International Labour Organization	<a href="http://www.ilo.org">www.ilo.org</a>
<b>IMF</b>	International Monetary Fund	<a href="http://www.imf.org">www.imf.org</a>
<b>IOM</b>	International Organization for Migration	<a href="http://www.iom.int">www.iom.int</a>
<b>ITC</b>	International Trade Centre	<a href="http://www.intracen.org">www.intracen.org</a>
<b>ITU</b>	International Telecommunication Union	<a href="http://www.itu.int">www.itu.int</a>
<b>OHCHR</b>	Office of the High Commissioner for Human Rights	<a href="http://www.ohchr.org">www.ohchr.org</a>
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS	<a href="http://www.unaids.org">www.unaids.org</a>
<b>UNCTAD</b>	United Nations Conference on Trade and Development	<a href="http://www.unctad.org">www.unctad.org</a>
<b>UNDP</b>	United Nations Development Programme	<a href="http://www.undp.org">www.undp.org</a>
<b>UNDRR</b>	United Nations Office for Disaster Risk Reduction	<a href="http://www.undrr.org">www.undrr.org</a>
<b>UNECE</b>	United Nations Economic Commission for Europe	<a href="http://www.unece.org">www.unece.org</a>
<b>UNEP</b>	United Nations Environment Programme	<a href="http://www.unep.org">www.unep.org</a>
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization	<a href="http://www.unesco.org">www.unesco.org</a>
<b>UNFPA</b>	United Nations Population Fund	<a href="http://www.unfpa.org">www.unfpa.org</a>
<b>UNHCR</b>	United Nations High Commissioner for Refugees	<a href="http://www.unhcr.org">www.unhcr.org</a>
<b>UNICEF</b>	United Nations Children's Fund	<a href="http://www.unicef.org">www.unicef.org</a>
<b>UNIDO</b>	United Nations Industrial Development Organization	<a href="http://www.unido.org">www.unido.org</a>
<b>UNODC</b>	United Nations Office on Drugs and Crime	<a href="http://www.unodc.org">www.unodc.org</a>
<b>UNOPS</b>	United Nations Office for Project Services	<a href="http://www.unops.org">www.unops.org</a>
<b>UN Women</b>	United Nations Entity for Gender Equality and the Empowerment of Women	<a href="http://www.unwomen.org">www.unwomen.org</a>
<b>WHO</b>	World Health Organization	<a href="http://www.who.int">www.who.int</a>

# Acronyms

- CCA** – Common Country Analysis
- CF** – Cooperation Framework
- CSOs** – Civil society organizations
- CRDP** – Convention on the Rights of Persons with Disabilities
- ICTs** – Information and communication technologies
- NHRIs** – National Human Rights Institutions
- NBS** – National Bureau of Statistics
- OPDs** – Organizations of Persons with Disabilities
- RCO** – Resident Coordinator Office
- SDGs** – Sustainable Development Goals
- ToC** – Theory of Change
- UNCT** – United Nations country team

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# I. Introduction

The Theory of Change (ToC) aims to promote coordinated and strengthened support of the United Nations in the Republic of Moldova in the advancement of the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and the disability-inclusive Sustainable Development Goals (SDGs) for all persons with disabilities. The ToC will allow the United Nations System in Moldova to prioritize problems, barriers and needs to ensure the full inclusion of persons with disabilities, as well as to identify solutions.

Additionally, the ToC represents the approach of UN Moldova to creating social and institutional change, which links the overall goal to its operationalization on the ground. It includes a description of the biggest barriers to the full inclusion of persons with disabilities, as well as proposing activities, outputs and outcomes for the strategy to overcome them. The ToC also requires understanding the hidden assumptions, actors and legal framework.

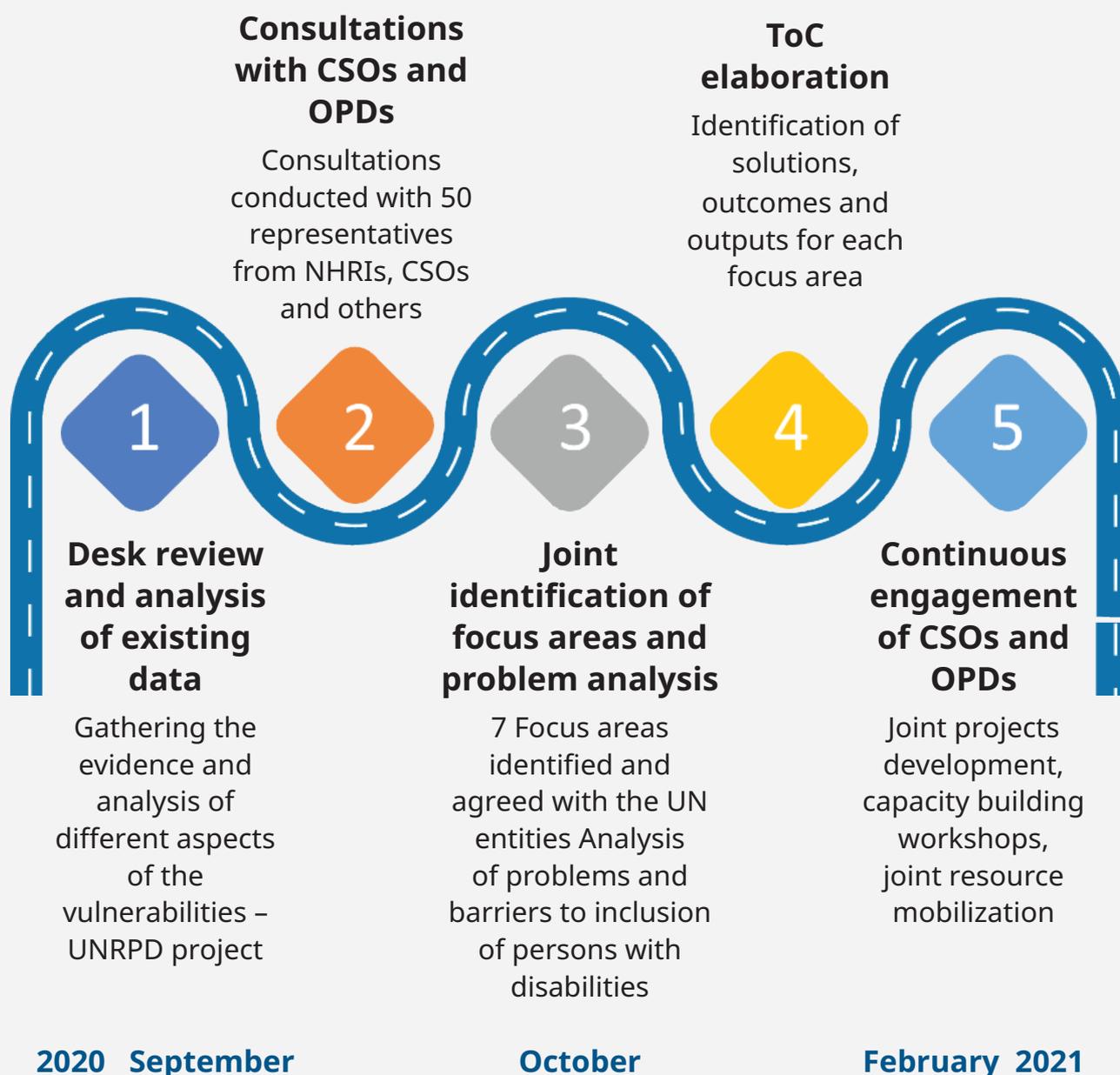
The ToC relies on the collaborative advantages of the United Nations System to expand partnership opportunities and to develop coherent support to the country. The content of the ToC is in line with the United Nations principle of “leave no one behind and reach those further behind first”. Furthermore, it will contribute to a number of targets under SDGs 1, 8, 10, 11 and 16.

The COVID-19 pandemic has strongly affected the lives of Moldovans. In particular, the COVID-19 pandemic has exposed several populations that are already at risk to additional socioeconomic marginalization. The United Nations country team (UNCT) has identified several vulnerable groups at high risk of being left behind and at the same time suffering from multiple vulnerabilities during the emergency. Persons with disabilities have been identified as one of these groups. This ToC is complementary to the COVID-19 UN Moldova Response and Recovery Plan and will contribute to addressing pre-existing vulnerabilities, as well as those exacerbated by the pandemic.

## II. Methodology

The development of this ToC is the result of joint deep observation of the system – inequalities; barriers; the roles and participation of different institutions; analysis of existing data; and national and international frameworks, among others. The process has been implemented by the UNCT and the United Nations Resident Coordinator Office. The following steps were implemented:

### Steps



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1. Desk review and analysis of existing data, policies and plans
  2. Consultations workshops with a number of different institutions: persons with disabilities, OPDs, parents' associations, civil society organizations (CSOs), NHRIs<sup>1</sup> and governmental institutions
  3. Joint identification of focus areas
  4. Elaboration of Problem Trees, including the identification of root causes for the identified problems
  5. Elaboration of Solution Trees to respond to the identified challenges
  6. Full ToC development, including activities, outputs, outcomes and goals
  7. Review and endorsement by the UNCT and Resident Coordinator Office (RCO)
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The ToC was developed as a result of a desk review of disability surveys and consultative meetings conducted in September 2020 with the participation of 36 persons representing persons with disabilities, parent associations, organizations of persons with disabilities (OPDs) and 14 persons representing National Human Rights Institutions (NHRIs) and government agencies. Besides the results of the survey and the consultative meetings, the [recommendations](#) from the United Nations Committee on the Rights of Persons with Disabilities and the recommendations provided by the Council of Europe Commissioner for Human Rights following her visit to the Republic of Moldova between 9 and 13 March 2020 were analysed. In addition, the United Nations Human Rights Office in Moldova (OHCHR) carried out a rapid assessment survey to identify the most marginalized and underrepresented groups of persons with disabilities.

The development of the ToC provides valuable data and analysis on the challenges the country faces in terms of realizing the rights of persons with disabilities, which will be incorporated into the development of the new CCA in 2021 and which will inform the development of the next CF. It will help the UNCT for the first time identify indicators for the next CF that are directly oriented to support the inclusion of persons with disability.

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1 People's Advocate Office/Ombuds Office and Council for Preventing and Eliminating Discrimination and Ensuring Equality.

In the short term, the ToC enhances joint programming, national advocacy and resource mobilization.

The ToC will contribute to the implementation of the Partnership Framework for Sustainable Development 2018–2022 signed by the United Nations and the Government of the Republic of Moldova in 2017. The outcomes and outputs identified in the strategy will contribute to all priority areas identified in the Partnership Framework, with particular focus on Number Four (Inclusive and Equitable Social Development), and will aid in the achievement of Outcome 4: “The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services.”

The aim of United Nations entities support is to anchor the ToC firmly with the national plans and strategies. As such, it supports and remains fully cognizant of:

- The National Development Strategy Moldova 2030<sup>2</sup>
- The [Government Action Plan 2020–2023](#)
- The findings of the Moldova [Voluntary National Review of the 2030 Agenda](#)
- The SDGs

The following is a list of relevant COVID-19 response-related documents to which the ToC is aligned to:

- [UN Moldova Response and Recovery Plan](#)
- Policy Brief: [A Disability-Inclusive Response to COVID-19](#)
- Policy Note: [Rights of persons with disabilities and COVID-19](#) (OHCHR)

The ToC remains a living document and will be updated on the basis of assessments, new data or consultations conducted by the UNCT.

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2 Approved by Government Decision 377/2020 and submitted to the National Parliament for adoption.

# III. Theory of Change

## TARGET POPULATION AND IDENTIFICATION OF VULNERABLE GROUPS

According to the National Bureau of Statistics (NBS), the total number of persons with disabilities in Moldova in 2018 was 176,100 persons (representing 6 per cent of the population of Moldova), including 10,600 children. The share of men among persons with disabilities is higher: 51.5 per cent of persons with disabilities are men, versus 48.5 per cent women. Out of the total number of persons with disabilities, 66 per cent live in rural and 44 per cent live in urban areas.

The ToC explains how United Nations agencies expect to contribute to ensuring better decisions and better lives for persons with disabilities, especially the most underrepresented groups of persons with disabilities in Moldova.

- **Persons with psychosocial and intellectual disabilities, especially women and men who are living in long-term residential institutions:** This group represents about 37 per cent of the total number of persons with disabilities.<sup>3</sup> According to the [Social Distance Index 2018](#), there is a high level of reticence towards people with intellectual disabilities (2.6 when 0 represent high acceptance and 6 no acceptance).<sup>4</sup> This group is perceived by the population as consisting of “aggressive people, dangerous to society, illiterate people”. There is a lack of social services at the community level to ensure their inclusion and empowerment. Currently, there are around 1,700 persons with different types

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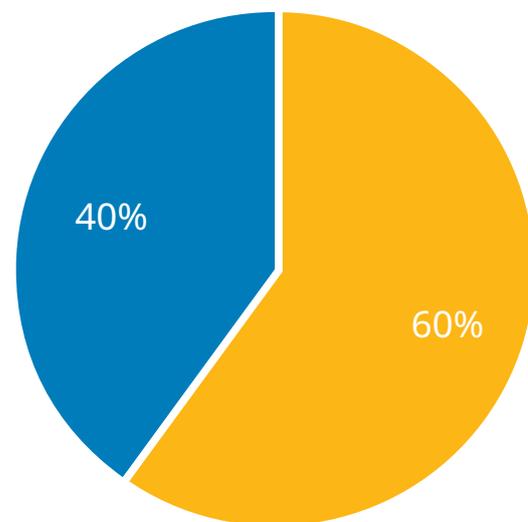
3 Munteanu Parascovia, Social inclusion of persons with disabilities in Moldova from the perspective of social role valorization. [Sociological research for PhD thesis](#). 2018.

4 The level of acceptance of minority groups in the Republic of Moldova was measured using the Bogardus social distance scale. The highest degree of acceptance has the index 0 (which means the respondent would accept a person from a minority group as a member of the family). The lowest degree of acceptance has an index of 6 and denotes that the respondent would exclude members of a group from the country.

5 OHCHR, “Human Rights in Social Care and Mental Health Facilities of the Republic of Moldova”, 2018, advocacy paper.

of disabilities<sup>5</sup> placed in temporary placement centres for persons with disabilities. The deinstitutionalization process is slow due to the underdevelopment of alternative community services. The persons placed in institutions have limited possibilities to develop their independent living skills. They have reduced access to education and employment opportunities, as well as limited access to quality medical services.

**Figure 1. Distribution of persons with disabilities by urban / rural areas**



- persons with disabilities living in rural areas
- persons with disabilities living in urban areas

- **Persons with sensory disabilities (visual and hearing impairments), especially children:** This group represents about 11 per cent of the total number of persons with disabilities.<sup>6</sup> They have limited access to mainstream services due to the lack of quality, affordable, appropriate and accessible assistive technologies and devices (visual and hearing aids) and limited services for sign language interpretation. The mainstream services at the community level (educational, health and legal institutions) have no capacity to address the needs of persons with sensory disabilities.
- **Persons with severe and multiple disabilities:** According to OPD representatives, this group of people, who represent about 16 per cent of the total number of persons with disabilities,<sup>7</sup> receive very little attention from the authorities in terms of developing and providing support services and the network of available services for them is underdeveloped. According to a study conducted by the Centre for the Rights of Persons with Disabilities in 2018, only 36 per cent of the needs for personal assistance service were being covered.<sup>8</sup>

6 Munteanu Parascovia, Social inclusion of persons with disabilities in Moldova from the perspective of social role valorization. [Sociological research for PhD thesis](#). 2018.

