

Gender analysis of the NGO „Hope and Health”

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Acronyms

CEDAW- Committee on the Elimination of all forms of Discrimination Against Women

CRPD- United Nations Convention on the Rights of Persons with Disabilities

EU- European Union

ILO- International Labor Organization

IPV- Intimate Partner Violence

NGO- non-governmental organization

OECD- Organization for Economic Co-operation and Development

UN- United Nations

UNDIS- UN Disability Inclusion Strategy

UNDP- United Nations Development Programme

General overview of the situation of persons with disabilities

According to the World Health Organization¹, over 1 billion people were estimated to live with some form of disability in 2020. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in accessing needed services and participating in everyday life, often requiring healthcare services. The number of people living with disabilities is increasing, in part due to ageing populations and an increase in chronic health conditions. Ensuring equal opportunities for people with disabilities to access their rights is vital, especially considering that they represent such a wide group.

As of 1 January, 2020², there were around 177,000 people with disabilities living in the Republic of Moldova, which represent 6.7% of total population, the figure being smaller than the global average. The number of people with disabilities in the Republic of Moldova is decreasing since 2016, when this group was represented by approx. 184,500 people. Compared to the international statistics which record an increase in the number of persons with disabilities, the decrease registered in the Republic of Moldova may be explained by the fact that the new Law adopted in 2012 defines persons with disabilities towards the barriers they face in participation in social life and not towards the solely health condition.

Disability is broadly defined as the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth or occur during a person's lifetime. Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairments may include physical, sensory, and cognitive or developmental disabilities. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also qualify as disabilities. A disability may occur during a person's lifetime or may be present from birth. Disability can be classified into several different types of disabilities³.

The definition provided by the Moldovan legislation to persons with disabilities is similar to the one recognized at the international level. The article 2 of the Law on social inclusion of persons with disabilities⁴ defines persons with disabilities as “any person with physical, mental, intellectual or sensory impairments which, in interaction with various barriers/obstacles, may restrict their full and effective participation in the social life on equal conditions with others”.

The barriers faced by people with disabilities are various, as well as it is the group as such. Although usually treated as a homogenous group, people with disabilities are characterized by other attributes as well, like gender, age, religion, race and ethnicity, sexual orientation etc., thus

¹ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

² National Bureau of Statistics of the Republic of Moldova,
<https://statistica.gov.md/newsview.php?l=ro&id=6827&idc=168>

³ <https://www.disabled-world.com/disability/>

⁴ Law no. 60 of 30 March 2012 on social inclusion of persons with disabilities,
https://www.legis.md/cautare/getResults?doc_id=130550&lang=ro#

the “one size fits all” solution can’t be applied when the issues faced by people with disabilities are examined.

Sex is one of the most definitory out of other attributes which shall be taken into consideration when it comes to disability group, as the needs faced by men, women and nonbinary people with disabilities are different. According to existing data, in most OECD countries, women report higher incidents of disability than men⁵, the situation in the Republic of Moldova being similar, with women representing 51.7% out of people with disabilities⁶. According to the ILO, the higher rate of women among people with disabilities is due to neglect in health care, poor workforce conditions, and/or gender-based violence.

Barriers faced by women and men with disabilities, including women and men with intellectual disabilities. According to the existing data, women and men with disabilities face various barriers in participating in social life. Due to their gender, women and men with disabilities face different barriers due to their gender, with women with disabilities encountering a higher level of discrimination due to their gender than men with disabilities. Women with disabilities may face similar barriers as men with disabilities and as women without disabilities, but also may report specific needs caused by both their gender and disability. Therefore, women with disabilities encounter a double or, in some cases, even multiple discrimination. Respectively, in order to ensure social integration of women with disabilities, their needs shall be assessed through an intersectional approach. Because of lack of understanding from legislators’ sides regarding the multiple layers of discrimination faced by women with disabilities, they are often ignored in the legislation, policies and programs and their needs are not adequately recognized within community organizations and services. Women with disabilities have traditionally been excluded from the mainstream gender equality movements, meanwhile their specific needs have not been addressed sufficiently by the broader disability movements.

As stated by European Disability Forum⁷, women and girls with disabilities face multiple and intersectional discrimination in all areas of life, including, socio-economic disadvantages, social isolation, violence against women, forced sterilization and abortion, lack of access to community services, low-quality housing, institutionalization, inadequate healthcare and denial of the opportunity to contribute and engage actively in society.

For instance, according to data from 2020 Gender Equality Index published by the European Institute on Gender Equality to showcase the inequalities of persons with disabilities in the EU countries:

- **22% of women with disabilities are at risk of poverty**, comparing to 20.8% of men with disabilities and 15.9% of women without disabilities.

⁵ <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

⁶ National Bureau of Statistics of the Republic of Moldova,
<https://statistica.gov.md/newsview.php?l=ro&id=6827&idc=168>

⁷ <https://www.edf-feph.org/women-and-gender-equality/>

- **6% of women with disabilities are in full-time employment**, comparing to 28.5% of men with disabilities and 48.5% of women without disabilities.
- **2% of women with disabilities graduate tertiary education**, comparing to 17.5% of men with disabilities and 29.6% of women without disabilities.
- **6,7% of women with disabilities have unmet needs for medical examination**, comparing to 5.9% men with disabilities and 2.3% women without disabilities.

The fact that women with disabilities confront with higher prevalence of discrimination is represented by the statistics collected by the European Women's Lobby⁸. According to them:

- According to the United Nations, only 25% of women with disabilities are in the workforce worldwide.
- According to the International Disability Forum in Geneva, 75% of women with disabilities worldwide and up to 100% in some developing countries are excluded from the workforce - though the majority contribute significantly to their families through cooking, cleaning, and caring for children and relatives.
- According to the International Disability Forum in Geneva, women with disabilities are twice as unlikely to find work as disabled men.
- According to United States statistics, men with disabilities earn 55% more than women with disabilities.
- According to the United Nations Development Program (UNDP), the literacy rate for people with disabilities is 3%, with the literacy rate for women and girls with disabilities as low as 1%.

