



# END OF PROJECT REPORT

Paradigm Shift: UNCT Moldova Strategic Action Supporting CRPD Implementation

## 1. VARIATIONS IN IMPACT AND OUTCOME INDICATORS

Table 1. Variation in impact indicators

Impact			
Persons with disabilities – in particular adults and children with psychosocial disorders or intellectual impairments – are demonstrably better able to claim rights set out in the CRPD Convention, in particular as concerns the right to equal legal capacity (Article 12), access to justice (Article 13), the right to independent living in the community (Article 19) and inclusive education (Article 24).			
Impact indicators			
Indicator	Baseline	Goal	Means of verification
Organizations of Persons with Disabilities (DPOs) actively participating in the decision-making process and performing the monitoring role assigned to them under Article 33 paragraph 3 of the Convention	Organizations of persons with disabilities have limited advocacy capacities and abilities to engage with the decision-making authorities of the state;	Formalized CRPD monitoring mechanism built on the basis of existing DPOs alliance and the NHRI in conformity with art.33 (2)	DPO shadow reports to the Human Rights Council Universal Periodic Review (Second Cycle)  DPO Comments and submissions to the Committee on the Rights of Persons with Disabilities
Children with disabilities in special schools	5576	1807	National Bureau for Statistics data, Administrative data of the Ministry of Education

Indicator	Baseline	Goal	Means of verification
Persons with psycho-social and intellectual impairments availing themselves of support for exercising legal capacity on an equal basis with others	Legislation allows discriminatory deprivation of legal capacity on ground of psychosocial and intellectual disability.  Lacking guardianship alternatives.	27 adults with psychosocial and intellectual impairments from three raions of Moldova have concluded decision making and representational agreements in the form of patronaj	Objective verification  Information arising from within the project, as a result of direct monitoring of work done in this area
Deinstitutionalized persons with psycho-social and intellectual impairments independently live in their communities and benefit from integrated medico-social services	Persons with psycho-social and intellectual disabilities are segregated into large residential institutions;  Psychiatric medical care available only in long-stay outdated psychiatric hospitals;	Elaborated adult deinstitutionalization strategy and action plan;  8 adults deinstitutionalized from the Balti neuropsychiatric institution.	Reports of the NHRI  Reports of the Ombudsperson for psychiatry

**Table 2. Variation in outcome indicators** (add a table for each outcome in the approved project document)

<b>Outcome 1</b>
Children and adults with disabilities, in particular mental or intellectual disabilities, have increased effective exercise of certain key CRPD rights, as well as enhanced access to effective remedy

<b>Outcome indicators</b>
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Indicator	Start level (beginning of the reporting period)	End level (conclusion of the reporting period)
Local authorities have capacity to support children with disabilities in accessing quality mainstream	50 % of children with disabilities not engaged in any form with the educational system and 40% of	4495 children with special educational needs in mainstream schools

Indicator	Start level (beginning of the reporting period)	End level (conclusion of the reporting period)
education in their communities	children with disabilities receiving home schooling or segregated into special schools;	
People from psychiatric hospitals and social care homes have access to effective independent complaint mechanism and judicial representation	Lack of complaints mechanisms in psychiatry facilities and ineffective independent monitoring of facilities or services;	Ombudsperson for psychiatry institutionalized and actively monitoring mental health and social care institutions
The National Council on Prevention and Elimination of Discrimination has capacity to act effectively on cases of discrimination on grounds of disabilities in all areas of life (employment, health care, education, justice, etc).	Inexistence of a national equality body;	Members of the national equality body have strong understanding of discrimination in the context of disability;  Half of the cases adjudicated by the national equality body are related to discrimination on grounds of disability;
The justice system (judges, lawyers, prosecutors, etc) has capacity to apply the national and international human rights standards in regard to people with disabilities	Lack of understanding of the rights of persons with disability as provided by the CRPD;  Discriminatory attitudes of the justice servants towards persons with psycho-social and intellectual disabilities;	Judges, prosecutors, legal aid lawyers from all raions have increased competence in identifying instances of discrimination and rights infringement of the persons with disabilities and providing effective remedies;
Persons with psycho-social or intellectual disabilities have access to a range of in-home and other community integrated socio-medical support services, necessary to support living and inclusion in the community, and to prevent hospitalisation.	Lack of a state policy on deinstitutionalization of adults with disabilities;  Activities under the National Mental Health Program 2012-2016 unimplemented;  Lack of integrated community services;  Lack of funding mechanisms;	Elaborated and adopted national policy on deinstitutionalization of adults with mental or intellectual disabilities based on results of individual and institutional assessments;  Deployment of the decentralization of psychiatric health care from large psychiatric hospitals to wards in general hospitals based on results of individual and institutional assessments;  Creation of Community Mental Health Centres in all Districts of Moldova;

