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GAPS AND PRIORITIES ANALYSIS IN THE PROVISION OF ASSISTIVE TECHNOLOGIES FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES FOR INCLUSIVE EDUCATION IN THE REPUBLIC OF MOLDOVA

REPORT

CHIȘINĂU, 2024

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- **Association of Deaf Children**
- **Association of the Blind**
- **Association of the Deaf**
- **Family Support Association for Early Recovery of Children with Hearing and Vision Deficiencies "AudiViz"**
- **Public Association "Motivație"**
- **Public Association "SOS Autism"**
- **Public Association LOW VISION Centre**
- **Society of the Invalids**

Gaps and priorities analysis in the provision of assistive technologies for children with special educational needs and/or disabilities for inclusive education in the Republic of Moldova

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Acronyms

AAC	Augmentative and Alternative Communication
AIS PHC	Automated Information System “Primary Health Care”
AOPD	Alliance of Organizations for People with Disabilities
AP	Assistive Product
ASD	Autism Spectrum Disorders
AT	Assistive Technologies
CCF	Child, Community, Family
CPIS	Child Protection Information System
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
EMIS	Education Management Information System
FM	Frequency modulated system
HA	Hearing Aids
ICT	Information and Communication Technology
IEDMIS	Inclusive Education Data Management Information System
ISAAC	International Society for Augmentative and Alternative Communication
ISO	International Standardization Organization
MER	Ministry of Education and Research
MH	Ministry of Health
MLSP	Ministry of Labour and Social Protection

NBS	National Bureau of Statistics
NCDDWC	National Council for Determination of Disability and Work Capacity
NHIC	National Health Insurance Company
ONU	United Nations Organization
PAS	Psycho-pedagogical Assistance Services
RCIE	Resource Centre for Inclusive Education
RCPA	Republican Centre for Psycho-pedagogical Assistance
RECPOR	Republican Experimental Centre for Prosthetics, Orthopaedics and Rehabilitation
SDG	Sustainable Development Goals
SEN	Special Educational Needs
TSAS	Territorial Social Assistance Structures
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
WASH	Standards for water, sanitation and hygiene
WHO	World Health Organization

Research context

1.

RESEARCH RATIONALE. The analysis of gaps and priorities in the provision with assistive technology for children with SEN and/or disabilities is well-timed and topical in the Republic of Moldova in the context of the increasing number of children with disabilities and SEN and the necessity to provide equal opportunities and equal chances for quality education to all children. At the same time, this analysis is also necessary for the planning and procurement of assistive technologies both within public funding programs and from projects funded by external sources.

According to the statistical data provided by the NBS, the number of children with disabilities increased in the recent years. Thus, in 2023, 10,9 thousand children with disabilities aged 0–17 years were registered in the Republic of Moldova, 300 more children than in 2022 [3]. They represented 2% of the total number of children in the Republic of Moldova.

The number of children with special educational needs and/or disabilities registered in early education institutions and schools is also on the rise. Thus, according to NBS data, in 2023, 1,5 thousand children with special educational needs and 300 children with disabilities were registered in early education institutions. At the beginning of the 2023/2024 school year, 10,418 pupils with special educational needs and/or disabilities (8,521 children with SEN and 1,897 children with disabilities) were enrolled in primary and general secondary education institutions in the country, 4% more than at the beginning of the 2022/2023 school year. It is worth noting that 1138 children with disabilities continue to be enrolled in special kindergartens and special schools (600 children in special kindergartens and 538 children in special schools) [2].

The RCPA data on the number of children with disabilities included in general education institutions for the 2022-2023 academic year shows that one in two children with disabilities has intellectual difficulties and one in five has ASD or neuromotor difficulties. Approximately 7% of children with disabilities in schools have visual impairments, and 6% have hearing impairments [53].

Considering the progress in inclusion of children with SEN and/or disabilities in the community, the need for inclusive education support services to ensure equal access to quality learning opportunities for all children is increasingly evident. This involves creating an inclusive learning environment where pupils with disabilities are fully integrated into the educational process and receive the support they need to succeed. Experiences from other countries indicate that assistive technologies, tailored to the individual needs of children with disabilities and/or SEN, can help remove barriers to

learning by developing an inclusive learning environment, increasing children's independence, facilitating their access to educational materials and boosting their participation in various activities, etc. [42].

To ensure quality inclusive education for children with disabilities and/or SEN, it is necessary to build the capacity of all key actors involved in the field of assistive technologies, according to their needs. In this context, a comprehensive assessment of capacities and identification of gaps and priorities is a crucial first step in formulating the needs in the field of assistive technologies for inclusive education in the Republic of Moldova.

The research on the ecosystem of assistive technology provision and use is also relevant from the perspective of the international and national policy framework adopted by the Republic of Moldova. We mention the UN Convention on the Rights of Persons with Disabilities, the UN Convention on the Rights of the Child, the UN Sustainable Development Goals (SDGs), the Global Partnership for Education, etc. SDG 4 calls for ensuring inclusive and universal education, as well as training young people and adults for better employment. The targets of the Goal are focused on increasing access to education for all, including for people with disabilities, but also on providing quality education from early childhood development to higher education.

The relevance of the research is also supported by the national policies that promote inclusive education and the right to education of all children, regardless of their diversity, including disability. In this context we mention the Education Code, the National Development Strategy "European Moldova 2030", the Development Strategy "Education 2030" and the Program for the Development of Inclusive Education in the Republic of Moldova for 2024-2027.

The Education Code [9] creates the necessary preconditions for inclusive education in Moldova, stating that *inclusive education* is an educational process that responds to children's diversity and individual developmental needs and provides equal opportunities and chances to benefit from the fundamental human rights to development and quality education in shared learning environments.

The Program for the Development of Inclusive Education (2024-2027) [46] offers concrete indicators regarding the provision of assistive technologies for children with disabilities. Specifically, by 2027, 80% of schools in the Republic of Moldova will be equipped with assistive technologies according to the needs of children with disabilities and/or SEN.

The research aligns with the UNICEF Country Programme for the Republic of Moldova [47] for the period of 2023–2027. Expressing concerns about the slow pace of educational inclusion, the limited individualized support for inclusive education of children with disabilities, the high segregation of children with complex needs, the medical approach to disability determination and late identification of children with disabilities, as well as the low rates of pre-school attendance by children with disabilities, UNICEF is committed to continue its contribution to the implementation of the "Education

Development Strategy 2030" in collaboration with the MER. Emphasizing the inclusive nature of general education, UNICEF will support the national planning process for enhancing infrastructure and standards for WASH, accessibility, safety and digital connectivity; to make school environments more gender, disability and age-sensitive, free from bullying and more conducive to effective, safe and positive learning, including for children at risk of dropping out or absenteeism. In this context, we also mention UNICEF's commitment to support the piloting of the new methodology for funding early childhood education institutions in four districts of the Republic of Moldova to ensure that allocations more accurately reflect the real needs of each kindergarten, helping factors that influence operational costs and educational needs, such as the presence of children with special educational needs or disabilities or the presence of children who speak a language other than the state language.

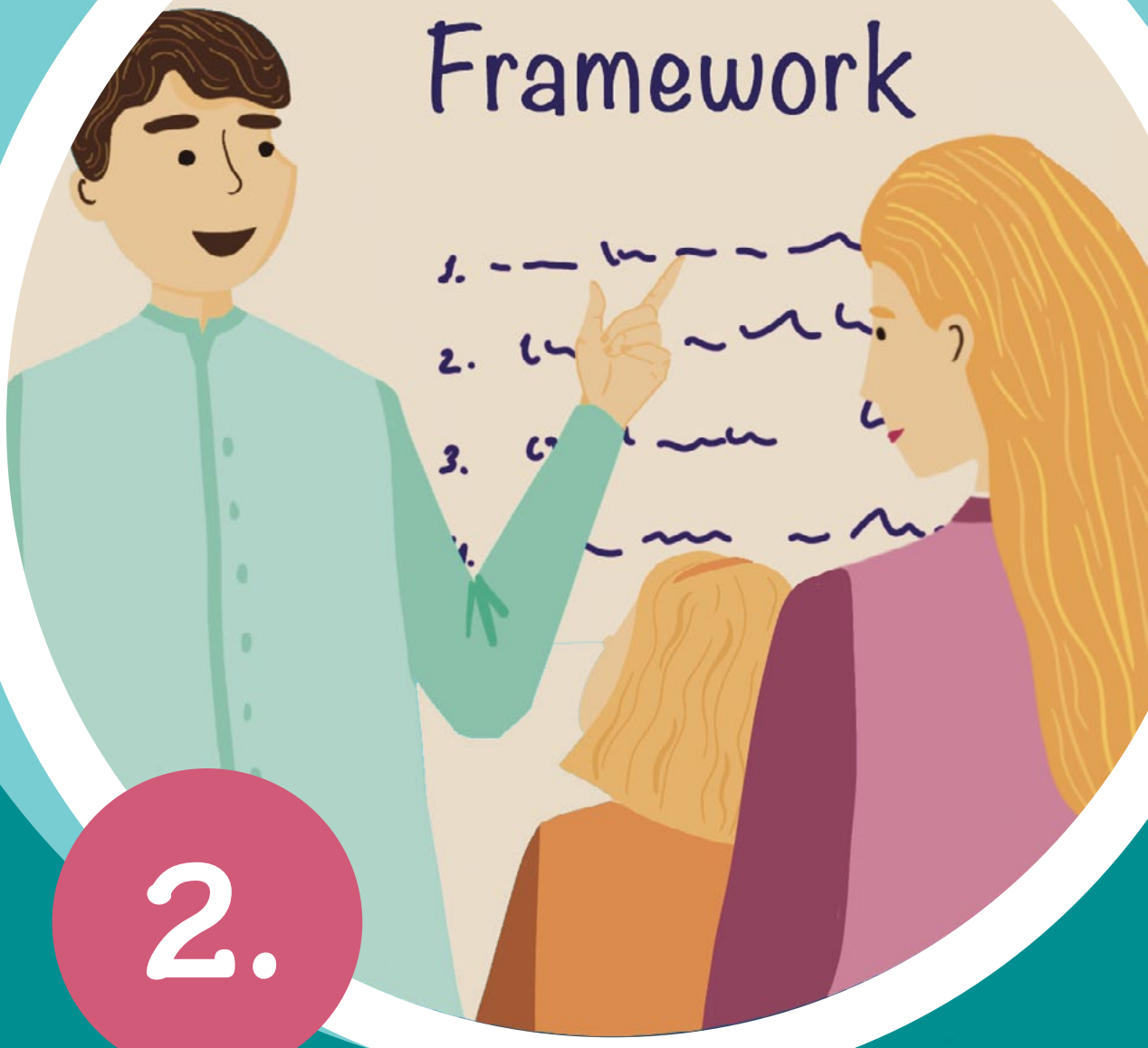
The research on gaps and priorities in the provision of children with SEN and/or disabilities with assistive technologies for inclusive education is carried out within the "System capacity-building and training in assistive technologies for children with disabilities and/or SEN" project, implemented by Keystone Moldova in partnership with UNICEF.

The **aim of the Project** is to capacitate national key actors, and of those in Cahul and Ungheni districts, in providing children with SEN and/or disabilities with assistive technologies.

As a result of the Project's implementation, at least 1900 children with disabilities and/or SEN, including 200 from the Cahul and Ungheni districts, will benefit from optimized access to assistive technologies, thus increasing their chances for education, inclusion and participation/involvement.

The purpose of the research is to identify and analyse gaps and future priorities for improving the provision of assistive technologies for children with SEN and/or disabilities, particularly in the educational sector.

Assistive Technologies Capacity-Building Framework



2.

This analysis report has been developed in accordance with the *Framework for building capacity for assistive technology and alternative augmentative communication for children [57]* and the *Toolkit for assessing capacity for assistive technology and alternative augmentative communication for children and in educational settings* [56] developed by the UNICEF Regional Office for Europe and Central Asia. This methodology provides a systemic approach in assessing the needs for assistive technologies and planning interventions for the provision of assistive products for children with SEN and/or disabilities, including in the education system.

2.1. Assistive technology concepts and definitions

Framework for building capacity for assistive technology and alternative augmentative communication for children was developed by UNICEF in response to the need to address children's necessities throughout their lives and across settings (home, school and community) and to help low- and middle-income countries improve the provision of assistive technologies at the national level as well as to build functioning assistive technology ecosystems. UNICEF recognises that the greatest impact on children's lives is likely when intervention occurs as early as possible. The framework addresses the need to support each country in establishing accessible assistive technology services for children, that can respond to identified needs in their specific contexts [57].

In developing the capacity-building framework, UNICEF relies on the World Health Organization definitions of assistive technologies. Thus, according to WHO definition, ***assistive technology*** *"represents the application of organized knowledge and skills related to assistive products, including systems and services"* [43]. An **assistive product** is *"any external product (including devices, equipment, tools or software), specifically manufactured or generally available, whose primary purpose is to maintain or improve a person's functioning and independence and thereby promote their well-being. Assistive products include devices, equipment, tools or software in six functional domains: mobility, vision, hearing, communication, cognition and self-care. Examples of assistive products are physical products such as wheelchairs, glasses and hearing aids, as well as digital products such as software and apps"* [44].

The definitions recommended by the WHO emphasise that assistive technology refers not only to products, but also to services and systems capable of providing these products and services. This is crucial, because ensuring appropriate access to assistive technologies for people with disabilities requires professional services and providers who can support the user in identifying the assistive technology solution that is appropriate to their needs and can be used effectively in a supportive environment.

Such an environment should be adaptable to accommodate the needs of all students in regular classrooms: when assistive products are appropriate to the child, used in accessible environments (e.g., with ramps for wheelchair use), and are accepted by teachers as well as students and their parents, students with disabilities are less likely to be marginalized. They are more likely to achieve better educational outcomes and have more opportunities to engage in social activities with their peers. From this perspective, assistive products used in inclusive educational contexts not only compensate for disabilities, but also stimulate children's skill development by creating opportunities for social engagement and participation (UNICEF, Mizunoya et al (2016). Toward inclusive education. Available online: https://www.unicef-irc.org/publications/845-towards-inclusive-education-the-impact-of-disability-on-school-attendance-in-developing.html)

According to the Assistive Technology Industry Association (ATIA www.atia.org), there can be various types of assistive technologies:

- Low-tech, communication boards made of cardboard or fuzzy felt, etc.;
- High-tech, special-purpose computers;
- Hardware: prosthetics, mounting systems, and positioning devices;
- Computer hardware: special switches, keyboards, and pointing devices;
- Computer software: screen readers and communication programs;
- Inclusive or specialised learning materials and curriculum aids;
- Electronic devices, wheelchairs, walkers, braces, educational software, power lifts, pencil holders, eye-gaze and head trackers, and much more;
- Other educational apps used to increase, maintain, or improve the functional capabilities of persons with disabilities [57].

Augmentative and Alternative Communication (AAC) is defined by the International Society for Augmentative and Alternative Communication **(ISAAC)** as "*a set of tools and strategies that an individual uses to solve everyday communication challenges. Communication can take many forms, such as speech, a shared gaze, text, gestures, facial expressions, touch, sign language, symbols, images, speech-generating devices, etc.*" [57]. Examples of assistive technologies used in the context of AAC are communication cards, computers, tablets, tablets, telephones, electronic equipment and software, or apps, etc.

Considering the universal rights of persons with disabilities, including children, to community living, health, social care and quality education, as supported by the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child, ratified by the Republic of Moldova, providing children with SEN and/or disabilities with assistive technologies according to their needs is a precondi-

tion for their social and educational inclusion. In this context, the basic messages promoted by WHO and UNICEF on the importance and benefits of assistive technologies can constitute an initial platform for advocacy actions at national level. Some of these are:

- Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Assistive technology is an umbrella term for assistive products and related systems and services.
- Access to assistive technology is a human right and a prerequisite for equal participation and opportunities. Member States and their institutions are responsible for ensuring that their citizens have access to safe, effective and affordable assistive technology.
- Being an integral part of universal health coverage and social welfare programmes, assistive technology should be easily accessible to everyone, everywhere without putting them in financial hardship.
- Assistive technology is relevant for everyone in the world who experiences functional difficulties, either for short or long periods of time or permanently, including children and adults with disabilities, older people, and people living with chronic conditions.
- The benefits of investing in assistive technology often outweigh the cost, both on an individual and a societal level.
- Access to assistive technology is a multistep process that begins with a potential user being aware of possible assistive technology solutions and ends with the person realizing their rights and goals.

Global report on assistive technology, Geneva, World Health Organization and United Nations Children's Fund (UNICEF), 2022. License: CC BY-NC-SA 3.0 IGO.

UNICEF highlights the challenges faced by people with disabilities, in particular children, in Europe and Central Asia region in accessing quality and affordable assistive technologies, namely: inadequate funding and lack of inclusion of assistive technologies in insurance schemes; fragmented procurement; weak national policy frameworks; complex distribution and logistics; limited service delivery capacity; insufficient standards of products and services for diverse contexts; insufficient numbers of trained providers and appropriate products; and stigma and discrimination. This is coupled with low levels of awareness regarding assistive technologies among users, potential users, health, education, social care professionals, service providers and public authorities [57]. It is these barriers alone that argue in favour of the development of an assistive technology ecosystem.

To develop an assistive technology ecosystem, it is necessary to measure the capacities for assistive technologies and augmentative and alternative augmentative communication technologies at the level of each country separately. In this context,

UNICEF's *Framework for building capacity for assistive technology and alternative augmentative communication for children* includes the following specific aspects and performance indicators:

	Aspects	Specific performance indicators
1.	**People**	The disabilities and educational needs of children are identified as early as possible, and provide the basis for allocation of support, including assistive and communication technologies, to achieve their full potential.
2.	**Policy**	Policies are in place that guarantee that children with SEN and/or disabilities have access to appropriate assistive and communications technology to develop their full potential and for their inclusion and participation.
3.	**Products**	A range of AT and AAC products are available that address the needs of children with SEN and/or disabilities and are distributed across the country in a timely and cost-effective manner.
4.	**Provision**	Assistive Technology product delivery systems ensure efficient provision for children with SEN and/or disabilities. Assistive technology services are available and flexible, efficient, competent and results oriented.
5.	**Personnel**	Professionals in education, health and social care have the skills, knowledge, attitudes and understanding to provide the guidance and support needed to fully implement assistive technology and augmentative alternative communication solutions.

