# Programme proposal – 4th Funding Round 2021

List of acronyms

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| AOPD | Alliance of Organizations of Persons with Disabilities |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil Society Organization  |
| ICF  | International Classification of Functioning |
| NCDDWA | National Council for Determination of Disability and Work Ability |
| OPD | Organization of Persons with Disabilities |
| SDGs | Sustainable Development Goals  |
| UNCT | UN Country Team |
| UNSDCF  | UN Sustainable Development Cooperation Framework  |

# Cover page

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| **Title of the programme:**  Paradigm Shift to Disability Inclusive Services, Accountability and Governance in Moldova  |
| **Country:** Republic of Moldova **Region or provinces:** National |
| **Duration (max. 24 months):** 24 months |
| **Total Budget:** USD 600,000 |
| **Co-funding:** USD 195,600 |
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| **Other Partners names and contact details:****RCO focal point:**Veaceslav Palade, veaceslav.palade@un.org  |
| **Programme description (max 250 words): (please describe what problem the programme intends to address and what will be the approach to do so please refer to all three UNPRPD outcomes)**The project will address three major barriers to inclusion of persons with disabilities in Moldova: (i) predominant medical approach to disability assessment and determination, (ii) limited accountability and governance mechanisms for CRPD implementation and (iii) limited mainstreaming of rights of persons with disabilities in the national programmes, development programmes, budgets and monitoring processes. Related to these three barriers, the program will achieve three inter-related outcomes. Under the first outcome, the program will build capacities of duty bearers to address preconditions to disability inclusion. The action will strengthen the professional capacity of the National Council on Determination of Disability and Work Ability (NCDDWA) to ensure the full transition from the medical to the human rights-based approach to disability determination. A new model of disability determination will be piloted in three regions across the country. Guidelines will be developed and piloted in three regions to facilitate models of good practice, learning and exchange mechanisms on disability determination from a human rights perspective. The program will enhance the constituency engagement and advocacy capacity of OPDs to support implementation of a human rights centered approach to disability determination for all ages. Under the second outcome, the program will focus on addressing gaps in the domestic legislative framework, regulations and systems on disability determination, data collection and access to assistive devices and technologies. This will be achieved by: (i) producing relevant scoping and feasibility studies in order to identify legislative and procedural gaps; (ii) developing policy options, legal amendments and underlying costing; (iii) creating opportunities (mechanisms) for OPDs to genuinely participate and shape policy development processes; (iv) facilitating an inclusive policy dialogue with all relevant stakeholders. Under the third outcome, the program will support the UNCT Moldova to mainstream disability into the UN-Moldova Sustainable Development Cooperation Framework for 2023-2027. Efforts will be made to align the domestic framework of SDG indicators to CRPD standards. |
| **Targeted CRPD articles:** Article 4 (General obligations)Article 5 (Equality and non-discrimination);Article 6 (Women with disabilities);Article 7 (Children with disabilities);Article 9 (Accessibility);Article26 (Habilitation and Rehabilitation);Article 27 (Participation in political and public life);Article 31 (Statistics and data collection); Article 33 (National implementation and monitoring). |
| **Targeted SDGs:** SDG 3, 4, 5, 10, 16. |
| **Preconditions[[1]](#footnote-1):** inclusive servicedelivery; accountability and governance |
| **Target groups[[2]](#footnote-2):** allpersonswith disabilities, including children and youth**,** women and girls with disabilities and under-represented groups (persons with intellectual and/or psycho-social disabilities, persons with disabilities from rural areas) |
| **Thematic focus [[3]](#footnote-3):** Inclusive SDGs planning and monitoring; Statistics and data collection; CRPD monitoring (art 33); Disability assessment and referral services; OPDs capacity building. |

# Background and rationale

## 2.1 Challenges and opportunities to be addressed by the project.

According to the available official statistics, as of 2020, the total number of persons with disabilities in the Republic of Moldova amounted to176,100, including 10,700 children, showing a decrease by 3500 persons relative to 2017. Out of this number, around 48.0% are women and 52.0% are men, 62% reside in rural areas and 38% live in urban settlements. Persons with disabilities represent 5.0% of the country's population, whereas children with disabilities represent 1.6% of the total number of children.

The situational analysis conducted jointly by UNCT, OPDs, government institutions and CSOs engaged in disability advocacy stressed that persons with disabilities in Moldova are among the country’s most vulnerable groups. Vulnerabilities of persons with disabilities reside in all three spheres, social, economic and political. There is no efficient mechanism for ensuring social inclusion of persons with disabilities, the social exclusion leads to the limited economic opportunities which is interconnected with limited political representation. In 2020, 50,8 thousand persons with disabilities benefited from social allowances. The allowances are given to socially and economically vulnerable persons. This figure shows the high level of vulnerability among persons with disabilities. The same figure implies that families that have at least one person with disabilities are twice less likely to qualify their livelihood as satisfactory than families that do not have members with disabilities.

The root causes of economic and social vulnerabilities are strongly linked to discrimination of persons with disabilities and disability blind policies. There is a high level of non-compliance and violation of rights, exposing children and adults with disabilities to direct and indirect discrimination in all spheres of life. Some groups are exposed to multiple and intersectional discrimination, particularly women with disabilities, children with disabilities, persons with disabilities living in rural areas, persons with psychosocial and intellectual disabilities, among them especially women residing in long-term residential institutions, and Roma persons with disabilities.

Disability determination is a crucial gateway for persons with disabilities to access assistive technologies and devices, individual support services and benefits and therefore have better opportunities to be included in the society. Although the Republic of Moldova undertook steps to reform the disability determination system over the last decade, its core approach is medical. The National Council on Determination of Disability and Work Ability (NCDDWA) lacks a clear methodology for human rights-based disability determination, focused on barriers to the participation of persons with disabilities in all spheres of life, individual requirements, will and preferences. Limited access to information and poorly developed reference mechanisms hinder access of persons with accentuated and severe disabilities, as well as those with intellectual and visual and hearing impairments, older persons with disabilities, and those living in rural areas, to the disability determination services.

Weak accountability and governance prevent meaningful implementation of CRPD and disability inclusive SDGs. The Republic of Moldova lacks a comprehensive, cross-sectoral data collection system on disability inclusion. The available statistics do not provide sufficient level of disability disaggregated data including by sex, age, ethnicity, type of impairment, socioeconomic status, employment and place of residence, as well as data on the barriers that persons with disabilities face in society. Insufficient data hinders the process of developing relevant policies and budgeting in order to meet the needs of children and adults with disabilities and contribute to the implementation of the CRPD. The cross-sectoral mechanism for coordinating the CRPD implementation (Article 33 (1)) is not functional, being a core impediment to advancing the rights of persons with disabilities.

The civic infrastructure of OPDs is under-developed. Persons with intellectual and psycho-social disabilities, women and girls with disabilities, persons from rural areas, ethnic minorities with disabilities, migrants with disabilities, older persons with disabilities, persons with dwarfism and LGBTI persons are underrepresented in the OPDs. Lack of capacity, personal motivation, engagement opportunities, persistent physical barriers and stereotypes represent major barriers to participation and association of persons with disabilities.

Against this background, three major priorities were identified based on the findings from the situational analysis: (i) support the paradigm shift from the medical to the human rights-based approach to disability determination; (ii) strengthen participation and representation of OPDs; (iii) foster accountability and governance for the design and implementation of disability inclusive policies and advancing implementation of disability inclusive SDGs.

The implementation of the Joint Program builds on the strong political will to align the national legislation and system to the CRPD. Bringing together PUNOs, relevant duty bearers and OPDs, human rights institutions, the action will shift the paradigm from the medical model to the human rights-based model of disability determination and data collection as well as will empower persons with disabilities to meaningfully participate in the decision making process. Combining the unique capabilities of UNCT Moldova, the joint program will employ a multidimensional and inter-agency approach to support the implementation of the CRPD and disability inclusive SDGs.

## 2.2 Proposal development process

The processes that led to this programme proposal were conducted in a participatory and inclusive manner, involving at different stages over 60 participants representing the duty bearers (Ministry of Health, Ministry of Labour and Social Protection, National Council for Determination of Disability and Work Ability, National Bureau of Statistics, National Social Assistance Agency, regional social assistance divisions, Republican Center for Psycho-pedagogical Assistance, etc.), rights holders (Alliance of Organizations of Persons with Disabilities (AOPD), OPDs, civil society organization working with and providing services to persons with disabilities, parents of children and youth with disabilities), national human rights institutions (Ombudsperson’s Office, Equality Council), academia (Academy of Science, Balti State University, Cahul State University, State Pedagogical University) and UN Country Team (RCO, UNDP, UNICEF, OHCHR, UNFPA, UN Women, WHO).

The Situational Analysis this proposal is based on was developed by AOPD, an umbrella organization of OPDs, which actively involved persons with disabilities in conducting the assessment and defining the priorities. The induction training on cross-cutting approaches and preconditions for disability inclusion (attended by 50 participants, including 14 persons with physical and sensory disabilities and five parents of children with intellectual and/or psycho-social and sensory disabilities), that preceded the Situational Analysis, served as a platform for learning, sharing experiences and networking that helped in subsequent engagement of AOPD with the national stakeholders during the analysis. Furthermore, eight focus group discussions and over 70 interviews with persons with disabilities, representatives of OPDs, CSOs, service providers, academia, national human rights institutions, national and local governments informed on the critical gaps and bottlenecks on the rights of persons with disabilities in Moldova. The process culminated with a validation workshop that gathered more than 40 participants, including 30 representatives of OPDs and CSOs, who were engaged in shaping the directions of interventions covered through this programme proposal.

UNDP implemented on behalf of the Moldova UNCT the Inception Phase steps. Under the overall supervision and coordination of RCO, UNDP conducted the proposal development process in a participatory manner. After reaching an agreement on the proposed priorities for intervention, UNCT was constantly engaged and provided inputs on each version of the results framework, work plan and full programme proposal. The RC and the RCO ensured UNCT’s engagement and catalytic efforts in completing the programme development process, as well as cleared the last version of the proposal.