7 Ibid.

8 Centre for the Rights of Persons with Disabilities, [Report on the implementation of the "Personal assistance" social service. Challenges and needs](#), 2018.

- **Persons with physical disabilities:** This group of persons represents about 36 per cent of the total number of persons with disabilities.<sup>9</sup> This group faces challenges related to infrastructural barriers, including the lack of/limited accessibility of public infrastructure and transportation. Limited accessibility has a negative impact on fulfilling the rights to health, social protection, education, legal support and employment, as well as on the right to participation in political, public and cultural life. They also have to confront limited access to affordable, appropriate and accessible assistive technology and mobility aids.
- **Women with disabilities:** Women represent 48 per cent of the total number of persons with disabilities.<sup>10</sup> They face multiple forms of discrimination and exclusion in all areas of life, including:
  - ▶ Low participation in public and political life
  - ▶ Lack of services to prevent and combat gender-based violence for women and girls with disabilities, while women with psychosocial disabilities face a high risk of violence, including sexual abuse if they are institutionalized
  - ▶ Lower representation in the educational process compared with men<sup>11</sup>
  - ▶ Low rates of employability, which represents one of the most significant barriers for the social inclusion of women with disabilities. Deprived of employment opportunities, working age women with disabilities are exposed to a greater risk of falling into poverty or of becoming dependent on welfare payments. The rate of disability for women of working age constitutes an average of 484 disabled women in every 10,000 of the relevant age group. Of these, 15 per cent have severe disabilities, while every second woman has a pronounced disability

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9 Munteanu Parascovia, Social inclusion of persons with disabilities in Moldova from the perspective of social role valorization. [Sociological research for PhD thesis](#). 2018. The sociodemographic indicators have been developed based on sociological scientific research.

10 NBS, [Report on the situation of persons with disabilities in the Republic of Moldova](#).

11 Calea Incertă Spre Calificarea Adulților. [O analiză a inegalităților de învățare pe tot parcursul vieții în Republica Moldova](#). 2020

- ▶ Limitations in exercising their sexual and reproductive health rights due to the persistence of stigmatization and discrimination, as well as because medical institutions lack accessible facilities and trained specialists

## FOCUS AREAS

To develop a suitable and comprehensive ToC, the United Nations in the Republic of Moldova has identified **seven focus areas, with the participation of the main stakeholders**: persons with disabilities, OPDs, parent associations, CSOs, NHRIs and governmental institutions. The focus areas were developed in compliance with the CRPD, the SDGs and the National Development Strategy Moldova 2030.

A general ToC (Figure 1) and narrative context was developed for the better understanding of the pathways to a positive change in the life of persons with disabilities in Moldova in compliance with the CRPD, disability-inclusive SDGs and the National Strategy Moldova 2030.

For each focus area, specific ToCs (Figures 2–8) were developed to address challenges and to advance and ensure that the rights of persons with disabilities are respected, protected and fulfilled. The assumptions and risks were identified to facilitate the change pathways from outputs to outcomes on a combination of activities. Partners and keys actors were defined to support the ToC implementation through their engagement to achieve the estimated impact.

The envisaged impact of the ToC is that **all persons with disabilities, in particular women and children, fully enjoy their human rights due to state institutions ensuring a human rights-based approach (HRBA) to disability, including by facilitating their meaningful participation and engagement in decision-making processes. To contribute to this impact, the United Nations will address the following problems per each area of interest.**

**Table 1. The main focus areas for advancing the CRPD and disability-inclusive SDGs**

Focus areas	Compliance with CRPD	Compliance with SDG	Compliance with Moldova 2030
1 <b>Accessibility for persons with disabilities</b>	<b>Art. 9.</b> Accessibility <b>Art. 5.</b> Equality and non-discrimination	<b>Goal 9.</b> Industry innovation and infrastructure <b>Goal 10.</b> Reduced inequalities <b>Goal 11.</b> Sustainable cities and communities <b>Goal 16.</b> Peace, justice and strong institutions	<b>National SDG 2:</b> Access to information, transportation, infrastructure, utilities and standards of living
2 <b>Education for all</b>	<b>Art. 24.</b> Education <b>Art. 5.</b> Equality and non-discrimination	<b>Goal 4.</b> Quality education <b>Goal 5.</b> Gender equality	<b>National SDG 4:</b> Ensuring quality education for all and promoting lifelong learning
3 <b>Inclusive social protection system</b>	<b>Art. 11.</b> Situation of risk and humanitarian emergencies <b>Art. 28.</b> Adequate standard of living and social protection <b>Art. 31.</b> Statistic and data collection <b>Art. 5.</b> Equality and non-discrimination	<b>Goal 1.</b> End poverty <b>Goal 3.</b> Good health and well-being <b>Goal 5.</b> Gender equality <b>Goal 10.</b> Reduced inequalities <b>Goal 17.</b> Partnership for the goals	<b>National SDG 6:</b> A solid and inclusive protection system <b>National SDG 9:</b> Promoting a peaceful, secure and inclusive society

<p>4 <b>Accessible and inclusive health services</b></p>	<p><b>Art. 25.</b> Right to health  <b>Art. 26.</b> Habilitation and rehabilitation  <b>Art. 5.</b> Equality and non-discrimination</p>	<p><b>Goal 1.</b> End poverty  <b>Goal 3.</b> Good health and well-being  <b>Goal 5.</b> Gender equality</p>	<p><b>National SDG 5:</b> Ensuring the fundamental rights to the best physical and mental health</p>
<p>5 <b>Participation for good governance in an inclusive society</b></p>	<p><b>Art. 29.</b> Participation in political and public life  <b>Art. 5.</b> Equality and non-discrimination</p>	<p><b>Goal 5.</b> Gender equality  <b>Goal 10.</b> Reduced inequalities  <b>Goal 16.</b> Peace, justice and strong institutions</p>	<p><b>National SDG 8:</b> Ensuring efficient and inclusive governance and the rule of law</p>
<p>6 <b>Equality before the law and accessible justice system</b></p>	<p><b>Art. 12.</b> Equal recognition before the law  <b>Art. 13.</b> Access to justice  <b>Art. 5.</b> Equality and non-discrimination</p>	<p><b>Goal 3.</b> Good health and well-being  <b>Goal 10.</b> Reduced inequalities  <b>Goal 11.</b> Sustainable cities and communities  <b>Goal 16.</b> Peace, justice and strong institutions</p>	<p><b>National SDG 8:</b> Ensuring efficient and inclusive governance and the rule of law</p>
<p>7 <b>Inclusive and accessible employment for all</b></p>	<p><b>Art. 27.</b> Work and employment  <b>Art. 5.</b> Equality and non-discrimination</p>	<p><b>Goal 1.</b> End poverty  <b>Goal 4.</b> Quality education  <b>Goal 5.</b> Gender equality  <b>Goal 8.</b> Decent work and economic growth  <b>Goal 9.</b> Industry, innovation and infrastructure</p>	<p><b>National SDG 3:</b> Improving working conditions and reducing informal employment</p>

## FOCUS AREA 1 – Accessibility

***Unequal access to the physical environment, transportation, services, information and communication technologies (ICTs):*** According to the results of the consultative meetings conducted by UNCT in September 2020 and the rapid needs assessment conducted by OHCHR,<sup>12</sup> one of the top three barriers confronting persons with disabilities is extremely limited accessibility of information, communication and online platforms – including public digital services provided which could be vital (e-health, e-commerce, e-finance etc); road infrastructure and physical transportation; physical access to public buildings (outdoor and indoor) and to other relevant public services.

The COVID-19 pandemic has exacerbated these barriers, including from the perspective of digital accessibility. Therefore, due to limited accessibility, persons with disabilities are limited in their ability to benefit from services and protection, as well as in their ability to access required information. Persons with physical and sensory disabilities (visual and hearing disabilities), especially children, have limited access to mainstream services due to the lack of accessible infrastructure; of affordable, appropriate, qualitative and accessible ICTs and assistive technologies and devices; of mobility aids; and the limited services available in sign language interpretation. There is also weak capacity and interest in the authorities regarding service development and delivery. Mainstream services developed to prevent and combat gender-based violence are inaccessible to women and girls with disabilities. Service providers refer to residential institutions or psychiatric hospitals instead of providing reasonable accommodation to women with psychosocial and intellectual disabilities.<sup>13</sup> The need for eliminating the obstacles and barriers relating to access to facilities and public services was also highlighted by the United Nations Committee on the Rights of Persons with Disabilities. The Committee expressed its concerns over the Contravention Code, which does not stipulate sanctions for failure to

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12 A rapid needs assessment in the form of a questionnaire was applied by OHCHR to 10 OPDs, CSOs and parents (including the Alliance of Organizations of Persons with Disabilities, which includes 51 member organizations) in August 2020 with the aim of identifying the most underrepresented groups of persons with disabilities, the need to advance implementation of the UN CRPD and the participation of persons with disabilities in the decision-making process.

13 Sociological study: AOPD, [“Impact of the pandemic on persons with disabilities”](#), May 2020.

ensure accessibility in all areas, and existing sanctions are rarely enforced. Besides this, the Committee highlighted the need to establish a mechanism for facilitating access to quality mobility aids and assistive equipment, devices and technologies at an affordable cost for all persons with disabilities.<sup>14</sup>

## FOCUS AREA 2 – Inclusive education for all

**Limited access to inclusive education across all levels of education of persons with disabilities, especially children including minorities and people living in rural areas:** The Republic of Moldova achieved progress in the field of inclusive education, with 1,464 children with disabilities included in the mainstream educational system in the 2019/2020 school year (NBS data). Still, children with severe/multiple disabilities and children with sensory disabilities are underrepresented in the mainstream education system. Only 11 per cent of the total number of 2,169 children with disabilities aged 3–6 were enrolled in preschool in 2019.<sup>15</sup>

Despite substantial progress, the inclusion of vulnerable groups, including persons with disabilities, into the educational system in Moldova is still an issue. Although the proportion of students with special educational needs and disabilities enrolled in general education institutions increased from 83.3 per cent in 2014 to 93.6 per cent in 2019, most educational institutions are not adapted to meet inclusive education standards. In the 2019/2020 academic year, 9,800 students overall with special educational needs and disabilities were enrolled in educational institutions, including 9,200 students in general education institutions and 600 students in schools for children with intellectual or physical developmental disabilities.

Barriers in accessing education refer to the lack of physical infrastructure adapted to disability needs, but also to the limited capacity of teachers to work with children with special educational needs. Despite some progress

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14 Committee on the Rights of the Persons with Disabilities, *Concluding Observation in the Relation to the Initial Report of the Republic of Moldova*, 2017.

15 UNICEF estimates based on administrative data on children with disabilities provided by the Ministry of Health in 2019.

in recent years, the majority of the school infrastructure in Moldova is still not adjusted for people with special educational needs and persons with disabilities, while teaching materials and specialized support for such children is unavailable. Stigma and bullying by peers also persist. Concerns relating to the limited support to access offered for the inclusive education of children with disabilities were expressed by the Committee on the Rights of Persons with Disabilities in 2017.

Similar issues were identified by governmental institutions, NHRIs and 36 non-governmental organizations and OPDs, which highlighted the following challenges relating to the access of children with disabilities during the consultation process:

- Lack of/limited accessibility: physical accessibility (buildings, transportation, roads, utilities); limited access to assistive technologies, especially for children and young people with sensorial disabilities (visual and hearing); limited access to assistive equipment (wheelchairs; hearing and visual devices), as well as regarding curricula and educational materials
- Limited access to support services: limited numbers of support teachers and resource centres in schools; lack of support services in preschool institutions, vocational centres and universities

In addition, the inclusive education process in preschool, vocational and technical education is underdeveloped. The allocation of funds for the development of the inclusive education process across all levels of education is necessary.<sup>16</sup>

The Committee on the Rights of the Persons with Disabilities expressed its concerns about the situation of children with disabilities, mainly those with severe and psychosocial and/or intellectual disabilities, who remain in segregated educational settings (including “special schools” and “home education”) and who do not receive the support they need to access inclusive education. Besides, the Committee expressed concerns regarding the persistence of negative attitudes about students with disabilities among administrative and teaching staff, leading to cases of refused admission in mainstream schools, as well as an overall lack of familiarity, knowledge and

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16 UNICEF, [Evaluation of the implementation of the national programme on inclusive education](#).

ability in the staff regarding inclusive education based on human rights approach to disability. For this, it was recommended to make training on inclusive education and its implementation mandatory for administrative staff and teachers.<sup>17</sup>

### FOCUS AREA 3 – Inclusive social protection system

***Vulnerability and social exclusion of persons with disabilities, especially children, women, persons in rural/remote areas and representatives of minority groups, as well as of their families:*** The participants of the consultative meetings consider that the social protection system needs to be improved alongside the implementation of the disability assessment and determination reform. This has, however, been slow and challenging due to the lack of guidelines and capacity-building programmes of the restructured National Council for Disability Determination. There is no clear disability assessment system adjusted to international standards and recommendations. The current system for disability assessment and referral does not contribute to the empowerment of persons with disabilities in advancing the enjoyment of rights, access to services and prevention of all forms of discrimination, nor does it address the economic vulnerability.

According to studies on inequalities from 2017<sup>18</sup> and 2019,<sup>19</sup> persons with disabilities are among the poorest people in the population, together with older persons. The main income of persons with disabilities is derived from social protection benefits and less from employment and self-employment. According to NBS data, the pension age is lower in the case of persons with disabilities in comparison with persons without disabilities (1,278 lei versus 1,709 lei). Sociological research<sup>20</sup> conducted in 2018 reveals that an

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17 Committee on the Rights of the Persons with Disabilities, *Concluding Observation in the relation to the initial Report of the Republic of Moldova*, 2017.

18 East European Foundation, *Study on Inequalities in the Republic of Moldova: Challenges and Opportunities*, 2017. Available at: [https://eef.md/media/files/files/fee\\_inagalitati\\_ro\\_final\\_5335996.pdf](https://eef.md/media/files/files/fee_inagalitati_ro_final_5335996.pdf).

19 East European Foundation, *Unequal Moldova: Analysis of the Most Relevant Inequalities in the Republic of Moldova*, 2019.

