



# **DISABILITY SUPPORT SERVICES IN NON-EU COUNTRIES: NEEDS AND TRENDS**

*State-of-play of the service provision sector in Albania, Armenia,  
Moldova, North Macedonia and Turkey*

**EUROPEAN ASSOCIATION OF SERVICE  
PROVIDERS FOR PERSONS WITH  
DISABILITIES**

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## INTRODUCTION

The scope of this report is to analyse the trends and needs in social care services in five non-EU countries: **Turkey, North Macedonia, Albania, Moldova and Armenia**, which are in various relationships and different stages of cooperation with European Union. North Macedonia and Albania have the Stabilization and Association Agreements and are candidates for EU membership. Moldova and Turkey signed the Agreement establishing an Association. Moldova and Armenia are part of Eastern Partnership and are covered by European Neighbourhood Policy.

The analysis of the main EU policies related to foreign affairs and security, neighbourhood and extension of EU membership shows that **the European Union is focused on strengthening the dialogues and cooperation with non-EU countries around decent employment policy, health and safety at work, social dialogues, social protection, social inclusion, gender equality and anti-discrimination, and social rights**. Through this approach, the EU wishes to contribute to poverty reduction, enhanced social cohesion, sustainable development and improved quality of life, including for persons with disabilities beyond the EU.

The revised European Neighbourhood Policy (2015) is focused on building common interests with partner countries of the East and South and commitment to work jointly in key priority areas, including in the promotion of democracy, rule of law, respect for human rights, and social cohesion. Continuing promotion of EU values and human rights, it sets out a new framework for building effective partnerships with non-EU countries based on increased cooperation, differentiated approach and enhanced policy ownership of all stakeholders<sup>1</sup>.

The Global Strategy for the European Union's Foreign and Security Policy "Shared Vision, Common Action: A Stronger Europe (June 2016)" says that the EU will engage responsibly across Europe and the surrounding regions and will address globally the root causes of conflict and poverty and promotion of human rights. This will be done through tailoring policies to support inclusive and accountable governance, critical for the fight against terrorism, corruption and organized crime and for the protection of human rights. The EU also assumed the responsibility to fight poverty and inequality, to widen access to public services and social security, and champion decent work opportunities, notably for women and youth, as well as to foster an enabling environment for new economic endeavors, employment and the inclusion of marginalized groups. "Development funds should catalyze strategic investments through public-private partnerships, driving sustainable growth, job creation, and skills and technological transfers. We will use our trade agreements to underpin sustainable development, human rights protection and rules-based governance".<sup>2</sup>

The New European Consensus on Development "Our World, Our Dignity, Our Future" (2017), enhance the EU role in mainstreaming the needs of persons with disabilities in development cooperation. "An estimated one billion people across the globe have a disability, of whom 80 % live in developing countries. People with disabilities are often the poorest in their communities, facing significantly higher levels of stigma and discrimination. The EU and its Member States will take into account the specific needs of persons with disabilities in their development cooperation. In line with the UN Convention on the Rights of Persons with Disabilities, they will vigorously promote the rights of persons with disabilities and take stronger measures to ensure their full inclusion in society and their equal participation in the labor market".<sup>3</sup>

The EU strategic framework on Partnership Priorities, the policy dialogues and the geographical and thematic financial instruments are the main tools for integration of disability approach and promotion of disability rights and social inclusion agenda in non-EU countries.

The authors of this report analyse the **state of play of support provision in the field of disability in non-EU countries per various sectors**: early intervention and education, employment and social assistance, participation of persons with disabilities in decision making processes from the perspectives of disability rights promoted by the UNCRPD

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<sup>1</sup> European Neighborhood Policy [https://eeas.europa.eu/diplomatic-network/european-neighbourhood-policy-enp/330/european-neighbourhood-policy-enp\\_en](https://eeas.europa.eu/diplomatic-network/european-neighbourhood-policy-enp/330/european-neighbourhood-policy-enp_en)

<sup>2</sup> Global Strategy for the European Union's Foreign And Security Policy "Shared Vision, Common Action: A Stronger Europe", Brussels, June 2016 // [http://eeas.europa.eu/archives/docs/top\\_stories/pdf/eugs\\_review\\_web.pdf](http://eeas.europa.eu/archives/docs/top_stories/pdf/eugs_review_web.pdf)

<sup>3</sup> The New European Consensus on Development "Our World, Our Dignity, Our Future". Joint Statement by the Council and the Representatives of the Governments of the Member States Meeting within the Council, the European Parliament and the European Commission, 8 June 2017, p.12. [https://ec.europa.eu/europeaid/sites/devco/files/european-consensus-on-development-final-20170626\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/european-consensus-on-development-final-20170626_en.pdf)

ratified by all countries. Identifying development trends and needs for better social inclusion of persons with disabilities in the region, **the report provides recommendations for the way forward in implementing the UN CRPD and strengthening EU support to deinstitutionalization and better social care services provision for persons with disabilities in non-European countries.**

## ALBANIA



### 1. General context

Albania has ratified the UN CRPD in 2012 and became a state party in 2013. In November 2016, the parliament of Albania passed the new law on “Social Care Services in the Republic of Albania 161/2016”. The policy and the legislative framework in support of the rights of people with disabilities is dynamic and evolving but it is facing various of challenges in terms of implementation. The biggest challenges are the lack of bylaws and the lack of funding.

Disability issues represent an important challenge for the development of Albania.<sup>4</sup> It requires an urgent response in terms of the realization of the rights and their appropriate support in doing so. People with disabilities are not yet fully included in Albanian society, in its political, social or economic life. Children with disabilities are not fully included in the mainstream education system as schools lack basic infrastructure and teachers do not have the necessary training. In the field of social services, the number of beneficiaries is lower in comparison to the number of those who need these services.<sup>5</sup> In particular, assessments and services in the community are insufficient, there is a lack of psycho-social support for families, and there are insufficient programmes for integration into community life. The level of employment for people with disabilities is low. The 2011 census in Albania revealed that 6.2% of the population over the age of 15 (2,084,137 persons) has some form of disability.

According to a study<sup>6</sup> of World Vision (WV) and Save the Children in Albania, 1 in 10 children in Albania has some degree of disability, and it estimated that there are 70,000 children with disabilities (10.7%) of 2-17 years old age group (0-2 years old children are not counted in this study). Meanwhile, according to recent statistics from the State’s Social Services in August 2018, the number of persons officially recognized and confirmed with disabilities in Albania is:

1. 141 740 persons with disabilities<sup>7</sup> (i.e. 4.8% of the country’s population). Out of this figure, 73,425 persons are people with disabilities as a result of work accidents who benefit from both social insurance contribution and supplementary social insurance from the social protection scheme; and 68,315 are children and adults who receive disability allowance and other benefits from the social protection scheme<sup>8</sup>
2. 15,550 are children with disabilities, out of which 7, 217 (46%) are female.<sup>9</sup>
3. 2,248 people with disability receive services in residential and day care centres (public and non-public). 612 people (25%) receive services in residential centres and 1636 people receive services in daily and community-based centres.

<sup>4</sup> Albania's progress in realizing the rights of people with disabilities in full compliance with the CRPD is and will be a necessary requirement in the process of the country's EU membership process.

<sup>5</sup> As official data's show, only 3% of people with disabilities in the country receive rehabilitation services in specialized community centres.

<sup>6</sup> World Vision & Save the Children, Tirana (2018). Study Report "Disability in Children in Albania: Prevalence of disability, access to and quality of services"

<sup>7</sup> Based on the draft review of the Action Plan for People with Disabilities 2021-2021 in January 2020 the number is 169 862 people with disabilities. This document is not yet released as is on consultation with NGO sector and other stakeholders.

<sup>8</sup> Decision Nr. 866, datë 24.12.2019 FOR THE APPROVAL OF THE NATIONAL SOCIAL PROTECTION STRATEGY, 2020–2023, AND THE ACTION PLAN IN ITS IMPLEMENTATION , pg 15055 <https://alprofitconsult.al/wp-content/uploads/2020/01/FZ-2019-184.pdf>

<sup>9</sup> Source from official data received July 2020 from National Social Service



Furthermore, the data highlights that:

1. There are 10 public and 4 non-public residential centres that provide services for people with disabilities.
2. There are 31 daily public centres and 17 non-public daily centres.

Nevertheless, the government's statistics only take into consideration the population that is registered at the State Social Services for a monthly disability allowance. To receive the disability allowance, parents or persons with disabilities need to apply for it on their free will. There are several reasons why many children and persons with disabilities are not registered and counted in government data:

1. Albania has been failing in the early identification of children with disabilities; the referral system in the primary health care and education institutions has failed both to assess children and to keep records
2. There is still a lot of stigma around disability, which can lead to families and persons with disabilities not to declare or hide their disabilities
3. There is a lack of information towards parents regarding eligibility for disability allowance.

Since the ratification of UN CRPD, a number of laws and policies have been drafted, with the participation of disability organizations, related to the promotion and protection of the rights of persons with disabilities, based on the UN CRPD, such as “the National Plan for Persons with Disabilities (2016-2020)”, “Law on Inclusion and Accessibility for Persons with Disabilities”, “Law on Social Care Services”, “Law on pre-university education”, “Law on information”, etc., bringing the legal situation for PWDs at a good level. But according to studies conducted by disability organizations, these laws and strategies are not implemented as they lack the bylaws and budgets, thus making the situation of people with disabilities very difficult.

In order to provide integrated support, to prioritize, address the disability issues as well as to promote an inclusive society without barriers, the Albanian government drafted the National Action Plan for persons with disabilities. This National Plan (NAPPD) is an important document where ministries and institutions have set clear objectives for the 2016-2020 period. Rehabilitation services for people with disabilities are an important part of this Plan.

Nevertheless, according to a monitoring study of the National Action Plan conducted by ADRF, MEDPAK and World Vision<sup>10</sup>, the achievement level of the objectives is very low. The study highlights that: (1) habilitation and rehabilitation services are very limited in number and geographical coverage; (2) they are mainly set up and supported by donor funds; (3) largely managed by NGOs; (4) there is a shortage in specialists to provide individual services/therapies in accordance with the needs of individuals with disabilities, according to the type of disability; (5) for the habilitation and rehabilitation services provided by non-public centres, the beneficiaries pay for the service (for the most part, people with disabilities and their families are unable to afford the cost of the enabling service because they are not reimbursed for it by the government); (6) physiotherapy services exist only in large regional hospitals, and therefore are not accessible by people with disabilities in need of them; they are also not always functional due to the lack of trained specialists and the lack of proper equipment. The government has foreseen in its NAPPD the establishment of a central national rehabilitation centre and the establishment of 3 other regional rehabilitation centres. However, these have not yet been established.

Although the legislation foresees the provision of a wide range of social services to be provided for people with disabilities, the situation in Albania remains critical in terms of access to rehabilitation services compared to the needs, as well as their quality. This is mainly caused by the functioning of the Institutional System at Central and Local level and the way of financing of new type of services.

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<sup>10</sup> <https://platforma-pak.al/wp-content/uploads/2019/06/Raport-Monitorimi-PKVPK.pdf>

## 2. The service provision sector in Albania: subsectors

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### Early Childhood Intervention

One of the objectives of the National Action Plan for People with Disabilities 2016-2020 is the focus on prevention and early assessment of disability. There is a lack of necessary instruments and expertise needed for early assessments. The publication of awareness-raising materials and campaigns for the prevention of disability should continue. Primary care doctors have received a protocol on how to refer children for assessment, wherever necessary. Social administrators and/or Children's Protection Units maintain regular contact with families, but they lack capacities to refer children consistently. Often it is the teachers who request an assessment when the child has reached school age and identify the child having difficulties to cope with various issues.

In practice, there are sporadic cases of functioning of this system with the support of CSOs, which in cooperation with local units (Tirana, Durres, Vlore) have undertaken actions by setting up the Disability Local Network, drafting manuals for training on early detection and early intervention; strengthening the capacities of professionals in public institutions of early education, providing support for children with difficult needs of the age group 0-6 years old at home or in the community-based centre, etc. These interventions are insignificant compared to the number of the children in need for such services. Those models must be extended in other municipalities throughout the country.

There are challenges in the implementation of ECI:

- The government has not yet calculated and agreed on the cost of the services and reference service prices
- There is only one public centre in the Albania for the assessment and treatment of the children at an early age
- Lack of awareness campaigns on early detection and intervention
- Lack of information in understanding how ECI is provided, by whom and where
- Lack of official data on the number of children 0-6 years old assessed and treated
- Lack of models and curricula for professionals that provide ECI programme
- Stigma of the parents in accepting the disability of the child at an early age and referring and including him/her on the supportive system.

Referring to all these challenges, parents have been trying to ensure the provision of services for their children with disabilities and learning difficulties, from the private sector of service providers, such as NGOs or other freelance professionals (the later mostly work informally/unlicensed by the state).

### Education support

The Law 69/2012 on Pre-education system in Albania was updated to fit in the UN CRPD principles and specifically inclusion education. To have a more inclusive and quality education, the state should provide:

- qualified assistant teachers
- assistive technology and adapted curriculum
- other service based on the needs of the child

As per article 20 of the Law these services are *"Psycho-social service in educational institutions 1. Local educational institutions, responsible for pre-university education are responsible to provide psycho-social services to students and employees of educational institutions."*<sup>11</sup>

In practice, Albania faces a different reality as: there is lack of assistant teachers, (in the latest statistics from the Ministry of Education, there are 4516 students with disabilities in the mainstream education system for 2019-2020, and only 995 assistant teachers at national level), there is lack of professional expertise, as most of the teachers do

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<sup>11</sup> "The psycho-social service provides support through psychologists or social workers for addressing the problems of various cases, evaluating the cases of children with special psycho-social needs, design of prevention programmes, according to the needs of the school community." Pre-Education Law, 69/2012

not fit the criteria to be an assistant teacher and lack necessary trainings<sup>12</sup>. According to the last available data, there are 4516 students with disabilities in the public mainstream school (6-18 years old), in comparison with 11,142 people with disabilities of this age. This means 59.5% of person with disabilities (6-18 years old) are not enrolled in the public mainstream schools.

There is lack of assistive technology and no adapted curricula for children with disabilities. The report on the needs assessment for teaching resources for the education of all categories of persons with disabilities in the regular system and the preparation of materials was not carried out by Ministry of Education, and consequently the preparation of all didactic resources was not carried out.<sup>13</sup> Psycho-social services are limited to one psychologist and a social employer responsible for 2500-3000 children. In practice, most of the time this role is not functional.

Transportation costs, as stipulated in the law, are offered for free for some categories, including children with disabilities. The Ministry of Education reports that every year there are about 28,000 students who benefit from free transportation but does not report the number of children with disabilities who need to receive free transportation and the number of children with disabilities who benefit from this service.<sup>14</sup>

### Cultural participation

Regarding cultural participation of persons with disabilities in Albania, there are a few developments, but mostly on paper. The law 27/2018 “On the cultural heritage and the museums” provides the right for equal access in terms of infrastructure, teaching and informational materials for museums and cultural attractions. In practice, besides discounts offered for persons with disabilities (theatre, opera or museums tickets) there is no real access. There is either a lack of access ramps or they are not built according to standards as well as a lack of adapted material for persons with intellectual disabilities.

Through a yearly call for proposals, the Ministry of Culture has been supporting projects initiated by NGOs which have tackled and increased the participation of persons with disabilities in the cultural life of Albania. The number of projects including persons with disabilities is low (only 5 projects through the period of 2016-2019). These are projects initiated either by NGO sector or freelance artists.

### Employment

Employment is one of the challenges faced by all categories of people with disabilities in Albania, regardless of whether they have received relevant education or vocational training. Employment of persons with disabilities is one of the essential elements and a necessary precondition to achieve independent living, an obligation arising from the UN Convention on the Rights of Persons with Disabilities, which the Albanian state has ratified with Law no. 108/2012 dated 15.11.2012.

Although there is a law that defines the modalities of employment of people with disabilities since 1995, this has not been implemented and has not worked. The law does not encourage the employment of people with disabilities and does not sanction state or private enterprises that did not comply with the law. As a result of the advocacy and lobbying process of CSOs, a new law was approved, Law no. 15 dated 13.3.2019” For the promotion of employment”. This aims to increase the employability of the labour force, through the provision of services and public programmes of employment, self-employment and professional qualification and includes the creation of the Employment fund, an important instrument which the funds allocated will be used on promoting and increasing the employment of persons with disabilities.

Vocational Training Centres offer free vocational courses for people with disabilities, including foreign language and computer courses.<sup>15</sup> For the period 2016-2019, 307 people with disabilities were trained in these centres, in different

<sup>12</sup> “In the period April-June 2017, the training of support teachers was conducted on promoting the professional development of assistant teachers through the establishment of professional networks, where 450 support teachers were trained from all DRAR / ZVAP, of which 419 women and 31 men” Draft review of The national action Plan for People with Disabilities 2021-2023. The Plan is in consultation with NGO sectors and other stakeholders

<sup>13</sup> Draft document of the review of the national action Plan for People with Disabilities 2021-2023. The Plan is in consultation with NGO sectors and other stakeholders

<sup>14</sup> Draft document of the review of the national action Plan for People with Disabilities 2021-2023. The Plan is in consultation with NGO sectors and other stakeholders

<sup>15</sup> In Albania there are 10 Regional Directorates of Public Vocational Training

professions. The number of persons with disabilities who participated in vocational courses in 2019 was 34.1% the largest compared to 2018 (82 people) mainly in courses such as tailoring, secretary, plumber, cook. 86.6% of beneficiaries are in Tirana.<sup>16</sup>

Although the legal situation for employment is improving, the employment of people with disabilities is at very low levels. People with disabilities are 5 times less likely to be in the labour market than people without disabilities according to a study contacted by UNDP Albania<sup>17</sup>.

The Labour Code of the Republic of Albania outlaws any discrimination in the employment and vocational training for people with disabilities. Finding a job or keeping a job for a person with a disability often goes through unpleasant situations related to prejudices about the skills they may offer at work.

Further policy challenges to increase labour market participation and promote equal opportunities for decent work for persons with disabilities include:

- Harmonization of the legal framework
- Adapting curricula and increase capacity in relation to experience and knowledge to work with people with disabilities of various degrees
- Training and activities to increase capacity and improve training programmes should be continuous and coordinated
- Drafting of standardized instruments and modules, which must be approved and adopted by the staff of employment and vocational training institutions

### **Community-based services and day care centres for people with disabilities**

The establishment of community centres, day care centres and development centres are also regulated on the Law "On social care services in the Republic of Albania"<sup>18</sup>.

The most common types of services offered in development centres are:

- psycho-social therapy and social rehabilitation in order to integrate into the community
- psycho-motor service for training and improvement of psychological parameters and fine and global motor skills
- Specialized services for communication problems
- Therapy for cognitive development

Based on the way these services are financed, they are divided into public and non-public centres:

- There are 31 daily public centres and 17 non-public daily centres.
- 2 248 persons receive services in residential and day care centres (public and non-public). About 25% of these persons (612 persons with disabilities) receive services in residential centres, the rest 1636 persons receive services in community day centres.

As data shows, only 3% of people with disabilities in the country receive rehabilitation services in specialized community centres. The number of centres is insufficient for the needs of the community but also the geographical distribution is a problem. Day care centres are located in the bigger cities and municipalities, leaving the small cities and communes with no services. These needs are covered by the non-public sector.

Steps have been taken for the first time to establish a referral system at the local Level and to establish new services by the law 121/2016 "On social care services in the Republic of Albania".

<sup>16</sup> 16 Draft document of the review of the national action Plan for People with Disabilities 2021-2023. The Plan is in consultation with NGO sectors and other stakeholders

<sup>17</sup> <https://www.undp.org/content/dam/albania/docs/Profili%20PAK%20shqip%20web.pdf?download>

<sup>18</sup> LAW no. 121/2016 ON SOCIAL CARE SERVICES IN THE REPUBLIC OF ALBANIA

But this is still not working because:

- There is lack of staff at the local level to deal with the referral of the needs for services, to plan and to provide services
- There is lack of services to cover the needs of the community of people with disabilities
- There are no funds to set up social services at the local level
- Services for people with disability are not a priority for local government

**Residential Centres** are divided into public and non-public Centres. There are 10 Public Residential Centres and 4 non-public residential that provide services to 620 people with disabilities.

These centres are located in several major cities and the beneficiaries come from all over the country.

In the framework of the National Strategy for deinstitutionalization of services and their decentralization, even these few residential services should be transferred to community-based centres close to the beneficiaries. But there are many obstacles in this regard:

- Community services are not distributed throughout all the country
- Lack of community support services for families and people with disabilities after they leave the institution and are returned to the family
- Lack of community services for people with disability above 25 years of age
- There is little focus and work towards closing these institutions
- Little attention by the government to the financing and sustainability of new community-based programmes and services introduced by organizations, such as: Independent living programmes, autonomy programmes, etc.
- Little focus on preventing institutionalization of people with disability, and especially institutionalizing of children with disabilities at an early age
- Lack of coordination of health and inclusive education reforms. In this regard there are some positive efforts but not coordinated and monitored by the governmental structures.

### 3. Main issues and needs of support provision

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#### Main issues

- Services for people with disability are not a priority for the Albanian government
- Service providers (non-public ones) do not receive sustainable funding from public institutions, thus they lack the sustainability of the services provided to people with disability. NGOs have been setting up various services, in high standards, supported by donors funding, but due to lack of funding from the government these services have been closed or are in great difficulty to survive
- Financing sources are mainly project-based funding, fundraising activities, service fees, business and individual donations (both lack motivational fiscal facilities to better support the NPO sector)
- The legal framework of the Social Fund (which is referred at Law no.121/ 2016 “For Social Services”) still has not started disbursing widely<sup>19</sup>
- Frequent change in staff at central and local level, whenever political changes. These changes collaborators, priorities etc.
- Lack of cooperation and coordination between local institutions and central institutions in implementing the strategies and policies set by public authorities. The National Action Plan is not fully known by the local structures; studies show that only 20% of the National Action Plan is implemented

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<sup>19</sup> However, services for people with disabilities in social plans are not inclusive for all the categories of people with disability and they do not cover throughout the life cycle of a person with disability. Since by law, only those services that are in the social plan benefit by the social fund, many essential services, age groups and categories of disability are excluded from the possibilities for financing.

- Low funding of social services for people with disability by municipalities. This resulted into many NGOs being closed
- International donors acting in Albania do not have in their strategy funding programmes that directly support social services for people in need
- The families of people with disabilities are at a low standard of living (studies show they are 2.5 times poorer than the rest of society), so they cannot afford to pay for their children's services, which leaves a high percentage of persons with disabilities without access to services. This means that high percentage of persons is not integrated and included in the social life in the country.

### Needs of service providers

The Albanian government should fulfil the obligations it has undertaken by signing the UN CRPD and take immediate measures:

- To make part of the policies and action plans the planning of services for the whole life cycle of a person with disabilities, which includes:
  - Identification and coordination system for early intervention;
  - Inclusive education and rehabilitation services;
  - Independent living;
- To encourage the local governments to draft their Social Plans and to review those drafted, by guarantying the social inclusion of persons with disabilities through accessible, inclusive and specialized services, financed through the distribution of the Social Fund
- Increase the allocated budget for social care services to support existing services of private sector and to build/expand state's social care services
- Design and approve service standards for each type of service and age group of beneficiaries as an urgent need to improve the quality of these services
- To coordinate the financing and implementation of programmes/projects between the ministries and the local government
- To guarantee the sustainability of existing social and medical services, provided by civil society organizations, which are in difficulty to continue supporting people with disabilities and their families due to lack of funds
- To take concrete measures to extend to more municipalities, beyond pilot areas, the reform for bio-psycho-social evaluation system according to DCM no. 431/2016
- To establish a system for collecting statistics according to the legal framework in place and drafting policies and plans based on needs, evidence and concrete data
- To put people with disability on the priorities and agenda of discussion with international funding agencies
- To urgently develop a coherent legal framework and strategies (with clear measures and protocol of work) that will allow the services to support children and families during times of crisis
- Establish an effective monitoring system for social service providers in terms of quality (private and public ones)
- Ensure capacity building of professionals working with children and PwD as service providers
- Increase awareness among employees of public administration on disability and especially on intellectual disability
- EU financial help to be accessed by not-for-profit organizations (NPOs) in Albania which provide social care and psycho-social services to people with disabilities

## 4. Organisation and funding of the service provision sector

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The sources of funding for social care services, provided by public and non-public institutions, consist of:

- Funds delegated from the State Budget, including the social fund
- Funds from the budgets of local government units

Disability support services in non-EU countries: needs and trends

- Income determined from assets and other activities of the municipality
- Service fees for the beneficiaries of social care services.<sup>20</sup>

The Social Fund was an innovative and important step which is supposed to be a funding instrument to support NGOs/private sector social care service providers.

The creation a “Social Fund” by the Ministry of Health and Social Protection and its transfer to local governments to finance services for persons with disabilities has been regarded as an efficient way of financing services at the local level. But in order to benefit from this fund, the local government must have a “Social Plan” where they state their priorities and their needs. So far, about 30 municipalities throughout the country (out of 61) have these Social Plans. This makes the services financially unsupported in over 50% of the country. The services most at risk are the services provided by the associations (non-public services) which for a long time have provided services of high standards, supported by donor funds. Nevertheless, due to lack of funds from the government these services have been closed or are in great difficulty of surviving and have an uncertain future.