2.2. Conceptual notions used in the field of disability and inclusive education

The legislation of the Republic of Moldova interprets **disability** in terms of activity limitations and participation restrictions conditioned by the negative aspects of the interaction between the individual (who has a health problem) and the contextual factors in which he/she is found (environmental and personal factors) [29].

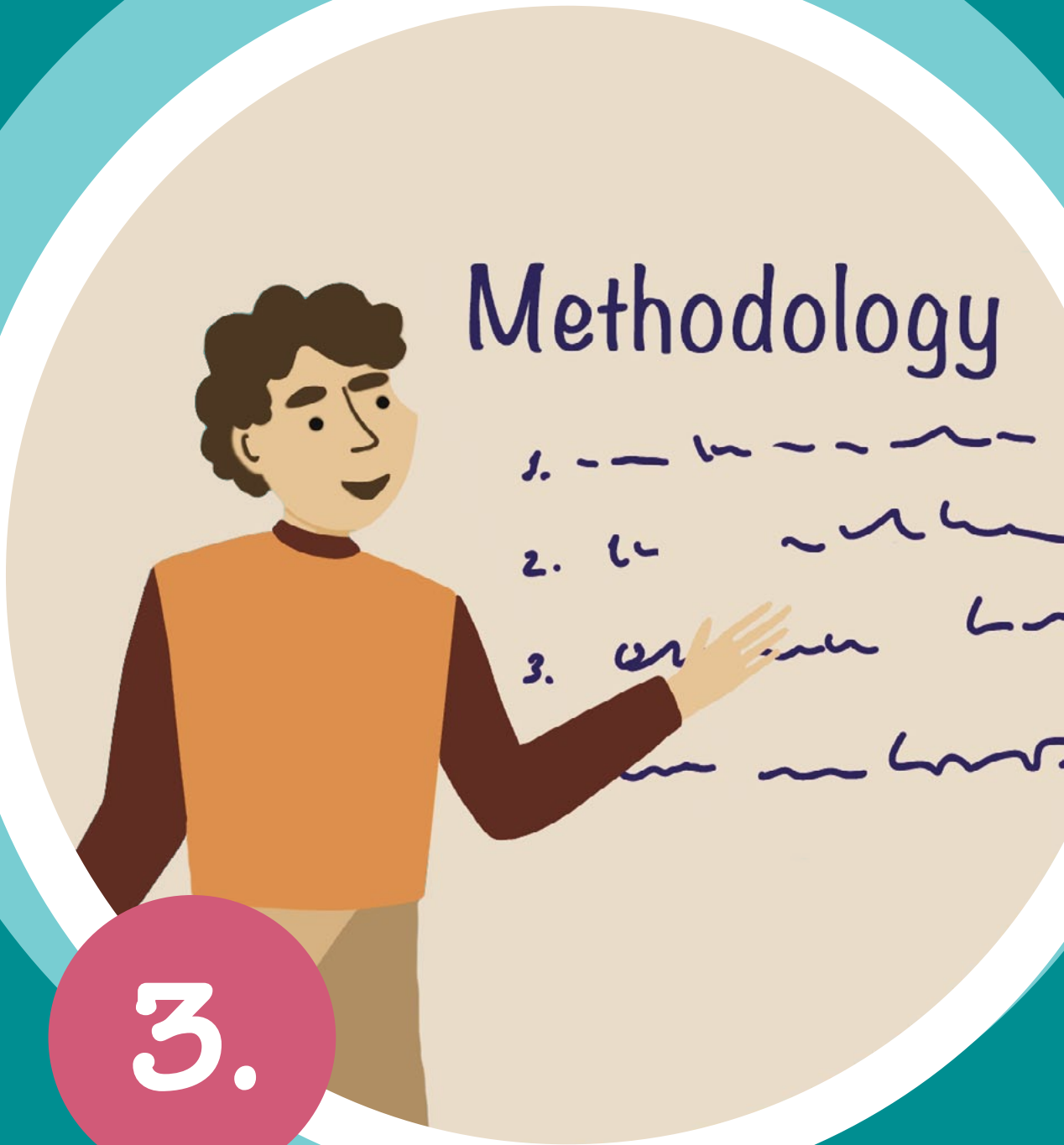
A person with disabilities, according to the Law on Social Inclusion of Persons with Disabilities No. 60/2012, is a person with physical, mental, intellectual or sensory impairments, impairments which, in interaction with various barriers/obstacles, may restrict their full and effective participation in the life of society on equal terms with other persons [29].

Thus, the legislation of the Republic of Moldova interprets disability not so much from a medical perspective, but rather from a social perspective emphasizing the need to remove barriers and obstacles created by the environment to support the full and effective participation of persons with disabilities on an equal basis with others in the life of society.

Inclusive education is defined in the Education Code [9] as an educational process that responds to children's diversity and individual developmental needs and provides equal opportunities and equal chances to benefit from the fundamental human rights to development and quality education in shared learning environments. The basic principles of inclusive education aim at equality of opportunity; respect for the best interests of the child; non-discrimination, tolerance and valuing differences; individualization of the education process and maximizing the potential of each child; universal design, participatory management, cooperation and social partnership.

\Special educational needs – the educational requirements of a child/pupil/student, which involve schooling adapted to the individual characteristics or the specifics of a disability or learning disorder, as well as specific intervention through appropriate rehabilitation or remedial actions [9].

Research methodology



3.

The research methodology was based on the *Framework for building capacity for assistive technology and alternative augmentative communication for children* [57] and the *Toolkit for assessing capacity for assistive technology and alternative augmentative communication for children and in educational settings* [56] developed by UNICEF. Thus, the research was focused on exploring five research domains: *Population, Policy, Products, Product Provision, and Personnel involved in the provision and training of AT use*. For each domain, specific questions were applied in accordance with the recommended methodological framework, adapted to the national context (*Annex 1. Applied research instrument*). The research methods that were used during the assessment included:

- **Desk review (research)** , which was focused on the analysis of statistical data, analysis of the legal, institutional and financial framework, analysis of the existing processes and procedures for the provision and implementation of assistive technologies, including technologies for alternative and augmentative communication, to children with different types of disabilities, analysis of the roles and responsibilities of the key actors involved. The desk review also included the findings of reports and research carried out in this field in recent years and took into account UNICEF's previous efforts in the field of assistive technology provision for children with disabilities.
- **The conduct of 24 individual and focus group interviews with key actors (stakeholders)** to assess the situation in the field. The key actors included in the research represented: line ministries, public service providers, civil society organizations, health, education and social protection service providers. The list of interviewees is presented in *Annex 2*.
- **The organization of 4 focus** in Cahul and Ungheni districts organized in kindergartens, schools, district councils with the participation of: representatives of RCIE, support teachers, pedagogues and representatives of the administration of educational institutions, education directorates and territorial social assistance agencies. The discussions were focused on analysing the existing situation in the field of inclusive education, as well as in providing different groups of children with disabilities with assistive technologies for better educational inclusion.
- **The organization of two participatory research validation workshops** (one workshop organized at local level on 24.07.2024 in the Cahul municipality and the second workshop at national level on 25.07.2024 with the involvement of

national and local stakeholders from Cahul and Ungheni districts) to validate the preliminary research findings, as well as to develop in a participatory manner practical recommendations for capacity building in the given field.

The research process was guided by international consultants:

- Evert-Jan Hoogerwerf, – Secretary General of the Association for the Advancement of Assistive Technologies in Europe (AAATE) and the Global Alliance of Assistive Technology Organizations (GAATO).
- Lorenzo Desideri, PhD – UNICEF researcher and consultant on assistive technology products and services.

The international experts trained the researchers and participants on capacity building in the field of assistive technology, participated in the visits and discussions in the Ungheni and Cahul districts, as well as in participatory discussions during workshops. The experts contributed to the development of conclusions and practical recommendations for improving the capacities of key stakeholders in the field of assistive technologies in the Republic of Moldova.

Research findings

4.

4.1. The context of inclusive education in the Republic of Moldova

ÎIn the last 10 years, in the Republic of Moldova, positive steps have been taken towards ensuring the right to education of children with special educational needs and disabilities. In this context, we mention the approval of the new Education Code [9], which for the first time includes a chapter on inclusive education, stating that *education for children and pupils with special educational needs is free of charge, is organised in general educational institutions, including special educational institutions, or through home education* (Art.33 (1)). The Education Code also stipulates that *the state ensures the inclusion of children and students with special educational needs through individualized approaches, determining the form of inclusion, and conducting examinations and/or comprehensive assessments of the child or student with special educational needs* (Art.33 (3)) and that *support teachers qualified for the inclusion of children and pupils with special educational needs are active in general education institutions* (Art.33 (7)). Recognising the possibility of educating children with special educational needs and disabilities in mainstream education has opened new opportunities for the mass inclusion of these children in kindergartens and schools in their communities and has contributed to the development of an inclusive community environment in the Republic of Moldova. The latest Report of the Republic of Moldova on the implementation of the UN Convention on the Rights of Persons with Disabilities (2020) mentions the development in recent years of the following services: the Republican Centre for Psycho-pedagogical Assistance, Territorial Structures for Psycho-pedagogical Assistance, 932 resource centres for inclusive education, 1190 support teachers, 9 career counselling and guidance centres, etc. At the beginning of the 2023-2024 academic year, out of the total number of children with SEN and/or disabilities enrolled in educational institutions, 95.1% were studying in general educational institutions, and 4.9% – in schools for children with intellectual or physical developmental disabilities [2].

Studies and analyses in the field of inclusive education point to a number of barriers to the effective implementation of inclusive education in Moldova, namely: the lack of methodological and normative framework for the implementation of inclusive education at pre-school and vocational education levels, insufficient financial resources allocated for inclusive education in schools (allocations from the inclusive education fund are only for the salaries of support teachers), an infrastructure insufficiently adapted to the needs of children with different types of disabilities, a loaded curriculum that lacks flexibility and is not adjusted to the needs of children with different learning necessities, a high number of children per support teacher (on average 9

children), discriminatory attitude of some teachers towards children with intellectual and behavioural disabilities, insufficient level of training of teachers to cope with the educational needs of children with different types of disabilities. The large number of children in classes, especially in urban areas, does not allow pedagogues to give the necessary support to children with disabilities. At the same time, a shortage of qualified psychologists, psycho-pedagogues, speech therapists in educational institutions is registered, while large discrepancies in access and quality of educational services in rural and urban areas are present. Children with disabilities have reduced access to mediation and career guidance services both in general education institutions and in their communities [33].

The analysis of the existing statistical data on the access of children with disabilities to inclusive education revealed that in the Republic of Moldova there are no data collected on children with disabilities who are not included in early education or school education, there are no data on school attendance rates, on the number of children with disabilities who have completed school, on the absenteeism rate of children with disabilities in primary, secondary, high school and vocational education. There are also no data on the proportion of children and young people with disabilities at the end of primary/junior secondary education, on those who reach the minimum competency levels at the end of secondary education in reading, maths, etc. The lack of disaggregated data by disability is an undeniable barrier in determining the educational inequalities faced by people with disabilities and in developing evidence-based and effective policies.

The alternative report for the UN Committee on the Rights of Persons with Disabilities, drafted by the CRPD in 2021, highlights the serious situation in the educational inclusion of children with hearing and visual impairments. Thus, *although national legislation obliges general educational institutions to facilitate the learning of Braille and sign language, including by employing qualified sign language/Braille teachers, we regret to note that no such specialists are employed in general educational institutions; the 160 children with hearing impairments enrolled in the institutions of general education do not have access to the sign language, which constitutes a severe violation of their right to linguistic identity and right to education. In accordance with the Decision of the Council for the prevention and discrimination elimination and equality assurance (CPEDEE) on the cause no. 114/20 from 01.09.2020, such actions represent discrimination manifested through the lack of reasonable accommodation actions* [51]. The report also shows that *the Government took no measures to implement the recommendations set out in pt. 41 letter (b) of the CRPD Concluding Observations on the initial report of the Republic of Moldova, on ensuring quality bilingual education for children with hearing impairments. At present, there is no capacity within the general education system to ensure sign language learning for every hearing-impaired child. However, according to the MER, in 2016 and 2017 only 13 qualified specialists in sign language and Braille system were trained, while in 2015, 2018, 2019 and 2020 the training of such specialists did not take place* [52].

The UNICEF report on the evaluation of the Inclusive Education Program (2019) [55] reveals great challenges in the field of inclusive education of children with severe disabilities *due to insufficient training at the level of educational institutions, schools and teachers, the extra time needed to work with these children, and, to some extent, the reluctance of parents to integrate children in school.* The research states that *the situation may be improved by equipping and training the educational units and teachers, as well as by providing specialized services, however, a major contribution in this regard could be the availability of the personal assistance service for all children with severe disabilities and its involvement in teaching activities (in school). It is important to develop a broader approach for children with SEN and especially for those with disabilities, which will ensure not only their educational, but also social integration and the acquisition of practical life skills.*

The National Program for the Development of Inclusive Education in the Republic of Moldova 2024-2027 [46] stipulates that children with disabilities encounter barriers in accessing educational institutions and in learning due to the reduced physical accessibility of buildings and the lack of assistive equipment according to their individual needs. The Program states that educational institutions are less accessible to some categories of children with SEN and/or disabilities. Thus, only 22,3% of the entrances in pre-university educational institutions are equipped with an access ramp, only in 62,3% of pre-university institutions the width of the entrances allows free access for wheelchair users, and only in 2,46% of educational institutions there is specialized furniture (adapted chairs with support for hands, head, back). At the same time, only 8% of pre-university educational institutions have fully accessible sanitary facilities, in accordance to international standards. The inaccessible physical environment directly infringes on the right of children with physical or neuromotor disabilities, intellectual disabilities, sensory disabilities, and ASD to receive community education. This limitation restricts their access to educational institutions at all levels and highlights the lack of adequate conditions to ensure reasonable accommodations within these institutions [46].

Most children with SEN and/or disabilities lack assistive equipment and technologies tailored to their individual needs, which are essential for ensuring their access and full participation. Currently, there is no regulated process for providing children with SEN and/or disabilities with assistive technologies based on their individual requirements. Clear and functional mechanisms for the recommendation and provision of assistive equipment and technologies, as well as their use by children and institutions, have not been established. Teachers also lack the necessary skills to support children with disabilities with assistive equipment [46].

At the same time, the Inclusive Education Development Program has as a major goal to ensure quality inclusive education for all children and young people. By 2027, the goal is for all children/students, regardless of their target group, to be included in general educational institutions, while graduates from this group will have access to technical vocational and higher education, as well as to other forms of lifelong educa-

tion, with guaranteed integration into the labour market. In order to achieve this goal, in addition to the objectives related to the development of the methodological framework, the development of support services for inclusive education, the Programme has two specific objectives focused on providing assistive equipment. Thus, Specific Objective 1.4 aims to ensure that by 2027, 80% of educational institutions at all levels provide an accessible environment tailored to the needs of children with disabilities. Specific objective 1.5. foresees to ensure that by 2027, 80% of educational institutions at all levels have specific equipment and assistive technologies adapted to the needs of children/pupils/students with disabilities [46]. At the same time, there is no specification regarding how these indicators will be measured.

4.2. Assistive Technologies Provision System in the Republic of Moldova

4.2.1. Reference population for inclusive education

Definitions regarding the target population

The reference population for this research includes children with SEN and/or children with disabilities who require assistive technologies in the educational process.

The purpose of the analysis of the reference population is to identify the extent to which the determination of children's disability and their special educational needs provides evidence for planning and providing support services, including assistive technologies to help children reach their full potential, especially in their educational process.

Data analysis within the research shows that **most children with SEN and/or children with disabilities are enrolled in general educational institutions**. The NBS indicates that in 2023 early education was carried out in: 1467 general-purpose institutions, 4 institutions with a sanatorium profile and 8 special early education institutions. At the same time, of 6398 groups, 6337 were general-purpose groups, 16 – sanatorium profile groups and 45 – special groups [4].

In the year 2023, there were 1,5 thousand children with SEN and 0,9 thousand children with disabilities in early education institutions. Among the children with disabilities, 0.3 thousand attended general education institutions, and 0,6 thousand – special education institutions (an increase of 2,7% compared to 2022). The majority of children with SEN and/or disabilities (92,7%) enrolled in pre-school education belonged to the age group 3 years and over. Depending on the type of disability, a higher percentage of children had speech impairments (33,1%), visual impairments (27,6%) and intellectual impairments (14,7%) [4].

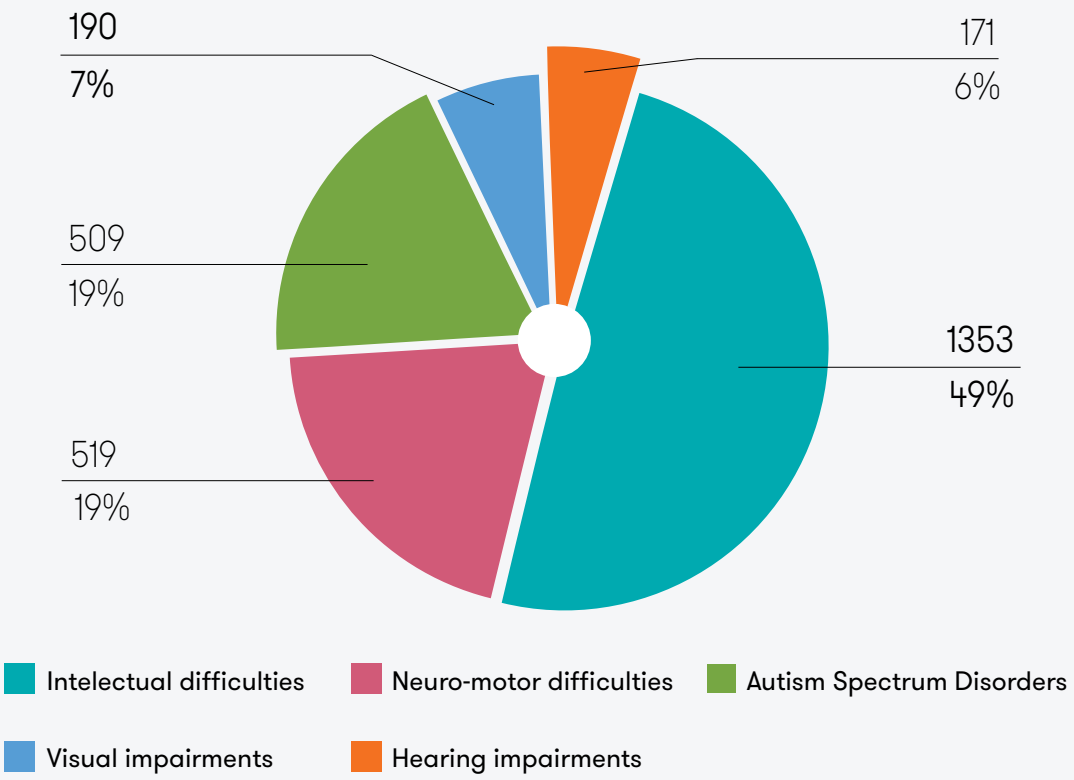
The NBS informs that at the beginning of the 2023-24 academic year there were 1201 active institutions in primary and general secondary education, of which 87 primary schools, 761 gymnasiums, 344 lyceums, 7 special education schools for children with intellectual or physical developmental disabilities and 2 evening schools. The number of enrolled pupils was 334.4 thousand, of which 333,5 thousand pupils in day schools and 0,9 thousand pupils in evening schools [5].

