

Impact of COVID-19 on Human Rights in the Republic of Moldova



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Abbreviations

AOPD	Alliance of Organizations of Persons with Disabilities
CES	Commission for Exceptional Situations
CSO	Civil Society Organization
ICT	Information and Communications Technology
IT	Informational Technology
LPA	Local Public Authority
MoECR	Ministry of Education, Culture and Research
MoHLSP	Ministry of Health, Labour and Social Protection
NHRIs	National Human Rights Institutions
NEET	Not in Education, Employment, or Training
NBS	National Bureau of Statistics
NGO	Non-Governmental Organizations
VNR	Voluntary National Review
OHCHR	UN Human Rights Office
PDC	Partnership for Development Center
SDG	Sustainable Development Goals
SEN	Special Education Needs
WHO	World Health Organization

Disclaimer:

This report is focused on human rights issues only. Its terminology and language imply no political position. The Transnistria region of the Republic of Moldova is referred to as Left bank throughout the report. The report refers to the duty bearers in this territory as de facto authorities.

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CHAPTER 1

Methodology

The present report seeks to assess the impact of the COVID-19 pandemic on the observance of human rights in Moldova, with due attention being paid to the most vulnerable groups. The review focused on the human rights most affected by the COVID-19 pandemic including the right to the highest attainable standard of physical and mental health; right to education; right to social security; right to food; right to adequate housing, right to freedom from poverty; right to water; right to sanitation; right to work and labour rights; right to freedom from exploitation, violence and abuse; right to access to information and freedom of expression; and right to freedom of movement.

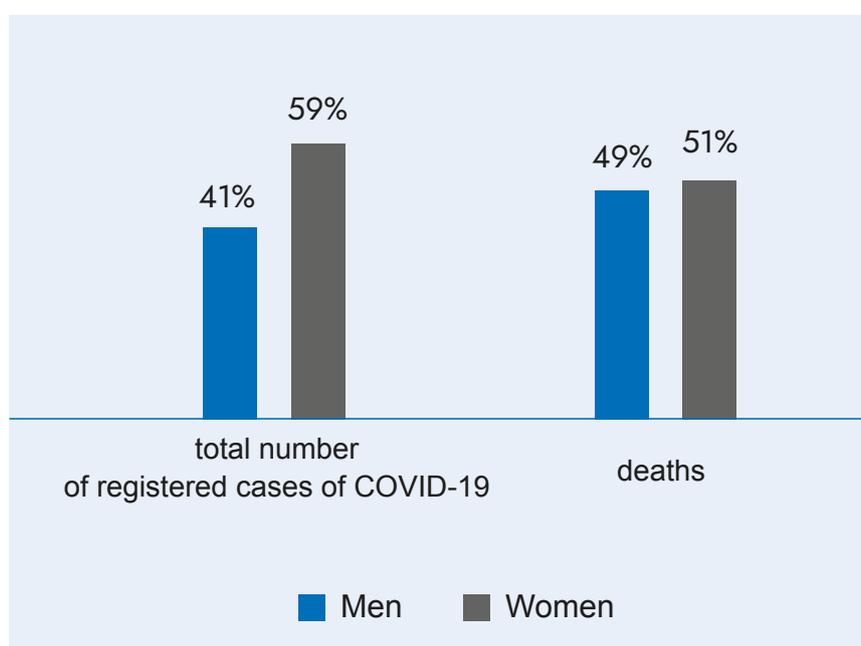
The document applies a mixed methodology based on desk and quantitative reviews and analysis. The desk analysis included the review of laws, the analysis of cases examined by courts and human rights institutions, and the review of reports developed by state authorities, as well as Civil Society Organizations (CSOs), National Human Rights Institutions (NHRIs), development partners and UN Agencies. The quantitative review included the analysis of data collected through an opinion poll¹ conducted by UN Human Rights (OHCHR) in December 2020 (referred to as the OHCHR survey), and publicly available statistical data, as well as data provided to OHCHR by state authorities upon request. The time period covered in the report is March to September 2020, while more updated information was added where it was available.

This report incorporates comments received through consultations conducted in June 2021 with state authorities, CSOs, NHRIs, development partners and UN agencies.

¹ The opinion poll was performed by the Centre of Sociological Researches and Marketing “CBS-AXA” in December 2020. 1005 persons aged 18 – 60+ from the Right bank participated in a phone survey, and 304 persons from the Left bank, as well as 219 Roma were interviewed in-person. The opinion poll was based on a simple random sample.

CHAPTER 2

Epidemiological situation and roll out of COVID-19 measures



By 16 May 2021, the total number of registered cases of COVID-19 reached 253,845 (including 35,419 from the left bank of the Nistru river). The number of cases treated (recovered) reached 244,857 and the number of deaths from COVID-19 reached 6,027 including 507 persons from the Left bank². While 59% of all cases were recorded among women and 41% among men, women account for 51% of the deaths and men for 49%. While infections among people aged 60+

² Ministry of Health, Labour and Social Protection, Dashboard COVID-19, see: <https://gismoldova.maps.arcgis.com/apps/opsdashboard/index.html#/d274da857ed345efa66e1fbc959b021b>, information presented based on the data from 16 May 2021

accounted for 32% of the total number of cases, 81% of all registered deaths were from this age group³.

The Extraordinary Commission on Public Health took its first decision on preventative measures in response to COVID-19 on 2 February 2020⁴. On 13 March 2020, the Extraordinary Public Health Commission issued a decision (Number 7) declaring a “Red Code” of danger in relation to COVID-19. The state’s response plan to the pandemic was approved on the same day. On 15 March 2020, the Extraordinary Commission on Public Health, following the registration of 12 cases of COVID-19, decided to initiate the implementation of physical distancing measures.

On 17 March 2020, the Parliament declared a state of emergency and the country went into full lockdown. This decision enacted the Commission for Exceptional Situations (CES) and mandated it to manage the situation relating to the effects of COVID-19 on public health and the socio-economic situation.

The state of emergency was lifted on 16 May 2020 and preventive measures were relaxed the following day. On 16 May 2020, a public health emergency was declared, which was lifted on 30 September 2020. The Extraordinary Public Health Commission once again took charge of the management of the COVID-19 situation. With the lifting of the State of Emergency, the measures taken by the Commission for Exceptional Situations became void. The Extraordinary Public



³ See at: <https://covid19response.un.md/files/UN%20Moldova%20Covid-19%20Weekly%20Situation%20Report-11%20May%202021.pdf>

For information related to the vaccination campaign see: <https://vaccinare.gov.md>

⁴ See the list of the decisions of the Extraordinary Commission on Public Health and of the Commission for Exceptional Situation at: <https://gov.md/ro/content/informatii-privind-coronavirus>

Health Commission, however, put in place some restrictions relating to the return from travels abroad, as well as other restrictions which were not enforced including related to limitations of movement of persons aged 63 and above, the prohibition of use of playgrounds and amusement parks and the ban on meetings in public places of groups larger than 3, unless from the same family.

On the left bank of the Nistru river (Left bank) the first preventive response measures related to COVID-19 were announced on 31 January 2020. On 2 March 2020 the Task Force on Prevention and Protection from Virus Infection was enacted and mandated to manage the situation related to the effects of COVID-19. A state of emergency, under which a full lockdown started, was declared on the Left bank on 16 March 2020. With the announcement of the state of emergency, freedom of movement was severely limited, both within the region as well as related to leaving and entering it. Despite the lifting of the state of emergency on 15 June 2020, the vast majority of restrictions that had been put in place related to COVID-19, remained in force.



CHAPTER 3

Right to the Highest Attainable Standard of Health

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Level and sources of information regarding COVID-19 among the population

Sources of information about COVID-19

TV remains the main source of information for the population from both banks of the Nistru River. 70.7% of the respondents on the right bank and 65.1% from the left bank in the OHCHR survey confirmed that they had received information about COVID-19 mainly through the TV. Those in higher age groups relied on the TV as a source of information to a greater extent (90%). The Internet was the second most important source of information for the general population. 47.7% took their information from internet-based news agencies on the right bank and 37.5% from social media on the left bank. Internet was the most important source of information for those aged between 18 to 29. **Among Roma the second main source of information after TV (76.3%) were friends and colleagues (34.2%).**

Very low numbers of people received information from medical personnel. Only 13.7% of the respondents from the right bank (7.1% among the Roma community) said that they had received information on the virus from the doctors or from the medical system. On the Left bank, 2.3% of respondents confirmed receiving information on COVID-19 from medical personnel.

Perceptions of the population concerning the dangerousness of the virus

According to the OHCHR survey, **12% fewer male respondents than women considered the virus as being dangerous for their life** on the right bank of the Nistru river (Right bank). **Older persons perceived the virus to be more dangerous** than young respondents, the difference between 60+ and 18 to 29 years of age was 26.1%. At the same time, **more people with disabilities perceived the virus as very dangerous, compared to people without disabilities (64.4% vs 53.2%).** Additionally, according to a World Health Organization (WHO) perception survey, more educated respondents as well as respondents living with children thought that the probability of infection was higher⁵.

⁵ World Health Organization, Behavioural insights on COVID-19 in the Republic of Moldova, Round 4 of data collection, March 2021, p. 9

Accessibility of information about COVID-19

Especially in the first phases of the pandemic, **the information related to COVID-19 was not accessible for persons with hearing and intellectual disabilities**. The Council for Preventing and Eliminating Discrimination and Ensuring Equality underlined that the efforts undertaken by state authorities were neither sufficient nor efficient in order to ensure equal access of persons with hearing disabilities to public interest information about the pandemic. The Council stressed that communication of specific information only by text was not sufficient, and that the video and audio spots developed and disseminated to various TV stations did not include simultaneous translation into sign language. Therefore, the Council found that the failure of the Government to ensure communication in sign language amounted to discrimination⁶. One in two respondents in the OHCHR survey was of the opinion that information was not accessible to people with intellectual and sensory disabilities.

b) Structural and procedural aspects

From a structural point of view, the **Government regularly updated the treatment protocols and the institutional regulations to more efficiently respond to the pandemic**. At the same time, although the pandemic should have increased the financial burden on the medical system, the planned expenses per capita had not increased significantly by July 2020. In actual numbers, on average, per capita expenses for primary medical assistance were 189.1 Moldovan lei for the first semester of 2019 and 206.1 Moldovan lei for the same period of 2020⁷. According to comparative data from trimester II to IV 2019 and the same period in 2020, the per capita expenses as planned by the Government increased by approximately 16.5% across all age groups⁸.

During the state of emergency, scheduled hospitalisations in healthcare facilities were suspended, regardless of their legal, ownership (public or private institution) and organisation form⁹. Subsequently, from 16 May 2020, scheduled health services

⁶ Decision no. 118/20, issued on 20.08.2020, available online at: http://egalitate.md/wp-content/uploads/2016/04/Decizie_constatare_118_2020.pdf

⁷ According to the information provided by the Ministry of Health, Labour and Social Protection to OHCHR, no. 02/5554 of 1 October 2020.

⁸ Ibid.

⁹ MoHLSP Order No. 264 from 13 March 2020, see: https://msmps.gov.md/sites/default/files/legislatie/ordinul_nr._264_din_13.03.2020_cu_privire_la_sistarea_internarilor_programate_in_institutiile_medico-sanitare-publice.pdf.

in outpatient settings, the provision of scheduled dental care and certain planned surgeries, resumed¹⁰. Apart from vaccinations of new-born children against tuberculosis and the first dose against viral hepatitis B, vaccinations of children were temporarily suspended during the state of emergency, and resumed 16 May 2020.

On the Left bank, information on access to healthcare facilities and medical advice including for persons belonging to vulnerable groups, such as persons with disabilities, was published in various decisions (orders, regulations, decrees) issued by different de facto authorities and some of them could not be accessed by the public.

All COVID-positive patients on the Left bank were treated in hospitals from the start of the pandemic until 3 December 2020 when patients with mild symptoms and without chronic conditions were allowed be treated at home. The refusal to go to the hospital, when mandatory, was subject to a fine and forced admission to a hospital.

On the Left bank, starting from 25 March 2020, all planned hospitalizations in healthcare facilities were also suspended. Information on when hospitalizations had resumed could not be identified, though it is clear that according to the decision of the Task Force on Prevention and Protection from Virus Infection, starting from 2 October 2020, the activities of all health facilities which provided outpatient services were once again suspended. At the same time, the de facto ministry of health in its media publication on 5 October 2020 mentioned that policlinics provided health services for urgent cases.



¹⁰ MoHLSP Order No 471 of 16 March.2020, see: https://msmps.gov.md/sites/default/files/legislatie/ordin_nr_471_din_16.05.2020-_masuri_suplimentare_pentru_asigurarea_accesului_populatiei_la_asistenta_medicala_in_perioada_starii_de_urgenta_de_sanatate_publica_1.pdf

c) Perceptions of the rights holders

In the first phase of the pandemic, when the compliance with restriction measures needed considerable resources, access to medical services was limited. 26.3% of respondents on the Right bank and 20.7% of respondents on the Left bank reported needing medical advice during the pandemic related to chronic illnesses and other conditions. Of those, more than 40% on both banks of the Nistru river reported not receiving the full medical treatment they might have required. The OHCHR study suggests that **the number of those who could not get any treatment is twice higher among Roma (47.1%) than non-Roma (23.7%)**. Furthermore, 14.8% (Right bank) and 18% (Left bank) of respondents needed medical assistance and advice in relation to COVID-19. **Fewer men than women asked for the medical advice they needed in relation to COVID-19** (19.7% of men did not ask for medical assistance vs. 9.4% women who gave up on requesting medical assistance).

d) Impact on vulnerable groups

Older persons. Older persons faced bigger difficulties in accessing treatment and medical check-ups. Even if family doctors continued to provide primary medical consultation within their facilities and by phone¹¹, two thirds of older



¹¹ MoHLSP Order No 338 of 01.04.20: https://msmps.gov.md/sites/default/files/legislatie/ordin_nr_338_din_01.04.2020_-_masuri_suplimentare_p-u_asigurarea_accesului_populatiei_la_asistenta_medicala_in_conditiile_starii_de_urgenta.pdf

persons did not go to see a doctor during the first three to four months of the pandemic¹². This was the case despite the fact that more than half of them suffered from one or various chronic diseases and needed ongoing medical supervision. In this context, it is worth noting that according to the OHCHR conducted survey about 69.6% of respondents aged 45 to 59 and 62.9% of respondents aged over 60 mentioned not seeking medical assistance out of fear of getting infected with COVID-19.

Insufficient social contact can have a severe impact on the physical and mental condition of older persons. According to WHO estimates, at least one in four older persons globally have symptoms of mental disorders such as depression, anxiety or dementia¹³. The COVID-19 pandemic provoked a lot of fears and concerns among the older population¹⁴.

Persons with disabilities. One in every two households with persons with disabilities was economically and socially affected during the state of emergency¹⁵. **Persons**



¹² HelpAge International Moldova and Platform for Active Ageing, MONITORING REPORT of measures taken by competent public authorities for prevention, preparedness planning and management actions during COVID-19 pandemic, from the perspective of impact on older persons Case Study – 3 districts (Edinet, Straseni and Stefan Voda), see: https://eef.md/media/files/files/raport_monitorizare-masuri_covid-19_helpage_1646719.pdf, page. 6.