Other challenges regarding Social Fund:

- Small funds allocated
- It covers different target groups not only PwD (youth, elderly, woman, etc.)
- It has the format of grant - meaning all group categories need to apply for it when there is a call.

## 5. UN CRPD and the deinstitutionalization process in Albania

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The UN CRPD has been ratified since 2013, but the Optional protocol is not yet ratified.

Albania has ratified the UN CRPD on 2012<sup>21</sup>. 2 reports on the implementation of the UN CRPD were submitted by the Albanian government to the UN Committee on Human Rights in Geneva and 1 Report was submitted to European Commission in Brussels:

- The first report was submitted in May 2015 by the Ministry of Foreign Affairs to UN Committee on Human Rights in Geneva
- The Alternative Report submitted to the UN Committee on the Right of persons with Disabilities<sup>22</sup>.
- On Albanian Government’s Initial Report on the Convention on the Rights of Persons with Disabilities. (Mars Albania, 2019)<sup>23</sup>

In Albania there is no strategy set up specifically to ensure the implementation of UN CRPD.

Following the ratification of the UN Convention on the Rights of Persons with Disabilities in 2012 and the acquisition of status of EU candidate country in 2014, the government prepared a Policy Paper on Social Inclusion (DPPS 2016-2020). This document guarantees a system for monitoring and measuring the social inclusion of people with disability in policy areas such as: poverty reduction and social protection, employment and vocational skills, education and training, health, basic needs, participation and human rights. It promotes transparency and accountability in how social inclusion is measured and used to provide information on the implementation of public services.

The positive aspect in this transformation process is that civil society organizations and/or organizations for people with disabilities have played an active role in this process by contributing with their opinions and recommendations. With an overview to the changes and improvements in the legislation that have been adopted lately, the legal status

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<sup>20</sup> LAW no. 121/2016 ON SOCIAL CARE SERVICES IN THE REPUBLIC OF ALBANIA

<sup>21</sup> <http://80.78.70.231/pls/kuv/f?p=201:Ligj:108/2012:15.11.2012>

<sup>22</sup> [https://www.google.com/search?q=b\)+The+Alternative+Report+submitted+to+the+UN+Committee+on+the+Right+of+persons+with+Disabilities](https://www.google.com/search?q=b)+The+Alternative+Report+submitted+to+the+UN+Committee+on+the+Right+of+persons+with+Disabilities)

<sup>23</sup> <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20190529-albania-report.pdf>

of persons with disabilities is at a good level, but people with disabilities still face the challenge of implementation of these laws. This is a challenge for disability organizations and all structures set up to monitor the UN CRPD.

### **Monitoring bodies for the implementation of the UN CRPD**

In order to enable the implementation of the UN CRPD in Albania, several measures were undertaken. The Ministry of Health and Social Protection initiated a legislation reform which led to the drafting of an important law, the Law No.93/2014 “For inclusion and accessibility of people with disability”. The law aimed to guarantee the promotion and protection of the rights of persons with disabilities to enable their full and effective participation in all spheres of society, on an equal basis with others, to define the responsibility of all public and non-public structures, including state structures, central and local bodies. It introduced mechanisms for implementing the principles of inclusion and accessibility to reduce and remove barriers for people with disabilities, in order to enable their equal participation in society.

Pursuant to this law, several responsible structures were set up, such as:

1. National Disability Council. The National Disability Council is an advisory body established by order of the Prime Minister and chaired by the Minister in charge of disability issues. It has 17 members, of which 7 members are individuals with disabilities, 5 representatives of organizations of persons with disabilities and 2 of organizations for persons with disabilities.
2. Technical Secretariat for Disability. A structure set up within the ministry that deals with disability issues, which serves as a focal point to implement and monitor the rights of the CRPD. This structure supports the National Disability Council to carry out its duties.
3. State institutions, at central and local level, have the legal obligation to cooperate with the minister in charge for disability issues, to exchange information and to facilitate the fulfilment of their function. For this purpose, in each Ministry, there is a person appointed who deals with disability issues
4. Local government bodies appoint one or several local officials who deal with disability issues

Also, the monitoring of UN CRPD is assigned to 2 independent institutions, which are:

1. The People's Ombudsman, who monitors the implementation of the Law No.93/2014 “For inclusion and accessibility of people with disability” in accordance with the articles of CRPD
2. The Commissioner for Protection from Discrimination, which monitors the implementation of Law No.93/2014 “For inclusion and accessibility of people with disability”, in compliance with the obligations set out in the Law no. 10 221, dated 4.2.2010 "On protection from discrimination"
3. Organizations of people with disability also monitor the UN CRPD

According to the opinion of organizations of persons with disabilities, these two institutions do not monitor step by step the implementation of UN-CRPD. They have not yet undertaken a disability awareness campaign about UN CRPD; a monitoring process on the implementation of the Laws and bylaws, etc. Similarly, the legal reform that took place after the ratification of the UN CRPD is being implemented very slowly and very fragmented.

***However, in Albania, in line with Article 33 point 2 and 3 of the CRPD, there is no structure or institution set up to manage and coordinate the monitoring of the implementation of UN CRPD.***

### **Deinstitutionalization strategy**

Albania does not have a proper strategy for deinstitutionalization. This process has been in the focus of the Ministry of Health and Social Protection for more than 10 years.



In December 2015, the Council of Ministers approved the National Strategy for Social Protection 2015-2020. One of the three most important objectives this Strategy addresses is the deinstitutionalization of the services.<sup>24</sup>

### **Involvement of persons with disabilities in decision making**

People with disabilities have their own organizations that represent and defend their rights. There is a law on non-profit organizations that gives every category the right to be represented and set up an organization.<sup>25</sup>

The involvement of organizations of persons with disabilities and the persons with disabilities in decision-making has been increased after the signing of the UN CRPD, which is not the same all over the country. It depends on how active these organizations are, and how much capacity they have to act and initiate lobbying and advocacy campaigns. Organizations of persons with disabilities lack the cooperation with each other, and they face challenges concerning their empowerment and financing of their activity by the government.

The involvement of person with intellectual disabilities is more difficult and in practice is faced with obstacles. Although as stipulated in the law, people with intellectual disabilities have the legal capacity to act, in practice this is often not taken into consideration. This happens due to misinterpreting the Law, legal vacuum, non-regulation of the decision-making support and lack of information or awareness for the parties. All of this creates a chaotic situation where sometimes people with intellectual disabilities are allowed to use their legal capacity to act and other time no, including the right to vote.

The structure of the organizations of people with disabilities are not well organized and unsustainable. One structure of representation of disability organizations has been the National Council of Persons with Disabilities. This Council represented people with disabilities nationally and internationally for 15 years. In 2018 this Council stopped its activity and now we are at a low level of representation.<sup>26</sup> This situation is serious which weakens the position of organizations in the process of monitoring the UN CRPD and the implementation of subsequent laws.

## **6. Main stakeholders**

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As mentioned, there are different organizations and coalitions which advocate and represent people with disabilities. There is also a National Disability Council which is compiled by the public representative and NGO sector. In practice this coalition has a lot of problems and is not functional.

The main stakeholders involved in the enjoyment and protection of the rights of persons with disabilities are NGOs of people with disabilities and for people with disabilities. In Albania, there are different NGOs which are run by people with disabilities, but those are mostly persons with physical disabilities. Intellectual disabilities are more represented by their families or family members.

Other important stakeholders are the other institutions mentioned above.

## **7. Relations with EU**

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None of the EU funding programmes can be accessed by organizations that provide direct social services to persons with disability, those are more focused on advocacy, awareness raising, capacity building, etc. These programmes are mostly accessible to international organizations which subcontract local organizations.

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<sup>24</sup> [https://shendetesia.gov.al/wp-content/uploads/2018/06/Strategjia\\_Kombetare\\_per\\_Mbrojtjen\\_Sociale\\_2015-2020.pdf](https://shendetesia.gov.al/wp-content/uploads/2018/06/Strategjia_Kombetare_per_Mbrojtjen_Sociale_2015-2020.pdf)

<sup>25</sup> Law Nr.8788, date 7.05.2001 "Nonprofit organization in Albania"

<sup>26</sup> In the political area one of the most recognized representative of PWD is the vice/ministry of Ministry of Health and Social Protection which is a person with physical disability.

## ARMENIA



*The research “Needs and trends in social service provision in the neighbouring countries: Armenia” was carried out between July-August 2020 and used annual reports of the Ministry of Labour and Social Issues (MoLSI), Ministry of Health (MoH), Ministry of Education, Science, Culture and Sport (MoESCS) and the publications of the National Statistical Service (NSS) of Armenia for 2016-2020, publications produced by UNICEF Armenia<sup>27</sup>, USAID, Safe the Children Armenia<sup>28</sup>, Human Rights Watch, IOM<sup>29</sup>, etc. The government policies and strategies regulating the disability, child protection and care<sup>30</sup> reforms were also analysed.*

### List of Acronyms

- AMD** Armenian dram
- BBP**: Basic Benefits Package
- CNSCE**: Children in Need of Special Conditions in Education
- CRC**: Convention on the Rights of the Child
- CWDs**: Children with Disabilities
- ECI**: Early childhood intervention
- HRD**: Human Rights Defender
- HRW**: Human Rights Watch
- IOP**: International Organization of Migration
- ICF**: International Classification of Functioning, Disability and Health
- ILCS**: Integrated Living Conditions Survey of Households
- IRP**: Individual Rehabilitation Plan
- MSEA**: Medical-Social Examination Agency
- MoH**: Ministry of Health
- MoESCS**: Ministry of Education, Science, Culture and Sport
- MoLSI**: Ministry of Labour and Social Issues
- NCET**: National Center for Education Technologies
- NDAC**: National Disability Advocacy Coalition
- NGO**: Non-Governmental Organization
- NSS**: National Statistical Service
- PWDs**: Persons with disabilities
- SAMSE**: State Agency for Medical-Social Examination
- SDGs**: Sustainable Development Goals
- UISE**: Universal Inclusive System of Education
- UNICEF**: United Nations Children’s Fund

<sup>27</sup> Data Gap Analysis: “Availability and Cross-Sectoral Exchange of Data on CWDs”, 2017

<sup>28</sup> “Submission to the UN Special Rapporteur on the rights of PWDs”, Save the Children, 2016

<sup>29</sup> EMPLOYMENT OF PEOPLE WITH DISABILITIES IN ARMENIA: NEEDS AND BARRIERS, REPORT ON QUALITATIVE STUDY FINDINGS. International Organization for Migration (IOM), 2013.

<sup>30</sup> “The Comprehensive Programm2017-2019 for social inclusion of people with disabilities”, MOLSI, 2019; “2020-2023 comprehensive programme and the timeline for implementation of the Child’s Right to Live in the Family and for supporting the harmonious development of the child”, MOLSI; Draft of 2020-2024 Action Plan for Transformation of Services for PWDs, MOLSI.

**UN CRPD:** Convention on the Rights of Persons with disabilities

**VET:** Vocational Education and Training

**WHO:** World Health Organization

## 1. General context

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### Geographic Context

The Republic of Armenia is a landlocked country and the smallest of the three Southern Caucasus countries covering an area of 29800 km<sup>2</sup> and registering a population of about 2.951.776 million inhabitants. Armenia shares borders with Turkey to the West, Georgia to the North, Azerbaijan to the East, and Iran and the Nakhichevan exclave of Azerbaijan to the south<sup>31</sup>. It is a former republic of the Soviet Union. Christianity is its official religion (Armenian Apostolic Church).

### Political context

Armenia has transformed from a semi-presidential system to a parliamentary republic in 2018. **Executive Power:** The President of Armenia is the chief of the state and holds the highest executive powers. He is indirectly elected for a 7-year term. The Prime Minister is the head of government and holds most of the executive power. He is elected by majority vote by the National Assembly. **Legislative Power:** The legislative branch in Armenia is composed of a unicameral National Assembly (Parliament). Members are elected in single-seat constituencies by proportional representation vote for a five-year term. The minimum number of seats is 101, currently there are 132 members.

### Socio-economic context

The independence in 1991 after the fall of the Soviet Union threw Armenia into economic collapse. About 30 years after independence Armenia is still facing many challenges despite areas of significant progress. About 50.4% of Armenian population lives in poverty (5,50 USD/day) and about 30% of the population falls below the “poor” designation, but even those above that level are falling short of what they need to live<sup>32</sup>. According to “**RA Strategic Perspective Programme for 2014-2025**”, the goals for 2017 were to decrease the poverty level to 24% and the extreme poverty level to 2,4% - but these goals have not been reached<sup>33</sup>

### National Laws and International Commitments of Armenia in the Area of Child Rights and Persons with Disabilities (PWDs)

Armenia has joined several international and regional conventions, as well as adopted a number of laws in the area of child rights and child protection, including:

- **The Convention on the Rights of the Child (CRC):** Armenia joined the Convention in June 1, 1992 decision of the RA Supreme Council<sup>34</sup> and it went into force in Armenia on July 22, 1993. Later, the fundamental provisions of the Convention were adapted and enacted in *the RA Law on the Rights of the Child* adopted in 1996, *the RA Law on the Social Protection of the Rights of the Children without Parental Care* was adopted in 2002, and other legal acts.
- **The Convention on the Rights of PWDs (UN CRPD):** The convention came into effect in Armenia on October 22, 2010.
- **The Revised European Social Charter of the Council of Europe:** The Revised European Social Charter of the Council of Europe was signed on May 3, 1996. Armenia joined the Charter on December 25, 2003. The Charter has been effective in Armenia since January 2, 2004.

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<sup>31</sup> Up to date Armenia is subjected to the economic embargo imposed by Azerbaijan and Turkey.

<sup>32</sup> In Armenia, “poor” means a person whose monthly consumption (the amount spent) is less than 41,698 AMD. “Very poor” means a person whose consumption does not exceed 34,234 AMD, while “extremely poor” means a person who has consumed less than 24,109 AMD.

<sup>33</sup> According to the updated IMF forecasts from 14th April 2020, due to the outbreak of the COVID-19, GDP growth is expected to fall to -1.5% in 2020 and pick up to 4.8% in 2021, subject to the post-pandemic global economic recovery.

<sup>34</sup> Supreme Council is not any more functional.

To date, the **Law on the Social Protection of the Disabled in Armenia**, adopted in 1993 which has been modified multiple times and the **Law on the Public/State Provision of Pensions of the Citizens of RA** (adopted in 1995, amended in 1997 and 1998) is the main regulatory act in the area of disability issues in Armenia establishing legal, economic and organizational basis of social protection of persons with disabilities (PWDs) in the Republic of Armenia. This establishes basic provisions of state policy in provision to PWDs of optimum conditions and privileges on implementation of their rights and capabilities for the purpose of providing for them opportunities, equal with other citizens of the republic. Since 2015, the authorities have been working on the new national disability law on the “Rights and Social Inclusion of PWDs”, attempting to bring Armenian legislation into greater compliance with the UN CRPD. Since then several drafts were developed but not finalized yet and adopted.

In addition to the above mentioned international and local instruments, Armenia has made several other commitments and is currently making attempts to significantly achieve a paradigm shift in the way disability is conceptualized and assessed. This aims to generate significant impact for the reform of services and at providing transition from the current model<sup>35</sup> to the World Health Organization’s framework of disability assessment model based on the International Classification of Functioning, Disability and Health (ICF). This transition will influence the way in which the country assesses disability and develops rehabilitation services for PWDs. The RA Ministry of Economy has approved ICF as a National Standard with its N1139 Decision on December 19, 2014<sup>36</sup>.

### **Disability and Social Stigma**

The overall approach to disability issues continues to be based on the medical model of disability which views the person as an object of care and charity and addresses the issue on a purely medical and rehabilitative level with the goal to make them as “normal” and “healthy” as possible. This approach furthers the stigma of PWDs as unable to contribute to their wellbeing and the wellbeing of their society, thus fostering their exclusion from education, labour market and society. PWDs face stigma and discrimination from the moment they are born, and this follows them throughout the lifetime leading to social exclusion and negatively impacts quality of their lives. According to Armenia’s Ombudsman, PWDs in Armenia can be denied jobs, education, housing or other opportunities based on false assumptions or stereotypes about disabilities. This social stigma feeds into and reinforces the belief that children and adults with disabilities hardly could be integrated into society<sup>37</sup>.

### **Official statistics available on children and adults with disabilities**

The main sources of official data on children and adults with disabilities are periodical publications of the NSS RA: “Social Situation of Armenia”, “Social Snapshot and Poverty in Armenia”, and “Annual Statistical Yearbook”, as well as “Health Statistical Yearbook” of the MoH (MOH). The data published by NSS is collected directly<sup>38</sup> from social services, education settings, health settings, care institutions and is also received from the State Health Agency, the State Agency for Medical-Social Examination (MSEA), and the National Centre for Education Technologies (NCET) of MoESCS.

MoLSI provides some statistics on PWDs registered in “Pyunik” database, and through its website it also provides its annual performance reports with very brief information on major programmes initiated to support PWDs. The ministry also provides annual reports; however, no disaggregated data is provided on PWDs. MoH administrative data is also provided to NSS and published through their publications. Health statistics provides age and sex disaggregation on children, including children with disabilities (CWDs). **According to official data of NSS, 192,013 PWDs are registered in Armenia by the end of 2019, which equals 6.5% of the total population:**

<sup>35</sup> The current model assesses the person based on the health condition. The barriers that challenge his/her functionality in terms of education, employment, shopping, involvement into the cultural life are not being considered. The rehabilitation services as well as physical challenges are not being assessed and addressed to allow full involvement of the person into the society.

<sup>36</sup> The Armenian version is available.

<sup>37</sup> In a 2016 interview with Human Rights Watch (HRW), a respondent in her early 20s said that part of her decision to give up her 4-year-old son with cerebral palsy to an orphanage was the shame that it might bring to her brother, who was yet to be married. “The issue for us was not entirely finances. We have to think about the bigger family. My brother is still young. We are thinking about a potential bride for him. No one will want to see an unhealthy child at [our family’s] home.” (Human Rights Watch, 2017).

<sup>38</sup> Law on State Statistics of RA April 4, 2000.

Age groups	Total Number	Male	Female
0-18	8623	5914	2709
18-40	23017	15888	7429
40-63 <sup>39</sup> /65 <sup>40</sup>	81284	42967	38317
63/65 and above	79089	35468	43621
		52% men (99,937).	48% women (92,076)

**Number of registered PWDs by causes of disability and by disability groups as of July 2020.**

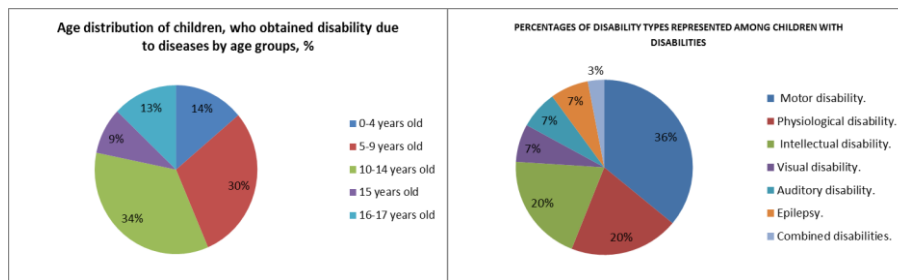
Causes of Disability	1 <sup>st</sup> Group		2 <sup>nd</sup> Group		3 <sup>rd</sup> Group		Childhood Disability	
General Diseases	5 727	2 623	51 975	26 620	89 103	50	-	-
						330		
Childhood Diseases	3 306	1 439	10 443	4 155	9 915	2 818	8	2
							597	716
Military Service	532	8	4 541	92	4 022	141	-	-
Working mutilation	95	24	531	132	1 016	183	-	-
Occupational disease	3	1	87	38	102	27	-	-
In connection with the elimination of the Chernobyl accident.	6	-	301	4	229	2	-	-
Illness, mutilation, injury received during natural and man-made disasters, as well as during their elimination works.	48	37	303	200	107	74	-	-
<b>Total</b>	<b>9 717</b>	<b>4 132</b>	<b>68 181</b>	<b>31 241</b>	<b>104 494</b>	<b>53 575</b>	<b>8 597</b>	<b>2 716</b>

The number of people with mental disabilities as of January 1, 2020 is 23,468, of which 2026 have the first (women - 828), 12038 - the second (women - 4630), 6973 3 (women: 2548) group disability, 2431 are CWDs (girls: 598).

However, the number of PWDs might be higher, considering the fact that this category includes only persons who were granted a disability group, i.e. persons with medium and severe forms of disorders. *Because of a somewhat restrictive interpretation of disability*, the persons with light and moderate forms of disability very often are not necessarily given a group of disability. Therefore, they are *not* granted a PWD status, *not* registered and *not* included in the official statistics. This approach to designating persons as with disability is still *de facto* based primarily upon a medical model, even though Armenia made a commitment to replace the medical model of disability with a social one. The MoLSI is responsible for assigning and paying pensions and benefits to PWDs. 8623 CWDs are registered in Armenia.

<sup>39</sup> Pension age for women

<sup>40</sup> Pension age for men



Children with the “childhood disability” status are entitled to a state allowance of AMD 25,500-26,500. According to official statistics, the number of CWDs, who received disability allowance in 2016, was 7,553, which is 92% of the total number of children with the “childhood disability” status. This discrepancy is conditioned by the fact that children in state funded care institutions - orphanages do not receive disability allowance. According to official data from MOLSI 481 children were at state care institutions in 2016. Another explanation for the rest of the cases could be that these children are not in the country or their parents did not apply for benefits.

According to the official statistics<sup>41</sup>, 38% of CWDs live in vulnerable families receiving the Poverty Family Benefits. The Integrated Living Conditions Survey of Households (ILCS) annually conducted by NSS also demonstrated that the incidence of a family member with disabilities increases the probability of a family to be poor. The poverty level is higher among families with children making it 34.2% compared with 29.4% of the national average. If children live with adults with disabilities, the probability of poverty increases to 40.6%. In 2016 report, NSS RA did not provide data on the poverty level of CWDs, as data is not statistically valid due to sample limitations. However, the 2015 data from ILCS show that CWDs make only 1.3% of the child population, but 46.2% of them are poor and 11.1% are extremely poor. Such children comprise 1.8% of poor children with 12% average shortfall (gap) from the poverty line<sup>42</sup>.

After getting the “childhood disability” status, children are recommended a list of medical, educational, and rehabilitation services according to Individual Service Delivery Plans.

### Context for Social Service Provision

The functions of the state system of social protection are clearly defined, based on which, corresponding programmes are provided for vulnerable population groups. These programmes include: (i) state social assistance programmes; (ii) social security programmes; (iii) social protection programmes; (iv) state social insurance programmes; (v) employment programmes; (vi) a system of allowances. Social protection in Armenia is administered by the MoLSI responsible for policymaking and implementation in all branches of the labour and social protection system except health care. The most important and costly social insurance benefits are pensions, unemployment insurance coverage, maternity coverage, and childcare benefits. The packages of social services are supposed to be designed as social services deriving from needs of the clients and should be based on a needs’ assessment (e.g. for PWDs they are based on data of individual rehabilitation programme of the person).

### Social services

Rehabilitation devices, prostheses, and orthopaedic accessories are provided free of charge. These include hearing devices, voice creation device, eye prostheses, wheelchairs, corsets, etc. Free healthcare services (ambulatory and hospital care) and rehabilitation for children up to seven years of age and vulnerable children above the age of seven, who are from the beneficiary families of Family Benefits System, also for children at orphanages and state-funded residential care institutions. Day-care and rehabilitation services through state partnership programmes implemented by various NGOs and state-funded centres. Free care at residential institutions: night-care institutions and orphanages. Compensation for use of inter-city transport and free use of public transport – but only electro-transport, which is not available in settlements out of Yerevan.

<sup>41</sup> Social Situation of Armenia in 2016” NSS RA, 2017

<sup>42</sup> Social Snapshot and Poverty in Armenia, NSS RA 2016, [http://www.armstat.am/file/article/poverty\\_2016\\_eng\\_2.pdf](http://www.armstat.am/file/article/poverty_2016_eng_2.pdf)

### Social assistance system

In accordance with the RA Law on State Benefits (Article 10), the presence of a PWDs in the family, including a child with disability, plays a crucial role in assessing the level of social disadvantage, because disability is considered one of its characteristics. The level of social disadvantage serves as a basis for gaining the right to family benefits. According to the RA Law on State Benefits, the years of caring for a child with disability are considered as length of service, but not more than 10 years. That right is granted to the care provider of the child with disability, usually to one of the parents.

### Medical-social examination for disability assessment and eligibility definition

The state agency that is responsible and authorized to assign disability status to adults and children is the Medical-Social Examination Agency (MSEA) of MoLSI. The Agency's responsibilities involve acknowledgement of disability, definition of disability groups (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> groups for persons 18 and above and childhood disability up to 18 years<sup>43</sup>), identification of disability causes, as well as establishment of duration and expiry. The Agency specifies forms of social protection and working conditions for PWDs, issues eligibility recommendations for those to perform a specific job, etc. Disability status is assigned based on the information collected on one's health state and in-person examination of applicants by regional medical-social examination commissions (MSECs). Every year about 70,000 people pass medical-social examination, including children with 4-5%. With referral from healthcare institutions the person/child has to pass a medical-social examination at the regional or specialized medical-examination commission, where the status of "PWDs/child" is provided, if the examination results match with respective criteria. About 95% of people who pass medical-social examination get a disability status.