Indicator	Start level (beginning of the reporting period)	End level (conclusion of the reporting period)
		Created mechanism of redistribution of the money from residential institutions towards community services;

<b>Outcome 2</b>
Steps taken by relevant State actors to ensure that all persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
<b>Outcome indicators</b>

Indicator	Start level (beginning of the reporting period)	End level (conclusion of the reporting period)
State authorities committed to the legal capacity reform	<p>Lack of understanding on the content of Article 12 CRPD and the specific elements that States parties are required to take into account to ensure the right to equality before the law for people with disabilities, on an equal basis with others;</p> <p>Lack of legislation and on supports for exercising legal capacity;</p> <p>Provisions of incapacitation incorporated into the Civil Code and implemented in practice through court decisions;</p>	<p>Governmental officials have capacity to implement international law and standards on human rights in the area of legal capacity.</p> <p>Alternatives in terms of supported-decision making systems including best practices are understood by relevant authorities.</p> <p>Interdisciplinary working group recommends abolition of incapacitation on grounds of psychosocial and intellectual disabilities.</p> <p>Draft amendments to the legislation elaborated and put forward for adoption in government.</p>
Assistance and supported decision making mechanism provided for persons with	Alternatives to guardianship lacking	27 adults with psychosocial and intellectual impairments from three raions of Moldova have

Indicator	Start level (beginning of the reporting period)	End level (conclusion of the reporting period)
mental or intellectual disabilities to fully exercise their rights		concluded supported decision making and representational agreements in the form of “patronaj” (rights-respecting format under Civil Code Article 48)

**Outcome 3**  
Civil society and peer support mechanisms and networks capacitated to advocate for the realization of the rights of persons with disabilities as secured in the CRPD.

**Outcome indicators**

Indicator	Baseline	Means of verification
Independent national monitoring mechanisms (art.33 para.2)	The legally binding national monitoring mechanism under the CRPD not established;	A solid framework for the independent monitoring developed by the disability civil society in partnership with the national human rights institution;
Organizations of ex(users) of psychiatry	Grassroots organizations of (ex)users and survivors of psychiatry to directly represent of people who are or have been on the receiving end of psychiatric services not existing;	First organization of ex-users and survivors of psychiatry officially registered and engaged in human rights promotion activities;  Organization of the (ex)users of psychiatry actively engaged in the decision-making and monitoring processes;
Active and strong DPOs and CSOs able to seize the opportunities of the new paradigm shift and monitor implementation of the CRPD	Organizations of persons with disabilities have limited advocacy capacities and abilities to engage with the decision-making authorities of the state;	Enabled CSOs and DPOs to move the disability rights agenda in the government;  Approximately 25 organizations of persons with disabilities capacitated to better engage in advancing and

Indicator	Baseline	Means of verification
		monitoring the rights guaranteed by the CRPD, and to engage in advocacy in this area;

## 2. OVERALL PROGRESS

Ratification of the Convention on the Rights of Persons with Disabilities (CRPD) has created an important momentum for the Republic of Moldova to move positively in the direction of securing the right of persons with disabilities to live to their full potential in the community and contribute to the resource pool of the broader society.

UNPRPD afforded an unique opportunity to target reforms oriented at securing the rights of persons with psychosocial and intellectual impairments, consolidate commitments at state level and initiate serious thinking on how to address systematic discrimination, exclusion and segregation in residential institutions. The UNPRPD project in Moldova was designed to meet the existing gaps in the State’s commitment under the international human rights law and practice on the ground. It has successfully catalyzed implementation of measures aiming at curbing torture, inhuman or degrading treatment in psychiatry, ensuring access to justice, improving education outcomes, shifting from institutional care to community-based supports and guaranteeing equal legal capacity for all.

The UNCT Strategic Action Supporting CRPD Implementation marked a revolutionary work on shifting the paradigm from the medical model towards a human rights understanding of disability. Strong normative commitments under the new paradigm have been made – and to some extent acted upon to secure enjoyment of rights as guaranteed under CRPD, nevertheless, the quantum leap in terms of major transformation remains ahead.

The main tangible achievements directly related to the implementation of the project, can be described as follows:

- Justice system actors, such as judges and prosecutors, and the psychiatric medical staff, including attending doctors, have increased understanding of the issue of discrimination on grounds of psychosocial and intellectual disability and ability to identify some of the medical practices that constitute abuse and may cross a threshold of torture or cruel, inhuman or degrading treatment or punishment.
- The disability related discrimination cases adjudicated by the Equality Council in conformity with the provisions of the Law on the Social Inclusion of Persons with Disabilities, which transposes many of the normative and legal requirements of CRPD, and the Law on Ensuring Equality, contributed to an evolving understanding that institutional care and segregation in psychiatric facilities is a form of discrimination. Particularly relevant were the decisions revealing how the ban on discrimination is compromised by practices of forced hospitalization, medication and abortions on the basis of disability alone and under the auspices of therapeutic necessity.