# Overall programme results framework

**Table 1. Results framework**

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| **Outcome 1 Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs** |
| *Please describe how the project will contribute to outcome 1 of the UNPRPD results framework. (200 words)*The project will support National Council for Determination of Disability and Work Ability (NCDDWA) to increase its capacity to enable the transition of disability determination from a model based on narrow health considerations to a model centered on human rights and empowerment in line with CRPD and the International Classification of Functioning (ICF), including for children and youth (ICF-CY). To achieve this, the programme component will employ a three-pronged approach: (i) develop new guidelines; (ii) train multi-disciplinary team members on how to apply the new guidelines; (iii) support NCDDWA to pilot the guidelines in three regions of the country. Along with that, the programme will support the capacity building of OPDs, including through a peer-to-peer approach, in the same pilot regions to participate in the design and piloting of the new guidelines. The project will do that by: (i) mobilizing OPDs, (ii) providing training and coaching and (iii) providing funding for mobilization and advocacy initiatives developed by the OPDs. Lastly, the programme will provide UNCT with the knowledge and tools to strengthen disability mainstreaming within the development frameworks and programs. This will be accomplished by working with UNCT project teams by providing them with practical training sessions and with UNCT disability focal points by supporting them to take a more strategic approach on disability mainstreaming. |
| **Output 1.1.A. Disability determination staff have increased knowledge on the human rights-based approach to disability determination, in full alignment with the criteria and methodological guidelines of the International Classification of Functioning (ICF), including for children and youth (ICF-CY)** |
| **Indicators** *please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU* |
| **1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the UNPRPD programme. (Disaggregated by topics)**  |
| Description: Training activities entail a three-step process that ensures sustainability of the capacity building process. Firstly, following a training needs assessment the Programme will develop two multi-modular training programs on the human rights-based model to disability determination for the 15 multi-disciplinary teams of the National Council for Determination of Disability and Work Ability (NCDDWA), with thematic focus on (i) human rights-based disability determination for adults, and (ii) human rights based disability determination for children. Secondly, the project will identify six trainers within the NCDDWA who will benefit from one Training of Trainers. Thirdly, the trainers will benefit from individual coaching in the delivery of three trainings for the NCDDWA staff on human rights-based model to disability determination, including one training for the staff specialized in the determination of disability for children. Fourth, after the delivery of the trainings, guidelines will be developed to support continuous training for the disability determination staff of the NCDDWA.  |
| Baseline: – 0 |
| Milestone year 1: – 2 multi-modular training programs and materials on human rights-based approach to disability determination for adults and children developed – 1 training of trainers (ToT) conducted for six selected trainers within National Council for Determination of Disability and Work Ability (NCDDWA) |
| Milestone year 2:– 18 individual coaching sessions with six selected trainers conducted to support the preparation and delivery of 3 trainings on the human rights-based approach to disability determination, including one training with thematic focus on disability determination for children– 3 trainings on the human rights-based approach to disability determination, including one training with thematic focus on disability determination for children, delivered |
| Target: – 2 multi-modular training programs and materials on human rights-based approach to disability determination for adults and children developed– 22 training events (1 ToT, 3 trainings, 18 individual coaching sessions) developed and delivered  |
| Means of verification: – training reports, copies of training materials– report on ToT for six selected trainers within NCDDWA– report on delivery of individual coaching sessions  |
| Responsible: – UNDP, UNICEF |
| **1.1.2 # of participants (disaggregated by type of stakeholder) disaggregated by sex, disability, rural/urban participating in capacity building activities funded or provided by UNPRPD programmes** |
| Description:Capacity building activities on the human rights-based approach to disability determination of children and adults with disabilities will engage the disability determination staff (social workers, healthcare professionals, rehabilitation specialists) to build their knowledge, deepen their understanding and support the transition to the new model of disability determination compliant with CRPD standards and ICF requirements. Six staffers will be selected and instructed to act as trainers on disability determination, including 2 trainers on determination of disability for children. |
| Baseline:– 0  |
| Milestone year 1: – 6 staffers selected and instructed to act as trainers on disability determination (4 trainers on disability determination on adults; 2 trainers on disability determination for children) |
| Milestone year 2:– 46 staffers of the NCDDWA, including 9 staffers specialized in the disability determination for children, trained on the human rights-based approach to disability determination |
| Target: – 46 disability determination members of 15 multi-disciplinary teams within NCDDWA, including 9 members of multi-disciplinary teams responsible for disability determination of children, trained– 6 selected trainers within NCDDWA, including 2 trainers on determination of disability for children, trained |
| Means of verification:– register of training participants, training reports– report on coaching sessions provided to NCDDWA trainers |
| Responsible: UNDP, UNICEF |
| **1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive**  |
| Description:Knowledge acquired by training participants on the human rights-based approach to disability determination will be assessed by means of practical assignments, such as designing comprehensive individual social inclusion and rehabilitation plans for various persons with disabilities, including women, and other under-represented groups. Knowledge and skills of selected trainers will be assessed by project consultants who will support them to deliver the training. |
| Baseline:– 0  |
| Milestone year 1:– N/A |
| Milestone year 2:– 37 or 80% of trained participants are able to apply the human rights-based approach in the determination of disability and design of Individual Inclusion and Rehabilitation Programs based on case studies provided by the training team;– 6 or 100% of trainers, selected within NCDDWA, were able to deliver effective training to the multi-disciplinary teams.  |
| Target:– 37 or 80% of trained participants are able to apply the human rights-based approach in the determination of disability and design of individual inclusion and rehabilitation plans based on case studies provided by the training team;– 6 or 100% of trainers, selected within NCDDWA, were able to deliver effective training to the multi-disciplinary teams.  |
| Means of verification:– case study evaluation reports;– coaching reports submitted by the programme consultants. |
| Responsible: UNDP, UNICEF |
| **Output 1.1.B. Capacity of UNCT Moldova staff improved on mainstreaming disability in development cooperation frameworks and programs** |
| **Indicators** *please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU* |
| **1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the UNPRPD programme. (Disaggregated by topics)**  |
| Description:Training program for UNCT Moldova programmes and operations staff on mainstreaming disability in development cooperation frameworks and programs, developed based on a needs assessment and delivered. |
| Baseline:– 0  |
| Milestone year 1:– 2 trainings on mainstreaming disability conducted– 10 individual coaching sessions on disability mainstreaming provided |
| Milestone year 2: – 2 trainings on mainstreaming disability conducted– 10 individual coaching sessions on disability mainstreaming provided |
| Target:– 24 training events (2 trainings, 20 individual coaching sessions) conducted  |
| Means of verification:– training reports, copy of training materials– reports on coaching sessions |
| Responsible: OHCHR |
| **1.1.2 # of participants (disaggregated by type of stakeholder) disaggregated by sex, disability, rural/urban participating in capacity building activities funded or provided by UNPRPD programmes** |
| Description:UNCT Moldova programmes and operations staff, representing RCO, UNDP, UNICEF, UNFPA, OHCHR, ILO, IOM, UN Women, WHO, FAO, UNAIDS, engaged in capacity building activities  |
| Baseline:– 0 |
| Milestone year 1:– 25 UNCT Moldova staff members engaged in capacity building activities  |
| Milestone year 2:– 25 UNCT Moldova staff members engaged in capacity building activities  |
| Target: – 50 UNCT Moldova programmes and operations staff members, representing RCO, UNDP, UNICEF, UNFPA, OHCHR, ILO, IOM, UN Women, WHO, FAO, UNAIDS, engaged in capacity building activities  |
| Means of verification:– training reports, registers of participants |
| Responsible: OHCHR |
| **Output 1.1.C. OPDs and informal groups, including persons from rural areas, women with disabilities, parents of children with disabilities, are capacitated and mobilized to participate in the design and piloting of guidelines for the transition from the medical to the human rights-based approach to disability determination in three pilot regions (inter-related with Outputs 1.2, 1.3)** |
| **Indicators** *please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU* |
| * + 1. **# of trainings (disaggregation by type of capacity building) developed and delivered in the UNPRPD program. (Disaggregated by topics)**
 |
| Description:The program will provide training to OPDs and informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, from three pilot regions on (i) constituency engagement and (ii) advocacy for disability inclusive services, as well as coaching sessions to selected OPD to facilitate the design and implementation of advocacy plans. The capacity building activities will focus on enabling OPDs and informal groups of persons with disabilities to actively engage in supporting transition from the medical to the human rights-based approach to disability determination in three pilot regions. |
| Baseline:– 0 |
| Milestone year 1:– 1 training on constituency engagement developed and delivered– 1 training on advocacy for disability inclusive public policies developed and delivered– 9 coaching sessions provided to facilitate the design of advocacy plans  |
| Milestone year 2:– 9 coaching sessions provided to facilitate the implementation of advocacy plans  |
| Target:– 20 training events (2 trainings, 18 coaching sessions) developed and delivered |
| Means of verification:– training reports, copy of training materials– coaching sessions reports, copies of advocacy plans |
| Responsible: OHCHR, UNDP |
| **1.1.2 # of participants (disaggregated by type of stakeholder) disaggregated by sex, disability, rural/urban participating in capacity building activities funded or provided by UNPRPD programmes** |
| Description:Representatives of OPDs, informal groups of persons with disabilities[[4]](#footnote-4), including women and persons from rural areas, groups of parents of children with disabilities, in three pilot regions participating in trainings on constituency engagement and advocacy and benefitting from coaching on design and implementation of advocacy plans. |
| Baseline:– 0 |
| Milestone year 1:– 30 representatives (10 in each pilot region) of OPDs and informal groups of persons with disabilities |
| Milestone year 2:– 30 representatives (10 in each pilot region) of OPDs and informal groups of persons with disabilities - the same group as in year 1 |
| Target:– 30 representatives (10 in each pilot region) of OPDs and informal groups of persons with disabilities |
| Means of verification:– lists of training participants, coaching sessions reports |
| Responsible: OHCHR, UNDP |
| **1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive**  |
| Description:Representatives of OPDs, informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, who benefited from training and coaching sessions, actively engaged in the design of advocacy plans. |
| Baseline:– 0 |
| Milestone year 1:– 20 or 67% representatives of OPDs, informal groups of persons with disabilities and groups of parents of children with disabilities who benefited from training and coaching sessions, are actively engaged in the design of advocacy plans |
| Milestone year 2:– N/A |
| Target:– 20 or 67% representatives of OPDs and informal groups who benefited from training and coaching sessions, are actively engaged in the design of advocacy plans |
| Means of verification:– coaching reports on participants’ engagement in design of advocacy plans |
| Responsible: OHCHR, UNDP |
| **1.1.4 # of OPDs (disaggregated by type umbrella- disability specific- women- underrepresented other) that benefitted from capacity building activities (type of activities) funded by UNPRPD programmes to strengthen the capacity of organizations of persons with disabilities** |
| Description:The capacity building activities will include a grants scheme to consortia of OPDs, informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, with the view to support the implementation of advocacy plans to influence the transition from the medical to the human rights-based approach to disability determination in three pilot region. |
| Baseline– 0 |
| Milestone year 1– N/A |
| Milestone year 2– 3 consortia of OPDs, bringing together at least 6 OPDs and 12 informal groups, enabled to facilitate the implementation of advocacy plans to influence the transition from the medical to the human rights-based approach to disability determination in three piloted regions |
| Target– 3 consortia of OPDs, bringing together at least 6 OPDs and 12 informal groups, enabled to facilitate the implementation of advocacy plans to influence the transition from the medical to the human rights-based approach to disability determination in three piloted regions |
| Means of verification: – implemented advocacy plans  |
| Responsible: OHCHR, UNDP |
| **Output 1.2. Guidelines and tools developed to support transition from medical to human rights-based approach to disability determination for adults and children**  |
| **Indicators** *please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU* |
| **1.2.1 # of knowledge products (disaggregated by type of product/thematic focus) developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices** |
| Description:Guidelines and tools developed, piloted and disseminated to the NCDDWA, its territorial offices and multi-disciplinary teams to support the transition from medical to human rights-based approach to disability determination for children and youth and adults. |
| Baseline:– 0 |
| Milestone year 1:– 2 guidelines developed  |
| Milestone year 2:– 2 guidelines piloted and disseminated in three regions  |
| Target:– 2 guidelines developed, piloted and disseminated in three regions |
| Means of verification:– copy of guidelines, progress reports on piloting the guidelines |
| Responsible: UNDP, UNICEF |
| **1.2.3 # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other)** |
| Description:Guidelines and tools will be developed in a participatory manner, through inclusive working groups and meaningful engagement of OPDs and informal groups in co-design and appraisal of the guidelines and tools developed to support transition from medical to human rights-based approach to disability determination for adults and children |
| Baseline:– 0 |
| Milestone year 1:– 20 actors from government structures, OPDs, informal groups of persons with disabilities, academia are involved in co-designing and appraising the guidelines and tools developed |
| Milestone year 2:– N/A |
| Target:– 20 actors from government structures, OPDs, informal groups of persons with disabilities, academia are involved in co-designing and appraising the guidelines and tools developed |
| Means of verification:– copy of guidelines, minutes of the working group meetings |
| Responsible: UNDP, UNICEF |
| **Output 1.3. Guidelines piloted in three regions with multi-disciplinary and inclusive teams to facilitate models of good practice, learning and exchange mechanisms on disability determination from a human rights perspective** |
| **Indicators** *please select indicators from the UNPRPD menu of indicators (annex 1) against which output progress will be reported, please select as many indicators as appropriate PLEASE DO NOT CHANGE THE INDICATORS LANGUAGE AND KINDLY KEEP THE INDICATORS NUMBER AS IT IS IN THE MENU* |
| **1.3.4 # actors involved in mechanisms to share learning and evidence to inform inclusive policies and systems disaggregated (UN/ GOV/OPDs, other)** |
| Description:Multi-disciplinary teams are meaningfully engaged in the piloting of guidelines and tools developed to facilitate models of good practice, learning and exchange mechanisms on disability determination from a human rights perspective.  |
| Baseline:– 0  |
| Milestone year 1 – N/A |
| Milestone year 2: – 20 actors from UNCT, government structures, OPDs, informal groups of persons with disabilities, academia are actively engaged as an advisory board for the piloting of guidelines and tools developed |
| Target: – 20 actors from UNCT, government structures, OPDs, informal groups of persons with disabilities, academia are actively engaged as an advisory board for the piloting of guidelines and tools developed |
| Means of verification: – minutes of the advisory board meetings, consultant’s progress reports |
| Responsible: UNDP, UNICEF |
| **Outcome 2. Gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs are addressed** |