The number of students enrolled in special education in the 2023/24 school year (in schools for children with intellectual or physical developmental disabilities) amounted to 0,5 thousand, like the previous school year [5]. As to general education, according to the MER data collected by RCPA, in October 2023, territorial psycho-pedagogical assistance services contained in their records 10362 children with special educational needs, including 4219 children with disabilities, as assessed by RCPA specialists [53]. The share of children with SEN and children with disabilities in general education was about 3% of the total number of children enrolled at this educational stage.

One in three children with functional and/or developmental disabilities enrolled in general education institutions does not have their disability confirmed. According to RCPA data, out of 4219 children with functional difficulties and/or developmental disabilities, only 2742 children (65%) had a disability determination certificate [53]. The reasons for the lack of disability determination, according to the opinions of the interview participants are varied: parents may not accept the fact that their child has a disability, they may be uncooperative in preparing the child's documentation for disability determination, the child's developmental difficulties may be identified late, the procedures for determining disability are complex and bureaucratic and there is a high degree of stigma associated with disabilities.

Every second child with disabilities included in general education has intellectual difficulties. RCPA data on the number of children with disabilities included in general education institutions in the 2022-2023 school year shows that one in two children with disabilities has intellectual difficulties and one in five has ASD or neuromotor difficulties.

FIGURE 1. **Number and share of children with disabilities registered with RCPA, by type of difficulties**



Source: UNICEF, 2023. Identified needs and gaps regarding assistive technologies in Educational Support Services and Resource Centres for Inclusive Education.

Approximately 7% of children with disabilities attending school have visual impairments, while 6% have hearing difficulties. According to the results of the interviews with representatives of civil society organizations who provide services for children with sensory disabilities, it is believed that the share of children with visual and hearing impairments is higher and the coverage of services and assistive technologies is low.

The growing number of children with disabilities increases the need for assistive technologies and related services and inclusive education. Statistical data provided by the NBS show that the number of children with disabilities in the Republic of Moldova is increasing, although not all children with developmental difficulties are included in official statistics. According to the data, in 2022 there were about 10,6 thousand children with disabilities aged 0-17 years or 2,0% of the total number of children in Moldova. The number of boys with disabilities is higher compared to girls (6,3 thousand versus 4,3 thousand). About 6,5 thousand children with disabilities live in rural areas, while 4,1 thousand reside in urban areas [34]. At the beginning of 2023, according to the NBS, the number of children with disabilities increased by about 300 children, reaching 10,9 thousand [2]. The number of children for whom disability has been determined for the first time is also on the rise. In 2022, out of 10 thousand

children aged 0-17 years, primary disabilities were identified in 29 children, compared to 21 children in 2018 [3]. The proportion of children with disabilities is increasing, even though the total number of children in Moldova is decreasing. This is related to improved practices for identifying children with developmental disorders and for determining disabilities, increased parental acceptance of the child's disability, and continued promotion of the social and rights-based models of disability.

The largest share of children with disabilities are school-age children (7-15 years) in rural areas. Statistical data indicate that from the total number of children with disabilities, school-age children (7-15 years) account for about 63%, children in the 0–6-year age group account for 21%, and children in the 16–17-year age group – 6%. These data provide authorities with evidence that can be used in prioritizing the equipping of educational institutions with assistive technologies to better meet the needs of children with disabilities [3].

Gaps analysis of statistical data related to reference population

The statistical data on the number of children with disabilities in the 0-6-year age group are not complete and do not reflect the real situation, and determining disability in pre-school children remains a challenge. Although, in the last 10 years, the Republic of Moldova has made efforts to reform the disability determination system, it remains predominantly medical and uninformative regarding the children's needs for assistive technologies. The process of accessing the disability determination service has become more difficult for families with young children in rural areas, due to several factors: the requirement to present several confirmatory documents; limited access to specialized medical services at district level; long waiting times for appointments; barriers to access public transportation. At the same time, the forms issued by various institutions (such as referral form F-088 – completed by primary and specialized health care services; form no. 5 – in case it has to be completed by the early intervention service; social survey – completed by the community social worker) are not very informative in terms of the inclusion barriers faced by the child, especially if the latter is not enrolled in an early education institution. According to parents of children with disabilities, the specialists involved in filling in the forms do not allocate enough time for this activity, do not discuss with the parent/caregiver of the child, relying only on the information in the medical record. This leads to superficial form completion without inquiring about the child's development, the difficulties they encounter, and their support needs for better relationships and inclusion. The degree of disability in children is determined only on the basis of the documents presented in the file, for these reasons the recommendations for assistive technologies are also very general [8]. A research conducted by AOPD in 2024 [7] found gaps in the early detection of young children with disabilities, due to the lack of screening by the responsible institutions and a poorly developed early intervention system. It showed that disability assessment is a fragmented process, divided between institutions in the fields of health, social work and education, each conducting separate evaluations and completing specific forms. According to the research participants, the medical

evaluation is the most difficult stage in the process of preparing the documents for determining the disability. The main problems include confirming the medical diagnosis through extensive and often inaccessible procedures, such as detailed investigations, hospital admissions and specialized consultations, which are difficult to achieve in the absence of specialized doctors in certain districts. This situation has a disproportionately negative impact on economically vulnerable families and those without medical insurance, further complicating the process of determining the degree of disability in their case [7]. Universal hearing screening for newborns was only introduced in January 2024 (Order-no.1180-of-22.12.2023-Regarding-the-implementation-of-universal-audiological-screening-for-newborns). Therefore, hearing impairments in young children were identified late [40].

Statistical data on children with ASD are incomplete as there is no single mechanism for data collection and management. This creates barriers in truly identifying the needs for assistive technologies for children with ASD. Although there is a national protocol on Autism Spectrum Disorders [41], the existing systems at the primary healthcare level for collecting statistical data on children with disabilities and/or ASD are not harmonized to adequately provide information that would serve as a basis for planning specialized support services for children with disabilities, including ASD. The analysis of statistical data collected within sociological research conducted by AO SOS Autism [1] shows that the number of new cases in children confirmed with ASD in the records of Community Mental Health Centres (CMHC) is higher than the official data presented by the National Agency for Public Health, which is referred to in the National Mental Health Program. For comparison, in 2022, the Agency data shows only 30 new confirmed cases of ASD in children, while the CMHC data indicates 431 new confirmed cases of ASD out of 510 referred. These data discrepancies once again show the gaps in the system of collecting and managing statistical data, which creates barriers in truly identifying the needs for assistive technologies and effectively providing children with SEN and/or disabilities with assistive and augmentative communicative technologies according to their needs.

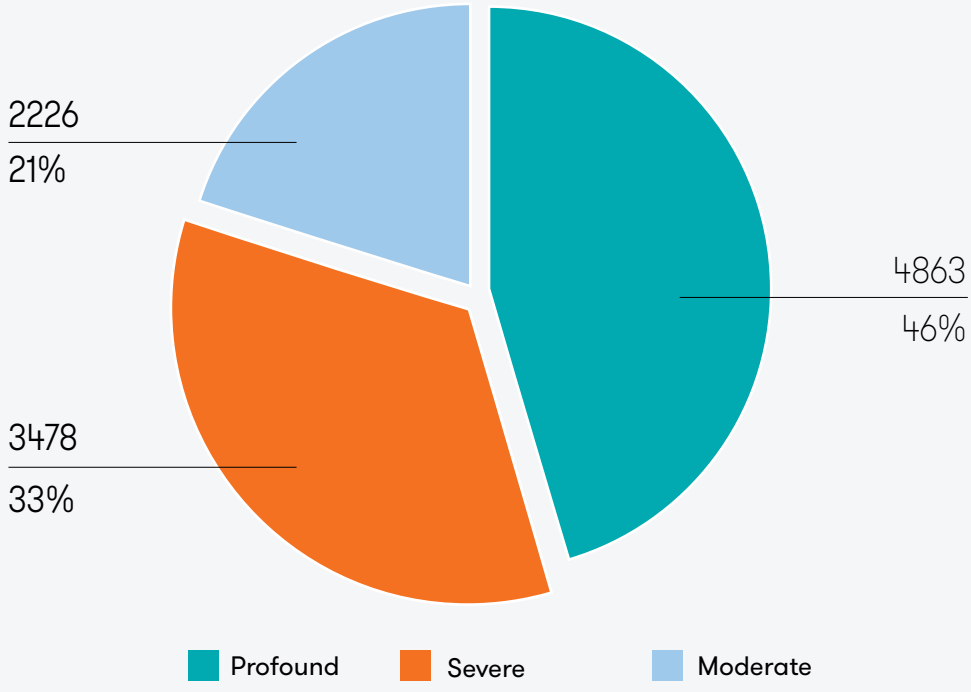
Children's access to early intervention services is limited due to the small number of early intervention services. At the same time, early intervention services lack a clear mechanism for referring children with disabilities to NCDDWC, which delays the determination of disability and the provision of children with the necessary assistive services and technologies. În 2023, in the Republic of Moldova, there were only ten accredited centres providing early intervention services, 4 of which were in the municipality of Chișinău, one – in the municipality of Bălți, and five – in the districts of Cahul, Florești, Ungheni, Rîșcani and Criuleni. In total, these centres provided early education services to 2000 children [54]. Although the centres in Chișinău and Bălți aimed to meet the needs of children nationwide, it is evident that the small number of early intervention services and the limited access to these services from a geographical perspective affects children from more than two-thirds of the districts. At the same time, the analysis of the situation on early intervention for children conducted by UNICEF and Maestral International [54] shows that there are no clear mechanisms

for referral of children from medical and social institutions to Early Intervention Centres, and vice versa – from early intervention services (children from families at-risk) to NCDDWC to determine the type and degree of disability of the child or to family support services to identify additional services needed. At the same time, there is no effective mechanism for referring children from early intervention services to psycho-pedagogical and other support services for inclusive education.

The lack of official statistical data on the number of children with disabilities by type of disability (physical, sensory, intellectual, psychosocial) creates barriers in the process of analysing the needs for assistive technologies, including at the level of educational institutions. According to NCDDWC data, in 2022, primary disability was determined in 1,6 thousand children (13.2%) of the total number of persons who accessed services for disability determination. The main cause of disability in children in the Republic of Moldova are mental and behavioural disorders (36,1%) and congenital malformations (22,4%) [3]. However, these data do not reflect the type of disability and are not sufficiently informative to estimate the needs for assistive technologies for children with disabilities both for personal use and for the inclusive education process.

Children with severe disabilities face the most barriers to inclusive education because of limited access to assistive technologies and other support services for inclusive education. Depending on the degree of severity, nearly one in two children with disabilities has a severe disability, one in three has a profound disability, and one in five has a moderate disability. Interview results indicate that the educational system is not sufficiently prepared for the inclusive education of children with severe disabilities. In these cases, some parents advocate for home schooling or special education for children with severe disability, arguing the high degree of stigmatization of their child and insufficient support services.

FIGURE 2. **Number and share of children with disabilities by degree of disability**



Source: National Bureau of Statistics. Persons with disabilities in the Republic of Moldova in 2022.

The analysis of statistical data on the population with disabilities in Moldova shows that there is a rather high proportion of children (18,4%) among the total number of individuals with profound disabilities, with increasing trends in the last three years [34]. As a result, the high share of children with profound disabilities highlights the need for support services for inclusive education, including assistive technologies, especially in ensuring the right to education in general educational institutions.

The psycho-pedagogical support services present in all districts of the country have a key role in assessing the needs of children with special educational needs, including children with disabilities, and providing support services for inclusive education. However, the provision of PAS with AT is insufficient to fulfil their assigned functions. The study conducted by UNICEF (2023) [53] found that in 2023, 2523 children with SEN and/or disabilities, were receiving psycho-pedagogical assistance, 1667 children were receiving speech and language therapy and 2113 children – psychological assistance. In spite of the progress made, the level of provision of AT in PAS is limited; specialists lack the necessary AT for comprehensive assessment of children with special educational needs and/or disabilities, especially children with hearing and visual impairments. As a result, specialists' recommendations do not always align with the

individual needs of these children. The study revealed that out of 33 psycho-pedagogical assistance services, only 4 were partially equipped with assistive technologies funded by the European Union, with the support of the LOW VISION Centre, as well as from the financial resources accumulated in the Inclusive Education Fund.

RCIE facilitates the process of educational inclusion and coordinates support services for inclusive education of children with disabilities at the level of educational institutions. RCIE is insufficiently equipped with assistive technologies and does not always meet the individual needs of children with disabilities enrolled in educational institutions. According to the data presented by the MER [15], in the 35 Administrative Territorial Units there are 884 RCIE. The annual number of pupils receiving support in RCIE is 25818, which is about 11,2 percent of the total number of children attending general education institutions. At the same time, according to the evaluation conducted by UNICEF, AT provided in schools do not always meet the needs of children with disabilities in these schools and are not utilized effectively [53]. This situation emphasizes the necessity for accurate assessments of the needs of children with various types of disabilities and the provision of AT accordingly. Furthermore, interviews indicated a necessity for training teachers and specialists in inclusive educational services to explore the potential of assistive technology in the educational context. At the same time, a mechanism for redistributing assistive technologies between schools is necessary to ensure greater access for a larger number of children.

There is no connection between the information system operated by the NCDDWC and the information systems operated by the Ministry of Health, the Ministry of Labour and Social Protection and the Ministry of Education and Research. There is no connection between the information system operated by the NCDDWC and the information systems operated by the Ministry of Health, the Ministry of Labour and Social Protection and the Ministry of Education and Research. NCDDWC has undertaken actions to implement AIS [20] to register people with disabilities, including children, and facilitate access to support programs and services, including assistive technologies. However, at present, this system is not yet fully functional and is not linked to the information systems managed by the Ministry of Health (Automated Information System "Primary Health Care" – AIS PHC) [22]; the Ministry of Labour and Social Protection (Child Protection Information System—CPIS) [26] and the Ministry of Education and Research (Education Management Information System – EMIS) [23]. The lack of a mechanism for interoperability of the information systems operated by all the above-mentioned institutions is the main reason why each institution operates with different statistical data in their respective domains.

The limited knowledge of teachers and parents about the variety and diversity of assistive technologies that support the educational process creates barriers to the acceptance of children with disabilities, especially those with intellectual disabilities and ASD in mainstream educational institutions. The analysis of the statistical data presented by the MER shows that the highest proportion of children with disabilities

enrolled in general primary and secondary schools are children with intellectual disabilities, followed by children with physical disabilities and children with ASD. According to the opinions of the interview participants, children with ASD and children with intellectual disabilities encounter the greatest problems in the process of educational inclusion due to stereotypes and negative attitudes from both teachers and peers. As a result, some parents advocate for special education rather than inclusive education.

Discriminatory attitudes towards children with disabilities and their families prevail in society, limiting opportunities for participation and inclusion of children with disabilities. A survey conducted by the NGO "Prietena Mea" and UNICEF [35] reveals that 80% of parents/caregivers have experienced discriminatory and stigmatizing behaviour and are therefore struggling to tolerate dismissive social attitudes and attempting to limit their children's contact with the outside world. Parents and caregivers feel that society is not ready to accept people with disabilities and does not show openness towards this population group. Discriminatory behaviours exhibited by adults are also transmitted to children.

Limited public budget resources for inclusive education result in insufficient support services and poor provision of assistive technologies in preschool and school institutions. In many cases, the responsibility to identify and provide the child or the educational institution with assistive technologies lies with the family, without the support of the state, which has committed to realizing and respecting the right and equal access to education for all children.

4.2.2. National and international policies

The purpose of analysis of the legislation and policies in the international and national context is to ascertain the extent to which they provide children with SEN and/or disabilities in the Republic of Moldova access to assistive technologies to develop their full potential for inclusion and participation.

Legislation and policies in the international context

The right to education for all children, including those with SEN and/or disabilities, is guaranteed by the signing and ratification by the Republic of Moldova of the UN Convention on the Rights of the Child [13] and the UN Convention on the Rights of Persons with Disabilities [14]. By signing these international treaties, public authorities have committed to respecting and implementing the rights of children, including those with disabilities, and access to assistive technologies is a vital right for the development and participation of children with disabilities in the educational process, by enabling their communication, mobility and self-care. Assistive products allow children to explore the world of family relationships, friendships, education, play and household tasks. When used properly, assistive technologies enhance the quality of life for

children and their families. However, for many children with disabilities, and especially those living in low- and middle-income countries, this potential remains unfulfilled due to inadequate access to assistive technologies or a complete lack of access, which excludes them from education, healthcare, and social services. Such conditions experienced in childhood can result in lifelong consequences, reducing their participation in civic life and employment [42].

The UN Convention on the Rights of the Child recognizes the importance of the right to education. Article 28 obliges the state to recognize the child's right to education based on equal opportunities, ensuring compulsory and free primary education for all, encouraging various forms of secondary education, and providing appropriate measures for all children to realize their right to education. If needed, the state provides additional financial support for the education of children with disabilities [13].

The obligation of public authorities in Moldova to ensure access to health, care and education services for children from the most vulnerable groups, including children with disabilities, is emphasized in the General Comment No. 7 of the UN Committee on the Rights of the Child [10], which states that "young children should never be institutionalized solely on the grounds of disability". It is a priority for signatory states to ensure that every child has equal opportunities to participate fully in education and community life, including by removing the barriers that impede the realization of their rights.

The analysis of studies and reports on the implementation of the Convention on the Rights of the Child [11] in the field of protection of children's rights indicates that the education system of the Republic of Moldova has made positive progress in the education of children. However, there are still cases of discrimination of children on disability grounds in the educational system. Educational programs often are not adapted to meet the needs of children with disabilities, and most of them do not have individual access to assistive technologies that would facilitate inclusive education.