20 Munteanu Parascovia, Social inclusion of persons with disabilities in Moldova from the perspective of social role valorization. [Sociological research for PhD thesis](#). 2018.

important aspect of the social inclusion of persons with disabilities consists of social protection measures taken by the state to address social inequalities. The low income of persons with disabilities results in the limited access of this group of people to various goods and services, primarily for basic needs: clothing, footwear, food, medicine, water, heating and sewerage. For these reasons, every second person with disabilities questioned in social inclusion research mentioned that their life had become worse since the year 2010, every third person mentioned that their life had not changed, and only every tenth person said their life had improved. The research results show that only 23 per cent of persons with disabilities respondents mentioned that there are more social services for persons with disabilities at the community level compared to 2010, 63 per cent of the respondents mentioned they did not feel any difference, and 14 per cent could not comment. The analysis of the service system developed by the local public authorities revealed that some communities do not have any type of specialized social services, nor do they have budgeted public financial resources or the capacity to access external funds for the purpose of social service development. In these communities, persons with disabilities have access only to services provided by the community social worker. The research considers that the lack of social services is one of the main reasons why persons with disabilities feel isolated from their community.

According to a sociological study conducted by CSOs on the impact of the pandemic on persons with disabilities,<sup>21</sup> more than 50 per cent of households with persons with disabilities are economically and socially affected by the pandemic. The reduction of (already low) incomes and higher spending caused by the pandemic has led to the greater impoverishment of persons with disabilities, especially in the case of older people and women with disabilities.

The Committee on the Rights of the Persons with Disabilities is concerned that the majority of persons with disabilities live in poverty, especially in rural and remote areas, and that the available social allowances are insufficient to cover the minimum necessary for an adequate standard of living. Another concern of the Committee is that the additional expenses

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21 AOPD, *Sociological Study on the Impact of the Pandemic on Persons with Disabilities*, May 2020.

22 Committee on the Rights of the Persons with Disabilities, *Concluding Observation to the Initial Report of the Republic of Moldova*, 2017.

related to disability consequently increase the risk of the institutionalization of persons with disabilities and that the latest changes in pension regulations may aggravate their economic status.<sup>22</sup>

## FOCUS AREA 4 – Accessible and inclusive health services

***High level of discrimination against persons with disabilities, especially against women and girls with physical, intellectual and psychosocial disabilities from rural areas, as well as against representatives of minority groups in accessing mainstream health services:*** persons with disabilities have limited access to medical services caused by limited access to family doctors and specialized health services. Quality early intervention, prevention and rehabilitation services for children with disabilities, notably those with rare diseases, are not sufficiently developed and are only available in big cities or urban areas. Medical personnel involved in identification and intervention therapies often use outdated methodologies for the detection of developmental deficiencies.<sup>23</sup> Furthermore, lack of coordination between the health, education and social sectors often leads to delays, further affecting intervention and continuity of support when children are moving from one residence to another and generally affecting the quality and continuum of health care for children with disabilities (and those at risk of disabilities), especially for children living in remote rural settlements.<sup>24</sup>

Despite the mental health care reforms implemented between 2007 and 2017, care for mental health remains largely institutionalized, with few alternative care options in the community. The main challenges in the sector are the persistence of medical approaches in mental health services delivery, limited community-based mental health services, limited accessibility and quality of services, and limited staff in the mental health system.

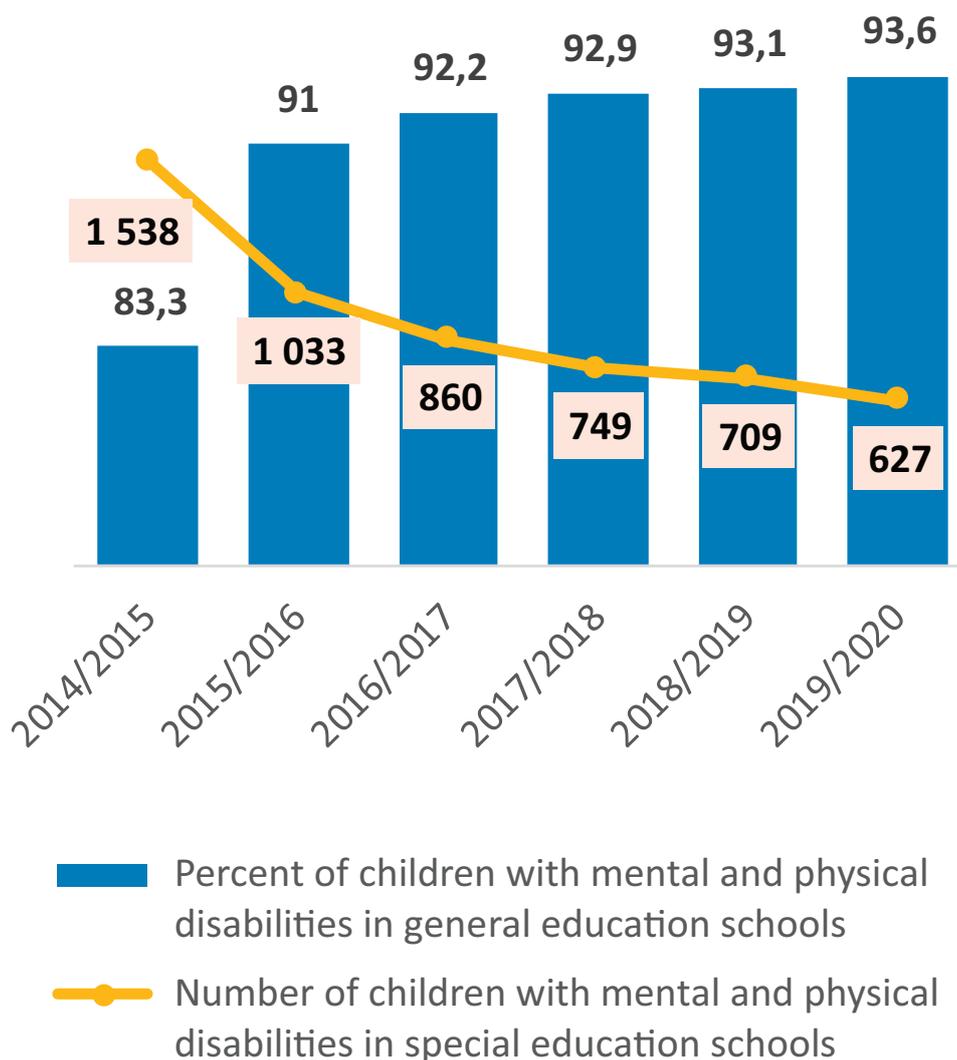
The National Programme on Sexual and Reproductive Health and Rights for 2018–2022 aims at ensuring universal access to sexual and reproductive services – including in case of humanitarian situations – to all people

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23 For instance, contemporary diagnostics tests for children with autism, as well as behavioural therapy, are provided through the association of parents of children with autism, who employ experts and specialists from outside the country for these purposes.

24 UNICEF, *Children in the Republic of Moldova: Situational Analysis*, 2016.

**Figure 2: Children with special educational needs and disabilities in the education system**



of all ages, particularly those left behind, including persons with disabilities. Still, there is limited information among persons with disabilities on how to get access to modern contraceptives free of charge and the benefit of counselling services on sexual and reproductive health. Moreover, not all facilities that provide sexual and reproductive health services ensure physical access; there is a lack of gynaecologic examining rooms and equipment adapted to the needs of women with disabilities, particularly those with locomotor disabilities; discriminatory attitudes persist among health care providers regarding childbearing in women with disabilities, especially in cases of women with intellectual and psychosocial disabilities; and there is limited access to information about their sexual and reproductive rights and available services.

The Committee on the Rights of Persons with Disabilities expressed concerns about a general lack of awareness on the rights of persons with disabilities by medical professionals, as well as the fact that health care services and facilities, including emergency services, remain inaccessible and unavailable to persons with disabilities, especially in rural areas and for persons with disabilities living in residential institutions. The lack of accessibility of medical services and facilities for women with disabilities, particularly regarding sexual and reproductive health, is another preoccupation of the Committee.<sup>25</sup>

## FOCUS AREA 5 – Participation for good governance

***Lack of functional mechanisms for the effective and meaningful participation and close consultation of persons with disabilities and OPDs in decisions that affect their lives and rights:*** There are no accessible consultative mechanisms at central and local level to ensure an active involvement and meaningful participation of persons with disabilities and their representative organizations in the implementation of the CRPD and recommendations from the Committee’s Concluding Observations. To ensure productive consultations, the governmental institutions circulate official letters with requests to OPDs and CSOs to provide information about their contributions to CRPD implementation and place the reports and policy documents on the official page for public consultation. There are no other types of consultative activities organized, such as meetings, workshops, the development of easy-to-read and easy-to-understand report formats for public consultation, etc.

Therefore, persons with disabilities, OPDs and CSOs declared during the consultative meeting held by the United Nations that they felt they are being left behind in all the processes related to CRPD implementation, such as participation in decision-making regarding policy development and budget planning, implementation based on the HRBA, and disability inclusion at the central and local level. Among the main causes of this very limited participation in the decision-making process,

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25 Committee on the Rights of the Persons with Disabilities, *Concluding Observation to the Initial Report of the Republic of Moldova*, 2017.

as highlighted by the persons with disabilities and their representative organizations, are: a) lack of effective and formal consultative mechanisms at both national and local level, which would encourage and enable the meaningful participation of persons with disabilities at all stages of the decision-making process; b) lack of an HRBA for disability; c) limited access of persons with disabilities to information, communication and online platforms; and d) limited accessibility of public infrastructure and transportation.

Persons with disabilities are still underrepresented in political life. In the 2019 local election, only nine persons with disabilities (seven women and two men) out of 20 candidates were elected as local councillors.<sup>26</sup> Although this represents a positive trend, the share of representation between women and men, including by their minority affiliation, at all levels of government is still below the internationally agreed targets.

In addition, the Committee on the Rights of Persons with Disabilities expressed its concerns about the unequal representation of persons with disabilities organizations in the process of monitoring of CRPD implementation; the limited accessibility of electoral processes; the low representation of persons with disabilities in political life and policy decision-making; and limited access for persons with disabilities to cultural activities and sport facilities.<sup>27</sup>

## FOCUS AREA 6 – Equality before the law and an accessible justice system

***Limited access to justice for all persons with disabilities – including persons in rural areas and with sensory, intellectual and psychosocial disabilities, women and older persons with disabilities, as well as persons from ethnolinguistic minorities:*** Sociological research conducted in 2018 shows that access to legal services for persons with disabilities is very low: 95 per cent of persons with disabilities have never applied for legal

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26 EU; Sweden, [Report on the Monitoring of Local Elections, 20 October 2019, from the Perspective of Inclusion of Persons with Disabilities](#). 2019

27 Ibid.

aid, even though they have had some problems to solve. Every fourth respondent mentioned they had requested legal support from the mayor's office; 12 per cent had requested aid from the police, 5 per cent from the courts, 4 per cent from the prosecutor's office, 2 per cent from the Ombuds Office and 1 per cent from the Council for the Prevention and Combating of Discrimination and other CSOs in the field. The main issues for which persons with disabilities require legal assistance refer to discriminatory treatment on the basis of disability; violation of the right of access to social and health services; violation of property rights; lack of support for decision-making; and violation of the right to live independently in the community. The main barriers that limit access to justice for persons with disabilities relate to the low level of information persons with disabilities have about their civil rights, as well as about the mechanisms and institutions that provide free legal support services; the inaccessibility of infrastructure and transport for people with locomotor and sensory disabilities to ensure their movement and access to institutions providing legal aid services; and the services of the National Council for Legal Aid for People, which are not accessible or adapted to the needs of persons with disabilities.<sup>28</sup>

Preoccupations related to the lack of information on specific measures and protocols to provide procedural and gender- and age-appropriate accommodation in judicial proceedings for persons with disabilities – including the provision of sign language interpretation for deaf persons and accessible communication formats for deafblind persons, persons with psychosocial and/or intellectual disabilities – were presented by the Committee on the Rights of Persons with Disabilities in 2017. The Committee noted with concern the prejudices against persons with disabilities, particularly those with psychosocial and/or intellectual disabilities; the lack of access to free legal aid for persons with disabilities, particularly those still living in institutions; and the lack of access to justice for women with disabilities in criminal proceedings related to gender-based violence.<sup>29</sup>

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28 Ibid.

29 Committee on the Rights of the Persons with Disabilities, *Concluding Observation to the Initial Report of the Republic of Moldova*, 2017.

## FOCUS AREA 7 – Inclusive and accessible employment

**Limited access to livelihoods, decent work and employment:** persons with disabilities in Moldova have limited access to employment and self-employment opportunities. According to a study on monitoring the implementation of the National Employment Strategy,<sup>30</sup> the employment rate of persons with disabilities is twice as low as that of the general population. Persons with disabilities face difficulties finding a job due to stereotypes and prejudices, but also because of the lack the access to physical infrastructure and information. According to data from the National Employment Agency, only 7.7 per cent of persons with disabilities who were registered as unemployed in 2020 found a job.<sup>31</sup> According to NBS data, the occupation rate of persons with disabilities in 2019 was 17.2 per cent, including 16.9 per cent men and 17.5 per cent women; 16.6 per cent men in urban areas and 17.5 per cent women in urban areas.<sup>32</sup> This constitutes a decrease: employment rates were 26.2 per cent in 2018 and 19.7 per cent in 2017.<sup>33</sup> The limited employment and economic empowerment opportunities were also highlighted during the consultation process of the United Nations with governmental institutions, NHRIs and 36 NGOs and OPDs, further confirming that persons with disabilities are among the groups most affected by economic vulnerabilities in the Republic of Moldova.

The Committee on the Rights of Persons with Disabilities also expressed concerns about the significant unemployment and economic inactivity rates among persons with disabilities, as well as the fact that national employment strategies and relevant agencies do not adequately facilitate or promote the employment of persons with disabilities or implement the minimum 5 per cent mandatory employment quota for persons with disabilities (according to the employment scheme, all employers must have 20 or more persons with disabilities employees).<sup>34</sup>

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30 Centre for the Rights of Persons with Disabilities and Alliance of Organizations for People with Disabilities, [Report on Monitoring the National Action Plan for 2018 for the Implementation of the National Employment Strategy for the Period 2017–2021](#), p. 3.

31 National Employment Agency, [Press Release on the Services Provided by the Agency to Persons with Disabilities in 2020](#).