Women and men with disabilities are often denied their sexual and reproductive rights, being considered as asexual human beings, a stereotype which is directly linked with the concept of ableism⁹. This includes that many workers and health professional assume or believe negative stereotypes that disabled women and men are not having sex or should not have sex. The international statistics don't provide gender-disaggregated data when it comes to sexual rights of persons with disabilities. Although men with disabilities are often denied their sexual rights as well, women with disabilities encounter additional barriers related to their reproductive rights. According to a study conducted in Australia, for women with an intellectual disability 17.1% had a pap smear (cervical screening) in past 2 years vs 83.7% general population¹⁰. Besides this, when

⁸ <https://www.womenlobby.org/Women-more-prone-to-disability-than-men-and-particularly-vulnerable-to?lang=en>

⁹ According to Access Living, ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as 'less than,' and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.

<https://www.accessliving.org/newsroom/blog/ableism-101/>

¹⁰ Facts on Sexual and Reproductive Health for Women with Disabilities, Women with Disabilities Victoria (2021), <https://www.wdv.org.au/health-resources/>

healthcare services are available, they may not be physically accessible for women with varying types of disabilities, or healthcare providers don't know how to accommodate them¹¹. When it comes to menstrual health and menstrual hygiene, women with disabilities face much more challenges in dealing with this period because of lack of accessible facilities which would support them to manage their menstruation and hygiene, because of lack of financial resources compared to women without disabilities to procure menstruation products, and because of need of personal assistance which sometimes creates difficulties for women with disabilities to manage their period with dignity.

Another major discrimination faced by women with disabilities is related to gender-based violence. According to a study¹², compared to women without a disability, women with a disability were significantly more likely to report experiencing each form of IPV measured, which includes rape, sexual violence other than rape, physical violence, stalking, psychological aggression, and control of reproductive or sexual health. Besides this, women with disabilities at times are victims of forced abortions and sterilizations. As mentioned by the European Disability Forum, women with disabilities are two to five times more likely to face violence¹³.

Despite the data presented above demonstrates the high level of discrimination and violation of human rights faced by women with disabilities, some of them encounter even more stringent barriers than others due to their specific disability. In this respect, women with intellectual disabilities are much more exposed to various types of abuse, discrimination, limitations and violation of their rights because of their bigger impossibility to report them and/or to take a stand.

Intellectual disability is defined as the one which involves problems with general mental abilities that affect functioning in two areas:

- intellectual functioning (such as learning, problem solving, judgement)
- adaptive functioning (activities of daily life such as communication and independent living)¹⁴.

Unlike mental illness, this is a life-long condition.

Overall, people with intellectual disabilities are mostly excluded from all spheres of life, like education, workplace, civic and political participation etc., women with intellectual disabilities facing even more exclusion than men with the same type of disabilities. Placement of people with intellectual disabilities in various institution-type of services, including daily care, contributes to social segregation and negatively influence their integration into society. Women with intellectual disabilities are at a bigger risk when placed in such institutions. I.e., when it comes to

¹¹ <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-disabilities>

¹² <https://www.sciencedirect.com/science/article/abs/pii/S1047279715001271?via%3Dihub>

¹³ <https://www.edf-feph.org/no-more-violence-against-women-with-disabilities/>

¹⁴ <https://www.psychiatry.org/patients-families/intellectual-disability/what-is-intellectual-disability>

their rights to education, a study¹⁵ revealed that the effects of special schools can be negative especially for girls with intellectual disabilities. This may be due to methods employed, such as teaching girls to do as they are told, so that they are consequently placed in vulnerable situations, unable to make choices, to engage in ordinary personal interaction or deal with sexual abuse.

Although it is generally recognized that persons with intellectual disabilities remain widely excluded from the workplace, we can spot that women with intellectual disabilities are expelled from the labour market even more than men with the same type of impairments. The research and studies on employment of women and men with intellectual disabilities are almost non-existent. According to research on the employment of persons with intellectual disabilities in Nordic countries¹⁶, there is a segregation between women and men with intellectual disabilities when it comes to the field of employment, thus the most frequent occupation for women was 'personal care and related work', while men were mostly in 'service work'. The choice of work for persons with intellectual disability seems to follow traditional gender roles. Most of the persons had not chosen occupational tasks themselves, and those who decided for them may have stereotyped them into traditional female and male occupational roles. Besides this, the research highlighted a 19% gender pay gap. Another finding of the research was that men are to a much greater degree economically independent than women.

It shall be pointed out that the research was referring to women and men with intellectual disabilities living in the Nordic countries, which are well-known as being the milestone for the respect of human's rights and ensuring equal opportunities, thus the situation in other countries could be from similar to worse.

Women with intellectual disabilities are at a greater risk to be denied their sexual and reproductive rights than women with other types of disabilities. This happens mostly because of perception the caregivers and doctors have about them as being asexual persons. Besides the situations that the sexual and reproductive health of women with disabilities is often neglected by doctors and caregivers, women with intellectual disabilities are often left behind when it comes to sexuality education, they have a less understanding of sexual abuse and less autonomy to decide about their sexual life.

According to a study¹⁷, women with intellectual disabilities may experience the inability to manage menstrual hygiene and the risk of self-injurious behaviors that can arise around menstruation. Researchers note that primary care physicians have not focused on menstrual issues for women with intellectual disabilities—one survey of community-dwelling women noted

¹⁵ Maria Leonor BELEZA (2003), Discrimination against women with disabilities, Council of Europe, <https://rm.coe.int/16805a2a17>

¹⁶ Veerle Garrels, Hanne Marie Høybråten Sigstad (2021), Employment for persons with intellectual disability in the Nordic countries: A scoping review, <https://onlinelibrary.wiley.com/doi/full/10.1111/jar.12880>

¹⁷ Joanne E. Wilkinson and Mary C. Cerreto (2008), Primary Care for Women with Intellectual Disabilities, The Journal of the American Board of Family Medicine, <https://www.jabfm.org/content/21/3/215.long>

that 40% of the women surveyed were not asked about their gynecological needs by their primary care physician.

According to research¹⁸, sexual behavior considered appropriate for other people may be dismissed or treated as inappropriate for people with intellectual disability and opportunity for appropriate sexual expression is often limited. Relationships may therefore be secretive, with limited opportunity to practice safer sex or use contraception. Laws and guidelines about a person's capacity to consent to sexual relationships are inconsistent and confusing to both people with for people with intellectual disability and those supporting them. Few studies have directly explored the sexual and relationship experiences of women with intellectual disability. Nevertheless, anecdotal evidence reports on incidents of sexual abuse against women with intellectual disabilities taking place in residential institutions. This cause forced abortion and sterilization of some women with intellectual disabilities.