The UN Convention on the Rights of Persons with Disabilities [14] states in Article 4 letter (g) the obligation of states: "to undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost". Article 4 (h) states that the state which has signed and ratified the Convention must "provide accessible information to persons with disabilities regarding mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities" [14]. At the same time, with Article 24 of the Convention, the Republic of Moldova recognizes the right of persons with disabilities to education, without discrimination and on the basis of equal opportunity.

Through the above-mentioned provisions of the Convention, central and local public authorities commit to ensuring an inclusive education system at all levels, in which persons with disabilities are not excluded from the education system based on disability, and children with disabilities are not excluded from free and compulsory general primary and secondary education or vocational education on the basis of disability [14].

Analysis of studies and reports on the implementation of the CRPD shows that the Republic of Moldova demonstrates its commitment to the implementation of the Convention at the national level. However, the Committee on the Rights of Persons with Disabilities in its Concluding Observations on the Initial Report of the Republic of Moldova (2017) [52] and the Centre for the Rights of Persons with Disabilities in its Alternative Report developed in consultation with persons with disabilities, parents associations and organisations of persons with disabilities, submitted to the Committee [51] caution authorities that: (a) the provisions of the Education Code [9] still allow for segregated educational inclusion of children with disabilities; (b) children with disabilities remain in segregated educational settings, including "special kindergartens", "special schools", "home education" and do not receive the support they need to access inclusive education, including assistive technologies; (c) negative attitudes towards inclusive education for children with disabilities persist among administrative and teaching staff; (d) the provision of accessible information and communication technologies and formats, including *Easy to Read*, is extremely limited for people with visual impairments and people with intellectual disabilities.

National legislation and policies on inclusion

The Law on Social Inclusion of Persons with Disabilities [29] is the basic regulatory act transposing the implementation of the UN Convention on the Rights of Persons with Disabilities, including the right of children with disabilities to assistive technologies, at national level. The Law guarantees the right of children with disabilities to preschool, school and vocational education. To enhance access to educational services for children with disabilities, the law stipulates that they may receive support teachers, personal assistants, other support services, and/or reasonable accommodations when necessary.

1) Article 51 of the Law states that "*persons with disabilities, including children, have the right to be provided free of charge or partially charged with technical aids, based on prescriptions, supplied by Republican Experimental Centre for Prosthetics, Orthopaedics and Rehabilitation and other specialized institutions established by the Government.*"

2) Article 21 lays down that "*the accommodation occupied by persons with disabilities or families that include a person with disabilities are equipped with special means and devices in accordance with the Individual Rehabilitation and Social Inclusion Program* [48].

3) Article 43 mentions that "*specialized healthcare institutions provide persons with disabilities with* ***specialized rehabilitation items and equipment (eye prostheses, hearing aids, blind aids, optical aids, etc.)*** *in accordance with the legislation in force.*"

The desk review of the Law on the Social Inclusion of Persons with Disabilities highlights that it encompasses the provision of access to assistive technologies for persons with disabilities, including children. Although three different terms related to the notion of assistive technology are used in the Law: "*technical aids*", "*special means and devices*" and "*specialized rehabilitation items and equipment*" – all refer to assistive technologies (according to the definition recommended by WHO). At the same time, the Law stipulates in Article 21 that assistive technologies shall be provided in accordance with the Individual Rehabilitation and Social Inclusion Program that is offered to the person together with the certificate confirming the disability. This legislative provision indicates that there must be a connection between the mechanism for determining disability and the provision of assistive technologies. A potential gap may arise if health authorities and social services do not communicate effectively or if health professionals have a narrow view of assistive technology, focusing solely on rehabilitation goals, without considering the social and educational objectives.

At the policy level, the Republic of Moldova does not have a separate public policy document specifically addressing the provision of assistive technologies for persons with disabilities. **The National Program on Social Inclusion of Persons with Disabilities for 2017-2022** [24] is the main public policy document that includes measures for ensuring access of persons with disabilities to assistive technologies. For the implementation of the Program, the health and social protection authorities have developed and approved specific normative acts that describe the mechanism of implementation of actions that contribute to ensuring access of children with disabilities to assistive technologies for personal use. The authorities are currently in the process of developing a new National Inclusion Program for 2024-2028.

Relevant national policies for assistive technology provision

The Disability Determination Mechanism approved by Government Decision No. 357/2018 [19] lays the foundation for ensuring the rights of children with disabilities to receive assistive technologies. The desk review and interview results show that this mechanism has improved over the past decade. When determining disability, the person receives not only the disability certificate, but also benefits from the Individual Rehabilitation and Social Inclusion Program (IRSIP), which is crucial for children with disabilities to access free or partially state-funded assistive technologies. In 2022, the Guidelines on completing the IRSIP were developed and approved by the Order of the Minister of Labour and Social Protection [18], which includes a list of assistive technologies recommended by the WHO. The WHO Priority Assistive Products List, is not context-specific and contains generally recognized products that do not necessarily address local needs. According to the NCDDWC representative

who participated in the interview, the expert councils have not received training in the field of assistive technologies, i.e. they have limited knowledge in the field to expressly indicate in the IRSIP the type of assistive product. Consequently, they only check the need for assistive technologies rather than providing specific recommendations. The procedure of determining disability based solely on documentation, without the physical presence of the child, poses a barrier to accurately identifying and specifying the types of assistive technologies required based on the child's needs. Despite the progress achieved in the field of disability determination, the current mechanism does not guarantee the development of individualized recommendations for access to assistive technologies that meet the real needs and aspirations of children with disabilities [7]. There is often a substantial mismatch between the needs of the individual, the recommendations offered by NCDDWC experts and the availability of assistive technologies and recommended services. In the opinion of interview participants at the LOW VISION Centre, IRSIP, in its current form, has many gaps that limit its effectiveness and usefulness to parents of children with disabilities. Although it provides a general framework, the lack of detailed specific information about the assistive technologies needed by the child (e.g., type of eye prosthesis, type of assistive product), the list of organizations that provide the services recommended in IRSIP, and the lack of guidance services on IRSIP implementation, reduces the ability of parents to access and effectively use the assistive technologies needed for children with different types of disabilities.

The policies for the provision of mobility, vision and hearing assistive technologies are established based on the Regulation on the manner of provision of technical aids to certain categories of citizens approved by Government Decision No. 567/2011 [21] and the Regulation on hearing aids for hearing impaired persons approved by MH Order no. 964/2012 [38].

For **hearing assistive technologies**, the analysis of the application of the provisions of the Regulation on hearing aids for hearing impaired persons coordinated by the Ministry of Health shows a high degree of functionality and efficiency. The provision of hearing-impaired persons, including children with hearing aids and cochlear implants is made from the financial resources planned in the state budget for the implementation of the Hearing Aid Program centrally planned every year by the Ministry of Health [39] and from the Mandatory Health Care Insurance Fund through the special program "Cochlear Implant" implemented by NHIC [50].

In the case of **mobility and vision assistive technologies**, there is a Regulation on the manner of provision of technical aids to certain categories of citizens approved by Government decision, the implementation of which is coordinated by the MLSP. However, the identification of needs and the referral of individuals to the authorized institutions responsible for providing assistive products is coordinated by the Ministry of Health. This Regulation was last amended in 2023, to include specific provisions for supplying assistive technologies to individuals with visual impairments and to update the Nomenclature listing assistive products sourced from external distributors

and those produced by RECPOR. Although the List of Assistive Products has been recently modified, it has not been adjusted according to the WHO Model List of Assistive Technologies. RECPOR specialists also mentioned in the interview about the need to expand the list of AT in the Nomenclature, as the products included do not cover the needs of children with disabilities. As a result of the interview with the director of RCPA, it was also noted that the AT included in the Nomenclature does not cover the needs of children with SEN and/or disabilities. This issue needs clarification, to avoid creating barriers for educational inclusion of children with SEN and/or disabilities who require assistive technologies for inclusive education. RCPA specialists are in the process of drawing up a Draft Regulation for providing general educational institutions with AT. In this context, it is planned to set up a collaborative mechanism between RCPA, NCDDWC and RECPOR to establish the manner of cooperation in providing assistive technology to children with SEN, including those with disabilities both for personal use and for joint use with other children in the educational institution.

In the opinion of the AOPD representative, the content of the Regulation on the manner of provision of technical aids to certain categories of citizens does not address disability according to the social and rights-based model, being an outdated document drafted in 2011. The provisions of the Regulation are fragmented, and the amendments made in 2023 further complicate the understanding of its content. Moldova needs a public policy document that integrates the way of organization and provision with all types of assistive technologies according to the WHO-recommended list. At the same time, the interview conducted with Low Vision representatives shows that the current regulation is not functional enough for children with low vision and blindness. Some recent provisions do not align with the responsibilities of the authorities, leading to difficulties in their implementation and affecting access to assistive technologies.

The results of the interview conducted with the director of the Ungheni Health Centre highlighted gaps in the application of both regulations for the provision of AT, especially on issues related to the collaboration between specialized territorial services (ophthalmology, orthopaedics, paediatrics, neurology) with institutions which provide assistive technology to children with different types of disabilities. In his opinion, the Health Centre does not have information about: state institutions providing assistive technologies to children, resources available from the public budget and types of assistive products available and the list of organizations receiving resources from the state budget for AT provision. As a result, specialists from the Child Development Unit and the Early Intervention Centre refer the family and the child to non-governmental organizations that provide certain types of assistive products free of charge. Health centres in districts/municipalities have limited capacities and resources to ensure access to assistive technologies for children with disabilities or developmental difficulties.

Legislation and policies in the field of inclusive education

Chapter VI of the **Education Code of the Republic of Moldova** [9] contains provisions about education of children and pupils with SEN and inclusive education. According to the Education Code, inclusive education refers to a larger group of children with special educational needs, which also includes the group of children with disabilities. The Education Code does not expressly refer to the notion of "assistive technologies", but there are some provisions that refer to some products, systems and services that fall within the definition of assistive technologies promoted by the WHO. Thus, Article 33, para. (6) of the Education Code states that: "*special education institutions, general education institutions and the responsible public authorities* ***ensure environmental conditions and provide educational services according to the individual needs of children and pupils with special educational needs****, including by facilitating the learning of Braille, sign language, alternative forms of writing, communication, orientation and mobility skills*". In line with the terminology promoted by the WHO, this provision of the Education Code guarantees the right of children with special educational needs to assistive technologies, since environmental conditions also include conditions of physical accessibility to educational institutions, facilitation of learning to communicate by alternative means. As a result, the Republic of Moldova has a general regulatory framework that enables the development of favourable policies for ensuring access to assistive technologies for the development of inclusive education at all levels.

At the policy level, the Program for the Development of Inclusive Education in the Republic of Moldova for the years 2024-2027 [46] is the main public policy document that describes the current situation in the field of assistive technologies in educational institutions and sets out the necessary actions to be taken by the authorities to ensure the right to education of all children, including children with disabilities. In order to ensure the right to education for all children, the Government of the Republic of Moldova has committed through the Program for the Development of Inclusive Education to provide 80% of educational institutions of all levels with assistive technologies by the end of 2027. In 2023, only 5% of educational institutions were equipped with assistive technologies [46]. To follow up the progress in this field, the MER has planned within the Program to develop and approve a mechanism for recording, reporting and ensuring educational institutions at all levels with assistive technologies for one year in advance, where children with physical, intellectual, hearing, visual impairments and ASD are expected to be included (actions 1.5.1 - 15.4). The mechanism for needs assessment should be developed and approved by the MER to prevent the inefficient distribution of the resources allocated for this purpose.

The analysis of the implementation of inclusive education development policies based on the reports and studies in the field as well as interviews conducted with the representative of RCPA and civil society organizations highlight several barriers encountered by the authorities in the implementation of the Program. Some of these are: the process of providing children with SEN and/or disabilities with assistive technologies

according to their individual needs is not regulated as to ensure equal opportunities for inclusive education to children with severe disabilities who have difficulties to participate; there are no clear and functional mechanisms established regarding the recommendation and provision of assistive equipment and technologies, as well as their use by children and institutions; teachers lack the necessary skills to apply assistive technologies in the learning process [46], there is a lack of funding available for assistive technologies in the education sector, there is no clear mechanism for identifying children's needs for assistive technologies and ensuring the link between assistive technologies and other support services for children with disabilities, there is a lack of a clear mechanism for referring children with disabilities to providers of assistive products and maintenance services [32].

Legislation and policies on funding assistive technologies

The Republic of Moldova does not have separate regulations on the mechanism of funding assistive technologies for persons with disabilities, including children. Planned financial resources for programmes and activities that contribute to providing persons with disabilities, including children, with assistive equipment are contained in the Law on the State Budget for 2023-2024 [30] and in the Programmes implemented by NHIC from the Compulsory Health Care Insurance Fund for 2023-2024 [12,50].

Research results show that the provision of assistive technology for individual use by people with different types of disabilities is funded from several sources without coordination between MH and MLSP. Financial sources are planned both for assistive products and for the raw material needed for AT production. The assessment of the needs for AT is also not coordinated between MH, MLSP and MER.

The table below shows the assistive technologies according to WHO recommendations and the source of funding. For each funding source the provider is indicated.

TABLE 1. **Sources of funding for assistive technologies**

ASSISTIVE TECHNOLOGIES	STATE BUDGET	COMPULSORY HEALTH CARE INSURANCE FUND
 **Hearing Assistive Technology**	About MDL 5,5 million annually [28] for the Hearing Protection Programme implemented by the MH through the Republican Functional Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău; Bălți Clinical Hospital; Republican Clinical Hospital. About MDL 1,5 million annually for the allowances [30] planned by the MLSP for the Association of the Deaf of the Republic of Moldova for the purchase of equipment and raw materials (part of these expenses are also intended for assistive technologies).	About MDL 500 thousand annually [50] for the special programme "Cochlear Implant"
 **Mobility, environmental assistive technology**	About MDL 16,0 million annually [16], including materials and accessories for the production of orthopaedic footwear (MDL 4,5 million), materials for prosthetics (MDL 10,6 million), wheelchairs and devices (MDL 1,0 million) planned by MLSP for RECPOR. About MDL 1,8 million annually for the allowances [30, 31] planned by the MLSP for the Society of Invalids of the Republic of Moldova.	
 **Vision assistive technology**	About MDL 2,0 million annually [16], ophthalmologic assistive devices planned by MLSP for RECPOR; About MDL 2,1 million for the allowances [30, 31] planned in the state budget by the MLSP for the Moldova Association of the Blind.	About MDL 960 thousand, including for specialized outpatient medical care (MDL 551,5 thousand) and high-performance medical services (MDL 411,3 thousand), services contracted at the LOW VISION Centre [11].
 **Assistive technology for vision, hearing, communication and cognition**	MDL 13,3 million from UNICEF and State Budget through the MER. (Education Reform in Moldova)	-

It is important to note that besides the expenditures in the state budget implemented through the MLSP, about 2,6 million lei are additionally planned [30, 31] for the partial compensation of compulsory state social insurance contributions paid by the organizations and enterprises of the Moldova Association of the Blind (996,5 thousand lei), the Association of the Deaf of the Republic of Moldova (718,5 thousand lei) and the Society of the Invalids of the Republic of Moldova (852,1 thousand lei). Some of these expenses also have to do with the provision and access to assistive technologies. The financial reports of the Moldova Association of the Blind, the Association of the Deaf of the Republic of Moldova and the Society of Invalids of the Republic of Moldova are not available, although public financial resources are utilized by them. Respectively, it was not possible to make a more detailed analysis of the use of financial means and the efficiency of their use to ensure access to assistive technologies for people with disabilities, including children.

In 2019, the Low Vision Center received a one-time subsidy from the state budget in the amount of 500,0 thousand lei for the purpose of purchasing assistive devices and distributing them to visually impaired people. Of this amount, part of the expenses (127,9 thousand lei) was paid as taxes for import-export rights and storage services. All the assistive technologies purchased were distributed to visually impaired people, after evaluation, diagnosis and medical and psycho-social rehabilitation services. The Low Vision Center no longer benefits from this subsidy practice, although the subsidy program for the other public associations mentioned above continues to this day.

According to civil society representatives, financing the purchase/production of assistive technologies from the state budget under the social protection programme is not efficient and equitable in relation to other civil society organizations that provide support services for the inclusion of persons with disabilities, including children. At the same time, the desk review highlights that providing people with assistive technologies is not an activity of increased interest for RECPOR, as the institution responsible for the procurement of mobility, environmental and vision assistive technologies is more focused on providing medical rehabilitation and vocational rehabilitation services. In the opinion of the parents participating in the interviews, assistive products manufactured by RECPOR are not of the highest quality, therefore many parents/caregivers seek to purchase higher quality products from other manufacturers, including from abroad. In the case of assistive technologies for the visually impaired persons, so far there is no mechanism for the distribution of assistive technologies, although some assistive technologies for the visually impaired persons have already been procured and stocked by RECPOR.

Most of the civil society representatives participating in the interviews mentioned the need for a cost-effectiveness analysis of assistive technologies purchased from official distributors and those manufactured by RECPOR, the Society of the Invalids, the Association of the Blind and the Association of the Deaf from raw materials purchased from the state budget. This would demonstrate the most rational way of providing people with disabilities with qualitative assistive technologies according to

their needs: of own production or purchased from other manufacturers abroad. At the same time, they also stated that there is a lack of decision-making transparency and unfair competition in purchasing raw materials, assistive products, and expenditure from the state budget for the production of assistive technologies, which in fact makes a cost-effectiveness analysis impossible.

There is a lack of clarity in the state budget regarding the planned expenditure in the social protection programme for assistive technologies. Planned expenditure in the state budget on assistive technology is dispersed across several sub-programmes that include spending allocated for RECPOR and allocations to some public associations that directly receive MLSP funding, including for assistive technology. The analysis of budget planning documents does not provide detailed information on expenditure specifically allocated to assistive technology. Institutions that receive funding from the state budget do not post financial reports on their websites, therefore it is not possible to monitor the use of public financial resources.

Legislation and policies regarding intersectoral cooperation on assistive technologies

The Government of the Republic of Moldova ensures the implementation of the general legal provisions on ensuring access to assistive technologies for children with physical and visual disabilities through the Ministry of Labour and Social Protection, for children with hearing disabilities through the Ministry of Health and for children with different types of disabilities for the educational process through the Ministry of Education and Research.