32 National Bureau of Statistics, [Labour Force in the Republic of Moldova: Employment and Unemployment in 2019](#).

33 Ibid.

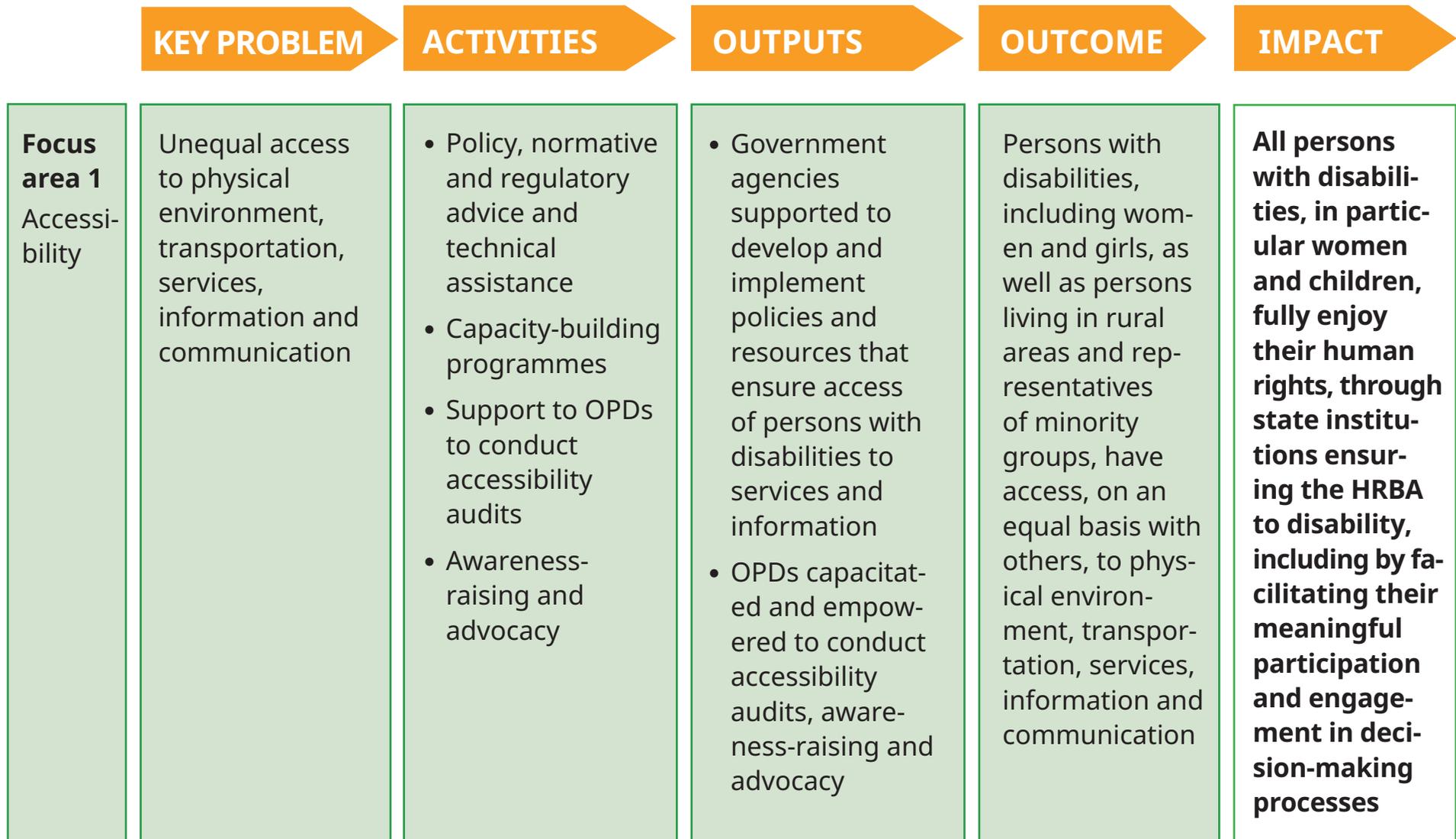
34 Committee on the Rights of the Persons with Disabilities, *Concluding Observation to the Initial Report of the Republic of Moldova*, 2017.

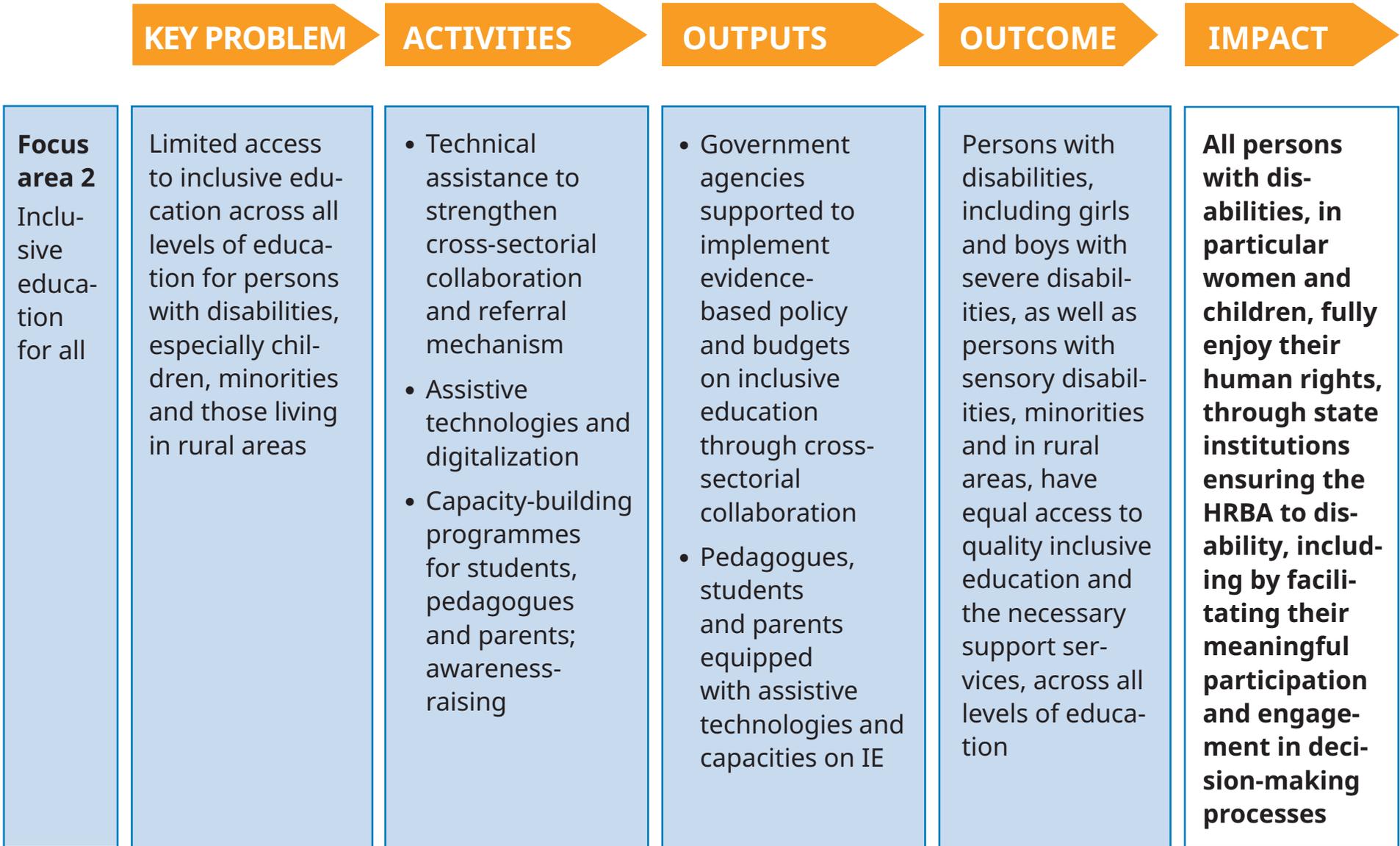
## TYPES OF ACTIVITIES NECESSARY TO ACHIEVE THE CHANGE

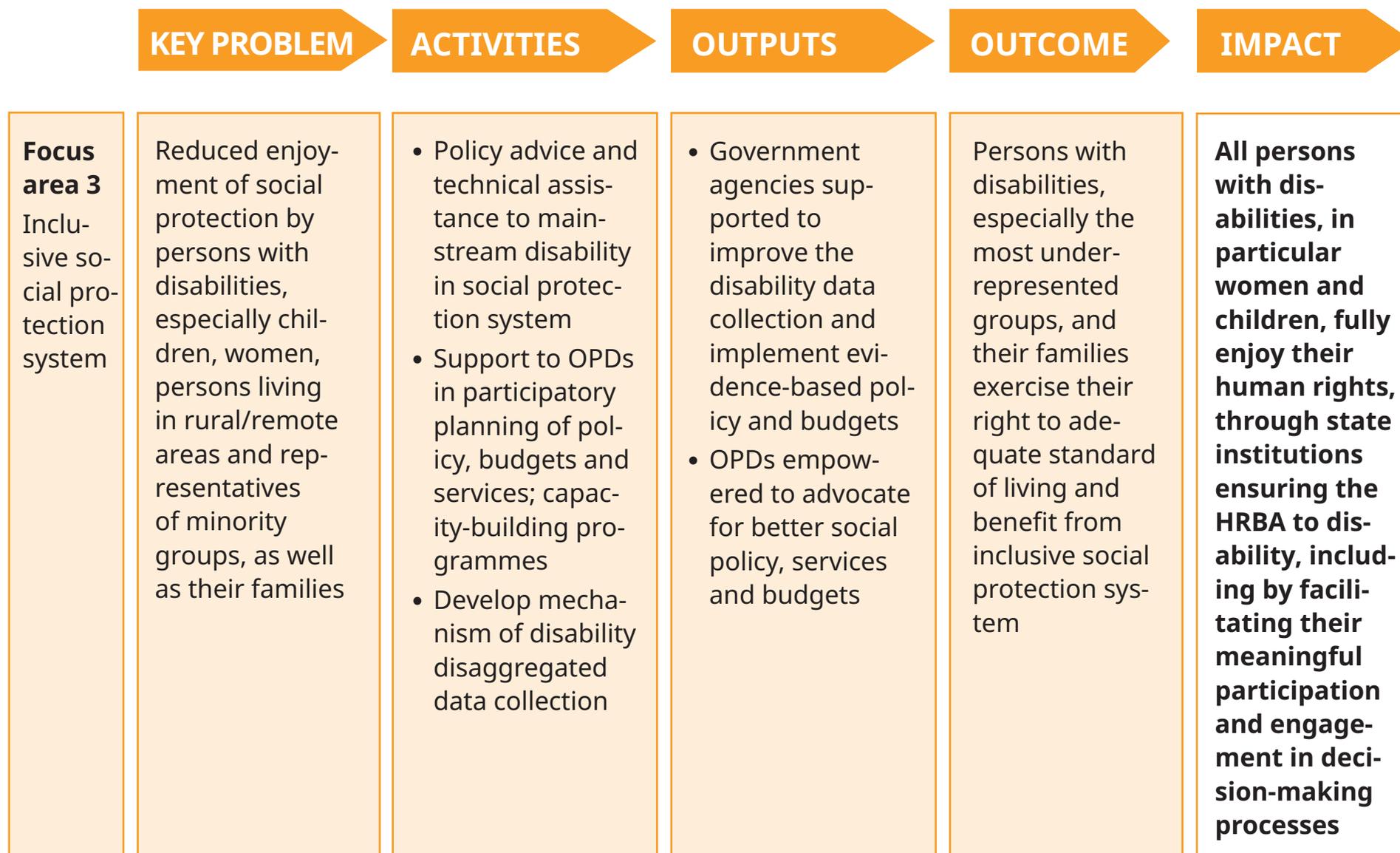
The United Nations agencies will provide technical assistance, advice and support to the government agencies to ensure disability mainstreaming in the process of development and implementation of policies and budgets, in compliance with the CRPD, the SDGs and the National Development Strategy Moldova 2030, with the meaningful participation and consultation of persons with disabilities and OPDs. To foster the implementation of the CRPD at country level, the United Nations agencies will support capacity-building programmes on the CRPD and disability-inclusive SDGs for government agencies, public and private services providers, human rights defenders, persons with disabilities and OPDs on mainstreaming disability and the HRBA in policy; and on budget planning and implementation, including during the COVID-19 pandemic period. To strengthen the dialogue and partnership between the government and OPDs, the United Nations will empower persons with disabilities and OPDs to become a stronger pillar in decision-making processes and will support government agencies to set up functional and effective consultative mechanisms. To make government agencies accountable for disability inclusion, persons with disabilities and OPDs will be empowered to conduct research, audits, monitoring and advocacy for advancing CRPD implementation in different sectors. To change the attitudes and behaviours of the public authorities, private/public services providers and general population, the United Nations will support awareness-raising activities and the sharing of best practices on inclusion and practical implementation of the CRPD at country level.

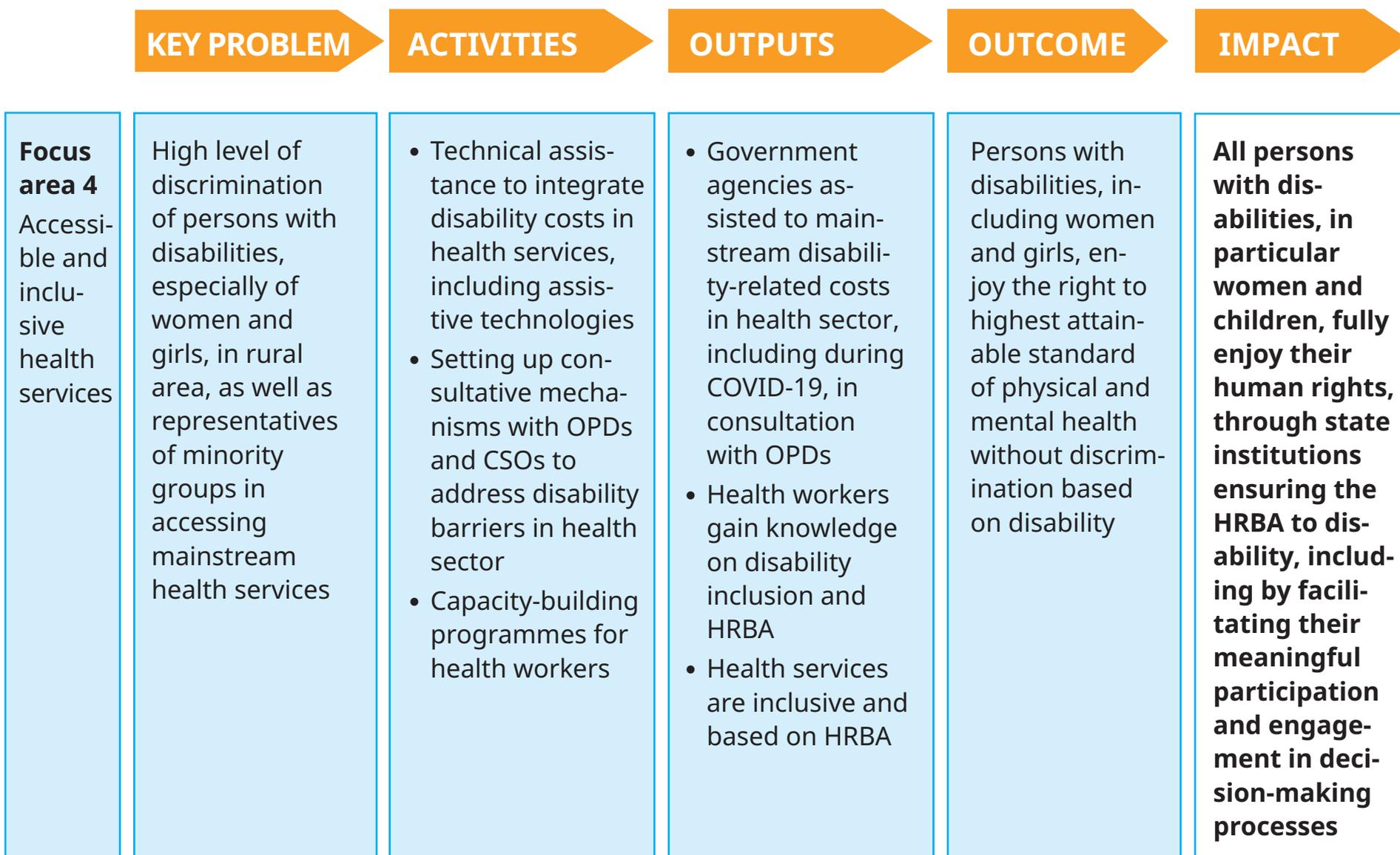
The outputs for each focus area include the knowledge, policy, programmes, services and support received through activities by government agencies, persons with disabilities, OPDs, NHRIs, CSOs and other stakeholders to accelerate CRPD implementation and intermediate changes in their attitudes and behaviours relating to disability and the HRBA. The outcomes refer to changes achieved at the level of persons with disabilities and OPDs as a result of their empowerment, engagement, participation and consultation in all identified areas and at all levels, including marginalized and underrepresented groups of persons with disabilities.