**Monetary allowance** is assigned to all who get the status of "childhood disability". The amount of allowance is fixed and is not linked with either the severity of disability or services needed. It is not linked with any social subsistence threshold either. The Government approves the amount of allowance every year.

**Disability pension (social insurance):** 140% of the basic pension is paid for a Group I disability; 120% for a Group II disability; 100% for a Group III disability. A bonus pension is paid to each group (450 drams for each full calendar year of covered employment multiplied by a personal coefficient based on the length of service). The basic pension is 26,500 drams a month.

**Temporary Disability Benefits:** The daily benefit is 80% (with up to eight years of coverage) or 100% (with more than eight years of coverage) of the insured's average monthly earnings in the last three months. The benefit is paid from the first day of incapacity until recovery or the award of a permanent disability pension. A specialized medical committee assesses the degree of disability.

**Family benefit** in case the family is poor, as existence of a child with disabilities in a family increases the chances of eligibility. The number of PWDs in the system of social assistance services in 2019:

<b>Disability Benefits Recipients<sup>44</sup>:</b>	51 993
<b>Social Benefit Recipients<sup>45</sup>:</b>	13054
<b>Family Benefit<sup>46</sup>:</b>	17192
<b>Emergency support Recipients<sup>47</sup>:</b>	1955

### Healthcare services

The Armenian healthcare system is centred on the Basic Benefits Package (BBP) programme. The BBP encompasses two groups: the first is the entire population, and the second is "socially insecure and special groups<sup>48</sup>" including

<sup>43</sup> According to the RA Law on State Benefits<sup>43</sup> (Article 30), children with "a child with disability" status receive a disability allowance for the entire period of disability until the child becomes 18 years old. Currently the disability allowance for CWDs amounts to 18000 AMD, which is equivalent to approximately 37 USD.

<sup>44</sup> [https://www.armstat.am/file/article/sv\\_01\\_20a\\_540.pdf](https://www.armstat.am/file/article/sv_01_20a_540.pdf)

<sup>45</sup> [https://www.armstat.am/file/article/sv\\_01\\_20a\\_540.pdf](https://www.armstat.am/file/article/sv_01_20a_540.pdf)

<sup>46</sup> [https://www.armstat.am/file/article/sv\\_01\\_20a\\_540.pdf](https://www.armstat.am/file/article/sv_01_20a_540.pdf)

<sup>47</sup> [https://www.armstat.am/file/article/sv\\_01\\_20a\\_540.pdf](https://www.armstat.am/file/article/sv_01_20a_540.pdf)

<sup>48</sup> Categorized in the rule N 318-Ն which was adopted in 2004 by the Government of Armenia

PWDs from the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> groups of disability. Medical services are either fully or partially subsidized under the BBP. There is no co-pay for PWDs from the 1<sup>st</sup> and 2<sup>nd</sup> groups of disability, CWDs, children under 18 with a parent with disability and 50% co-pay for PWDs from the 3<sup>rd</sup> group of disability. These services include inpatient treatments where the individual is hospitalized or outpatient treatments such as visiting polyclinics, rehabilitation services. Polyclinics offer primary healthcare services, as well as maternity services and sanitary-epidemiological services. These services are completely free of charge for adults and CWDs. Pharmaceuticals require full out-of-pocket payment by the general population, whereas it varies for the vulnerable group. For PWDs from the 1<sup>st</sup> and 2<sup>nd</sup> groups of disability and CWDs under 18 pharmaceuticals are free but for those with 3<sup>rd</sup> group of disability 50-70 percent co-payment is required.

### Rehabilitation services

The RA Government Decision N1035-Ն defines the procedure for providing rehabilitation services to PWDs, including children. Rehabilitation assistance is a social service provided with the purpose of medical and (or) vocational and (or) social rehabilitation of an individual. PWDs, children with "a child with disability" status receive rehabilitation assistance based on the individual rehabilitation plan (IRP) through implementation of relevant measures of medical, vocational and social rehabilitation.<sup>49</sup> Within the scope of rehabilitation measures PWDs, including children, are provided with rehabilitation, technical appliances and other ancillary devices, including prosthetic, orthotics and orthopedic items. The latter are provided to persons and CWDs, regardless the social disadvantage factor. The supplies for PWDs are provided in accordance with the IRP for free, entirely funded by the state budget.

## 2. The service provision sector in Armenia: subsectors

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### Early Childhood Intervention

CWDs in Armenia are entitled to free medical care and services<sup>50</sup>, with the expenses covered by the RA state budget. Children under 18 years of age from families comprised of individuals with disabilities also enjoy the right to free medical care and services covered by the state budget.<sup>51</sup>

Early childhood intervention in Armenia follows the early identification of developmental problems. When the developmental problems are identified, a comprehensive assessment and diagnosis are carried out to examine the functional abilities, developmental diagnoses, health conditions and other factors likely to influence future outcomes and wellbeing. According to *UNICEF Data Gap Analysis on "Availability and Cross-Sectoral Exchange of Data on CWDs", conducted in 2017*, the most significant progress recorded in Armenia in the healthcare sector is the expanded list of services directed towards prevention and/or early identification of developmental problems among children since 2005: Congenital hypothyroidism: The screening and prevention programme started in 2005; Phenylketonuria: The screening and prevention programme started in 2008; Congenital hip dislocation: The programme started in 2010; Post-natal screening of hearing - The post-natal screening of hearing started in 2008; Visual screening started in 2010. The children with such problems passed either laser preventive surgery, medical treatment and, if necessary, vitreoretinal surgery.

Since 2012, the MoH has introduced a unified E-health IT system<sup>52</sup>, which allowed MoH to collect and produce systematized data on use of healthcare services by population, disaggregated by age, sex, and place of residency (but not disability). However, it is still hard to find any official records at either MoH or MoLSI that are interlinked and clearly demonstrate how many children with any of the above-mentioned health problems have been registered as with disability. Provision of these services is not disaggregated by disability of the child and no reports are published or available on the scope and coverage of services provided. Hence, based on the current experience of data collection, management, and analysis at the healthcare sector, UNICEF supports MoLSI to replicate and transfer

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<sup>49</sup>Article 4 of Appendix N1 of the RA Government Decision N1035 of 10 September 2015

<sup>50</sup> RA Government Decision N 318-Ն of 2014

<sup>51</sup> It should be noted that the right to free medical care and services applies to all children under 7 years of age, as well as to children under 18 in the orphanages.

<sup>52</sup> GoA Protocol Decision No 43 of October 25, 2012.



this best practice to the social sector, synchronize and harmonize the data between these two sectors, so to track the records of children who have “childhood disability” status. With UNICEF support WHO ICF-based disability assessment approach and e-disability IT system is introduced to MoLSI that will probably make it possible to get more consistent and comparable data from all sectors.

Early childhood intervention programmes in Armenia are designed to support young children who are at risk of developmental delay, or young children who have been identified as having developmental delays or disabilities. ECI comprises of specialized services such as: medical; rehabilitation (e.g. therapy and assistive devices); family-focused support (e.g. training and counselling); social and psychological; along with service planning and coordination; and assistance and support to access mainstream services such as preschool and child-care. The services are delivered through a variety of settings including health-care clinics, hospitals, early intervention centres, rehabilitation centres, community centres, specialized residential institutions (It is estimated about 30 state and non-state centres in the country).

### Education support

*The Armenian General Education* comprises of Preschool Education and Secondary Education (divided into three levels: Primary school (grades 1-4), Middle school (grades 5-9), High school (grades 10-12)). *The vocational secondary education* provides specialized and professional education in a particular field. The duration of this educational level is 3 years; *Higher education* is provided in two-stage systems: Bachelor and Master Programmes at the state and non-state education institutions. The number of students with disabilities in comparison with the total number of students within the whole system of education is figured as follows:

Educational Institutions	Number of institutions	Number of students	Number of students with disabilities
Preschools	884	79074 (32%)	No data available
<b>Secondary schools from 1<sup>st</sup> to 12<sup>th</sup> grades</b>	1409	382378	5700 CNSCE. <b><u>No data about the number of CWDs.</u></b>
<b>VET schools<sup>53</sup></b>	143	29900	190
<b>Universities</b>	73	80477	43

**Preschool Education System:** The preschool institutions operate all over the country: nurseries (for children of the age of 2-3), kindergartens (3-6-year-old children), and nursery-kindergartens (combined). In 1996, as a result of formation of a new system for the RA administrative and territorial management (in compliance with the RA Law on “Local Self-Government”), the preschool institutions were transferred under the community subordination, which had its negative impact on the preschool system. While the preschool education has been recognized as a component of the general education system, it is neither compulsory nor free of charge. The government is responsible for the preschool education policy, while the local governments are responsible for funding the organization and delivery of preschool services. The data from the NSS (NSS) for 2018 demonstrate that there are 884 state pre-school institutions in Armenia in addition of 52 private ones. The enrolment of children in pre-school education system (all children between the ages of 0-6) is 32,6% from the overall number of children from the age group: 38% of enrolment in urban communities, and 22,6% in rural communities. No data available about enrolment rate of CWDs in preschools. By the end of 2023, the Armenian government intends to increase attendance at preschool institutions of the republic up to 70%<sup>54</sup>.

<sup>53</sup> vocational craftsmanship schools and middle technical colleges

<sup>54</sup> Announced on January 24, 2020 by the Minister of Education, Science, Culture and Sports of Armenia at the plenary session of the National Assembly, when introducing the draft amendments to the law "On Preschool Education".

**Inclusive preschool education** is still a challenge in the country. For many years, national and international organizations<sup>55</sup> have suggested different models for including CWDs in early childhood education. The attempts included establishing community centres within the kindergartens to support preparation and integration of children into kindergartens. However, the local authorities have not continued funding these pilot projects and ensured their sustainability. On the other hand, the proposed models are organized on the concept of medical model and contradict with equity and inclusion of education. In the framework of *equity-focused programming approach*, UNICEF has long supported the development of alternative preschool model to reduce disparities when it comes to access to early learning services. The sustainability of these alternative models is now ensured by the new amendment of the Law about Pre-school Education thus creating a legal framework for its sustainability and expansion.

In between 2015-2018, the NGO Bridge of Hope in cooperation with Armenian Step by Step Foundation launched SMILE (Strategy to Maximize the Inclusive learning Environment) for Children<sup>56</sup> to contribute to the equal access to inclusive preschool education for every child in Armenia and their smooth transition through education levels. With support of the project, the Preschool Education Faculty of the Armenian State Pedagogical University has revised its overall 13 courses in accordance to the principles and approaches of inclusive pedagogy. The pilot of the project created solid basis and promoted significant changes in the legal framework of Armenia based on the project results towards equity and inclusion, transition between education levels as well as findings “Education transition for CWDs in Armenia” research conducted by Bridge of Hope in 2015 and summation to General Comments on Article 24 of UN CRPD<sup>57</sup>. In 2018 the MoESCS initiated amendments of “*Law about Preschool Education of Armenia*” and in 2020 Armenian Parliament approved the amendments to ensure the equity and inclusion of the system. Thus by 2023 the whole system of preschool education will become inclusive.

## Secondary education

The history of inclusive education in the system of Mainstream/Secondary education (in the further text “Mainstream Education” is used) in Armenia goes back to 2001 when the ministry of education together with the Armenian NGO Bridge of Hope initiated the 1<sup>st</sup> piloting phase of inclusive education at one school. In between 2002-2003, the pilot of inclusive education was expanded into 5 more mainstream schools in Yerevan. Based on best practices and lessons learnt from the pilot stage of inclusive education, the “Law about Education of People Needing Special Conditions in Education” was adopted in June 2005 which was a critical step towards the development of inclusive education system in Armenia.

During the initial stage of the inclusive education policy (covering the years 2006 up to 2014) the inclusive education practice was expanded through so-called ‘*school by school*’ model. Each year, 15 mainstream schools were officially recognized as ‘inclusive schools’ and got additional funds from the State Budget for specialists’ support. In between 2010-2012, NGO “Bridge of Hope” in cooperation with the ministry of education supported the Armenian State Pedagogical University to develop two compulsory and two optional courses on inclusive education. The courses became integral part of teachers’ pre-education programme at BA and MA degrees of all general pedagogical faculties of the university.

In 2011, the Government of Armenia approved the common State Standards and Curricula of Mainstream Education and the former Special Education Standards came out of use. According to the new standard, in order to effectively organize the education of CNSCE, the content of the mainstream education programme could be adapted to the maximum potential of the individual child.

In between 2010-2013, the Government of Armenia piloted the universal inclusive system of mainstream education. The pilot was realized in Tavush Province (Marz) through “Living Together, Learning Together” project of NGO “Bridge of Hope”. Based on the results of the piloted programme, the Law of Mainstream Education was amended

<sup>55</sup> UNICEF, World Vision, Save the Children

<sup>56</sup> Awarded Zero Project Price of Innovative Practice in 2020.

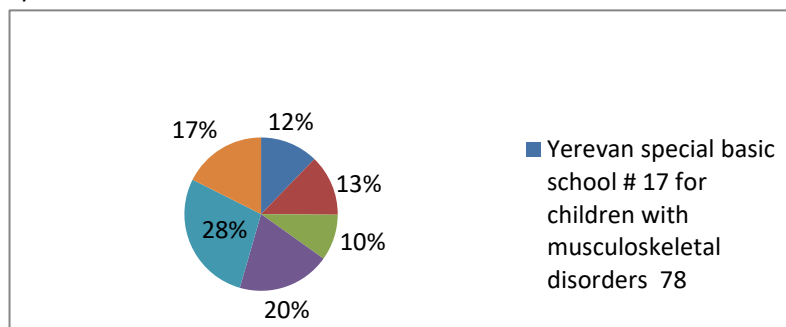
<sup>57</sup> <https://www.ohchr.org/EN/HRBodies/CRPD/Pages/GCRightEducation.aspx>

significantly<sup>58</sup> and inclusive education is declared as “...the right of every child and guarantee to ensure maximum participation in the educational process and performance under the state mainstream education standard by providing necessary special conditions of education and adapted environment for every child”.

The law introduces three levels of *pedagogical-psychological support services* to inclusive schools: at school level, at regional level and at republican level. The legislation stipulates that by August 1, 2025 the entire system of mainstream education would become fully inclusive for all students and by 2022 most of special schools will be transformed into pedagogical-psychological support services for inclusive schools. The government adopted a timetable of application of Universal Inclusive System of Education (UISE) based on “Province by Province” approach. Currently, the UISE is applied in eight provinces (out of ten) and Yerevan alongside with transformation of 16 special schools into support services. In total, 17 Pedagogical Psychological support services<sup>59</sup> are established in Yerevan and eight provinces providing support to 1181 inclusive schools. By the end of 2022 the whole system of mainstream education with 1403 schools will be inclusive for all CWDs. Currently 5700 CNSCE are enrolled in 1181 mainstream schools in all areas where UISE is applied:

Marz <sup>60</sup> (province)	Number of schools	Number of CNSCE
Yerevan	234	862
Tavush	81	512
Syunik	116	399
Lori	162	926
Shirak	163	546
Gegharkunik	126	(745)
Kotayk	100	(585)
Aragatsotn	80	186
Armavir	119	939
<b>Total number</b>	<b>1181</b>	<b>5700</b>

**Special schools:** Before the adoption of UISE policy in 2014, there were 23 special boarding schools in Armenia (the system was inherited from the soviet period). These institutions provided boarding for those children that lived far from the school or could not afford transportation to/from school on a regular basis. Starting from 2015, the number of special schools started to decrease due to the policy of transformation of special schools into regional pedagogical-psychological support centres. Currently such 17 centres are established and the number of special schools decreased to 6: one special school for children with *musculoskeletal disorders*, three special schools for children with *intellectual disabilities*, one special school for children with *visual impairments* and one special school for children with *hearing impairments*.



**Issues:** Despite the success that Armenia has documented in the field of inclusive mainstream education, at legal and practice levels there are several systemic issues hampering better inclusion of CWDs in education.

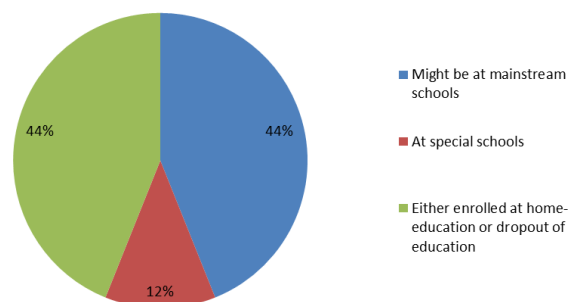
<sup>58</sup> “Law about Education of People Needing Special Conditions in Education”, adopted in 2005, was recognized invalid.

<sup>59</sup> In Tavush Marz the provision of services is delegated to NGO Bridge of Hope.

<sup>60</sup> Marz is administrative unit of several regions. English interpretation is ‘Province’

**Data about the enrolment rate of CWDs:** As reported above, the total number of children registered with disability is 8623. However, this number might be much bigger if the disability assessment would be done in accordance to *the Article 1 of Un CRPD*<sup>61</sup>. There is no data about the enrolment rate of CWDs in the system of general education. The data is only available on the number of Children in Need of Special Conditions in Education (CNSCE) enrolled in the system of general education (both special and mainstream schools) which makes a total of 6337 (5700 CNSCE in mainstream schools and 637 in special schools)<sup>62</sup>. The reason regarding the lack of disability data in the system of general education is due to the assessment criteria which considers the need of special conditions rather than disability. On the other hand, the existing disability data of MoLSI does not give any information about school the enrolment rate of CWDs.

An assumption about the enrolment rate of CWDs in mainstream education could be done by analysing the number of CNSCE enrolled in the system of mainstream schools of Tavush Province<sup>63</sup> where UISE is applied since 2017. According to data of the province per January 2020, the number of CNSCE at all schools is 488 of which 136 are CWDs or about 30% of the total number of registered CNSCE. Hence, based on data of Tavush Province, an overall assumption might be done about the number of CWDs at mainstream schools: the total number of school age (6-18) CWDs in Armenia makes about 7323 and only 30%-35% (or average 2300) could be enrolled in general mainstream education system in addition of 637 children (or 12%) still at special schools. There is no data about children enrolled in home education (neither CNSCE nor CWDs) and how many are fully dropped out of education and hence no official data about the school enrolment rate of about 44% school age CWDs:



**Accessibility of schools:** Currently no school in Armenia is fully accessible to all children with disabilities in terms of both visible and invisible barriers. The physical accessibility of schools is mainly limited to wheelchair ramps built at the entrance of school buildings. There are no elevators for children using mobility devices, the doors are difficult to open, they have thresholds, there are no handles, accessible toilets, and the furniture, sometimes becomes accessible through the efforts of parents. The buildings are not accessible also for children with visual and hearing problems (colours, markings, etc.). Human Rights Watch found that the Armenian government is not doing enough to ensure quality, inclusive education for all children.<sup>64</sup> Many organizations are currently involved in teachers' in-service training and mentor support for better inclusion and equal access to curriculum for CWDs.

However, despite awareness-raising activities and training opportunities offered to teachers by different organizations there is a very slow shift of mindset among teachers towards the full potential of CWDs. The old perceptions of teachers proceed from the old 'defectology' focused on the 'deficit' of the child rather than the individual strengths and potential. The concept of inclusive pedagogy is not well understood and accepted by teachers' in-service and pre-service training and education professionals and institutions.

<sup>61</sup> PWDs include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

<sup>62</sup> According to the official data of MOESCS 2020.

<sup>63</sup> NGO Bridge of Hope provides pedagogical-psychological support services to inclusive schools.

<sup>64</sup> [https://www.hrw.org/sites/default/files/report\\_pdf/armenia0217\\_web\\_1.pdf](https://www.hrw.org/sites/default/files/report_pdf/armenia0217_web_1.pdf)

**Tertiary education:** In contrast to the development of inclusive education in the system of mainstream education, the systems of primary and secondary vocational (VET) and higher education are not inclusive for PWDs. Besides several inclusive policies in the field of education, the overall legal framework and the policies of Armenia are not transformed into meaningful actions and practices to ensure that the human rights of PWDs are respected at all levels of education. According to Submission of the HRD of Armenia to the UN Committee on the rights of PWDs on the implementation of UN CRPD<sup>65</sup>, the accessibility is not ensured in VET and higher educational institutions. In some cases, this is solely linked to the existence of ramps at the entrance. The lack of accessibility is not only linked to the buildings built during the Soviet Union and lack of financial resources needed to make up for adaptation policies, but also lack of awareness of the principle of accessibility. As a result, the problem is usually disregarded. According to the data of 2020, only 190 students with disabilities are enrolled in VET schools or 0,7% of all students in the system (29900) and only 43 students with disabilities in universities out of the total number of 80477 students.

## Employment

The unemployment rate among PWD in Armenia stands high at 83% from the total number of adults with disabilities of working age and, even though the government has been implementing the job placement for PWDs and introduced a number of mechanisms (first of all, partial reimbursement of a disabled employee's wages for 2 years), which are expected to act as incentives for employers to hire more PWDs. While those efforts to encourage employers to hire PWDs are commendable, they are still inadequate and insufficient. A *quota system* was introduced as an effective policy tool that could significantly improve the employment situation of PWDs, but this mechanism also appeared to be insufficient and currently non-existent. The number of PWDs is very small even in the below state programmes for support of unemployed people in the country:

State Program <sup>63</sup>	Number of PWDs Enrolled
Providing employment assistance to the unemployed in a new workplace	1
Providing support for small business activities to people who are not competitive in the labor market	10
Providing support for people who are not competitive in the labor market in cattle breeding (cattle breeding, sheep breeding, pig breeding, poultry farming)	66
Providing support to the unemployed to gain professional work experience in the acquired profession	3
Providing financial assistance to people who are not competitive in the labor market to cover the travel costs for visiting the employers with purpose of finding suitable jobs	68
Provision of one-time compensation to the employer in case of employing persons uncompetitive in the labor market	17
In case of employment of people who are not competitive in the labor market, provision of partial salary compensation to the employer. <sup>64</sup>	37

The situation is due to the medical approach of disability issues in the country which are fully lacking the human rights-based approach to disability and failing the mainstreaming the disability in the development agenda of the sector. For this purpose, the government has to adopt effective legal and financial measures that will effectively support the employment of PWDs and mainstream issues relating to the employment of PWDs in mainstream employment policies. The policies should also ensure that mainstream self-employment schemes are accessible and supportive to PWDs in order to guarantee protection against institutional and legal discrimination in all stages of employment, including selection and recruitment, as well as in all measures related to career progression. *And most importantly*, the government must eliminate the existing disincentives in disability benefits that discourage PWDs from entering the labour market.

## Residential and Community-based Care, day care services for all ages

Day Care and Development Centres have been created in some communities in Armenia and children with and without disabilities attend these centres. They are financed from different sources: the RA state budget and through international donor organizations and charitable organizations. Overall, there are two Day Care Centres in Yerevan

<sup>65</sup> [https://www.ecoi.net/en/file/local/1399477/1930\\_1494491691\\_int-crpd-nhs-arm-26816-e.doc](https://www.ecoi.net/en/file/local/1399477/1930_1494491691_int-crpd-nhs-arm-26816-e.doc)

and one in Gyumri that operate under the jurisdiction of the RA MoLSI.<sup>66</sup> Organizations that operate with non-state funding provide CWDs and their families with services (special education individual classes, speech development and social skills training, art therapy – art of self-development, physical therapy, advisory and information services).

### 3. Organisation and funding of the service provision sector

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As of December 31, 2019, care services for PWDs are provided in Yerevan Boarding House No. 1, Nork Boarding House, Gyumri Boarding House, Vardenis Neuropsychiatric Retirement Home, “Dzorak” Mental Health Care Centre, Kharberd specialized orphanage, “Warm Corner” group home, as well as “Prkutyun’ NGO day care centre - 50 beneficiaries, “My Way” NGO day care centre - 80 beneficiaries, “Full Life” NGO Day care centre 160 beneficiaries. In 2020, this list was expanded. There are several nongovernmental organizations operating in Armenia, which provide various social services to beneficiaries, such as the Intra Centre, the Centre for Psychosocial Regulation, Recovery College, etc. All services are funded from the state budget.

Within the framework of separate expenditures of the RA state budget, day care-social-rehabilitation services are provided to PWDs, aimed at organizing day care for PWDs. From 2019, tenders were announced for the implementation of services for certified national and international organizations. The winning organizations were provided with grants from the RA state budget to organize the day care services. The following services were delegated to nongovernmental organizations through tenders announced in 2020:

- “Occupational, social and psychological services for people with autism”. 160 people with autism are targeted by the project.
- “Social-psychological support for PWDs”. 120 beneficiaries receive social-psychological support.
- “Social Rehabilitation Services for Persons with Mental Disabilities”. Services are provided to 130 beneficiaries.
- “Provision of support and care to 1845 elderly people as well as PWDs 18 years and above in day care centres”. In the charitable canteens of the social-rehabilitation day centres the elderly people and PWDs are provided with hot food five days a week, once a day.
- “Child day care services to about 3277 children in difficult life situations”<sup>67</sup>.

According to the 2021 state budget of the Republic of Armenia, the government intends to expand the grants provided to day care centres, aiming to expand the geography of centres providing services for PWDs, to increase the opportunities to serve more beneficiaries in their communities.