¹³ <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-of-older-adults>

¹⁴ Expert in mental health, Jana Chihai, see: <https://msmps.gov.md/comunicare/buletin-informativ/expertul-in-sanatate-mintala-jana-chihai-lucratorii-medicali-ard-profesional-salvand-viet/>

¹⁵ See: The Impact of the Pandemic of COVID-19 on persons with disabilities by the Alliance of Organizations for Rights of Persons with Disabilities and Keystone Human Service in Moldova, at: <http://aopd.md/impactul-pandemiei-covid-19-asupra-persoanelor-cu-dizabilitati-studiu-sociologic>, p. 12.

with disabilities needed to access medical services twice as often as persons without disabilities during the pandemic. When asked what difficulties they had especially faced during the emergency period, 68% responded that they had encountered difficulties in accessing medical services¹⁶. When asked what medical difficulties they had faced during this period, 73% of persons with disabilities reported having faced fear and isolation. More than one third of respondents of households with persons with disabilities mentioned that due to fear, isolation, and limited access to services, the share of people with disabilities who were confronted with psycho-emotional issues had increased¹⁷.

Persons in residential facilities. The figures on the rate of infection in residential institutions show that their **residents were exposed to an increased risk of infection with COVID-19.** By October 2020, there were 160 employees of residential institutions who had tested positive for COVID-19, two of them had died. Also, there were 380 beneficiaries who had tested positive (out of 2072 beneficiaries), out of whom six died, 213 were treated in hospital and 167 in temporary placement centres¹⁸.

In May 2020, several COVID-19 outbreaks were reported, including in the psychoneurological residential institution in Bendery town on the Left bank, affecting around 200 beneficiaries and staff. While the Task Force on Prevention and Protection from Virus Infection regularly issued instructions to follow epidemiological rules, especially in residential institutions providing short and long-term care, standardized guidance on what these epidemiological rules and procedures were, was missing. Still, regular check-ups and visit to the institutions were conducted by de facto authorities. It is unclear whether staff of residential institutions received any training on epidemiological rules and procedures.

Detainees in the penitentiary system. As of May 2021, there were 166 detainees and 354 prison staff infected with COVID-19 in the system of penitentiary administration¹⁹. Cases of mild and medium severity of prisoners were treated in the Penitentiary Institution no. 16 – Pruncul. Three severe cases were transferred to public hospitals.²⁰

¹⁶ Ibid, p. 4

¹⁷ Ibid p. 21

¹⁸ Response letter of the Ministry of Health, Labour and Social Protection, nr. 02/5554, to OHCHR's information request, dated 01.10.2020.

¹⁹ Ministry of Justice, National Administration of Penitentiaries, Press release Synthesis of the week in the penitentiary administration system (24.05-31.05.2021), as of 31.05.2021, available at: <http://anp.gov.md/sinteza-sap-31052021>. Last accessed: 10.06.2021

²⁰ Response letter of the National Administration of Penitentiaries to OHCHR's information request, dated 18.09.2020.

On the Left bank the first COVID-19 outbreak among detainees took place in penitentiary institution number 2 in Tiraspol, where by the end of February 2021 more than 320 COVID-positive cases among detainees and staff of the institution had been registered. Since these prisons are barrack type/bulk open bed dorms, all prisoners were reportedly tested for COVID-19, and later put into three categories depending on the severity of symptoms. Numerous prisoners had CT scans taken and were placed in the prison medical unit. One prisoner developed a more complicated form and was transferred to the public hospital. All prisoners, including asymptomatic patients, received additional food supplies and vitamins.

Unemployed people and returned migrants. In April 2020, the Commission on Exceptional Situations issued Decision no. 15 that stipulated that persons who were not able to confirm at least 12 months' contribution [to the national social insurance system and to the system of mandatory health insurance] during the last 24 months, including persons who had returned from abroad, before their registration with the statute of unemployed at the territorial structure [of the National Employment Agency] and before requesting unemployment support, were obliged to get insured individually in the mandatory health insurance system by purchasing a Medical Insurance Policy for a fixed amount.²¹ The cost of the Policy for 2021 was 4056 MDL (190.18 Euro) per year, with an option for procuring it at a discount



²¹ CES (2020). *Decision no. 15*, issued on 08.04.2020, para. 10.1. See: https://gov.md/sites/default/files/dispozitia_15_08.04.2020_0.pdf

of 50, 60 or 75% for different groups, if procured by 31 March²². The price had remained the same for 7 consecutive years. The fact that around 20% of the population remain uninsured suggests the inaccessibility/unaffordability of the policy for the groups in vulnerable situations²³.

According to media reports, various persons complained that, prior to entering Moldova, they were obliged to sign a declaration at the border committing to procure, within 3 days, the mandatory medical insurance policy²⁴. Despite the fact that this measure was annulled later, it affected the right to freedom of movement of citizens of the Republic of Moldova, who had their right to enter the country conditioned to procuring the healthcare insurance policy.

Roma. According to the OHCHR survey, **Roma had considerably lower access to health services and medicine than non-Roma** during the period March-December 2020. In particular, 30% of Roma did not have access to medical services compared to 11.8 % of the general population, and Roma women were more affected. The lack of access to information about COVID-19 and methods to prevent infection for Roma in their mother tongue was confirmed by 12.8% of respondents, and among low income Roma the rate was higher (21.9%).

The OHCHR survey suggests that **Roma had less access to state medical insurance - 56.2% were insured compared to 72.9% non-Roma**. The study revealed that Roma men were less likely to be insured than Roma women (44.7% and 62.2% respectively). Notably, even Roma with high incomes were less covered by the state health insurance than non-Roma (60.3 vs 71.1%).

The survey confirms that the socio-economic status and place of residence of Roma were major indicators of vulnerability in determining access to health services during the lockdown period. One of the most relevant reasons for not requesting medical consultations among Roma was the lack of financial resources for informal costs (15.7% vs 8.3% non-Roma), and concerns about the informal costs among Roma in rural areas was three times higher than of non-Roma (30% vs 8.7%). The survey shows that Roma with low income had the lowest number of visits to doctors given their lack of financial resources compared to non-Roma (22.2% vs 5.1%) and compared to the Roma community as a whole.

²² National Health Insurance House: <http://cnam.md/?&page&news=1189>

²³ See the Health Barometer of the Population of the Republic of Moldova, 2019. Available in Romanian at: <http://pas.md/ro/PAS/Studies/Details/147>

²⁴ See: <https://newsmaker.md/ro/polita-discordiei-cum-problemele-diasporei-s-au-transformat-in-politica-si-ar-putea-procu-rarea-politelor-de-asigurare-medicala-sa-fie-o-salvare-pentru-medicina-moldoveneasca/>

Main factors that limited their access to healthcare services were: the refusal of medical personnel to provide consultations due to the pandemic (23.5% Roma, 8.3% among non-Roma), and the perception of Roma that there was a prohibition to visit medical institutions due to the pandemic (33.3% Roma, 11% among non-Roma). As a result, 23.5% fewer people among Roma received the necessary treatment compared to non-Roma within the period March-December 2020.

e) Recommendations

- The **Government and the de facto authorities from the left bank of the Nistru river (de facto authorities)** should ensure that communication campaigns on COVID-19 preventive measures and the availability of health treatments as well as campaigns on the COVID-19 vaccination take into account age, gender, minority languages, socio-economic status, disability and place of residence. The latter will require that the capacity of communications staff on accessibility of information is increased and that persons with different types of disabilities are involved in testing the accessibility of information delivered to the general public. This should also include making information of public interest available in an “easy to read and easy to understand” format, as well as in Braille, and ensuring sign language interpretation. Furthermore, information should be disseminated taking into account the various communication channels used by different age groups.
- The **Government and de facto authorities** should enhance the role played by medical personnel in preventing COVID-19 and providing information about it. **Family doctors** should be better supported in their role of informing their patients about prevention measures as well as about potential avenues for vaccination.
- The **Government** should involve public **local authorities** in communications about COVID-19 prevention and vaccination. In the case of Roma, their **community mediators** should be prepared and involved in the information campaign on prevention of and vaccination against COVID-19, especially in rural areas.
- The **Government** to make sure that medical expenditures in the state budget are disaggregated for various categories of people based not

only on age but also on disability status, socio-economic status, and others.

- Access to vaccination services should be tailored to the needs of persons in vulnerable situations, who have difficulties in accessing health services.
- The **Government** to ensure that routine vaccinations for children are intensified so that the vaccination gap is covered in the shortest period possible.
- The **Ministry of Health, Labour and Social Protection** should prepare and ensure the legal ground, protocols and technical requirements for the provision of the medical services on-line, by phone or at home. This shall include the development of services of home-based medical assistance, and the enhancement of the mobility of the family doctors through acquisition of vehicles to facilitate reaching bed-driven patients including in remote areas.
- The **Ministry of Health, Labour and Social Protection** should conduct awareness raising campaigns in collaboration with Roma community mediators to target Roma with the aim of promoting awareness of their health and to increase their willingness to seek medical advice when needed. In addition, they should ensure inclusive dialogue that will help ensure that Roma communities implement and adhere to required public health measures voluntarily, including by analysing how practices may be adapted in response to COVID-19 preventive and health measures.
- The **Ministry of Health, Labour and Social Protection** should improve access of Roma to preventive and curative public health care services, including access to health insurance, and take into account their needs when drafting health programmes.
- The **Ministry of Health, Labour and Social Protection and Non-Governmental Organizations (NGOs)**, with the support of **development partners and de facto authorities**, should develop mental health programs targeting older persons and their needs. Social assistants, social workers, personal assistants and other specialists in social care need to

be trained to identify possible mental health issues in older persons to be able to refer them to mental health services.

- The **de facto authorities** should ensure that information about their decisions on COVID-19 prevention and response, including on vaccination, are accessible to the public. This information should be communicated using different channels of information tailored to age, gender, language, socio-economic and disability status. Prisoners should be offered vaccinations. While monitoring the uptake of vaccines, disaggregated data should be collected to assess the capability of vaccination programs in reaching persons in vulnerable situations, who have difficulties in accessing health services.
- The **de facto authorities** should ensure that standardized guidance on COVID-19 prevention and response are developed and implemented in residential institutions for people with disabilities, residential institutions for children and in penitentiary institutions, and that staff of such institutions are regularly trained on epidemiological rules and procedures.
- The **de facto authorities** should consider sufficient allocation of medical staff to ensure that all persons, especially from vulnerable groups and with chronic illnesses, have access to primary medical services and medical treatment as required. They should improve and develop Standard Operating Procedures to ensure that representatives of vulnerable groups, including persons with disabilities, have access to medical institutions and are treated without discrimination.

Annex A includes a more in-depth analysis of the impact of COVID-19 on the right to highest attainable standard of health.

CHAPTER 4

Right to Social Security

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Structural and procedural aspects

In order to ensure the availability of social support measures, **amendments to the Law on the State Budget for 2020 included allocated funds for measures to combat the COVID-19 pandemic, to mitigate the consequences of the state of emergency and to support the population. Transfers to the state social insurance budget and local budgets were increased to partially cover the lost income**²⁵. A comparative analysis of the refusal rate²⁶ for social aid for the period January – July 2019 compared to the same period in 2020, indicated a decrease in the refusal rate from 8.1% in 2019 to 6.1% in 2020. Expenditure on insurance and social assistance benefits for the period March to September 2020 increased by 5.22% compared to the same period in 2019²⁷.

To respond to the needs and be accessible to “new vulnerable groups”, unemployment and social protection support was extended to returning Moldovan migrants.²⁸ The system demonstrated some flexibility and people who did not have the necessary contribution period benefited from the unemployment benefits. Furthermore, a new allowance was introduced for the descendants of health workers who had died as a result of activities conducted in the context of COVID-19²⁹.

Among other positive measures for continued provision of social protection during the pandemic were the delivery of the pension to the domicile, state social allowances and other social benefits for older people³⁰; ex officio³¹ extension of the degree of disability, which gives access to social assistance allowances and services, until the lifting of the state of emergency for individuals whose determination expired at that time³²; and rehabilitation and balneo-sanatorium (health resort) treatment services in case of pneumo-fibrosis, in the first 9 months after a COVID-19 infection for some groups of beneficiaries³³.

²⁵ Republic of Moldova, Voluntary National Review (VNR), Progress report, see: https://sustainabledevelopment.un.org/content/documents/26346VNR_2020_Moldova_Report_English.pdf, p. 156

²⁶ Number of requests for social aid with negative decisions.

²⁷ The data was provided by the National House of Social Insurance in a letter no. II-03\04-5817 to OHCHR on 23.09.2020.

²⁸ VNR, Progress report, p. 89

²⁹ National Social Insurance House, see: <http://cnas.md/tabview.php?!=ro&idc=681>

³⁰ Measure implemented by the Posta Moldova, starting with 1 April 2020, based on the Decision No 3 of 23.03.2020 of CES https://gov.md/sites/default/files/dispozitia_3_din_23.03.2020_a_cse_a_rm_cu_modificari.pdf

³¹ This is a result of the advocacy efforts of the Alliance of Organizations of Persons with Disabilities.

³² Decision No 10 of 31.03.2020 of CES, see: https://gov.md/sites/default/files/dispozitia_10_din_31.03.2020_a_cse_a_rm_cu_modificari.pdf

³³ Governmental decision nr. 672 from 10.09.2020, see: https://www.legis.md/cautare/getResults?doc_id=123106&lang=ro

On the Left bank, social support measures relating to the COVID-19 pandemic were predominantly established by a separate de facto law on support during the state of emergency. Positive measures were the ex officio extension of the degree of disability determinations; persons who reached retirement age, but could not apply for a pension during the state of emergency (17 March – 15 June 2020), would be entitled to a recalculation of their pension from the moment when they became eligible and not when they had applied; and provision of food packages to families with children who were entitled to free meals at the education institutions of all levels during the period of on-line schooling.

A hotline was established by volunteer networks under the guidance of the Task force on prevention and protection from virus infection³⁴ with the purpose of ensuring access for older persons, persons with disabilities, single parents, persons with chronic disease, and families with three or more children to essential goods and medicines.

For persons who were not able to use the Visa and Mastercard banking cards in the region, the de facto authorities provided transport options to banking terminals at the nearest location under the jurisdiction of Moldova proper (Varnita village, Rezina town). During the state of emergency, banking staff accompanied by a police officer, at the request of an older person, could come to a household in order to prepare the required paperwork to set up local bank cards.



³⁴ See: https://ru.sputnik.md/interview_moldova/20200328/29671545/istorii-volonterov-pridnestrovyia-my-ne-ozhidali-takogo-effekta.html

b) Perceptions of the rights holders

Limited accessibility of social assistance. More than 50% of right holders assessed social assistance services as having been partially (24.1%) and totally inaccessible (26.5%) during the pandemic. In case of the Left bank, for 57.9% of respondents the services were fully accessible, for 14.1% the social assistance was partially accessible and for 7.6% totally inaccessible. For both banks of the Nistru river, more women, people aged 45+, people with lower levels of education, and people with disabilities/reduced activity capacities considered the social assistance to be totally inaccessible.