One of the most dramatic violations of the rights of women with disabilities is related to gender-based violence. Thus, women with intellectual disabilities are at much greater risk of becoming victims of violence. Very few studies came to assess in-depth the violence against women with intellectual disabilities, including sexual violence. Nevertheless, one study¹⁹ points out to some root causes of the lack of capacities of women with intellectual disabilities to stand against violence, which are:

- never had the opportunity to learn when someone is using them for personal gain or satisfaction;
- a lack of opportunities for education and dialogue, for instance on sexual intercourse;
- a feeling of inferiority, developing as early as childhood; a belief that others know better;
- never been empowered to express their opposition, to say 'no' to others;
- never been taught to physically defend themselves.

The main driver of the violations of human rights of women with intellectual disabilities represent the stereotypes about their role as women. They face infantilization; usually they are not treated with dignity and the problems they confront with many times are not taken seriously or are not viewed from a gender perspective approach.

The issues faced by women with disabilities in the Republic of Moldova are similar with the ones encountered at the global level. However, the number of studies and research in the Republic of Moldova about the situation of women with disabilities is very limited. Despite there are some

¹⁸ [Gillian Eastgate](https://www.researchgate.net/publication/51151350_Women_with_intellectual_disabilities_A_study_of_sexuality_sexual_abuse_and_protection_skills) et al. (2011), Women with intellectual disabilities: A study of sexuality, sexual abuse and protection skills, Australian Family Physician, https://www.researchgate.net/publication/51151350_Women_with_intellectual_disabilities_A_study_of_sexuality_sexual_abuse_and_protection_skills

¹⁹ Inclusion Europe (2018), Life after violence: A study on how women with intellectual disabilities cope with violence they experienced in institutions, https://www.inclusion-europe.eu/wp-content/uploads/2019/02/LAV-Publication_web.pdf

gender-disaggregated data related to persons with disabilities, the in-depth studies on the issues and barriers faced specifically by women with disabilities lack.

Nevertheless, the existing studies and anecdotal evidence prove the fact that, in the Republic of Moldova, women with disabilities are more excluded than men with disabilities or women without disabilities. Thus, although the statistical data of general population reveals a greater implication of women in educational process, with the share of women with higher education outnumbering the share of men, the situation is different in the case of persons with disabilities. According to a study²⁰, the share of men with disabilities involved in any education activity which results in obtaining a professional specialty represents 62.7%, while the share of women is only 45.1%. However, the same study says that women with disabilities are more prone than men to attend nonformal education. When it comes to institutions attended by women with disabilities to attend a formal education, a study²¹ says that 83% are enrolled in schools, while 17% attend special schools.

The same study refers to the employment, saying that from a gender perspective, men with disabilities are more likely to be employed than women with disabilities, but these differences are less pronounced compared to the overall trends in the employment of women and men. Thus, only 10.9% of women with disabilities are employed, compared to 36.5% for women in general. Women with disabilities are primarily employed in the agricultural sector (84%) and only a small share of those with pronounced or moderate disabilities can be found in other economic sectors, such as health, education, commerce and industry (10%). When it comes to the civil status of women with disabilities, the same study identifies that it is closely correlated with the severity and extent of their disabilities, and the chances of such women to form relationships are less the more their disabilities are emphasized. Thus, the rate of marriage for women with severe disabilities constitutes 35 married women for every 100, and the share of single women is 28%.

When it comes to sexual and reproductive rights of women with disabilities in the Republic of Moldova, there are no studies referring to this aspect. Nevertheless, women with disabilities report numerous limitations when they like to exercise these rights, like lack of accessible infrastructure and the stereotypical attitude of the medical staff who perceive women with disabilities as asexual persons. Numerous campaigns to raise societal awareness on the sexual

²⁰ Center Partnership for Development (2020), The uncertain path to the adults' qualification, https://progen.md/wp-content/uploads/2020/12/1601_cpd_raport_educatia_adultilor_2020.pdf

²¹ Ala Negruta (2016), Profile of women with disabilities, National Bureau of Statistics, UNDP, UN Women, <https://bit.ly/3oLXP4m>

and reproductive rights of women with disabilities have been undertaken²². In 2018, there was only one medical institution accessible for pregnant women with disabilities²³.

While studies assessing barriers faced by women with disabilities in the Republic of Moldova are limited, the ones assessing specific barriers faced by women with intellectual disabilities don't exist at all. Based on observations and anecdotal evidence, it could be concluded that this category of women confronts with even higher degree of discrimination. As evidence, it could be mentioned a case of resonance which became public in 2013, when a doctor was sentenced to 16 years in jail for sexual abuse of his patients- 16 women with intellectual disabilities residents of a psychiatric institution²⁴.

The last years were marked by various initiatives and programs aimed at promoting the rights of women with disabilities. Various campaign to change societal perception about the role women with disabilities can play in society have been designed and implemented. It could be mentioned various fashion shows aimed at combating stigma towards women with disabilities²⁵, initiatives to combat violence against women with disabilities²⁶, or to support civic and political participation of women with disabilities²⁷. An important breakthrough occurred in 2019, when, after the general local elections, six women with disabilities were elected as local councilors²⁸.

Gender equality in international and national legal framework on disability rights. The milestone document when it comes to the rights of persons with disabilities is the United Nations Convention on the Rights of Persons with Disabilities (CRPD²⁹), an international human treaty ratified by 182 countries, including the Republic of Moldova in 2010. In its Article 3, CRPD stipulates "equality between men and women" as a general principle. In addition, Article 6 of the Convention specifically recognizes that women and girls with disabilities are subject to multiple discrimination and requires States parties to "take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms" and "ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights" set out in the Convention. The CRPD also

²² See: https://www.cidr.md/wp-content/uploads/2017/05/DSR-femeilor-cu-dizabilitati_Conferinta-29.05.2017_final.web_.pdf
<https://moldova.unfpa.org/ro/news/drepturi-egale-la-s%C4%83n%C4%83tatea-reproductiv%C4%83-30-de-centre-de-s%C4%83n%C4%83tate-prietenose-tinerilor-dotat-0>

²³ See: https://www.ipn.md/ro/campanie-privind-accesul-femeilor-cu-dizabilitati-la-maternitate-7967_1044344.html

²⁴ <https://stiri.md/article/social/scandal-sexual-cu-16-paciente-violate-la-balti-marturiile-unor-victime>

²⁵ See: <https://www.facebook.com/darefashionshow/>
<https://moldova.unfpa.org/ro/news/combaterem-stigma-cu-stil-o-noua-campanie-lansat%C4%83-%C3%AEn-republica-moldova-va-promova-incluziunea-%C3%AEn>