The medical, social and mental health rehabilitation of PWDs is carried out at “ArtMed” medical centre, as well as in the International Red Cross post-traumatic rehabilitation and Gyumri rehabilitation centres, “Spa Treatment and Physical Medicine” scientific research institute, “Oshakan” children’s rehabilitation centre, “Ararat” mother and child care centres and other organizations.<sup>68</sup>

Within the scope of rehabilitation measures, PWDs, including children, are provided with rehabilitation devices, including prosthetic and orthotic items. The latter are provided to persons and CWDs, regardless the social disadvantage factor. The rehabilitation devices are provided to PWDs for free in accordance with the IRP. Persons within the first group of disability and those, who are granted “a child with disability” status are entitled to hearing devices, inserts of hearing devices and wheelchairs in accordance with the IRP of the person with disability.

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<sup>66</sup> In accordance with the RA Government’s Decision N 1735-N of December 7, 2006 on *Endorsing the Procedures for Provision of Day Care to Children*, the three centres for provision of social care to children within the system of the RA MoLSI provide services to 6-18 years old 300 children that are subject to risks and their families.  
[http://www.mlsa.am/home/index.php?menu\\_id=110&child\\_id=128&code\\_id=605](http://www.mlsa.am/home/index.php?menu_id=110&child_id=128&code_id=605)

<sup>67</sup> CWDs also are among the beneficiaries of the project, but no number is available. The assumption is that this number is very small, about 5%-10% of targeted beneficiaries.

<sup>68</sup> Article 26 of Appendix N1 of the RA Government Protocol N39 of 28 September 2013

#### 4. Main issues and needs of support provision

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The prevalence of the medical model in the legal framework, policies, practices, ideas and beliefs remain the major problem for enhancement the full inclusion and participation of PWDs at all levels of community life. PWDs continue to be considered as object of care and charity and their issues are addressed on a purely medical and rehabilitative level with the goal to make them as “normal” and “healthy” as possible. This ‘deficit’ based approach is the major cause of the development problems listed above sections. Disability is not tackled as human rights issue.

The rights of PWDs are not mainstreamed in development and their needs are mainly met by special policy and practice provisions. The overall Armenian legal framework remains based on medical model (except for the Law on Mainstream Education and the Law on Preschool Education). No comprehensive measures, aimed at revising laws in accordance with the UN CRPD, have been implemented since its ratification in 2010.

Thousands of PWDs are excluded from full participation in society from education and employment, to housing and marriage. Besides several inclusive policies in the field of education, the overall legal framework and policies of Armenia are not transformed into meaningful action and practices so to ensure that the human rights of PWDs are respected.

To be successful in implementing both CPRD and the SDGs as key development commitments, authorities and relevant stakeholders need to ensure this paradigm shift takes place inclusively in laws and development programmes with disaggregated disability indicators. In addition, PWDs themselves need to become aware of their rights and to begin to understand disability as an issue of barriers and not their individual impairments. They need to be confident in coming together with other PWDs and non-disabled stakeholders in advocating their rights to inclusion. Therefore, an important element of successful change will be the capacity of DPOs to identify, analyse and lobby for removal of barriers to participation.

#### 5. UN CRPD and the deinstitutionalization process in Armenia

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The Government of the Republic of Armenia has ratified the Convention in 2010, signifying its commitment to ensure that persons with disability enjoy universal human rights, fundamental freedoms, and equal opportunities to participate in political, economic and cultural life. Ratification process of the Optional Protocol to the UN CRPD is launched in 2019, and domestic procedures are currently being implemented in accordance with the provisions of the RA Law on International Agreements.

*No strategy is developed to ensure the implementation of UN CRPD.* In January 2017 the Armenian Government has approved “The Comprehensive Programme 2017-2019 for social inclusion of PWDs<sup>69</sup>”. The aim of this is to point out the main directions of social inclusion of PWDs in the line of UN CRPD, the list of comprehensive measures to ensure the social inclusion of PWDs, to define the bodies responsible for their implementation, deadlines, sources of funding, targets and results for the next five years. Overall, the programme is very declarative and up to date none have been reached.

*Sustainable Development context:* The Government of Armenia signed on to Agenda 2030 and its 17 Sustainable Development Goals (SDGs) in September 2015. In late 2016, the process of developing national of SDG targets was launched which was supposed to be completed and incorporated into Armenian Development strategy 2030 by the end of 2018. Nevertheless, the process was delayed due to political developments in the country in 2018. The process will restart in mid-2019. National SDG baseline indicators will be identified and adopted to monitor the SDG implementation. This is the right momentum for disability movement in Armenia to become mobilized around a common advocacy message and make this process disability inclusive and influence the government to set disability and gender disaggregated indicators for the nationalized targets. The CRPD and the 2030 Agenda for Sustainable

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<sup>69</sup> <https://www.arlis.am/DocumentView.aspx?DocID=125618>

Development are making strides towards the greater inclusion of men and women with disabilities in society and development, as well as toward the realization of their human rights. As Armenia continues the efforts toward poverty reduction and equitable development, it is crucial that PWDs are offered equal opportunities to participate in and contribute to society at all levels.

### Monitoring bodies for the implementation of the UN CRPD

The office of the Human Rights Defender (HRD) of Armenia acts as independent body of implementation of UN CRPD. Recently, in April 2020, the unit on The Protection of the Rights of PWDs is opened in the HRD office that has got an affiliated counselling committee composed of organizations of PWDs and disability right NGOs.

### Deinstitutionalization strategy

The community living of PWDs can be ensured by setting up high quality community-based alternatives to residential institutions where PWDs of Armenia live in segregation from the community, sometimes in inhuman or undignified conditions. The deinstitutionalization programme in Armenia has been carried out from 2007 to 2020. However, it was and continues to be designed for all children and adults, *except those with disabilities*, which means that the principles of non-discrimination and accessibility for PWDs are not taken into account in deinstitutionalization programmes.

The number of institutionalized children in state-funded residential centres has been reduced almost fivefold - from about 10,000 in 2006 decreased to about 3,900 by the end of 2014 and currently reaching to 2000 children. Although the number of institutionalized children in residential centres has decreased in recent years, the number of CWDs in specialized institutions is increasing due to lack of clear state policy and strategy committed to their full deinstitutionalization and support them reunite with their biological families or placed in foster family. Currently 457 CWDs live in specialized orphanages<sup>70</sup>. The Human Rights Watch has repeatedly called for the closure of these child-care facilities. “The government and donors instead should help families to care for their children by moving services out of institutions and into communities where families can access them,” says Jane Buchanan, HRW’s Deputy Director for Disability Rights. “It’s economically more efficient. But more importantly, it protects children from the harms of institutionalization.”

The issue of further care for PWDs in orphanages after the age of 18 remains unresolved, which continued to be organized in the orphanage with no other solutions or, sometimes placed in mental health facilities and institutions for the elderly people. The total number of adults with disabilities in institutions is 1312:

Number of PWDs above 18 in residential institutions <sup>71</sup>	
18-30 years old	94, of which 34 female.
31-50 years old	261, of which 119 female.
51-70 years old	511, of which 248 female.
70+ years old	446, of which 274 female.

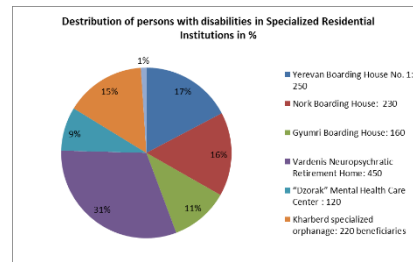
### Overall 1769 children and adults with disabilities are placed in seven state run specialized residential institutions:

Yerevan Boarding House No. 1, Nork Boarding House, Gyumri Boarding House (for children under 5), Vardenis Neuropsychiatric Retirement Home, “Dzorak” Mental Health Care Centre, Kharberd specialized orphanage (for children 5-18 years of age), “Warm Corner” group home.

<sup>70</sup> [https://www.armstat.am/file/article/f\\_sec\\_1\\_2020\\_1.pdf](https://www.armstat.am/file/article/f_sec_1_2020_1.pdf)

<sup>71</sup> [https://www.armstat.am/file/article/sv\\_03\\_20a\\_570.pdf](https://www.armstat.am/file/article/sv_03_20a_570.pdf)





The Committee on the Rights of PWDs in its concluding observations on the initial report of Armenia<sup>72</sup> was concerned by Armenia's reports on the institutionalization of a high number of CWDs in orphanages and residential special schools, including their trans-institutionalization from one institution to another and the continuing investment in such institutions, recommended to prioritize the deinstitutionalization of all CWDs and their resettlement in family settings, including by promoting foster care and providing appropriate community-based support to parents.

However, no concrete measures have been taken by the government towards the deinstitutionalization of children and adults with disabilities and nor a disability inclusive strategy has been developed. In April 2020, the Government of Armenia has adopted the "2020-2023 comprehensive programme and the timeline for implementation of the Child's Right to Live in the Family and for supporting the harmonious development of the child". No concrete plan is in place towards the deinstitutionalization of CWDs. There only one action on inclusive community-based day care services which also targets CWDs, however, through a very unclear and immeasurable indicator (At least 40% of the children using the delegated services in the regions receive services, and the proportion of beneficiaries with disabilities is at least 20%).

In 2020, the MoLSI has drafted 2020-2024 Action Plan for Transformation of Services for PWDs. Currently the draft of the document is presented to public discussion<sup>73</sup>. Though The Committee on the Rights of PWDs in its concluding observations on the initial report of Armenia is concerned in trans-institutionalization from one institution to another and the continuing investment in such institutions, it is planned, instead of big institutions to establish Small Group Homes for 75% from the total number of 1769 children and adults with disabilities currently living in institutions. In another words, the government is planning to invest money in transforming one type of institution to another type of institution. This contradicts to the principle of UN CRPD.

### Involvement of persons with disabilities in decision making

In May 2012, the coalition of DPOs/NGOs was registered in the Ministry of Justice of Armenia as the legal entity entitled "National Disability Advocacy Coalition" (NDAC). In the year of its establishment, the members of NDAC, together with HRD office prepared the 1st Shadow Report to the Initial Report on Implementation of UN CRPD submitted by the Government of the Republic of Armenia. Currently, NDAC consists of 14 member organizations. The advocacy capacities of the NDAC are still weak to become a strong voice in Armenia for the promotion the rights and dignity of PWDs in the line with UN CRPD and act as watchdog of its implementation in the country.

## 6. Main stakeholders

The National Commission for PWDs (Decision N 98-N of the Prime Minister of the Republic of Armenia of February 25, 2008) has an important role in the process of discussion and settlement of the issues of PWDs. The latter includes representatives of state agencies and nongovernmental organizations of PWDs with equal participation rights. The composition of the National Commission was changed by the RA Prime Minister's decision N 848-N of

<sup>72</sup> The Committee considered the initial report of Armenia (CRPD/C/ARM/1) at its 312th and 313th meetings (see CRPD/C/SR.312 and 313), held on 29 and 30 March 2017. It adopted the present concluding observations at its 325th meeting, held on 7 April 2017

<sup>73</sup> <https://www.e-draft.am/projects/2366>

June 28, 2019 so to comply with the general observations of the Committee; a mandatory requirement has been established for the composition of the National Commission to be organizations representing PWDs.

In April 2020, the unit on The Protection of the Rights of PWDs is opened in the HRD office which has an affiliated counselling committee composed of organizations of PWDs and disability right NGOs. The overall objective of the committee is to act as watchdog on the implementation of the Convention and provide support and consultation to the newly established unit towards the full protection of human rights and freedom of PWDs in Armenia.

The main stakeholders involved in the enjoyment and protection of the rights of PWDs are the Ministry of Labour and Social Issues; Ministry of Education, Science, Sport and Culture, MoH and the Ministry of Territorial Administration.

## 7. Relations with EU

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The following EU funding programmes are mostly used or accessed by organizations active in support provision for PWDs:

- European Instrument for Democracy and Human Rights (EIDHR)
- Erasmus+ Higher Education and Youth
- Quality Alternative Care for Children and De-Institutionalisation
- Civil Society Organisations and Local Authorities in Development
- Reinforcing Civil Society in Armenia
- Investing in People

## MOLDOVA



### 1. General context

The Republic of Moldova lies on the South-Eastern part of Europe, neighbouring Ukraine and Romania. The area is equal to 33.8 thousand sq.km. The resident population of the Republic of Moldova as of 01.01.2020 was 2.6 million persons, decreasing compared to the same period of 2019 by 41.3 thousand persons. These changes are particularly caused by the structure of the internal migration flow and the negative natural growth of the population [17, p.12].

In 2018, the total number of persons with disabilities was 175131 persons (6.7% of resident population), or with 8569 persons less than in 2015 (183600 persons) due to the reassessment based on new disability determination mechanism and migration. The number of children with disabilities was 10635 in 2018; 2555 children less than in 2015 (12900 children). In terms of degree of disability, 15%- are persons with severe disabilities, 63%- with accentuated disabilities and 22%- with medium disabilities [15, p.149]. In terms of gender, 52% of persons with disabilities are men and 48%- women. 62% of persons with disabilities live in rural area and 38% - live in urban area [19]. However, there are still limited statistical data on the age, ethnicity, educational status, employment status, family context and socio-economic situation of persons with disabilities in Moldova. The Special Rapporteur on the rights of persons with disabilities on her mission to the Republic of Moldova recommended to the government to ensure that all data collected relating to the situation of persons with disabilities are disaggregated at a minimum by sex, age and ethnic origin [22].

In the Republic of Moldova, the services for persons with disabilities can be classified as following: a) social care services, b) medical-social care services c) educational support services and d) employment support services.

### 2. The service provision sector in Moldova: subsectors

#### Social care services

The transformation of the national service system started in the Republic of Moldova 2010, with the adoption of the Law on social services, which aimed to create and regulate the system of integrated social services, contributing significantly to development and strengthening the national social services market.

According to the Law on Social Services (2010, art.1), a *social service is defined as a set of measures and activities designed to meet the social needs of the person/family to overcome some difficult situations, to prevent marginalization and social exclusion* [10]. The right to social services is determined individually, based on needs assessment of the person/family (art.4). As per Article 6, social services are classified into the following types:

- a) **basic social services:** granted to all beneficiaries at community level and are aimed at preventing or reducing some difficult situations that can cause marginalization and social exclusion;
- b) **specialized social services:** involving teams of specialists with specialized training and are focused on rehabilitation and development of individual capacities to overcome difficult situation of beneficiary or his/her family;

- c) **highly specialized social services:** provided in specialized temporary placement or residential institutions, require a complex series of interventions that may include any combinations of specialized services. These are provided to beneficiaries with high level of dependency and require 24/24 hours monitoring [10].

The **basic social services** that can be accessed by persons with disabilities are:

- a) **Community social assistance services.** They are developed in each district and provide the following types of services: specialized assistance to people in difficulty based on their needs; ensuring access of people to social benefits and social services at community or district level; support people to address problems arising from unemployment, poverty, disability, addiction, criminal or delinquent behaviour, marital and other problems. In 2018, 1166 community social assistants were delivering services in Moldova, out of which 95% were women. Compared with 2013 (1105 social assistants), there was an increase in the number of social workers with 62 units in 2018 [15, p.89]. There is no special evidence on number of persons, including with disabilities, who received support from community social assistants.
- b) **Community centres for social assistance.** The Centre is a public institution created at community/municipality level with the scope of offering support to children from vulnerable families, including those with disabilities. The Community centres offers the following types of support: information, counselling; consultancy; reintegration in the family and community; development of occupational skills; food. According to the Annual Social Report of 2018, 73 community centres provided services in 2018 to 2666 children at risk, including 426 children with disabilities.
- c) **Home based social care service:** it is a service inherited from the former Soviet Union system and is developed in each district; the social workers provide support to single elderly persons and persons with disabilities based on their needs. The support can include procurement of food, household goods and medicines; preparing food; payment for communal services, cleaning the houses and doing laundry etc. Beneficiaries pay with their own money for the goods and services. One social worker can serve 8-10 beneficiaries in rural localities and 10-12 beneficiaries in urban area. In 2018, 2073 social workers supported 18450 beneficiaries [15, p.91]. With the development of new personal assistance services, the number of social workers units declined with approximately 20% during the last 5 years, as well as the number of beneficiaries- with 25%. There is no separate evidence on number of persons with disabilities who received this type of service.
- d) **Social canteens.** The service is provided to single elderly, persons with disabilities and children from families with low or no income. According to the Annual Social Report of 2018, 65 social canteens served 3574 persons monthly, including 1238 people at home. There is no separate evidence on number of persons with disabilities who benefited from this service.

**The specialized social services, including for persons with disabilities,** can be divided in services without accommodation, with accommodation and combined type.

The non-residential services include:

- a. **Centres for social assistance of family and child.** This is a public service, aimed to provide methodological and practical assistance in the process of implementing local policies and services in the field of social assistance for families with children at risk, children separated from families or at risk to be separated. In 2018, 8 Centre for social assistance of family and child delivered services to 1898 children [15, p.115]. There is no evidence on number of children with disabilities who benefited from this service.
- b. **Personal Assistance service.** The service is developed at each district level and provides assistance and care to children and adults with severe disabilities for increasing their independence and integration into society. The services include personal care services, support for mobility and participation in social life, basic housework, supervision and guidance. The family members have the right to be hired as social assistants. In 2019, 3590 personal assistants were delivering services to the same number of beneficiaries [16].
- c. **Social support service for families with children,** including those with children with disabilities. The Social support service for families with children includes primary support services and secondary support services. Primary support services are focused on prevention of children separation from their families. The services

include various activities related to strengthening the family environment, such as capacity building, networking, development of children emotional and behavioural skills etc. The secondary support services address the families with high risk of child abandonment and separation, as well as families in the process of reunification with their deinstitutionalized children. The secondary support services include also the monetary support component. The Social support service for families with children is established in all administrative-territorial units and was provided to 48660 children in 2018 (38426 children received primary family support services, and 10546 children received secondary family support services). 6695 children received financial support [15, p.120]. There is no statistical evidence on number of children with disabilities who benefited from this type of support.

- d. *Social Monetary support for persons in difficult situation, including those with disabilities.* The service started to be delivered in the middle of year 2018. The monetary support is given once a year to persons in vulnerable situation, including those with disabilities for the following: house renovation and adaptation to beneficiaries needs, procurement of furniture, procurement of fuel for house heating and food preparation etc. According to the Annual Social Report of 2018, 3239 vulnerable persons benefited from monetary social support throughout 5 months of year 2018, receiving around 13 million MDL. However, there is no evidence on the number of persons with disabilities benefiting from this service.
- e. *Day care centres.* There are day care centres for children at risk, day care centres for children with disabilities and day care centres for adults with disabilities. The day care centres provide psychological counselling and support services, laundry services, personal hygiene services, food services, various occupational therapies, interest clubs, massage services, physical therapy, curative gymnastics and various social activities. According to the Annual Social Report of 2018, 20 day care centres for children at risk delivered services to 811 children, including 97 children with disabilities; 25 day care centres for children with disabilities delivered services to 1138 children, including 683 children with disabilities; and 20 day care centres for adults- single elderly and persons with disabilities delivered services to 1556 persons (no data on persons with disabilities).
- f. *Mobile team services* are a specialized home-based service delivered to children and adults with disabilities based on their needs for a maximum one-year period. The main scope of services includes: developing the beneficiaries' skills for an independent living in the community; ensuring the socialization of beneficiaries and their access to community services and resources; strengthening the capacities of care support persons for better social inclusion of persons with disabilities in mainstream services. 26 mobile teams supported 840 persons with disabilities by the end of 2019[16].
- g. *Hotline service for persons with disabilities.* The Hotline services is one of the first services subcontracted by the national government to an NGO. The service was developed by Keystone Moldova in 2017 with the donors' support and still serves as a national complaint mechanism for persons with disabilities. Hotline calls are free, and the service is available across Moldova. Since June 2019, the Ministry of Health, Labour and Social Protection through the National Agency on Social Assistance supports the service financially. In total, the Hotline service received 5285 calls in three years (2017 – 2019). The comparative analysis of calls shows an increase of calls in 2019 with 21% compared to 2018 and with 53% compared to 2017. The analysis of calls per type of provided support shows that out of the total number of 2156 calls in 2019, 50% required counselling support, 38% - informational support, 6%- support to solve personal issues, and 6%- support for solving problems related to violation of their rights. As of 2017, there were 30 cases of rights violation of persons with disabilities, out of which 15 are in judicial court. The complaint mechanism had a huge impact on beneficiaries' lives. Thanks to this the service, the abusive behaviours in institutions of staff decreased, the adaptability of institutions improved, the residents received wheelchairs, etc. The Hotline team has effectively intervened several times in situations of attempted propriety dispossession of people with disabilities; the service provides detailed and clear information on different issues and concerns of persons with disabilities and they became more informed and active in solving the issues [9].

*The services which provide accommodation* include family type services and residential type services.

*Family type services.* In the Republic of Moldova, there are three *types* of family type services delivered to children and adults with disabilities: guardianship, foster care services and shared living services.

- a. *Guardianship* is a form of protection imposed on children separated from their parents for the purpose of their education and training, as well as for protection of their legitimate rights and interests. The following services are provided under the guardianship: caring for and raising the child in the conditions of a substitute family environment; legal representation of children's rights and interests; administration of the child's movable and immovable property. In 2018, 3185 children left without parental care, including 1492 girls and 1693 boys were under the guardianship services [15, p.118].
- b. *Foster care services provides* children in risk situation with substitute family care in the family of a professional parental assistant. The beneficiaries of the Service can be children deprived of parental care, children taken from families due improper and dangerous living conditions, children with undetermined status of protection, children with disabilities whose parents need time for recovery, minor mothers at risk of child abandonment. There are various types of foster care services: a) emergency foster care (placement of children for up to 72 hours), b) short term placement (up to 12 months), c) long term placement (from 1 year up to 18 years), d) respite services (for a period of up to 45 days a year). In 2018, 757 children at risk were living in 398 foster care services [15, p.117]. There is no evidence on number of children with disabilities placed in foster care.
- c. *Shared living services.* The service aims to provide assistance for adults with disabilities and elderly in the family environment of the family assistant. The scope of the service is to increase the degree of autonomy and social inclusion of persons with disabilities and elderly and to prevent their institutionalization. In 2019, 40 persons with disabilities and elderly lived in shared living services. No strict evidence on number of persons with disabilities [16].

*Residential services cover the following types of services:* a) Centres for temporary placement, b) Centres for long term placement, c) Community homes, d) Supported living services and e) Respite services.

- a. *Centres for temporary placement.* There are two types of centres for temporary placement: for children and for adults. The Centres for temporary placement for children separated from their parents are public or private institutions providing specialized social care services for a specified period. The main offered services are hosting, nutrition, development of life skills, development of cognitive, communication and relationships skills, support in studying, counselling and psychosocial rehabilitation, vocational orientation. According to the Annual Social Report of 2018, 30 temporary placement centres for children were functioning in Moldova, delivering services to 592 children in 2018. There is no evidence how many of them have disabilities. The Centre for temporary placement of adults aims to ensure the social protection of beneficiaries in vulnerable situation, to support them to overcome the difficult situation, to improve their quality of life and to contribute to their reintegration in the family and community. 6 Centres for Temporary placements of adults were functioning in Moldova delivering services to 202 beneficiaries in 2018. There is no evidence how many of them were with disabilities.
- b. *Centres for long-term placement.* Long-term placement centres are institutions that provide social protection to people who cannot take care of themselves, do not have support from the family and need supervision and help from a third party. In 2018, there were 30 such centres, providing services for 889 beneficiaries, of which 507 women [15, p.92]. No evidence how many persons with disabilities benefited of this type of service.
- c. *Community homes.* The social service Community Home is aimed at persons with severe intellectual disabilities and mental health who need 24 hours support and care. The community home houses from 4 to 6 persons with intellectual disabilities or mental health of similar ages. They can benefit from the following services: accommodation and meals, protection and monitoring of health conditions, permanent care and support, development of autonomous skills for personal care, personal development and support for education. All in total there are 16 Community Homes in Moldova, serving 105 beneficiaries. The residential institutions managed by NASA developed three of them with 18 beneficiaries [16].
- d. *Supported living services.* This is a specialized social service designated for adults with intellectual disabilities and mental health with high level of autonomy. There are 4 to 6 persons with disabilities who live in one

service. The service requires minimum supervision on behalf of the staff, however, the majority of activities are focused on social inclusion of persons with disabilities in community and mainstream services, as well as in the labour market. Persons with disabilities are contributing to household expenditures related to house renovation, equipment, meals, laundry, as well as pay for their personal expenses like clothes, travel, hygienic products etc. There are 24 Supported living services in Moldova for 100 beneficiaries, out of which 12 were developed by residential institutions managed by NASA [16].

- e. *Respite services* provide 24 hours assistance for people with severe disabilities for a maximum period of 30 days a year, during which families, relatives or caregivers benefit from a period of rest. In 2019, 4 respite services were active in Moldova, for 160 beneficiaries / year [16].
- h. *Combined services cover multifunctional centres* that provide multiple combined services covering home based services, day care services, as well as temporary placement services. In 2018, 36 multifunctional centres provided services for 1663 beneficiaries per month, of which 949 women [15, p.92].