Social services for the majority of right holders was partially or fully inaccessible. Of 13.6% of respondents who needed social assistance services³⁵, 52.7% of respondents requested these and only 39.6% of them fully benefited from social services (57.1 % on the Left bank), with 23.8% partially benefitting (7.1% on the Left bank) and 36.6% not benefitting at all social services (35.7% on the Left bank).

The groups of people that expressed a greater need of social services and for whom these **services were fully inaccessible were Roma, people of lower education/general incomplete education; and people with disabilities/limited physical capacity.** On the Left bank, a greater share of men (50% compared to 30% of women), persons with disabilities/limited physical capacity (66.7%), people with low socio-economic status (62.5%) and people from rural areas (40%) did not benefit from social services.

Limited accessibility of social insurance/social assistance allowances during the pandemic for rights holders from both banks of the Nistru river. The rights holders faced difficulties in accessing/receiving social protection measures, such as **old-age pension** (40.4% of respondents and 37.5% on the Left bank), **disability pension** (39.8% and 80% on the Left bank), **child-care allowances** (41.9%), **unemployment allowances** (53.0%), **allowances for patent holders** (22.7% and 18.2% on the Left bank) and other **social allowances** (36.6% and 50% on the Left bank).

Out of 32.5% of respondents (24% on the Left bank) who needed allowances, such as social aid, only 7.8% (3.9% on the Left bank) received it. A greater share of women, those aged 60+, people with incomplete general education, people

³⁵ Social community services such as the support of the social workers/assistants, social canteen, support in ensuring with food, etc

with disabilities/reduced activity capacities, economically inactive people, persons with low socio-economic status and people from rural areas needed social aid.

The main reasons for not receiving allowances/social aid were: **ineligibility** (36.9% for the Right bank and 35.3% for the Left bank); **lack of knowledge on how to claim aid** (14.7% for the Right bank and 9.9% for the Left bank) and **impossibility to contact the social worker** (7.3% for the Right bank).

c) Impact on vulnerable groups

Persons with disabilities. Social protection schemes are the main source of income for people with disabilities³⁶. During the pandemic, according to the OHCHR survey, out of 47% of respondents with disabilities (48.9% on the Left bank) who needed social aid, only 8.7% (8.9% on the Left bank) benefited from it. **Limited accessibility of social assistance services was also reported:** for 34% of respondents with disabilities (20% on the Left bank), social assistance services were inaccessible, for 27.1% (15.6% on the Left bank) services were partially accessible.

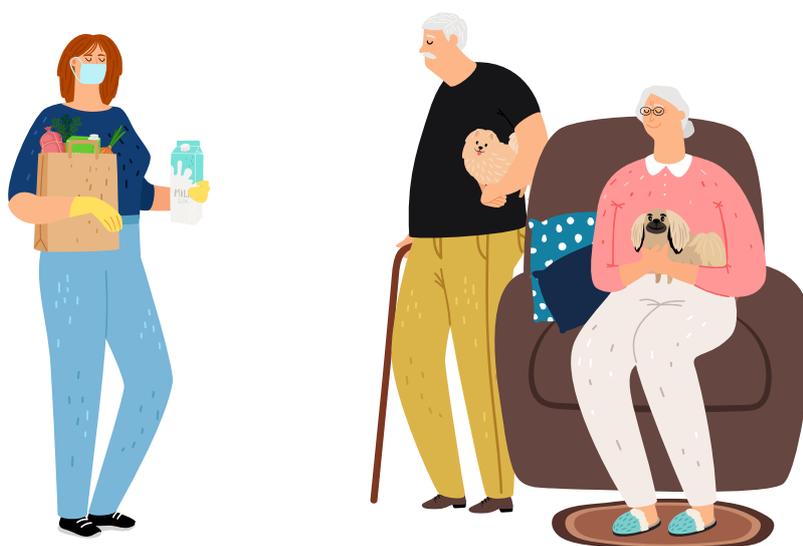


³⁶ According to the data of the National Bureau of Statistics in 2019, 16.5 per cent of people with disabilities were employed. Press release Persons with disabilities in Moldova in 2019 available at: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6827&parent=0>

Older persons. The data of the OHCHR survey revealed that **42.8% of the respondents aged 60+ were confronted with difficulties in receiving their old-age pension and 39% had difficulties in getting their disability pension.** Due to this, but also to the limited employment opportunities and general limitations for older persons, in the case of 16.8% of respondents (15.6% on the Left bank) their monthly income was lower and for 4.7% of respondents (11.1% on the Left bank) it was much lower during the time of the pandemic.

Concerning social assistance services, only 19.6% of respondents mentioned that these were fully accessible, 23.7% assessed them as partially accessible and 29.2% believed they were not accessible at all. The situation proved to be better in the case of the Left bank: for 53.2% of respondents the services were fully accessible, and for 11.4% these were partially accessible and for 15.2% not accessible.

A significant share (38.5% and 22.8% on the Left bank) of older persons aged 60+ needed social aid, while only 9.4% (5.1% on the Left bank) were actually covered by the social payment, because 41.3% of respondents (24% on the Left bank) were ineligible; 12.1 % (17.3 % on the Left bank) did not know where to get the required information and 6.4 % (1.3% on the Left bank) could not contact a social worker.



Roma. In the OHCHR survey, 18% of Roma aged 60+ indicated that social services were fully accessible, 45.9% said they were partially accessible and they were not accessible for 32.8% of them during the COVID-19 pandemic. A total of 47.9% of Roma (13.6% non-Roma) needed social services. However, only 45.7% of them requested for support, of whom only 18.8% fully benefited from social services, while 56.3% did not get access to social assistance (36.6% non-Roma). Only 10.7% of

Roma in rural areas had full access to social assistance services and 55.4% had partial access.

The majority of Roma (81.7% vs 32.5% non-Roma) needed social assistance allowances during the pandemic, while 68% of Roma who requested did not receive them. The main reason was ineligibility (47% of Roma versus 36.9% of non-Roma). A high percentage of Roma women (28.1% versus 18.3% of Roma men and 15.7% of non-Roma women) didn't have information about where they should apply for social aid. The least informed age group of Roma was 44 to 59 year olds (28.1%) compared to other age categories and non-Roma (15.5%).

Women. According to the OHCHR survey, for 28.8% of women respondents (9.9% on the Left bank) the social assistance services were totally inaccessible. Out of 40.2% (30.2% on the Left bank) of women respondents who needed social aid, only 9.5% (6.4% on the Left bank) benefited from it. The main reason for not benefiting was their ineligibility (34.7% and 28% on the Left bank). Also 40.6% of the respondents faced difficulties in getting childcare allowances.

Out of 16.6% of women (10.5% on the Left bank) who needed social and community services, 53.2% of respondents (55.6% on the Left bank) requested these services. Out of them, 49.2% (60% on the Left bank) fully benefited, 21.9% (10% on the Left bank) partially benefited and 28.9% (30% on the Left bank) did not benefit at all.

The COVID-19 pandemic affected the income of women. For 29% of women respondents (20.9% on the Left bank) in the OHCHR survey, their income was lower, and it was much lower for 7.2% of women (6.4% on the Left banks) during the pandemic. For 63% of women respondents in a UN Women survey, it would have been difficult to cover the essential needs, such as buying food and hygiene products, if restrictions had been kept in place³⁷.

d) Recommendations

- **The Ministry of Health, Labour and Social Protection** to develop protocols and guidelines to ensure the continuity of social assistance services in times of crisis.
- **Central and local public authorities (LPAs)**, in cooperation with Civil

³⁷ UN Women in Moldova, Analysis of the impact of COVID-19 on Gender roles, see: https://progen.md/wp-content/uploads/2020/12/2356_analiza_impactului_covid-19_asupra_rolurilor_de_gen.pdf

Society Organizations (CSOs) when possible, to conduct comprehensive national and local vulnerability needs assessments to better understand the specific needs, risks and barriers that different groups face as well as the way the existing social protection schemes and services correspond to the existing needs;

- **LPAs** to put in place various child-care services for parents with pre-school or school age children; services should be identified in consultation with parents and tailored to the individual needs of beneficiaries;
- **Central and local public authorities** to ensure a participatory and inclusive approach in developing and implementing social protection measures which respect the right of individuals to seek, receive and impart information on all social security entitlements in a clear and transparent manner.
- **LPAs and community based social assistance services** to perform ongoing monitoring of the situation of vulnerable families, and people in vulnerable situations, including Roma, older people, and persons with disabilities in the community and provide the necessary support (social, material, emotional) to mitigate the negative effects of the pandemic.
- **The Ministry of Health, Labour and Social Protection**, in cooperation with **Roma community mediators**, to re-double efforts in providing information to Roma on access to social assistance programmes.
- **LPAs** to develop and implement mechanisms of cooperation between LPAs and CSOs for ensuring representation and involvement of (local) CSOs in the process of identifying the needs and solutions in the field of social assistance for people in vulnerable situation.
- The **Government and Parliament** to ensure the continuity of the process of development of the legal framework for the accreditation of social services. Authorities may also consider the simplification of the procedure for accreditation of social services and of the mechanism of procurement of social services from private providers.
- **LPAs** to allocate sufficient financial resources for ensuring the continuity of social services, including for newly established ones, to ensure continued access of people in need to essential social services.

- **LPAs** to ensure access to information related to social protection measures, including existing services and ways to access them, by developing a separate and accessible informative platform or by integrating information in the existing web platforms of the relevant institutions.
- The **Central and Local Public Authorities**, as well as **Ombuds Institution and CSOs**, to contribute to raising awareness of rights holders using existing hot-lines as a source of information and for consultations.
- The **Government, de facto authorities**, and CSOs to make sure that information about social benefits and the procedures to obtain them are available in a format that is accessible and reaches potential beneficiaries, especially representatives of vulnerable groups. Information should be displayed in an “easy to read – easy to understand” format and different channels of information (TV, social media, radio) should be used.
- **De facto authorities** to conduct vulnerability and needs assessments to better understand the specific needs, risks and barriers that different vulnerable groups face as well as the way the existing social protection schemes and services which correspond to their existing needs, to ensure that groups that become more vulnerable due to the COVID-19 pandemic (returning migrants, Roma, single parents) are entitled to social benefits and social support services.
- **De facto authorities** to make sure that social support services are provided to different vulnerable groups who are in need of them, both in urban and rural regions, and not limit them to limited groups of people.
- **De facto authorities** to enhance existing social support services provided by social assistants (care workers) to older persons, especially those who live alone, have a disability, or live in rural areas by ensuring the availability of sufficient trained staff.

Annex B includes a more in-depth analysis of the impact of COVID-19 on the right to social security.

CHAPTER 5

Right to Education

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Structural and procedural aspects

Availability. As a response to the COVID-19 outbreak, all public and private educational institutions were physically closed and educational processes suspended³⁸ from 11 to 23 March 2020. Starting from 23 March, around 434,000 students had to connect to distance education³⁹.

To ensure the continuity of the educational process during the lockdown, the Ministry of Education, Culture and Research (MoECR) developed a COVID-19 preparedness and response plan and approved a number of normative acts, methodologies, instructions and regulations for remote learning, mandating all educational institutions at all levels to provide distance learning opportunities⁴⁰. The aim of the adopted normative acts was to facilitate access to education for all, and the developed methodology foresaw the responsibility of institutions to develop an individual education plan for students, including for those with Special Education Needs (SEN) and those who did not have access to Information and Computer Technology (ICT).

According to available data, at the beginning of the lockdown 92.8% of the students were involved in the distance education process. After a month, due to the efforts of the MoECR⁴¹ and of development partners⁴², the percentage of students who participated in the educational process increased to 95.6%⁴³. For ensuring access to ICT for teachers and students, in 2020 the Government allocated 20 million MLD from the state budget to the MoECR. The Ministry of Education is also continuously collecting data from the regions with regards to the number of teachers and students who do not have ICTs⁴⁴.

³⁸ Order of the MoECR nr. 292 from 10.03.2020 on suspending the educational process in educational institutions.

³⁹ UN Coordinated Education Task Force for COVID-19 in Moldova, Thematic paper “Education and COVID-19 in Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system”, see: https://moldova.un.org/sites/default/files/2020-09/Working%20Paper%20Education%20and%20COVID-19%20in%20the%20Republic%20of%20Moldova_FINAL_English%20version.pdf

⁴⁰ See: [Methodology approved by the Order of the MoECR nr. 378 from 26.03.2020](#), [Instruction on Organization Remote Education for Children with Disabilities](#); [Instruction on the management of the homework](#); [Instruction on psychological assistance of children/students, parents and teaching staff](#); [Methodological guideline on Maintaining a Healthy Lifestyle during the lock-down](#)

⁴¹ 20 million MDL were allocated by the Government for purchasing ICT in order to equip general and high school education institutions.

⁴² UNICEF, Soros-Foundation, Pestalozzi Children’s Foundation, etc.

⁴³ Pavel Cerbusca, Remote mainstream education: efficacy and efficiency, see: https://ipp.md/wp-content/uploads/2020/05/Studiu_Invatamantul_Online_202-04-29.pdf , 7

⁴⁴ In letter number 05-17/1-03 from 02.06.2021 the Ministry of Finance informed OHCHR that the MoECR was continuously collecting data from the regions on the number of students and teachers who had not yet had ICT including through a radiography of endowment of the education institutions with ICT..



With the decision⁴⁵ to re-open educational institutions⁴⁶ as of 1st September 2020, seven models for the organization of the education process during the school year 2020/2021 were developed and proposed. Each of the educational institutions had to select one model in consultation with the Local Education Authorities and the school community, including parents, teachers and students, depending on the epidemiological situation of the community⁴⁷. On 1 September 2020, the in-person education process resumed in educational institutions which complied with the instruction.

On the Left bank, starting from 16 March 2020 the educational process was suspended in all educational institutions, and resumed in an online format starting from 1 April 2020. On 3 April 2020, each educational institution was recommended to choose the appropriate model of delivering distance learning education to students by approving a local regulatory document and according to the Informational Technologies (IT) technical capabilities of each school. The recommendations issued were rather broad, especially considering that staff from the educational institutions had no experience of such methods of education. Information as to whether educational staff were trained during the pandemic to

⁴⁵ ECPH Decision no. 26 from 21.08.2020

⁴⁶ Ibid, annex of the ECPH Decision no 26 from 21.08.2020

⁴⁷ MoECR, Press briefing, see: <https://mecc.gov.md/ro/content/ministrul-igor-sarov-scoala-din-septembrie-va-fi-responsabila-flexibila-deschisa-reinnoita>

develop their IT skills and the model of delivering online classes, including for children with disabilities, is not available. In the period June to August 2020, guidance documents and regulations were approved to prepare for the upcoming educational year 2020-2021 with regards to the procedure and methodologies for implementing educational programs in educational institutions using e-learning and distance learning technologies; guidance materials and normative acts were also placed on the internet-page of the de facto Ministry of education.