²⁶ See: <https://motivatie.md/index.php?pag=news&id=1308&l=ro>

²⁷ See: <https://moldova.unwomen.org/en/noutati-si-evenimente/noutati/2019/01/program-women-with-disabilities>
<https://moldova.unwomen.org/en/noutati-si-evenimente/noutati/2017/10/women-with-disabilities>

²⁸ See: <https://moldova.unwomen.org/en/noutati-si-evenimente/noutati/2019/11/women-in-politics-25-nov>

²⁹ The United Nations Convention on the Rights of Persons with Disabilities, <https://bit.ly/3ctFiEj>

has to be implemented in light of the CRPD Committee's General Comment No. 3 on women and girls with disabilities³⁰. In the Para 24, the General Comment No. 3 states that "states parties to the Convention have an obligation to respect, protect and fulfil the rights of women with disabilities, both under article 6 and under all other substantive provisions, in order to guarantee them the enjoyment and exercise of all human rights and fundamental freedoms. These duties imply taking legal, political, administrative, educational and other measures".

The European Disability Forum³¹ records that in 2015 the CRPD Committee adopted specific recommendations to be followed by the EU in its Concluding observations on the initial report of the EU. The Committee made the following recommendations to the EU on women and girls with disabilities:

- **Mainstreaming of women and girls with disabilities perspective** in its forthcoming gender equality strategy, policies and programmes, and a gender perspective in its disability strategies
- Development of **affirmative actions to advance the rights** of women and girls with disabilities
- Establishment of a mechanism to **monitor progress**
- **Funding for data collection** and research on women and girls with disabilities
- **Accession to the Council of Europe Convention** on preventing and combating violence against women and domestic violence (Istanbul Convention) as a step to combating violence against women and girls with disabilities

If speaking about international treaties and conventions, it shall be mentioned that the main document enshrining women's rights at the international level- the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)³², ratified by the Republic of Moldova in 1994- doesn't contain any provision referring to the rights of women with disabilities.

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, recall the provisions in the Convention on the Elimination of all Forms of Discrimination against Women to ensure the rights of girls and women with disabilities, and includes references to women and girls with disabilities under several Rules, such as Rule 4 on Support services, Rule 6 on Education, and Rule 9 on Family life and personal integrity³³.

When it comes to **the Council of Europe Convention** on preventing and combating violence against women and domestic violence (Istanbul Convention)³⁴- ratified by the Republic of Moldova in 2021-, it contains only one provision which makes reference to women with disabilities. In this respect, the Article 4 (3) stipulates that "the implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be

³⁰ See: <https://bit.ly/3oGjwmF>

³¹ <https://www.edf-feph.org/women-and-gender-equality/>

³² See: <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

³³ <https://bit.ly/3Hz5njE>

³⁴ See: <https://rm.coe.int/168008482e>

secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, **disability**, marital status, migrant or refugee status, or other status”.

According to the United Nations³⁵, the Beijing Platform for Action adopted by the Fourth World Conference on Women: Action for Equality, Development and Peace, Beijing, 15 September 1995, and the outcome of the twenty-third special session on Further actions and initiatives to implement the Beijing Declaration and Platform for Action recognize that women with disabilities face additional barriers to achieving gender equality, and call for action at all levels to address and take into consideration their concern. Additionally, the outcome of the twenty-third special session recognizes that discrimination against women with disabilities is an obstacle to the full enjoyment of their human rights and as a barrier to the implementation of the Beijing Declaration and Platform for Action. There is a need to take into account and to address the concerns of women and girls with disabilities in all policymaking and programming. Special measures are also needed at all levels to integrate them into the mainstream of development.

According to the above-cited the European Disability Forum, in practice, women and girls with disabilities are seldom included in both the gender and disability rights agenda. For instance, both the EU Strategy for equality between women and men 2010-2015 and a Strategic engagement for gender equality 2016-2019 failed to address the specific situation of women and girls with disabilities. In March 2020, the European Commission adopted a new Gender Equality Strategy 2020-2025 that includes the rights of women and girls with disabilities in action on combating violence against women. There is still a lack of measures to ensure the rights of women and girls with disabilities is ensured in all areas, including education, work and employment, and access to justice.

In June 2019, the UN Disability Inclusion Strategy (UNDIS)³⁶ was launched by the UN Secretary-General to promote ‘sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations’. This strategy requires all UN agencies to ensure that disability inclusion is consistently and systematically mainstreamed into all aspects of work. Intersectionality is one of the three over-arching approaches guiding the implementation of the Strategy. In its Para 23, the document states that “the organizations will take an intersectional approach to addressing the structural and dynamic consequences of the interaction between multiple and intersecting forms of discrimination, including by taking into consideration all conditions that can create a substantively distinct life experience for persons with disabilities, based on factors such as sex, age, gender identity, religion, race, ethnicity, class and other grounds”.

³⁵ <https://bit.ly/3Hz5njE>

³⁶ See: <https://www.un.org/en/content/disabilitystrategy/>

When it comes to the Republic of Moldova, the cornerstone legislation on human rights of persons with disabilities is Law on social inclusion of persons with disabilities³⁷, which was adopted in 2012 to support the implementation of CRPD. The adoption of the Law on social inclusion of persons with disabilities repealed the Law no. 821 of 24 December 1991 on social protection of invalids (persons with disabilities). In the Article 5, the new Law stipulates the principle of equality between women and men as one of the main principles of the implementation of the legal provisions. The Article 8 stipulates that “the state shall undertake measures to ensure that all categories of persons with disabilities, including women and girls with disabilities, are not confronted with the multiple discriminations and enjoy all the fundamental human rights and freedoms. Although stating gender equality principle, the legal provisions contained by the Law mainly regulate the human rights of persons with disabilities from a disability perspective. The special needs of women and girls with disabilities are regulated only by Article 42 (12), stating that “when providing medical care to women with disabilities, their special needs are taken into account, including gynecological treatment and counseling on family planning and reproductive health”. The National Program on social inclusion of persons with disabilities for 2017-2022 and its Action Plan³⁸ also doesn’t contain any specific provisions or initiatives dedicated to promoting of special needs and rights of women and girls with disabilities, except the medical care and sexual and reproductive rights.