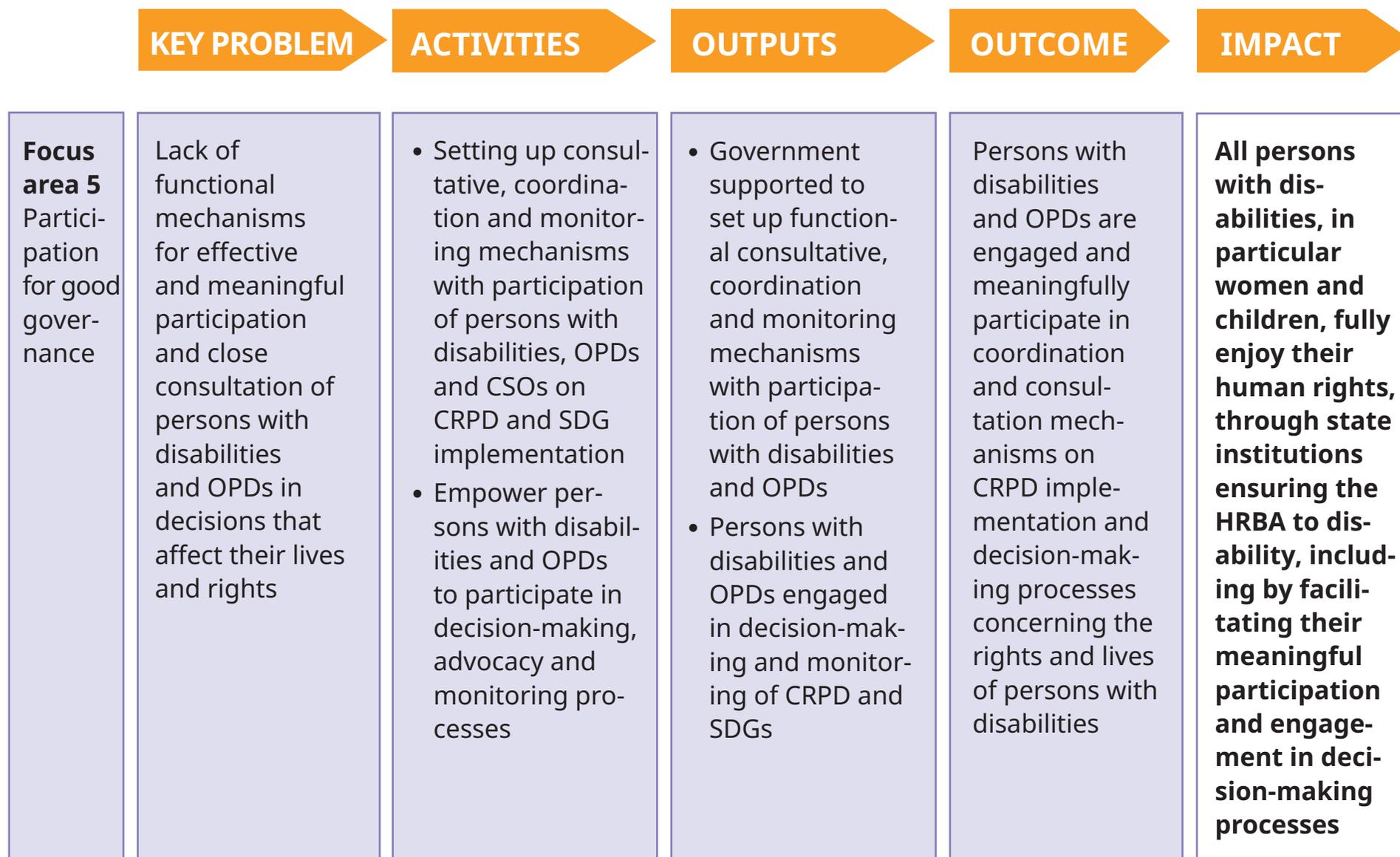
## IV. UN ToC to advance the implementation of the CRPD and disability-inclusive SDGs in the Republic of Moldova

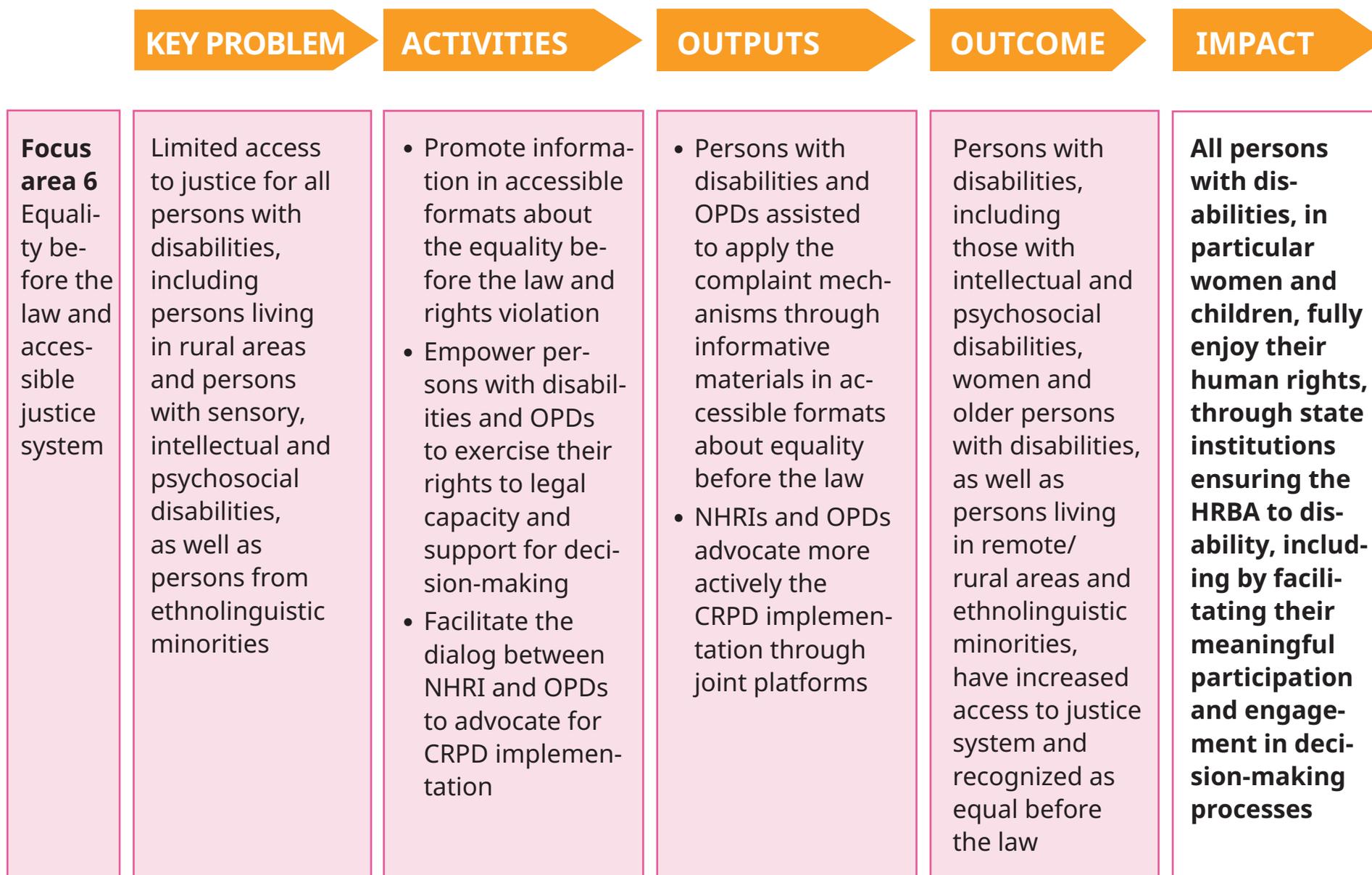


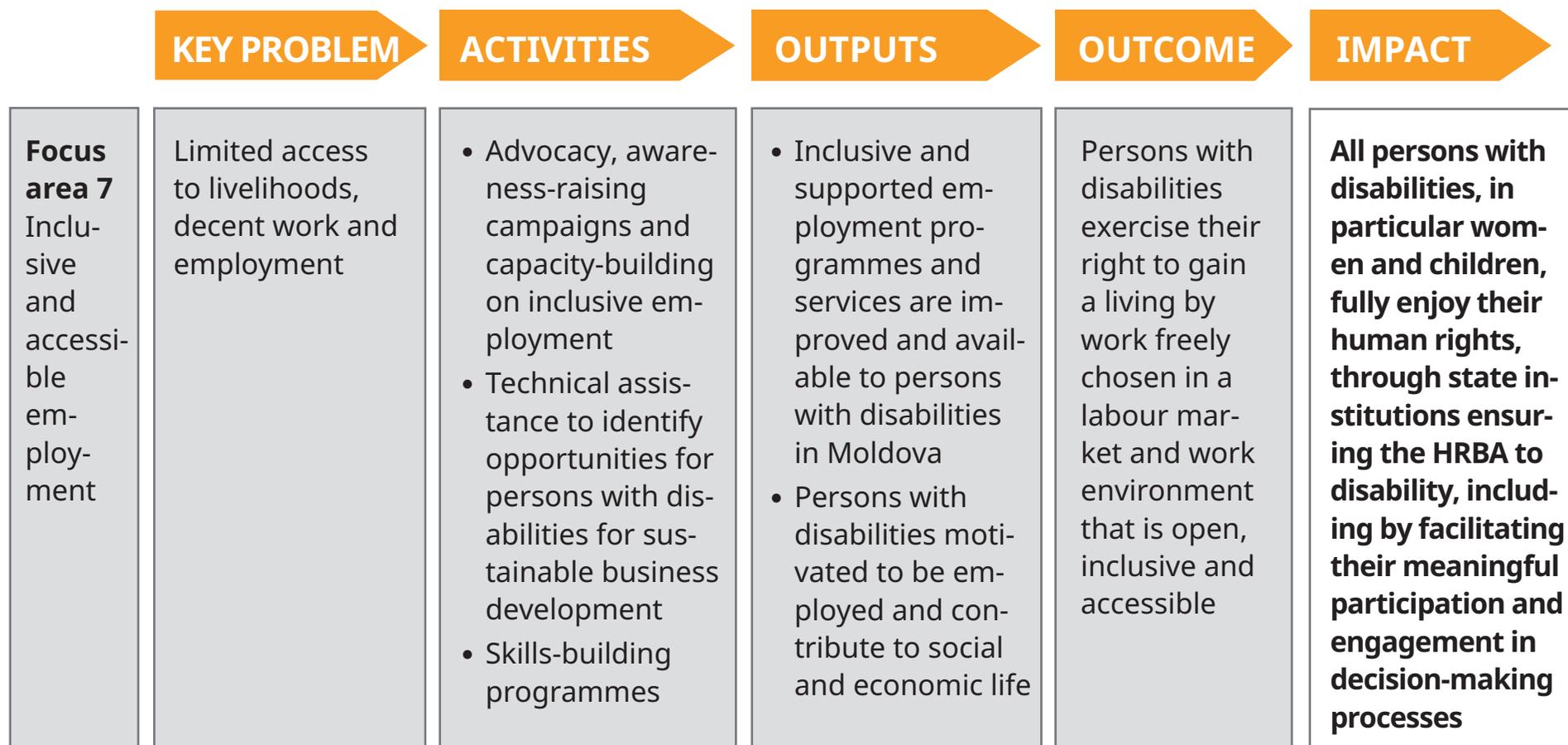












### KEY ASSUMPTIONS

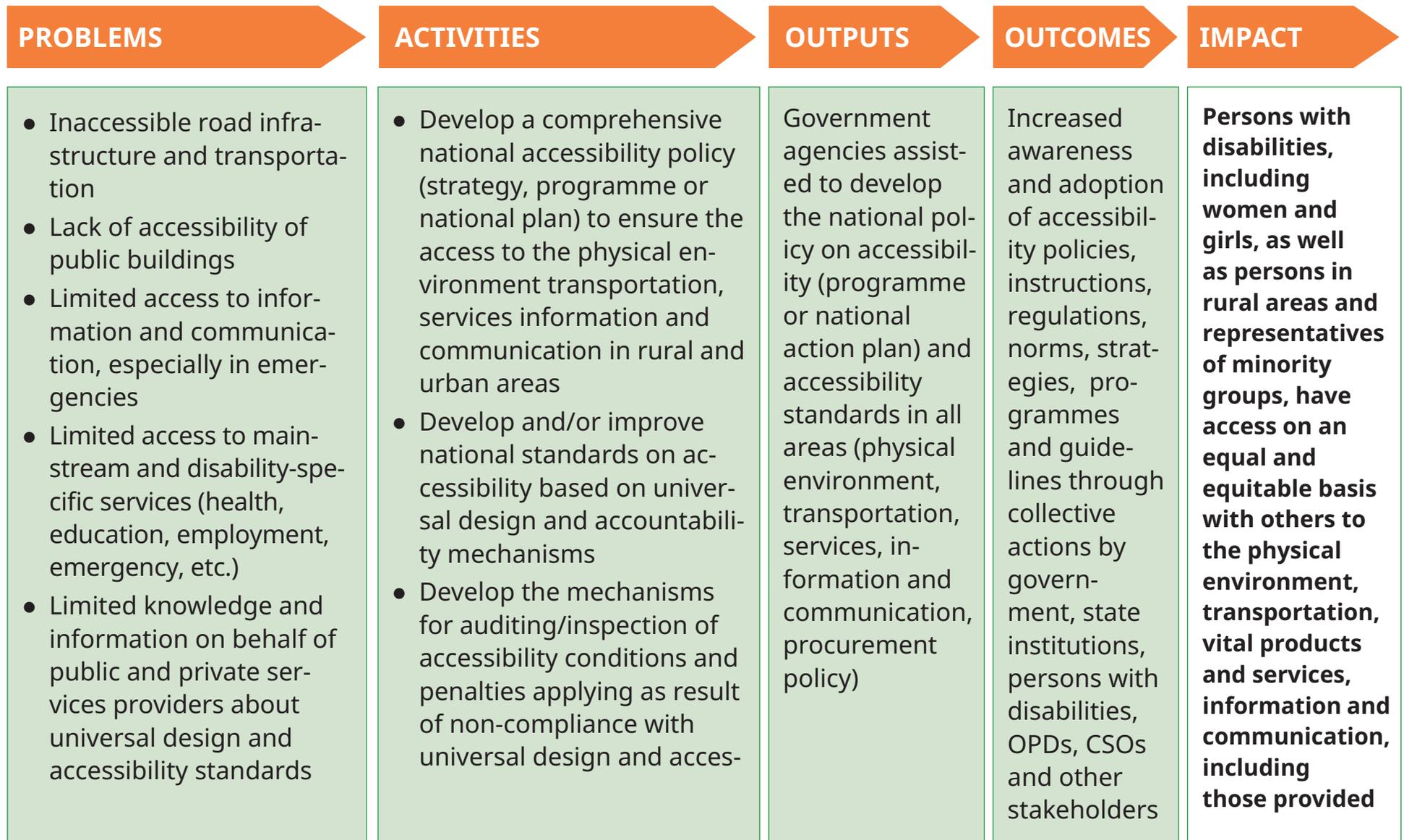
- The United Nations' available resources and expertise will foster CRPD and SDG implementation and will build new partnerships to continue technical assistance and support to the government, OPDs and persons with disabilities.
- Persons with disabilities and OPDs will join the United Nations initiatives; they are interested in contributing to the improvement of their well-being; they will benefit from United Nations support to promote their rights in compliance with CRPD.
- The national and local public authorities have an interest to mainstream disability and human rights in policy, budgets and services, including during the COVID-19 pandemic.