On 17 March 2020 pre-school facilities were closed and one caregiver per child (ultimately this was predominantly the woman) was entitled to take certified paid leave⁴⁸ until kindergartens re-opened. On 20 July 2020 several kindergartens from Tiraspol, Bendry, Rybnita and Slobodzia region resumed their work in a test mode, which meant children from 3 years of age could be accepted if both parents confirmed their employment through a document from the employer. By the end of August 2020 almost all pre-school institutions in urban and rural regions had re-opened.

Acceptability. The state's methodology for organizing distance education foresees parents taking responsibility for facilitating the participation of their children in education⁴⁹. As a means of support for parents, at the beginning of the school year 2020/2021, a parents' handbook on how to support the child during the pandemic was developed and distributed in Romanian and Russian languages⁵⁰. Also, MoECR adopted a policy on the organization of psychological assistance for children/pupils, parents and teachers during the suspension of the educational process⁵¹, and subsequently programmes for psychological assistance for young people, parents and educational actors were launched⁵².

Adaptability. The MoECR, in partnership with development partners and CSOs organized different programs directed at building the digital skills of teachers, with more than 20,045 teachers trained within the National Program of Digital Literacy

⁴⁸ Which is a fixed amount not exceeding 210 USD per month for 100% occupancy, even if a person received a higher salary

⁴⁹ Methodology for organizing the distance education process in lock-down conditions, point 2.6 Attributions of parents/legal representatives, see: https://mecc.gov.md/sites/default/files/ordin_mecc_metodologia_invatamant_distanta.pdf?fbclid=IwAR34rYKyQLpQrKbgKvdLXBbMzhzxNexex26ixYelUtD5Nu-8WaHNZkRS04M

⁵⁰ MoECR, UNICEF and CCF-Moldova, "Parents' Handbook: What Can You Do to Support Your Child Amidst the COVID-19 Pandemic?" https://www.unicef.org/moldova/media/4156/file/ghid_pentru_parinti.pdf

⁵¹ Instruction available at: https://mecc.gov.md/sites/default/files/instructiune_asistenta_psihologica.pdf

⁵² Example: Program "I choose to feel good!" – program for psychological assistance of students in the context of COVID-19 pandemic, see: <https://mecc.gov.md/ro/content/aleg-sa-ma-simt-bine-un-nou-program-de-asistenta-psihologica-pentru-elevi-contextul-covid-19>

of Teachers⁵³, and the organization of a Conference “On-line education”⁵⁴ with 55 thematic webinars, attended by 8650 teachers⁵⁵. Moreover, several initiatives were put in place regarding the digitalization of education by the public⁵⁶ and private⁵⁷ sectors.

On the Left bank a unified educational internet Moodle-platform was established with the support of local internet providers, where 10,000 lessons, 400 tutorials for pupils from 1 to 11 classes were uploaded.

Quality. During the lockdown period, the data shows that the quality of pre-school education was particularly affected, with education being a challenge or even impossible for younger aged children⁵⁸.



b) Perceptions of the rights holders

Limited availability of digital devices to organize the distance education process. For 24.4% of respondents there was insufficient equipment to facilitate access to on-line education, and 10.3% did not have any equipment according to

⁵³ Clasa Viitorului, see: <https://www.clasaviitorului.md/scopul-acestui-a-este-sa-asigure-dezvoltarea-competentelor-digiale-a-cadrelor-didactice-din-invatamantul-general-pentru-a-le-oferi-acestora-noi-opportunitati-de-dezvoltare-profesionala-precum-si-a-asig/>

⁵⁴ General Department on Education, Youth and Sport of Chisinau municipality, press release on the Conference available at: <https://chisinauedu.md/conferinta-nationala-educatie-online-se-desfasoara-in-perioada-6-11-iulie-2020/>

⁵⁵ Informative note from the Ministry of Education, Culture and Research, used during the End-Of-Year Human Rights Talk: “Moldova and COVID 19 – Ensuring a Human Rights Based Approach to response and recovery measures”, organized by OHCHR on 15.12.2020

⁵⁶ www.educatieonline.md (Mayorality of Chisinau), www.studii.md (created in 2019 with the UN support and by March 2021, 122 schools connected) are examples of education content digitization to facilitate the distance teaching process.

⁵⁷ MoECR in partnership with Orange Moldova launched the Campaign Connecting People. Moldcell and Moldtelectom provided internet to teachers for two months.

⁵⁸ Pavel Cerbusca, p. 11

OHCHR's survey. On the Left bank, 77.6% had sufficient devices, 14,3% had an insufficient number of devices and 6.1% had no devices at all.

The availability of ICT devices influenced the level of attendance of on-line classes. While 71.1% (71.4% on the Left bank) of respondents of the OHCHR survey stated that their children had participated in all on-line classes, 17.1% (18.4% on the Left bank) responded that their children attended some and 8.3% (8.2% on the Left bank) did not attend any on-line classes at all. This share is similar to the share of respondents who mentioned they lacked ICT devices (24.4% and 10.3% respectively). Unequal attendance in on-line classes was also highlighted with regards to gender, socio-economic status, level of education and location of residence (69.3% in rural areas compared to 73.1% in urban areas).

Parents faced difficulties in supporting the education process of their children. For 47.7% of respondents of the Right bank, it was difficult to ensure distance learning of their child/children, while 7.1% could not organize it at all. This share was greater among respondents from rural areas (57.6% versus 36.7% urban). Also, more women (51.7% versus 42.5% of men) faced difficulties in organizing distance learning. According to an assessment of COVID-19 impact on gender roles, over 50% of women dedicated several hours a day to do lessons with children⁵⁹. On the Left bank, for 59.2% of parents it was “easy” and “very easy” to organise the process.



⁵⁹ See: UN Women, Assessment of the COVID-19 impact on gender roles, available at: <https://www2.unwomen.org/-/media/field%20office%20moldova/attachments/publications/2020/un%20woman%20en%20240820.pdf?la=en&vs=38>

On-line education affected the quality of the education process. Despite the fact that more than 50% of respondents appreciated that the quality of education was very good (5%) or good (47%), 28.6% (36.7% on the Left bank) of respondents reported it as poor quality and 14.4% (28.6% on the Left bank) as very poor quality.

Parents needed support to organize distance learning. Out of the total 19.5% respondents who requested support, only 46.1% of respondents received it, while 14.3% of them benefited from partial support and 36.2% did not receive support at all.

Access to information related to the organization of distance learning was not sufficient. 11.3% (10.2% on the Left bank) of respondents mentioned that they had not received information and for 17.1% (18.4% on the Left bank) the information provided was insufficient.

Distance learning did not fully meet the needs of children. 53.5% (57.2% on the Left bank) of respondents mentioned that distance learning did not fully meet the needs, while 23.8% (34.7% on the Left bank) mentioned that it did not meet the needs at all of their children.

Rights holders highlighted the lack of a participatory approach in decision-making processes related to education. Despite the provision of the MoECR to ensure a participatory approach in identifying the model of schools reopening, 52.3% of respondents mentioned that the representatives of educational institutions had not consulted them.

c) Impact on vulnerable groups

Roma. According to OHCHR's survey, prior to the pandemic, in 76.4% of Roma respondents, all of the children in the family attended school, while in 18.1% of cases none of the children were enrolled in education. **The pandemic had a negative effect on the access of Roma children to education, with 40.7% of respondents with children of school age indicating that none of their children had attended school in December 2020.** The situation had considerably worsened in rural areas, where the number of children attending school decreased by 35%, including 30% families where none of the children had attended school since the pandemic had begun. In urban areas, the number of dropouts had also risen by 20%, leading to 46.2% of families where none of their children attended school. The survey indicated that 30% of the families could not organize distance-learning education for their children (10.1% among non-Roma families). **The vast majority of Roma with low incomes faced a lack of ICT devices,** which is

about 40% higher than among non-Roma (60% vs 21.3% respectively). This directly conditioned the impossibility of 50% of their children to attend online classes, and 30% could only partially continue education. Only 35.7 % of Roma children in rural areas could fully attend online classes (compared to 69.3% in non-Roma families). Roma with low incomes judged the educational process as poor (70%) and very poor (20%), with Roma in rural areas having a similar perception.

Children in rural areas. The data of the OHCHR survey showed discrepancies in the availability of ICT devices and difficulties in accessing remote education in rural areas compared with urban areas, thus the share of children from rural areas who were unable to follow classes simultaneously, do homework or regularly interact with their teachers was higher.

Children with disabilities. Those with severe disabilities and sensory disabilities in particular faced difficulties in accessing on-line education. According to a survey conducted by the Alliance of Organizations of Persons with Disabilities (AOPD) and Keystone Human Services Moldova⁶⁰, 41% of families of children with disabilities had only one device to use for the whole family, while 13% did not have access to any technical equipment. Also, the remote learning platforms were not accessible for children with intellectual and sensory disabilities and did not facilitate the design and implementation of individualised learning plans⁶¹.

On the Left bank only a few provisions in de facto regulatory acts could be found related to adapting the distance educational process to the needs of children with disabilities, especially children with intellectual and sensory disabilities. Parents of children with disabilities in the OHCHR survey mentioned that they needed to spend a significant amount of time to assist and supervise the educational process for their children with disabilities.

⁶⁰ The information was collected from 42 families of children with disabilities living in Edineț and Anenii Noi rayons and Cahul municipality. Out of the total number of respondents, 60% were from rural areas; 44% were families with only one child of school age, 44% - families with more than one child of school age; 5% - families with three or four children of school age.

⁶¹ OHCHR internal document, Ensuring human rights in the Republic of Moldova in the context of the COVID-19 pandemic. Report on the analysis of the questionnaires of civil society organizations, members of the Working Group on COVID-19 and Human Rights, created at the initiative of the UN Human Rights Office in Moldova, May 2020.

d) Recommendations

- The **Government, Ministry of Education, Culture and Research, de facto authorities** as well as **development partners** to continue to analyse the needs for ICT, as well as mobilize and allocate financial resources for the provision of ICTs in educational institutions in order to meet the needs of students who do not have access to them.
- The **Ministry of Education, Culture and Research, the Local Departments of Education and educational institutions** to identify efficient measures for ensuring an appropriate environment for participation in on-line education of children who do not have appropriate conditions and/or the necessary ICT at home.
- The **Ministry of Education, Culture and Research and Local Departments of Education** to put mechanisms in place that allow for better monitoring of the implementation of the existent legal framework. The relevant education authorities should also develop procedures for monitoring and measuring the quality of remote education programmes, such as accessibility, the extent to which distance learning follows the curriculum and the extent to which the teachers and students are engaged in the process.
- The **Ministry of Education, Culture and Research, the Departments of Education, educational institutions, and de facto authorities** to ensure a participatory approach, with meaningful participation and genuine consultation of right holders, including students and their legal representatives, in decisions related to the education process. Permanent lines of dialogue including a platform of communication with rights holders and CSOs should be established and maintained at all stages of the crisis to ensure that the measures adopted are adequate, efficient and acceptable to all.
- The **Ministry of Education, Culture and Research, Local Departments of Education, educational institutions, and CSOs** where possible, to continue developing and implementing programs for supporting parental education and counselling to ensure well-being and safety of the children and to sustain motivation to learn. Integrated, cross-sector support for

parent-led education and counselling systems should be developed, this also being an opportunity for schools to build stronger linkages with parents. **The Ministry of Education, Culture and Research, the Departments of Education and educational institutions** should conduct a needs evaluation and identify effective measures and programs oriented at addressing learning losses for children who did not have access to education, preventing dropouts and bringing back to school Roma learners and other children at risk of dropping out.

- **The Ministry of Education, Culture and Research, the teacher training institutions, and de facto authorities** to develop and conduct teacher capacity building on the use of technology in the educational process, including for remote and hybrid models of learning.
- **The Ministry of Education, Culture and Research, the Republican Center for Psycho-pedagogical Assistance Service, and the de facto authorities** to develop and conduct training programs for teachers to facilitate and adapt the on-line education processes to the needs of children with SEN, ensuring a quality education for all, including for children with sensory, intellectual and learning disabilities.
- **Academia (pedagogical universities and faculties) and institutions for continuous education of teachers from both banks of the Nistru river** to integrate in the initial and on the job teaching program course/s on the effective use of ICT in education, including for organizing remote and hybrid forms of education/teaching.
- **The Government** to intensify efforts to increase access to digital equipment and to enhance the degree of digital literacy among older people, persons with disabilities, Roma and other vulnerable groups.
- **LPAs and educational institutions** to cooperate with the Roma community mediators in identifying efficient measures for preventing dropouts, bringing back to school Roma children, as well as raising awareness among parents on the importance of ensuring the continuity of the education process. **The Ministry of Education, Culture and Research** should also consider conducting a study to better understand the root causes and causalities of high dropout rates of Roma children from education.

- **Educational institutions** from both banks to consult the vision and expectations of parents and students with regards to improving the quality of the education process and to better respond to the needs of learners.
- The **Ministry of Education, Culture and Research, local education departments** and **de facto authorities** to make sure that effective mechanisms are in place to monitor school attendance rates, the level of dropouts and other relevant statistical data. For that, data disaggregated by locality, disability, ethnicity and socio-economic characteristics is required. Based on the data, response measures can be taken and the situation can be monitored.
- **De facto authorities** to consider alternative criteria or no criteria for admission of a child to pre-school facilities during the crisis, considering that some parents cannot provide an employment certificate from their employer because of informal employment in or out of the country.

Annex C includes a more in-depth analysis of the impact of COVID-19 on the right to education.



CHAPTER 6

Right to Food, Adequate Housing, Freedom from Poverty

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Structural and procedural aspects

In order to mitigate the risks conditioned by the COVID-19 pandemic, at a local level, educational institutions distributed food products from their reserves to vulnerable families with children. Furthermore, one-off food packages and hygienic products were purchased from the local budgets for socially vulnerable people⁶². In addition to social protection measures, granted in accordance with the law, LPAs, through the territorial structures of social care, provided aid in the form of food and hygiene products to persons in vulnerable situations⁶³. CSOs and initiative groups from both banks of the Nistru river raised funds and distributed food and hygiene products, which became an important humanitarian measure for vulnerable persons to cope with the state of emergency, with dignity. Measures taken by public and private sectors and by civil society lacked coordination at national level.

b) Perceptions of the rights holders

According to the OHCHR survey, during the pandemic, **28.6% of respondents (21.1% on the Left bank) faced a decrease in their average monthly income**, and 11% (9.5% on the Left bank) reported an increase in their average monthly income. This needs to be considered in the context in which 38.8%⁶⁴ (31.6%⁶⁵ on the Left bank) of respondents mentioned an increase and 8.8% of a decrease in spending on food during the pandemic period compared with the same period of



⁶² Annex 1 of the letter of the Ministry of Health, Labour and Social Protection to OHCHR, nr. 02/5554 from 01.10.20

⁶³ According to the data provided by the MoHLSP provided at the request of OHCHR

⁶⁴ Much more spending – 9.4% and more spending – 29.4%

⁶⁵ Much more spending – 4.9% and more spending – 25.7%

the previous year, but also in the context of annual price inflation for food of 1.26% in January 2021⁶⁶. For around 50% of respondents (42.7% on the Left bank) the spending for housing (rent, communal services and maintenance) constituted more than 25% of the total family income; for 25.4% of respondents (26.6% on the Left bank) 25-50% of the family income and more than 50% of family income for 19.4% of respondents (16.1% on the Left bank).