| *Please describe how the project will contribute to outcome 2 of the UNPRPD results framework. (200 words)*The project will seek to address major gaps that hinder (i) meaningful access of persons with disabilities, including women and girls from rural areas and other underrepresented groups, to individual support services and benefits; and (ii) government accountability, including disaggregated data collection and use, cross-sectoral coordination and consultation in line with CRPD standards.The project implementation strategy of this outcome is based on three pillars: (i) review the regulations on disability determination and provision of assistive devices based on CRPD standards and emerging experience from the pilot regions; (ii) develop regulations focused on streamlining the cross sectoral creation, collection and use of disability disaggregated data based on CRPD standards; (iii) establishment of a multi-stakeholder consultative mechanism for the process of harmonization of national implementation of CRPD.These will be achieved by: (i) producing relevant scoping and feasibility studies in order to identify legislative and procedural gaps; (ii) developing policy options, legal amendments and underlying costing; (iii) mobilize, empower and create relevant opportunities for OPDs to participate and shape policy development process; (iv) facilitate an inclusive policy dialogue with all relevant stakeholders.  |
| **Output 2.1.A. The legislative framework, regulations and systems on disability determination are reviewed to ensure compliance with CRPD standards and ICF, including ICF-CY, requirements** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **2.1.1 # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversight/monitoring systems, 11) financing and budgeting or 12) other (please explain)** |
| DescriptionLaws and regulations on disability determination are reviewed to ensure compliance with CRPD standards and ICF, including ICF-CY, requirements |
| Baseline: – 0  |
| Milestone year 1:– 3 legal texts on disability determination, including (i) the Regulation on the functioning of the National Council for Disability and Work Ability Assessment; (ii) Instructions on determination of degree of disability; (iii) internal regulations of the NCDDWA, are reviewed to improve the aspects of disability determination from a human rights perspective including: availability and accessibility; focus on characteristics, circumstances and support needs; accountability for the implementation of social inclusion and rehabilitation; transparency and cooperation with OPDs; data collection and use; complaints mechanisms; functioning of the mechanism during emergency situations such as COVID-19.  |
| Milestone year 2:– N/A |
| Target:– 3 legal texts on disability determination, including (i) the Regulation on the functioning of the National Council for Disability and Work Ability Assessment; (ii) Instructions on determination of degree of disability; (iii) internal regulations of the NCDDWA, are reviewed to improve the aspects of disability determination from a human rights perspective. |
| Means of verification:– copy of the comprehensive review of the national legal framework on disability determination with policy proposals to align disability determination policies, laws, regulations and systems to the CRPD standards and ICF, including ICF-CY, requirement |
| Responsible: UNDP, UNICEF, OHCHR |
| **2.1.2 # type of change (development/revision/reform) in legal frameworks and systems** |
| DescriptionLaws and regulations on disability determination are **reviewed** to ensure compliance with CRPD standards and ICF, including ICF-CY, requirements |
| Baseline: – 0  |
| Milestone year 1:– 3 legal texts on disability determination, including (i) the Regulation on the functioning of the National Council for Disability and Work Ability Assessment; (ii) Instructions on determination of degree of disability; (iii) internal regulations of the NCDDWA, are **reviewed** to improve the aspects of disability determination from a human rights perspective  |
| Milestone year 2:– N/A |
| Target:– 3 legal texts on disability determination, including (i) the Regulation on the functioning of the National Council for Disability and Work Ability Assessment; (ii) Instructions on determination of degree of disability; (iii) internal regulations of the NCDDWA, are **reviewed** to improve the aspects of disability determination from a human rights perspective. |
| Means of verification:– copy of the comprehensive review of the national legal framework on disability determination with policy proposals to align disability determination policies, laws, regulations and systems to the CRPD standards and ICF, including ICF-CY, requirement |
| Responsible: UNDP, UNICEF, OHCHR |
| **Output 2.1.B. Regulations on data collection, collation and dissemination developed to ensure appropriate disability data disaggregation in line with the CRPD standards and ICF, including ICF-CY, requirements (National Bureau of Statistics, NCDDWA and other relevant actors[[5]](#footnote-5))** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **2.1.1 # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversight/monitoring systems, 11) financing and budgeting or 12) other (please explain)** |
| DescriptionInternal regulations and procedures of the National Bureau of Statistics and relevant administrative data producers on disability data collection and disaggregation are reviewed and policy proposals developed, aiming at enabling appropriate disability data disaggregation in line with the CRPD standards and ICF, including ICF-CY, requirements. |
| Baseline:– 0 |
| Milestone year 1:– 3 institutional regulatory frameworks on disability data collection procedures of the National Bureau of Statistics and the NCDDWA, Ministry of Health, are reviewed. Policy proposals for targeted institutions to strengthen disaggregated disability data collection are developed.  |
| Milestone year 2:– 4 institutional regulatory frameworks on disability data collection procedures of the National House of Social Insurance, Ministry of Labour and Social Protection, Ministry of Education and Research, National Employment Agency are reviewed. Policy proposals for targeted institutions to strengthen disaggregated disability data collection are developed. |
| Target:– 7 institutional[[6]](#footnote-6)  regulatory frameworks on data collection procedures are reviewed and policy proposals for improving disability data collection developed |
| Means of verification:Draft regulations/ amendments on collection and disaggregation of disability data |
| Responsible: UNDP, OHCHR |
| **2.1.2 # type of change (development/revision/reform) in legal frameworks and systems** |
| DescriptionInternal regulations and procedures of the National Bureau of Statistics and relevant administrative data producers on disability data collection and disaggregation are **reviewed** and policy proposals **developed**, aiming at enabling appropriate disability data disaggregation in line with the CRPD standards and ICF, including ICF-CY, requirements. |
| Baseline:– 0 |
| Milestone year 1:– 3 institutional regulatory frameworks on disability data collection procedures of the National Bureau of Statistics and the NCDDWA, Ministry of Health, are **reviewed**. Policy proposals for targeted institutions to strengthen disaggregated disability data collection are **developed**.  |
| Milestone year 2:– 4 institutional regulatory frameworks on disability data collection procedures of the National House of Social Insurance, Ministry of Labour and Social Protection, Ministry of Education and Research, National Employment Agency are **reviewed**. Policy proposals for targeted institutions to strengthen disaggregated disability data collection are **developed**. |
| Target:– 7 institutional[[7]](#footnote-7)  regulatory frameworks on data collection procedures are **reviewed** and policy options for improving disability data collection **developed** |
| Means of verification:Draft regulations/ amendments on collection and disaggregation of disability data |
| Responsible: UNDP, OHCHR |
| **Output 2.1.C. Regulations developed for the Ministry of Health and specialized bodies responsible for the provision of assistive devices to improve the mechanism of needs assessment, costing, planning and ensuring access to assistive devices and technologies for children and adults with disabilities** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **2.1.1 # of national regulatory frameworks and systems changes targeted by the UNPRPD program disaggregated by 1) legislation/regulation, 2) policies/plans/strategies, 3) capacity building programs, 4) operational guidance/standards, 5) direct services/service overhaul/service modelling, 6) audits/reviews/assessments, 7) governmental programs, 8) administrative procedures, 9) formal monitoring and accountability mechanisms or bodies, 10) regulatory/oversight/monitoring systems, 11) financing and budgeting or 12) other (please explain)** |
| DescriptionRegulations are developed to improve the mechanism of needs assessment, costing, planning and ensuring access to assistive devices and technologies for children and adults with disabilities.  |
| Baseline: – 0  |
| Milestone year 1:– Regulatory framework of the Ministry of Health on needs assessment, planning and ensuring access to assistive devices and technologies for children and adults with disabilities is reviewed and policy options for enabling an equitable access to assistive devices and technologies are developed |
| Milestone year 2: – Developed policy proposals are costed, consulted within a multi-stakeholder mechanism, and submitted to decision makers for endorsement and approval (output 2.2 below) |
| Target:– Regulatory framework of the Ministry of Health on needs assessment, planning and ensuring access to assistive devices and technologies for children and adults with disabilities is reviewed, policy options for enabling an equitable access to assistive devices and technologies are developed, costed and consulted in a participatory manner |
| Means of verification: - Report on the assessment of the current mechanism of needs assessment, planning and ensuring access to assistive devices for persons with disabilities, including children and youth- Policy options proposed to improve planning and access to assistive devices related to habilitation, rehabilitation and inclusion |
| Responsible: UNDP, UNICEF |
| **2.1.2 # type of change (development/revision/reform) in legal frameworks and systems** |
| DescriptionRegulations are **reviewed** and **developed** to improve the mechanism of needs assessment, costing, planning and ensuring access to assistive devices and technologies for children and adults with disabilities.  |
| Baseline: – 0  |
| Milestone year 1:– Regulatory framework of the Ministry of Health on needs assessment, planning and ensuring access to assistive devices and technologies for children and adults with disabilities is **reviewed** and policy options for enabling an equitable access to assistive devices and technologies are **developed** |
| Milestone year 2: – N/A |
| Target:– Regulatory framework of the Ministry of Health on needs assessment, planning and ensuring access to assistive devices and technologies for children and adults with disabilities is **reviewed**, policy options for enabling an equitable access to assistive devices and technologies are **developed** |
| Means of verification: - Report on the assessment of the current mechanism of needs assessment, planning and ensuring access to assistive devices for persons with disabilities, including children and youth- Policy options proposed to improve planning and access to assistive devices related to habilitation, rehabilitation and inclusion |
| Responsible: UNDP, UNICEF |
| **Output 2.2. Established formal multi-stakeholder and cross-sectoral consultative mechanism to support legislative, policy and systems changes and engage persons with disabilities, including women with disabilities, parents of children with disabilities and their representative organizations, in harmonization of implementation framework on disability determination, data collection and access to assistive devices and technologies with CRPD standards** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **2.2.1 # of multi-stakeholder coordination mechanisms (disaggregated formal/informal) to support legislative policy and systems changes developed or strengthened** |
| DescriptionMulti-stakeholder and cross-sectoral consultative mechanism to support legislative policy and systems changes and engage persons with disabilities in harmonization of national implementation framework on disability determination, data collection and access to assistive technologies with CRPD standards, developed |
| Baseline: – 0 |
| Milestone year 1:– The multi-stakeholder and cross-sectoral consultative mechanism to support legislative policy and systems changes is set up and meaningfully engage persons with disabilities in harmonization of national implementation framework on disability determination, data collection and access to assistive technologies with CRPD standards  |
| Milestone year 2: – Functionality of consultative mechanism is supported |
| Target:– 1 multi-stakeholder and cross-sectoral consultative mechanism established to support legislative policy and systems changes and engaged persons with disabilities in harmonization of national implementation framework on disability determination, data collection and access to assistive technologies with CRPD standards  |
| Means of verification:Regulation on the establishment and functioning of the multi-stakeholder consultative mechanism on CRPD implementation |
| Responsible: OHCHR |
| **2.2.2 # of stakeholders within each mechanism (disaggregated by type of stakeholder Gov/ UN/OPDs/other)** |
| DescriptionThe multi-stakeholder and cross-sectoral consultative mechanism brings together national authorities in charge of the CRPD implementation, umbrella organization of OPDs, human rights institutions, human rights NGOs and UN agencies.  |
| Baseline: – 0 |
| Milestone year 1:– 15 stakeholders (UNCT, government structures, OPDs, informal groups of persons with disabilities, human rights institutions, CSOs) participate as members of the consultative mechanism |
| Milestone year 2:– N/A  |
| Target: – 15 stakeholders (UNCT, government structures, OPDs, informal groups of persons with disabilities, human rights institutions, CSOs) participate as members of the consultative mechanism |
| Means of verification:Regulation on the establishment and functioning of the multi-stakeholder and cross-sectoral consultative mechanism on CRPD implementation |
| Responsible: OHCHR |
| **2.2.3 # stakeholders involved in consultation and validation processes (disaggregation by stakeholder (GOV/UN/OPDs/other))**  |
| DescriptionThe programme will support OPDs to actively engage in consultation and validation processes for aligning the national implementation framework on disability determination, disability data collection and access to assistive technologies with CRPD standards.  |
| Baseline: – 0 |
| Milestone year 1: – At least 10 OPDs, informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, are actively engaged in consultation and validation of legal harmonization processes, including on disability determination, data collection, access to assistive devices in compliance with CRPD standards  |
| Milestone year 2: – At least 10 OPDs, informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, are actively engaged in consultation and validation of legal harmonization processes, including on disability determination, data collection, access to assistive devices in compliance with CRPD standards  |
|  Target: – At least 20 OPDs, informal groups of persons with disabilities, including women and persons from rural areas, groups of parents of children with disabilities, are actively engaged in consultation and validation processes |
| Means of verification:– progress report, minutes of consultative meetings |
| Responsible: OHCHR |
| **Outcome 3. National development and humanitarian plans, budgets, programs and monitoring processes are disability inclusive.** |
| *Please describe how the project will contribute to outcome 3 of the UNPRPD results framework. (200 words)*The project will approach two relevant changes. Firstly, the intervention will mainstream the rights of persons with disabilities in the Moldova UNSDCF 2023-2027. The UNCT will conduct a rapid assessment of the current UN partnership framework from the perspective of disability inclusion. These findings and recommendations, along with meaningful consultations with OPDs, UNCT knowledge on disability mainstreaming into development cooperation frameworks and programs (Output 1.1.B), will inform and support meaningful inclusion of disability in UNSDCF 2023-2027. Under the coordination of RCO, the Common Country Analysis will be annually updated from the disability perspective. Secondly, the project will support the National Authorities to align the national framework of SDGs indicators with the CRPD standards. The domestic framework of SDGs indicators will be thoroughly analyzed from the perspective of gender sensitive disability inclusion. UNCT will support broad consultation of findings and recommendations with OPDs and other relevant stakeholders at national and local level. Findings and consultations will pave the way towards developing a roadmap for aligning the targeted nationalized SDGs indicators with the CRPD standards.  |
| **Output 3.1. Disability is mainstreamed in the UNSDCF 2023-2027 design and implementation** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **3.1.1. # of Common Country Analysis (CCA) including disaggregated data and analysis of the situation of persons with disabilities** |
| Description:Common Country Analysis (CCA) annual reviews include disaggregated data and analysis of the situation of persons with disabilities. |
| Baseline:– 0 |
| Milestone year 1:– 1 |
| Milestone year 2:– 1 |
| Target:– 2 |
| Means of verification: – Independent review from the disability perspective of the Common Country Analysis Moldova |
| Responsible: OHCHR, UNDP, UNICEF |
| **3.1.2. # UNSDCF where disability inclusion has been mainstreamed and/or targeted** |
| Description:UN-Moldova SDCF 2023-2027 mainstreams disability inclusion  |
| Baseline: – No  |
| Milestone year 1:– Yes  |
| Milestone year 2:– N/A |
| Target:– Yes  |
| Means of verification: – UN-Moldova SDCF 2023-2027  |
| Responsible: OHCHR, UNDP, UNICEF |
| **Output 3.2. National framework of indicators for SDGs progress monitoring and reporting are disability inclusive and aligned with CRPD standards** |
| **Indicators** *please selected appropriate indicators from the shared UNPRPD menu of indicators, please selected as many indicators as appropriate* |
| **3.2.3 # SDGs implementation data collection, monitoring and accountability processes assessing progress against specific disability inclusion targets** |
| Description:SDGs within the national framework of indicators in Moldova targeted for disability inclusion in data collection  |
| Baseline: – 0 |
| Milestone year 1: – N/A |
| Milestone year 2:– 3 |
| Target: – 3 (SDGs 1, 3, 4) |
| Means of verification: Draft framework of targeted indicators developed |
| Responsible: UNDP, OHCHR |