**The highly specialized services include** a) residential services for elderly and persons with disabilities, b) rehabilitation services, c) centres for temporary placement of persons with psychosocial and intellectual disabilities.

- a. *Residential services for elderly and persons with disabilities.* In 2018 two such residential institutions in Moldova provided services to approximately 346 elderly and persons with disabilities [15, p.96]. The range of services offered within these entities is related to ensuring vital needs (food, clothing, footwear), as well as offering occupational therapy services, cultural activities, physical therapy, etc. The services are financed from the state budget, as well as from the beneficiaries' pensions (they allocate 75% of their pensions to institutions). Starting with 2018, the institutions deliver 100% paid services. In 2018, 47 persons benefited of 100% paid services.
- b. *Rehabilitation services.* In 2018, two rehabilitation services served 8111 elderly persons and persons with disabilities [15, p.98]. Starting with September 1, 2018, 50% of rehabilitation cost is paid by the state (previously the state covered only 30%). 70% of the support person costs are also covered by the state.
- c. *Centres for temporary placement of persons with psychosocial and intellectual disabilities.* In 2019, 6 centres for temporary placement of persons with psychosocial and intellectual disabilities (4 – for adults and 2- for children) were functional, hosting around 2000 persons with disabilities, including 70 children with severe intellectual disabilities. All those centres were in the past residential institutions. They received the statute of temporary placement centres in 2019 following the approval of National Programme on deinstitutionalization (2018-2026). All Centres have approved action plans for their transformation. Starting with 2016, the centres that have a statute of public institutions started to develop community-based services in order to transfer of persons with disabilities from institutions to community care. Up until now, the Centres in partnership with NGOs have developed 29 community homes and supported living services. However, some of those services still are not fully functional due to shortages in staff, limited training opportunities, and COVID-19 pandemic circumstances.

## Medical social services

The main medical social services for persons with disabilities in Moldova are as following: a) Early childhood intervention services, b) Adolescent Friendly Health Centres, c) Medical home-based care and c) Community Mental Health Centre.

- a. *Early Childhood Intervention Services.* Even though the first centre for early intervention services Voinicel was established in 2003 in Moldova, the services are still under development. In 2018 the Ministry of Health, Labour and Social Protection approved the organization model of the Early Intervention Service for children in the health system according to the specifics and level of public medical institutions, which includes the activity regulation; staff state; job descriptions of service specialists, etc. In 2018, the early intervention interdisciplinary teams (around 70 persons) from 11 districts received training in early intervention. In 2019 the National Medical Insurance Company subcontracted 5 medical sanitary institutions for the development and provision of early intervention services for children (from birth to 3 years) with special needs or developmental disorders and increased risk. For this purpose, they were allocated 2 817.2 thousand MDL

with 200.0 thousand MDL more compared to 2018 (2 617.2 thousand MDL). During the reporting year, this type of services received 35.7 thousand visits, which is 5.1 thousand more visits than in 2018 (30.6 thousand of visits) [20, p.43].

- b. *Adolescent Friendly Health Centres.* The activity of these centres is focused on reducing the incidence of sexually transmitted infections / HIV, the level of unwanted pregnancy and abortion, drug use, alcohol abuse, psycho-emotional disorders among young people. The service has a national coverage- all in total 41 Adolescent Friendly Health Centres were subcontracted by National Medical Insurance Company in 2019. Compared to 2018, in 2019 the total expenses for those services increased with 1226.7 thousand MDL and amounted 23 595.5 thousand MDL. However, the number of visits carried out during 2019 (87 000 visits) decreased by 7 066 thousand of visits comparatively to 2018, which indicates the need to strengthen and promote the activity of these centres [20, p.44].
- c. *Medical home-based care.* The medical home-based care services were established in Moldova in 1999, and since 2007 are included in Unique Compulsory Health Insurance Programme as a form of medical assistance, alongside with prehospital emergency, primary, ambulatory and hospital care. The purpose of medical home-based care services is to provide the patient with qualified, dignified and appropriate care according to his individual needs, in order to stimulate the rehabilitation, maintenance and/or rehabilitation of the health condition and reduce the negative effects of the disease. According to the Programme, the insured bedridden patients are entitled to medical home-based care services. In 2019, the National Medical Insurance Company subcontracted 149 medical-sanitary institutions (134 publics and 15 private medical sanitary institutions) for provision of home-based care, with the total budget of 11 062.6 thousand MDL (with 756.6 thousand MDL more compared to 2018 (10 306.0 thousand MDL). In 2019, within the community and home health care services, 54 348 visits were made, the related expenses amounting to 7 459.3 thousand MDL [20, pp 43-44].
- d. *Community Mental Health Centres.* In the Republic of Moldova there are 40 Community Mental Health Centres (CCSM), geographically distributed in all districts. In 2019, the National Medical Insurance Company subcontracted all 40 centres for the provision of mental health services, being allocated the amount of 27 205.3 thousand MDL. Respectively, during the reporting year, 280 thousand visits were made, with 14 361 more visits compared to 2018 (265 068 visits) [20, p. 44]. The Community Mental Health Centres provide the following services to persons with mental disabilities: prevention, early detection, and treatment, rehabilitation, promotion of healthy living integration in families and communities. The Centres provide home based services to persons with severe disabilities through the mobile teams. In 2018, the Centres provided services to 36174 people with psychosocial disabilities. The Mobile teams delivered home based services to 4567 beneficiaries [2, p.39].

### **Inclusive education support services**

The implementation of inclusive education in Moldova can be divided in four stages: 1) piloting inclusive education models by NGOs in partnership with the Ministry of Education, Culture and Research in 60 schools (2009 – 2011); 2) development and approval of Programme on inclusive education for years 2011-2020; 3) development of normative and methodological framework for inclusive education (2011 – 2016); and 4) national implementation of Inclusive Education Programme (2017 – 2020). The inclusive education support services are developed nationwide and include the following types of services: a) National Centre for Psycho-Pedagogical Assistance, b) Psycho-Pedagogical Assistance services, c) Resource centres for inclusive education, d) Pedagogical support staff, and e) extracurricular mediation hours.

*The National Centre for Psycho-Pedagogical Assistance* has the scope of promotion and supporting methodologically the process of inclusive education of children with SEN nationwide.

*Psycho-Pedagogical Assistance services* are developed in all 35 districts of the Republic of Moldova. The purpose of those services is to assess the educational needs of children with SEN and to make recommendations for development of Individual Educational Plans.



*Resource centres for inclusive education, pedagogical support staff, and extracurricular mediation hours* were introduced in all schools as needed. According to the Evaluation Report “Joint Evaluation of the Implementation of the Inclusive Education Development Programme for 2011-2020” (UNICEF, 2019) in 2013, 250 resource centres for inclusive education were created; in 2018, their number reached 845, which covers 70% of general education institutions in the Republic of Moldova. Also, support teacher units were established in general education institutions. In 2013 there were 360 support teachers; their number reached 999 in 2018, on average 88% of schools benefited from this service, the average ratio being about 9 children with SEN per 1 support teacher [8, pp37-38]. The reforms made in the field of deinstitutionalization and social inclusion of children with SEN contributed to decreasing of number of children with SEN in special schools from 3550 in 2009/2010 year to 627 in 2019/2020 year. According to the data of the National Department of Statistics, 94% of children with SEN were studying in regular communities’ schools and 6% - in special schools in 2019-2020 school year. Starting with 2012, the Government of Moldova made available public financial resources for inclusive education.

## Employment

Following the ratification of UN CRPD, the Government of the Republic of Moldova improved significantly the policies related to employment of persons with disabilities. The Law on social inclusion (2012), art.34, stipulates that the employers with more than 20 employees should have a quota of 5% of persons with disabilities employed. Refusal of employment due to disability is considered a serious form of discrimination.

Discrimination based on disability criteria is prohibited on all aspects and forms of employment, including recruitment, placement, employment and work (art.33). The Law No 105 on Promotion of Employment and Unemployment insurance (2018), art 36 and 38 stipulates that the state will compensate 30% of the average salary per economy for each employed person with disability for a period of 6 months.

The subsidy is granted by the state for partially compensating the wage of the employed persons with disabilities. Moreover, the state will compensate 50% of the job adaptation costs for persons with disabilities. The literature review shows the following types of support services for employment for persons with disabilities were available for persons with disabilities in 2019: 1) support services delivered by the National Agency for Employment and her territorial agencies, 2) pilot support services developed by various NGOs.

- a. *Support services delivered by the National Agency for Employment.* The National Agency for employment delivers the following types of support services for all registered unemployed people: a) information and advice on the labour market; b) career guidance; c) employment mediation; d) pre-dismissal services. For persons with disabilities, there is an additional service – professional rehabilitation. The number of persons with disabilities who accessed support services in 2018 was still very small. According to the data of the National Agency for Employment, 745 persons with disabilities received information and guidance services in 2018; 623 persons were registered with the status of unemployed persons, 275 persons received employment mediation services and were employed, 58 persons with disabilities received professional vocational education courses, 52 persons benefited from employment mediation services, and 65 persons were employed in public works [15, p.35].
- b. *Pilot support services developed by NGOs.* There are several NGOs in the country which developed assisted employment services. The assisted employment services cover the support for employment of persons with disabilities based on their needs, including identification of needs and interest, support for vocational education, labour intermediation, job support. Motivation NGO is currently piloting assistive employment services in three districts with donor funds with the overall aim for the pilot to be implemented by the National Agency for Employment nationwide. In 2019, 110 persons with disabilities applied for the assisted employment programme, 72 persons with disabilities benefitted from the assisted employment support, 45 persons with disabilities were employed. 4 persons with disabilities received support to access vocational education. 19 companies were sensitized and employed persons with disabilities [3, p.15]. Assistive employment services are included in the Law No 105 on Promotion of Employment and Unemployment insurance (2018), however the

National Agency for Employment does not have yet a mechanism for social contracting of public and private actors for provision of this type of service.

### 3. Organisation and funding of support services

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*Social care services.* The social care services are financed by the Ministry of Health, Labour and Social Protection, through the National Agency for Social Assistance or through transfers to local public administration; by local public administration; by donors through various CSOs.

The Ministry of Health, Labour and Social Protection finances via the National Agency for Social Assistance all highly specialized services, such as residential services for elderly and persons with disabilities, rehabilitation services, centres for temporary placement of persons with psychosocial and intellectual disabilities and some specialized services, such as Day care centres and Hotline service for persons with disabilities.

In line with the 2003 Law on local public finances and 2012 Decentralization Strategy, the national government transferred in 2015 some of the competencies related to social assistance to local public administration. The analysis of the State budget for 2020 shows that the National Government transferred the financial resources for the Minimum package of social services (64701,9 thousand MDL), as well as for some social services (15722,2 thousands MDL) [14] to local public administration. The minimum package of social services was approved by the Parliament in 2018 and includes the following specialized social services: Social monetary support service addressing disadvantaged families/individuals, Social support service for families with children, and personal assistance service. The funds for the Minimum package of social care services are redirected from the Population Support Fund, therefore the financing of those services is carried out monthly by the National Agency for Social Assistance based on the proportion of money accumulated in the fund within the limits of ceiling established by the Ministry of Health, Labour and Social Protection for each district.

The local public administration (at first and second levels) finance *basic social care services*, including social assistance, social canteens and *some specialized services*, like day care centres, mobile team services. However, if the local public administration has limited money for financing for essential social care services, the deficit is covered by the national government.

There are some examples of basic and specialized social care services financed from several sources, like local public administration and donors, or financed exclusively by donors. However, there is no strict evidence and data on number and proportion of those types of services. The majority of those services are financially unsustainable because of limited commitment and budget of local public administration for their further implementation.

The National Medical Insurance Company finances the medical social services on yearly basis. The service providers should have accreditation for delivering this type of service to benefit from financing.

The Ministry of Education, Culture and Research through targeted transfers to local public administration finance the *educational support services*.

The *Ministry of Health, Labour and Social Protection through the National Employment Agency* finance the *employment support services*.

#### Strengths of support provision

After the ratification of UN CRPD, the Republic of Moldova made positive progress toward social inclusion of persons with disabilities. The legal framework was revised and improved in line with the best inclusive international practices. With the approval of the Law on social inclusion and the Law on social services in 2010, the framework for the development of integrated community based social care services nationwide was established. The deinstitutionalization process forced the development of new community based social care services, such as community homes, supported living, shared living, personal assistance, mobile teams, respite service, to support persons with disabilities and their families. Some of the services such as mobile teams and personal assistance

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were developed in all districts. In 2012, the Law on accreditation of social services providers was approved, following the establishment of the mechanism for accreditation. Starting with 2015, most of the community based social care services for persons with disabilities received accreditation. This was a step forward for developing qualitative social care services for persons with disabilities. The case management was revised, improved and serves as a main tool for supporting persons at risk, including persons with disabilities. The minimum package of social services was approved in 2018 and persons with disabilities from all districts across Moldova can apply for and benefit from the Social monetary support service addressing disadvantaged families / individuals, Social support service for families with children, and personal assistance service.

The inclusive education of children with disabilities in mainstream schools is implemented nationwide. Support services for inclusive education (Psycho-Pedagogical Assistance services, Resource centres for inclusive Education, support teacher) were developed in all districts, based on needs.

With the new Law on employment (2018), persons with disabilities can benefit of support services for labour inclusion on behalf of the National Agency on Employment.

In 2017-2019, the National Programme on social inclusion (2017-2022) and the National Programme on Deinstitutionalization of persons with intellectual and psychosocial disabilities (2018-2026) were approved. Both documents are focused on ensuring the rights of persons with disabilities to live a proper life in a community and to benefit from all support services they need for better social inclusion. The National Programme on deinstitutionalization promotes the regionalization of social care services for persons with disabilities for better planning, developing and delivering of qualitative social care services based on needs.

#### 4. Main issues and needs of support provision

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Despite the progress made in the field of services development and provision, the most recent studies [12; 5] show that there is a need for many further improvements. The social care services for persons with disabilities are unevenly distributed; in some districts, persons with disabilities still have limited access or no access at all to needed support services. There is no national mechanism for coordinating the development of social services that considers service needs of people with disabilities in different territories. Some services are developed with the contribution of the associative sector and donors without having strategies to ensure financial sustainability from the start. Many social services do not have operating regulations and quality standards and cannot be accredited and monitored from the perspective of the quality of services provided.

The analysis shows that the local public administration still has very little independence and flexibility for planning and developing social care services for persons with disabilities based on needs due to limited financial resources and low level of autonomy and flexibility in managing the money received through transfers. The financial mechanism for the Minimum package of social services is disproportionate and does not allow for the planning and development of services based on the needs of the population, including persons with disabilities.

This generates the situation in which the needs of vulnerable population, including persons with disabilities in some districts are not sufficiently covered, while in other districts the budgeted money is not spent and is transferred back to the national government. According to the 2019 report of the National Agency on Social Assistance, the transferred financial resources for Social support services for families with children were not implemented up to a level of 85% in Rezina district, 39% - in Orhei district, 27% - in Telenesti district and 24% - in Criuleni district [21]. Within the conditions of increased needs for other social care services, including those covered by Minimum package, the local governments did not have the flexibility to reallocate the financial resources and they were returned to the National Agency for Social Assistance.

Regarding the financial resources transferred for social services, there are still many questions regarding the mechanism of distribution of funds per districts and if they cover existing services or also the development of new services based on needs. In the case of highly specialized services financed by National Agency for Social Assistance,

the budgets are developed based on the expenditures of the previous year and are not linked to the beneficiaries' needs. Therefore, the budgets are still limited for the delivery of qualitative social care services in those institutions. The analysis of financial resources of residential institutions in 2011-2012 shows that only 1/3 of the budget constituted direct expenses on beneficiaries, while 2/3 were indirect expenses, such as salaries, administrative and infrastructure costs. The residential institutions spent only around 0.03- 0.05% of their budget for professional development of the staff [1].

The level of coverage of needs with Early Intervention Services is still very low and the service is practically inaccessible in rural areas and small towns. The National Agency of Public Health has reported that neurological disability is the second most frequent paediatric disability in Moldova, and that 60% of those with a neurological disability are children with cerebral palsy. Therefore, some early-stage intervention services need to be implemented as soon as possible [4].

The studies show that only 40% of Community mental Health Centres provide qualitative services based on needs. Other 60% of centres still struggle with high staff turnover, limited human resources and knowledge of modern community psychiatric services, bad infrastructure conditions, lack of equipment and transportation for field visits, limited methodological support, which affects the quality of mental health services provided to the population [15, p.25]. In 2018, the human resources needs for mobile teams were as following- 90% of psychotherapists, 80% of social assistants, 60% of psychiatrists, 60% of psychologists, 80% of nursing staff [15, p.25].

Studies pinpoint a series of barriers and challenges in the implementation of inclusive education in the Republic of Moldova which includes: the lack of normative and methodological frameworks for the implementation of inclusive education at early and vocational levels of education; limited allocated budgetary resources for inclusive education in schools (the resources are only linked to the payment of support teachers' salaries); insufficiently adapted infrastructure of educational institutions; overloaded, inflexible curricula which are not adjusted to individual educational requirements. The large number of students in classes do not allow teachers to work properly with children with SEN. There is also a lack or insufficiency of psychological, psycho-pedagogical, speech therapy services in educational institutions and large differences regarding the level of access to and quality of educational services in rural and urban areas. Persons with disabilities have limited access to vocational guidance and training services both in general education and in daily life [13; 8].

The employment rate of persons with disabilities is still very low and constituted 26.2% in 2018, or 1.6 times less than the employment rate of general population (46%). The low level of employment of persons with disabilities is determined by various factors, such as: no mechanisms for the practical implementation of inclusive legal framework, low level of information on their rights to work, limited access to rehabilitation services and vocational education, inaccessible transportation and building infrastructure, low level of self-esteem and devaluation of persons with disabilities, fear of employers to hire persons with disabilities. The studies also highlight that the limited number of support services for employment is also one of the major barriers for many persons with disabilities that would like to have a job [11, pp134-153].

## 5. UN CRPD and the deinstitutionalization process in Moldova

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The Republic of Moldova ratified the UN Convention on Rights of persons with disabilities in 2010. The Optional protocol was signed by the Government in 2018 but was not ratified yet. Following the ratification of the UN CRPD, the Strategy on social inclusion (2010-2013) was approved in 2010. This focused on the harmonization of the social protection system of persons with disabilities to European and international standards. During 2013-2017, the Government of the Republic of Moldova did not approve a new Strategy on social inclusion; however, they continued the implementation of the objectives of the first Strategy.

In line with the above-mentioned Strategy, the legal system related to persons with disabilities was adjusted to EU and international standards. The new mechanism for disability assessment was developed and approved. The inclusive education was piloted and extended nationwide. The community based social care services for persons

with disabilities were diversified. In 2017, the Government of the Republic of Moldova presented the first report on implementation of UNCRPD to UN. The Committee on the Rights of Persons with Disabilities highlighted positive actions related to the social inclusion of persons with disabilities in Moldova. However, the Committee expressed concerns with the lack of implementation of universal design and reasonable accommodation, the prevalence of multidimensional marginalization and discrimination of particular groups, including people with disabilities, Roma, women and children. The slow progress with the deinstitutionalization of persons with disabilities and development of social care services at community level was also highlighted. The Committee recommended the State to ensure the application of the Moratorium on institutionalization, to clarify the responsibilities and resource allocation for development of social services among the national and local public administration and to involve persons with disabilities in planning, implementation, evaluation and monitoring the deinstitutionalization process [6].

In 2017, the Government of the Republic of Moldova developed and approved a new National Programme on social inclusion of persons with disabilities (2017-2022). The Programme provides a cross-sectorial approach to the social inclusion of people with disabilities being focused on improving the social inclusion and the quality of life of persons with disabilities in all spheres: education, health, employment, social protection.

In 2018, the Government of the Republic of Moldova developed and approved the National Programme for the deinstitutionalization of people with intellectual and psychosocial disabilities from residential institutions (2018-2026). The Programme aims to deinstitutionalize 50% of persons with intellectual and psychosocial disabilities by 2026, as well as to develop and provide social services at community level, transforming residential institutions into regional centres responsible for the development and provision of alternative services at community level.

Civil society organizations representing persons with disabilities, as well as persons with disabilities participated in the development and advocacy of both above-mentioned national programmes.

Even though the government seems to be committed to follow the implementation of both programmes, the progress of deinstitutionalization and social inclusion of persons with disabilities is still very slow and there are many risks for limited or no final impact. The Alliance of NGOs in disability field monitored the implementation of action plans for two objectives of the National Programme on social inclusion: Objective 2- ensuring rights of persons with disabilities to education and Objective 3 – ensuring rights to health care services in 2018. As a result, they concluded that the planned activities for both objectives were partially implemented or not implemented at all [2, p.4].

Following the first government report on the progress on the implementation of UN CRPD, the Committee on the Rights of Persons with Disabilities expressed its concerns with the mechanism designed for monitoring the implementation of UNCRPD. The Committee recommended the appointment of an independent monitoring mechanism in accordance with the Principles relating to the status of national institutions for the promotion and protection of human rights (Paris Principles). The recommendation included that the government should provide adequate funding for its functioning and that organizations of persons with disabilities should fully participate in the monitoring process [6]. In 2016, the Government of Moldova approved [7] the set of indicators for monitoring the progress of implementation of UN CRPD. During the same year, the Ombudsman Office, through a council of experts was appointed to serve as an independent monitoring and evaluation mechanism for monitoring the progress of the implementation of UN Convention on Rights of Persons with disabilities. The council is formed of seven experts who are representatives of civil society in the field. However, this mechanism did not prove to be sufficiently efficient. The Ombudsman office did not have a clear established participatory mechanism with involvement of persons with disabilities for monitoring the progress of the implementation of CRPD.

## 6. Main stakeholders

The main stakeholders involved in the enjoyment and protection of rights of persons with disabilities in Moldova are as following:

Stakeholders	Competencies	Level of knowledge	Attitudes regarding	Level of involvement

		<b>on rights of persons with disabilities</b> (on a scale from 1 to 5, where 1- low, 5- high)	<b>social inclusion</b> ( on a scale from 1 to 5, where 1- negative attitudes , 2- sooner negative 3- no negative, no positive attitudes, 4- sooner positive, 5- positive attitude )	<b>in promotion and protection of rights</b> (on a scale from 1 to 5, where 1- low, 5- high)
National authorities, represented by the Parliament and the Government	Development, implementation and monitoring inclusive policies	4	3	3
Local public authorities second level	Development of local policies, implementation of national and local policies, monitoring	3	3	2
Local public authorities first level	Development and implementation of local policies on social inclusion	2	2	2
Ombudsman	Monitoring and supervision of rights implementation	5	5	3
National Counsel for prevention and combating discrimination and ensuring the equality	Prevention and combating all forms of discrimination	5	5	4
Non-governmental sector	Promotion and advocacy for social inclusion, support and mentoring to persons with disabilities and their families, technical assistance to the governments for implementation of innovative policies and services, watchdog mission	National NGOs-5 Grassroots NGOs- 4	National NGOs-5 Grassroots NGOs- 4	National NGOs-4 Grassroots NGOs- 3
Parents/families	Advocacy for promotion of rights of their children Support to their children on implementing their rights	2	4	2
Persons with disabilities	Self-advocacy for promotion and insuring their rights Policy development and monitoring	2	4	2

The national and local authorities are the main stakeholders in promotion and protection of rights of persons with disabilities. Even though they have developed and are implementing many positive policies related to the social inclusion of persons with disabilities in recent years, there is still a limited level of knowledge on the rights of persons with disability, particularly at local level. The public authorities still have different attitudes regarding the social inclusion of persons with disabilities and limited commitment and involvement in the promotion and protection of rights of persons with disabilities.

The Ombudsman is responsible for monitoring the social protection of rights of persons with disabilities and has a high level of knowledge and commitment on protection of human rights. However, the Ombudsman office needs to be more involved in the promotion and protection of human rights of persons with disabilities and particularly by monitoring closer with the active involvement of persons with disabilities, the implementation of the Convention on rights of persons with disabilities in Moldova

The National Council for prevention and combating discrimination has a high level of knowledge regarding the protection of human rights of persons with disabilities and positive attitudes toward social inclusion. However, the Council should be more pro-active in combating the discrimination.

The nongovernmental sector has a high level of knowledge and positive attitudes regarding the protection of rights of persons with disabilities and promotion of social inclusion. In this context, several NGOs active in development, implementation and monitoring (watchdog activities) the social inclusion policies should be mentioned: Alliance of NGOs in disability field, Keystone Moldova, Institute for Human Rights, Motivatie, Centre for rights of Persons with disabilities, SOS Autism, Voinicel, Eco-Razeni, as well as many other NGOs. However, the grassroots NGOs need further capacity building to increase the promotion of rights, fight discrimination and support persons with disabilities.

Parents and families of persons with disabilities still need to improve their knowledge on rights of persons with disabilities, as well as to strengthen their advocacy and lobby capacities to better support the social inclusion of their children. The parents' advocacy movement started to be developed in Moldova with the support of Keystone since 2015. The parents of persons with disabilities from 19 districts came together and started to promote community living of persons with disabilities, as well as their rights to mainstream services. They submitted more than 200 petitions to national and international authorities and contributed to the improvement of social inclusion legal framework in Moldova. However, the parents' advocacy movement still need support, further capacity building and mentoring to advance the rights of their children.