The economic effects of the pandemic also had an impact on housing. Thus, **5.2% of respondents had to make changes in their housing:** 2.7% of respondents (3.3% on the Left bank) had to leave their rented house/apartment due to the impossibility to cover the costs related to rent and maintenance and went to live with their parents/siblings, and 2.5% (2.6% on the Left bank) had to move or rent a smaller house or apartment due to limited income during the pandemic. **This share was greater among men, younger people (aged 18 – 29 years old), persons with incomplete secondary education and people from urban areas.**

Moreover, **17.4% of respondents (12.5% for the Left bank) had to sell goods or items from their household because they did not have the necessary resources for living.** This share was greater in the case of women (for the Left bank the share of men was higher), young people (age group 30 – 44), people with disabilities, people with incomplete general education, economically inactive people, people with low economic status and people from rural areas (for Left bank the share of persons from urban areas was higher).

During the pandemic, for **44.5% of respondents, food was partially accessible** (40.5%) or **not accessible at all** (4.5%).



⁶⁶ National Bureau of Statistics, Evolution of consumer prices in the Republic of Moldova in January 2021, available at: <https://statistica.gov.md/libview.php?l=ro&idc=168&id=6913>

c) Impact on vulnerable groups

Older persons were deprived of certain home-based social care services, which before the pandemic had ensured a decent level of independent living. According to data from the OHCHR survey, **4.2% of the respondents aged 60+ had no access at all to food during the pandemic** and for **40.2% food was only partially accessible**.

Persons with disabilities. One in every two households with persons with disabilities was economically and socially affected during the state of emergency, while 61% of households had an increased need for food⁶⁷. Around **40.9% of OHCHR respondents with disabilities highlighted the lack of access to food** (4.4%) and for 36.5% food was only partially accessible.

Roma: 57.1% of Roma respondents of the OHCHR survey had delayed their payment of utilities (water, electricity, natural gas) due to a lack of money during lockdown, compared to 18.5% of non-Roma. Roma with disabilities were also identified as one of the most vulnerable groups with 59.1% having to delay payments. The vulnerability of the whole Roma population is also confirmed by the fact that **54.3% of Roma respondents** (17.4% of non-Roma) had to sell their goods or other items, because of having no resources to live. Also, 32.5% of Roma (17.4% non-Roma) indicated that their share of housing expenses constituted over 50% of their total income during the pandemic. 38.8% of Roma (29.4 non-Roma) indicated that they had spent more on food in 2020 than the year before.



⁶⁷ Alliance of Organizations of Persons with Disabilities and Keystone Human Services Moldova, Sociological study Impact of COVID-19 pandemic on persons with disabilities, see: <http://incluziune.md/wp-content/uploads/2020/06/STUDIU-IMPACTUL-PANDEMIEI-PERSOANE-CU-DIZABILITATI.pdf>

d) Recommendations

- In deciding on mitigation measures, especially financial support, **the Government and de facto authorities** have to take into consideration the specific needs of various categories of the population, and gender inequalities within these. Financial support must be targeted at fulfilling basic needs such as food and housing.
- The **Government** to effectively address multiple forms of discrimination of marginalised groups by adopting special measures that will ensure the availability and accessibility of adequate housing to improve their standard of living and reduce their vulnerability to extreme poverty.
- The **Government** to develop a set of measures that encourages and incentivizes businesses to allow for on-line and tele-shopping of essential goods.
- The **Government and de facto authorities** to put efficient measures in place for the coordination of efforts of public authorities, private sector and CSOs, in order to provide the most vulnerable groups with the necessary support including in terms of food and housing during the pandemic.
- **Local authorities, social workers, Ombuds Institution and CSOs from both banks** to regularly assess the needs of vulnerable groups and cooperate to ensure that those most in need are identified. Their needs and degree of vulnerability should be the deciding factors for the provision of support.
- The **Government** to adopt and implement targeted measures for small-scale farmers, especially women, through financial support, access to credit, land, natural resources and technology to ensure their livelihood and to protect everyone's right to food.

Annex D includes a more in-depth analysis of the impact of COVID-19 on the right to food, adequate housing, freedom from poverty.

CHAPTER 7

Right to Water and Sanitation

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



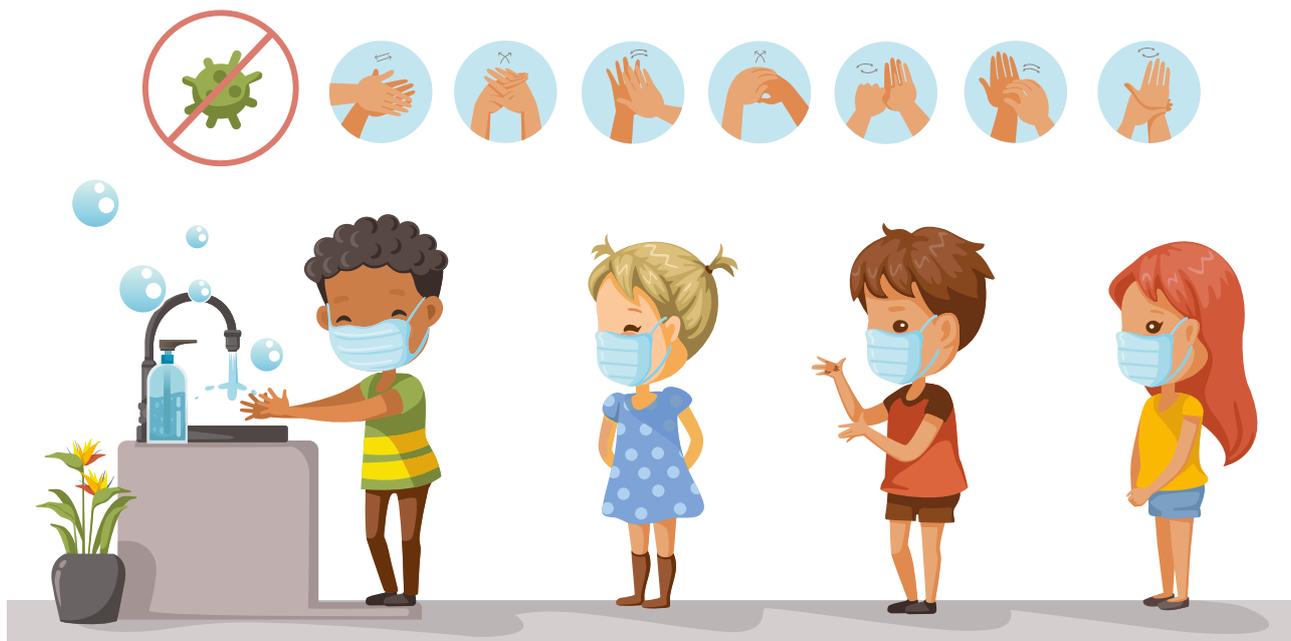
a) Structural and procedural aspects

Access to safe water and sanitation is key in the context of protection against COVID-19. At national level, **29.3% of the stable population of the Republic of Moldova was connected to a centralized sewerage system as of 2018**, with 64.1% in urban areas but only 2.8% in rural areas⁶⁸. The degree of connection to water supply and sewerage exceeds 85% in urban localities, while in rural localities it averages about 36%⁶⁹.

b) Perceptions of the rights holders

According to data from the OHCHR survey, **23.6% of respondents (7.9% on the Left bank) did not have access to centralized water supply systems/aqueducts**. Respondents with incomplete general education (40.1% for the Right bank and 18.2% for the Left bank), people with low socio-economic status (40.9% for the Right bank and 19.8% for the Left bank) and people from rural areas (33.5% for the Right bank and 14.9% for the Left bank) were more affected.

Other important water supply sources mentioned by the respondents were: a well in the yard (40.2% for the Right bank and 23% for the Left bank); public fountains (35.3% for the Right bank and 9.2% for the Left bank); surface water such as rivers, lakes or other natural pools (21% for the Right bank and 2.3% for the Left



⁶⁸ National Voluntary Review, Progress report, see: 26346VNR_2020_Moldova_Report_English.pdf (un.org), p. 12.

⁶⁹ Ibid, p. 91.

bank); and automatic systems via a tanker (16.8% for the Right bank and 5.3% for the Left bank). Also, for 31.9% of respondents (31.6% on the Left bank) bottled water was also a source of water supply.

Access to warm water: 14% of the survey respondents (7.9% on the Left bank) did not have access to warm water to wash their hands frequently.

Those more affected include people with low socio-economic status (34% for the Right bank and 18.8% for the Left bank), incomplete general education (24.8% for the Right bank and 19.7% for the Left bank), persons with disabilities (24.4% for the Right bank) and persons from rural areas (19.3% for the Right bank).

Adequate sewage disposal: In the case of 55.8% of respondents (24.7% on the Left bank) their house was not connected to centralized sewerage. This share is higher among people aged 60+ (64.5% for the Right bank and 30.4% for the Left bank), persons with disabilities (64.8% for the Right bank and 33.3% for the Left bank); economically inactive people (65% for the Right bank and 28% for the Left bank); people with incomplete general education (76.3% for the Right bank and 31.8% for the Left bank); people with low economic status (82.8% for the Right bank and 39.6% for the Left bank) and people from rural areas (83.8% for the Right bank and 58.5% for the Left bank). Also, **34% of respondents stated that they did not have a toilet inside the house**; this share being higher for people with incomplete general studies (59%), persons with disabilities/reduced activity capacities (45.2%), persons with low socio-economic status (75.7%) and persons from rural areas (54.4%). For the Left bank, 11.5% of respondents mentioned that they did not have a toilet inside the house.

c) Impact on vulnerable groups

One of the most vulnerable groups with regards to the right to water and sanitation are **people living in rural areas**⁷⁰, **households with persons with disabilities** (only 6.1% of households with persons with disabilities have access to sewerage compared to 17.7% of households without persons with disabilities) and **people living in poverty** (only 10% of households are connected to sewerage compared to 36.8% in more affluent households)⁷¹.

⁷⁰ Council of Europe, Report on Needs Assessment in the area of Social Rights in the Republic of Moldova, see: <https://rm.coe.int/moldova-needs-assessment-31-12-2020-final/1680a18a35>

⁷¹ East European Foundation, Partnership for Development Center, Study on inequalities, see: https://www.eef.md/media/files/files/study-inequalities-final_5833871.pdf

Roma. According to the OHCHR survey, **only 18.7% of Roma households were connected to sewerage** (44.2% non-Roma) and **39.3% of the respondents indicated that they had a toilet inside the house** compared to 66% non-Roma. **Just 2.7% of low-income Roma and none of the respondents from rural areas had access to sewerage.** Even high-income Roma were twice as likely not to have access to sewerage than the general population with 34.2% vs 64.5%. Only 4.1% of low-income Roma reported having a flushing toilet compared to 24.3% non-Roma; and Roma in rural areas - 23.2% versus 45.6% non-Roma.

Warm water was accessible for 56.2% of the Roma population and 86% non-Roma during lockdown, according to the OHCHR survey. The biggest disparity in access to warm water was found among low-income Roma (27.4% versus 89% high-income Roma and 66% low-income non-Roma). Roma in rural areas also had one of the lowest percentages of access to warm water - 42.9% compared to 60.7% of Roma in urban areas and 80.7% non-Roma in rural areas.

Prisoners. Prisons on both banks have preserved the former-Soviet water and sewage infrastructure and prisons number 1 in Glinoe (left bank), number 8 in Bender and female prison number 7 in Rusca (right bank) have poor water quality. Limited access to soap, which is allocated to prisoners on a monthly basis in a set quantity, and disinfectants in prisons in general, constitute a challenge.

d) Recommendations

- The **Government and local authorities**, and **de facto authorities** to develop and implement targeted measures, including emergency measures, and allocate financial resources to ensure continued and increased access to water and sanitation, with particular attention paid to remote communities and marginalized groups such as Roma, persons with disabilities, and older people.
- The **duty bearers from both banks** to plan the renovation of water and sewage infrastructure in prisons. They should also ensure that all common areas, including canteens, corridors, toilets and bathrooms, have soap available in unlimited quantities.

Annex E includes a more in-depth analysis of the impact of COVID-19 on the right to water and sanitation.

CHAPTER 8

Right to Work and Labour Rights

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Structural and procedural aspects

Labour rights were affected by COVID-19 particularly due to a set of restrictive measures put in place starting from March 2020. Various branches of the economy were impacted and therefore, employees from different units either lost their jobs, had their work contracts suspended or received lower wages than before.

The Government tried to mitigate the effects of the pandemic and of the restrictions, but the measures in place were not applicable to all employees and the negative impact of the pandemic persisted. According to the National Bureau of Statistics in the second quarter of 2020, **every tenth person aged 15 and over said that the epidemiological situation in the country had had a direct impact on their relationship with the labour market.** Of these, the absolute majority, over 92%, were employed and 7% were people who had become inactive in the labour market due to the pandemic. COVID-19 affected the female population to a greater extent (30.9%), compared to the male population (18.5%). Urban residents were more affected (33.3%), compared to the rural population (17.4%).⁷²

The number of people who had a job, but who did not work at all in the second quarter of 2020, amounted to 163,000. This is an eight-fold increase compared to the second quarter of 2019. The increase in the number was largely caused by the restrictions imposed in relation to COVID-19 - this reason was mentioned by 121,700 people (74.6%). Other reasons for temporary absences from work were the following: unpaid leave, stationary activity of the institution/enterprise, technical



⁷² See the data from the NBS: <https://statistica.gov.md/newsview.php?!=ro&idc=168&id=6749>

unemployment, and annual leave.⁷³ Compared to the second quarter of 2019, the number of people on annual leave increased four-fold, and those on unpaid leave and technical unemployment increased by 90%.

In the distribution by sex, men account for 45.1% of the total number of people who had a job but did not work due to the pandemic and 54.9% among women. In the distribution by areas of residence, urban localities formed 60.6% and rural ones 39.4% of those who had a job but were not working due to the pandemic.⁷⁴

On the Left bank, residents of the region who worked on the other bank of the Nistru river experienced issues in reaching their workplace given travel restrictions established by the de facto authorities: e.g. 44 health care professionals residing on the Left bank and working in medical institutions in the Security Zone received free temporary placement on the Right bank⁷⁵.