# Outcomes strategy

## 4.1 Theory of change

The overall goal of the project is to achieve a paradigm shift from the medical to human rights-based approach to disability determination that would allow the development of inclusive services as well as will be based on effective accountability and Governance mechanisms. Therefore, the theory of change for the intervention would consist of the interplay between the three outcomes set by the proposal.

According to the situational analysis, the main challenges that persons with disabilities are facing are related to:

1. disability determination system rooted in the medical approach and limited capacities of the staff of public authorities to apply human rights-based model to disability determination.
2. low level of awareness of persons with disabilities about their rights and lack of consultative mechanisms and, therefore, limited participation of persons with disabilities in decision making process including in the coordination and monitoring of policies relevant for their rights.
3. Limited instances of mainstreaming disability in national programmes as well as in the programmes of development partners, including the UN programmatic framework.

In order to tackle the challenges described above, the following assumptions may be inferred.

**If** the national stakeholders, especially key duty bearers and rights holders, have their capacities enhanced to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs,

**if** the gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs are addressed and

**if** national development and humanitarian plans, budgets, programs and monitoring processes are disability inclusive

**then**

the process/system of disability determination will employ the human rights approach to disability determination, persons with disabilities will benefit of inclusive social services, as well as individualized support services and assistive devices and technologies that respond to their needs and will have better avenues for participation in decision making process and will finally be included in the society.

Through the third outcome, the project will contribute directly to the mainstreaming of rights of persons with disabilities in the UN-Moldova Sustainable Development Cooperation Framework 2023-2027 and therefore to the implementation of the CRPD (Article 4, Article 5, Article 6; Article 7; Article 9, Article 26; Article 27, Article 31; Article 33) being guided by the SDG framework (SDGs 3, 4, 5, 10, 16).

## 4.2 Result Chains

The goal of the Joint Programme is to contribute to a paradigm shift from the medical to social/ human rights model to disability determination that would allow the development of inclusive services for persons with disabilities as well as will be based on effective accountability and Governance mechanisms.

The Joint Programme anticipates contributing to:

***Enhance the capacity of national stakeholders, especially of key duty bearers and rights holders to ensure more effective contributions towards disability inclusive policies, systems and for the implementation of the CRPD and SDGs.***

**This outcome will be achieved through:**

1. support NCDDWA to increase its capacity to enable the transition of disability determination from a model based on narrow health consideration to a model centered on human rights and empowerment in line with CRPD and International Classification of Functioning (ICF), including for children and youth (ICF-CY). This will be achieved through: (i) development of new guidelines of disability determination; (ii) train multi-disciplinary team members on how to apply the new guidelines; (iii) support NCDDWA to pilot the guidelines in three regions of the country.
2. support the capacity building of OPDs in the same pilot regions to participate in the design and piloting of the new guidelines. The project will do that by: (i) mobilizing OPDs, (ii) providing training and coaching and (iii) providing funding for mobilization and advocacy initiatives developed by the OPDs and (iv) genuinely consulting in the establishment of the multi-stakeholder consultative mechanism on CRPD implementation.
3. provide UNCT with the knowledge and tools to strengthen disability mainstreaming within the development frameworks and programmes. This will be accomplished by working with both UNCT project teams by providing them with practical training sessions and UNCT disability focal points by supporting them to take a more strategic approach on disability mainstreaming.

The programme also aims at addressing the ***gaps in achieving the essential building blocks or preconditions to CPRD implementation in development and humanitarian programs***.

This will be achieved through:

1. review of the regulations on disability determination and provision of assistive technologies and devices based on CRPD standards and emerging experience from the pilot regions;
2. develop regulations focused on streamlining the cross-sectoral creation, collection and use of disability disaggregated data based on CRPD standards;
3. establishment of a multi-stakeholder and cross-sectoral consultative mechanism for the process of harmonization of national implementation of CRPD, as well as facilitate an inclusive policy dialogue with all relevant stakeholders.