Persons with disabilities are the main stakeholders in promotion of their rights through the self-advocacy movement initiated by Keystone Moldova in 2015. The persons with disabilities from 24 districts were trained in human rights and self-advocacy tools and they self-advocated for many positive changes at national and community level. Persons with disabilities were involved in development of national and local strategies for social inclusion and deinstitutionalization. In many communities, they contributed to improving the accessibility to mainstream services, were involved in development of local policies, promoted their rights for employment and were employed.

Despite the positive examples and practices, the studies show that the level of involvement of persons with disabilities in decision-making processes at the local level is still very low. According to the inequality survey (2018), only 5.5% of households with persons with disabilities participated in the development of community strategic plan, 7.9% were involved in development of community policies, 11.9% participated in general community meetings and only 4.3% participated in consultations of community budgets [18, p.38]. Based on the lessons learned through the self-advocacy work, it is important to mention that persons with disabilities, particularly with intellectual ones, will need continuous mentoring and support for advocating for their rights and for involvement in decision making processes. In this regard, the public authorities and NGOs shall identify solutions for ensuring this type of support.

## 7. Relations with EU

The European Union Funding programmes continue to be one of the most important donors' resources for innovative approaches for social inclusion of persons with disabilities in Moldova. The European Union is supporting Moldova through the European Neighbourhood Instrument (ENI) for the period 2014-2020, thematic programmes (the European Instrument for Democracy and Human Rights, Instrument contributing to Stability and Peace, Civil Society Organizations and Local Authorities, Human Development and Migration & Asylum) and the macro-financial assistance. The analysis of projects implemented by NGOs members of Alliance of NGOs active in disability field showed that the majority of them benefited from thematic programmes, via: the European Instrument for Democracy and Human Rights, Instrument contributing to Stability and Peace, Civil Society Organizations and Local Authorities. Due to limited human and financial capacities of grassroots CSOs in Moldova, including in disability field, the EU finance the projects usually through international organizations (UNDP, UN Women), Foundations (EEF, Soros Moldova) or national NGOs like Keystone Moldova, CCF Moldova or Partnerships for Every Child and are accompanied by capacity building component.

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## NORTH MACEDONIA



### 1. General context

In 2000, the process of deinstitutionalisation started with the creation of the first community-based services for persons with intellectual disability in the country. It officially started with the signed Memorandum of cooperation for reform of the institutional care and social protection between the Ministry of Labour and Social Policy, WHO and UNICEF.

Since then, the deinstitutionalisation process has experienced several challenges; nevertheless, it led to an increased number of the community-based services for persons with disabilities in the country. The service provision for persons with disabilities has gradually shifted from the traditional institutional type of care towards community-based support services. The right to independent living, as enshrined in the UNCRPD, has been recognized and highlighted in 2018 with the adoption of the new National Strategy for Deinstitutionalization in Macedonia 2018-2027 “Timjanik”<sup>74</sup>, putting Deinstitutionalization on the political agenda of the Government, as never before. In the period 2017-2019, **the total number of residents in the institutions** (children without parents or parental care, children in conflict with law, children with disabilities and adults with disabilities) **was decreased by 44%** (from 482 residents at the beginning of 2017 to 267 residents at the end of 2019). All 180 children living in residential institutions were resettled into foster care and small group homes.

The new DI strategy and the new Law on Social Protection are setting the strategic and legal framework for appropriate development of the service provision system, aiming at effective, persons-centred, quality services delivered at community level. The local self-government has been given possibilities to provide community-based services. Also, CSOs have been recognized as important stakeholders in this process of service provision for persons with disabilities.

However, there is an evident lack of support services for persons with disabilities in the country and the existing services are not always following the human rights approach. The real services for support of independent living of persons with disabilities are missing, underdeveloped or limited to some groups of persons with disabilities (personal assistance and home help services). The existing “living with support” services for persons with disabilities are organised as group homes, but the “institutional” characteristic could be noted (limitation of choice, privacy, expression, and participation in the community). These services are often considered as a final solution and not as temporary structures that later would be transformed into real independent living services. The independent living of persons with disabilities mostly depends on the informal support networks.

The existing network of support services is mainly consisted of public day centres for children and CSOs day centres for adults with intellectual disabilities, as well small group homes for people with intellectual disabilities resettled

<sup>74</sup>Ministry of Labour and Social Policy, National Strategy for Deinstitutionalization 2018-2027 “Timjanik”  
[http://www.mtsp.gov.mk/content/pdf/strategii/Strategiji%202018/Strategija\\_deinstitucionalizacija\\_Timjanik\\_2018-2027.pdf](http://www.mtsp.gov.mk/content/pdf/strategii/Strategiji%202018/Strategija_deinstitucionalizacija_Timjanik_2018-2027.pdf).

from the residential institution. In the past 2 years, personal assistance has been piloted for a limited number of people with physical and visual disability.

North Macedonia does not have precise statistical data on persons with disabilities. All data outlined in this report are operational data gathered from the social protection institutions, presenting the number of children and adults with disabilities that are using some sort of social services or cash allowances within the social protection system.

## 2. The service provision sector in North Macedonia: subsectors

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### Early-childhood intervention

In the Republic of North Macedonia, the **Early Childhood Intervention services** are provided by different stakeholders. In several municipalities, within the Public Health Centres, there are centres for the follow-up of children born with risks (covered by the Ministry of Health). The patronage nurses trained for early detection and intervention by UNICEF, are also part of the ECI Services in the country.

The Ministry of Labour and Social Policy governs the network of day centres for children with intellectual and physical disabilities that are supposed to provide some forms of early intervention for children with developmental disabilities.

The municipalities, under the guidance of the Ministry of Labour and Social Policy, organize Centres for Early Childhood Development and kindergartens where children with disabilities are enrolled as well. Additionally, few CSO service providers offer different ECI services, both in-home and centre-based services.

Different professionals (special educators, speech therapists) offer individual in-home sessions for children with disabilities. However, there is an essential need of structural development of the ECI services in the country.

It is crucial to highlight that, with the support of UNICEF, in 2019 the Government started piloting the **new assessment model** based on WHO International Classification of Functioning, Disability and Health, which will be used instead of the old-fashioned system based on the disabilities of the person.

**The foster care for children with disabilities** has been developed more than 20 years ago, and it was in use as one of the responses within the first deinstitutionalisation actions. Many children have been resettled from institutions to foster families as the closest form to that of family life. There are currently 288 children in foster care and approximately half of them are children with disabilities.

**Day centres for children with disabilities** are the most widespread form of community-based services, available in all bigger municipalities in the country. There are 30 day centres providing basic services to approximately 360 children with disabilities, organised and administered by the Ministry of Labour and Social Policy. Although these services are intended to serve children, over time, the users of these services have become adults.

### Education

**Inclusive education** remains underdeveloped and regular educational system is available only to pupils with mild disabilities. Within the ongoing reform of the educational system, a new Law on Primary Education was adopted in 2019 that regulates the inclusive education process, including the educational support. At present, the only available form of support is the so called “educational assistants” (in most of the cases, special educators) accompanying the children at school during the classes. There are 295 educational assistants providing support to pupils with disabilities all over the country.

### Day centres

**Day centres for adults with moderate and severe intellectual disabilities** provide training for independent living skills and support to the families. There are 5-day centres for adults with intellectual disabilities managed by the CSO -

Republic centre for support of persons with intellectual disability – PORAKA. This association also provides **6 social clubs for adolescents and adults with intellectual disabilities in different municipalities**. There are approximately 200 users in these services. A few other CSOs provide similar services for adults with disabilities.

**Personal assistance** was introduced as pilot project in 2019 and then regulated in the Law on Social Protection as a specialised service for people with physical disability and blind people. It is limited to 20 hours per week and currently available to only 129 persons with disabilities. This service is provided in only 9 municipalities, as a pilot programme, and the CSOs are contracted by the Ministry of Labour and Social Policy.

**Services created for organised living with support** are provided for 87 people with intellectual disabilities who are resettled from the Special Institute - Demir Kapija into housing units in two locations. The housing units are organised since 2008 by a CSO provider and are financially supported by the Ministry of Labour and Social Policy. The location of the housing services (which can be considered segregating or isolating) and the concentration in a village, might install the risk of re-institutionalisation. The activities offered to the residents are also uncertain in terms of inclusion into the community.

The transformation of the Special Institute – Demir Kapija has continued in the last two years (2018-2020). In that period, 14 persons with intellectual disabilities (7 children and 7 young adults) left the institute and continued to live in 4 housing units, organised and managed by the institution.

Also, 11 adults were resettled from the Institute for rehabilitation of persons with physical disability – Strumica: 2 of them received support to return in their own families, and the other 9 are placed in housing services. All of them receive adequate support, including personal assistance. Additionally, 4 children up to 18 years of age were resettled to a small group home.

## Employment

The existing **model of employment of persons with disabilities** is the outdated sheltered (protective) model. Persons with disabilities in North Macedonia are employed in the sheltered workshops, with a few exceptions of people with mild disabilities effectively employed in public administration and open labour market, but without support services. DPOs have been advocating for amendments of the Law on Employment of Persons with Disabilities to provide legal possibilities for establishing supported employment model and professional/vocational rehabilitation services, unfortunately with no success so far. In 2018, there were 2014 persons with disabilities employed in the sheltered companies, while 1282 are registered as unemployed in the State Employment Agency in 2019.

## 3. Organisation and funding of support services

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The new Law on Social Protection (adopted in May 2019) and the accompanying by-laws are regulating the structure, organisation, and management of the social services. Decentralisation and pluralism have been strongly emphasised within the Law, providing possibilities for equal operation of public and private sector, including the CSOs. There are legal possibilities that allow different types of service providers to be licensed and financed by the state.

The state is still predominantly the provider, and most of the services (public day centres for children with disabilities) are established as organisational units of the public institutions - Centres for social work. The Centres for social work also recruit, train, and monitor the foster families that care for children with and without disabilities.

The majority of the supported living units (small group homes) for people with intellectual disabilities are organised by one CSO provider which is contracted by the Ministry of Labour and Social Policy on an annual basis. In the last two years, with the transformation of the residential institutions, the newly created small group homes are organised as separate units of the residential institutions. All costs are covered by the budget allocated for the institutions in transformation.

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Concerning the personal assistance, the Ministry of Labour and Social Policy contracts CSO's service providers, but this service is still in a pilot phase and the providers are struggling to provide it in a proper manner.

It is important to emphasise, in the last few years, the state is gradually redirecting the funds to community-based services, instead to institutional care.

With the adoption of the new DI strategy in 2018, for the first time, the Government allocated a specific budget line "Deinstitutionalization and services for support" in the national budget. For 2019<sup>75</sup>, the Government allocated 2.75 million Euro, demonstrating the political commitment for transformation of the institutions and more effective service provision at community level.

The European Commission strongly supports the deinstitutionalisation process in the country. There are two important ongoing projects funded by EU: Technical assistance project "Supporting Modernisation and Deinstitutionalisation of the Social Services" (1 million Eur) and IPA II Grant Scheme - Optimization and improvement of social community services, that finances 3 deinstitutionalisation projects (1.5 million Eur).

According to the Law on Social Protection, the local self-government units have an increased role in the provision of support services, including services for persons with disabilities. Municipalities are obliged to develop community-based responses to social needs of the local population, with the financial support from the national budget. There is also an ongoing World Bank project for improvement of the social services for vulnerable groups (10 million EUR), allocated for support of the municipalities in the process of development of a new services and improvement of the service delivery at community level.

It is of outmost importance that the Government takes the ultimate responsibility to provide the sustainability of the established service within the above projects, especially with the health and economic crises caused by the pandemic with COVID – 19.

#### 4. Main issues and needs of support provision

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There are many issues and needs that should be addressed in the ongoing deinstitutionalisation reform. All stakeholders should contribute to the implementation of the National Deinstitutionalisation Strategy and its Action Plan. Some of the important issues are:

- To ensure effective transformation of institutions by implementation of the drafted transformational plans
- To provide sustainability of the existing support services and to continue with creation of new support services, based on real assessment of needs of persons with disabilities
- To establish new types of services that should cover the gaps in the offer of services on local and/or regional level: support at home, respite care, crises centres, support for people with high intense need
- To develop further person-centred methodologies and to provide staff training
- To formulate real quality standards including monitoring procedures.

#### Strengths of support provision

The existing strategic and legal framework followed by strong political will and commitment for effective implementation of deinstitutionalisation process are good starting points. There is an evident shift in accepting of the needed transition from institutional into community-based care. Therefore, the Government announced moratoria on new admissions to residential institutions, as a first step in the DI reform in 2017. Furthermore, there is a clear intention of the Government that social services should be the backbone of the new social protection system, instead of cash transfers.

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<sup>75</sup> Budget of Republic Macedonia, Ministry of Finance 2018, budget line 46, page 270. Available at: <https://www.finance.gov.mk/files/u3/BUDGET%202019%20SOBRANIE.pdf>.

Also, the stakeholders in the service provision for persons with disabilities have been involved in the introduction of new person-centred approach and case management model, which should ensure adequate response to the actual needs of the users of the services.

The existing services (day centres, foster care, small group homes and personal assistance for persons with disabilities) are a good base for the creation of a comprehensive support service network, but also there is a need for upgrade of their function and methods of work.

Considering that there are only 3 residential institutions for persons with disabilities, it can be said that the country has a low rate of institutionalisation. This is also a result of the highly developed informal type of care predominant in the country - as most of the people with support needs are being cared for by family members, relatives, neighbours etc. Therefore, this aspect should be maintained, so the informal carers should be further supported and motivated as a form of direct prevention of institutionalisation of persons with disabilities in the country.

## 5. UNCRPD and the deinstitutionalization process in North Macedonia

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The UN Convention on the Rights of Persons with Disabilities and its Optional Protocol were ratified in 2011. Nevertheless, in the aftermath of its ratification, the government did not make any significant efforts to implement it, while CSOs and DPOs were strongly advocating for the UNCRPD implementation. As of 2017, the UNCRPD has been recognized by the decision makers as useful tool for upgrading the rights of persons with disabilities.

In 2018, the National coordination body on the implementation of the UNCRPD was created with a mandate to coordinate the activities of the relevant ministries regarding the implementation of the UNCRPD. This body drafts and adopts annual work plans, consisting of the planned activities of different ministries which are based on the Concluding Observations of the UNCRPD Committee<sup>76</sup>. The body is constituted within the cabinet of the Prime minister, but still lacks operational capacity and budget.

At present, there is no strategy that will set the goals, priorities, measures, and activities to the full implementation of the UNCRPD. The National Strategy on Equal Rights of Persons with Disabilities (Revised) 2010-2018, has expired and the Government has not initiated creation of new strategy yet.

### Monitoring bodies for the implementation of the UN CRPD

In the second half of 2019, the monitoring mechanism of the implementation of the UNCRPD was created as an additional unit in the Ombudsman office, consisting of 3 professionals. This unit is intended to perform numerous tasks, but its capacity (human, organisational, budgetary) to deliver the expected monitoring outcomes of the overall implementation of the UNCRPD should be reconsidered.

### Deinstitutionalization strategy

In 2018, the Government adopted the new National Deinstitutionalisation Strategy. The strategy was created in a participatory manner and was based on detailed review and situation analysis of the context, needs, institutions, community-based services, and policies in the country. The government has made the DI process as one of the priorities in the ongoing social reform. Since the implementation of the DI strategy had started, all children (180 children, with and without disability) have been successfully resettled from the residential institutions in the country. As a result, transformation of all residential institutions for children in the country was achieved in the period of 2 years.

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<sup>76</sup> Concluding observations on the initial report of the former Yugoslav Republic of Macedonia  
[https://vlada.mk/sites/default/files/dokumenti/concluding\\_observation\\_2018\\_committee\\_on\\_the\\_rights\\_of\\_persons\\_with\\_disabilities.pdf](https://vlada.mk/sites/default/files/dokumenti/concluding_observation_2018_committee_on_the_rights_of_persons_with_disabilities.pdf)

The residential institutions for persons with disabilities have developed transformation plans and started with the implementation of the plans, including resettlement of residents and creation of housing units in the community. With the start of the pandemic with COVID 19, most of the activities are suspended.

### **Involvement of persons with disabilities in decision making**

Persons with disabilities and their representative organisations are involved in decision making process concerning their rights, as well support needs. In the process of creation of the new DI strategy, representatives of the National council of DPO, representatives from the DPOs and service providers have been actively involved. The representative organisations were nominally involved in the development of the strategies and plans for this process. Also, experts with and without disability were involved and informed in a more nominal way.

According to the National strategy for deinstitutionalization, the involvement of DPOs and persons with disabilities is planned within the monitoring unit, as a part of the National monitoring body for CRPD implementation as well in the advisory body that will be established.

North Macedonia has a long history of advocacy organisations of persons with disabilities and their parents. There are 7 national organisations of persons with different type of disabilities, associated in National Council of Disability Organisations of Macedonia (NSIOM). The national organisations have well developed network of local branches all over the country, which makes local community advocacy efforts much more effective.

NSIOM is well represented at all decision-making processes at national level, including the implementation of the UNCRPD. A representative of NSIOM is a member of the National coordinative body on implementation of the UNCRPD. Also, NSIOM has a seat in several ministerial committees where issues concerning rights of persons with disabilities are being discussed.

## **7. Main stakeholders**

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The main stakeholders involved in the enjoyment and protection of the rights of persons with disabilities are:

- National coordination body on the implementation of the UNCRPD, as Government body responsible for national coordination of the activities related to rights of persons with disabilities
- State institutions responsible for particular areas, such as Ministry for Labour and Social Policy, Ministry of Education, Ministry of Health etc. and the institutions within them: Institute for social affairs, centres for social work, Employment Agencies, Social services, Institute for advancement of education, schools, health services etc.
- Organisations of persons with disabilities associated in the National Council of Disability Organisations, which is the biggest network consisted of 7 national associations and 139 local branches and representing more than 90.000 persons with disabilities in the country. Also, other smaller CSOs of and for persons with disabilities, including some parent's organisations
- Support service providers (public, CSOs and private)
- Local authorities - providing social services in partnership with the CSO service providers.
- Monitoring mechanism of the implementation of the UNCRPD within the Ombudsman office.

## **8. Relations with EU**

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In the social protection field, the EU has financed several projects in the past 10 years related to social support, employment promotion, social inclusion of various disadvantaged groups including persons with disabilities. Focus has been given to institutional strengthening, modernisation of service delivery, capacity building and training, awareness raising and many other. More specifically, through the *Instrument for Pre-Accession*, the EC financed projects directly or indirectly related to developing social services for persons with disabilities and

deinstitutionalization. Also, **Erasmus+ Programme** has been used for exchange of practise and knowledge, as the service providers could participate in international projects.

These are some of the most relevant projects implemented in the country with EU support:

- **Fostering social inclusion and inclusive Labour Market** (2012 – 2013).  
Aim: To build institutional capacity to improve the design and delivery of existing social inclusion services for persons with disabilities by strengthening the capacities and skills of relevant stakeholders and promoting multi-sectorial and inter-institutional cooperation.
- **Promoting Social Inclusion Services** (2015 – 2017).  
Aim: To strengthen national capacities for social inclusion of people with disabilities and promotion of their equal opportunities in the labour market, through development and implementation of vocational rehabilitation and personal assistance services for more intensive and quality integration of persons with disability
- **IPA II Programme: Grant Scheme - Optimization and improvement of social community services** (2019-2022),  
The objective of this grant scheme is to optimize the network of community-based social services to enable persons with disability and others to live in the community with appropriate community-based support. Within this grant scheme, 3 projects have been contracted for deinstitutionalisation and transformation of the biggest residential institution in the country, including development and implementation of new community-based services
- **Supporting Modernisation and Deinstitutionalisation of the Social Services** (2019-2021) is an EU funded project with and objective to support the implementation of the National Deinstitutionalization Strategy 2018-2027, including:
  - o Creation of a favourable and coherent legal and policy framework for development of community based social services,
  - o Strengthening capacities of state and non-state actors at central and local level for effective delivery and expansion of community based social services,
  - o Enhancing local self-government involvement in development, provision and expansion of community based social services.
  - o Raising awareness overall and among the professional sector and the general public about the benefits and advantages of deinstitutionalisation and the provision of community based social services

**Correspondingly, the UN agencies in the country are strongly supporting the** deinstitutionalization in the Republic of North Macedonia. For example, **UNDP** activities are focused on strengthening capacity and professional skills of caregivers and other professionals coupled with the development of deinstitutionalization action plans for the residential institutions: Banja BANSKO and Demir Kapija. This package of support also included piloting of professional rehabilitation models through the training and vocational rehabilitation enabling inclusion of persons with disabilities in the open Labour Market.

On the other hand, **UNICEF** supports the MoLSP on policy planning level, specifically on the improvement of national social protection legislation, child protection policies, including foster care, early childhood intervention and day care centres for children with disabilities. In addition, UNICEF is working on the description of customized transformation plans for the five relevant institutions, as well capacity building training for relevant practitioners (case management techniques and practices). It also provides direct support for resettlement of 30 children and young adults with disabilities from the residential institution- Demir Kapija into community-based supported housing services.



## TURKEY



### List of Acronyms

- AÇSHB:** Ministry of Family, Labour and Social Services  
**BEP:** Individualized Education Plan  
**BM:** United Nations  
**ÇÖZGER:** Special Needs Report for Children  
**EHK:** Law on the Disabled  
**EKPSS:** Public Personnel Selection Examination for Persons with Disabilities  
**ESKR:** Disabled Health Board Report  
**EU:** European Union  
**EYHGM:** General Directorate of Services for Persons with Disabilities and the Elderly  
**GSS:** General Health Insurance  
**IPA:** Instrument for Pre-Accession Assistance  
**İŞKUR:** Turkish Employment Agency  
**MEB:** Ministry of National Education  
**NGO:** Non-Governmental Organization  
**ÖEGOB:** Individual with Special Education Needs  
**ÖEHY:** Special Education Services Regulation  
**RAM:** Guidance Research Centre  
**SB:** Ministry of Health  
**TL:** Turkish Lira

### 1. General context

The organization and functions of the governing structure in Turkey are based on the principles of central administration and decentralization. In terms of central administrative structure, Turkey is divided into provinces based on geographical situation, economic conditions, and public service requirements; provinces are further divided into lower levels of administrative districts. Nationwide institutions of Ministries are called “Provincial Organizations”. The provincial organizations constitute of provincial and county administrations and all ministries have administrations within provinces.

Local administrations are public corporate bodies established to meet the common local needs of the inhabitants of provinces, municipal districts, and villages. Services for PwDs in Turkey are rendered by separate ministries and local governments. Central organizations of ministries steer activities of provincial organizations by way of making policies and planning activities in conformity with their policies. Monitoring activities of the central administration are carried out either by central or provincial organization, depending on the relevance.

### State of play of support provision in the field of disability in the country

Disability support services in non-EU countries: needs and trends

The main targets of policy in the field of disability in Turkey are human rights, fundamental freedoms of persons with disabilities and promoting equality with other individuals in the community. With this purpose, various implementations have been made in the country as of 1990 for addressing the problems that PwDs experience in areas such as health, education, and employment. The main objective of the studies was to eliminate the factors that prevent participation in society. Within this scope, the Turkish Government enacted the “Law on Disabled People and on Making Amendments in Some Laws and Decree Laws (called Turkish Disability Act. Law No.5378)” in 2005. The Turkish Disability Act was restructured on 6 February 2014, with the Law number 6518, in line with the obligations stipulated by the CRPD. The objectives and principles of the law were restructured with a right based approach, and various terms including “disability-based discrimination, types of discrimination, reasonable accommodation and accessibility” were defined. Furthermore, the medical-oriented definition of disability that emphasizes deficiencies or incapacities was demised and the definition that addresses disability as part of the interaction of individuals with the social environment was accepted.

### **Context of the country and of service provision**

There are two surveys on disability data which were conducted by the government in Turkey. One of these surveys is “the 2002 Turkey Disability Survey” and the other is Residence and Population Survey conducted in 2011. These surveys are used to understand the actual situation in the country and to determine the policies which should be developed, monitoring and reporting, but they need to be updated. According to the 2002 Turkey Disability Survey that was carried out by The Turkish Statistical Institute (TUIK), the proportion of disabled population to general population was 12.29%. The total disabled population corresponded to 8.4 million and the population distribution as per disability types were as follows; 9.7% chronic illnesses, 1.25% physical disabilities, 0.48% mental disabilities, 0.38% speech and language disorders, 0.37% hearing disabilities and 0.6% visual disabilities.

Alongside the global trends, the criteria on disability related data collection in Turkey also underwent a transformation. Within this context, the Turkey Population and Housing Survey was carried out by TUIK in 2011. According to the results of this survey, 6.9% of the total population have at least one disability, 3.3% difficulty in walking or climbing stairs, 1.4% difficulty in seeing, 1.1% difficulty in hearing, 0.7% difficulty in speaking, 2% difficulty in learning, doing simple calculations, remembering and concentrating when compared to their peers and 4.1% difficulty in holding or lifting something. In terms of gender, the disability ratio is 5.9% for males and 7.9% for females. When assessed in terms of age groups, it is evident that the rate of people who declare that he/she has at least one disability increases according to the age. Whereas disability rate is 2.1% at age group of 10-14, 16.5% at age group 60-64 and 46.5% at age group 75 and over.