- The creation of inclusive education services allowed children with disabilities to receive quality education in their community school and is an efficient way to prevent new cases of child institutionalization into residential segregated schooling.
- For the first time, deinstitutionalization of adult with disabilities was set on the governmental agenda. A transition strategy and plan for phasing out institutional options and replacing them with services which would enable people to achieve social inclusion was developed under the leadership of the Ministry of Labor Social Protection and Family. The no-admission rule to prevent new placements in institutional settings has been enforced and national standards for services developed under the ‘new paradigm’, including personal assistance and supported living arrangements adopted.
- Remarkable advancements have been achieved on decentralization of psychiatric care and establishment of community mental health centers, a move which helped reduce the need for long term hospitalization and ensure that needed care is available as close as possible to people’s homes.
- An independent and effective complaints and monitoring mechanism for securing the rights of persons in psychiatric facilities was created and in 2014 institutionalized and funded from the state budget. The Ombudsperson for psychiatry, shed light on previously undetected forms of abusive practices that took place behind the walls of the psychiatric facilities and provided necessary support to the patients to address the issues arising with the ministry of health, prosecutor’s office and the court system. As well, the Ombudsperson’s regular visits to the psychiatric hospitals and residential social care homes have an important preventive role.
- Acknowledging their obligations under article 12 CRPD and getting familiarized with the reform efforts and best practices on securing equal legal capacity for persons with psychosocial and intellectual disabilities, the government has commissioned an inter-disciplinary group to work on legal capacity reform. A major break-through in this sense, were the Constitutional Court ruling securing access to justice and regional court decisions declining to incapacitate and place persons with disabilities under guardianship, directly upholding supremacy of the CRPD provisions at national level.
- The first mobilized and officially registered organization of persons with psychosocial and intellectual impairments has been directly engaged in promoting the deinstitutionalization agenda in three major respects: (i) participation in policy formulation as official members of the National Council on Disability (ii) carrying out independent human rights monitoring in institutions (iii) and developing innovative services for supported decision making.

### **3. PROGRESS TOWARDS SPECIFIC OUTCOMES**

**Outcome 1: Children and adults with disabilities, in particular mental or intellectual disabilities, have increased effective exercise of certain key CRPD rights, as well as enhanced access to effective remedy**

#### **Pillar I. Access to Justice**

- **Guaranteed access to an independent and effective complaints mechanism for raising allegations of non-consensual detention, medication or other psychiatric interventions which amount to serious human rights violations and thereof increased possibility of obtaining redress;**

- **Increased access to justice for victims of torture and ill treatment in psychiatric institutions;**
- **Increased awareness of the law enforcement agents, but also doctors, health-care professionals and social workers, on how forced institutionalization, non-consensual treatment and other human rights abuses against persons with psychosocial and intellectual impairments premised on the basis of “incapacitation” or “best interest” fall within the definition of torture;**
- **Increased accountability for human rights violations occurring in psychiatric wards and residential institutions for persons with psychosocial and intellectual impairments;**

An efficient mechanism for preventing human rights abuses, oversight and immediate action in response to demonstrated threats to life and health in mental health and social care institutions, known under the name of Ombudsperson for psychiatry, has been established and financed from the state budget.

Prior to the establishment of the Ombudsperson for psychiatry, abuses in psychiatric facilities have received little specific attention. While the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) reports to the Republic of Moldova issued in 2008 and 2012 were touching on several aspects of mistreatment in psychiatric hospitals and residential social care homes, the intensity of the problem in light of the CRPD remained undetected.

For the first time in Moldova, the Ombudsperson for psychiatry applied the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the progressive European Court of Human Rights (ECHR) article 3 jurisprudence into the context of psychiatric health and social care to reveal abusive practices that meet the definition of torture.

Reports presented by the Ombudsperson for psychiatry have documented a wide range of abuses against patients and individuals under medical supervision. As a result of the Ombudsperson’s work, 81 people with psychosocial and intellectual impairments, who were living in deplorable and degrading conditions, with fundamental rights including the right to liberty and security of person, the prohibition of inhuman and degrading treatment, the right to health, the right to privacy and the right to an adequate standard of living being constantly violated, were discharged from the tuberculosis and narco-psychiatric units of the Balti Psychiatric Hospital in Pavlovca village, Briceni district and transferred either to decent tuberculosis treatment hospitals, or to out-patient care in their home communities, depending on their particular treatment needs.