From another hand, the main legal document in the Republic of Moldova on gender equality- Law on ensuring equality between women and men³⁹- doesn’t contain any reference to the rights of women and girls with disabilities. However, the Strategy on ensuring the equality between women and men in the Republic of Moldova for 2017-2021 and its implementation Action Plan⁴⁰ contains few activities dedicated specifically to support women and girls with disabilities to benefit of their rights. These activities are related to improving the access to sexual and reproductive rights of women and girls with disabilities, as well as increasing their self-confidence and involving media in changing societal perception about the sexual and reproductive rights of women with disabilities.

It could be concluded that, even though the legal framework in the Republic of Moldova is governed by nondiscrimination principle, assessing these two main laws in the field of disability and gender equality, the rights of women with disabilities are not yet fully addressed from an intersectional approach.

³⁷ Law no. 60 of 30 March 2012 on social inclusion of persons with disabilities, published in the Official Gazette no. 155-159 of 27 July 2012, https://www.legis.md/cautare/getResults?doc_id=126285&lang=ro

³⁸ The National Program on social inclusion of persons with disabilities for 2017-2022 and its Action Plan, https://www.legis.md/cautare/getResults?doc_id=101863&lang=ro

³⁹ Law no. 5 on 9 February 2006 on ensuring equality between women and men, published in the Official Gazette no. 47-50 of 24 March 2006, https://www.legis.md/cautare/getResults?doc_id=107179&lang=ro

⁴⁰ The Strategy on ensuring the equality between women and men in the Republic of Moldova for 2017-2021 and its implementation Action Plan, https://www.legis.md/cautare/getResults?doc_id=99875&lang=ro

Despite this fact, the international human rights bodies urge the Republic of Moldova to undertake measures to ensure full and equal participation in all spheres for women and girls with disabilities. For example, in its Concluding observations on the sixth periodic report of the Republic of Moldova⁴¹, the Committee on the Elimination of Discrimination against Women recommended 1) to ensure access to justice for women with disabilities by addressing physical and communication accessibility in courts of law, including the lack of procedural accommodation in court procedures and the deprivation of legal capacity on grounds of disability, 2) to adopt temporary special measures to accelerate equal access to public positions, education and employment for women belonging to disadvantaged groups, such as ... women with disabilities, 3) to improve data collection on all forms of gender-based violence, including economic and psychological violence, disaggregated by sex, age, ethnicity, geographical location, **disability** and the relationship between the victim and the perpetrator, 4) to make school infrastructure accessible for women and girls with disabilities and provide systematic training for teachers and other staff in schools on inclusive education, 5) to ensure women's access to loans and other forms of financial credit and expand the scope of entrepreneurship programmes for women, including women belonging to disadvantaged groups, in particular, women with disabilities, 6) to protect women and girls with disabilities from abuse and violence by regularly monitoring and establishing independent confidential complaint mechanisms in all residential institutions and psychiatric hospitals and ensure that no medical procedures may be performed on them without their free, prior and informed consent, and 7) to amend article 24 of the Civil Code and the Family Code to ensure the rights of women with psychosocial and/or intellectual disabilities to enter into marriage and exercise parental responsibilities.

The Committee on the Rights of Persons with Disabilities, in its Concluding observations on the initial report of the Republic of Moldova⁴², came with additional recommendations related to women and girls with disabilities, namely: to strengthen measures to address multiple discrimination against women and girls with disabilities and mainstream the issues of women and girls with disabilities in the anti-discriminatory legal provisions and policies related to women and girls, and that it promote the representation and participation of women with disabilities in political and public life; to ensure the right of women with disabilities to sexual and reproductive health on an equal basis with others and repeal legislation that allows for the non-consensual termination of pregnancy; to incorporate a disability perspective into all policies and strategies aimed at combating gender-based violence and take measures to ensure that laws address domestic violence against women and girls with disabilities; to ensure that women and girls with disabilities affected by violence have access to immediate protection and accessible support services, including reasonable accommodation in mainstream services and shelter facilities, as well as means of redress; to strengthen its efforts to develop efficient community-based services

⁴¹ Committee on the Elimination of Discrimination against Women, Concluding observations on the sixth periodic report of the Republic of Moldova, 2020, <https://bit.ly/3nFzHRW>

⁴² Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the Republic of Moldova, 2017, <https://bit.ly/32pEUVN>

to advance the deinstitutionalization of women, particularly those with psychosocial and/or intellectual disabilities; to implement effective legal, policy and practical measures to address gender-based violence against women with disabilities still living in institutions and to prevent, investigate and provide redress for violations of their human rights, and prosecute those responsible; to take measures to ensure that women with disabilities have access to accessible medical services and facilities, including in the area of sexual and reproductive health.

Based on the above-mentioned, it could be concluded that while the national legal framework focused its attention only to sexual and reproductive rights of women with disabilities, pointing out this issue as the “unique” faced by women with disabilities, the international human rights bodies listed a wide series of recommendations to be implemented by the Republic of Moldova in order to ensure that women and girls with disabilities have equal opportunities and live a life free of multiple discrimination.

Analysis of the internal documents regulating the functioning of the social service "Day center for adults with intellectual disabilities" under the NGO "Hope and Health"

The right to social assistance and social protection is enshrined in art. 47 of the Constitution of the Republic of Moldova, which obliges the state to take measures so that every person has a decent standard of living, which ensures his/her and his/her family's health and well-being, including food, clothing, housing, medical care, as well as the necessary social services. Citizens have the right to insurance in case of unemployment, illness, **disability**, widowhood, retirement or in other cases of loss of livelihood, due to circumstances beyond their control.

Law no. 547/2003 on social assistance regulates the general framework of the social assistance system in the Republic of Moldova and stipulates that the beneficiaries shall be treated equally in case of social risks, like danger for person or family to be affected by the negative economic consequences of loss of physical potential, employment or social status (illness, accident, disability, aging, death, maternity, unemployment, social maladaptation, etc.).

At the same time, according to the provisions of the Law no. 123/2010 on social services, the duties to provide social services in the administrative-territorial units of the second level are assigned to the territorial structures of social assistance, which have direct responsibility for diversification and provision of social services aimed primarily at maintaining the beneficiary in the family and community where he/she comes from.

The Government approved the Framework Regulation on the organization and functioning of the Social Service "Day Center for Persons with Disabilities"⁴³ and the minimum quality standards, which will guide the founders of existing centers and those who want to create this service to develop and to approve their own regulations. Thus, by observing and applying these rules, the quality of the services provided to the beneficiaries within the centers will be improved.