In order to accomplish the outcome related to ***disability inclusive national development and humanitarian plans, budgets, programs and monitoring processes*** the Joint programme will:

1. mainstream the rights of persons with disabilities in the UN-Moldova Sustainable Development Cooperation Framework (UNSDCF) 2023-2027 through the assessment of the current UN-Moldova partnership framework from the perspective of disability inclusion and conducting meaningful consultations with OPDs that will inform and support inclusion of disability in UNSDCF 2023-2027. Also, the mainstreaming will be done through the annually updated Common Country Analysis from the disability perspective.
2. national authorities will align the national framework of SDG indicators to the CRPD standards - this will be achieved through the analysis of domestic framework of SDG indicators from the perspective of disability inclusion, broad consultation of findings and recommendations with OPDs and other relevant stakeholder at national and local levels and development of a roadmap for aligning the targeted nationalized SDGs indicators with the CRPD standards.

## 4.3 Geographic scope

The Joint Programme will cover the whole country and will have an impact on rights of persons with disabilities irrespective of where they reside. The interventions at the central level, in the field of capacity building of state authorities’ staff, as well as improving the regulatory framework will positively impact the rights of all persons (children and adults) with disabilities living in the Republic of Moldova.

Considering the limitations in terms of funding but also restrained period of implementation, the activities related to the capacity building of OPDs in three pilot regions to participate in the design and piloting of the new guidelines on disability determination will have a limited geographical scope. Still, once the scaling up of the good practices will take place, the impact of those geographically limited interventions will occur in respect of all persons with disabilities.

## 4.4. Sustainability

The Joint Programme will bring sustainable results due to several approaches that were employed at the stage of programme development, as well as during the programme implementation and post-implementation period. At the design stage, the approaches that will bring sustainability resided in:

1. multi-stakeholder involvement at the stage of developing the situational analysis based on which the Joint Programme proposal was developed;
2. grounding the results framework in the situational analysis, developed in an inclusive manner;
3. design the interventions based on the findings of the situational analysis.

At the implementation stage, the sustainability of interventions will be ensured through the following approaches:

1. consistent involvement across the intervention of OPDs and inclusion of persons with disabilities and parents of children with disabilities in the decision making processes;
2. empowerment of persons with disabilities to be able to participate in the decision making processes as well as to promote and claim their rights;
3. ownership of the interventions targeting duty bearers by the targeted authorities;
4. transpose the good practices into a regulatory framework approved by the respective authorities.

Attention will be paid to further resource mobilization for the subsequent phases of the intervention by the PUNOs.

## 4.5 Innovation

The project will be aiming at transposing the best practices in disability determination in the regulatory and policy framework of the Republic of Moldova. The ICF framework and, in particular, the social/human rights-based approach to disability are relatively new and complex matters, the transposition of these approaches at the national level would already form innovative interventions.

At the same time, inclusion of persons with various types of disabilities in designing and piloting the guidelines for human rights-based disability determination which is a state run process is also an innovative approach that will contribute also to the piloting of inclusive policy making. Moreover, providing support to the state in setting up multi-stakeholder and cross-sectoral consultative mechanisms with the active involvement of OPDs is another innovative approach at the country level that will further contribute to the process of harmonization of national implementation of CRPD.

Supporting the authorities in developing a framework that will link the CRPD indicators, SDGs and the national programmes is part of the innovative integration approach of public policy making. This will also help at institutionalizing horizontal policy cohesion which is another novation in the development theory.

## 4.6 Complementarity with other ongoing initiatives.

The proposed Programme will complement other disability related work at the UNCT level. As part of the Activity Plan of the UNCT Moldova Disability Inclusion Task Force, the participating agencies conducted a mapping of the ongoing activities in the field of disabilities. Key activities per agency are as follows:

UNFPA:

1. development of the data on disability as part of the work on 2014 census;
2. Advocacy and funds mobilization for Disability Inclusion in Sexual Reproductive Health and Rights;
3. Media awareness and communication to combat taboos and stereotypes related to SRH & Disability;
4. Private sector Partnership to fight stigma of disability;
5. Generations and Gender Programme that includes a special module on disability, based on the Washington Group on Disability Statistics.

UNICEF:

1. Development of the new Education Sector Plan (long-term Education Strategy 2030 and mid-term Programme and Action Plan 2021-2025)
2. Development of the National Programme on Inclusive Education, 2022-2025;
3. Strengthening Early Identification and Intervention Services.

UN Women:

1. Multi-Country Programme “Addressing stigma, discrimination and violence for empowering women with disabilities (ASDWD)”;
2. Project “Accept disability, but not violence” conducted by NGO partner “Motivatie”, under the regional programme “EU 4 Gender Equality: Together against gender stereotypes and gender-based violence", funded by EU, implemented by UN Women and UNFPA

OHCHR:

1. Study on the Respect for Human Rights in Social Care and Mental Health Facilities of the Republic of Moldova, conducted in 2018;
2. Development of easy to read, easy to understand materials in the context of COVID-19 pandemic;
3. Monitoring the implementation of the international recommendations in the field of the rights of persons with disabilities;
4. Mainstreaming HR and rights of persons with disabilities in the initial and in-service training programs of specialists in social field;
5. Resource group of parents of children with disabilities, created in 2019 and empowered by OHCHR are initiating advocacy actions to promote the human rights-based approach to disabilities;
6. Conduct assessment for a CRPD compliant regulatory framework on the left bank and develop recommendations for regulatory framework compliant with the provisions of the UN Convention on the Rights of Persons with Disabilities (CRPD) on the left bank of Nistru River.

As it might be inferred from the list of activities, already in implementation by UN Agencies, the Joint intervention will come as a strategic intervention in supporting the current and past interventions. Also, in the case of UN entities such as OHCHR the already implemented or under implementation interventions are paving the way for some of the components of the Joint Programme, in particular related to the participation of persons with disabilities in the decision-making process.

# Contribution to UNPRPD impact

**Table 2 Progress against UNPRPD Impact Indicators**

|  |  |  |
| --- | --- | --- |
| UNPRPD MPTF IMPACT(2025) | Reduce the inequality and exclusion for all persons with disabilities within and across countries. |  |
| Indicators  | How will the project contribute to this indicator?  |  Country Baseline 2021 (please indicate the source) |
| *#Number of persons with disabilities who have undergone a CRPD aligned disability assessment and are in possession of disability certification compared to statistical estimations of the number persons with disabilities.* | The project will support the NCDDWA to increase its capacities to be able to deliver disability determination based on the social model of disability and employ the human rights approach to disability determination. It will also support the adjustment of the regulatory framework on disability determination to the CRPD standards. Along with the institutional interventions, the project will also focus on empowering OPDs to participate in the design of the guidelines of human rights-based disability determination, therefore operationalizing the “nothing about us without us” principle.  | 17,2 thousand persons were attributed a disability degree in 2019. 15,1 thousand received the disability degree requested. 13,7 thousand adults. 1,4 thousand children. (National Bureau of Statistics data for 2019) |
| *Percentage of public spending on disability rights and inclusion, as a proportion of the GDP/sector budgets, disaggregated by disability specific budget allocations and allocations within mainstream budget.* | The project is aiming at addressing the main gaps in improving the mechanism of assessing the needs, costing, and planning in ensuring the access to assistive devices and technologies for children and adults with disabilities. This intervention will contribute to the mainstreaming of disability in certain sections of the budgets and will also contribute to the generation of disability disaggregated data in terms of disability related budget allocations.  | NOT AVAILABLE |
| *Increase of disability data/disaggregation (including by sex) within standard data and CRPD compliant collection processes.* | One of the outputs of the project is to make the national framework of indicators for SDGs progress monitoring disability inclusive and aligned to CRPD standards.  | Currently the disability data desegregation available based on sex/gender, rural vs. urban, age, degree of disability.  |
| *SDG indicator 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age and population group.* | The project will support the establishment of the formal multi-stakeholder and cross-sectoral consultative mechanism to ensure the active involvement and participation of persons with disabilities, including women with disabilities and their representative organizations, as well as parents of children with disabilities in all processes of legal harmonization with and national implementation of CRPD. At the same time, all the interventions of the project will have a strong participation component so that OPDs are involved in the design and the piloting of guidelines for human rights-based disability determination.  | NOT AVAILABLE  |

# Cross cutting approaches

The project will directly ***enable full and effective participation of persons with disabilities*** across two of its outcomes.

For the Outcome 1 “*Capacity of national stakeholders, especially of key duty bearers and rights holders, is enhanced, to ensure more effective contributions towards disability inclusive policies, systems and - for the implementation of the CRPD and SDGs*” there is a separate output that will contribute to the enabling of participation of OPDs namely: Output 1.1.C. “*OPDs and informal groups, including persons from rural areas, women with disabilities, parents of children with disabilities, are capacitated and mobilized to participate in the design and piloting of guidelines for the transition from the medical to the human rights based approach to disability determination in three pilot regions*”. This output is interrelated with Outputs 1.2 and 1.3.

For the Outcome 2 “*Gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs are addressed*” the participation of OPDs will be accomplished through the implementation of Output 2.2. “*Established formal multi-stakeholder and cross-sectoral consultative mechanism to support legislative, policy and systems changes and engage persons with disabilities, including women with disabilities, parents of children with disabilities and their representative organizations, in harmonization of implementation framework on disability determination, data collection and access to assistive devices and technologies with CRPD standards*”, which is particularly focused on meaningful participation of persons with disabilities.

In both cases of direct enabling of participation, attention will be paid to OPDs representing persons with various types of disabilities and for those types of disabilities where there is no organization in place, individuals will be engaged in consultations.

In order to ***ensure full and meaningful participation***, in other interventions of the project, the OPDs will be systematically consulted and involved at the stage of conceptualizing the particular approach on the implementation of the activities. OPDs will provide training and technical support to build understanding and practical knowledge and will facilitate training and dialogue among partners. The project will also make sure that measures will be taken to ensure accessibility of the process for persons with different types of disability as well as reasonable accommodation.

In order to ***ensure the inclusion of marginalized and underrepresented groups*** of persons with disabilities, the project will consider the specific barriers faced by persons with various types of disabilities as well as persons in intersectional situations. A mapping of groups of persons with disabilities affected by intersectionality was done in the situational analysis. The mapping should be developed for each of the interventions to be sure that they cover persons with disabilities that belong to intersectional groups.

OPDs, including underrepresented groups, will be involved in the programme’s governance system (see section 7).

## 6.1 Equality between men and women.

Gender equality will be mainstreamed across all programme’s interventions. Capacity building activities and knowledge products to be developed and delivered as part of programme intervention will have a strong gender component enshrined in them. As the Situation Analysis informs, women with disabilities are one of the most vulnerable groups, which faces extended barriers due to intersectional vulnerability. Women and girls with disabilities are more likely to experience double discrimination (based on gender and disability), which places them at higher risk of gender-based violence, sexual abuse, neglect, mistreatment and exploitation in their homes or in institutions, at the hands of members of their immediate family, caregivers or strangers, in the community, in schools and in other public and private institutions. Therefore, the approaches to programme implementation will pay due attention to the specific needs of women with disabilities. The programme will look to empower women with disabilities and will seek to directly engage them in decision making processes, facilitated by the programme. Therefore, when organizing the consultation rounds and developing and piloting the guidelines for human rights compliant disability determination, the programme will make sure to involve women with disabilities and to tackle their specific needs in the knowledge products developed.