Through the Ombudsperson arrangement, persons in psychiatric hospitals and social care institutions gained access to information on their rights when interacting with mental health and social services, conveyed in an easy and accessible language. The Ombudsperson for psychiatry has provided legal support and enabled patients to put forward complaints against abuses and violations of rights. In one of the ongoing criminal proceedings 19 women came forward seeking justice concerning serial sexual assault, including rape, to which they have been exposed over a period of years, in the Balti neuropsychiatric residential institution.

Since January 2013, the Ombudsperson for Psychiatry has acted on a number of 12381 complaints received from 3665 people who were in institutions at the time of the monitoring visits (2050 women and 1615 men), all of whom complained about severe violations, including 5% complaints on physical abuse, 12% – on the lack of information about treatment, 17% – on the lack of informed consent on institutionalization and treatment, etc.

In the majority of cases the claims of the persons in these institutions could be immediately redressed while the severe cases of human rights abuse have been filed with the prosecutor and further court procedures initiated.

### **Means of verification**

The public statement and the report of the UN Special Rapporteur on Extreme Poverty and Human Rights, available at: [report of the UN Special Rapporteur on Extreme Poverty and Human Rights Para 48 Ombudsperson for Psychiatry](#)

State of the World's Human Rights Report 2014-2015

Reports of the Ombudsperson for psychiatry.

Ministerial Order establishing and regulating the institution of the Ombudsperson for psychiatry, annexed.

## **Pillar II. Living independently and being included in the community**

- **Increased awareness and commitment of the state to initiate the transition from institutional care to community-based services under the article 19 CRPD;**
- **Acquired comprehensive understanding of the actual situation in the country related to the human rights in residential services, the people in institutions and financial implications;**
- **Consolidated understanding of the different services for independent or supported living for person with psychosocial and intellectual impairments;**
- **Acquired theoretical knowledge on the management of the transition from institutionally-based systems of care to new models in the community, based on experiences and good practice of other European countries;**
- **Enforced moratorium on new admissions and placement in institutions as a first step in implementing a national deinstitutionalization reform;**
- **Accelerated decentralization of the psychiatric care and development of community mental health centers across the country;**

The UNPRPD has greatly increased the understanding of the key decision makers of human rights based approach to disability and made the case for the government to take measures for the transition from institutional to community-based care. The adopted approach envisaged a broader systematic change in areas such as health care, support services for independent living and education.

The main driver of life-long institutionalization, the segregated residential schooling which was cutting children with disabilities off from family, friends and the broader community network, has been out-rooted through the effective implementation of the two interrelated national programs targeted at: creating inclusive education services and closing down segregated schools for children with disabilities.

Remarkable advancements have been achieved on decentralization of psychiatric care and establishment of community mental health centres across the country. At the beginning of the UNPRPD intervention, the provision of specialized psychiatric assistance was conducted primarily within three psychiatric hospitals with

a total number of 1810 beds concentrated in Chisinau and Balti municipalities. The UNPRPD contribution led to a system-wide decision in 2013 to move, within 18 months, from reliance on large psychiatric hospitals to community-based support. The total number of beds was reduced to 1100. The whole reform process was designed to shift the locus of care away from long-stay mental hospitals towards community settings and support individuals with mental disorders and psychosocial disabilities to achieve social inclusion in conformity and have access to medical treatment as close as possible to their own homes. Starting with January 2014, Community Mental Health Centers have been opened in 26 districts of the country. In addition, the UNPRPD project contributed to the establishment in 2014 of the first non-governmental organization of users and survivors of psychiatry in the Republic of Moldova, and the subsequent opening of the country's first user-managed community center and multiple-service provider.

The developed concept of a national adults' deinstitutionalization strategy and the enforced no-admission rule have greatly contributed to the discharge of the first persons with psychosocial and intellectual disabilities from the social care institutions and their return back to community life in a way that respects human rights and personal dignity.

### **Means of verification**

Report of the Ministry of Health, Ministry of Labour Social Protection and Family

[International Disability Alliance article on Moldova](#)

Quarterly reports of the Botanica Mental Health Community Centre

Thematic study on the right of persons with disabilities to live independently and be included in the community, Report of the Office of the United Nations High Commissioner for Human Rights

## **Pillar III. The right to inclusive education**

- **Mobilized efforts of the National Council on Child Deinstitutionalization and Inclusive Education to implement the state's obligations under the Article 24 of the CRPD;**
- **Adjusted national legislative framework and policy tools to international standards;**
- **Developed coordination and structure of the inclusive education processes, through the means of a National Centre for Psycho-pedagogical Assistance - at the central level and services for psycho-pedagogical assistance - at the rational level and resource centers for inclusive education - at the level of schools;**
- **Increased capacities of different actors of the system to translate into action the inclusive education principles, practices and tools such as individualized educational plans and reasonable accommodation;**
- **Adequately planned and budgeted services for inclusive education;**

The inclusive education approach has been successfully introduced in the newly adopted Code on Education, thus guaranteeing the right of children with disabilities to receive qualitative education in mainstream environments and access to support services, including a structure for psycho-pedagogical assistance.