In the social field, according to Law no. 60/2012 on the Social Inclusion of Persons with Disabilities [29], the Ministry of Labour and Social Protection is the central specialized body of the public administration empowered to ensure the coordination and evaluation of the functionality of the social inclusion system, including access to assistive technologies. Intersectoral cooperation in the field of inclusion of persons with disabilities is ensured through the National Council for the Rights of Persons with Disabilities established in 2006. This Council has been, over the years, an advisory body to the Government on various issues related to the promotion, respect and realization of the rights of persons with disabilities. Although some progress has been made in its work, there is still no clarity on the distribution of functions and powers between the Council for the Rights of Persons with Disabilities and the Ministry of Labour and Social Protection. In the agenda of the last Council meetings, the issue on providing assistive technologies to children with disabilities for the right to inclusive education was discussed and analysed in 2022-2023, with proposals made for the Standard Package of Support Services for Inclusive Education of Children/Students with hearing, vision disabilities, autism spectrum disorders and intellectual disabilities integrated in early education institutions, primary/secondary education institutions and vocational-technical education institutions developed by Keystone Moldova in collaboration with the Ministry of Education and Research [49].

In the field of education, the (MER) has established the Advisory Council for Inclusive Education (*Order of the Minister of the MER No.211/2023* [36]), which coordinates and regularly monitors the quality and access of children to inclusive education services. According to its responsibilities, the Advisory Council examines situations of major interest, drafts relevant normative acts, gives recommendations to the Minister of Education and Research on the implementation of inclusive education, as well as consolidates the provision of external assistance in the area of interest with the aim of creating an effective platform for interaction. Based on this mandate, the Council is responsible for coordinating policies in the field of assistive technologies for inclusive education.

In the healthcare sector, the Coordination Council in the field of health and early child development has been established within the Ministry of Health (*MH Order no.585/2023* [37]), which coordinates and regularly monitors specific activities in order to ensure a coherent, complex and intersectoral process in the field of early intervention. Early identification of children with developmental disorders and their referral to early intervention services also means identifying needs for assistive technologies.

The review of the documentation and of the results of the interviews conducted for this study show that there is no single intersectoral cooperation mechanism to facilitate cooperation between these three ministries to coordinate the process of identifying the needs, referring and providing assistive technologies to children with different types of disabilities. The interviews indicated that the establishing or designating a coordination mechanism in the field of assistive technologies could help the Government to better leverage the allocated resources for assistive technologies for children with disabilities to facilitate participation and access to general education.

4.2.3. Provision of assistive products

The purpose of the analysis of the provision of assistive products in the Republic of Moldova is to assess whether the responsible institutions provide an effective supply of assistive products to children with disabilities and/or SEN according to their needs and whether the mechanisms for purchasing assistive products or services for their production are flexible, efficient, qualitative and results oriented.

The results of the desk review show that the provision of assistive products largely depends on: the mechanism of identifying the needs of children for assistive technologies, evidence-based resource planning, procurement of assistive products, training for parents, caregivers and service providers in the use of assistive technologies, maintenance of assistive products and monitoring the impact of assistive technologies distributed to children with disabilities and/or SEN in inclusive education. In this context, an important role in providing children with assistive technologies is played by cooperation between the medical, social and educational sectors.

Public institutions involved in providing assistive technologies

The Republican Functional Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău; Bălți Clinical Hospital; Republican Clinical Hospital; Territorial Medical Association of Centre sector in Chișinău – provide people with hearing disabilities with hearing aids and cochlear implants based on the conclusion of an otolaryngologist specialist with additional specialization in hearing prosthetics within local health centres. In cases where there are no specialists available at the local level, provision is based on the conclusion of the members of the specialized commission of the Ministry of Health.

The Republican Experimental Centre for Prosthetics, Orthopaedics and Rehabilitation is the institution authorized by the Ministry of Labour and Social Protection with the responsibility of providing assistive devices to children with locomotor disabilities and those with visual disabilities. The Centre provides free of charge assistive products based on direct requests from parents or other caregivers or through referral from the local medical specialist or the prosthetist from the territorial structures of social assistance.

The Republican Centre for Psycho-pedagogical Assistance, according to its organization and operation regulations, ensures the right to quality education for all children [25]. The RCPA, through territorial psycho-pedagogical assistance structures, provides intervention measures and support services for educational inclusion to meet the special needs of children with SEN and/or disabilities in order to facilitate access to educational services in the community and the implementation of individualized educational plans.

Non-governmental institutions involved in providing assistive technologies

The Centre for Medical and Social Rehabilitation for People with low vision "LOW VISION" is the only accredited nongovernmental healthcare institution providing a range of medical services contracted from the Compulsory Health Care Insurance Fund (CHCIF) and providing access to assistive technologies from external sources. Although the Centre is the only institution that provides full assistance to people with low vision, who constitute 85-90% of the total number of visually impaired people, it does not receive state financial support for psycho-social rehabilitation and AT.

The Association of the Deaf of the Republic of Moldova, the Association of the Blind of the Republic of Moldova and the Society of the Invalids of Moldova are organizations of persons with disabilities (OPDs) which, according to the Law on the Social Inclusion of Persons with Disabilities, receive annual allocations from the state budget for purchasing equipment and raw materials, creating jobs, and partially compensating the social insurance contributions paid by specialized or inclusion enterprises [29]. Some of these expenses are intended for the purchase of **raw materials**, including parts for certain assistive products (wheelchairs, crutches, canes, walkers, etc.). The raw materials purchased are used for the manufacture or repair of assistive products. The results of the interviews conducted for the present study show that these organiza-

tions are oriented more towards making or repairing assistive products for adults with disabilities who are members of the association. There are no records on the proportion of expenses planned and used for the raw material purchased for the purpose of making or repairing assistive products. None of the three organizations publishes activity and financial reports, despite receiving state budget resources each year.

Findings regarding the provision of AT by responsible institutions

The desk review of the documents and the results of the interviews indicate that, **in the provision of hearing assistive technologies**, there is a functional mechanism for the estimation of the real needs of the population, including children for hearing aids. This mechanism is applied by the specialized commission of the Ministry of Health in the field of audiology and otorhinolaryngology based on the information submitted by the field specialists throughout the country. The Commission annually determines the number for hearing aids and cochlear implants needed on the basis of available financial resources for the management year. Hearing aids are distributed on an individual basis. Children up to the age of 18 with hearing impairments of 35 dB in the frequency range 500-400 Hz can benefit from monaural hearing aids, while children up to 18 years with moderate, severe or profound hearing loss can benefit from binaural hearing aids (for both ears) once every 5 years. According to the opinion of the institutions responsible for hearing aids, hearing aid and cochlear implant fitting services are provided in accordance with the *standards of the International Electronic Commission*, through hearing protheses clinics, taking into account the degree of hearing loss and the difficulties encountered by the child with disabilities.

Although representatives of the Ministry of Health and its subordinate institutions directly implementing hearing aid programmes argue that progress is being made and that all requests for hearing impaired children are being met, the results of discussions and interviews show that at the local level both service providers and parents lack information on how to benefit from free assistive technology and rehabilitation services for hearing impaired children. Additionally, findings of the study *"Educational pathway of children with severe disabilities: constraints and opportunities"* [32] reveal that although there is a functional mechanism in place to provide hearing impaired children with assistive technologies, parents/caregivers of hearing impaired children report that the provision of hearing aids and cochlear implants is not sufficiently transparent. Parents are not sufficiently informed about the quality and the prospect of recovery of their children, especially during the period of adaptation with hearing aids and children receive hearing aids that often do not meet their individual needs. Interviews conducted with civil society organizations and representatives of educational institutions show that, in some cases, hearing impairment in children is identified too late.

In order to solve the problem of early identification of congenital deafness in newborns and to ensure the access of children with hearing problems to specialized and quality medical services, Order No. 1180 of the Ministry of Health, dated December 22, 2023, was issued regarding the implementation of universal audiological screening

for newborns [40]. According to the Order, starting with January 1, 2024, universal audiological screening for newborns is free and accessible in every maternity hospital in the country and is performed with advanced equipment.

Workshop discussions and interview results indicate that CSOs play an important role in raising community awareness, which is not being leveraged by authorities and public institutions involved in providing hearing assistive technologies. An example of promoting existing services for the provision of assistive hearing technologies is the Public Association "AudiViz", which regularly organizes activities and campaigns to inform the population in the northern part of the country, as well as workshops to inform support teachers, parents/caregivers of children with disabilities regarding the functioning of hearing aids and their correct use for maximizing benefits for the child both within the family and school environment.

In the case of **children with locomotor disabilities, despite the fact that RECPOR representatives mentioned** that they post information on the institution's website about the manner of provision of technical aids to persons with disabilities, parents and representatives of civil society organizations participating in interviews and workshop discussions claim that the current mechanism for **providing mobility assistive technologies** is not clear and functional. Parents/caregivers of children with disabilities do not know the process from identifying the need for the assistive product to obtaining it. There are no approved instructions or guidelines available for families of children with disabilities. Despite the existence of planned financial resources from the state budget for the provision of mobility assistive products through RECPOR and the Society of the Invalids of Moldova, the provision of wheelchairs and other mobility products (except footwear) for children with locomotor disabilities is carried out with the help of civil society organizations, Christian missions or are procured by parents on their own.

Following the discussions with prosthetic specialists from the territorial social assistance structures, it was found that they do not collaborate much with RECPOR and the Society of the Invalids, in the case of children with disabilities, because most of the mobility products are intended for adults or those that are assembled for children do not meet the international standards. Thus, in order to respond to the requests of parents/caregivers of children with locomotor disabilities, prosthetic specialists are finding solutions other than those mentioned in the Regulations. This finding is also confirmed by the statistics provided by RECPOR, which show that in 2022-2023, a small number of children (15 children with disabilities) have benefited from wheelchairs from RECPOR. In the case of other assistive mobility products, the number of children who have benefited from assistive mobility products is higher, but these data do not correlate with actual needs.

The study reveals that **in the case of children with visual impairments**, the current mechanism for providing assistive technologies is not functional and does not ensure continuity and synergy between evaluation, prescription, provision of assistive technologies, and medical and psycho-social rehabilitation services. The results of the document analysis related to the implementation of policies in the field

show that that several public and non-governmental actors are involved in the process of providing assistive technologies to persons with visual disabilities, according to the approved regulatory framework: the ophthalmology service of the district/municipal health centres, RECPOR, the Public Association LOW VISION Centre and the Association of the Blind.

The results of the interviews and discussions held within the workshops organized during the study show that the public ophthalmology services within the territorial health centres do not have information and procedures describing the eligibility criteria and types of assistive products offered free of charge to individuals with visual impairments, including children. Ophthalmologists are not aware of the state and non-governmental institutions that provide these products; therefore, they face difficulties in referring children with visual disabilities. The results of the discussions with parents and representatives from the Ungheni Health Centre show that specialists collaborate only with the Public Association LOW VISION Centre, which is the only provider that assesses children, determines the needs for assistive technologies and ensures access to them within the limit of available stocks from external donor sources. Children are referred to the LOW VISION Centre, not only by ophthalmologists in the country, but also by supporting teachers, social workers or other non-governmental organizations in the social or health field. The LOW VISION Centre is accredited to provide medical services, i.e. it is contracted by the National Medical Assistance Company for the provision of specialized outpatient medical care and high-performance medical services. Rehabilitation and psycho-social services are provided solely from external financial sources, without any contribution from the state budget. The Centre provides a wide range of services that a child with visual disabilities should benefit from – assessment, diagnosis, prescription, provision of assistive products and medical rehabilitation. However, the Centre does not have permanent financial coverage for psycho-social services and maintenance of assistive devices. The Centre's specialists also provide training services for children with disabilities and their parents/caregivers on how to use and operate assistive technologies in various environments (home, school, community, etc.)

The provision of assistive devices for visually impaired and blind people, including children other than those for optical correction and visual aid is a responsibility of RECPOR, following amendments made to Government Decision 567/2011 in 2023. The research highlights gaps in RECPOR's fulfilment of this function, primarily in the organization of public procurement for specific products that require a level of knowledge and expertise that the institution does not have, as well as the lack of a mechanism for the distribution of assistive products procured in 2024. To date, there is no clarity regarding the mechanism for selecting beneficiaries for assistive technologies purchased, including the authorized providers and the procedure for their authorization/accreditation This function, according to the Regulation (Government Decision 567/2011), is attributed to the Ministry of Health.

The results of the discussions with representatives of the Ministry of Health and civil

society show that there are several challenges and uncertainties regarding the development of criteria for the assessment and referral of beneficiaries for assistive technologies procured by RECPOR, as there has not been an effective communication mechanism in the procurement process. At the same time, there is no clear collaboration mechanism between the health and social sectors, with gaps in communication and coordination. Little use is made of the positive experience of the LOW VISION Centre, which combines assessment, identification of the assistive product according to individual needs, provision of medical and psycho-social rehabilitation services, training on the use of the assistive products, and maintenance services.

In the case of visually impaired individuals, the Association of the Blind is the non-governmental actor that receives subsidies from the state budget for the purchase of raw materials for production/repair and for the partial compensation of compulsory state social insurance contributions for the association's employees, including those who are involved in ensuring access to assistive products for blind people. The research results show that the Association of the Blind is not accredited for healthcare services, nor does it collaborate with ophthalmologists in the country or other providers in the social or medical field. The interview with the representative of the Association revealed that the Association procures assistive technologies with the support of funds allocated by the state and externally funded projects. In the majority of cases, assistive products for visually impaired people, including children are purchased from online shops in Poland and Romania, which are importers of assistive products, but not manufacturers. It was also mentioned that, in the process of procuring certain assistive visual products, the Association of the Blind encounters specific problems, as these products do not have customs codes and cannot be imported into the country. |The analysis found no records of the proportion of expenses redirected from the state budget for assistive technologies for blind people, including children. Regarding the provision of assistive technologies to educational institutions, the study finds that this practice is in its early stages.

In April 2024, UNICEF launched a tender to procure assistive equipment for children with hearing and visual impairments and intellectual disabilities. The equipment will be distributed to circa 80 schools across the country to increase access to assistive technology for children with SEN and/or disabilities.

The interviews conducted emphasize that the most appropriate specialists for recommending assistive technologies for children with special educational needs, including disability, are PAS specialists. To this end, the participants in the discussions and interviews recommended to replenish the RCPA staff with 3-5 specialists qualified in psycho-pedagogy, in assistive technologies, experienced in working with children with SEN, including children with disabilities, who would be responsible for identifying the needs of children in assistive technologies for inclusive education, developing and updating the list of AT and conducting training of specialists in general education institutions to use AT. Currently RCPA specialists are in the process of drafting a Draft

Regulation for providing general education institutions with assistive technologies.

Interviews with specialists in inclusive education highlight that assessing the needs for assistive technologies in the educational process and recommending necessary assistive technologies for children with special educational needs and/or disabilities should be a delegated function of the territorial PAS. For this purpose, participants in discussions and interviews recommended the need to include 3-5 specialists qualified in psycho-pedagogy and assistive technologies, with experience working with children with SEN and/or disabilities, in the staffing of the PAS centers. Their responsibilities would include identifying the needs of children for assistive technologies in inclusive education, developing and updating the list of assistive technologies, and training specialists within general education institutions on the use of assistive technologies. Currently, PAS specialists are in the process of developing a regulation project to ensure general education institutions are equipped with assistive technologies, and this finding could add value to the regulation.

Interviews with the heads of territorial psycho-pedagogical assistance structures in the Cahul and Ungheni districts show that they face difficulties in using assistive technologies for children with hearing and visual disabilities within general education institutions. In this regard, the study notes that, at the time of equipping general education institutions with assistive technologies, no mechanism was established for the transfer/redirection of assistive technologies to general education institutions after the student with SEN and/or disabilities graduates. Consequently, in some general education institutions, FM systems for children with visual difficulties are not used because those who benefited from assistive technologies have graduated from the institution. Additionally, the study highlights the importance of establishing a mechanism for the use of monitors by visually impaired children both in the classroom and at home. It is recommended that the relevant authorities maintain an overview of the technologies used in schools in the area and monitor their effective or ineffective use, in order to make them available to other schools/children.

Assistive Technology Procurement System in the Republic of Moldova

The procurement procedures for assistive technologies vary depending on the field and the ministry coordinating the process. In the case of procurement of assistive technologies for hearing, the Ministry of Health uses the centralized procurement through the Centralized Public Procurement Center in Health for all assistive products necessary for implementing the auditory prosthesis program. Desk research and interview results attest that this is a functional procedure for the Republic of Moldova, and synergy is ensured between the process of needs identification, resource planning based on the identified needs, procurement of technologies and their subsequent distribution according to the requests. At the same time, the centralized procurement system has also boosted the development of technology offers, with 4 registered and certified distributors of hearing assistive technologies in the Republic of Moldova:

- Medteh Company – official distributor and representative of OTICON in Moldova;

- ACUSTMED – WSAudiology/REXTON/Germany distributor, offering a complete line of completely-in-canal hearing aid (CIC hearing aid) or behind-the-ear hearing aid (BTE hearing aid) and accessories made in Germany;
- Sirexton – distributor of hearing aids;
- SC Distribuitor Prim SRL.

Interviews conducted with official distributors of hearing aids in the Republic of Moldova highlighted the need to correlate the technical requirements reflected in the specifications for the procurement of hearing aids with international standards for specifications of assistive hearing products.

The centralised method of procurement of assistive technologies has also been used by the MER in the framework of the Project "Education Reform in Moldova", which centrally procured assistive technologies for children with special educational needs, including those with disabilities, for educational institutions across the country.

In the case of mobility and vision assistive technologies, procurement is carried out in a fragmented manner. Part of the resources from the state budget planned for assistive technologies are utilized by RECPOR, which organizes the procurement through the public procurement procedure. The other part of the financial resources from the state budget are provided in the form of allowances to the Associations of the Blind, the Association of the Deaf and the Society of the Invalids. These organizations do not conduct procurement through the public procurement procedure and, according to the opinions of the participants at the interview, it is not clear what is the proportion of expenditures used for the procurement of assistive technologies or raw materials for them in the total amount of purchased products.

During the interview with RECPOR specialists, it was mentioned that the organization of public tenders for the procurement of AT for the visually impaired persons, including children, is a deficient process that needs to be revised. The tender specifications developed for the procurement of AT for the visually impaired persons provide for bulk procurement of AT, which does not correspond to the individual needs of the visually impaired persons, including children. In addition, there are no official distributors of assistive products in the Republic of Moldova, most of the technologies must be imported, and the regulatory framework does not provide for tax exemption for the import of these products, which results in a lack of interest on the part of distributors.