Throughout its implementation the Programme will engage not only with established OPDs but will also interact with informal groups of persons with disabilities. This will offer a channel for meaningful participation of women with disabilities from the grass root level, who otherwise would not have the possibility to get involved and have their voices heard.

Women and men with disabilities from the selected pilot regions will be capacitated and mobilized to influence the transition from the medical to human rights-based model of disability determination. The advocacy plans to be developed at the local level will have a strong gender focus, being sensible to different needs women and men with disabilities have. Women led OPDs or informal groups will have preference to access the small grants scheme seeking to support the implementation of local advocacy plans.

Equal gender representation will be considered when setting up the multi-stakeholder and cross-sectoral consultative mechanism to support legislative, policy and systems changes and engage persons with disabilities, including women with disabilities, parents of children with disabilities and their representative organizations, in harmonization of implementation framework on disability determination, data collection and access to assistive devices and technologies with CRPD standards. At the same time, gender equality will also be a specific aspect of the substantive work of this structure, being included in the regulations of the mechanism as a mandatory monitoring criterion. This consultative mechanism will be directly involved in reviewing national regulations and/or developing policy options for CRPD and ICF compliant disability determination system, disaggregated data collection mechanisms and tailored needs-based access to assistive devices and technologies. Gender aspects (like intersectional disability data disaggregation, ensuring access to gender-sensitive assistive technologies and devices or SDG gender inclusive disability indicators, aligned to CRPD standards) will be mainstreamed in draft regulations developed or system addressed as part of programme interventions.

Moreover, in operational terms, where possible, the programme will ensure that there is gender parity in the representation and participation of persons with disabilities in all programme activities, as well as programme's governance structure. Reasonable accommodation will be provided to ensure the effective participation of women and men with disabilities.

## 6.2 Full and effective participation of persons with disabilities.

As outlined in the section 7 of the present proposal, persons with disabilities and the OPDs will be included in the governance structure of the project. Due attention will be given to gender parity and to the equal representation of persons with various types of disabilities. Persons with disabilities have been actively engaged at the stage of the design of the proposal through their participation in the development of the situational analysis.

In the same manner, in the implementation phase, persons with disabilities and their respective organizations, as well as parents of children with disabilities, will be involved directly in the implementation of the activities oriented at capacity building of the duty bearers as well as in the activities focused on empowering OPDs and groups of persons with disabilities.

OPDs, persons with disabilities and parents of children with disabilities will be directly participating in the development and piloting of various knowledge products, as well as will be meaningfully engaged in the activity of creating the multi-stakeholder and cross-sectoral consultative mechanisms for the harmonization of national implementation frameworks with CRPD standards. These activities will contribute directly to the enhancement of the active participation of persons with disabilities in the decision-making process.

## 6.3 Full and effective participation of most marginalized groups.

Aiming at securing full inclusiveness of the project activities, the intersectional approach will stay at the core of the involvement of persons with disabilities in the implementation of the project. Therefore, based on the findings of the situational analysis, persons with different types of disabilities and their organizations as well as persons with disabilities belonging to groups such as women, ethnic minorities, rural inhabitants, LGBTI persons, migrants will be engaged in the implementation of various activities.

Persons with different types of disabilities and belonging to one or more vulnerable groups, including women with disabilities, persons with disabilities from rural areas, persons with psycho-social disabilities, parents of children with disabilities, or their representatives organizations/groups will be included in the composition of the cross-sectorial consultative mechanism to be able to address the specific issues their groups are facing in exercising their rights as persons with disabilities. Specific needs of persons with disabilities belonging to vulnerable groups will be included in the knowledge products developed by the programme and consulted with the respective groups.

1. Governance and management arrangements

 **Table 3. Implementation arrangements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Output number** | **Implementing UN agencies[[8]](#footnote-8) include contact details of focal points & role and responsibility in the programme** | **Government include contact details of focal points & role and responsibility in the programme** | **OPDs include contact details of focal points & role and responsibility in the programme** | **Other partners include contact details of focal points & role and responsibility in the programme** |
| **1.1.A** | **UNDP**: Olesea Perean, olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org (targeting children and youth with disabilities) | **National Council for Determination of Disability and Work Ability:**Stela Pinzaru, interim director**,** stela.pinzaru@cnddcm.gov.md | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party  | **WHO (Technical partner, TBC):**Stela Gheorghita, gheorghitas@who.int |
| **1.1.B** | **OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  |  |  | **RCO:** Veaceslav Palade - coordination/facilitation of UNCT engagementveaceslav.palade@un.org  |
| **1.1.C** | **OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org **UNDP**: Olesea Perean, olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination |  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party |  |
| **1.2** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org (targeting children and youth with disabilities)**OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  | **Ministry of Labour and Social Protection:**Vasile Cusca, state secretary in the field of social protection, vasile.cusca@social.gov.md**National Council for Determination of Disability and Work Ability:**Stela Pinzaru, interim director, stela.pinzaru@cnddcm.gov.md  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party | **WHO (Technical partner, TBC):**Stela Gheorghita, gheorghitas@who.int |
| **1.3** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org (targeting children and youth with disabilities) | **National Council for Determination of Disability and Work Ability:**Stela Pinzaru, interim director, stela.pinzaru@cnddcm.gov.md  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party |  |
| **2.1.A** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org (targeting children and youth with disabilities)**OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  | **Ministry of Labour and Social Protection:**Vasile Cusca, state secretary in the field of social protection, vasile.cusca@social.gov.m**d****National Council for Determination of Disability and Work Ability:**Stela Pinzaru, interim director, stela.pinzaru@cnddcm.gov.md  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party |  |
| **2.1.B** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  | **National Bureau of Statistics:****Aurelia Spataru,** **aurelia.spataru@statistica.gov.md** **(TBC)****National Council for Determination of Disability and Work Ability:**Stela Pinzaru, interim director, stela.pinzaru@cnddcm.gov.md  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party | **UNFPA (technical partner on data):** **Eduard Mihalas,** mihalas@unfpa.org  |
| **2.1.C** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org (targeting children and youth with disabilities) |  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party | **WHO (Technical partner, TBC):**Stela Gheorghita, gheorghitas@who.int |
| **2.2** | **OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  |  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party |  |
| **3.1** | **OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**UNICEF**:Larisa Virtosu, lvirtosu@unicef.org  |  | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party | **RCO:** Veaceslav Palade- facilitation for mainstreaming of DI in UNSDCF ‘23-’27 through UNCT engagementveaceslav.palade@un.org |
| **3.2** | **UNDP**: Olesea Perean, Olesea.perean@undp.org – overall programmatic coordination (targeting adults with disabilities)Alexandru Cocirta, alexandru.cocirta@undp.org – overall programmatic and operational coordination**OHCHR:**Bea Ferenci, bea.ferenci@un.org;Tatiana Cernomorit, tatiana.cernomorit@un.org  | **National Bureau of Statistics:****Aurelia Spataru,** **aurelia.spataru@statistica.gov.md** **(TBC)** | **AOPD:**Galina Climov, galina.climov@aopd.md – Project Responsible Party | **UNFPA (technical partner):** **Eduard Mihalas,** mihalas@unfpa.org |

UNDP, UNICEF and OHCHR will be the Implementing Partners for this Programme. The Implementing Partners will be entirely responsible and accountable for managing the Programme as per the task assumed, including the monitoring and evaluation of interventions, achieving results, and for the effective use of allocated budgets, in accordance with the agreed programme document and work plans.

UNDP will act as the Programmatic Lead Agency and will be responsible for the submission of consolidated Programme’s narrative annual and final reports based on submissions received from UNICEF and OHCHR. The Programme will be implemented using operating, procurement, human resources and other procedures of UN Agencies involved, that are compliant with the best international standards and contain sufficient safeguards against potential corruption or misuse of funds.

The main Programme’s authority will be the Programme Steering Committee (PSC) that will take all major decisions regarding the Programme. The PSC will be responsible for providing strategic guidance to the Programme, overseeing progress, reviewing and approving Annual Reports, Work Plans, as well as the Final Report. The PSC will be convened annually, or more frequently if deemed necessary, and will tentatively include representatives of RCO, UNDP, UNICEF, OHCHR, UNFPA, WHO, UN Women, ILO, Parliament’s Standing Committee on Human Rights and Interethnic Relations and Standing Committee on Social Protection, Health and Family, Ministry of Health, Ministry of Labour and Social Protection, National Council for Determination of Disability and Work Ability, Ombudsperson’s Office, Equality Council, National Bureau of Statistics, Alliance of Organizations of Persons with Disabilities (AOPD), representatives of OPDs (NGO Motivatie, Centre for the Rights of Persons with Disabilities, others) and of civil society organizations working with people with disabilities. The PSC will be co-chaired by RCO, UNDP, UNICEF and OHCHR. Minutes for each PSC meeting will be prepared and approved detailing any proposal made and decision taken.

Programme implementation and operations will be supported by a Programme Support Team (PST). The PST will be led by a Programme Manager to ensure overall programme coordination, coherence and management on behalf of UNDP, UNICEF and OHCHR. He/she will be recruited through an open competition by a panel composed of UNDP, UNICEF and OHCHR representatives. Each agency will ensure adequate staffing for programmatic and operational programme implementation, who will act as PST members. Dedicated consultancy for communication will be employed, as required.

The PST will ensure synergies with other relevant programmes, projects and initiatives to avoid possible duplication. It will meet on a monthly basis to coordinate the activities as per the Annual Work Plan, with the participation of the government focal points and OPDs, where appropriate. The PST will ensure the successful implementation of the Programme, close monitoring and evaluation of Programme’s progress, observance of procedures, transparency and efficient use of funds, quality of products, and engagement with OPDs, public institutions and other stakeholders in Programme’s decision-making processes.

The RC and the RCO will ensure the engagement and catalytic efforts at policy level and programmatic engagement of the UNCT and the broader partners and stakeholders’ base. In this context, the Programme will be implemented by three PUNOs, yet there is need for overall involvement of the whole UNCT, including the UN Disability Inclusion Taskforce and broader partners in particular for reinforcement of stronger advocacy messages and influence over policy makers for the desired changes. The RC/RCO will work closely with the Programme implementation team and through the Steering Committee will ensure the overall effective oversight, monitoring and communication. Also, the RC/RCO will play an important role in ensuring, together with the Programme’s team, the sustainability of the project’s products by leading through advocacy, effective communication and stakeholders’ engagement. Specifically, we envisage the following activities to be performed and/or coordinated by the RCO:

* Ensuring good practices and lessons learned from the project are shared with the UNCT for scale up;
* Promote Disability Inclusion mainstreaming in JWPs, Annual reports, CCA and CF formulation in coordination with the Disability Inclusion Task Force;
* Support the UN agencies in improving the scoring in each of the Disability Inclusion Scorecard indicators;
* Support the PUNOs in the coordination and communication with the MPTF, including ensuring compliance with MTPF rules and regulations;
* Promote joint advocacy for Disability Inclusion through the UNCG.