In 2014, the Republican Centre for Psycho-pedagogical Assistance (RCPA) was established to support inclusion of children with disabilities and special educational needs into mainstream education. It continued building the capacity of the 35 psycho-pedagogical services at the district levels (SPA) by providing them training and necessary tools for building inclusive environments in schools and securing respect for the Article 24 CRPD in their daily practice. As well, with the extensive and continuous support of the UNPRPD project, 500 schools received support to create and provide adequate services to their children through the means of the resource centres for inclusion in education. Data on district SPA for and support services at the school level were consolidated to ensure better coordination of inclusive education across the country.

The methodology and tools for monitoring school inclusion, methodology for child development assessment and methodology for the functioning of the resource center at school level were developed by inter-sectorial groups under the guidance of the RCPA and successfully piloted.

During the 2013-2014 school years, district psycho-pedagogical services assisted 6,268 children. A number of 4,495 children with disabilities were successfully enrolled in mainstream schools at the beginning of the 2014 school year. As a result of the work on promotion of inclusive education, during the last school year number of children with disabilities in segregated schools has declined from 5 576 children in 2012 to 1,805 children in 2014.

The UNPRPD team has contributed to the mobilization and establishment of a national network of parents and children with disabilities promoting the right to inclusive education. The members of the network were empowered and supported to engage in advocacy initiatives and raise their concerns with the Ministries of Education; Health; and Labour, Social Protection and Family. The team also supported individual cases from within the group in their efforts to obtain admission and quality support services in mainstream education. Achievements of the network reflect engagement with a policy framework in Moldova which is increasingly supportive of inclusive education.

### **Means of verification**

Reports of the National Council on Deinstitutionalization and Inclusive Education

Thematic study on the right of persons with disabilities to education Report of the Office of the United Nations High Commissioner for Human Rights- [Thematic study report](#)

Civil Society Reports

### **Outcome 2**

**Steps taken by relevant State actors to ensure that all persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life**

## **Pillar IV. Right to equal legal capacity**

- **Enhanced understanding of the specific elements that the state is required to take into account when carrying out non-discriminatory legal capacity reforms;**
- **Firm commitment to gradually abolish incapacitation and guardianship measures and translate Article 12 requirements into national context based on best local and international practices;**



At the same time, the experience of applying patronaj agreements has surfaced some cautionary notes which informed the process of drafting amendments to the legal framework which will impact on decision-making rights.

The legal reform underway, the pilot supported decision-making models in combination with strategic court precedents upholding the right to equal legal capacity for persons with psychosocial and intellectual disabilities indicate positive changes toward the replacement of substitute decision-making regimes with the support model of legal capacity.

### **Means of verification**

Court decisions and concluded patronaj agreements

Study: The System of Guardianship in Practice in the Republic of Moldova: Human Rights and Vulnerability of Persons Declared Incapacitated

Final resolution of the inter-ministerial working group on legal capacity reform

### **Outcome 3:**

#### **National implementation and monitoring**

## **Pillar V.**

### **Civil society and peer support mechanisms and networks capacitated to advocate for the realization of the rights of persons with disabilities as secured in the CRPD.**

- **Organisations of Persons with Disabilities (DPOs) have thorough knowledge of the human rights and discrimination standards;**
- **Increased DPOs proficiency in promotion, protection and advocacy for compliance with the CRPD;**
- **DPOs empowered to demand creation of the Independent Monitoring Mechanism and hold the governmental council for implementation accountable;**
- **Proactive DPOs engage with the UN human rights system and consolidate partnerships with international organizations of a similar profile a view to develop joint activities, including drafting shadow reports;**

The technical support and expertise mobilized through the means of the UNPRPD project contributed extensively to strengthening the capacity of the National Council on the Rights of People with Disabilities and ministerial focal points on disability. The composition of the council and its regulation were amended to reflect concrete coordination work for the implementation of the CRPD. Furthermore, the council has received continuous support in the elaboration of the agenda and organization of quarterly meetings.

UNPRPD also initiated a broader working process aiming at the establishment and formal recognition of the Moldova's Article 33(2) body. For these purposes, a multilateral dialog between the organisations of persons with disabilities, the national human rights institution and the government has been facilitated. Different models of monitoring mechanisms were discussed and it was decided that in the Moldovan context, the optimal solution was to establish a new framework comprised of organisations of persons with disabilities and

delegated representatives of the national human rights institution. Subsequent actions were taken to finalize the formalization of the establishment of the Independent Monitoring Mechanism of the UNCRPD. The UNPRPD had co-opted the support of the UN Special Rapporteur on Disability of the Commission for Social Development, Mr. Shuaib Chalklen, to help consolidate the capacities of the Independent Monitoring Mechanism.