In general, the rate of having at least one disability increases alongside age both for males and females. Regarding the education level of the population with at least one disability, it appears that the education level of this population is lower when compared to the general population. Whereas the rate of literacy of the general population is 95.5%, it is 76.7% for the population with disabilities. This rate is 89.1% for males with disabilities and 67.6% for females with disabilities. When compared to the increase in the general level of education, the education level of persons with at least one disability decreases. Moreover, the education level of females with disabilities is lower than the level of males at all education categories.

The labour force participation rate of the population with at least one disability is quite low when compared to the participation rate of general population. Whereas the labour force participation rate is 45.5% for the general population, it is 22.1% for PwDs. Gender based evaluation indicates that participation rate of women is lower in both categories when compared to the level of men.

Studies in the field of disability have been structured at the central and provincial levels within the responsibility of General Directorate of Services for Persons with Disabilities and the Elderly (EYHGM) under the Ministry of Family, Labour and Social Services (AÇSHB). Education and health services are planned and carried out by the Ministry of National Education (MEB) and the Ministry of Health (SB) within the same framework.

Disability support services in non-EU countries: needs and trends

## 2. The service provision sector in Turkey: subsectors

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### Health Services

Health services in Turkey are planned and carried out by the Ministry of Health (SB). There is a total of 34.559 health institutions in Turkey [1]. These institutions include public hospitals, private hospitals, university hospitals, outpatient health institutions, local or private polyclinics and screening centres.

With the Social Insurance and General Health Insurance Law no. 5510 [2], all children up to the age of 18, pregnant women and all persons in emergency situations are covered by the General Health Insurance (GSS) free of charge. Employers are included in the system by paying the insurance premiums of their employees or by paying the premiums themselves. The premiums of those who cannot pay the insurance premium are paid by the state within certain criteria. The prerequisite for being included in the GSS for disabled individuals is that they receive the Disabled Health Board Report (ESKR) given by the health committee in public hospitals.

The Disabled Health Board Report, which is the fundamental document to benefit from the services for disabled people is issued by Medical Health Boards in authorized hospitals. The report indicates the types of disability, degree of impairment and disability status of persons. In this report, the international coding criteria known as "International Statistical Classification of Diseases and Related Health Problems (ICD)" and "International Classification of Functioning, Disability and Health (ICF)" systems are used. The Balthazard formula is used in calculating the status of individuals with more than one disability [3]. As of 2019, the reports given for children and adults are differentiated in terms of childhood developmental characteristics and adult period characteristics. In this context, the report given for individuals under the age of 18 has been named as "Special Needs Report for Children" (ÇÖZGER). The period of validity is included in the report and can be valid for continuously or certain period.

With a decision taken by the SB in 2010, the provision of health services for people with disabilities is reorganized; in terms of [4] accessibility, prioritization, assistance to people with hearing impairment, environmental and architectural arrangements, medical aids, and Home Health Services. The scope and content of home health care services were defined as having the purposes of: rendering examination, analysis, treatment, medical care and rehabilitation services at home and family environment to patients with severe myopathy or a respiratory illness like COPD or to bedridden patients receiving palliative care at terminal period, and providing social and psychological support services to the families. As part of this service rendered countrywide, the number of patients contacted between February 2010 and August 2013 was 335,674 whereas the number of patients who were actively followed up was 174,560.

Persons with disabilities in need of physiotherapy and rehabilitation services can benefit from physical medicine and rehabilitation departments of public hospitals, physiotherapy and rehabilitation hospitals or directly from private centres on rehabilitation and physiotherapy. In line with the Communication on Implementation of Health Care Services, the fee of such services provided to PwDs is covered by Social Security Institution with limited sessions (30 or 60 sessions per year).

### Education

The Decree Law No. 573 on Special Education Services, which was enacted in 1997, ruled that pre-school education starting from early childhood period is obligatory for all children with special needs and it regulated the principles regarding primary, secondary, higher and non-formal education. The educational environments for children with disabilities were also regulated in line with contemporary approaches. In this sense, an individual with disability was defined as "an individual with special education needs (SEN) (ÖEGOB, Turkish abbreviation), and the concepts of special education, inclusion, diagnosis and evaluation were explained.

MEB is responsible for providing equal education to all children and ensures that all children with disabilities use their right to education. The educational assessment and evaluation of a student with SEN are performed through assessment tools that are appropriate to the characteristics of the individual. The ÇÖZGER is also considered for assessment. Guidance during the transfer of students with special education needs to higher education institutions, determination of the type of supportive education, preparation of Individualized Education Programme (IEP) are performed by guidance services of schools and Guidance Research Centres. There are 242 Guidance Research Centres (RAM) affiliated to MEB throughout the country [5].

The education for students with SEN is carried out in mainstream/inclusive classes together with their peers without disabilities, in special education classes, in special education schools for separate types of disabilities or in private special education schools established by natural and legal persons or special education and rehabilitation centres. These education services, including early childhood period, are provided at pre-school, primary and secondary education levels and in non-formal education. The government pays tuitions to private rehabilitation centres on behalf of student. According to BEP, individuals with special needs can receive the support service they need in areas such as mental impairment, hearing impairment, visual impairment, physical impairment, pervasive developmental disorder, language and speech impairment, attention deficit and hyperactivity disorder, and specific learning disability. In addition, training services are provided at home or in hospital. The aim is for the students with SEN to receive education in the least restricted environment.

According to MEB Statistics for the 2018/19 academic year: There are 1489 special education schools, 398,815 students with SEN, 14,043 teachers and 9361 classrooms in formal education. 74% of the students who are in special education take part in mainstream/ inclusive classes. The total number of mainstream students in 2018-2019 is 295,697. In the same year, the number of special education students at all levels is 398,815 [6]. A support training room is established for students who continue their education through full-time inclusion / integration in schools providing education at pre-school, primary and secondary education levels. One-to-one training is provided in the support training room.

*TABLE 1: Special Education Schools and Inclusion Classes in Turkey (Table is adapted from MEB statistics of the year 2018/2019).*

<b>Inclusive Education Practices</b>	<b># Students</b>	<b>Special Education Schools</b>	<b># Schools</b>	<b># Students</b>
Inclusive Education Preschool	1,260	Special Education Preschool	211	3,521
Inclusive Education Primary School	115,556	Special Education Primary School	417	37,947
Inclusive Education Secondary School	130,624	Special Education Secondary School	417	35,709
Inclusive Education Secondary Education	48,257	Special Education Secondary Education (high school)	444	25,951
<b>TOTAL</b>	<b>295,697</b>	<b>TOTAL</b>	<b>1,489</b>	<b>103,118</b>

Education is compulsory for 12 years in Turkey. Pre-school education is not yet included in compulsory education, but it is mandatory for students with SEN.

According to Special Education Services Regulation (ÖEHY), early childhood education services for 0-36-month children with SENs are carried out in schools with kindergartens and at homes in line with the needs of the family.

There are home-based programmes: Mother Child Education Foundation [7], Portage [8], Small Steps Early Education Programme, Behavioral Education Programme for Autistic Children [9], Interaction Based Early Childhood Intervention Programme [10]. Diagnosis in early childhood is the responsibility of the SB, and children with special needs cannot be included in the education system in early childhood because the follow-up system and information do not share with the Ministry of Education.

The General Directorate of Special Education Institutions and the General Directorate of Lifelong Learning affiliated with MEB carry out joint activities for PwDs whose ages are not eligible for compulsory education. The courses demanded by persons with special education needs are opened within the body of Adult Education Centres. Besides, literacy courses are opened every year in July and August for illiterate adults with visual or hearing disabilities whose ages are over the compulsory education age.

MEB has some supportive practices for students with SEN such as free transportation to public institutions of special education, free provision of lunches, education materials and course books in accessible formats. To provide accessible course materials, MEB prepared and distributed 20 different guidebooks in Braille for primary education and 16 course books in Braille for secondary education free of charge to teachers with visual disabilities. Course books for students with hearing disabilities, mental disabilities have also been prepared and distributed free of charge since 2008-2009 school year.

The Turkish Disability Act stipulates the establishment of Consulting and Coordination Centres for Persons with Disabilities in universities within the body of the Council of Higher Education with the tasks of providing education materials, preparing special education materials, planning for and ensuring environments appropriate for education, sheltering or study of PwDs. University students with disabilities are given priority in public dormitories and state grants.

Individuals with disabilities' access to education is determined by the laws and regulations in Turkey. However, these regulations could not solve the problems in the individual's ability to acquire a profession, promotion to the upper level and the transition between levels. Despite this, mainstream/ inclusive classes have been adopted. However, there are many problems in practice. These include: the insufficient skills and training of teachers, negative attitudes regarding the implementation and inadequacy of physical conditions as the most prominent problems. The number of dropouts increase during the transition to secondary education.

## **Employment**

In the past 15 years, steps have been made to remove barriers in terms of employment of persons with disabilities and align the initiatives with international legislation. However, employment rates for disabled people in the labour market are still not at the level they should be. According to data of Turkey Statistical Institute in 2019, labour force participation rate of men was 71.9% and 34.6% in women, while the total is 53.0% [11]. According to the Population and Housing Survey conducted in 2011, the labour force participation rate of persons with at least one disability is 35.4% for men, 12.5% for women and 22.1% in total [12].

The national and international legislation ensuring the equal and full participation of persons with disabilities in working life is as follows: UN Disability Rights Convention, T.C. Constitution (relevant provisions), EHK, Social Insurance and General Health Insurance Law (No.5510), Civil Servants Law, Labour Law No. 4857 (relevant provisions), other personnel laws and regulations, statutes, directives, circulars and regulations prepared on the basis of these laws, internal correspondence, international conventions and documents.

In Turkey, the basic principles of employment of PwDs are regulated by the provisions of The Labour Act No. 4857 of 2003 (Art. 30). According to Art. 30, employment of PwDs is promoted through a quota/levy scheme. The quota/levy scheme is implemented in the form of employing a certain obligatory rate of PwDs both in public and private sectors. Private sector companies employing 50 or more workers are obliged to employ 3% PwDs, this rate is 4% for the Disability support services in non-EU countries: needs and trends

public sector. Employment of PwDs as public officials/civil servants is under responsibility of State Personnel Administration. However, employment under the title of worker both in public and private sectors is under the responsibility of İŞKUR (Turkish Employment Agency).

The employment process of persons with disabilities is followed by the AÇSHB - EYHGM. İŞKUR, within the Ministry, is responsible for the employment of PwDs in the private sector. Each disabled person to be employed must be registered to İŞKUR, be over the age of 14 and have to certify their disabilities with a Disabled Health Board Report indicating at least 40% disability. Individuals receive job and vocational counselling from İŞKUR and are directed to courses or job training programmes to increase their professional qualifications. At the end of this process, it is aimed to place them in suitable jobs. However, if the disability rate of person is decreased below 40% for any reason, the PwDs lose their rights even they were employed within the quota/levy scheme.

For employment in the public sector, there is the need to take the Public Personnel Selection Examination (EKPS) for PwDs. While this examination is required for secondary school and above graduates, primary school graduates are appointed by lot. The exam is conducted by the Student Selection and Placement Centre. The first EKPS was held on 29 April 2012 in 81 provinces. As a result of the exam, 5,254 PwDs were placed in vacant positions in public institutions. This number increased to 5,926 in 2013. PwDs were placed to 49 different positions including engineer, architect, sociologist, attorney, teacher etc.

In accordance with the Labour Law, employers who violate the obligation of employing workers with receive an administrative fine per worker. The collected fine is gathered in Administrative Fine Fund of İŞKUR and allocated to projects on employment of PwDs. The allocation of funds is under the responsibility and authority of the Commission on Allocation of Fine Funds consisting of representatives of employer and employee confederations, confederations of disability organizations and other relevant institutions.

On the other hand, there are some support systems provided to the employer by the state. The premiums to be paid by employers for disabled individuals working in the workplaces are paid by the Ministry of Treasury and Finance. There is tax exemption for the special equipment used by disabled employees in workplaces.

Employers are obliged to arrange workplaces appropriately, take the necessary precautions and provide special auxiliary and supporting tools for the work of PwDs as stated in Article 14 of the EHK and the Regulation on EKPS.

The vocational rehabilitation and training programmes are developed accordingly by the MEB and the AÇSHB. Vocational rehabilitation services are also provided by the municipalities. Municipalities, when they deem necessary during the provision of these services, cooperate with the people's training and apprenticeship training centres. In accordance with the relevant Regulation, the centres shall render physiotherapy, rehabilitation, ergotherapy, social rehabilitation, vocational training and consultancy services.

Today in Turkey PwDs' employment rate is very low despite the many studies to increase the employment of people with disabilities. The reasons are:

1. In the World Disability Report, the difficulty in accessing transportation is listed as the most important reason [13],
2. Inadequacy of physical accessibility and the lack of suitable physical environments in workplaces
3. PwDs prefer not to work due to financial support such as disability pension and home care support given to disabled individuals within the scope of social assistance and protection
4. The prejudice of society and particularly of employers against the employment of PwDs. Failure of the employer to fulfil its obligations by taking advantage of the loopholes in the laws
5. PwDs cannot benefit from sufficient educational opportunities (both vocational education and formal education) and therefore their professional qualifications are insufficient

6. Working PwDs are generally forced by the employer to work in unqualified, low-wage, and socially insured workplaces. Studies on the subject show that PwDs earn less than their other colleagues, have less opportunity to advance in their career, and are less socially supported by employers and colleagues.

## Support Services

Social assistance and support services provided by the official institutions in Turkey are defined by Law No. 2022 "Paying Salary to Needy, Powerless and Orphan Turkish Citizens over 65 years of age", which was approved in 2013. According to the law, social assistance applications, examination and follow-up processes are made by the Social Assistance and Solidarity Foundations. The prerequisite for benefiting from social assistance services is to receive at least 40% on their ESKR for individuals aged 18 and over. For individuals under the age of 18, the rate of disability is not considered, it is sufficient for the person to have ÇÖZGER. In addition to the Disability Health Board Report, for disabled individuals who do not have social security, the per capita income in the household should be one third (1/3) of the minimum wage. In addition, to benefit from social rights, individuals with a disability of 40% or more are given a "Disabled Identity Card" by the state.

The social aids provided by official institutions are: Disability Pension, Pension for disadvantaged people, Home Care Support, Care Support and tax reductions. Social benefits are given to the person or his family according to the age and disability status of PwDs. According to 2019 data, the total number of PwDs and families receiving Disability Pension, Allowance for disadvantaged people and Home Care Support was 722,722 [14].

Care services for PwDs in Turkey is determined by "Care of the Disabled Detection and Maintenance Services Regulation on the Determination of Principles" [15]. According to the regulation, the care of PwDs is carried out in official institutions and private nursing homes. According to the data of the Ministry, there are 255 special and 99 official care centres for PwDs in Turkey.

- **Hope Houses** are a new model developed for persons with intellectual and mental disabilities by providing living in apartments in small groups in the community. These apartments are called "hope homes". Their aim is to support persons with disabilities to actively participate into the social life of the community through psycho-social support and support regarding their education and employment. The first home was provided in 2008 in Izmir. The current number of such homes is 131 (as of March 2017) and it will increase rapidly as the feedback is positive.

- **Day Care Centres** are official institutions that provide part-time or full-time care for people with disabilities. In this system, the continuity of the relationship of disabled individuals with their families is ensured, while the participation of disabled individuals' relatives in social life is supported.

- **Care for Temporary Visitors and Guests** is a model of providing short-term care for service free of charge to a person with disability whose family members cannot deliver care to him/her as they have to travel to another city or country with the purposes of a vacation or health care etc. In such cases, persons with disabilities can stay and receive care in public care institutions for maximum 30 days in a year. All needs of persons with disabilities are covered by the institution during this period.

- PwDs and their relatives can benefit from tax deductions provided by the state. These are: Income tax reduction, discounts in vehicle purchases, vehicle tax reductions and housing tax reductions. Apart from the housing tax, a 5% quota is allocated to PwDs in social housing projects implemented by the Ministry of Environment and Urbanization. Electricity Bill Fee and Uninterrupted Power Supply Support are provided to PwDs who are fully dependent on certain support devices due to their chronic illness.

- Discounts in transportation and cultural activities are made by both official and private institutions. Every PwD with a disability ID card has the right to travel free of charge on public transport. PwDs can benefit from public and private buses, ferries, and trains free of charge. In addition, airlines offer discounts to PwDs on all domestic and Disability support services in non-EU countries: needs and trends

international flights. Entry to all museums and state theatres, national and natural parks is free for people with disabilities.

- Local governments have been providing various services in the field of disability in Turkey. These services include topics such as accessibility, education, health and employment. Social service centres, special education, rehabilitation, vocational training and hobby courses, consultancy services, special vehicle supports, technological support presentations and awareness activities are carried out by municipalities in line with the needs of their citizens [16].

- The regulations made within the scope of the EHK in 2005 positively affected the social assistance policies of the country. According to AÇSHB data, the social assistance budget for disabled individuals was 339 Million Turkish Liras (TL) in 2005, while it was 3,367 Million TL in 2019 [17]. On the other hand, the demand for aid services is increasing due to the economic conditions of the country. Although the number of care centres is increasing, the centres are insufficient due to the increase in demand. One of the most important problems in Turkey related to disability is accessibility. As of 2005, with the EHK, it is compulsory to design all public areas, buildings, and public transportation vehicles in accordance with access of disabled people. However, the transportation problems of disabled individuals have not been solved yet, as the implementation period has been extended with various legal regulations.

### 3. UN CRPD and the deinstitutionalization process in Turkey

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The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) that promotes full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities (PwDs) was signed by the Government of the Republic of Turkey on 30 March 2007. The ratification of the CRPD was approved by Law No. 5825 that was adopted by Grand National Assembly of Turkey (TBMM) on 3 December 2008 and the ratification process was accomplished by Council of Ministers Decision No. 2009/15137 on 27 May 2009. After 30 days following the submission of documents to UN Secretariat on 28 September 2009, it became binding for the Republic of Turkey. The Optional Protocol of the CRPD was signed on 28 September 2009 and the ratification process was finalized on 26 March 2015.

#### Strategy for the implementation of the UN CRPD

In accordance with the Article 33/1 on the implementation and supervision of the contract, the responsible key institution for the promotion and monitoring of the practices by the relevant parties is the Ministry of Family, Labour and Social Services (AÇSHB) / General Directorate of Services for Persons with Disabilities and the Elderly (EYHGM). AÇSHB creates action plans in priority areas in disability studies. These are: 2010-2011 Accessibility Strategy and National Action Plan, 2011-2013 Care Services Strategy and Action Plan, and ongoing "Barrier-Free Vision and Disability Rights National Action Plan" covering the years 2018-2023.

The implementation and monitoring of the contract is carried out under three main headings as Reporting, Awareness and Monitoring. Periodic reports are prepared every four years as per Article 35 of the contract. The "Parliamentarians Book on the Convention on the Rights of Persons with Disabilities and its Optional Protocol" prepared by the UN within the scope of awareness studies, translated into Turkish information seminars on Human Rights and Disability which were organized for 4 different target groups. The European Commission Technical Support and Information Exchange Office (TAIEX) Workshops on "Participation of Persons with Disabilities in Political Life" were held in cooperation with the programme.

In order to increase the implementation and monitoring capacity of the Convention, the studies for determining the indicator sets and developing the related data sets and data collection methodologies to be used in the process are

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included in the "Implementation and Monitoring Capacity Support Project of the Convention on the Rights of the Disabled".

### **Monitoring body for the implementation of UNCRPD**

The General Directorate of Services for Persons with Disabilities and the Elderly (EYHGM) is the focal point of Turkey for promoting the implementation and monitoring of CRPD at national level. EYHGM aims at providing intersectoral coordination at national level and thus, reflecting the rights-based approach to national legislation and practices. In this context, a sustainable, efficient, and fruitful process of policy making in cooperation with civil society is targeted. By providing public sector and civil society cooperation, EYHGM coordinates harmonization of national policy, laws, public services, and resources with CRPD. EYHGM carries out various activities and projects in the fields of education, employment, participation to social life, accessibility, healthcare and rehabilitation, care, ageing, research, and development.

### **Deinstitutionalization strategy**

To promote the deinstitutionalization process towards community-based living for persons with disabilities "home based care services" have been promoted since 2005. In this respect, in 2006 a subsidy was included which is based on the Turkish Disability Act (2005). The basis of "home based care services" is paid as a monthly minimum wage to the person who takes responsibility of care of the person with disability. Moreover, the IPA Project under the title of "Promoting Services for People with Disabilities" was implemented between the years 2010 and 2014. The aim of the project were: to contribute to the effort of government of Turkey in the provision of effective, appropriate and efficient community based support services for persons with disabilities, -to develop a model of community based care and support service delivery, to improve quality of existing services, to determine the service standards, to clarify roles and responsibilities of related institutions and to provide effective collaboration among them.

Regarding community-based living, "Hope Homes" and "Support services to home care" models are effectively implementing across the country.

## **4. Stakeholders**

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The topmost legally binding norms that demarcate the basic principles on disability are international agreements: "Being an international agreement duly put into effect as per Article 90 of the Turkish Constitution, the CRPD ... not only forms a basis for all legal and administrative arrangements, but also constitutes a principle of law to which independent Turkish courts can directly refer". [18]

People with disabilities in Turkey have restricted access to education, health, social and employment services, which are in fact, their constitutional rights as Turkish citizens. The Constitution of the Republic of Turkey guarantees people with disabilities to "participate in political and public life based on equality principles that have critical importance for involvement in decision making processes". [19]

The socio-economic disadvantages caused by the mentioned restrictions, the general public approach to disability having been shaped around the premises of "charity and guardianship", the lack of accessibility, and the capacity-related shortcomings of rights-based Non-Governmental Organizations (NGO) which are the voices of the disability community lead to obstacles that are in the way of disabled people taking on active roles in the public sphere.

Consequently, people with disabilities are "very infrequently represented actively within the decision-making mechanisms of political parties, local governments, unions, public/private institutions. [Disabled people] ... are being left out of decision-making processes altogether". [20]

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## **The Role of Civil Society in the Representation of Disability in Decision-Making Processes**

“Access to Justice by Disabled People: Legislative Review and People’s Experiences - 2018 Field Research Report” by the Association for Monitoring for Equal Rights delved into the processes of legal remedy and access to the legal system for people with disabilities. During the focus groups of the study, legal professionals with disabilities have also been listened to. The research has shown that even though said professionals are direct participants of the legal system, they still encounter problems navigating the system. This is because “accessible materials are not produced”, “structural changes and arrangements are done so without any consideration for the needs of people with disabilities” and inclusive practices are not set in place. [21]

For the preparation of the “Access to Justice – 2018 Field Research Report” people with disabilities were consulted and inquiries were done to assess the level of knowledge they had in terms of their legal rights. When asked if they knew the extent of their legal rights: “139 of the interviewees replied, ‘I do know’ whereas 167 replied ‘I do not know’. 40% of the people who said ‘I do know’ cited the NGO meetings, pamphlets, publications, and websites as their source of the information. Only seven people have mentioned the Ministry of Family, Labour and Social Services (AÇSHB) as the source of said knowledge.” [22]

It becomes apparent that the most feasible and effective way for people with disabilities to take part in the decision-making processes is for them to get organized around rights-based NGOs. These organize training sessions, prepare guides, hold awareness campaigns, do monitoring, and present reports to the UN CRPD.

Looking at the trajectory of the conversation and progress around the rights of people with disabilities, it is possible to see that relatively strong disability NGOs have been able to propel their causes to the forefront and achieve tangible results partly thanks to their lobbying and advocacy abilities.

One specific example that also addresses the services provided to people with disabilities is the case of “Altınokta Körler Vakfı” [Six Dots Foundation for The Blinds] and “Türkiye Körler Vakfı” [Turkish Foundation for the Blinds]. These two foundations founded by the same team, have been the first to establish rehabilitation centres specifically for the blind in the 1970s. In time, these centres’ administration has been transferred to the State. Today, disability-specific rehabilitation as well as special education focused rehabilitation centres are indispensable parts of life with disability.

Rights-based and disability-focussed NGOs often succeed towards achieving their goals by acting through Federations and Confederations. These alliances tend to be better listened to and have their demands perceived as legitimate by the government since they represent a group of NGOs, which attenuates the risk of lobbying in pursuit of individual profit.

There are currently three Confederations (Türkiye Sakatlar Konfederasyonu [Turkish Confederation of the Disabled], Engelliler Konfederasyonu [Confederation of Disabled People], Tüm Engelliler Konfederasyonu [All People with Disabilities Confederation]) and five Federations (Engelli Dernekleri Federasyonu [Federation of Disability Associations], Engelli Hakları Federasyonu [Disability Rights Federation], Demokratik Engelliler Federasyonu [People with Disabilities Democratic Federation], Doğu Akdeniz Engelli Dernekler Federasyonu [Eastern Mediterranean Federation of Disability Associations], Samsun Engelliler Federasyonu [The City of Samsun Federation of People with Disabilities]) that unify groups under the broader umbrella of “disability”.