On the Left bank, according to established support measures related to the COVID-19 pandemic, it was foreseen that individual entrepreneurs who had suspended their activities according to the regulatory act issued by de facto authorities were entitled to receive unemployment benefits at the amount of 100 USD through a simple submission procedure.

b) Perceptions of the rights holders

78.1% of women and 21.9% of men, as well as **60.7% of residents in urban areas and 39.3% from rural areas, were working remotely**.⁷⁶ According to the OHCHR survey, **younger persons worked remotely more frequently**. 42% of those who worked remotely were between 18 and 44 years of age. 17% worked fully remotely and 10.8% partially remotely while 38.4% worked only at their workplace. 15% went on either paid or unpaid leave⁷⁷. On the Left bank, the rate of those who continued to work only at their workplace without remote work was 19% higher than on the Right bank. The NBS data confirms that every third person who worked remotely was between 25 and 34 years of age and every fourth person was either 35 to 44 years of age or 45 to 54 years of age.⁷⁸ More

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ <https://moldova.un.org/sites/default/files/2020-11/UN%20Moldova%20Covid-19%20Response%20and%20Recovery%20Monthly%20Update-%20November%202020.pdf>

⁷⁶ See the data form NBS at: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6749>

⁷⁷ According to the survey undertaken by OHCHR

⁷⁸ See the data form NBS at: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6749>

persons with higher education worked remotely according to the OHCHR survey. The majority of the respondents, **80.7%**, were satisfied or very satisfied with the measures taken by their employers to protect them from the pandemic according to the OHCHR survey. Safety at the workplace was mainly provided, as 98.2% had access to disinfectants, 95.8% had masks provided and 92.8% had the possibility of maintaining a one meter distance. **Remote work was not an option according to 42.1% of the respondents**, because their work could not be done remotely. For **20.5%** of those that did not work remotely, it did not work out because they **had no devices to work remotely**. Among those who lost their jobs during the pandemic, **17.4% lost it because of the lack of a device to enable them to work remotely**.

On the Left bank, the rate of those who had declared that they had access to disinfectants was by 6.4% lower than on the Right bank.



c) Impact on vulnerable groups

Women. According to analysis by UN WOMEN and the Center Partnership for Development Center⁷⁹, the pandemic continued to exacerbate the double burden that working women endure in telework mode – combining paid and unpaid work. According to the study, **in 60% of cases it was up to women to take care**

⁷⁹ UN WOMEN, Analysis of gender inequalities on the labour market during the pandemic, available at: https://progen.md/wp-content/uploads/2021/02/Studiu_Impact_COVID_corectat.pdf

of children and the household. The share of unpaid care and domestic work performed by women was higher than it was for men: 40% of women reported increased time spent on care work versus 38% of men and 79% of women reported increased time spent on unpaid domestic work versus 68% of men.

According to research by IDIS Viitorul, women were more affected by the pandemic from the perspective of their jobs. **Around 64% of women stopped their work activities or worked remotely compared to 47% of the men.** Men were more often in the situation of unpaid leave (16.5% vs 10.5%), experienced salary cuts (31.5% vs 19.5%) or had their salaries suspended (20.5% vs 13.7%)⁸⁰. The decrease of remittances had a specific impact on the financial security of women, taking into consideration that the share of remittances in the total share of women's income is double (21.6%) to that of men (11.5%).⁸¹

Women were also affected as front-line workers. According to the UN Moldova COVID-19 response and recovery plan, front-line workers, such as workers in the field of health, education, and social protection, were highly exposed to the infection and to mental pressure⁸². **Women in Moldova work mainly in the service sector, including the sectors of education (78.0%), health and social assistance (79.8%)**⁸³. Also, according to NGOs, **in the journalism sector, women represent the majority of front-line media employees**⁸⁴. According to the results of a survey by the Resonance center on the impact of COVID-19 on women on the Left bank, 22.5% of women mentioned that they did not have enough funds to buy essential food, medical and hygiene products during the pandemic. 14% could not pay for utilities, and 10.8% practically lost their livelihoods⁸⁵.

Older persons. The income of older people decreased during the pandemic. **The most affected older persons on the labour market were pre-pensioners,** of whom about 16.7% lost their salary income⁸⁶.

⁸⁰ [Măsurarea impactului socio-economic al COVID-19](#), IDIS Viitorul, Martie – Aprilie 2020

⁸¹ PDC (2020). Financial Vulnerability during the COVID-19 pandemic, p. 3

⁸² United Nations Moldova COVID-19 Response and Recovery Plan, available at: <https://moldova.un.org/sites/default/files/2020-08/Moldova%20Covid-19%20Socio-Economic%20Response%20and%20Recovery%20Plan%20RO.pdf>, p. 68

⁸³ National Bureau of Statistics, Statistical portrait of women and men in Moldova in 2018, available at: <https://statistica.gov.md/newsview.php?l=ro&id=6599&idc=168>

⁸⁴ Freedom House, COVID-19 Pandemic, Lessons for Media Freedom in Moldova https://freedomhouse.org/sites/default/files/2020-06/Balan%20and%20SteGniy_FINAL-EN.pdf, p.5

⁸⁵ <https://resonancengo.org/pomoschi-v-samyh-dalinih-ugolkah-v-period-pandemii/>

⁸⁶ HelpAge International Moldova and Platform for Active Ageing, MONITORING REPORT of measures taken by competent public authorities for prevention, preparedness planning and management actions during COVID-19 pandemic, from the perspective of impact on older persons Case Study – 3 districts (Edinet, Straseneni and Stefan Voda), p. 6

Roma. Roma were among the most marginalized in terms of access to employment. There is no official data available about the Not in Education, Employment, or Training (NEET) Roma group. However, all available data suggests a disproportionately low level of access of this vulnerable group to the education and labour market. A study, developed by the Partnership for Development Center (PDC) in 2019⁸⁷, shows that around 40% of Roma youth (aged 18-30) were unemployed and just 4% were active on the labour market, which is 10 times lower than the non-Roma employment rate.

The OHCHR study suggests that the labour **situation of Roma has further worsened since the beginning of the COVID-19 pandemic**. 7.3% of Roma were employed from March to May 2020, and **Roma were the only group who continued to lose their jobs until the end of the year, with an employment rate of 5.5% in December 2020**. Only 2.4% of young Roma reported being in employment (compared to 43.5% of non-Roma). Almost all Roma with primary or no education lost their jobs (from 3.4% to 0.9%).

With Roma men mainly being employed in the informal sector (66.7%), they became even more vulnerable during the pandemic. Among the most relevant factors of losing the workplace were challenges of working remotely. Roma men in 84.6% of cases lost their job, because their work could not be done remotely, compared to 37.4% among non-Roma, with 46.2% indicating their lack of capacity to work remotely.

Persons with disabilities. Persons with disabilities were facing challenges in accessing the labour market even before the pandemic. Data from the National Bureau of Statistics for 2019 outlines that 17.2% of persons with disabilities were employed, while 46.3% of persons without disabilities were employed. Persons with disabilities are over two-fold less economically active than persons without disabilities - 43.9% of persons without disabilities and 16.5% persons with disabilities are economically active. From those that were economically active in 2019, the majority was involved in the agricultural sector.⁸⁸

According to the OHCHR survey, **only 26.1% of the respondents with disabilities were employed in December 2020**. Just above 5% of respondents with disabilities had lost their jobs in March to May 2020.

⁸⁷ PDC. The uncertain path to adult qualification - An analysis of lifelong learning inequalities in the Republic of Moldova, 2020; see: https://eef.md/media/files/files/raport_educatia_adultilor_2020-cpd_8175375.pdf

⁸⁸ See the data of the National Bureau of Statistics of 2018 at: <https://statistica.gov.md/libview.php?l=ro&idc=168&id=6827>



Migrants. The COVID-19 tracker, conducted by the East European Foundation during April to May 2020, reports that around 44% of respondents did not work during the aforementioned period and lost their income. According to an opinion poll, commissioned by IDIS Viitorul in April, around 17.3% of people who had returned from abroad in March 2020, had lost their jobs. Another 14% mentioned that there was a high probability of losing their job due to the pandemic. According to the results of the household survey for the second trimester of 2020, **15% of the households with family members abroad mentioned that at least one family member had returned home because they had lost their jobs.** Another 15% declared that their family members could not return to the country.⁸⁹

d) Recommendations

- In times of crises, when restrictive measures are being introduced and have an impact on the labour market, **national and de facto authorities** should develop mitigation actions to reduce the impact of the crises. Measures should be targeted, consulted with affected groups and can include the use of extra-budgetary funds to cover the gaps created by the restrictive measures, or can involve the banking sector in terms of lowering the interest rates.

⁸⁹ See the results of the survey here: <https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6773>

- The **Government** to ensure that the decisions taken by collegial bodies are well balanced against the criteria of stringent social need, lawfulness and proportionality. Women, especially those from underrepresented groups, should be part of decision-making processes.
- The **Government, the Ministry of Health, Labour and Social Protection, and the Ministry of Finance** supported by **development partners** to develop a set of incentives for sectors with a special focus on women that registered regress, so that they have opportunities to recover and provide the jobs that were lost during lockdown.
- The **Government** to develop policies that support employees with family and childcare needs, e.g. developing alternative childcare options for parents in “essential” occupations, the right to special paid leave, and the right to flexible work arrangements in order to keep all job opportunities open.
- The **Government, the Ministry of Health, Labour and Social Protection and the National Employment Agency, de facto authorities and CSOs from both banks** to identify, in consultation with women’s groups, targeted support measures for women who lost their job during the pandemic. Similar efforts should be made through consultative processes for other vulnerable groups including older persons, Roma and persons with disabilities.
- The **National Employment Agency** in collaboration with the **Ministry of Education, Culture and Research** as well as **de facto authorities** to develop services for the empowerment of NEET youth, in consultation with them. This will contribute to their employment and social inclusion.
- The **Ministry of Health, Labour and Social Protection** and **de facto authorities** to develop ‘return to employment’ programmes for those who have lost their jobs due to the pandemic, with an emphasis on persons with disabilities, Roma, and older persons. As these groups are much less likely to find a new job than other groups, special targeted efforts would be beneficial.

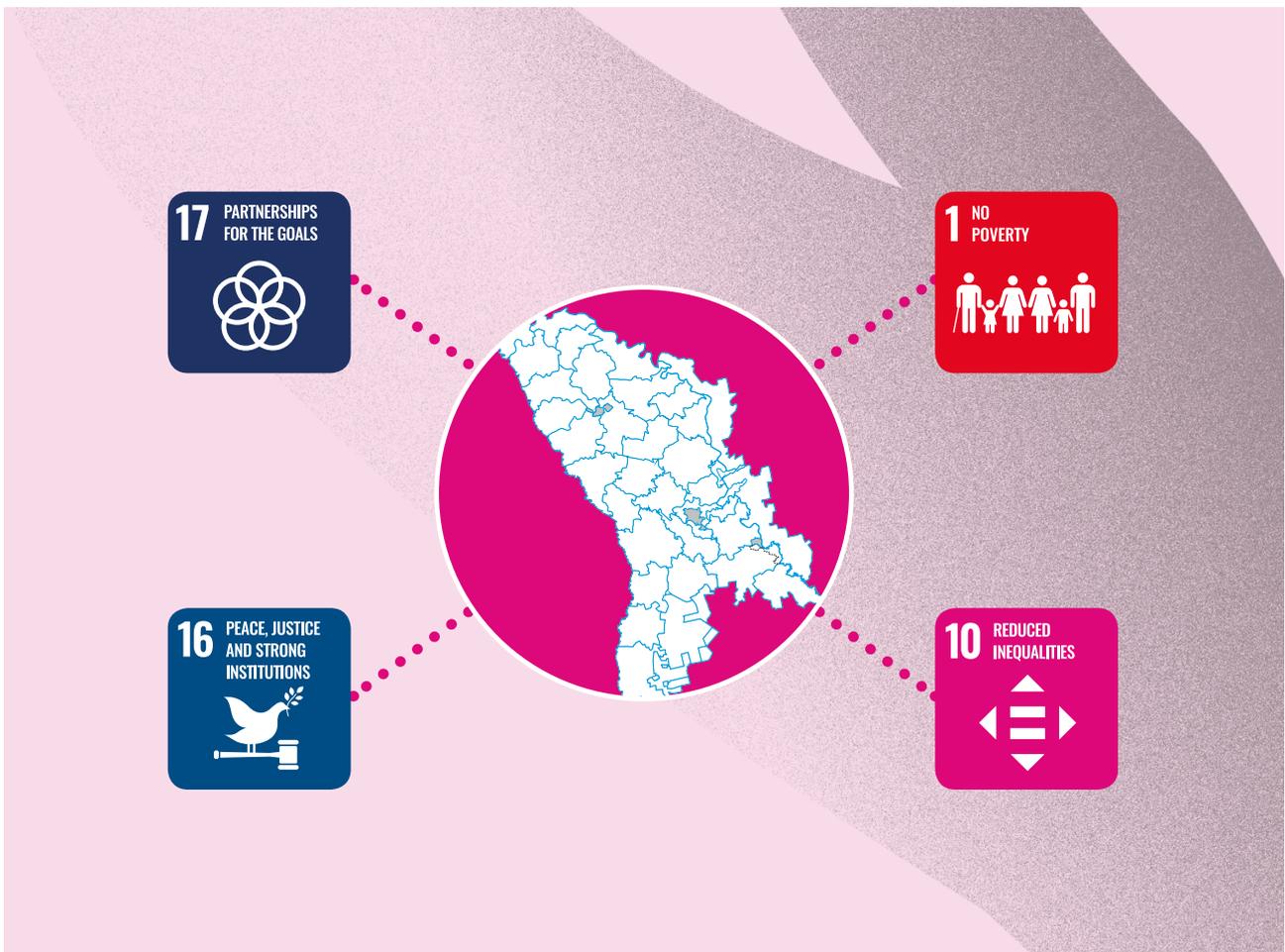
- **De facto authorities** to facilitate access to the workplace for those who work on the other bank of the Nistru river in compliance with all epidemiological standards, thus ensuring their compliance with the respect, protection and fulfilment of the right to work.
- **The Government and relevant ministries** to ensure that tax support is provided to employers while taking into account the need to ensure the work–life balance of staff. The support provided by the authorities will be directly proportional to the outcomes of actions undertaken by employers to address the issue of women’s exclusion, especially of those who are employed and have preschool children.

Annex F includes a more in-depth analysis of the impact of COVID-19 on the right to work and labour rights.

CHAPTER 9

Macroeconomic response and multilateral collaboration and the impact on human rights

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Budget analysis from a human rights perspective

In the context of COVID-19, it is important to analyse the socio-economic response of the Government from a human right based approach. The main human rights principles that apply in analysing the government's budgetary response include the Government's capacity to maximise available resources, i.e. analysis of fiscal resources, to protect the State's minimum core obligations, analysis of social expenditure, as well as analysis of the evolution of budgetary expenditure to ensure that it does not result in a retrogression of economic, social and cultural rights of rights-holders.

According to the Law on Budget and its' subsequent amendments of April, July and September 2020, **most (around 92 %) fiscal resources are tax resources**. A very large majority, around 77 % of these tax resources, come from indirect taxes such as VAT, while income taxes represent only 18% of tax resources. This heavy reliance on non-progressive taxes such as VAT has a negative impact on equality as the poor participate proportionally more than the rich in the collection of these taxes.

Tax resources were mainly adjusted in the April 2020 amendment. Indeed, tax resources decreased by 14.5% between the January budget law and the April 2020 amendment. The biggest drop was in corporate taxation, where revenues fell by 21%. VAT resources fell by 15% while personal income taxation fell by 10%.



These significant reductions in resources limited the fiscal space for the authorities to respond to the health crisis and its socio-economic consequences.