The organisations of persons with disabilities which are participating in the working of the independent monitoring mechanism have been enabled to develop three core documents which are currently guiding their activity: Strategy for Monitoring Implementation of the CRPD in Moldova; Monitoring Action Plan; and Indicators for Monitoring Compliance and Adherence to the CRPD provisions. Moreover, the organisations of persons with disabilities have gained increased familiarity with the international human rights law and policies in the field of disability, the UN human rights machinery and diplomacy. Concrete examples of such fruitful engagement are the participation of the Independent Monitoring Mechanism to the High Level Meeting on disability and development in the context of shaping the post 2015 Agenda in September 2013; participation of Moldovan women with disabilities in the CEDAW country review process in November 2013, participation of the Moldovan disability rights community in the General Comment No1 (2013) on Equal Recognition Before the Law drafting process.

For the first time in Moldovan history, a civil organization of users and survivors of psychiatry became an active human rights defender and obtained official registration with the Ministry of Justice in January 2014, as a result of UNPRPD support. The first Organisation of Users of Psychiatry participates at every major event in order to guarantee that the voice of persons with disabilities is at the forefront of the mental health and legal capacity law reform.

#### **Means of verification**

Reports on the National Human Rights Action Plan

UN treaty body reviews and Special Procedures reports

[Response to Draft General Comment No. 1 on Article 12 UN Committee on the Rights of Persons with Disabilities](#)

## **4. OTHER RESULTS**

Please describe in this section:

### **Spin-off effects.**

There was an overall increased sensitivity to the rights of persons with disabilities within the UNCT which resulted in disability mainstreaming into new support interventions carried out by agencies either individually or in partnership with other members of the UN family. At least three new projects with targeted disability components have been designed and are currently being implemented.

Within the UNPF midterm review the disability-rights approach, under the guidance of the Convention on the Rights of Persons with Disabilities, is included and reflected as a cross-cutting dimension.

UN is striving to be leading by example and therefore the common UNCT premises have been made fully accessible for the persons with disabilities, the number of women with disabilities engaged in coordinating positions has increased, the human diversity principles with explicit reference to accessibility and reasonable accommodation have been incorporated into the UNCT Business Operations Strategy. Increased participation of civil society, in particular persons with disabilities and their representative organisations into the decision making processes carried out at the level of the UNCT has been attested.

### Participation and partnership-building.

UNPRPD increased UN system capacity and collaboration on disability rights across and consolidated engagement with the national counterparts in Moldova. The programme brought together in an unprecedented way four UN entities, six ministries (Foreign Affairs and European Integration, Education, Social Protection, Justice, Health, and Finance) and engagement with the other key state institutions and ministries under the coordination of the vice-prime minister of the country, DPOs which joined their efforts for the creation of the Independent Monitoring Mechanism to advance disability rights implementation on the ground.

UN implementing partners used on a quarterly basis the already existing governmental platforms, such as the National Council on Disability and the National Council on Child Protection to bridge and consolidate partnerships across different partner ministries and other state entities directly responsible for the outcomes of the intervention. To make the intervention fully effective and adjusted to the real necessities on the ground, persons with disabilities and their representing organisations were brought at the discussion table both in meetings with the state stakeholders on the platform of the National Council on Disability but also within the quarterly consultation meetings with the UN implementing agencies.

Synergies of work were mainly ensured due to the high commitment of the Human Rights Adviser (originally placed by OHCHR and co-funded by the UNCT agencies) and strong support of the RC. General secretarial assistance was ensured by the National Human Rights Officer which facilitated dialogue amongst the implementing partners, narrative quarterly and annual reporting to the donor and the board, coordination of schedules, tracking events and deadlines for intervention, and liaising with the UNPRPD technical secretariat.

The UN implementing team has benefited from the consultation on the actions with the headquarters, such as for example the involvement of the UN Deputy High Commissioner for Human Rights, and took direction from the recommendations on the measures to improve the intervention's outcomes issued by the Special Procedure mandate holders that have visited the country on official missions during the implementation period, namely Special Rapporteur on the rights of persons with disabilities, and Special Rapporteur on extreme poverty and human rights.

### Knowledge creation.

The project placed Moldova amongst the global pioneers in achieving tangible results related to the implementation of Articles 12, 19 and 24 of the CRPD.

The steps to move away from substitute decision-making mechanisms in the form of adult guardianship and 'best interests' decision making, toward a support-oriented framework for the exercise of legal capacity offer a unique learning space for the other states which are concerned with the legal capacity reform in light of the Article 12 requirements.