The dominant opinion of the parents and civil society representatives participating in the research emphasizes the limitation of the right of the family with children with disabilities in selecting the provider of assistive technology. In order to receive certain assistive products free of charge, they are conditioned to access the assistive technologies offered by state institutions. In some cases, these technologies do not meet the child's needs and the family refuses state support, purchasing the appropriate technologies from private providers within the country or abroad, at their own expense. Parents and civil society representatives mentioned the need for the authorities to

develop a voucher system for the purchase of assistive technologies for personal use directly by families of children with disabilities.

During the interviews with the distributors of assistive hearing products, the usefulness of drawing on the experience of European countries, where the population is provided with assistive technologies through National Health Insurance Companies, was mentioned. The importance of giving the user the right to choose the assistive product from several service providers was mentioned. The medically insured person can approach any accredited provider to receive the assistive product and the expenses compensated from the state budget or CHCIF are transferred to the provider based on the contract with the user of the assistive product.

Maintenance services for assistive technologies

The study found that the majority of assistive technology repair and maintenance services are concentrated in Chișinău, with only a few available in Bălți. This creates barriers for disadvantaged families to access the services, as they do not have the financial means to travel, they forgo these services.

In the case of **children with hearing disabilities**, maintenance services for hearing aids are also provided by the institutions that supply children with assistive hearing technologies, including through the providers, who win tenders for the purchase of hearing aids. During the warranty period, every child who receives a hearing aid has access to free hearing aid adjustment services once every 3 months (after the audiogram).

In the case of **children with locomotor disabilities**, RECPOR and the Society of Invalids offer repair, maintenance and renewal services for mobility assistive products. According to the Regulation, individuals who benefit from products manufactured by RECPOR also have access to repair services if necessary; wheelchairs purchased and distributed by RECPOR for children can be replaced after 1.5 years. During the warranty period, upper and lower limb prostheses, braces, orthoses and corsets are repaired free of charge as needed. Children's complex orthopaedic footwear can be renewed free of charge before the due date, at the discretion of RECPOR 's Medical-Technical Commission, but no more than two pairs per year.

In the case of **children with visual disabilities**, there are no assistive technology maintenance services available in Moldova. According to the representatives of the LOW VISION Centre, the main reasons for the absence of these services are: the lack of legal provisions with specific regulations to support and facilitate the development of such services; the lack of specialized institutions in the field of maintenance and repair of assistive technologies for vision and the lack of specialists with adequate training and competencies in this field.

In the case of **assistive technologies supplied to educational institutions**, there are also no maintenance services available. During the interviews with the specialists of the pedagogical counselling services and support teachers, problems were identified regarding the maintenance of FM devices in general education institutions.

In cases where educational institutions are equipped with FM systems, the repair of these devices has not been included for a longer period. Due to a lack of knowledge on how to use the FM devices, and fearing they might damage them and have to pay for repairs out of their own budget, some teachers resist using these devices.

4.2.4. Assistive products

The purpose of analysis of the assistive products in the Republic of Moldova is to understand what assistive products are available on the domestic market and how these products address the needs of children with SEN and/or disabilities in a timely and cost-effective manner.

Mobility Assistive Products

The nomenclature of mobility assistive products approved as Annex1 to the Regulation on the manner of provision of technical aids to certain categories of citizens (*Government Decision 567/20111* [21]) is not compiled in accordance with the WHO Recommended List of Assistive Products. The nomenclature provides for both assistive products that are purchased and assistive products manufactured directly by RECPOR.

List of mobility assistive products purchased through RECPOR	**List of assistive products manufactured by RECPOR from the raw material purchased**
• Assistive products for medical treatment for personal use (braces, belts, hernia bandages) • Orthoses and prostheses • Orthopaedic and /or adaptive shoes • Assistive products for protection and personal care • Assistive products for walking (canes, crutches, walking frames) • Self-propelled wheelchairs.	• Orthoses and prostheses • Assistive products for medical treatment for personal use • Orthopaedic footwear • Shoe inserts • Orthopaedic insoles. *Repair services of prostheses and modular prostheses*

The nomenclature does not include information about other assistive products or services that are financed from the state budget by means of allocations provided to the Society of the Invalids of Moldova. The analysis of statistical data for the years 2022-2023 shows that the most requested assistive products for children were: orthopaedic shoes (about 1200 beneficiaries/year), recliners (about 330 beneficiaries/year) and orthoses (about 160 beneficiaries/year). Only 15-16 wheelchairs are provided annually.

The analysis of the data and discussions on the availability of assistive products shows that children with disabilities do not represent a priority group for RECPOR.

Interview results show that both parents and children are dissatisfied with the quality of products offered by RECPOR. For these reasons, parents seek quality products from other service providers, for which they often have to pay out of their own budget. Regarding quality, RECPOR representatives hold a different view, stating that "*orthopaedic footwear recommended by specialists is not comfortable, as it is specifically intended for rehabilitation, and parents' claims about quality are unfounded*". Parents of children with disabilities mentioned in the interviews that there is a lack of clarity regarding the process from identifying the need for assistive technologies to accessing the assistive products and receiving training on how to use them.

The RECPOR representatives mention that about 95% of the children who have applied for assistive products have benefited from them. These data are in contradiction with the information provided by the prosthetic specialists who mention that RECPOR rarely has wheelchairs for children, which is why they have to collaborate with other non-governmental institutions to help families identify a wheelchair or walking frames for children with locomotor disabilities. The *national survey on Mapping of Wheelchairs Provision in Moldova, 2020* [17] identifies that current wheelchair models and assistive technology used by adults and children with disabilities do not meet WHO standards, particularly in terms of seating and postural support. The survey also finds that people with locomotor disabilities are insufficiently provided with wheelchairs and walking frames, and parents often have to purchase them or receive them from humanitarian organizations.

Vision Assistive Products

The nomenclature of vision assistive devices approved as Annex 2 to the Regulation on the manner of provision of technical aids to certain categories of citizens (*Government Decision 567/20111*) includes assistive products for the visually impaired and blind people [21].

List of assistive products for the visually impaired persons	List of assistive products for blind people
• Low vision glasses (high degree ametropia) • Digital magnifiers / closed-circuit television (CCTV) system • Magnifiers • Telescope.	• Braille writing equipment • Text-to-speech program • Voice/tactile clocks • White canes (foldable and non-foldable) • Simplified cell phones.

Assistive devices are provided free of charge by RECPOR directly to the beneficiary or their legal representative. The results of the interview with RECPOR show that as of 2024, RECPOR has initiated the process of purchasing vision assistive products, with approximately MDL 2.0 million planned for this purpose. For visually impaired individuals, assistive products are distributed with the help of the Association of the Blind. However, in the case of assistive products for the visually impaired persons, the products are not yet distributed, because RECPOR does not have a clear mechanism

for their distribution. The Ministry of Health is responsible for developing and approving the eligibility criteria of persons for prescribing assistive products, which have not yet been approved. Respectively, no child with low vision has yet benefited from assistive vision products through RECPOR. This gap is partially filled by the LOW VISION Centre, which provides some children with assistive products from available external assistance.

The study emphasizes that there is a lack of clarity and transparency regarding the list of assistive products purchased and distributed by the Association of the Blind of Moldova from the allocations received annually from the state budget. The interview with the representative of the Association revealed that the Association provided assistive technologies to some educational institutions: The theoretical lyceum with technological profile for children with low vision and other general educational institutions, but it is unclear whether these provisions were made from external sources or from allocations received from the state budget.

Hearing Assistive Technologies

In the Republic of Moldova, individuals with hearing disabilities, including children, are provided with hearing aids free of charge. According to the Order of the Minister of Health No. 924 of 20.09.2012 regarding the provision of hearing aids to hearing-impaired persons [38], children up to the age of 18 are provided with hearing aids free of charge once every five years, which are purchased from the centralized budget of the Ministry of Health. Auditory prostheses for hearing-impaired children are applied at the Republican Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău; Bălți Clinical Hospital; Republican Clinical Hospital; Territorial Medical Association of Centre sector, Chișinău.

Since 2020, cochlear implants for children have been funded by the CHCIF. For 2024, within the framework of the special program "Cochlear Implant", implants have been planned for 32 cases, the total cost of which amounts at about MDL 14 million [50]. The cochlear implant interventions are performed in two public medical institutions: the Republican Clinical Hospital "Timofei Moșneaga" and the Institute of Mother and Child.

During the interview with the director of the Republican Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău, it was mentioned that the Republic of Moldova has made progress regarding the procurement of hearing aids. Currently, digital hearing aids are being purchased, which amplify the beneficiaries' hearing according to the degree of hearing loss. At the moment, there are no waiting lists at the Republican Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău. The hearing aids come with a two-year warranty and are serviced free of charge.

At the same time, discussions with representatives of CSOs show that some parents/caregivers are not satisfied with the quality of hearing aids provided from the state budget sources available in Moldova and prefer to buy hearing aids from abroad.

Assistive products available in general education institutions

The UNICEF report (2023) [53] highlights the provision of assistive technologies to territorial psycho-pedagogical assistance structures and RCIE for the support of children with SEN and/or disabilities in about 100 general education institutions as part of the Education Reform project in Moldova, which included:

- **Assistive technologies for cognition, communication,** which can be used for children with different special educational needs and include: attention tracking devices, educational robots, multi-messaging devices, phonology and communication devices, talking boards, picture readers, speech pens;
- **Vision and hearing assistive technologies**, which include: hearing aids, FM transmitter for teachers, digital magnifiers, keyboards with large keys for visually impaired children, etc

The research also highlights that some general education institutions have been equipped with assistive technologies by several CSOs: CCF Moldova has equipped general education institutions with 14 FM systems for inclusive education of children with hearing disabilities, LOW VISION Centre and the Association of the Blind of Moldova have equipped some educational institutions with AT for children with visual impairment [53]. However, these are unique cases and do not represent a regular practice.

The analysis of the documents and discussions carried out during the workshops and interviews shows that the Nomenclature annexed to the Regulation on the provision of certain categories of citizens with technical aids, approved by GD no. 567 of 26.07.2011 [21] includes a very limited list of products compared to the list of assistive products recommended by the WHO. The nomenclature does not include assistive products for communication, cognition and the environment. The current list of assistive products in the nomenclature does not cover the needs of children in the educational process. The provision of general education institutions with assistive products is insufficient and is mostly carried out episodically from external funding sources. The provision of children with locomotor disabilities with wheelchairs and walkers is inadequate, children also have the right to motorized wheelchairs to enhance independence and autonomy, but these can only be procured or obtained from humanitarian organizations or purchased by parents/caregivers. There is no feedback mechanism that records the AT quality offered by RECPOR from parents/caregivers, but also from children.

4.2.5. Staff involved in AT provision

The purpose of the staff analysis is to identify the actors supporting children with SEN and/or with disabilities in using AT in the field of health, education, social care and how prepared they are to provide guidance and support to children with SEN and/or with disabilities and their families needed when using the AT in all environments.

Training of the specialists in the field of AT application

The study revealed that there is no effective mechanism at country level to train specialists in the application of assistive technologies for children with disabilities.

The content analysis of the initial and continuing teacher-training curriculum for teachers identifies the tangential approach to topics related to assistive technologies. The analysis for the course unit for the Bachelor's Degree, 1st cycle (academic year 2023-2024), in Educational Sciences at the State Pedagogical University "Ion Creangă" reveals a lack of courses/module on assistive technologies. Only the module "Inclusive Education", aimed at teachers in general education institutions, contains the subject "Assistive teaching technologies".

The study also finds that in the Republic of Moldova, there is no training curriculum for instructing users in the field of assistive technologies. Typically, training on the use of assistive technologies is provided by NGOs and international organizations that offer support in the provision of assistive technologies.

Training of specialists in education on the use of assistive technologies

The professionals who provide support to children with special educational needs in general education institutions are the specialists from the Psycho-pedagogical assistance services, as well as support teachers, teachers, psychologists, speech therapists from general education institutions.

The UNICEF report (2023) [53] reveals that out of the total number of 228 employees in 35 Territorial Structures of Psycho-pedagogical Assistance, only 41 specialists (17.9%) have been trained in the application of TA in the educational process. Of the 1534 specialists within the RCIE, only 511 specialists (3.3%) received training in AT. In general education institutions, the training of teachers in the use of assistive technologies was carried out by RCPA. During the interviews with support teachers from the Cahul and Ungheni districts, it was found that these trainings were organised online, and had more of an informative character, due to the fact that they were held during the COVID-19 period. The interviews conducted with specialists in the field reveal the necessity to train specialists from general education institutions and psycho-pedagogical support services in the use of AT. They mention that the training of specialists in the application of AT should be organised in-person, with an emphasis on practical activities. The need to train users of assistive technologies was also mentioned: children, family members, teachers on the use of assistive products. Furthermore, it is also necessary to involve the relevant institutions, civil society organisations with experience in the field, experts in training professionals on the use of assistive technologies.

Training of medical and social specialists in using assistive technologies

In the social field, there is no institutionalized mechanism for training specialists in the field of AT. The trainings are carried out fragmentarily, within projects or at the request of employees. Following the analysis, the authors identified some examples, which are presented below.

The National Council for Determining Disability and Work Capacity has trained the staff of the institution with its own resources, for the application of the Guide for Completing the Individual Rehabilitation and Social Inclusion Program, approved by the Order of the Ministry of Labor and Social Protection no. 104 of 01.12.2022 [18]. During the interview, the director of NCDDWC mentioned the need to organize more in-depth trainings for the institution's specialists both in the field of AT and in the application of the Guide for Completing the Individual Rehabilitation and Social Inclusion Program.

In June 2024, **the Public Association Society of the Invalids of the Republic of Moldova,** in partnership with RECPOR, organized a training on the topic "Evaluation, prescription, assembly and distribution of armchair strollers". The training was attended by prosthetists from the territorial social assistance agencies, the presidents of the societies of invalids in the territory involved in the project of evaluation, assembly and distribution of wheelchairs. The training was moderated by doctors and technicians from the United States of America and Germany.

The Association of the Blind holds trainings for people with visual disabilities in the use of TA, especially of people who are provided with products through the Association.

In the healthcare sector, there is also no institutionalized mechanism for training specialists in the provision of AT. The research identified a practice of training specialists in perinatal centers of all levels conducted in 2023, during which 70 specialists, including 62 medical workers in perinatal centers, were trained in the use of equipment for diagnosing hearing impairments in newborns. The training was conducted at the Center for Audiology, Hearing Aids and Medical-Pedagogical Rehabilitation of the "Emilian Coțaga" Clinic within the Institute of Mother and Child.

In conclusion, the research results highlight that in the Republic of Moldova there is no effective system for the training of medical, social and educational specialists in the field of AT, with emphasis on the importance of using AT for children with SEN and/or disabilities in order to realize their full potential and increase their participation and independence. The training activities for medical, social and educational specialists in the field of assistive technologies are episodic in nature and are mainly carried out with the support of CSOs. The initial and continuing training curricula for health, social and educational professionals do not contain modules and topics focused on assistive technologies. There are also no training programs aimed at users of assistive technologies, specifically for children with SEN and/or disabilities and their support persons.

Discussion on AT for inclusive education

5.

5.1. Reference population

According to opinions expressed during the workshops and interviews, it was revealed that obtaining access to reliable data on the situation of children with SEN and/or disabilities in the Republic of Moldova is complex and difficult. This is due to the heterogeneous and complex nature of disability, the use of different definitions for developmental disorders, as well as the high degree of stigmatisation and discrimination based on disability, which leads parents to refuse to determine disability in their children. In the process of determining disability, the medical model of disability still predominates, the criteria for determining disability in adults and children are not yet adjusted to the International Classification of Functioning, Disability and Health. So far, there is no mechanism in place to identify and refer families with children with developmental disabilities that do not have a formal disability determination. Although official statistical data show a trend of increasing number of children with SEN and/or disabilities over the past 5 years, there is currently no evidence supporting the needs of these children for assistive technologies, especially in the educational process.

According to the participants in the discussions and interviews, resource planning to ensure access to information technologies in the educational environment should take into account not only the number of children with disabilities, but also the number of children with SEN, as the statistics held by the RCPA indicate that one in three children assessed have functional difficulties and developmental disorders, but does not have a formally confirmed disability. It is equally important to improve the disability determination system in order to be able to document and provide data on the type of disability in children – data necessary for estimating the needs for mobility, vision, hearing, communication, cognition and environmental assistive technologies.

The prevailing opinion from the discussions conducted shows that parents and other caregivers of children with disabilities and SEN have limited knowledge about the diversity, type and benefits of assistive technologies for child participation and education. Teachers and staff of inclusive education support services also lack sufficient information and knowledge about the use of AT in the educational process for children with different types of disabilities or developmental disorders.

To overcome these barriers, the interview participants consider that it is necessary to strengthen the mechanism of identification and assessment of developmental disorders, especially in children aged 0-5 years; to improve collaboration between health, social and education systems, especially for children who are not enrolled in early childhood education institutions and remain outside the informational systems that provide statistics; as well as to adjust the indicators for collecting statistical data on children with developmental disorders, disabilities and SEN.

Discussions during the workshops highlight that improving the mechanism for determining disability in children depends to a large extent on: intensifying monitoring of the implementation of national protocols on developmental screening of children by primary and specialized healthcare professionals; expanding early intervention services for children; and building the capacity of families with children in addressing disability according to the social and child rights-based models. Correctly informing decision-makers about the importance of improving the system for collecting and managing data on children who need AT for personal use and for inclusive education would also lead to improving the system for planning and developing support services for inclusive education, including for access to assistive technologies.

5.2. Policies related to ensuring access to AT

The analysis of policies regulating the provision of children with assistive technologies for inclusive education shows that there are generally favourable legal conditions for the development of this field. The Education Code [9] and the Law on Social Inclusion of Persons with Disabilities [29] include provisions on the right of children with disabilities and children with SEN and/or disabilities to assistive technologies.

The prevailing opinion of those who participated in workshop discussions and interviews indicates that some sectoral regulations developed to implement general national legislation need to be improved/updated. The regulations for providing people with disabilities, including children, with different AT [21, 38] according to disability are fragmented and do not contain provisions on access to assistive technologies for children with intellectual disabilities or developmental disabilities, including ASD. In the content of the regulations, the MER's responsibilities, specifically the provision of AT for inclusive education, are not reflected. At the same time, the Regulation on the provision of AT for children with locomotor and visual impairments does not offer clarity for all actors involved in the process of identification, evaluation, diagnosis, prescription and provision of AT and medical and psycho-social rehabilitation.