Looking at the evolution of budget expenditure between the budget laws voted in January 2020 and the amended budget laws of April, July and September 2020, one can see that **the budget expenditure increased by 4.3% between January and April 2020 and by 2.4% between April and July 2020**. However, **budget expenditure decreased by 3.4% between July and September 2020**, making a **total overall increase of only 3.2% as of September 2020**, indicating that the authorities already entered a phase of fiscal consolidation. Given the lack of disaggregated data it is difficult to assess to what extent the budget increase benefitted the most vulnerable.

Regarding the right to health, it can be noted that authorities made great efforts to respond to the health crisis. In fact, in the April and July 2020 amendments, **the health care budget saw the biggest increase, reaching 33.7% between January and July 2020**. However, **as part of the budget consolidation in September 2020, the health care budget was decreased by 6.7%**. This decrease does not seem to be in line with the health situation, as the number of COVID-19 cases was still increasing at that point. Indeed, this decrease in the health care budget potentially posed a risk of retrogression in terms of the right to health, especially for the most vulnerable groups.

Regarding the right to education, while several vulnerable groups reported their inability to meet the needs of distance education, **the budget for education increased only slightly in July 2020 by 0.1%**. On the contrary, **the education budget decreased by 0.3% between July 2019 and September 2020**, which could indicate that education was not prioritised.

The budget dedicated to social protection was substantively increased throughout 2020 by the various budget law amendments. It increased by 11.8% between January and April 2020, and by 4.6% between April and July 2020. **The budget for social protection was the only budget that saw an increase in the amendment of September 2020**. This can be interpreted as a decision by the authorities to continue to prioritise social protection to help rights-holders cope with the health crises and its socio-economic consequences, while otherwise consolidating the budget expenditures by reducing spending in September 2020.

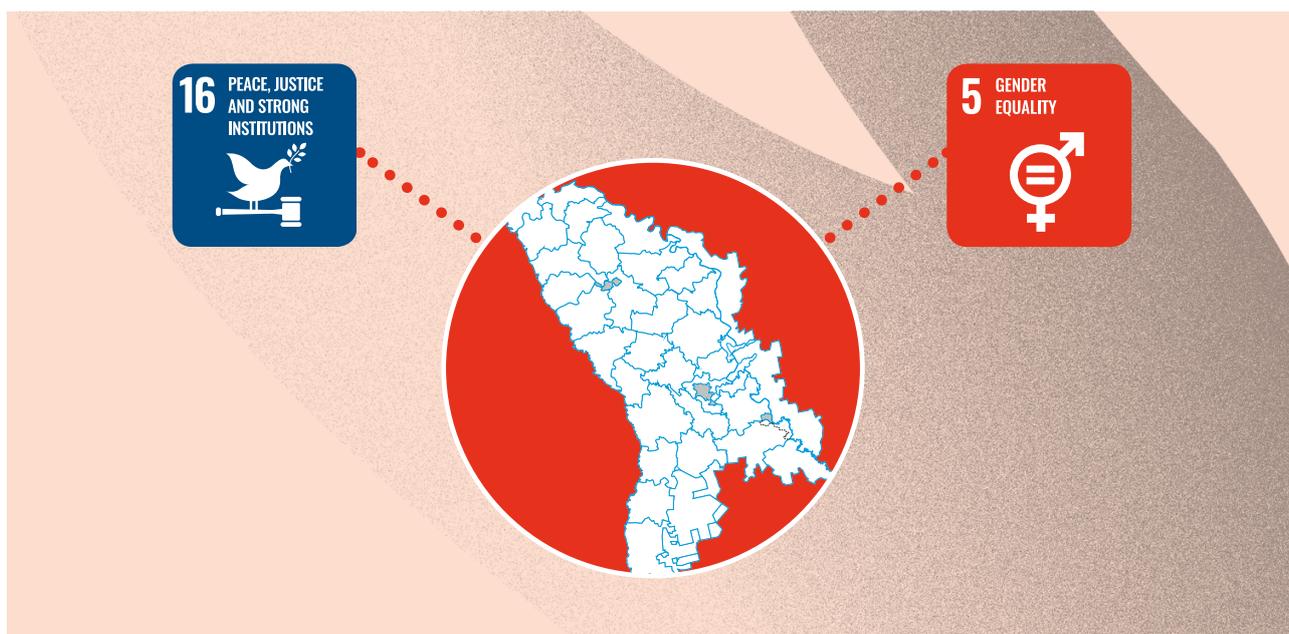
b) Recommendations

- **National and local authorities** to conduct analysis of all budgetary re-allocations at the national and local levels since the start of the pandemic, with a view to establish whether (1) adequate resources were made available to ensure the protection of vulnerable groups, (2) to assess whether resources were in any cases diverted from existing programmes intended for providing support to vulnerable groups and (3) to assess whether resources were equally allocated to the needs of men and women.
- **National authorities** to ensure that the policy response, laws and regulations are more ambitious to effectively address structural inequalities affecting vulnerable groups.
- **National and local authorities** to integrate the needs of vulnerable groups in all public policy documents and make efforts to reduce inequalities by law. Some progressivity could be reintroduced in the income tax structure to contribute to the decrease of income inequalities and to have more fiscal resources to progressively realise economic and social rights.
- **National authorities** to collect as a matter of priority disaggregated data to allow for a meaningful review and analysis of data specifically related to vulnerable groups. Disaggregated data should be gathered by sex, age, racial or ethnic origin, disability and other status. The collection of data should be based on the principles of participation, informed consent and self-identification. Based on data collected the authorities to develop evidence-based policies.

CHAPTER 10

Freedom from Violence and Abuse

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Respect, protection and fulfilment of the right to freedom from violence and abuse

During the pandemic, **the prevalence of physical violence increased, especially towards women and children.** According to figures of the Ministry of Internal Affairs, 218 cases of violence against children were registered between March

and September 2020. In comparison, in the whole of 2019 there were 157 cases. The number of suicide attempts also increased, especially amongst persons between the ages of 31 and 45 with 63 cases in 2020 versus 51 cases in 2019⁹⁰. The restrictions put in place in order to prevent the spread of COVID-19 seem to have contributed to the increase in numbers of cases of violence against women. According to information from the Ministry of Internal Affairs, between March and September 2020, the police received information about 5663 potential cases of domestic violence. In 2019, 4302 cases were reported⁹¹. On the Left bank, in May 2020, during the state of emergency, occupancy of the women's shelter exceeded the maximum capacity, with 16 women and children placed in the shelter after having experienced domestic violence⁹².

In 2020, 361 protection orders were issued by the courts of law, while in the same period of 2019, 150 such orders were issued. There was also a slight increase in the number of emergency court orders issued by the police, with 1633 in 2020 vs. 1558 in 2019. Sanctions for domestic violence were imposed to 413 persons (387 men and 26 women) in 2020 and 389 persons (381 men and 8 women) in 2019.⁹³



⁹⁰ Response letter from the Ministry of Internal Affairs, letter no. 34\17-3582 to OHCHR's information request, 29. 09. 2020

⁹¹ Ibid

⁹² See: <https://resonancengo.org/rabota-ni-smotrya-ni-na-cto/>

⁹³ Ibid.

b) Perceptions of the rights holders

Women. During the pandemic, according to the OHCHR survey, **5.5% (7.2% on the Left bank) of the population became victims of violence or heard about someone who was abused.** Physical and psychological violence were reported on an equal footing in the responses of the participants in the OHCHR survey; **56% of those who had been confronted with violence claimed to have experienced physical and psychological violence.** All of them were women. **27.2% of respondents, all of them women, reported economic violence. Only 46.4% of those who were confronted with violence reported calling the hot line to access psychological help.**

Overloading of the medical system during the pandemic is one of the challenges faced by specialists involved in documenting cases of domestic violence. In circumstances when access to the hospital was forbidden, as was the case in one of the districts located in the northern part of the country, doctors were physically going outside the institution even to conduct alcohol tests. Sometimes this process lasted several hours.⁹⁴



Older men and women. Isolation at home, as has been the case throughout the pandemic, can create conditions that expose older persons to abuse and other forms of domestic violence from family members or caregivers.

⁹⁴ La Strada, Un Women (2020). Needs of Women Affected by Domestic Violence and Gender Based Violence and the Systemic Response to cases of Domestic Violence in the Context of COVID-19 crisis, p. 42, available online in Romanian at https://moldova.un.org/sites/default/files/2020-08/Raport_violenta_covid_RO.pdf

During the lockdown period, **the number of older women who used the trust line for survivors of domestic violence to ask for help increased by 35%**. Also, according to recent data, **49.7% of older women would not report violence if they were subjected to it**, while **84.4% of them did not seek help when they were subject to violence**.⁹⁵

Roma. According to the OHCHR survey, **Roma were equally subject to abuse as non-Roma during the lockdown period**. Roma women had a slightly higher number of cases of abuse than non-Roma women (7.7% vs 6.4%). However, **Roma women were less informed (43.4%) than non-Roma (57.7%) in terms of where to submit a complaint for having suffered domestic violence and on how to access counselling following domestic violence (39.9% and 49.2% respectively)**. The survey shows that among 70% of Roma respondents, neither women nor men accepted violence in any form, wherever they come from be it rural or urban areas.

During lockdown, 63.6% of Roma women and 56% of non-Roma women who had been confronted with violence were subjected to more psychological abuse than to economical abuse (36.4% and 27.2% respectively).

c) Recommendations

- The **Ministry of Health, Labour and Social Protection, de facto authorities and CSOs from both banks** in cooperation with development partners should ensure sufficient space in temporary placement facilities for women and children. These must be equipped to conduct COVID-19 tests during the pandemic and special rooms for newly arrived families should be available. Furthermore, staff need to be trained to comply with and follow epidemiological rules.
- The **Government** to ensure that all victims of gender-based violence who seek support in medical, forensic, employment, shelter and housing services have access to these.
- The **Government and de facto authorities** to develop targeted actions for economic and livelihood support for survivors of gender-based violence.

⁹⁵ HelpAge International Moldova and Platform for Active Ageing, *MONITORING REPORT of measures taken by competent public authorities for prevention, preparedness planning and management actions during COVID-19 pandemic*, from the perspective of impact on older persons Case Study – 3 districts (Edinet, Straseni and Stefan Voda), see: https://eef.md/media/files/files/raport_monitorizare-masuri_covid-19_helpage_1646719.pdf

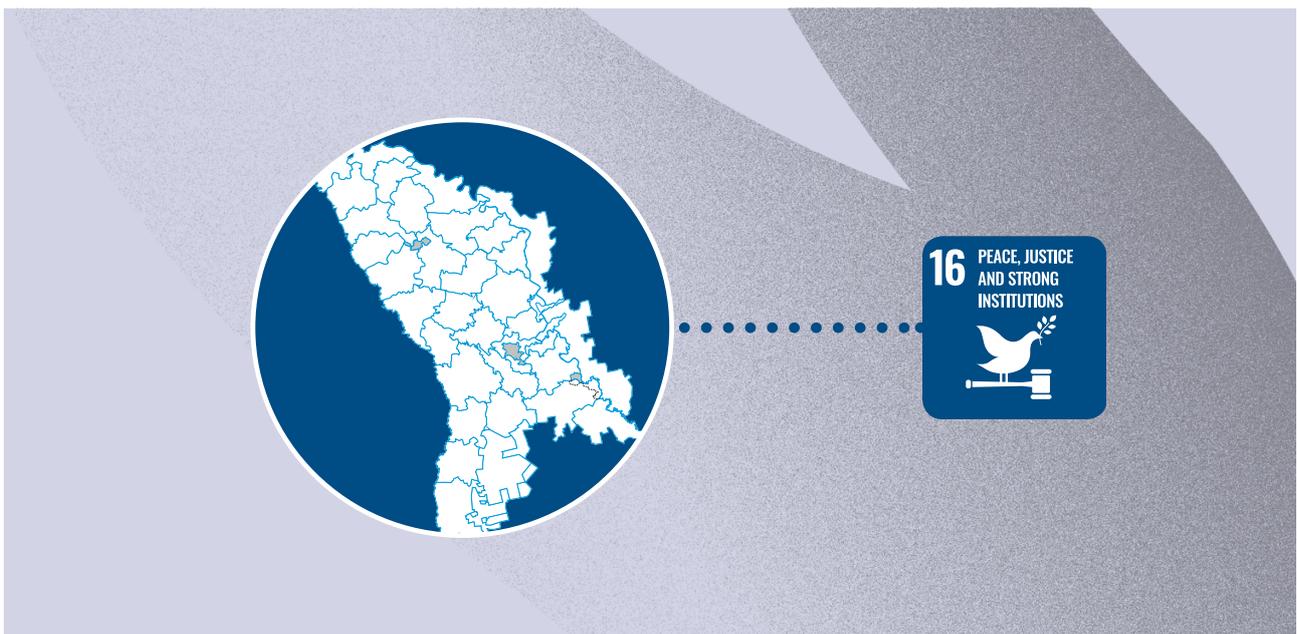
- The **Government and Ministry of Health, Labour and Social Protection, de facto authorities and CSOs from both banks** to increase communication efforts in order to ensure that information on how to access support services is accessible to all survivors of gender-based violence. The national authorities should also increase their efforts in raising awareness among the public on gender-based violence, its effects and consequences.
- The **Ministry of Justice** and the **Center of Forensic Expertise** to ensure access to forensic expertise for women survivors of domestic violence, including those in remote areas not in close proximity to the Center of Forensic Expertise.
- The **Ministry of Education, Culture and Research** to strengthen the role of psychologists and class teachers in the schooling system to contribute to the identification of and work with children who are predisposed to violent behaviour. They should also create a reliable system of reporting cases of violence against children, online or by phone.
- The **Ministry of Health, Labour and Social Protection** in cooperation with **LPAs and CSOs** to develop clear procedures for the identification and assistance of older persons affected by violence. There must also be clarity on the tasks and duties of each member of territorial multidisciplinary teams, with the aim of improving the reporting mechanisms in cases of abuse, violence and neglect against older persons.
- The **Ministry of Health, Labour and Social Protection** and **de facto** authorities to conduct awareness raising campaigns for older persons on avenues available to them should they become victims of domestic violence, to increase their knowledge of and willingness to reach out for support.
- The **de facto authorities** to develop a regulatory framework to effectively prevent and combat domestic violence in the region to ensure that all survivors of gender-based violence who seek support in medical, forensic, employment, shelter and housing services have access to these. A multisector approach in addressing cases of domestic violence in collaboration with CSOs should be ensured.

Annex G includes a more in-depth analysis of the impact of COVID-19 on freedom from violence and abuse

CHAPTER 11

Right to Freedom of Expression including Access to Information

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Respect, protection and fulfilment of the right to freedom of expression

On 18 March 2020, the Commission on Emergency Situations **extended the term for state institutions to respond to information requests from 15 days to 45 days**. No official explanation was provided for the rationale behind this change. The extension of the deadline for responding to requests for information



compromised the ability of journalists in Moldova to provide citizens with vital and up-to-date information⁹⁶.