## PARTNERS AND KEY ACTORS

State partners and key actors	CSOs	NHRIs
<ul style="list-style-type: none"> <li>• Parliament of the Republic of Moldova</li> <li>• Government of the Republic of Moldova</li> <li>• State Chancellery</li> <li>• Ministry of Health, Labour and Social Protection</li> <li>• Ministry of Education, Culture and Research</li> <li>• Ministry of Economy and Infrastructure</li> <li>• Ministry of Justice</li> <li>• Ministry of Defence</li> <li>• Ministry of Internal Affairs</li> <li>• Central Electoral Commission</li> <li>• National Agency for Social Assistance</li> <li>• Republican Centre for Psychopedagogical Assistance</li> <li>• National Employment Agency</li> <li>• National Council for Disability Assessment and Determination</li> <li>• NBS</li> </ul>	<ul style="list-style-type: none"> <li>• OPDs</li> <li>• Centre for the Rights of the Persons with Disabilities (national)</li> <li>• Association of Blind People (national)</li> <li>• Association of Deaf People (national)</li> <li>• Association of Entrepreneurs with Disabilities from Moldova (national)</li> <li>• Association "Motivation" (national)</li> <li>• Association "Dreptul de a fi" (subnational)</li> <li>• Association "Vivere" (subnational)</li> <li>• National Network of Women with Disabilities (national)</li> <li>• Alliance of Organizations for Persons with Disabilities (national)</li> <li>• Resource Group of Parents of Children and Youth with Disabilities (national)</li> <li>• CSOs Alliance "INFONET" (national)</li> <li>• Keystone Moldova (national)</li> <li>• The Moldovan Institute for Human Rights (national)</li> <li>• "Speranta" Centre (national)</li> <li>• "Voinice" Early Intervention Centre</li> <li>• Centre for Sociomedical Rehabilitation of Persons with Low Vision "LOW VISION"</li> </ul>	<ul style="list-style-type: none"> <li>• National Council for Preventing and Eliminating Discrimination and Ensuring Equality from Moldova</li> <li>• Ombuds Office – The Child's Advocate</li> <li>• Ombuds Office – People's Advocate</li> </ul>

## V. ToC FOR THE SEVEN SPECIFIC FOCUS AREAS

### FOCUS AREA 1 – ACCESSIBILITY OF PERSONS WITH DISABILITIES



- Inefficiency in using the public funds allocated for infrastructure, goods and services
- Weak interest and awareness of public authorities on the need to plan financial resources to mainstream accessibility
- Weak interest of persons with disabilities in reporting discrimination and violation of accessibility standards
- Lack of a comprehensive national accessibility policy paper (national programme or plan) to address all existing barriers
- Lack of clear standards for universal design and accessibility in transportation services, information and communication, as well as in accountability mechanisms

sibility standards

- Integrate universal design and accessibility standards in procurement policy
- Capacity-building programmes for persons with disabilities and OPDs on the common vision for accessibility; in using the assessment tools to identify the barriers related to accessibility and in reporting the cases of violation of accessibility standards; and in participatory budget planning and monitoring from the perspective of accessibility
- Capacity-building programmes for public authorities, public and private services providers on universal design, reasonable accommodation, accessibility standards and mainstreaming accessibility in policies and budgeting processes

Government agencies and public authorities supported to develop and implement, with participation of OPDs, the mechanisms for auditing/inspection of accessibility conditions and for applying the penalties for non-compliance with universal design and accessibility standards

Persons with disabilities and OPDs empowered to carry out accessibility audits on

Increased knowledge and engagement of persons with disabilities and OPDs in decision-making and monitoring processes related to accessibility

**through digital, in particular in context of emergency** (such as Covid 19 pandemic)

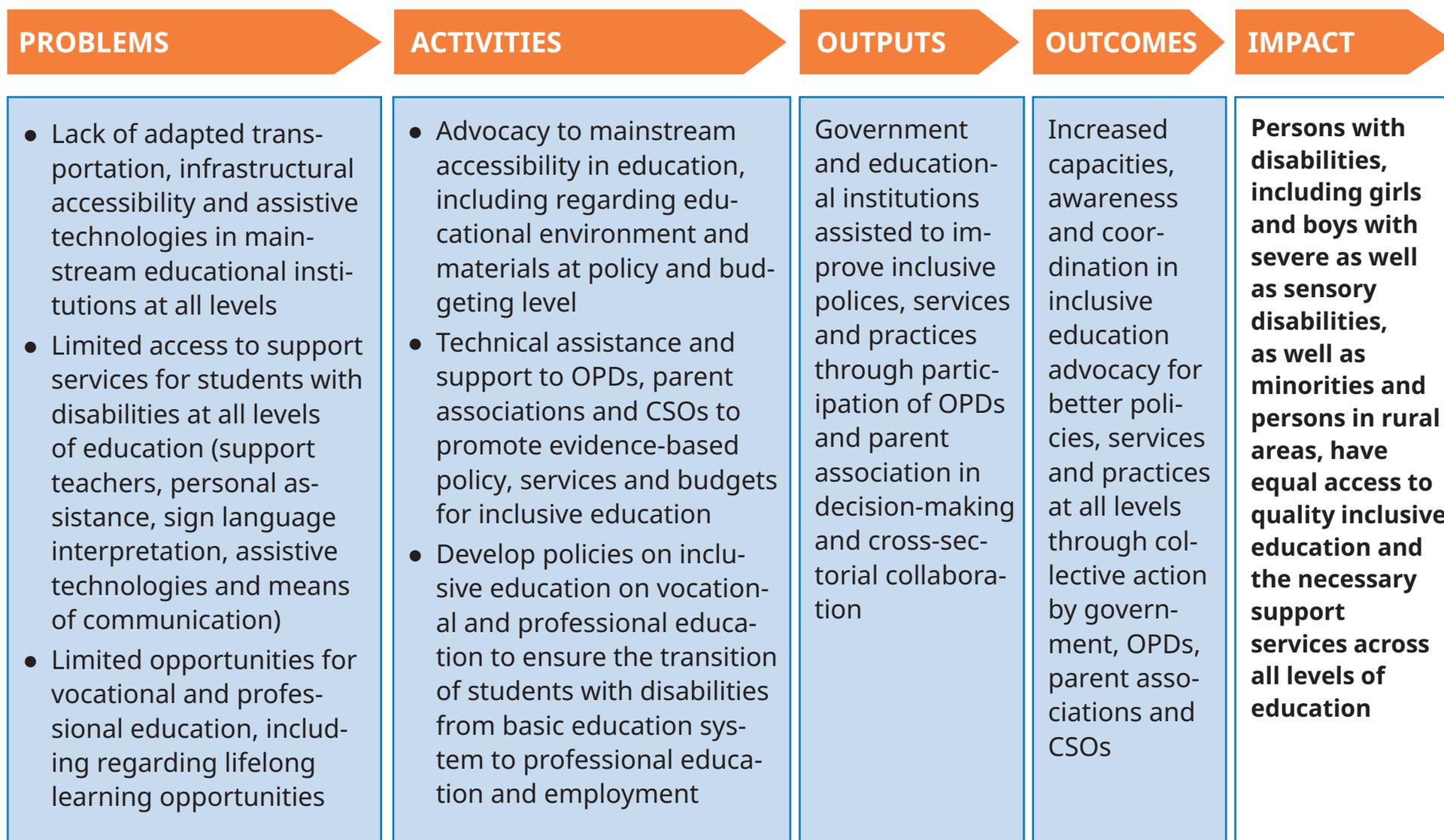
- No mandatory conditions about universal design and accessibility standards in procurement policy
- Lack of mechanism for inspection of accessibility conditions and application of penalties in case of non-conformity with legal framework
- Lack of digital accessibility strategic and implementation framework leading to limited access of persons with disabilities to ICT products and services
- Insufficient level of awareness raising, knowledge development and on status of ICT/digital accessibility policies, regulations, strategies implementation and monitoring in the field of digital inclusion and ICTs accessibility

- Conduct periodic accessibility audits of public buildings, services and programmes, with participation of persons with disabilities and OPDs
- Awareness-raising and advocacy at national and local level to mainstream accessibility, including in the context of COVID-19
- National ICTs Accessibility Policy, regulation and strategies development.
- Government is supported in the development of a comprehensive and applicable national digital accessibility policy to ensure the access to digital services and ICTs for persons with disabilities in various areas such as education, health, banking system etc.; as well as to meet the requirement of the EU on the European Accessibility Act

regular basis and to promote accessibility mainstreaming, including in the context of COVID-19

Public and private sectors awareness and knowledge are increased and capacity building reinforced on ICT/digital accessibility challenges and solutions, allowing to create an enabling environments and capacities at the national level for promoting ICTs Accessibility

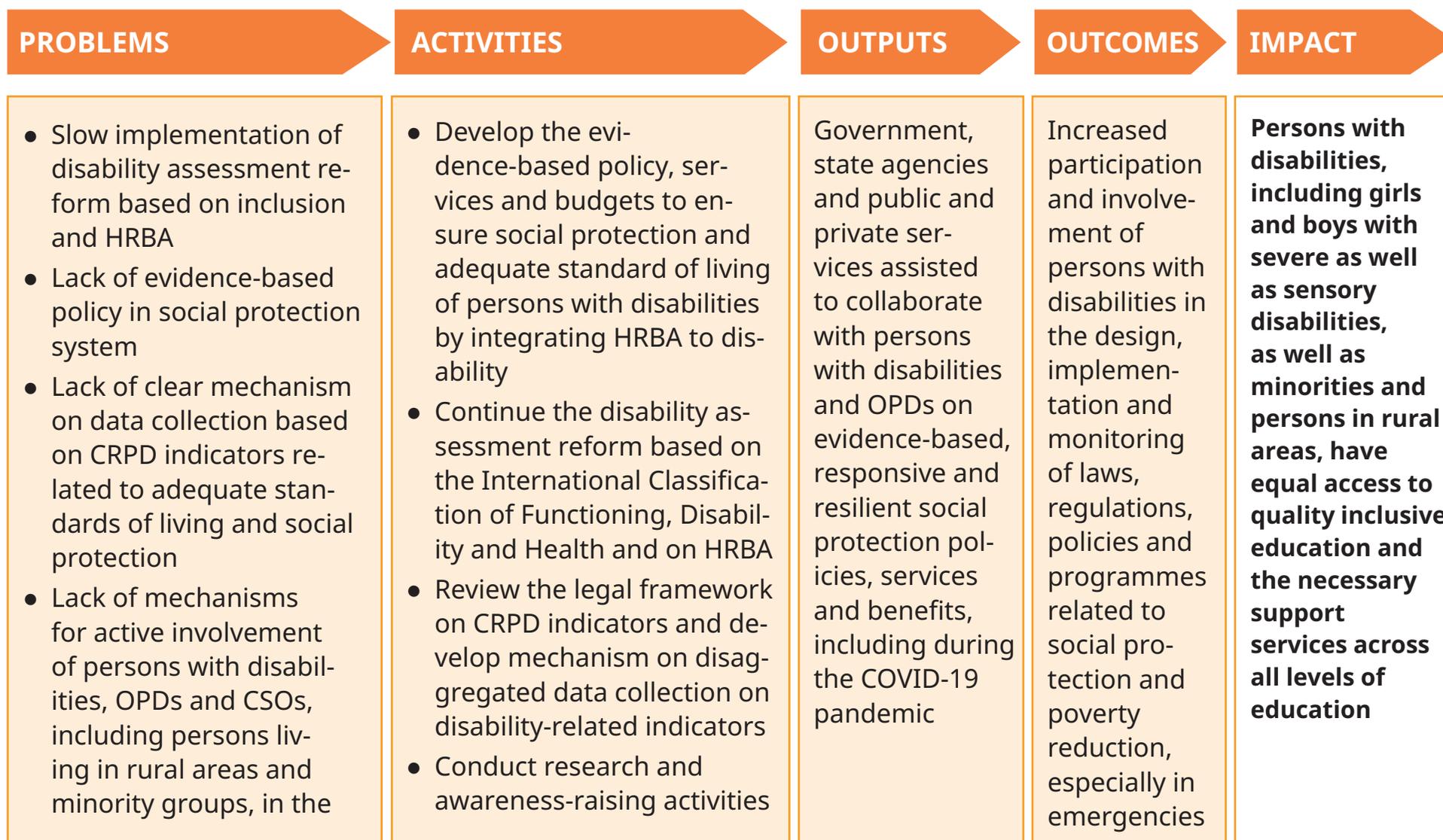
## FOCUS AREA 2 – INCLUSIVE EDUCATION FOR ALL