The Article 19 CRPD-oriented adult deinstitutionalization reform process initiated in Moldova with the support of the UNPRPD project provides a useful learning opportunity of how to deploy a transition process from institutions to community based services in circumstances of economic constraint.

The inclusive education reform process provides valuable knowledge on crafting CRPD Article 24 related legislation and more insight into the innovative ways of translating legislative provisions into practice.

This generated body of knowledge will serve as a good starting point for other specialists and countries engaging in the legislation and application of the CRPD, enabling experts to reflect together on the issues that need to be addressed in order to overcome challenges. Moreover, the project will acquire particularly useful information on successful practices for including persons with disabilities in monitoring CRPD implementation at national level.

### Leveraging effect.

The national action plan on the implementation of the Association Agreement with EU, approved by the government on June 25th, contains comprehensive reference to the legal capacity, inclusive education and labour markets, and adults' deinstitutionalization reforms, issues which were commonly raised by the UNPRPD implementing partners, including the key governmental stakeholders, and the OHCHR support through the Permanent Representative of Moldova to UN in Geneva. Besides the political commitment and prioritization of reforms in these crucial areas, this document is important also in order to ensure the EU assistance and vitally needed budgetary support is directed to achieving an inclusive society and equal rights for persons with disabilities. With the UNPRPD assistance, the Ministry of Labor, Social Protection and Family and the Ministry of Education have already advanced the financial requests for implementing disability related actions for the upcoming three years. Having disability rights clearly mainstreamed throughout the document marks an important achievement, especially considering the serious determination of the Moldovan leadership to honor their obligations under the action plan as a milestone towards concluding the association agreement with the European Union.

## **5. CHALLENGES AND UNFORESEEN EVENTS**

Reform progress slowed significantly during 2014, in advance of Parliamentary elections, held on November 30, as well as local elections slated for 2015. Parliament effectively ceased any substantive work in July, following polarized discussions around approving an EU Association Agreement and a new Education Code.

## **6. NEXT STEPS AND POTENTIAL FOR SCALING UP**

UNPRPD Phase 2 seeks to advance knowledge of CRPD and evidence of practical implementation, provides tools and facilitates redistribution of resources, forges a stronger political will and incites the transformation needed to address key challenges impeding people with psychosocial and intellectual impairments to enjoy equal rights. Every actor, including politicians/legislators, the judiciary, legal professionals, family members, disability service providers, frontline staff and healthcare professionals, academics and researchers will be enabled to discover how they can become together involved in ways that best promote, ensure respect for, fulfill and protect the rights of persons with disabilities. The vision of the project is to support a well-planned, well-trained and well-supported transition to a human rights oriented legislation and policy on disability and CRPD compliant service delivery to improve the lives of people with psychosocial and intellectual impairments.

**Outcome 1: Children and adults with disabilities, in particular mental or intellectual disabilities, have increased effective exercise of certain key CRPD rights, as well as enhanced access to effective remedy**

**Pillar I. Access to Justice**

- Strengthen collaboration with the free legal aids lawyers to raise their capacities to provide qualitative services to their clients with psychosocial and intellectual impairments and ensure nondiscriminatory access to justice for the victims of abuses in psychiatric wards of the hospitals and the residential institutions for persons with psychosocial and intellectual impairments;
- Increase understanding of the legislators on the state's obligations under articles 15 and 25 and provide expert guidance and further support on closing the protection gaps and strengthening accountability, inter alia, examining gender-specific forms of torture with a view to ensure that the torture protection framework is applied in the case of women with psychosocial and intellectual impairments;
- Support the efforts of the state in amending discriminatory legislative provisions authorizing the institutionalization of persons with psychosocial and intellectual impairments on the grounds of their disability for their care and treatment without their free and informed consent. As well as provisions authorizing the preventive detention of persons with disabilities on grounds such as the likelihood of them posing a danger to themselves or others, in all cases in which such grounds of care, treatment and public security are linked in legislation to an apparent or diagnosed mental illness. This should not be interpreted to say that persons with disabilities cannot be lawfully subject to detention for care and treatment or to preventive detention, but that the legal grounds upon which restriction of liberty is determined must be de-linked from the disability and neutrally defined so as to apply to all persons on an equal basis;

**Pillar II. Living independently and being included in the community**

- Enhancing the coordination of different agencies involved in the transition process and supporting the local public administration and local actors to take responsibility for their roles in shaping local services as a major part of the transition task;
- Glean a cost-effective evaluation drawing from the previously completed analyses to inform the creation of a financial redistribution mechanism for the transition process;
- Help the government to design the workforce strategy and requalification training of the staff currently employed in institutions to reduce resistance to change by managing incentives for the different actors in the process;
- Strengthen the voice of people with disabilities, families and their advocates in policy that commit to inclusion and the replacement of institutions with community services;