By a Decision of 23 March 2020, on-line hosting companies and on-line content providers were obliged, following a decision of the Information and Security Service, to immediately cease the transmission or stocking of “fake news” on the evolution of COVID-19 and the protection and prevention measures⁹⁷. On 19 March 2020 the Security Service issued an executive decision requesting the blocking of 52 websites, arguing that they were a threat to state security⁹⁸. In a press release of 20 March, the institution stated that the websites that had been taken off the www.stopfals.md web page were managed by civil society⁹⁹. The fact that the **lack of an official definition of “false news” and “misinformation” created a permissive environment for the authorities to apply restrictive measures against critical media and online resources** was highlighted by an NGO¹⁰⁰.

⁹⁶ Balan V., Stegni V., Covid-19 pandemic: lessons from freedom of mass-media in the Republic of Moldova, Freedom House, available at: https://freedomhouse.org/sites/default/files/2020-06/Balan%20and%20Stegniy_FINAL-RO_0.pdf, p. 2

⁹⁷ See the point 11 of the Decision no. 3 of 23 March 2020 of the National Commission on Exceptional Situations at: https://gov.md/sites/default/files/dispozitia_3_din_23.03.2020_a_cse_a_rm_cu_modificari.pdf

⁹⁸ See the press release at: <https://sis.md/ro/content/m%C4%83suri-executorii-privind-%C3%AEn%C4%83turarea-cauzelor-%C8%99i-condi%C8%9Bilor-ce-contribuie-la-realizarea>

⁹⁹ See the press release at: <https://www.sis.md/ro/content/precizare>

¹⁰⁰ Balan V., Stegni V., Covid-19 pandemic: lessons from freedom of mass-media in the Republic of Moldova, Freedom House, available at: https://freedomhouse.org/sites/default/files/2020-06/Balan%20and%20Stegniy_FINAL-RO_0.pdf, p. 5

On the Left bank, a few cases were reported in which the enactment of the Criminal Code provisions related to extremism were potentially linked to COVID-19, apparently limiting the freedom of expression. In one such case, in July 2020, Gennady Ciorba was placed under administrative arrest for ten days for allegedly being the organizer of a protest in Ribnita on 2 July. Ciorba had been critical of the region's handling of the restrictions to prevent the spread of the COVID-19 pandemic¹⁰¹.

b) Perceptions of the rights holders

In the perception of the rights holders, according to the OHCHR survey, **the majority (84.3%) had sufficient information on how to prevent COVID-19**. 11.2 % did not have access to information that would have allowed them to stay safe during the pandemic. On the Left bank, this information was accessible to 95.1%, partially accessible for 0.3% and not accessible at all for 4.6%.



Roma. According to the OHCHR survey, **66.1% of Roma in rural areas indicated that information on COVID-19 was sufficiently available in their language**, which was a lower percentage than among any other linguistic group. Low-income Roma reported the lowest rate of access to information (49.3%) in a language common to this group. Among Roma **the second main source of information after TV (76.3%) were friends and colleagues (34.2%)**.

¹⁰¹ See: <https://newsmaker.md/rus/novosti/v-pridnestrove-na-arestovannogo-za-protest-chorbu-zaveli-delo-za-ekstremizm-doc/>

Persons with disabilities. Concerns with regards to the accessibility of information for persons with disabilities, especially persons with intellectual and sensory disabilities, were also highlighted by representatives of the NGO Task Force on COVID-19 and Human Rights¹⁰². This was also confirmed by data from a sociological study from May 2020¹⁰³.



c) Recommendations

- **Parliament** to develop clear guidelines and criteria for the Security Services in terms of its powers of limiting any kind of rights, including the right to freedom of expression.
- The **Government** to develop an updated version of the Law on Access to Information that allows for access requests for all categories of information in an online format via email or other platforms. More should also be done to clearly identify what is considered personal information and information of general interest.

¹⁰² The NGO Task Force on COVID-19 and Human rights created at OHCHR initiative is a group of 56 CSOs that joined thematic meetings to exchange information on the human rights situation in the context of COVID-19.

¹⁰³ Alliance of Organizations of Persons with Disabilities and Keystone Human Services Moldova, Sociological study Impact of Covid-19 pandemic on persons with disabilities, see: <http://incluziune.md/wp-content/uploads/2020/06/STUDIUL-IMPACTUL-PANDEMIEI-PERSOANE-CU-DIZABILITATI.pdf>, p. 12

- The **Government**, the **Ministry of Health, Labour and Social Protection** and **de facto authorities** to ensure that information on preventing and protecting against COVID-19 as well as information related to the COVID-19 vaccine is accessible and reaches everyone, including persons with different types of disabilities, ethno-linguistic minorities, older persons, and persons living in rural areas.
- The **Government** to provide accessible, regular, comprehensive, and relevant information to the media about measures taken to alleviate the pandemic with due attention to the needs of persons with different types of disabilities and linguistic minorities.
- The **Government** and **de facto authorities** to ensure that any restrictions on human rights are lawful, necessary, time-bound, and proportional. Any restrictive measures must include a transparent justification of the necessity to do so and absolute proportionality. Transparent justification for restrictions should include participatory consultations with civil society.
- The **Government** and **de facto authorities** to ensure that restrictions of human rights are never invoked to stifle fundamental freedoms unless these restrictions are lawful, necessary, and proportional.
- The **Government** to develop targeted measures to support media outlets and journalists affected by the pandemic, with due attention to the particular situation of women journalists.
- The **General Prosecutor's Office** and **courts** to ensure that attacks on journalists and human rights defenders are properly investigated and prosecuted.
- **De facto authorities** to ensure the compliance of the regulatory framework and practices with international standards on freedom of expression.

Annex H includes a more in-depth analysis of the impact of COVID-19 on the right to freedom of expression including access to information

CHAPTER 12

Freedom of Movement

When everyone has their human rights respected, protected and fulfilled, no one is left behind. Human rights are not only the right way, but the smart way to accelerate progress for more equitable and sustainable development.



a) Respect, protection and fulfilment of the right to freedom of movement

During the state of emergency, public transport was stopped. At the same time, no alternatives were created for transport means for persons with mobility issues, among others, to facilitate their access to health services and ability to purchase essential goods.

Starting with 25 March 2020, the Commission on Exceptional Situations (CES) prohibited persons aged 63 and above from leaving their domicile or to be in public spaces (including parks, forests, playgrounds, sport courts and leisure areas) without an urgent need. Exceptions to this provision were (i) the need to go to work, when the activity could not be conducted remotely, (ii) the need to purchase food products; (iii) the need for healthcare that could not be postponed; (iv) other justified reasons that could not be postponed (e.g. death of a family member, personal needs and needs of pets, etc.). After 15 May 2020, when the state of emergency ended, the restriction not to enter public spaces without an urgent need was not removed for people aged 63 and above, while other age categories were only limited to entering public spaces in groups of three or fewer persons.

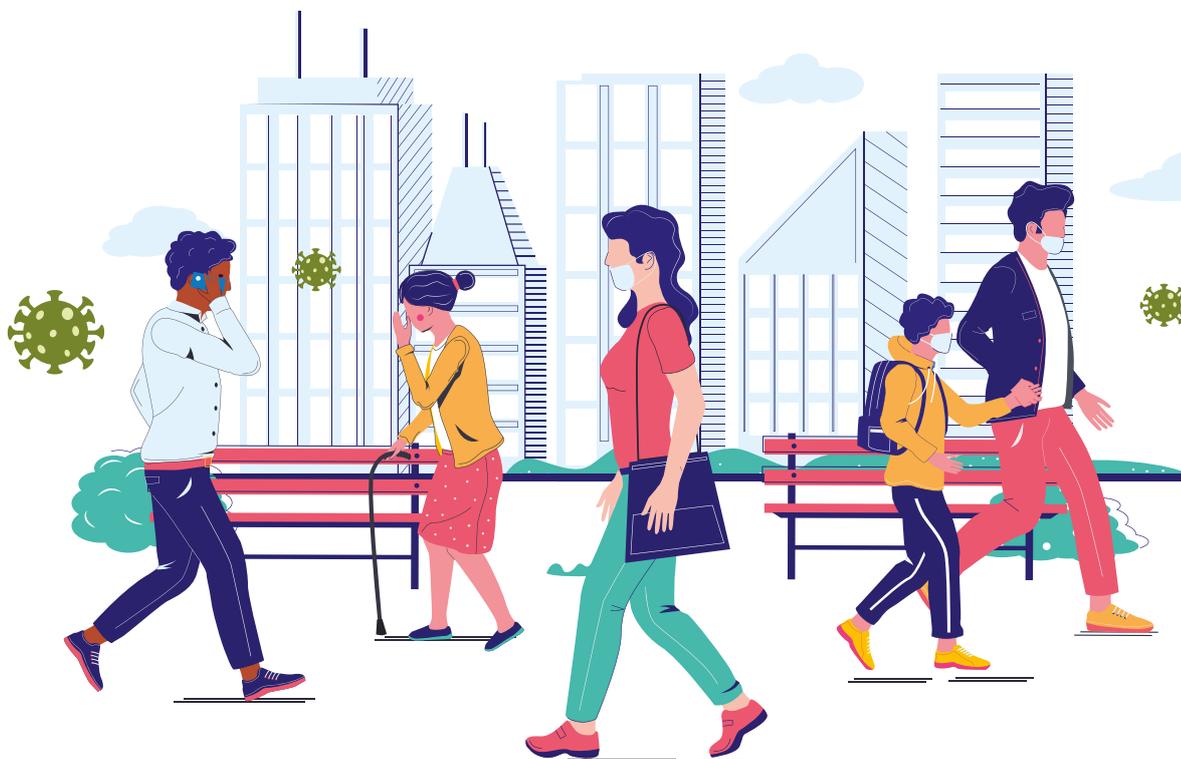
On the Left bank, starting from 17 March 2020, de facto authorities issued regulations restricting the freedom of movement of residents of the region. Residents of the Left bank could only leave the region in the following situations (i) the need to obtain emergency or urgent medical assistance or in case of an



existing medical referral for treatment, (ii) the death of a close relative; (iii) movement of goods and cargoes necessary for the support of vital needs of people and economic sphere in the region. This restriction stayed in place after the end of the state of emergency, and continued to be in force in 2021. People intending to leave the region for one of the above-mentioned reasons had to apply to the Task Force on Prevention and Protection from Virus Infection, providing supportive documents to justify the reason for the request. Reportedly about 50 - 60% of the requests received a positive response.

b) Perceptions of the rights holders

Restrictions of movement had a strong impact on the possibility to access goods and services according to the OHCHR survey. Food was totally accessible only for 53.3% (78.3% on the Left bank), 40% of respondents (18.1% on the Left bank) said it was partially accessible and 4.5% (3% on the Left bank) said it was not accessible at all. Medications were accessible for 48.3% of respondents, partially accessible for 38.6% and not accessible at all for 6.5%. Goods and services were more inaccessible for persons with disabilities, for those speaking Russian and other languages and for those who are economically inactive. Also, a big discrepancy of 14% was noted between rural and urban residents.



c) Recommendations

- The **Government** and **de facto authorities** to avoid sweeping and overly broad restrictions on movement and personal liberty, and move towards only mandatory restrictions when scientifically warranted and necessary without less restrictive measures being available. The Government should make sure that measures are not arbitrary or discriminatory and that mechanisms to support those affected by the restrictions can be ensured.
- The **Government** and **local authorities** to ensure uninterrupted access to food, water, health care, and care-giving support when lockdowns are imposed. Many older persons and persons with disabilities rely on uninterrupted home and community services and support.
- The **Government** to adopt measures to ensure that under no circumstances are persons arbitrarily deprived of the right to enter their own country.
- The **Government** and **local authorities** to ensure that public transportation or alternative means of transport are available and accessible during the pandemic whilst maintaining all epidemiological rules.
- The **Government** to ensure that restrictive measures do not discriminate against older people and persons with disabilities.

Annex I includes a more in-depth analysis of the impact of COVID-19 on freedom of movement

CHAPTER 13

Conclusions

Access to healthcare was majorly affected by the COVID-19 pandemic, especially in the context of the restrictive measures that were imposed on the healthcare system, as well as due to the fear of potential patients of getting infected while accessing the services. The majority of those who did access medical services were satisfied with their quality. **Access to information about protection against COVID-19, treatment and services available were mostly accessed through the TV.** This information was less accessible for persons with disabilities.

During the pandemic, **the social protection system applied a certain level of flexibility for responding to the increased needs of the vulnerable population, including for the representatives of newly vulnerable groups, such as returning migrant workers.** Data from the Ministry of Health, Labour and Social Protection shows an increase in the rate of beneficiaries of social assistance allowances and a decrease in number of refusals of the requests. Still, rights holders from both banks of the Nistru river expressed their concerns related to limited accessibility of social services, as well as social insurance and social assistance payments.

The COVID-19 pandemic **deepened existing inequalities in the education sector** of the Republic of Moldova, including on the Left bank. Limited access to education was mainly caused by **the lack or limited availability of ICT devices**, especially in case of Roma, children living in poverty and families with many children. From the perspective of rights holders, **the quality of education was also affected and remote education did not fully respond to the needs of students**, especially students with disabilities.

Despite the decrease in the poverty rate over the last decade in Moldova, the phenomenon of extreme poverty still exists. The COVID-19 pandemic **deepened pre-existing and vast structural inequalities in housing**, with many of the right holders outlining the risk of not being able to pay rent, mortgage arrears or utility

bills, as well facing cuts to their water, electricity or telecommunications services. **Many of the respondents** of the OHCHR survey **had to sell goods from their households to meet their basic needs**, especially Roma, persons with disabilities, and people with low economic status.

Related to labour rights, the general population was mostly affected by restrictions. **Some employees lost their jobs or had their incomes reduced**. The majority of those who continued working were satisfied with the protective measures put in place by their employers. The labour market also showed some flexibility, as those who could work remotely, did so.

The **reduction in expenditure on public health and education** in the midst of the COVID-19 crisis, when the most vulnerable people needed an increase in this expenditure, **raises human rights concerns with regards to the State's obligation to ensure progressive realization of those rights**. At the same time, the State budget for social protection continued to be increased throughout 2020.

The **civil and political rights most affected** by the COVID-19 pandemic were **the right to freedom of movement, freedom of expression, access to information, and the right to personal security**. Other rights, however, such as the right to peaceful assembly and the right to access to justice, which were not within the scope of this study, were also affected. There has also been **a clear rise in cases of violence of various forms, including gender based violence against women and children**. At the same time, the pandemic negatively affected the efficiency of redress and rehabilitation avenues including in cases of gender based violence.

The COVID-19 pandemic can be seen by authorities as an opportunity to strengthen its social protection, educational and health service systems by analysing the weaknesses that were either uncovered or further deepened through the crises. It can be seen as a chance to change structures and practices that will allow for better access to social protection, educational and health services for all, including those left behind or at risk of being left behind. This in turn will help improve the human rights situation in the country, better address the needs of vulnerable groups, as well as generate or accelerate progress in achieving the ambitions of the 2030 Agenda and its sustainable development goals¹⁰⁴, including improving the measures of progress¹⁰⁵.

¹⁰⁴ See: https://moldova.un.org/sites/default/files/2020-07/moldovavnr2020_0.pdf

¹⁰⁵ See: https://moldova.un.org/sites/default/files/2020-07/statistics_for_sdgs_moldova.pdf



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