## **Cooperation with the State and Governmental Services for People with Disabilities**

As previously mentioned, the General Directorate of Services for Persons with Disabilities and the Elderly (EYHGM) is the statutory authority “[that] determines the principles and standards pertaining to social services for persons with disabilities, cooperates with the stakeholders and coordinates, executes and monitors the necessary work required to protect the human rights of persons with disabilities”. [23]

Stakeholders who cooperate with AÇSHB in achieving service delivery could be summed up as so: [24]

Sevices	Standards	Provider	Funding
Article No. 2022 Financial Assistance	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services
Care at Home Cash Assistance	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services
Special Education and Special Education Rehabilitation Centres	Ministry of Education	Ministry of Education	Ministry of Education
Day Care	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services
Care and Rehabilitation Services Institutions	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services + Private Institutions	Ministry of Family, Labour and Social Services
Youth Camps	Ministry of Youth and Sports	Ministry of Youth and Sports+Ministry of Family, Labour and Social Services +Metropolitan Municipalities	Ministry of Youth and Sports+Metropolitan Municipalities
Employment	Ministry of Family, Labour and Social Services	Ministry of Family, Labour and Social Services /Turkish Employment Agency+Private Institutions	Ministry of Family, Labour and Social Services /Turkish Employment Agency+Private Institutions
Municipal Services	Ministry of Family, Labour and Social Services +Municipalities	Municipalities	Municipalities

## 5. Relations with the EU

### EU funding programmes

Financial cooperation between the EU and Turkey was carried out under Financial Protocols between 1963 when the Ankara Agreement was signed until the establishment of Customs Union in 1996.

After Turkey received the candidate country status at the Helsinki Summit in 1999, relations between Turkey and the EU have entered a new phase, which affected both the amount and the contents of financial assistance provided to Turkey. This new status allowed Turkey to benefit from a new set of opportunities that are afforded to candidate countries, and the grant programmes available to Turkey were restructured in 2001 under “Framework Statutes on the Instrument for Pre-Accession Assistance”. [25]

From the beginning of 90s, Turkey started to benefit from the MEDA (Mediterranean Economic Development Area) grants. MEDA I Programme (1996-1999) supported 55 projects and in total provided 376 million Euros of support. Along with MEDA, Turkey also benefitted from the European Investment Bank loans, which were created for the non-member Mediterranean countries. This system was called EUROMED and between 1997-1999 Turkey was provided loans in the amount of 205 million Euros.

#### Instrument for Pre-Accession Assistance: IPA I and II

Turkey is the biggest of the candidate countries for EU accession, with a population of around 81 million people and Turkey is the top beneficiary country of EU aid outside the EU.

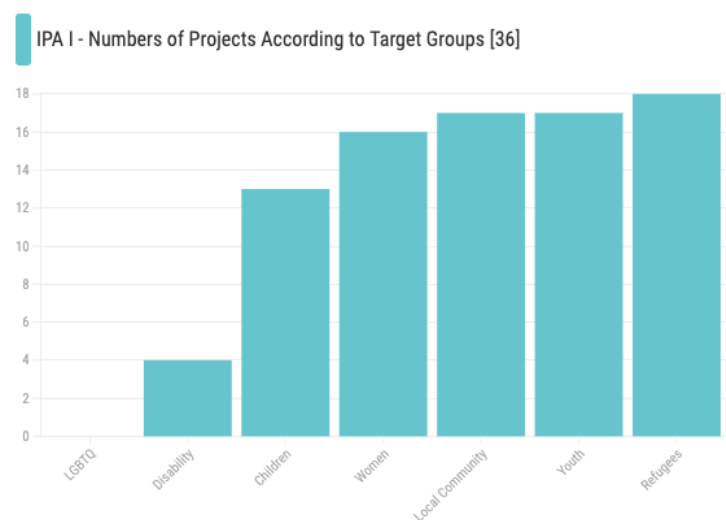
The Instrument for Pre-accession Assistance (IPA) is the EU’s financial and technical support mechanism provided to Turkey in order for the country to accomplish reforms on topics that are identified to be most needed to meet accession criteria.

The IPA-I period covers the years 2007-2013. Throughout this period, the number of disability-related projects is quite low, however, “disability appears as one of the most important target groups in the grants awarded to NGOs”. [26-27]

The objectives of the IPA II period (2014-2020) pertain to capacity building to achieve compliance to the EU and creating competency for financial and social cohesion. The budget allocated to the item “Employment, Human Resources Development and Social Policies”, which usually includes disability-related projects among the identified priority sectors, is 870 million Euros, and the total IPA II budget is 4,453.9 billion Euros. [28]

Furthermore, under the item of “Employment, Human Resources Development and Social Policies” the Ministry of Health and the Ministry of Family, Labour and Social Services developed the project “Improving Services for People with Disabilities”. [29]

The objective of this project is to provide effective, appropriate and efficient social support services to persons with intellectual disabilities. “An important part of the project was to evaluate the institutional and individual needs, including the capacities, activities and desires of patients in 35 mental health institutions, 8 of which are fully-fledged mental health hospitals and 27 of which are public and private social care institutions”.



Financial and technical support provided to people with disabilities during the IPA II period was mostly structured under the subject of “integration” and projects were encouraged to incorporate aspects of social inclusion and protection besides the services provided for people with disabilities. The “City of Adana Rehabilitation Centre for Persons with Disabilities” Project carried out within the “Improving the Social Integration and the Employment of Disadvantaged Individuals” Grant Programme is one of the examples of projects funded within this framework. The contracting party of this project, the beneficiary of which is Adana Metropolitan Municipality, is the Ministry of Labour and Social Security, whose structure and name have been changed as of 2018.

### European Union Programmes

The Centre for EU Education and Youth Programmes (Turkish National Agency) was established in 2003 and became the relevant agency of the Directorate for European Union Affairs.

The Turkish National Agency started pilot applications in 2003 and in 2004 it became a full member of European Union Education and Youth Programmes. Up until 2006, the Turkish National Agency ran the community programmes Socrates, Leonardo da Vinci and Youth Programmes.

Turkey made two Agreements that encompassed two periods: 2004-2006 and 2007-2013. Many NGOs working in the field of disability benefitted from the grants in these periods. In 2014, Turkey signed the Erasmus+ Accession Agreement which pertains to the period between 2014-2020.

Between 2007-2013 Turkey participated in nine EU Programmes:

1. Lifelong Learning (Education)
2. Youth
3. Innovation and Competitiveness
4. Seventh Framework Programme (Research and Technology Innovation)
5. Culture 2014
6. Europe Cultural Capital
7. Progress (Social policy)
8. Customs 2013
9. Fiscalis 2013 (Tax)

Between 2014-2020, Turkey has participated in seven European Union Programmes: Erasmus+, Horizon 2020, CoSME, Fiscalis 2020, Customs 2020, Employment and Social Innovation (EaSI) and European Solidarity Corps (ESC).

The most important source of funding that goes towards the projects of service providers of people with disabilities is the Employment and Social Innovation (EaSI) programme. The component of the programme named PROGRESS, which has 61% of the 920 million Euro total budget, funds the activities that provide services to people with disabilities under the rubric of social protection and inclusion.

“PROGRESS is open to both public and private sector individuals and institutions. In this context, national, regional and local administrations, employment services providers, specialized agencies established under EU law, social partners, NGOs, higher education and research institutions, evaluation and impact analysis experts, national statistics agencies and media organizations can benefit from the programme”. [30]

The most recent call for proposals published under this programme is “Establishing and Testing Integrated Interventions Aiming at Supporting People in (the most) Vulnerable Situations (VP2020/03)”. [31]

People with disabilities are among the target audience of this call, which is in the interest of the welfare of “the most vulnerable” individuals. The services that will be provided through the projects funded by this programme are as Disability support services in non-EU countries: needs and trends

follows: “Various social outreach programmes that comprise minimum income financial assistance, family and child care assistance, disability benefits, etc.; social services such as childcare, long-term care, housing programmes; targeted social services such as counselling and guidance, crisis centres, family protection services, services for people with disabilities and chronic diseases, services for victims of domestic violence, services for ex-offenders; labour market related services; other services of general interest such as education, health and basic services”.

#### Future of the IPA

As 2020 marks the end of the IPA II period, the continuance of the programme in Turkey is perceived to be precarious, which greatly worries people and organizations working with people with disabilities. However, in May of 2020, the Turkish Deputy Foreign Minister came together with officials from all Turkish ministries to prepare for the EU's third-term of Instrument for Pre-Accession Assistance (IPA) for the period of 2021–2027, which has attenuated the anxiety around the rumoured cuts to the programme.

The European Court of Auditors concluded that IPA yielded “only limited-results”. The overarching view can be summed as: “According to the Commission’s own analysis, progress in these areas [the independence and impartiality of justice, the fight against high level corruption and organised crime, press freedom, the prevention of conflicts of interest, and reinforcing external audit and civil society] has been unsatisfactory for several years, as there is a lack of political will of the Turkish authorities”. [32]

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## CONCLUSIONS AND RECOMMENDATIONS

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### CONTEXT

**Statistical data on persons with disabilities.** The rate of persons with disabilities in the region vary from 4.8% in Albania to 6.0% in Turkey, 6.5% in Armenia and 6.7% in Moldova. However, the countries still lack clear a policy and a mechanism on the systematic collection of data on persons with disabilities following a human rights-based approach. Existing data do not cover persons with disabilities that are not registered yet in social protection systems and who did not access their disability rights. There are still limited disaggregated data on persons with disabilities by age, ethnicity, educational status, employment, family and socio-economic-situation.

**Early childhood intervention.** The analysis of the reports shows progress and positive practices in the implementation of early childhood intervention services in the region: screening and prevention programs in Armenia; development of legal framework and provision of early intervention services through National Medical Insurance Company in Moldova; centres for follow-up of children with health problems in North Macedonia; and protocols for family doctors on referring children with health problems in Albania. However, the early childhood intervention services continue to be underdeveloped in all countries. The level of coverage of families' needs with Early Intervention Services is still very low and the services are practically inaccessible in rural areas and small towns. There is no clear referral system established for children with disabilities in the early ages in need of screening programs and social services. There is no clear reporting system on the level of coverage of children with disabilities with early intervention services and their level of progress. In some of the countries, parents have limited information on Early Intervention Services, which leads to a negative impact on early detection of children's health issues.

**Inclusive education support services.** With the ratification of the UNCRPD, all countries started to work towards the development and implementation of inclusive education policies and practices. In some of the countries, like Moldova and Armenia, the education system passed through deep transformation alongside with deinstitutionalization, which ended with closing/transforming boarding schools, development of educational support services in regular schools and mainstreaming children with special educational needs and disabilities in mainstream schools. In Moldova, 94% of children with special educational needs and disabilities were studying in regular communities' schools and 6% - in special schools in 2019-2020 school year. In Armenia, universal inclusive education is applied in eight provinces (out of ten) and in the capital of Yerevan and the entire system of mainstream education should become fully inclusive for all students by 2025. In some other countries, like North Macedonia and Albania, the governments revised recently the legislation on education to fit with UN CRPD principles; support services for inclusive education are part of this updated framework. However, the reports show that children with disabilities still have limited access to mainstream schooling in the region. There are groups of children that are not fully covered by inclusive education, like children with intellectual and developmental disabilities, children with autism disorders, children with visual and hearing impairments.

The existing support services for inclusive education are limited and do not cover all educational needs of children with various types of disabilities. The governments are allocating limited budgetary resources for support services in educational settings. The infrastructure of educational settings is insufficiently or not at all adapted to the inclusion needs of children with disabilities. Students' curricula are overloaded, inflexible and not adjusted to individual educational requirements. There is no continuous teacher training in inclusive education and many teachers still have limited knowledge and capacities to work with children with various types of disabilities. There is also lack or insufficiency of psychological, psycho- pedagogical, speech therapy services in educational institutions and big

Disability support services in non-EU countries: needs and trends

differences in access to and quality of educational services in rural and urban areas. The normative and methodological framework for implementation of inclusive education at early and vocational levels of education is still undeveloped. One of the biggest problems underlined by the reports is limited or no data on enrolment rate of children with various types of disabilities in schools. Statistics are only available for children with special educational needs.

**Support services for employment of persons with disabilities.** The Governments in all five countries introduced some positive measures to promote and support the employment of persons with disabilities: obligatory quota for employing persons with disabilities in Turkey, Moldova and Armenia; compensation mechanism for salary and job place adaptation, and professional rehabilitation and vocational support services in Moldova; Employment Fund and vocational training in Albania. However, the employment rate of persons with disabilities is still more than twice lower than the employment rate of the general working age population in all countries. In many countries, the only option is work in sheltered workshops. There are no real support services for the employment of persons with disabilities in regular labour markets. The reports show that the NGOs in some of the countries are active promoters of supported employment providing employment support to persons with disabilities including identification of needs and interests, support for vocational education, labour intermediation and support at the job place. However, the governments have not taken over all those services for their nationwide promotion. The additional challenges for employment of persons with disabilities in the region are as following: undeveloped mechanisms for implementation of inclusive legal frameworks in the workplace; low level of awareness of persons with disabilities on their right to work; limited access of persons with disabilities to rehabilitation services and vocational education; inaccessible infrastructure; low level of self-esteem and devaluation of persons with disabilities; and fear of employers to hire persons with disabilities.

**Social care services.** The level of development of social care services for persons with disabilities vary from country to country. The ratification of the UNCRPD and the EU Association Agreements influenced positively in Moldova and North Macedonia the shift from the medical model of care to the social model of care, as well as the movement from residential care toward community living of persons with disabilities. The governmental agencies and NGOs started to act towards deinstitutionalization and developing new person-centred community based social care services to support independent living of persons with disabilities. In some other countries the medical model continues to persist in many policies, practices, ideas and beliefs and the rehabilitation services, as well as residential institutions and day care centres are the main social care services provided to persons with disabilities. Despite of the fact that there are no clear social contracting mechanisms in the region, there are already some positive incentives in Albania, Armenia, North Macedonia and Moldova where the governments subcontracted NGOs for delivering social care services.

The reports show that development and provision of qualitative needs-based social care services based for persons with disabilities is still a challenge in the region. The national governments are not committed enough to deinstitutionalization of persons with disabilities and the process is very slow. In some countries, there is no clear established moratorium on the admission of persons with disabilities in residential institutions and the level of institutionalization of persons with disabilities increased the last years due to limited or non-existing alternative services. Some groups of people with disabilities, like persons with intellectual and psycho-social disabilities, children with visual and hearing impairments, are among the most frequently institutionalized and among the less frequently deinstitutionalized. There is limited or no access of those groups to community-based support services, as well as to mainstream services, and institutions remain the main option for them. In this context, it is important to mention that deinstitutionalization is a big concern and challenge in all five countries. There are no mechanisms for the coordination between national, regional and local authorities both within and across different sectors for the development of community-based social care services. Services are developed unevenly and disproportionately, mostly in big cities and districts, while in rural areas and small towns their number is still very limited. The budgets and financial sustainability of community-based services are still very low, while the greater financial resources

continue to be distributed to institutional services. Some services are developed by NGOs with donors' support with no governmental commitment and financial sustainability plans and end up closing at the end of the funding period. The quality of existing community-based services continues to be a concern. Many social services do not have quality standards, while others cannot be accredited, financed and monitored. Social care services staff still lack competences in case management, person centred planning and support delivery, monitoring the developmental progress of beneficiaries and there is no appropriate training system for continuous education and training of service providers' staff.

### UNCRPD

**Ratification of UN CRPD and Optional Protocol.** All five countries have ratified the UN CRPD. Turkey and North Macedonia have ratified also the Optional Protocol. The Republic of Moldova signed the Optional Protocol in 2018 but has not ratified it yet.

**Strategies for implementation of UN CRPD.** Following the ratification of the UNCRPD, the governments in all five countries developed and approved the national strategies/programs/plans/policy papers focused on social inclusion of persons with disabilities in line with the requirements of the Convention. Despite of some positive changes made towards the development of inclusive political, economic and social environment in some of the countries, the strategic policy documents sometimes have had a "declarative format", with limited or no budget included and no associated indicators and monitoring and evaluation mechanisms.

**Strategies for deinstitutionalization of persons with disabilities.** Moldova and North Macedonia have approved national strategies for deinstitutionalization of persons with disabilities and started the deinstitutionalization process. The Government of North Macedonia announced moratoria on new admissions to residential institutions, as a first step in the deinstitutionalization reform in 2017. In the Republic of Moldova, the Government cut the new admissions to residential institutions by 60-70%, referring all cases for additional review to the Committees created jointly with civil society. Both countries have included financial resources for deinstitutionalization and development of new alternative services in the national budget, however these are very limited and do not cover all the needs. Turkey, Albania and Armenia still do not have a clear government's commitment for deinstitutionalization of persons with disabilities.

**Independent Body to monitor the progress of the implementation of UNCRPD.** In all five countries there is no established independent body to monitor the progress of the implementation of the UNCRPD. In Turkey, the implementation of the UNCRPD is monitored by the General Directorate for Services for Persons with Disabilities and the Elderly. Civil Society Organizations, persons with disabilities and their representative organizations, as set out in the Convention, are unable to participate in the monitoring of the implementation of the Convention. In the other four countries, the Ombudsmen Office is responsible for the monitoring of the UNCRPD. In Moldova and Armenia some councils composed of representatives of NGOs working with persons with disabilities were established as part of the Ombudsman office that act on a voluntary basis for monitoring the implementation of the Convention. In North Macedonia, the Ombudsman office hired three professionals to monitor the Convention. However, those monitoring mechanisms proved to be not so independent and efficient in all countries. There is still limited involvement and participation of persons with disabilities in the monitoring process.

## STAKEHOLDERS

**Stakeholders involved in protection of rights of persons with disabilities.** In all five countries the main stakeholders involved in the protection of rights of persons with disabilities are the national, regional and local governments; the services providers; the NGOs working in disability field and in the field of human rights; the Ombudsmen; the counsels on prevention of discrimination where they exists; and the families and persons with disabilities. All reports point on the need to increase the knowledge of public authorities at all levels on the rights of persons with disabilities for their more proactive support for social inclusion, as well as to strengthen the knowledge and advocacy capacities of families and persons with disabilities for their better involvement in promoting and defending their rights. Additionally, the grassroots NGOs still need to enhance their capacity and involvement in the promotion of rights, fighting discrimination and supporting persons with disabilities.

**Involvement of persons with disabilities in decision-making process.** There are many positive examples in the region on involvement of persons with disabilities in decision-making processes. In North Macedonia and Moldova persons with disabilities are the main stakeholders in the promotion of their rights through advocacy and self-advocacy movements. The National Council of Disability Organisations of Macedonia is well-represented at all decision-making processes at national level, including the implementation of the UNCRPD. The Council has a seat in several ministerial committees where issues concerning rights of persons with disabilities are being discussed. In Moldova, persons with disabilities were involved in the development of national and local strategies for social inclusion and deinstitutionalization. In Armenia, North Macedonia and Moldova, persons with disabilities were involved in the development of alternative reports on the implementation of the UNCRPD in the country. However, there is still like more needs for improvement of participation of persons with disabilities and their families in policy development and monitoring, designing of social care services, promotion of their rights to education, health, employment, participation in political and cultural life. NGOs and public authorities must identify solutions to ensure continuous mentoring and support to persons with intellectual and developmental disabilities for their better involvement in decision-making processes at national and local levels.

## RELATIONS WITH EU

The countries reports show that countries with Stabilization and Pre-assessment agreements, like Turkey and North Macedonia, received IPA funds for improving support services for persons with disabilities. In the case of Macedonia, the funds were focused mostly on deinstitutionalization and development of new services. The countries from Eastern Partnership (Moldova and Armenia) benefited from the Neighbourhood Instrument (ENI) for the period 2014-2020 (thematic programs European Instrument for Democracy and Human Rights, Instrument contributing to Stability and Peace, Civil Society Organizations and Local Authorities, Human Development and Migration & Asylum) and the macro-financial assistance. All those programs were focused mostly on human rights promotion, building partnerships between local authorities and civil society, strengthening civil society, advocacy and awareness raising, rather than on support for services development and provision.

## RECOMMENDATIONS

Based on the analysis of needs and trends in social service provision in five non-EU countries, the following recommendations on the way forward in implementing the UN CRPD and achieving quality community-based services can be made.

***Improve data collection on persons with disabilities in the region through:***

- Revision of policies and mechanisms for data collection on persons with disabilities in all countries and establishment of systematic data collection and reporting procedures in line with the UNCRPD
- Collection, analysis and dissemination of data on persons with disabilities disaggregated by sex, age, ethnicity, type of disability, socio-economic status, employment, barriers encountered and place or residence, as well as data on cases of discrimination of persons with disabilities.

***Improve the development and provision of early intervention and education support services through:***

- Revision/development/implementation of comprehensive policies for the promotion of early childhood intervention services in the region with a clear focus on accessible screening and prevention programs for children in needs including in remote areas, with a clear referral mechanism to support services and monitoring and reporting system on the level of coverage of children. Increasing level of information of parents and families on early intervention services provision for their better access to existing services is also needed to improve access to support systems.
- Development of comprehensive legal framework to recognize inclusive education in mainstream educational settings at all levels (preschool, primary, secondary, vocational) as a right for children with all types of disabilities, including for those with intellectual disabilities, autism and sensorial impairments.
- Development of clear mechanisms and allocation of proper budgets for the provision of accessible and adapted materials, inclusive curricula and adequate individualized support and accommodations to enable children with all types of disabilities, including those with intellectual disabilities, autism and sensorial impairments, to receive quality inclusive education on an equal basis with others.
- Development and provision of qualitative, person centred educational support services for increasing the access of children/youth with disabilities, including those with intellectual disabilities and girls, at all levels of education.
- Integration of inclusive education training into university curricula for future teachers and mandatory training programmes for current teaching staff, with an adequate budget.
- Development of a clear mechanism for collecting disaggregated data (by sex, age, ethnicity, disability, place of residence etc.) on enrolment rate, level of individualised support and accommodation and progress of inclusive education of all children with disabilities.

***Improve the development and provision of support services for employment of persons with disabilities through:***

- Integration of provisions regarding the employment of persons with disabilities, and support services for employment in general employment policies and development and development of facilitating frameworks for self-employment of persons with disabilities.
- Development, proper budgeting and implementation of person-centred employment support services for persons with various types of disabilities, including those with intellectual disabilities, mental health, as well as women with disabilities.
- Promotion of employment of persons with disabilities, including women with disabilities, in public and private sectors in open labour market, in close consultation with persons with disabilities and their representatives, ensuring that persons with disabilities obtain productive and decent employment, in line with the principle of equal pay for work of equal value.
- Collection of data on the employment rate of persons with disabilities, disaggregated by sex, age, type of employment and salary, as well as on barriers to employment. Monitoring, jointly with persons with disabilities, the implementation of the employment quota and collect data on quota compliance.

### ***Improve the development and provision of person-centred community-based social care services***

- Development /updating/revision of deinstitutionalization strategy for persons with disabilities still living in institutions in each country with a clear timeframe, benchmarks and ensuring appropriate human, financial and technical resources for its implementation. Moreover, establishing a moratorium for entrances in all residential institutions, particularly those for persons with developmental and psycho-social disabilities, sensorial impairments, as well as women.
- Development and implementation of clear mechanism for redirecting financial resources from residential institutions to alternative community-based services. There is a need for coordination of financial resources between public and private authorities and donors to support the transition costs for deinstitutionalization of persons with disabilities and moving to alternative community-based services.
- Integration of person-centred approach for development of services, as well as of social role valorisation principles in the system of basic and continuous education of social workers in all five countries.
- Promotion, development and provision of qualitative, accessible, affordable community-based services to ensure that all persons with disabilities, independently of their gender, type of disability, age and place of residence, can exercise their right to live independently and be included in their communities. The support services shall be developed/designed in close consultation with persons with disabilities.
- Collection of disaggregated data on the access and quality of social care services provided to persons with disabilities and use the data for development of evidence-based policies in the field of social care services.

### ***Improve the monitoring framework of the UNCRPD through:***

- Revision of the current situation of the monitoring framework for the UNCRPD and adapting it in line with the Paris Principles, by ensuring its independency and full and effective participation of persons with disabilities in the independent monitoring of the implementation of the Convention.
- Provision by the states of sufficient funding for the functioning of monitoring frameworks and for organizations of persons with disabilities to enable their participation in the monitoring frameworks.

### ***Strengthen EU support to deinstitutionalization and better social care service provision for persons with disabilities in non-European countries through:***

- Integration of disability rights approaches in strategies of cooperation between the EU and non-EU countries and inclusion of UN CRPD priorities in all Partnership Priorities, Association Agendas and country reports.
- Use of political dialogue for the promotion of implementation of [European Pillar of Social Rights](#) and UNCRPD, particularly the articles related to community living of persons with disabilities, educational and labour inclusion in non-EU countries that concluded Stabilization and Association Agreements or Association Agreements
- Use of ENI and IPA funding instruments as an opportunity to mainstream more effectively the deinstitutionalization and social inclusion of persons with disabilities in non-EU countries.
- Integration of disability priorities deinstitutionalization, community living, inclusive employment and inclusive education in European Instrument for Democracy and Human Rights (EIDHR) objectives, as well as in thematic programs for non-EU countries.
- The important roles of CSOs should be recognized and financially supported in all EU geographical instruments and thematic programs. CSOs in non-EU countries shall be consulted not only on EU thematic programs focused on strengthening the capacities of CSOs, as well as on partnerships between CSOs and public authorities. There is a need to better involve CSOs from non-EU countries in consultation of various programs and projects at different stages
- Increased involvement of CSOs in implementation and monitoring of the implementation of IPA or ENI funds

**EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 17,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.**



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