**Pillar III. The right to inclusive education**

- Increase quality of services provided in support of inclusion of children with disabilities in regular schools;
- Sharing information and creation of a wide platform for promoting inclusive education across Moldova;

**Outcome 2: Steps taken by relevant State actors to ensure that all persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life**

#### **Pillar IV. Right to equal legal capacity**

- Support a change in the legal framework by abolishing provisions of incapacitation on grounds of psychosocial and intellectual impairments;
- Focus efforts on the areas in which people with disabilities have traditionally been denied enjoyment of their legal capacity to ensure that a person's status as a person with a disability or the existence of an impairment (including a mental or intellectual) is never a ground for denying the exercise of legal capacity in practice;
  - Expanding and institutionalizing the practice of supported decision making arrangements to all districts across the country;
  - Work on the restoration of legal capacity of persons with disabilities which have been previously under guardianship regimes;

#### **Outcome 3: National implementation and monitoring**

**Pillar V.** Civil society and peer support mechanisms and networks capacitated to advocate for the realization of the rights of persons with disabilities as secured in the CRPD.

- Enable **DPOs** to advocate for their rights and carry out efficient monitoring and facilitate the dialogue and participation in decision making processes at the central and local levels;
- Invest in capacity development of the OPDs and the key governmental parties for the elaboration of a national disability strategy or action plan, which persons with disabilities need to monitor and participate actively in;
- Include a gender perspective in disability work;

## **7. OVERALL SUMMARY**

- One of the key results of the project was an increased collaboration on disability rights across the UNCT in Moldova. The project brought together in an unprecedented way four UN entities, four ministries (Education, Social Protection, Justice, Health and Finance) and engagement with the other key state institutions and ministries under the coordination of the vice-prime minister of the country, Disabled People's Organizations which formed the Independent Monitoring Mechanism to advance disability rights implementation on the ground.
- Children and adults with disabilities have the necessary legislative recognition of their rights to receive education in inclusive environments and benefit from necessary supports to help them realize their full potential through education. The central and local authorities started to act on their inclusive education commitments and provide support services to support children with disabilities in accessing quality mainstream education in their communities. The government was capacitated to develop a national body for coordination and methodological guidance of the inclusive education processes, the National Centre for Psycho-pedagogical Assistance. At the local level, services for psycho-pedagogical assistance were established in all districts of the country and resource centres for inclusive education at the level of the schools. Children with disabilities from all 35 raions and municipalities across Moldova have ongoing

support provided by assistant teachers and qualified staff. During the 2013-2014 school years, district psycho-pedagogical services assisted 6,268 children. A number of 4,495 children with disabilities were successfully enrolled in mainstream schools at the beginning of the 2014 school year and about 1321 young children with special educational needs were mainstreamed in regular preschool groups. As a result of the work on promotion of inclusive education, the number of children with disabilities in segregated schools has reduced by 20% in the last two years. All these efforts, complemented by a communication campaign, contributed to the double fold increase of the number of children with disabilities included in mainstream schools.

- Access to effective independent complaint mechanism and judicial representation for people from psychiatric hospitals and social care homes. The Ombudsperson for psychiatry was successfully piloted and institutionalized within the state's budget.
- Effective capacity of the National Council on Prevention and Elimination of Discrimination to act effectively on cases of discrimination on grounds of disabilities in all areas of life (employment, health care, education, justice, etc.).
- Ability of persons with psycho-social or intellectual disabilities to work with the governmental bodies on developing integrated socio-medical support services, necessary to support living and inclusion in the community, and to prevent hospitalisation. The National Strategy for Adult Deinstitutionalisation and Action Plan were elaborated and the foundations for a dynamic of change that will shift resources from institutions to the community were laid down. Starting with January 2014 mental health care was integrated into the in primary health care and community health centres opened in every region of Moldova to ensure that persons with psychosocial disabilities are able to enjoy their right to independent living in their own communities as required by Article 19 CRPD;
- Committed state authorities to the legal capacity reform. A draft law on amending the Civil Code provisions on legal capacity and new provisions related to the legal recognition of supported decision making arrangements has been elaborated and pending approval in the government.

## **8. LESSONS LEARNED**

1. Inclusion of Disabled Peoples Organisations (DPO) in all programmatic stages (design of the intervention, implementation, monitoring and evaluation of results);
2. Need to ensure national ownership, political will towards reform and capacities for sustainability of results;
3. Coordination and common planning amongst the broader UNCT and building interventions on the comparative advantages of the individual agencies for promoting rights of persons with disabilities'
4. Necessity to enhance knowledge sharing within and outside the United Nations through transposing accumulated knowledge into explicitly documented lessons learned and good practices and developing a systematic transfer of knowledge accumulated at the field level, especially first-hand knowledge held by the organisations of persons with disabilities, into institutional knowledge.