In the case of equipping educational institutions with AT, the National Program for the Development of Inclusive Education [46] contains specific actions for providing educational institutions with AT. However, further actions are needed to establish a list of necessary AT to be procured for education and a mechanism for equipping institutions according to the needs of children.

The participants in workshop discussions and interviews consider that in order to have a comprehensive approach that encompasses all groups of children needing assistive technologies for both personal and group use in the educational process, it is necessary that the authorities of the Republic of Moldova agree on and promote a single concept of "assistive technologies" in line with the notions and principles recommended by UNICEF and the WHO in the Global report on assistive technology. After agreeing on a unified concept, the Moldovan authorities would need a National Programme to provide children with SEN and/or disabilities with assistive technologies for mobility, hearing, vision, communication, cognitive and environmental as-

sistive technologies. Subsequently, it will be necessary to outline the pathway of the child and family from identifying the need to accessing the assistive product, including training, usage methods, maintenance services and a clear distribution of responsibilities between ministries and subordinate public institutions. In this exercise, it is necessary to leverage the experience of non-governmental providers and to include the option of contracting their services. This exercise will bring more clarity for the development of Regulations or Programmes for the provision of assistive technologies for each category, taking into account as a priority the individual needs of children with different types of disabilities or functional difficulties.

The study highlights that the mechanism of intersectoral cooperation also functions in a fragmented manner. Each ministry has its own intersectoral cooperation mechanism. These mechanisms are effective, but need to be completed with TA provision functions for children including for inclusive education. To become a support in children's education, AT must be developed through a continuum of services. The participants in the validation workshops of the study mentioned that only through coordination at the government level can impactful results be achieved for children with disabilities. For these reasons, it is necessary to ensure the functionality of an intersectoral cooperation mechanism at government level, with a mandate to coordinate and monitor the implementation of actions to provide assistive technologies by each ministry in their respective areas of responsibility.

5.3. Provision of assistive products

According to international experiences, the provision of assistive technologies is ensured by an ecosystem in which trained professionals from various institutions and organizations work together, prioritizing the best interests of the child. Service delivery or provision of assistive products and related services should be as close as possible to people's own communities, including in rural areas. Services should be tailored to the needs of each individual, considering the type and nature of their health condition, impairment and functional difficulty, and include early identification and intervention as appropriate. The results from the present study suggest that some progress has been made in this area, however there are still some gaps in the system to meet the needs of children with disabilities and/or SEN.

In this context, it is necessary to strengthen the intersectoral collaboration mechanism between the Republican Centre for Psycho-pedagogical Assistance and the institutions in the field of identification of children's needs for assistive technologies; planning of resources based on evidence; procuring assistive products; training of parents, caregivers, service providers in using assistive technologies; maintaining assistive products and monitoring the impact of assistive technologies distributed to children with disabilities and/or SEN.

Participants in the interviews and validation workshops of the report propose that the provision of assistive technology for children with SEN and/or disabilities enrolled in general education institutions be carried out by RCPA; the provision of assistive mo-

bility devices – by RECPOR, the provision of assistive technologies for children with visual impairments – by the Centre for Medical and Social Rehabilitation for People with low vision "LOW VISION" through contracting services from the state budget and CHCIF; and the provision of assistive hearing technologies to continue to be provided by the Republican Functional Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău.

Regarding the maintenance of assistive products, for the Republic of Moldova the idea of creating "One Stop Shop" centers at the regional level is relevant for the Republic of Moldova, which would aim to distribute, repair, clean and lend assistive technologies before they are released to the next user. This system is particularly useful for children, who are growing up and whose needs are changing rapidly.

An important aspect in the provision of assistive technologies is promoting quality assurance mechanisms for assistive products. In this context, there is a need to strengthen effective procurement mechanisms at national level to improve the supply, quality, availability and accessibility of assistive products for children. As part of quality assurance, the service delivery system must ensure that the provision process is considered complete only when there is evidence of a satisfactory match between the child/student and the provided assistive product. Such evidence can be collected through the implementation of validated strategies for outcome assessment.

There is a need to promote and train all specialists involved in the process of evaluation and referral of children for the provision of assistive technology in accordance with the WHO recommended list. The study identifies the need to adjust the nomenclature of assistive products to meet WHO requirements, to assess the cost-effectiveness and quality of RECPOR's manufactured products in relation to other offers available on the market.

An important aspect in the provision of assistive technologies is leveraging a person-centred approach. The study notes the relevance of introducing a voucher system for the purchase of assistive technology for people with disabilities, including children, to ensure the right of the beneficiary to choose the type of product they need, the provider of their choosing and if necessary, to supplement the cost with a contribution from the family budget. It is also recommended to raise awareness among all stakeholders about the necessity of adopting a user-centered approach for identifying and providing assistive technology, ensuring that the wishes and expectations of the child/student are prioritized throughout the entire process.

An important role is played by estimating the costs for supplying children with assistive technologies, especially wheelchairs, according to the needs and standards of the WHO. In the medium to long term (5-10 years), the government can invest in national capacities to assemble, manufacture wheelchairs for children using locally sourced materials. This could also provide additional economic opportunities, including jobs and broader manufacturing and production skills.

5.4. Assistive products

The study finds that the variety and quality of assistive products in the Republic of Moldova are insufficient to meet the needs of children with SEN and/or disabilities. The list of assistive products included in the Nomenclature according to Government Decision No. 567 of 26.07.2011 [21] does not cover the needs of children with SEN and/or disabilities. The Nomenclature is centred on mobility and vision assistive products and does not address the needs of children with intellectual disabilities and ASD (it does not include assistive products aimed at cognition, communication or the environment). This creates a barrier to participation in education for children with severe intellectual disabilities and ASD.

The study conducted by the UNICEF [53] finds that RCIE lacks sufficient facilities and equipment for the activity and the level of RCIE's equipment with assistive products is limited. Also, the premises of general education institutions are not adequate for the use of assistive technologies; there is a lack of standards, including equipment, specialized software, and other learning materials and supports, which would require educational institutions at all levels to aim to ensure the educational inclusion of children with SEN and/or physical disabilities, hearing disabilities, visual disabilities, autism spectrum disorders.

The study found that the PAS do not have AT for the comprehensive assessment of children with special educational needs and/or disabilities, in particular children with hearing and vision disabilities, and therefore the recommendations do not always correspond to the individual needs of these children. To this end, it is recommended to supplement the Inclusive Education Fund with a component for assistive technology and to increase the RCPA staff in order to "leave no one behind".

Furthermore, it is important to expand the range, quantity and quality of assistive products for children with disabilities and/or SEN. In this context, it is necessary to develop a list of assistive products for children according to WHO standards. It is recommended that this list be reviewed every year, including with the involvement of RCPA specialists.

The types and quality of assistive products are changing rapidly due to technological advances and evolving needs. In this respect, it is necessary to establish mechanisms for cooperation between users, researchers, universities and manufacturers of assistive technology in the Republic of Moldova and abroad. All these initiatives should be person-centred.

5.5. Personnel

Training of staff involved in education, health and social care is essential to strengthen an effective assistive technology system at national level. The report reveals a low capacity of specialists in all areas in the use of assistive technologies. At the same time, training activities in the field of assistive technologies organized for specialists are sporadic.

According to the study "The Educational Path of Children with Severe Disabilities: Constraints and Opportunities" 2023, there is no mechanism for training and capacitating human resources in the field of inclusive education. Teachers from various disciplines, including primary school teachers, do not have sufficient professional training to organize the educational process adapted to the educational requirements of children with intellectual, visual, and hearing disabilities, as well as ASD. Additionally, educators lack adequate training to communicate with children with different types of disabilities, to adapt educational materials according to the needs and abilities of the children, and to assess the progress of children with SEN and/or disabilities.

The curriculum in higher education institutions with a pedagogical profile does not fully meet the requirements of inclusive education. On one hand, the education system faces a high turnover of staff, with a shortage of support teachers, psychologists, and speech therapists in schools; on the other hand, higher education institutions do not respond to labor market demands.

In this regard, it is necessary to develop a mechanism for training in AT for all specialists involved in the assessment and referral mechanism. An important aspect in this context is cooperation with the academic world in adjusting occupational standards for some specialities related to the field of assistive technologies and the inclusion of training modules in the bachelor's and master's degree cycle (for example, occupational therapists, speech therapists, teachers, social workers, etc.).

In order to train staff in the application of assistive technologies, it is important to diversify continuing professional training courses on the application of assistive technologies. In this regard, short-term courses for updating knowledge on assistive technologies and specialized modules for staff supporting children with special educational needs (SEN) and/or disabilities are relevant.

Ideally, teachers should be trained to actively participate in decision-making regarding assistive technology and should be taught how to implement recommended support solutions, and how to evaluate outcomes. For this purpose, a combined competency-based approach, rather than a specific type of staff within the health (or education) workforce, can facilitate the delivery of person-centered services. The combination of competencies refers to a foundational approach to providing assistive technology for all service providers (e.g., in the community), with specialization for more complex cases (e.g., in specialized centers). This approach is believed to have the potential to integrate the provision of assistive technology.

In the context of inclusive education, a mixed-competency approach could involve, on one hand, providing "basic" training courses for all educators to enhance their understanding of assistive products and their use, as well as a foundational understanding of the process of seeking various accommodations and resources for students. On the other hand, more specialized expertise centers within selected schools could be further developed. This would enable teachers who have received advanced training in assistive technology and related services to handle complex situations, ultimately providing support to their colleagues.

An important aspect is the revision of job descriptions for specialists in the field regarding the provision of assistive technologies. A mechanism for training on the use of assistive technologies should be established, accredited, and funded from the state budget. Another aspect is the development of a training program aimed at educating users of assistive technologies: children, family members, and educators. At all stages of training in the field, the involvement of relevant institutions and civil society organizations with experience in the use of assistive technologies is required.

Conclusions

6.

1. Population. The analysis of the data on children with SEN and/or disabilities, and of the trends in recent years shows that the Republic of Moldova has made progress in the collection and management of statistical data needed for policy development, including inclusive education and AT provision. However, the central public authorities still do not have a consolidated data system, based on the type of disability or developmental difficulty of the child, which would allow for the estimation of needs for assistive technologies for mobility, hearing, vision, communication, cognition and environment. The current mechanism for determining disability in children does not provide complete information about the type of AT needed to exercise the rights, including the right to education. Support services for inclusive education funded by the Inclusive Education Fund have not prioritized access to AT for children with SEN and/or disabilities in educational institutions until recent years, as teachers, inclusive education support services staff and parents are not fully aware of the benefits of AT in supporting children to reach their full potential, especially in the educational process.

2. Policies. The analysis of national legislation and policies shows that the Republic of Moldova has a favourable strategic legal framework for creating an ecosystem of AT provision for children with SEN and/or disabilities according to the type of disability and/or functional difficulties. The current mechanisms for providing children with AT are fragmented, there is a lack of a comprehensive approach among central public authorities in the health, social and educational fields regarding access and provision with assistive technologies. There is no clarity on the responsibilities of assessing, referencing and caring for children with SEN and/or disabilities with assistive technologies. Parents/caregivers of children with SEN and/or disabilities do not have access to information about children's eligibility criteria for assistive technologies, the list of institutions responsible for providing AT (mobility, vision, hearing, communication, cognition and environment) and the necessary documents required to benefit from these technologies free of charge. These gaps also persist among specialists in the fields of health, social work and education. The current mechanism for financing assistive technologies is also fragmentary. There is no mechanism for coordinating and monitoring the annual expenditures planned by each authority (MH, MER, MLSP, FAOAM) for different categories of assistive technologies. In the Republic of Moldova, there is no analysis of the financial resources allocated from the public budget for AT, in order to be able to assess the cost-efficiency in the field. Strengthening an ecosystem for supporting children with SEN and/or disabilities implies a better synergy of coordinated policies among the Ministry of Health, MLSP and MER, in order to ensure the continuity of the chain of services offered to children, to realize their rights and capitalize on their potential, including in general education institutions at all levels. The identified gaps and barriers must be addressed in contemporaneously in the form of a multidimensional national strategy, as they are all interconnected.

3. Provision of assistive products. The analysis of the provision of assistive products in the Republic of Moldova reveals that the system for supplying assistive technologies has some limitations and cannot fully meet the needs of children with SEN and/or disabilities. These limitations are caused by: insufficient cooperation between the medical, social and educational sectors in providing children with assistive technologies; lack of effective procurement mechanisms at international level (supply, quality, availability of assistive products for children); inadequate engagement by state institutions in raising community awareness regarding the provision of assistive technologies.

4. Assistive Products. The analysis of assistive products available on the domestic market for children with SEN and/or disabilities shows that the variety and quality of assistive technologies in the Republic of Moldova is not sufficient to meet the needs of children with disabilities. The nomenclature of the Government Decision No 567 of 26.07.2011 is centred on mobility and vision assistive products and does not cover the needs of children with intellectual disabilities and ASD. In the Republic of Moldova, there are no companies producing assistive technologies, except for assistive products focused on mobility. In this respect, there is a need for investment in innovation and commercialisation of assistive products in both the public and private sectors. The need for international procurement of assistive products is recognised, as well as the need to include the contracting of specialists in the development of specifications for AT procurement. There is also insufficient cooperation between researchers and universities in the Republic of Moldova and abroad regarding the application of research and innovation in the use of assistive technologies.

5. Personnel. The analysis notes the lack of an effective national system for training specialists in the field of assistive technology application; there is rather a fragmented approach to assistive technology issues within both the initial training curricula and continuing professional development. The training of medical, social and educational specialists in the field of assistive technologies is episodic. There are no training modules for the users of assistive technologies, especially parents/support persons and children with SEN and/or disabilities.

7. Recommendations

The research findings discussed and validated with key actors in the Republic of Moldova led to the development of recommendations for strengthening each component of the ecosystem in the provision of AT for children with disabilities and/or SEN in Moldova. For a better understanding of the responsibilities of each actor involved in the AT system and a practical implementation strategy, the recommendations are elaborated for:

- **Political actors:** Parliamentary Commission on Social Protection, Health and Family, the Parliamentary Commission on Culture, Education, Research, the Ministry of Health, the Ministry of Labour and Social Protection, the Ministry of Education and Research – the institutions responsible for developing and approving policies in the field of rights protection and inclusive education of children with SEN/or disabilities, including children.
- **National Councils for the Protection of the Rights of the Child and Persons with Disabilities:** National Council for the Protection of the Rights of the Child, National Council for the Protection of the Rights of Persons with Disabilities are entities responsible for the intersectoral mechanism for the coordination and monitoring of policy implementation.
- **Public institutions:** the Republican Centre of Audiology, RECPOR, RCPA are empowered to provide support to persons with disabilities, including AT as well as to equip educational institutions to facilitate the inclusive education process.
- **International Organizations and UN Agencies** – organizations that promote the rights of persons with disabilities and children's rights and provide technical and financial assistance to the authorities, including in the field of AT.
- **Civil society organizations** – active in the field of inclusion of children with disabilities are organizations that promote the rights of children with disabilities and contribute to preventing and combating stigma and discrimination.
- **Non-governmental service providers:** LOW VISION Centre, AO "SOS Autism" – non-governmental organizations accredited for the provision of medical and/or social services.
- **Certified AT Distributors** – private companies importing and selling various AT, including providing maintenance services.
- **Academia** – researchers and technical vocational and university institutions that train specialists in the fields of social work, medicine, education, information and communication technologies, engineering, etc.

The recommendations are presented in the table below. For each recommendation, a main stakeholder is identified and listed in the table as **(1)** and other actors involved in directly supporting the recommendation are listed in the table as **(2)**.

REFERENCE POPULATION (children with SEN and/or disabilities)	**Political actors**	**National Councils**	**Public Institutions**	**International Agencies**	**CSO's**	**Service Providers (SP)**	**AT distributor**	**Academia**
Improving and expanding the NBS statistical indicators on the situation of children with SEN and/ or disabilities (functional difficulties, types of disability)	**1**	**1**	**2**	**2**	**2**			
Developing a mechanism to identify the needs of children with SEN and/or disabilities for assistive technologies from the moment of disability determination by making changes to the Individual Rehabilitation and Inclusion Programme (in the Information System)	**1**	**1**	**2**	**2**	**2**	**2**		
Ensuring the digitalization of all decentralized services in the territory (family doctor offices, health centres, psycho-pedagogical assistance services, educational institutions, community social assistance services) in order to secure the completion of data in sectoral information systems.	**1**		**2**	**2**				
Building the capacities of responsible institutions (MH, MLSP, MER) on the collection and processing of data on children with SEN and/or disabilities in the Automated Information Systems.	**1**		**2**	**2**				

Ensuring data interoperability between information systems owned by NCDDWC, MH, MLSP, MER by creating a separate compartment for access to AT.	**1**		**2**					
Awareness-raising campaigns conducted through national media and social media to promote a new conceptual approach to AT and inform people on how to get access to AT	**1**	**2**	**2**	**1**				

POLICIES	**Political actors**	**National Councils**	**Public Institutions**	**International Agencies**	**CSO's**	**Service Providers (SP)**	**AT distributor**	**Academia**
Approval of a common concept that defines "assistive technologies", "assistive products" based on the framework recommended by WHO and UNICEF and integration of this concept in all normative acts.	**1**	**1**		**2**	**2**	**2**		
Development of a mechanism to identify the needs of children with SEN and/or disabilities (different types of disabilities) for AT on the basis of the WHO recommended categories using as a basis the WHO recommended Rapid Assistive Technology Assessment Tool **(RATA tool)** (https://www.who.int/publications/i/item/WHO-MHP-HPS-ATM-2021.1)	**1**		**2**	**2**	**2**	**2**		**2**
Development of a national programme on ensuring access to assistive technologies (mobility, hearing, vision, communication, cognition, environment) for children with disabilities with the involvement of key stakeholders, including families with children with SEN and/or disabilities.	**1**	**1**	**2**	**2**	**2**	**2**	**2**	**2**