According to the provisions of the Regulation, the Day Center is established by the decision of the local council from the first level administrative-territorial units or by the decision of the district/municipal council from the second level administrative-territorial units and ATU Gagauzia or non-governmental organizations working in this field. The Regulation does not provide mandatory rules for LPAs to create this service, respectively, those who want to create it will plan and approve the necessary financial means for this purpose.

The scope of the day center for persons with disabilities is to ensure their social inclusion by involving them in various entertaining, cultural, sports, occupational activities, skills development activities, assistance with following the personal hygiene etc. According to the Ministry of Health⁴⁴, currently, there are 13 day centers for persons with disabilities (1 for adults and 12 for

⁴³ <https://msmps.gov.md/comunicare/comunicate/a-fost-aprobat-regulamentul-cadru-privind-organizarea-si-functionarea-serviciului-social-centrul-de-zi-pentru-persoane-cu-dizabilitati-si-a-standardelor-minime-de-calitate/>

⁴⁴ Idem

children) in the Republic of Moldova, out of them 6 centers are created by the authorities of the local public administration authorities and 7 centers are founded by the non-governmental organizations.

The social service "Day Center for Adults with Intellectual Disabilities" under the NGO "Hope and Health" (hereinafter the Center) is under the jurisdiction of Chisinau municipality.

The "Hope and Health" NGO promotes the social inclusion of persons with intellectual disabilities. The activities are designed to equip persons with intellectual disabilities- beneficiaries of the organizations- with skills and knowledge to perform some tasks, as cooking or gardening, and to involve them in community activities, like supporting elderly.

It was noticed that persons with intellectual disabilities, both women and men, are involved in all the activities delivered by the organization. Thus, a gendered involvement of beneficiaries persons with disabilities in activities carried out by the organization wasn't noticed (i.e., involvement of beneficiaries women with disabilities in activities "traditionally" assigned to women, like cleaning, cooking and vice versa). Despite the fact that there is a gender balance when it comes to the total number of beneficiaries persons with disabilities (24 men and 20 women), the staff of the organization said that male beneficiaries participate more actively, meaning they come more often at the center. It was explained by the staff that this happens due to the fact that parents of women and girls with intellectual disabilities are more reluctant to permit them to attend the activities of the organization due to the fear that their daughters may be hurt, especially in their way to reach the center.

Besides this, the staff of the organization shared their observations that women and girls with intellectual disabilities confront with a higher level of violence, including sexual violence. Usually, victims with intellectual disabilities are not aware about the situations they pass through, can't put resistance, and can't properly report the cases.

Currently the organization serves three types of beneficiaries:

- a) Persons with intellectual disabilities;
- b) Elderly, who benefit of meals prepared and delivered by persons with intellectual disabilities- beneficiaries of the center;
- c) Parents or legal representatives of persons with intellectual disabilities- beneficiaries of the center, who benefit of legal support and informative services provided by the center.

The disaggregation based on gender of each type of beneficiaries reflect the following:

- a) The number of women and men with intellectual disabilities benefiting of services provided by the organization is almost the same (24 men and 20 women). However, as stated above, the staff of the organizations shared their observations that men with intellectual disabilities participate in a more active manner;
- b) Elderly women benefiting of free meals provided by the organization significantly outnumber elderly men beneficiaries (6 men and 26 women). This could be explained that

in the Republic of Moldova statistically there are more elderly women than elderly men. According to the National Bureau of Statistics⁴⁵, in 2019, the share of women aged 60+ represented 60% compared to 40% of men.

- c) Mothers or women legal representatives of persons with intellectual disabilities benefit more of services provided by the center than fathers or men legal representatives of persons with intellectual disabilities (7 men and 37 women). This could be explained by the fact that care services are mostly provided by women members of the families, a fact which was proved by the surveys analyzing the time spent by women and men for childcare activities⁴⁶ or analyzing the gender stereotypes which enforce women's care role⁴⁷.

The Center operates based on the provisions of the internal documents listed in Annex 1. Only five of them could be analyzed from a gender equality perspective. They regulate the labor relations, the functioning of the Center, the relations with the beneficiaries and the external communication. The other documents regulate technical processes (financing/ food / personnel).

The Internal Regulation of the organization was approved in 2016 in accordance with the provisions of art. 199 p. (6) of the Labor Code of the Republic of Moldova. Neutral words such as "persons" and "adults" are used in this document, without specifying that they are women or men. The document sets out several rules of operation of the organization. Thus, point 3 of Chapter II of the Regulation sets out "the rules on non-discrimination, combating sexual harassment and any form of harm to human dignity in the workplace." Following, these rules are described by the Chapter V, which defines the main notions, such as "indirect discrimination, direct discrimination". It also sets up the list of facts considered discriminatory, described by the point 34 which stipulates that "the following facts are considered discrimination: 4) unequal remuneration for the same work; 6) sexual harassment". Both are, in fact, issues faced mostly by women.

Chapter V also contains rules of nondiscrimination, as following:

29. In the labor relations, the organization applies the principle of equal treatment of all employees.

⁴⁵ <https://statistica.gov.md/newsview.php?l=ro&id=6767&idc=168>

⁴⁶ See "Time Use by Moldovan Parents for Taking Care of Their Children", https://moldova.unwomen.org/sites/default/files/Field%20Office%20Moldova/Attachments/Publications/2017/08/TUS_Eng/01_ChildCare_ENG.pdf

⁴⁷ See "Gender Barometer: How do Women and Men Participate in Politics and Decision-Making?", <https://moldova.unwomen.org/sites/default/files/Field%20Office%20Moldova/Attachments/Publications/2018/Gender%20Barometer.pdf>

30. The organization prohibits any form of direct or indirect discrimination towards employees based on race, color, nationality, ethnicity, language, religion or belief, sex, age, disability, HIV / AIDS, political affiliation, or any other criteria.

31. It is considered as direct discrimination the treatment of a person on the basis of criteria listed by the Article 30, in less favorable conditions than treating another person in the same situation.

Points 35-45 enshrine the phenomenon of sexual harassment. They contain the definition of the sexual harassment, prohibition of the sexual harassment, they list the reporting procedures and the applied sanctions in accordance with the requirements of the Labor Code⁴⁸.

At the same time, it is worthily to mention that the document doesn't contain provisions dedicated to the prevention of the sexual harassment according to the legal provisions (art. 10 of Law no. 121 on ensuring equality and art. 199 of the Labor Code) which oblige the employing institution to take measures to prevent sexual harassment at work.