<ul style="list-style-type: none"> <li>● Policy and budgets for inclusive education are not evidence-based</li> <li>● Undeveloped referral mechanism and cross-sectorial collaboration on inclusive education</li> <li>● Weak capacity of teachers and personnel at all levels of education to work with students with different types of disabilities</li> <li>● Resistance on behalf of pedagogues, parents and students towards inclusion of children with disabilities, especially children with severe disabilities, in mainstream educational institutions, including preschool</li> <li>● Low level of tolerance, acceptance, non-discrimination and</li> </ul>	<ul style="list-style-type: none"> <li>● Establish the referral mechanisms and strengthen the cross-sectorial collaboration on early identification, intervention and support provision for children with disabilities in inclusive education</li> <li>● Develop and conduct capacity-building programmes for teachers and other staff on inclusive education and reasonable accommodation for all students with different types of disabilities</li> <li>● Capacity-building programmes for OPDs and parent associations to advocate for an HRBA and disability inclusion in mainstream educational system</li> <li>● Awareness-raising campaigns and activities to promote inclusive education and inform students, their family</li> </ul>	<p>Teachers, other staff from educational system, students, parents and general population have increased level of tolerance, acceptance and non-discrimination of persons with disabilities in mainstream educational institutions</p>	<p>Increased access to support services of students with disabilities (support teachers, personal assistance, sign language interpretation and assistive technologies and means of communication) at all levels of education through sustainable partnership with OPDs, parent associations and CSOs</p>	
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<p>understanding of equality of rights in the educational system, especially regarding students with severe disabilities</p> <ul style="list-style-type: none"> <li>• Prevalence of social norms about education of persons with disabilities in segregated facilities</li> <li>• Stigma and prevalence of medical approach to disability</li> <li>• Discrimination of students with disabilities and their family members by mainstream educational institutions on grounds of disability</li> </ul>	<p>members, education staff and the general public about equal rights to education in mainstream institutions and the related benefits for society</p> <ul style="list-style-type: none"> <li>• Promote positive practices on inclusive education with implications of OPDs, CSOs and parent associations</li> </ul>	<p>Persons with disabilities, OPDs and parent associations, including those living in rural areas, improve their capacities to promote inclusive education in mainstream educational institutions</p>		
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## FOCUS AREA 3 – INCLUSIVE SOCIAL PROTECTION SYSTEM



design, implementation and monitoring of laws, regulations, policies and programmes related to social protection and poverty reduction

- Low level of participation and involvement of persons with disabilities in advocacy for better social protection system, especially in emergencies
- Limited access of persons with disabilities to quality mobility aids, devices and assistive technologies suitable for their specific needs
- Limited access to disability-specific support and community-based social services and programmes, especially regarding early intervention services and support services for persons with severe disabilities

about rights of persons with disabilities to social protection measures, especially during COVID-19 pandemic and other emergency situations

- Develop and conduct capacity-building programmes for public authorities, state agencies, public and private social services providers on preventing and combating discrimination on grounds of disability, with special focus on the inclusion and valorization of economic and human potential of persons with disabilities
- Strengthen capacities and skills of persons with disabilities, OPDs and parent associations to participate in decision-making and advocacy for promotion the respect and fulfillment

Persons with disabilities and OPDs empowered to participate and advocate for policies and programmes related to social protection and poverty reduction that are disability-inclusive, especially in emergencies

Public authorities and services providers supported to evaluate the special needs of persons with disabilities to integrate disability-related costs in social

Increased access of persons with disabilities to quality and suitable mobility aids, devices, assistive technologies, community-based social services and programmes, especially regarding early intervention services and support services for persons with severe disabilities

- Limited access to information and communication, including in emergencies
- Weak capacity of persons with disabilities from remote/rural areas, including women from minority groups to defend their right to social protection
- Uncoordinated efforts of persons with disabilities, OPDs, NHRIs and CSOs on awareness-raising about the rights of persons with disabilities to social protection measures, including in emergencies
- Prevalence of medical approach to disability assessment and determination
- Stigma and stereotypes about persons with disabilities being seen only as beneficiaries of social protection system/lack of HRBA to disability regarding social protection system

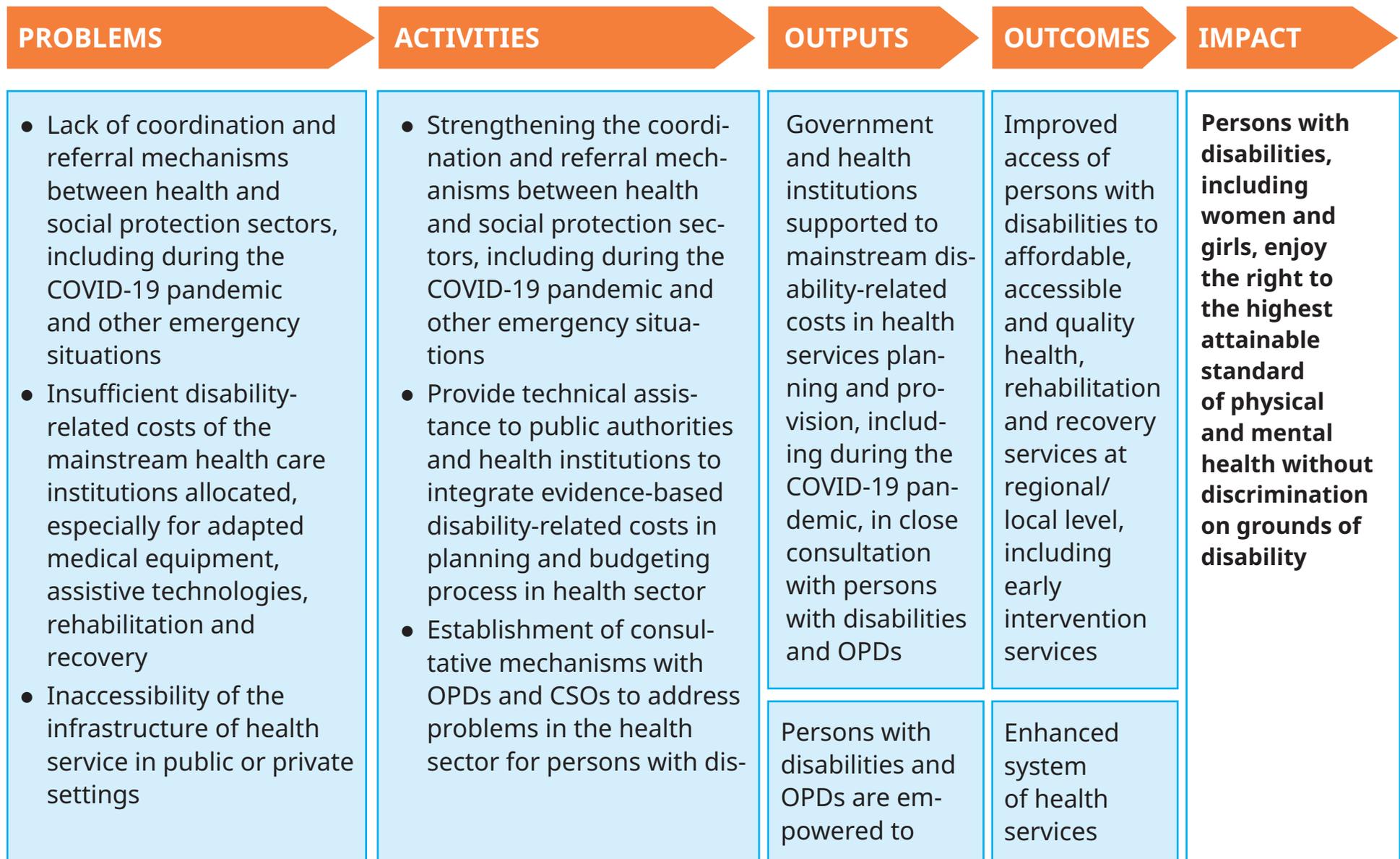
- of the right to adequate standard of living and social protection of persons with disabilities, especially in emergencies
- Building sustainable partnerships between persons with disabilities, OPDs, parent associations, public authorities and development partners to reduce vulnerability and social inequalities on grounds of disability

protection programmes and in community-based social services

Media institutions, state agencies, OPDs and CSOs improve their communication strategies relating to social protection benefits and social community-based services, including communication in easy-to-read, easy-to-understand formats and in sign language

Improved access to information and communication of persons with disabilities, including with sensory, intellectual and psychosocial disabilities regarding social protection benefits and available social community-based services, especially in emergencies

## FOCUS AREA 4 – ACCESSIBLE AND QUALITATIVE HEALTH SERVICES



- Insufficient programmes to promote right to highest attainable standard of physical and mental health, as well as of sexual and reproductive health and rights of persons with disabilities, especially for women and girls with physical, intellectual and psychosocial disabilities, as well as for those in rural areas and representatives of minority groups
- Limited access to information about the right to highest attainable standard of physical and mental health and related services of persons with disabilities, especially persons with intellectual and psychosocial disabilities, as well as persons with sensory disabilities

abilities, including persons with sensory, intellectual and psychosocial disabilities, as well as persons in rural areas and representatives of minority groups

- Technical support and capacity-building programmes to empower persons with disabilities, OPDs and parent associations to advocate for and promote the right to health and HRBA to disability in general health service system
- Capacity-building programmes for health workers on disability inclusion and HRBA to disability in health
- Advocacy and communication to promote mental health, non-communicable diseases, sexual and reproductive health among persons with disabilities,

promote the right to highest attainable standard of physical and mental health, as well as the sexual and reproductive health rights of persons with disabilities

Health workers of public and private sector improve their knowledge and capacities to plan and deliver quality, suitable, responsive and resilient health services for persons with disabilities, without discrimination

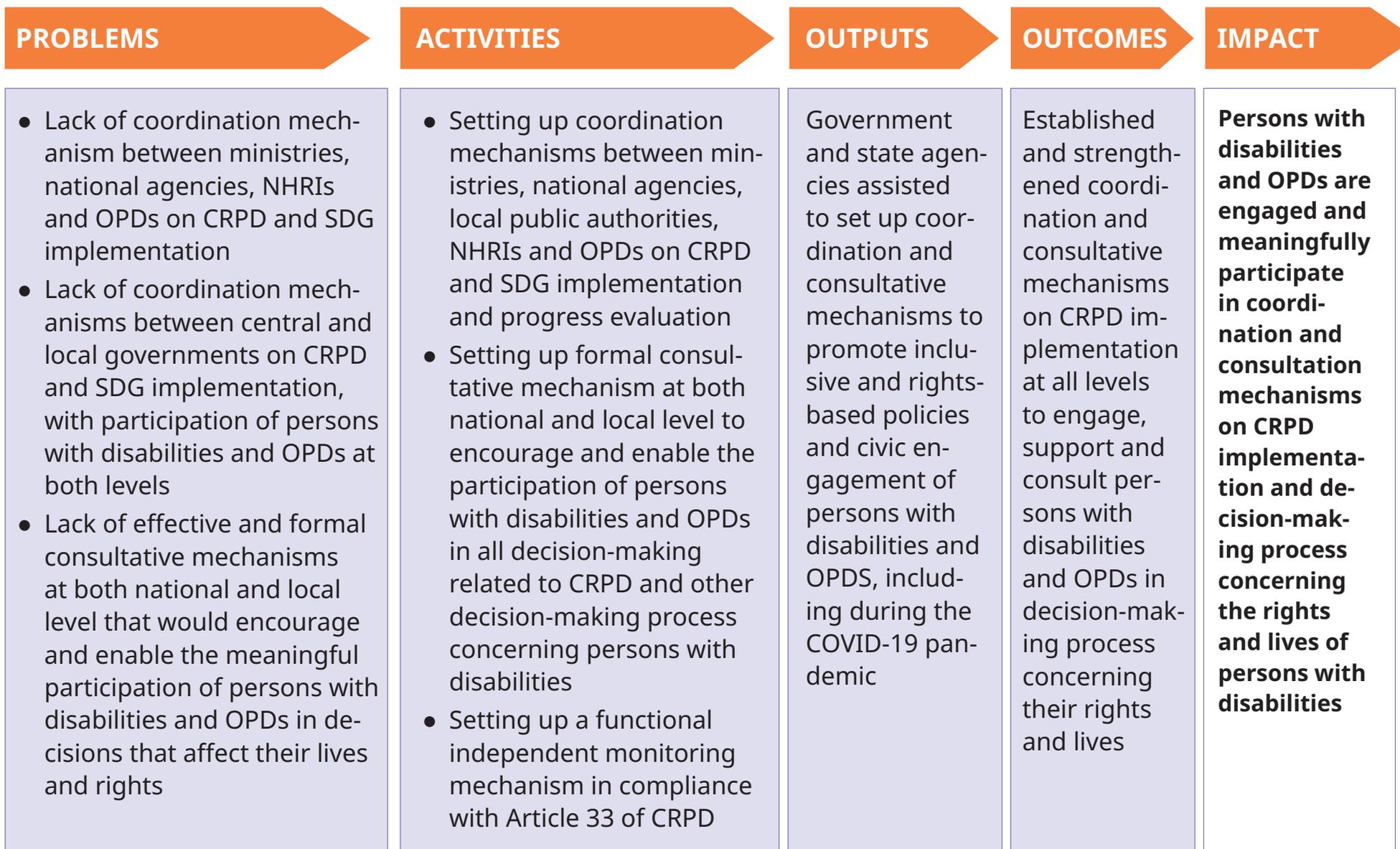
provision through better coordination and collaboration between government, public and private health institutions, persons with disabilities and OPDs

- Limited access to affordable, accessible and quality mental health, early intervention, rehabilitation and recovery service at regional and local level, including regarding early intervention
- Weak capacity of health workers on disability inclusion and an HRBA to disability in health (persistence of medical approach)
- Weak capacity and knowledge of persons with disabilities to advocate and promote their right to health (mental health; sexual and reproductive health)
- Technical support and capacity building programmes to prevent and respond to GBV among persons with disabilities, strengthening the inter-sectorial coordination

including among persons with intellectual and psychosocial disabilities and persons with sensory disabilities