Development of Roadmaps (Regulations) for the provision of assistive technologies for individual use by families of children with SEN and/or disabilities based on the category of assistive technology (mobility, vision, hearing, communication, cognition, and environment (one roadmap for each type). These roadmaps will outline the pathway of the child with disabilities from assessment and diagnosis to obtaining the assistive product free of charge, accessing training services on the use of assistive technologies, rehabilitation and maintenance services for assistive products.	**1**	**1**	**2**	**2**	**2**	**2**	**2**	**2**
Development of the Roadmap (Regulation) for equipping educational institutions with AT for inclusive education, leveraging the experiences of the Republican Centre of Audiology (for children with hearing disabilities) and the LOW VISION Centre (for children with visual disabilities).	**1**		**2**	**2**				**2**
Strengthening the inter-sectoral co-operation mechanism based on the National Council for the Protection of the Rights of Persons with Disabilities (new composition and new Regulations on activity) based on the National Council for the Protection of the Rights of the Child (coordinating role in all sectors).		**1**		**2**	**2**			
Strengthening the National Council on Inclusive Education and ensuring collaboration with the National Council with a coordinating role across all sectors.	**1**	**1**	**2**	**2**	**2**	**2**		**2**
Strengthening the international cooperation with AT institutions across Europe to scale up positive practices and knowledge in the field of AT	**1**	**1**	**2**	**1**	**2**	**2**	**2**	**2**

Establishment of a national centre for AT capable of advising **the government and supporting the development of competences in the country based on international practices**	**1**	**1**		**1**	**2**			
Development of a clear funding mechanism for AT establishing sources (state budget, CHCIF, Inclusive Education Fund) and budget subprogrammes in order to be able to track the expenditure allocated from the public budget for AT.	**1**	**1**	**2**	**2**	**2**	**2**		
Approval of the criteria and mechanism for contracting or offering state budget allowances to civil society organizations providing services in the field of AT, in a fair manner without favouring the Association of the Blind, the Association of the Deaf and the Society of the Invalids.	**1**	**1**		**2**	**2**			
Amending the Public Procurement Law to extend the possibility to procure AT from suppliers in other countries.	**1**			**2**		**2**		
Development of the necessary legislation to exempt import duties for assistive products that are not available on the domestic market in order to encourage distributors to cooperate in the procurement process.	**1**	**1**		**2**			**2**	

PROVISION OF ASSISTIVE PRODUCTS	Political actors	National Councils	Public Institutions	International Agencies	CSO's	Service Providers (SP)	AT distributor	Academia
Development and approval of a new Assistive Technology nomenclature based on the WHO recommended list.	**1**		**2**	**2**	**2**	**2**		
Informing and raising awareness among population and service providers about the types, categories and benefits of using assistive technologies that improve the performance of children with SEN and/or disabilities in all domains.	**1**		**2**		**2**	**2**		
Extending the RCPA's responsibilities in the field of providing educational institutions with AT, including training and maintenance services and increasing the staff by 3-5 specialists for extended services.	**1**	**2**	**2**					
Strengthening public intervention and recommendations that would lead to a less public/ state intervention (e.g. voucher system).	**1**			**2**	**1**			
Using UNICEF's procurement capacity and expertise to ensure global quality standards and best price-quality ratio.	**2**	**2**		**1**				
Creation of a republican centre specialized in providing assistive technologies to visually impaired people, including children, following the model of the Republican Functional Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation (for the visually impaired and blind persons)	**1**			**2**	**2**	**2**		

Development of a transparent mechanism for introducing new AT into the country and regularly updating the AT Nomenclature.	**1**						**2**	
Making use of the experience and practice of the LOW VISION Centre which has the capacity and is accredited to provide the full range of medical and social services, including AT procurement for visually impaired persons, including children from two sources: the CHCIF and from external sources that can be supplemented from the state budget through MLSP.	**1**	**1**			**2**	**2**		

ASSISTIVE PRODUCTS	**Political actors**	**National Councils**	**Public Institutions**	**International Agencies**	**CSO's**	**Service Providers (SP)**	**AT distributor**	**Academia**
Analysis of the supply of ATs on the domestic market and assessment of the availability on the domestic market of ATs from the WHO recommended list.	**1**	**1**		**2**	**2**	**2**		
Cost-benefit analysis of ATs manufactured from state budget resources or ATs procured from private suppliers.		**1**		**2**	**2**	**2**		
Establish a working mechanism between the authorities and potential distributors of ATs.	**1**						**2**	
Development of a concept of repair, maintenance and exchange services for AT	**1**		**2**	**2**	**2**	**2**		
Establishment of regional *"One Stop Shop"* centres for distribution, loan, repair, maintenance, exchange or return of ATs.	**1**		**2**	**2**	**2**	**2**	**1**	

Development of a recycling concept for used or unused ATs	**1**			**2**			**1**	
Establishment of mechanisms for cooperation between users, researchers, universities and assistive technology manufacturers in the Republic of Moldova and abroad to capitalize on opportunities for mutual learning, research and innovation to improve the production processes of ATs in Moldova.	**1**	**1**	**2**	**2**	**2**	**2**	**2**	**2**

PERSONNEL	**Political actors**	**National Councils**	**Public Institutions**	**International Agencies**	**CSO's**	**Service Providers (SP)**	**AT distributor**	**Academia**
Development of a mechanism for training in AT for professionals involved in the provision of AT in the fields of health, social protection, education.	**1**		**2**	**2**	**2**	**2**		**1**
Collaboration with academia in adjusting occupational standards for some AT related specialties and inclusion of training modules in bachelor and master cycle.	**1**		**2**	**2**	**2**	**2**		**1**
Development of clear instructions to specialists involved in the provision of AT for the distribution of tasks between different sectors and actors involved in assessment and referral, provision and procurement of AT for individual use and for institution-wide use in the educational process.	**1**		**1**	**2**	**2**	**2**		**2**
Training and empowerment of families of children with disabilities in the use of AT and advocacy to increase children's access to quality AT based on their needs.	**1**		**2**	**2**	**2**	**2**		

8. Annexes

Annex 1. Applied research tool

Population **Goal:** The disabilities and educational needs of children are identified as early as possible, and provide the basis for allocation of support, including assistive and communication technologies, to achieve their full potential.			
1.1.	Statistics	What statistical data about children with disabilities is available? What kind of information do they provide (e.g. incidence, health condition, access to services, other variables?)	Related literature Statistical analysis Reports of competent institutions
1.2.	Definitions and classifications of disability	Are there official definitions of disability and classifications that are formally applied? In which policy areas or areas of public administration?	Policies Legislation
1.3.	Certification of disability	Is there a national system to "certify" a disability? By whom and how? Starting from which age? What are the consequences or benefits of that certification? How does formal certification impact a child's position in the educational system?	Policies Legislation Previous research Discussions with parents Discussions with the Disability Determination Board MLSPF interview MER interview
1.4.	Living conditions	Where do children with disabilities normally live? How many children live in institutions and how many with their families? Who decides where a child lives?	Policies Statistical data Previous sociological research
1.5.	Services	What public services are activated when the disability of a child is ascertained? How timely is the intervention? Is there coordination among sectors (e.g., health, education, welfare)? Who coordinates a personalised rehabilitation plan?	Policies Legislation Interviews: RCPA/PAS Disability Determination Board Parents Teachers MLSP, MER, MH

1.6.	Stigma and discrimination	What is the common attitude towards disability among the general population? Are families of children with disabilities at higher risk of social exclusion?	Previous research Parents
Policy **Goal:** Children with SEN and/or disabilities have access to appropriate assistive and communications technology to develop their full potential and to facilitate their inclusion and participation			
2.1.	General legislation	Is the country a signatory to the UNCRPD? What legislation is available that is relevant specifically for children with disabilities and their families? Are there legislative powers delegated to lower administrative levels (e.g., regions or provinces)? How is the implementation of AT/AAC policy monitored and evaluated? What criteria are applied for children's eligibility to benefit from assistive technology including AAC solutions? How is eligibility for assistive technology determined?	Legislation analysis Interviews: MLSP, MER
2.2.	Legislation in Education	What does the law define about children with disabilities in education? Which laws define a child's right to an inclusive education?	Legislation analysis
2.3.	Legislation regarding Assistive Technology	What legislation is relevant to ensure the right of people with disabilities to receive AT? Which legislation defines the rights of children with disabilities to receive assistive technology and AAC solutions? Does legislation explicitly refer to the provision of AT and AAC solutions to promote learning? What funds are allocated annually to meet specific needs? What funds are allocated annually for AAC solutions?	Legislation analysis Interviews: MLSP, MH, MER, MF
2.4.	Inclusive education policies	Are there specific policies that foster inclusion education in general and the presence of children with disabilities in mainstream education in particular?	Legislation analysis

2.5.	Policies regarding assistive technologies	Are there any strategies, plans or roadmaps that include assistive technology in the Republic of Moldova? Is there a platform or mechanism for intersectoral and/or inter-agency coordination for ensuring access to assistive technology? Does the policy address only assistive products, or does it also address service provision (assessment, fitting, user-training, follow-up, maintenance and repairs) or does it address both? In facilitating AT and AAC use, are there special arrangements for children with SEN and/or disabilities compared to adults that take their particular condition into consideration (e.g., age, stage of development, type of disability, etc.)	Legislation analysis Interviews: MER, MLSP, MH, MH, RECPOR, LOW VISION, SOS Autism, Motivatie, Association of Deaf Children
2.6	Policies regarding AAC	What explicit reference to AAC provision for children is there in the legislation? What references that address AAC needs of children are included in policies and methodological guidelines?	Analysis of legislation and methodological guides
2.7.	Other enabling policies	Are there wider policies in place that aim at creating a more inclusive society? Is there a policy in place fostering Early Childhood Intervention?	Policies analysis
2.8.	Funding	Are there funding schemes providing coverage for assistive technology? Who provides public funding for AT and under whose responsibility is this funding granted? Who is involved in the decision-making process? To what extent is the provision of AT and AAC solutions dependent on international funding including UN or international aid agencies? How are taxes and import duties addressed in funding assistive technologies and AAC solutions?	MLSP, MER, MH, MF

Products **Goal:** A range of AT and AAC products that address the needs of children with SEN and/or disabilities are available and distributed in a timely and cost-effective manner.			
3.1.	Availability of AT and AAC products	What AT and AAC products are available on the domestic market? How are AT and AAC products categorised? Are there any regulations or standards that assistive products need to comply with in order to be placed on the market? How many suppliers and AT producing companies are active on the market? What proportion of the market do individual companies have? Who are the key vendors for each category? How many vendors are domestic, and how many are international companies? Is their funding available for consumer technologies such as smartphones and tablets for use by children with SEN and/or disabilities? If consumer technologies are funded, what are the criteria for funding? How are specialized and low demand products made available? What quality standards are applied to the purchase of AT and AAC products? How are new products added to approved lists of AT or AAC solutions? What (if any) limitations on cost are applied to provision of AT and AAC solutions? To what extent is the quality-price ratio identified as a priority in the procurement of AT and AAC products?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids
3.2.	Buyers of AT products	Who purchases AT and AAC products? Who pays for said products? Who reimburses? Does it make a difference whether the client is an adult or a child?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids

3.3.	Sales channels for AT	What are the sales channels for AT and AAC products (e.g. online, catalogue sales, sales through representatives, specialised shops)? Is any preference given to domestic vendors? Are there separate channels for AT and AAC for children and adults? How long does it take on average for a child to receive a device?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids
3.4.	After sales services	Do vendors provide after sales services, such as training, personalisation, repair? What warranties are required in procurement of assistive technology and AAC solutions?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids
3.5.	AT products in schools	Which AT and AAC products are available for children in schools and at home (define products/categories)? To what extent is accessibility required in the purchase of educational technology for use in the classroom?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS, UNICEF analysis report
3.6.	Approach to products	Is there a policy that favours low tech vs. high tech solutions? Is there a policy that considers the benefits of both open access vs. commercial software? How is post-sales support and required training addressed when purchasing products? How is research and development of new AT and AAC products supported or funded?	Policies analysis, MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS

Provision with AT/AAC products **Goal:** AT and AAC provision systems offer effective supply and support of the technologies required by children with SEN and/or disabilities. The systems are flexible, efficient, competent, and outcome oriented.			
4.1.	Responsibilities	Who is responsible for the provision of AT/AAC for children? How is this responsibility communicated? Where is the responsibility defined? Are there any written guidelines for service provision standards for assistive products? How are accessible education materials made available for learning? Who is responsible for raising awareness of AT and AAC for children? What examples of awareness-raising activities can be identified? Are there any formal referral mechanisms between providers of AT/AAC products and service providers?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS
4.2.	Needs assessment	What processes for the identification of AT/AAC needs are in place and who is involved? Are there independent (no commercial interests) AT services in place? Does the assessment involve a multidisciplinary team? What model for identifying AT/AAC is used within and across schools? How are children and families engaged in the identification of solutions for AT or AAC? How are "critical moments" and transitions such as decision points in the life of a child with a disability addressed?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS autism, Motivație, Society of Invalids, RCPA, PAS
4.3.	Funding	Who finances AT/AAC solutions (evaluation, products, customization, training, monitoring, etc.) for use in schools? Who finances AT/AAC solutions for use at home? What alternative funding sources are used in the country or region for AT or AAC? Are the solutions fully funded (evaluation, products, customization, training, monitoring, etc.) or only non-mainstream devices? What are the annual expenditures for products and the need for AT or AAC solutions?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS

4.4.	Decision making	Who decides which AT/AAC solutions will be provided and what are the criteria applied? What is the role of the child or the family in the decision-making process? Are AT and AAC solutions available that support first language of children and local culture?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS
4.5.	Emerging technologies	How are new and emerging technologies incorporated into the provision process? To what extent is the position of the user and mainstream technologies taken into consideration in the process of provision of AT/AAC for children with disabilities?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS
4.6.	Outcomes	Are outcomes of AT/AAC systematically monitored and measured? How are outcomes of AT/AAC provision monitored and by whom? How is the data used to inform planning and provision?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS
4.7.	Stakeholders	Who are the key stakeholders in the provision process? What is included in the provision process other that supply of products? What tools for the production of accessible learning materials are made available for teachers? Who is responsible for the procurement of accessible digital textbooks?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS

Personnel **Goal:** Professionals in Education, Health and Social Care have the skills, knowledge, attitudes and understanding to provide guidance and support needed to implement AT fully and AAC solutions into practice.			
5.1.	Key actors	Who provides assistive technology in the country? Who are the main actors that support children with SEN and/or disabilities in educational settings (e.g. teachers, special needs teachers, speech and language therapists, educators, occupational therapists, etc.) How many professionals in each role have received training in the use of AT or AAC? What skills and competencies have been defined for teachers and therapists supporting the use of assistive technology or AAC solutions? What AT and AAC services exist within the country or region to support teachers and therapists? What specific support do specialized AT and AAC services offer to schools and professionals? What specific support do specialized AT and AAC services offer to parents, caregivers and families? How are AT and AAC services coordinated? Is the workforce sufficiently trained and competent to address demands for AT/AAC services and products? What plans to expand the workforce or enhance future skills in TA and AAC are in place?	Literature review, MLSP, MER, MH Analysis of job descriptions Analysis of country training programs Interviews: support teachers, RCPA, PAS
5.2.	Initial training	What content related to disability is required for future teachers and therapists undergoing undergraduate courses within the country? What content related to universal design is included at undergraduate level? What content related to inclusive education is included at undergraduate level? What content related to AT/AAC is included in the curriculum at undergraduate levels?	MER, teachers, RECPOR, LOW VISION, Association of the Deaf, SOS Autism, RCPA, PAS Interview with heads of departments at State Pedagogical University "Ion Creangă" in Chișinău and State University "Alecu Russo" in Bălți

5.3.	Continuing professional development and lifelong learning	Is there continuing professional development and accreditation of teachers, therapists and other stakeholders supporting AT and AAC for children? Who is responsible for elaborating learning programmes and who delivers them? What content related to AT/AAC is included in the curriculum at undergraduate and postgraduate levels?	MLSP, MER, MH
5.4.	Role differentiation	Who supports the choice of appropriate AT/AAC for children with disabilities? Who trains children in the use of AT/AAC solutions? Who designs learning programmes in AT or AAC for learners with disabilities and who delivers these?	MLSP, MER, MH
5.5.	Training of other stakeholders	How are communication partners (e.g. parents, peers, other school staff) prepared for AAC and communication? What other training courses in the use of AT/AAC are available to stakeholders in the country?	MLSP, MER, MH, MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS
5.6.	Online and blended learning	What is the policy for online and blended learning in the areas of AT and AAC? Is funding available to purchase online and blended courses? How are courses in AT and AAC certified and recognised by awarding bodies?	MLSP, MER, MH, RECPOR, LOW VISION, Association of Deaf Children, SOS Autism, Motivație, Society of Invalids, RCPA, PAS

Annex 2. List of interviews conducted

No.	Institution	Contact person	Interview date
1.	Ministry of Health	Main specialist	25 July, 5 August
2.	Ministry of Labour and Social Protection *Note: discussion only about the amendments made in 2024 to GD 567/2011 of 2023 regarding the inclusion in the Nomenclature of assistive products for the visually impaired and blind persons and the new provisions ensuring their procurement and distribution.*	Head of Disability Rights Protection Policy Directorate	2 July
3.	Republican Centre for Psycho-pedagogical Assistance	Director of the Center	20 June
4.	Republican Experimental Centre for Prosthetics, Orthopaedics and Rehabilitation	Director of the Center Deputy Director for production and exploitation Public Relation Specialist	25 June
5.	National Council for Determination of Disability and Work Capacity	Director of the Council	26 June
6.	Republican Functional Centre of Audiology, Auditory Prostheses and Medical-Pedagogical Rehabilitation in Chișinău	Director of the Center	21 June
7.	Health Centre Ungheni	Director of the Center	22 July
8.	PAS Ungheni	Head of the Territorial Structure of Psycho-pedagogical Assistance	18 June
9.	PAS Cahul	Head of the Territorial Structure of Psycho-pedagogical Assistance	18 June
10.	Theoretical Lyceum Ion Creangă, Ungheni	Support teacher	19 June
11.	Theoretical Lyceum Ion Creangă, Cahul	Support teacher	19 June

No.	Institution	Contact person	Interview date
12.	Lyceum Alexandru Donici, Cahul	Psychologist	20 June
13.	Family Support Association for Early Recovery of Children with Hearing and Vision Deficiencies “AudiViz”	Director of the Association	17 June
14.	Association Alliance of Organizations for Persons with Disabilities “AOPD”	Executive Director of the Alliance	14 June
15.	Public Association LOW VISION Centre	Executive director, parent	28 June
16.	NGO ”SOS Autism”	Executive director, parent	07 June
17.	NGO “Prietena Mea”	| President of the association, parent	2 July
18.	Association of Deaf Children	President of the Association	17 June
19.	Association “Motivație”	Specialist in accessibility	19 June
20.	Society of the Invalids	President of the Society	20 June
21.	Association of the Blind	Vice President of the Association	20 June
22.	Association of the Deaf	Vice President of the Association	21 June
23.	Acust Med	Director	21 June

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