According to the research⁴⁹, the serious forms of discrimination against women include sexual harassment, psychological, physical and economic violence, sexual violence, women trafficking, prostitution, forced marriage and female genital mutilation. When a woman is abused, she needs to know what her rights are and to seek help. In 95% of cases of violence, the victims are women, and the abuser may be the husband, ex-husband, partner or ex-partner, including fathers, stepfathers, or other family members. In this case, it is recommended to amend the Chapter V with additional provisions related to prevention of the sexual harassment.

The Regulation on the organization and operation of the social service "Day Center for Adults with Intellectual Disabilities" under NGO "Hope and Health" was developed in accordance with the Framework Regulation on the organization and functioning of the Social Service "Day Center for People with Disabilities" and the Minimum Quality Standards⁵⁰ and was approved by the Board of the NGO on 19 November 2019.

The Chapter II of the Regulation entitled "PRINCIPLES OF ORGANIZATION, ITS PURPOSE AND OBJECTIVES" includes "equal opportunities" principle which can be considered as including gender equality. The regulation looks like the Framework Regulation⁵¹ approved by the Government, which unfortunately does not contain any provisions from a gender perspective. The problems faced by women and men with intellectual disabilities and the risks of becoming victims of sexual harassment and domestic violence were not considered.

⁴⁸ <https://progen.md/cum-prevenim-si-reducem-hartuirea-sexuala-la-locul-de-munca-si-studii-recomandari-de-politici/>

⁴⁹ https://crjm.org/wp-content/uploads/2016/05/2016-Egalitatea-gen-instante_ROLISP.pdf

⁵⁰ <https://msmps.gov.md/comunicare/comunicate/a-fost-aprobat-regulamentul-cadru-privind-organizarea-si-functionarea-serviciului-social-centrul-de-zi-pentru-persoane-cu-dizabilitati-si-a-standardelor-minime-de-calitate/>

⁵¹ https://cancelaria.gov.md/sites/default/files/document/attachments/proiectul_463.pdf

In accordance with Standards 3 and 4, the beneficiaries are supposed to be treated equally during the individual assessment. The Individual Plan of Assistance and Provided Services ensures the opportunity for women and men to be treated according to their gender-specific needs. Based on the fact that each beneficiary of the Center is subject to their needs assessment procedure in order to establish the assistance and services he/she will receive at the Center, it should be noted the importance of the staff to be trained to identify victims of sexual harassment and domestic violence. The training will help the staff to develop the individual service plan closer to the real needs of the beneficiary. It is important to mention that the family members/legal representatives are included both at the evaluation stage and at the elaboration of the Individual Plan. Hence it should be stressed out the importance of the participation of family members/legal representatives in training as well, including training on gender issues, equal opportunities, discrimination on the grounds of sex, sexual and reproductive health, sexual harassment, domestic violence etc.

The process of evaluation is regulated by Standard 3, which states, at point 8, that the center has and applies procedures to assess the needs of the beneficiaries. Point 9 determines that the needs of each right holder are determined based on the assessment. Point 10 provides the results indicators:

- 1) Within 7 calendar days since the admission to the Center, the case manager performs the assessment of the needs of assistance and services the beneficiary will receive within the Center, together with the specialized staff of the Center, the community social worker within the territorial structure social assistance, other specialists, as well as family members/legal representative.
- 2) The results of the evaluation are recorded in an individual evaluation form and are kept confidential in the personal file of the beneficiary.
- 3) Based on the evaluation, the Center establishes the package of services that will be provided.
- 4) The individual evaluation form is amended every 6 months with information on the results achieved by the beneficiary.

The individualized service plan is regulated by Standard 4. Point 11 stipulates that the Center shall ensure the development of the individualized service plan for each beneficiary based on needs assessment/reassessment. Point 12 stipulates that the result shall be the fact that each beneficiary of the Center has an individualized service plan according to his/her needs. Point 13 provides the results indicators:

- 1) Within 7 calendar days since the admission to the Center, based on the results of the needs assessment, the case manager develops the individualized service plan, together with the specialized staff of the Center, as well as family members/legal representative and other specialists, if needed.

2) The case manager re-evaluates the needs of the beneficiary in case of significant changes in physical and/or mental health, at the request of the beneficiary or a member of the multidisciplinary team, as well as when leaving the Center.

3) The case manager provides information to the beneficiary, as well as family members/legal representative on the content of the individualized service plan.

The policy on personnel of the NGO "Hope and Health" is a framework document for training and professional development of employees of the organization and contains provisions on how to determine the training needs. Also, the document stipulates the methods of the improvement of both individual and institutional performance. The document is not gender sensitive, but can be improved by amending the Chapter 3 with a new sub-item, as following: "Maintaining a gender balance in staff (women/men) will play a key role in ensuring gender equality in the organization's work to meet the specific needs of women and men beneficiaries".

The organization has a **Communication Strategy and a Communication Plan**, which are not gender sensitive. There is a person employed as a Communications Manager, responsible for ensuring visibility of the implemented activities and achieved results. The organization has a website and a Facebook page. Both are updated regularly with the information. In this respect, in order to ensure the promotion of gender equality principles, it is recommended to use gender-sensitive language, namely 1) to use masculine and feminine versions of functions and professions (i.e., when speaking about a woman who performs a specific job, use the feminine version to describe her profession), 2) to avoid using masculine as generic, rather it is recommended to use both feminine and masculine terms when addressing to an audience (i.e., instead of *colegi/beneficiari*- colleagues/beneficiaries -, use *colegi și colege, beneficiari și beneficiare* etc.). When it comes to photos, it is recommended to ensure that both women and men beneficiaries are equally reflected in photos. Also, it is recommended to ensure that both women and men beneficiaries are depicted as being involved in all activities, i.e., both women and men participate in cooking, both women and men participate in gardening etc.

Monitoring and evaluation

The narrative reports provided by the organization are well-written and reflect the achieved results. They contain indicators, including some of them are disaggregated based on gender. One reflection which could be made after the reading the narrative report and the achieved indicators is that mothers of the persons with intellectual disabilities are the main beneficiaries of the provided legal consultations and mostly participate in the meetings with the organization's staff. It could be concluded that women are the main caregivers of persons with intellectual disabilities. Following this, it is recommended to make a call to fathers to get involved more in childcare and education activities, to conduct activities with fathers' implication, to undertake discussions with fathers about the importance of their involvement in taking care and education of persons with intellectual disabilities.