# Partnership-building potential

Since the project has three outcomes focused on various dimensions of contribution to the implementation of CRPD, it has a strong potential to contribute to the establishment of certain partnerships but also to strengthen the ones that already exist.

The first outcome of the project has three main outputs that focus on three stakeholders that have a role to play in the effective implementation of the CRPD – the duty bearers, rights holders, and development partners (UN system).

The duty bearers will have their capacities built/strengthened in complying to CRPD standards in the disability determination process.

They will be capacitated including through the involvement of OPDs in the training programmes. The second stakeholder to be involved in the activities are OPDs and persons with disabilities, as well as parents of children with disabilities, who will be empowered to engage more effectively in the decision-making process and they will also participate in the development and piloting of knowledge products. This will not be possible to be done without the establishment of a sustainable partnership with the duty bearers.

For the outcome 2 which intends to address the gaps in achievement of essential building blocks or preconditions to CPRD implementation in development and humanitarian programs two of the activities with potential in building partnership are to mobilize, empower and create relevant opportunities for OPDs to participate and shape policy development process and facilitate an inclusive policy dialogue with all relevant stakeholders.

Outcome 3 which focuses on the national development and humanitarian plans, budgets, programs and monitoring processes to become more disability inclusive will have two main interventions, both contributing at building three party partnerships across stakeholders. First, the mainstreaming of the rights of persons with disabilities in the Moldova UNSDCF 2023-2027. The UNCT will conduct a rapid assessment of the current UN partnership framework from the perspective of disability inclusion. Second, is the provision of the support to the National Authorities to align the national framework of SDG indicators with the CRPD standards. As there will be broad consultations organized of findings and recommendations with OPDs and other relevant stakeholders at national and local level, inevitably, the partnerships between the three will be established.

# Long-term UN engagement in the area of disability

The Programme has a dedicated outcome focused on ensuring inclusiveness of national development programmes, humanitarian plans, budgets programmes and monitoring processes. One of the outputs is directly linked to the work of the UN in Moldova. The output aims at mainstreaming disability in the UNSDCF design and implementation. Through this outcome the project will ensure sustainable results is disability mainstreaming in the work of the UN, firstly, because the UNSDCF is the main program document for UN system in Moldova that will guide our work throughout 2027 and, secondly, because it will establish a practice of disability mainstreaming in the UN programs that will have the potential to be perpetuated in the future.

# Knowledge Management

A range of knowledge products will be developed and disseminated throughout the Programme implementation to be used for capturing lessons learned and knowledge sharing and replication of applied approaches and methodologies by interested entities beyond the timespan of the programme. Various knowledge products shall be produced as part of al programme components, namely training curriculums and materials on human rights-based approach to disability determination, mapping results and capacity needs assessments of OPDs, advocacy plans, guidelines and tools to support transition to human rights-based approach to disability determination for adults and children, policy proposal to align the national regulatory framework on disability determination and data with CRPD standards and ICF requirements, concept on data use from disability perspective, policy options to improve planning and access to assistive devices and technologies related to habilitation, rehabilitation and inclusion, etc.; activity reports and progress reports; public awareness materials. Experiences and achievements on the transition to the human rights-based approach to disability determination in the pilot regions will be documented and shared to inform sector-wide change and reform initiatives at the national and/or sub-national levels. Most Programme knowledge products will be developed through a co-design approach, engaging the rights holders and duty bearers in order to capture the needs and expectations of various stakeholders. At the same time, the Programme will regularly capture and systematize the knowledge, good practices and lessons learned it generates, identifying the replicability and scalability potential of the initiatives so that they can be shared with other countries financed by the UNPRPD.

**Table 4 Knowledge products**

|  |  |  |
| --- | --- | --- |
| ***Product*** | ***Type of knowledge product*** | ***Expected dissemination and use*** |
| *Training Needs Assessment on human rights-based approach to disability determination of adults and children* | *Research report*  | *Develop a training programme and relevant materials for the disability determination staff* |
| *Training curriculums and materials on human rights-based approach to disability determination* | *Training materials* | *Training of national disability determination staff* |
| *Joint advocacy plans (AOPD, OPDs, informal groups) to influence transition from medical to human rights-based approach* | *Advocacy plans* | *Meaningful engagement of OPDs* |
| *Guidelines and tools to support transition to human rights-based approach to disability determination for adults and children* | *Guidelines and tools* | *Support the transition from medical to human rights-based approach to disability determination*  |
| *Policy proposal to align the national regulatory framework on disability determination and data with CRPD standards and ICF requirements* | *Legal reviews*  | *Advocacy and changes of regulatory framework*  |
| *Draft regulations for NBS and other administrative data producers on collection and disaggregation of disability data* | *Legal texts* | *Advocacy and changes of regulatory framework*  |
| *Draft regulations for the Ministry of Health and specialized bodies responsible for the provision of assistive devices to improve the mechanism of needs assessment, costing, planning and ensuring access to assistive devices and technologies for children and adults with disabilities* | *Legal texts*  | *Advocacy and changes of regulatory framework* |
| *Common Country Analysis updated from the disability inclusion perspective* | *Analytic report*  | *Lessons learned and strategic planning*  |

# Communications and visibility

A joint communication plan will be developed to ensure wide communication and visibility of the programme, partners and results achieved and craft and share the corresponding communication messages.  Target audiences will be analyzed to understand their preferred formats, styles and channels of information and communication. A comprehensive communication package, including specific key messages, adapted to the targeted audience, main communication instruments, boilerplate, disclaimer and branding rules will be defined and developed to be used during the Programme’s lifespan across all Implementing Partners (UNDP, UNICEF, OHCHR). Ensuring accessibility of information and communication products will be at the core of visibility activities.

The Programme shall produce and disseminate through media outlets and social networks various products, to inform the public through vivid examples about the Programme’s approaches and results. Dedicated expertise will be engaged to cover the communication and visibility needs of the Programme.

**Table 5 Communications products**

|  |  |  |
| --- | --- | --- |
| ***Product*** | ***Type of communication  product*** | ***Expected dissemination and use*** |
| *Joint Programme Communication and Visibility Plan*  | *Communication plan*  | *Used for harmonized communication about the programme across all UN implementing partners*  |
| *Programme visual identity package*  | *Visual identity package*  | *Used across all UN implementing partners*  |
| *Social media posts and visual assets (gifs, illustrations, videos)* | *Multimedia content*  | *Communicate about and disseminate Programme results* |
| *Press-releases, stories, articles, blog posts* | *Media content*  | *Communicate about and disseminate Programme results* |

1. Monitoring and Evaluation

The implementation and monitoring of the Programme activities will be carried out by Implementing Partners (UNDP, UNICEF, OHCHR) in accordance with the applicable corporate regulations, rules, directives and procedures to ensure regular feedback on implementation, early identification of potential problems to facilitate timely adjustments to on-going activities. The joint nature of intervention requires, however, a closer cooperation, communication and decision making among the partners throughout the entire Programme management cycle, i.e. joint planning, joint implementation, joint monitoring, joint data collection and joint reporting. Each Implementing Partner will adopt the same data collection tools and templates, contributing to jointly analysis and results reporting and presentation.

This framework will include M&E arrangements at different stages of implementation and different levels of intervention, aimed at ensuring a more comprehensive evidence of activities planned and results delivered, based on specific qualitative and quantitative data.Also, the monitoring efforts, with emphasis on systematic assessment at the Programme level, will provide the basis for making decisions and taking actions, and shall provide indispensable information and data for evaluations. Both quantitative and qualitative data will be collected in order to track implementation progress. These data will be disaggregated, where applicable, for gender, youth, type of disabilities, geographic areas (in line with the specifics of Programme components) to assess the impact of the project. This information shall be used to enhance focus on vulnerable groups and ensure that each of them are contributing to and benefiting from the project interventions.

Monitoring and evaluation will be one of the main responsibilities of the Programme Manager, who will plan these processes and will ensure that Thematic Area Coordinators of other UN agencies components will participate, according to a joint methodology.

A **final project** **evaluation** shall be performed at the end of the project by an independent national consultant to be contracted by UNDP to measure results against targets set, positive changes embraced by the Programme stakeholders, and evaluate the prospects of durability of results.

In accordance with applicable programming policies and procedures, the Programme will be monitored through the following monitoring and evaluation plan:

**Monitoring Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monitoring Activity** | **Purpose** | **Frequency** | **Expected Action** | **Partners** **(if joint)** | **Cost** **(if any)** |
| **Track results progress** | Progress data against the results indicators in the overall results framework will be collected and analyzed to assess the progress of the programme in achieving the agreed outputs. | Annually, or in the frequency required for each indicator. | Slower than expected progress will be addressed by programme management. | UNDP, UNICEF, OHCHR | Programme Management and Programme Quality Assurance costs |
| **Monitor and Manage Risk** | Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log.  | Quarterly | Risks are identified by programme management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken. The risks monitoring will be reflected in the annual narrative reports and discussed during each steering committee meeting. | UNDP, UNICEF, OHCHR | Programme Management and Programme Quality Assurance costs |
| **Learn**  | Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the programme. | At least annually | Relevant lessons are captured by the programme team and used to inform management decisions. | UNDP, UNICEF, OHCHR | Programme Management and Programme Quality Assurance costs |
| **Programme Quality Assurance** | The quality of the programme will be assessed against UN’s quality standards to identify programme strengths and weaknesses and to inform management decision making to improve the programme. | Annually | Areas of strength and weakness will be reviewed by programme management and used to inform decisions to improve programme performance. | UNDP, UNICEF, OHCHR | Programme Management and Programme Quality Assurance costs |
| **Review and Make Course Corrections** | Internal review of data and evidence from all monitoring actions to inform decision making. | At least annually | Performance data, risks, lessons and quality will be discussed by the Programme Steering Committee and used to make course corrections. | UNDP, UNICEF, OHCHR | Programme Management, Programme Quality Assurance and the Programme Steering Committee meetings costs |
| **Programme Report** | A progress report will be presented to the Programme Steering Committee and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual programme quality rating summary, an updated risk long with mitigation measures (if applicable), and any evaluation or review reports prepared over the period.  | Annually, and at the end of the programme (final report) | Programme Reports will be drafted by the programme management, reviewed for quality assurance purpose, presented to, discussed and voted by the programme Steering Committee, and used for programme progress documentation and decision making.  | UNDP, UNICEF, OHCHR | Programme Management and Programme Quality Assurance costs |
| **Programme Review (Programme Steering Committee)** | The programme’s governance mechanism (Programme Steering Committee) will hold regular reviews to assess the performance of the programme and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the programme. In the final year, the Programme Steering Committee shall hold an end-of-programme review to capture lessons learned and discuss opportunities for scaling up and to socialize programme results and lessons learned with relevant audiences. | Annually, or more frequently if deemed necessary | Any quality concerns or slower than expected progress should be discussed by the Programme Steering Committee and management actions agreed to address the issues identified.  | UNDP, UNICEF, OHCHR | Programme Management, Programme Quality Assurance and Programme Steering Committee meetings costs |