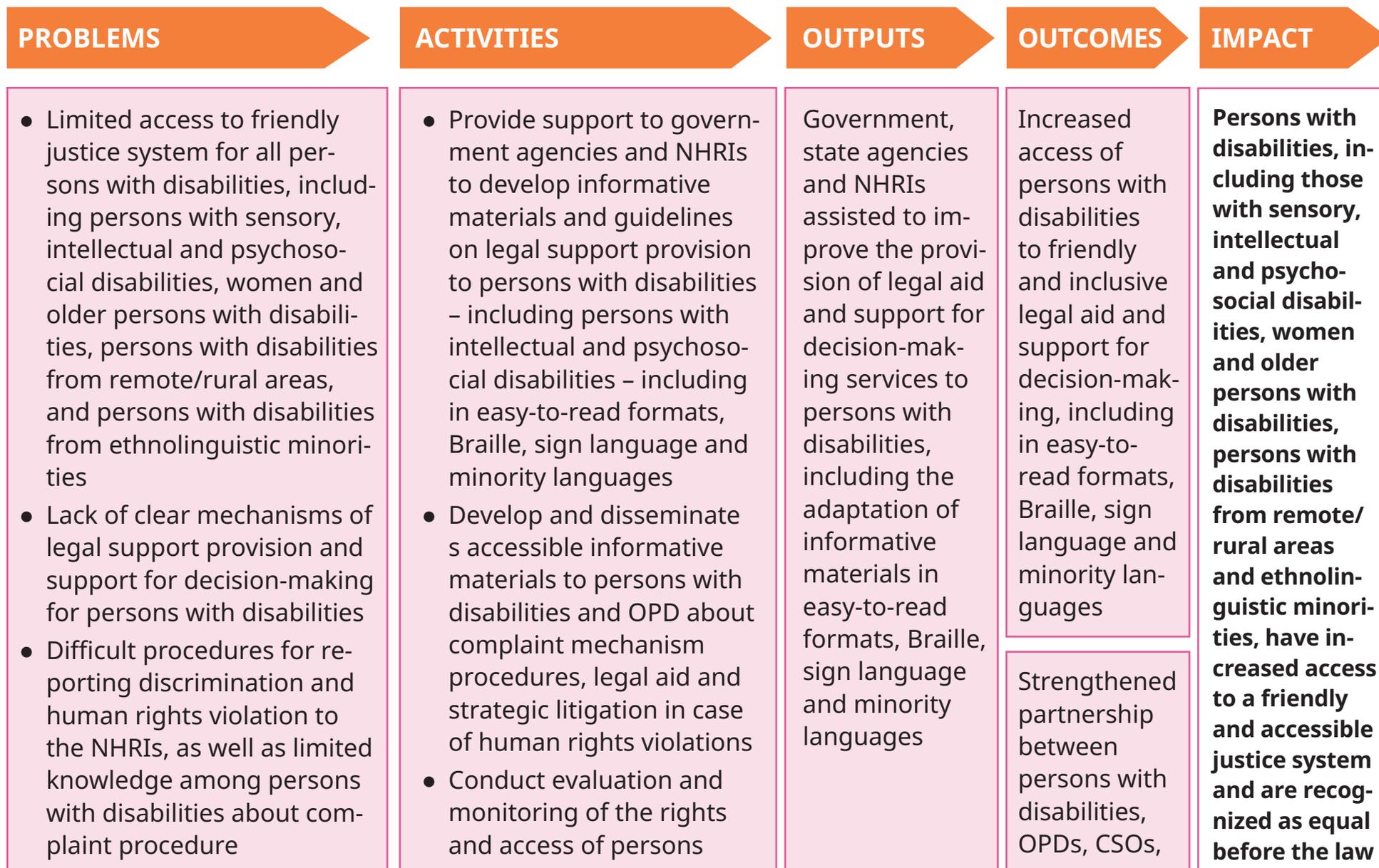
- Awareness-raising to combat stigma and discrimination about sexual and reproductive rights of persons with disabilities, especially of women and girls

## FOCUS AREA 5 – PARTICIPATION AND GOOD GOVERNANCE IN AND INCLUSIVE SOCIETY



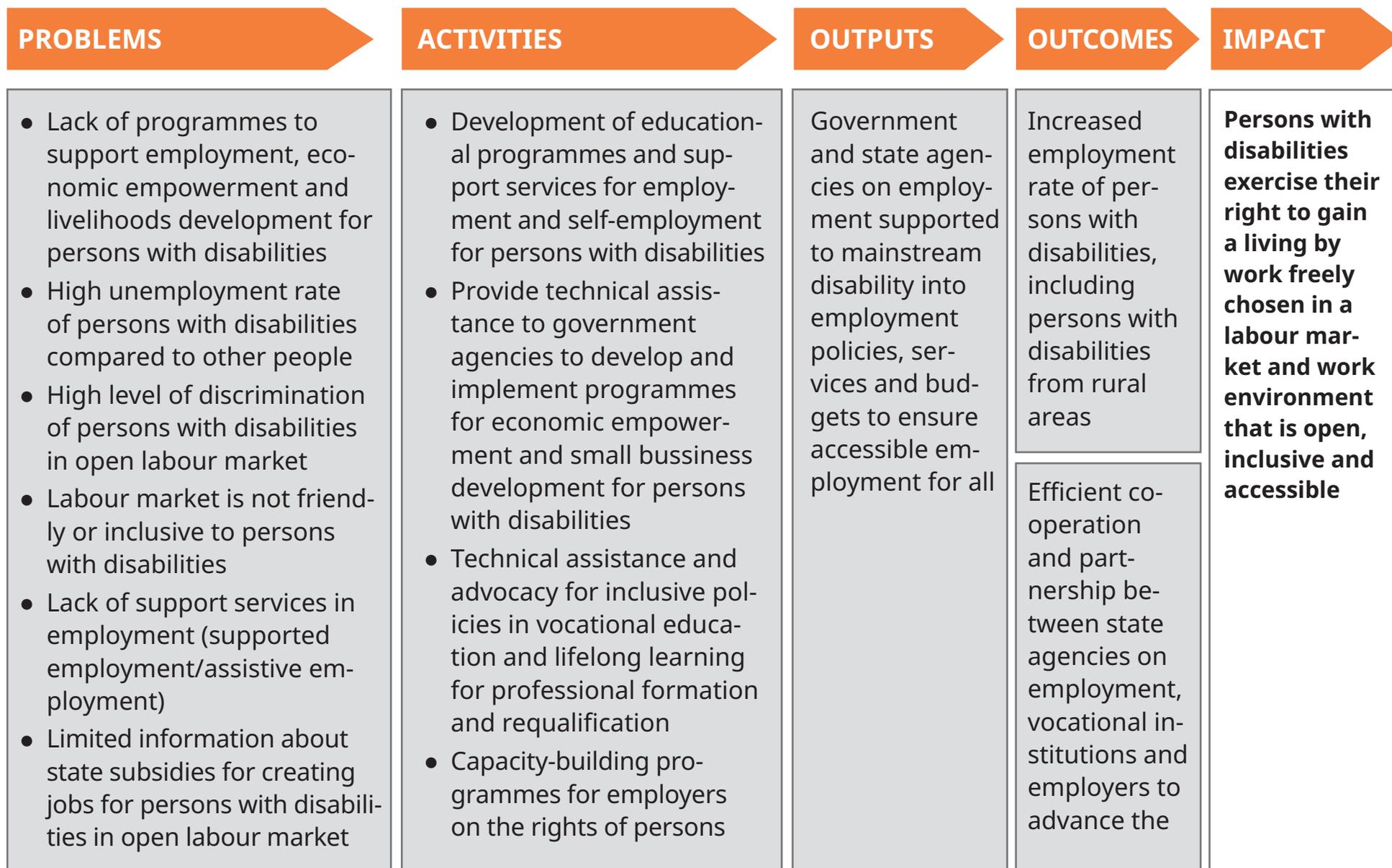
<ul style="list-style-type: none"> <li>• Lack of a functional independent monitoring mechanism in compliance with Article 33 of the Convention</li> <li>• Limited knowledge and understanding by the national and local public authorities of the meaning of and philosophy behind the concepts of disability mainstreaming and HRBA to disability</li> <li>• Weak interest of government at national and local level to meaningfully consult and actively engage persons with disabilities and OPDs in decisions related to CRPD implementation and monitoring to ensure good governance and social accountability</li> <li>• Weak capacity and skills of persons with disabilities to participate in decision-making, political and public life</li> <li>• Uncoordinated efforts of persons with disabilities, OPDs and CSOs relating to participation and monitoring the CRPD implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthening the capacities and efforts of OPDs, CSOs and NHRIs about full and meaningful participation of persons with disabilities in decisions that affect their rights and life to ensure good governance and accountability</li> <li>• Advocacy and raising awareness about the importance meaningful participation of persons with disabilities in public decisions and about the important role and positive impact of participation</li> <li>• Encourage and support the participation of persons with disabilities from underrepresented and marginalized groups, in particular women and girls with disabilities, including persons from remote/rural areas and persons from minority groups</li> </ul>	<p>Persons with disabilities enabled to participate in decision-making process concerning their rights and life through mutual respect and meaningful dialogue with public authorities and decision makers</p>	<p>Meaningful participation of persons with disabilities and their representative organizations in all processes of legal harmonization with the CRPD, as well as in national implementation and monitoring</p>	
		<p>Persons with disabilities, OPDs, CSOs and NHRIs empowered to promote and setting up jointly a functional independent monitoring mechanism in compliance with Article 33 of CRPD</p>		

## FOCUS AREA 6 – EQUALITY BEFORE THE LAW AND ACCESSIBLE JUSTICE SYSTEM



<ul style="list-style-type: none"> <li>• Limited knowledge and access to information among persons with disabilities and OPDs about legal aid and strategic litigation in case of human rights violations, in particular lack of information in easy-to-read formats, Braille, sign language and minority languages</li> <li>• Limited information and knowledge among persons with disabilities and OPDs about the importance of ratification of the Optional Protocol to CRPD and weak interest of public authorities in its ratification</li> <li>• Weak capacity of legal professionals regarding HRBA to disability, as well as the right to legal capacity of persons with disabilities and the right to support for decision-making</li> </ul>	<p>with disabilities to justice, especially women and men with intellectual and psychosocial disabilities, as well as minority groups and people in rural and urban areas</p> <ul style="list-style-type: none"> <li>• Advocacy and raising awareness on equality before the law and accessible justice system, including advocacy for the ratification of the Optional Protocol to CRPD</li> <li>• Capacity-building programmes for persons with disabilities, OPDs, NHRIs, parent associations and legal professionals on HRBA to disability, the right to legal capacity of persons with disabilities and the right to support for decision-making</li> </ul>	<p>Persons with disabilities have improved knowledge and capacity to defend their rights by using the national complaint mechanisms and opportunities given through Optional Protocol to CRPD</p>	<p>NHRIs and legal professionals to advocate for equality before the law and accessible justice system</p>	
		<p>Legal professionals have increased knowledge and practices on legal services provision, with specific focus on HRBA to disability, the right to legal capacity of persons with disabilities and the right to support for decision-making</p>		

## FOCUS AREA 7 – INCLUSIVE AND ACCESSIBLE EMPLOYMENT FOR ALL



<ul style="list-style-type: none"> <li>• Employers lack information on how to make their business more inclusive</li> <li>• Limited educational and vocational training, as well as economic empowerment opportunities that are accessible and inclusive for persons with disabilities</li> <li>• Weak work capacity of persons with disabilities caused by limited education skills and medical approach to disability</li> <li>• Prevalence of medical approach to disability and work capacity assessment</li> <li>• Weak motivation of persons with disabilities to be employed, determined by fear of losing the social benefits</li> </ul>	<p>with disabilities, including opportunities to access state subsidies for reasonable accommodation of workplaces</p> <ul style="list-style-type: none"> <li>• Capacity-building programmes for persons with disabilities, OPDs on inclusive employment and available support services for employment</li> <li>• Build partnerships between vocational/professional institutions, state agency for employment and employers to promote inclusive employment in open labour market</li> <li>• Empowerment, motivation and informing persons with disabilities about their right to employment in the open labour market</li> <li>• Awareness-raising campaigns to promote the right on employment, available support services for employment, opportunities for employers to access state subventions/subsidies</li> </ul>	<p>Persons with disabilities improve professional education and economic skills and increase access to self-employment and to open labour market</p>	<p>Employers have increased motivation to hire persons with disabilities and ensure reasonable accommodation at the workplace</p>	<p>right to work of persons with disabilities</p>	
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## ASSUMPTIONS AND RISKS

### ASSUMPTIONS to advance changes in CRPD implementation

#### Causality

- Public authorities have interest in mainstreaming disability and human rights in policy framework and services determined by lack of resilience and risk reduction programmes for persons with disabilities during the COVID-19 pandemic and other emergencies
- Persons with disabilities and OPDs will join the United Nations initiatives because they are interested in contributing to improving the situation of persons with disabilities and advancing the implementation of CRPD: they benefit from support and technical assistance to promote their rights
- Public services providers will participate in United Nations programmes because they need more information and knowledge about the HRBA to disability and in service development and provision
- Government/central public authorities are interested in advancing the implementation of CRPD as the Governmental Action Plan and National Human Rights Action Plan include the ratification of Optional Protocol to CRPD in 2021

#### Implementation

- UNCT is committed to mainstreaming a disability and rights-based approach in their country-programmes
- Partnerships built between United Nations agencies, governmental/state institutions, NHRIs, OPDs and CSOs enable CRPD implementation
- Available resources and expertise of United Nations entities related to CRPD and national SDGs will foster CRPD implementation
- Ongoing programmes and previous partnership with governmental/state institutions, NHRIs, OPDs and CSOs to advance CRPD and national SDGs
- Previous projects and models of good practice on disability mainstreaming and promotion of HRBA to disability implemented by other key stakeholders will be adapted and transferred at national and local level

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- External factors**
- The government is committed to partnering with United Nations agencies to advance CRPD implementation
  - The government is supporting United Nations initiatives related to CRPD implementation, especially in the areas of accessibility, education, social protection, health and well-being, justice, participation and employment
  - Available resources developed by OPDs and CSOs and national and international networks could serve as guidance for the implementation of CRPD and SDGs in compliance with the country context
  - Persons with disabilities, OPDs and parent associations are open to partnering with United Nations agencies to advance CRPD implementation
  - NHRIs (Ombuds Office and Council for preventing and eliminating discrimination and ensuring equality) support the United Nations initiatives aimed to advance CRPD implementation
  - Media institutions are aware of the need to implement positive communication policy related to the rights of persons with disabilities, especially the most marginalized and underrepresented groups of persons with disabilities, including in emergencies
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## RISKS to advance changes in CRPD implementation

### Political risks

- Political instability as a result of elections
- Lack of political will of government to advance policy planning, implementation and monitoring in compliance with CRPD
- Lack of interest on behalf of public authorities to engage persons with disabilities and their representative organizations in the development and implementation of policies and budgets related to social inclusion and human rights, including in emergencies
- Resistance of public servants to initiated reforms in the disability field (disability assessment, deinstitutionalization, mainstreaming a disability- and rights-based approach in health, education, social protection, justice and employment)

### Social risks

- Respect, protection and fulfilment of the rights of the persons with disabilities is not a priority for Government during the COVID-19 pandemic
- Weak capacity of government to identify gaps in the system related to disability inclusion and related vulnerabilities, especially during the COVID-19 pandemic
- Long-term COVID-19 pandemic affects the full participation of the persons with disabilities and OPDs in decision-making, caused by limited access to assistive technologies and lack of accessible online platforms
- Lack of/low interest and trust, as well as limited knowledge and capacity, among persons with disabilities and OPDs on the importance of their active participation for advancement of the implementation of CRPD
- Lack of active OPDs in remote/rural areas to ensure engagement and participation of persons with disabilities, including women, older persons and ethnolinguistic minorities, in decision-making at all levels in different areas of interest

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- Economic risks**
- Resistance of public authorities at national and local level to mainstream disability and accessibility in policy and budget planning and implementation, caused by limited financial resources related to disability costs
  - Resistance of private sector to implement approved legal framework related to accessibility and employment caused by the negative economic impact of COVID-19

- Technical risks**
- Lack of possibility for persons with disabilities to participate in online activities, caused by limited access to technologies and Internet connections or non-guaranteed online security, as well as low digital literacy
  - Travel restrictions and limited opportunities to conduct activities in person imposed by the COVID-19 pandemic have affected dialogue with OPDs and CSOs
  - Challenges in monitoring and evaluating the progress of implementation programmes to advance CRPD implementation, caused by lack of baseline data on national disability-inclusive indicators



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