**Evaluation Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Title** | **Partners (if joint)** | **Planned Completion Date** | **Key Evaluation Stakeholders** | **Cost and Source of Funding** |
| Final Evaluation | UNDP, UNICEF, OHCHR | October 2023 | Programme’s beneficiary, public institutions, OPDs, CSOs  | $8,000, programme’s budget  |

1. Risk Management

 **Table 6 Risks Management Strategy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Type of risk\***(contextual**programmatic, institutional)* | *Risk* | *Likelihood (L, M, H)* | *Impact on result* | *Mitigation strategies* | *Risk treatment owners* |
| *Contextual* | *COVID-19 pandemic affects the possibility of organizing in person meetings and delays the implementation of activities because of the replanning.* | *High* | *Medium*  | *Transfer of the meetings in online format for those participants that are not vaccinated against COVID-19 (employ the mixed approach to organization of the events in accordance with the guidelines form the relevant state authorities)**Plan the activities in advance considering the potential delays caused by COVID-19 restrictions.*  | *Implementing agencies (UNDP, UNICEF, OHCHR)* |
| *Contextual* | *Lack of interest from the staff of state authorities to engage in capacity building activities.* | *Medium* | *Medium* | *Involve high-level experts (potentially with the involvement of international expertise) in the training/capacity building activities.* *Develop a training needs assessment based on which the content of capacity building activities will be developed.* *Coordinate in advance the content of the capacity building activities with the management of the respective institutions*  | *Implementing agencies (UNDP, UNICEF, OHCHR), RCO/UNCT* |
| *Contextual* | *Low level of knowledge of international standards of the rights holders to be involved in the design and piloting guidelines for the transition from medical to social* *approach to disability determination.*  | *High* | *Medium* | *Develop a solid capacity building programme for persons with disabilities, adapted to their level of knowledge on the international standards on disability determination**Develop tailored approach to the capacity building activities of persons with disabilities based on the type of disability and the background of the participants**Select for the involvement in the process of those participants that show improvement in their level of knowledge after the capacity building activities take place.*  | *Implementing agencies (UNDP, UNICEF, OHCHR)* |
| *Contextual*  | *Delays in the approval of the amendments to the legislative framework regulating CRPD and ICF aligned disability determination procedures* | *High* | *High* | *Make sure that the approval of the regulations is part of the planning process of the authorities in charge with the approval.**Include the issues of approval of the regulations in the advocacy initiatives of the OPDs involved in the implementation of the project.*  | *Implementing agencies (UNDP, UNICEF, OHCHR), RCO/UNCT* |
| *Institutional* | *Authorities involved in the disaggregated data collection lack human capacities to collect, analyze and disseminate disaggregated data at the level expected by the programme.* | *High* | *High* | *Facilitate the incorporation of the new methods of data collection in the current streams of work that already exist within the respective authorities.* *Employ the digital tools to facilitate processes.*  | *Implementing agencies (UNDP, UNICEF, OHCHR), RCO/UNCT* |
| *Institutional* | *Resistance from authorities to adapt the mechanisms for costing and planning to ensure access to assistive devices and technologies* | *High* | *High* | *Include the issues of planning and costing of these services in the advocacy plans of the OPDs involved in the activities of the project.*  | *Implementing agencies (UNDP, UNICEF), UNCT* |
| *Institutional* | *Differences in the operational procedures of the implementing agencies to delay the implementation of joint activities*  | *High* | *Medium*  | *Establish an internal planning and coordination mechanism* | *Implementing agencies (UNDP, UNICEF, OHCHR)* |
| *Programmatic*  | *Insufficient funding to follow up on certain activities form the project* | *Medium* | *Low* | *Implementing agencies to develop a strategy for the resource mobilization and implement it with various donors before the final stages of the project.*  | *Implementing agencies (UNDP, UNICEF, OHCHR), UNCT* |

\* Please specify here the type of risk and refer to the following definitions:

Contextual: risk of state failure, return to conflict, development failure, humanitarian crisis; factors over which external actors have limited control.

Programmatic: risk of failure to achieve the aims and objectives; risk of causing harm through engagements.

Institutional: risk to the donor agency, security, fiduciary failure, reputational loss, domestic political damage etc.

# Budget

Please see **Annex 2 Programme Budget**

**14.1 Value for money**

1. *Economy: What are the project’s major costs categories and what drives the pricing of those costs? What actions can you take to control those costs? What cost categories will be subject to a competitive procurement process, and how robust is that process?*

The Programme’s major cost categories are the Contractual Services and Staff and Personnel Cost. The Contractual Services category includes all services (provided by companies and/or individual consultants) which will be engaged to support the delivery of programme outputs. Staff and Personnel Costs category includes all related staff costs of the three Implementing Partners (UNDP, UNICEF, OHCHR), based on the applicable salary scales and staff engagement (full-time/part-time). The Contractual Services will be subject to the applicable procurement rules each implementing agency has in place, aligned with UN rules and policies. The procurements will be carried out through competitive processes in line with the best value for money principles. Any potential derogation will be done in compliance with the applicable procurement rules of the implementing partner. To contribute to the Economy of the interventions the Programme will look at using the cost-saving Long-Term Agreements with certain categories of service/goods providers or Rosters of consultants available for the implementing agencies.

1. *Efficiency: What controls will you put in place to ensure that you are delivering the goods or services in the most efficient manner?*

The Programme will have a clearly defined procurement plan which will guide the delivery of expected services and outputs. The staff of the implementing agencies will ensure compliance with the applicable procurement rules and efficient contract management to achieve the best quality of products and services offered within the agreed timeframe.

Implementing agencies will be engaged in a thorough planning and monitoring processes to ensure consecutiveness and complementarity of implemented activities. Agencies will be encouraged to Deliver as One by creating synergies within and across activities.

1. *Effectiveness: What elements of the theory of change are the weakest and have you considered project activities to overcome these weaknesses? If your project will be delivered in a fragile state, how can you demonstrate your capability to deliver in difficult environments? Can you demonstrate clearly that you cannot carry out the project without support from UNPRPD? If not, how much of the programme could you have achieved on your own without support?*

The proposed strategy is expected to deliver maximum results while making the best use of available resources. Throughout the implementation, the Programme team shall maintain primary attention on other ongoing and planned initiatives (inside and outside of the UNCT) and actively explore possible synergies and opportunities for coordination and co-operation to ensure complementary rather than overlapping activities. Consultations with key public authorities, other development partners and donors will be conducted throughout the implementation in combination with required adaptive management, thereby seeking to ensure the most cost-effective and results oriented use of resources assigned for the Programme.

**14.2 Co-funding**

***Table 7 Co-funding arrangements***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Outcome*** | ***Funding source*** | ***Amount*** | ***% of total outcome*** |
| ***1*** | ***UNICEF*** | ***$75,000*** | ***23.9%*** |
| ***1*** | ***OHCHR*** | ***$14,100 (in kind)*** | ***4.5%*** |
| ***2*** | ***UNICEF*** | ***$82,000*** | ***43%*** |
| ***2*** | ***OHCHR*** | ***$16,500 (in kind)*** | ***8.7%*** |
| ***3*** | ***OHCHR*** | ***$8,000 (in kind)*** | ***8.4%*** |

#  Safeguarding

The UN System (the implementing partners are part of) has safeguards in place to prevent unethical behaviour (including [sexual exploitation and abuse](https://www.un.org/preventing-sexual-exploitation-and-abuse/content/documents)), protect victims and witnesses (through appropriate [protocols on reporting and cooperation with investigations](https://undocs.org/ST/SGB/2017/2)), and ensure that prompt corrective action is taken to end violations.

In particular, UNDP Programme and Operations Policies and Procedures ([POPP](https://popp.undp.org/SitePages/Policies.aspx)) provide operational standards and procedural guidance on core business processes, including on [Harassment, Sexual Harassment, Discrimination, and Abuse of Authority](https://popp.undp.org/SitePages/POPPSubject.aspx?SBJID=352&Menu=BusinessUnit). All UNDP staff and other personnel must adhere to the highest standards of professional and [ethical conduct](https://www.undp.org/content/dam/undp/library/corporate/ethics/UNDP%20CODE%20OF%20ETHICS%20-%202017%20version.pdf) at all times. As with the rest of the UN system, UNDP has a [zero-tolerance policy for sexual exploitation and abuse](https://www.undp.org/accountability/prevention-and-response-sexual-misconduct). UNDP has a [Policy on Protection against Retaliation](https://popp.undp.org/SitePages/POPPSubject.aspx?SBJID=5&Menu=BusinessUnit) which is very clear that retaliation against UNDP personnel who have, in good faith, properly reported allegations of misconduct, or who have cooperated with an authorized audit or investigation, is strictly prohibited.

# Workplan

Please see **Annex 3 Multi-year Work Plan**

1. List at least one and max of 3. Equality and non-discrimination; service delivery; accessibility; CRPD-compliant budgeting and financial management; Accountability and governance. [↑](#footnote-ref-1)
2. 1) all persons with disabilities, 2) children & youth with disabilities 3) primary focus on women and girls with disabilities, or 4) primary focus on one or more underrepresented groups of persons with disabilities persons with intellectual and or psychosocial disabilities/ other underrepresented group of persons with disabilities (please specify) migrants/ indigenous persons with disabilities/ minorities etc.) [↑](#footnote-ref-2)
3. Please list at least one and a maximum of 5. COVID-19 response and recovery; Inclusive SDGs planning and monitoring; Climate change; Inclusive education; Early childhood development; Access to health; Access to Justice; Social protection; Employment; GBV & sexual and reproductive health; Statistics and data collection; CRPD monitoring (art 33); Intersectionality; Political participation; Disability assessment and referral services; National Disability Policy and/or Law; Access to Information and ICTs; Deinstitutionalization; Legal Capacity; Independent living; Awareness raising; OPDs capacity building [↑](#footnote-ref-3)
4. Training participants will be identified pursuant to a thorough mapping of the civic infrastructure of persons with disabilities in three pilot regions. Most under-represented persons with disabilities, such as women and girls from rural areas, will be identified and mobilized to actively engage in various types of capacity building. [↑](#footnote-ref-4)
5. National House of Social Insurance, Ministry of Labour and Social Protection, Ministry of Education and Research, the Ministry of Health, National Employment Agency, Republican Center for Psycho-pedagogical Assistance [↑](#footnote-ref-5)
6. Internal procedures on disaggregated data collection of the following institutions are targeted by the project: (i) National Bureau of Statistics; (ii) NCDDWA; (iii) National House of Social Insurance, (iv) Ministry of Labour and Social Protection, (v) Ministry of Education and Research, (vi) the Ministry of Health, (vii) National Employment Agency. [↑](#footnote-ref-6)
7. Internal procedures on disaggregated data collection of the following institutions are targeted by the project: (i) National Bureau of Statistics; (ii) NCDDWA; (iii) National House of Social Insurance, (iv) Ministry of Labour and Social Protection, (v) Ministry of Education and Research, (vi) the Ministry of Health, (vii) National Employment Agency. [↑](#footnote-ref-7)
8. Please note minimum amount of UN Participating Agencies is 2 and maximum is 3. [↑](#footnote-ref-8)