The following would be recommended to ensure that the gender equality is involved at the monitoring and evaluation phase:

1. Ensure that all indicators are disaggregated based on gender, especially the ones reflecting the involvement of the beneficiaries in the activities. This would help the organization to identify if there is any gender-segregation of beneficiaries in terms of involved activities (i.e., gardening, cooking etc.)
2. In terms of evaluation, it would be recommended to periodically survey the beneficiaries and their parents about the achieved progresses and the needs. The evaluation shall be done considering gender-disaggregation and the specific needs of women and men with intellectual disabilities shall be considered when designing activities.
3. One additional risk could be included in Risk analysis: the low understanding of the national and local authorities and of parents regarding the need to mainstream gender equality in the work with persons with intellectual disabilities.

QUALITATIVE RESEARCH: the opinion of the employees of the NGO “Hope and Health” on gender equality.

2.1. Research methodology

The purpose of the study is to analyze the activity of the NGO "Hope and Health" in terms of employees' knowledge on how to mainstream gender equality principles in employment relationships, as well as in relation to the beneficiaries. The target group of the research is the employees of the organization. The expected results of the research are:

- Data collection of employees' knowledge on gender equality principles;
- Development of recommendations to improve the internal documents of the organization concerning the labor relations and those concerning the services provided to the beneficiaries in order to improve the quality of the services from the perspective of gender equality;
- Identifying solutions to problems faced by employees.

The data collection took place between 5–30 January 2022 and was carried out by the following methods:

- Development of the questionnaire for a group discussion. The questionnaire contained questions on the barriers faced by persons with disabilities, including those with intellectual disabilities, and gender-specific barriers, existing legislation on respect for the rights of persons with disabilities in general and people with intellectual disabilities in particular, existing services or reasonable accommodation for the integration of persons with intellectual disabilities in education/ work/in the field of health, the gender mainstreaming in the activity of the organization;
- Development of the questionnaire to measure the degree of understanding of gender equality principles by the organization's employees and how to mainstream gender in the activity of the organization;
- Conducting a group discussion with the participation of 9 employees (7 women and 2 men), which took place on 18 January 2022;
- Conducting the individual phone interviews with additional 4 employees (3 women and 1 man) who were unable to attend the group discussion (**NB-** not all of the team members were able to attend the group discussion conducted on 18 January. In this respect, the research team contacted the additional 4 persons by phone and collected their opinions based on the same questions used for group discussion);
- Filling in the questionnaires by all 13 employees to measure the degree of understanding of gender equality.

The research sample included 13 people employed within the organization (3 men and 10 women).

Considering the epidemiological situation in January and the recommendations of the national authorities, the methodology has been adapted, eliminating as much as possible in-person physical meetings attended by more people. Thus, the group discussion took place in an in-person format, with the respondents following all protection measures, and the individual interviews were conducted by phone. It was preferred to conduct the group discussion in-person because the topic of gender equality in the field of disability, especially in the field of intellectual disability, is studied little or not at all in the Republic of Moldova, so a face-to-face discussion facilitated the collection of the information from all respondents, noticing their level of understanding of the topic and providing additional explanations if necessary.

In addition to the discussions, all the staff was invited to fill in questionnaires to assess their understanding of gender equality topic. The questionnaires were filled in individually by all respondents, either physically- by those ones who attended the group discussion- or online- by those ones who were interviewed by phone.

2.2. Analysis and interpretation of results

The main conclusion is that the services provided by the organization are necessary for the beneficiaries and their families. In the Republic of Moldova there are few organizations that provide services for people with intellectual disabilities, respectively qualitative services are in high demand. On the other hand, providers of such services face a high staff turnover, especially qualified staff turnover, due to low salaries and difficult working conditions. Because of the high staff turnover, the once organized capacity building for staff shall be permanently repeated, because some persons who pass different trainings may leave the institution at a certain point. Currently, because of the difference between the duration of the employment, the staff doesn't have a uniform information and knowledge. This means that the newly hired staff shall pass again different training courses previously passed by members with a longer experience.

The group discussion and individual interviews aimed to identify the level of understanding of gender equality principles among employees, including on how gender is mainstreamed into the day-to-day activities of the organization, but also to identify employees' needs to improve their knowledge in the field of gender equality and identifying solutions that would contribute to ensuring gender equality in the institution.

The group discussion and the individual interviews took place in a natural and free manner, emphasizing the experiences, opinions, feelings, attitudes of the participants, but also the solutions considered by the respondents to ensure the gender mainstreaming within the activities of the "Day Center for Adults with Intellectual Disabilities" under NGO "Hope and Health". Similarly, specific societal issues faced by women and men with intellectual disabilities were identified, as well as how these specific issues are addressed within the institution.

When it comes to the employees of the center, their background, as well as their work experience is not homogeneous. There are people who have been working within the organization for more than 10 years, as well as newcomers. Most of the employees did not have the experience of working with people with intellectual disabilities until they were hired at "Hope and Health", only some of them had family members or acquaintances with intellectual disabilities. Some employees initially volunteered for the organization.

Mostly, the main problem faced by people with intellectual disabilities is that they are not accepted by society. Respondents noted that society is not well-informed about how to treat a person with a disability, especially a person with an intellectual disability. People are generally reluctant or do not know how to get in touch and communicate with people with intellectual disabilities, or, if they communicate or interact, they do so in mockery and ridicule. Respectively, people with intellectual disabilities feel an acute lack of communication. Another risk is that the person with intellectual disabilities cannot be identified at first sight as a person with disabilities, because there is not any physical "evidence" of their disability. For this reason, people will not understand that the person's behavior is due to his/her disability and will rather react aggressively or violently. Respondents reported a situation from 2008 when a group of people with intellectual disabilities, beneficiaries of the center, were beaten on the street by strangers. The NGO "Hope and Health" organized a training with the employees of the Ministry of Internal Affairs to raise awareness of the needs and specifics of people with intellectual disabilities, so that employees of the institution can respond operatively to situations of violence against people with disabilities and can prevent such cases. That was the only incident of violence reported by the organization.

However, when it comes to the social integration of people with disabilities, participants at group discussion and individual interviews stated that there are changes in behavior of civil servants and their level of acceptance. They show a greater openness towards disability issues than a few years ago. This could also be explained by the fact that the organization has shown an active initiative to work with public authorities, which resulted in a higher level of information and awareness about the barriers faced by people with intellectual disabilities, but also by all raising

awareness and informative campaigns conducted by civil society and development partners on the rights of persons with disabilities in the last years.

Although it could be noticed a slight improvement of the societal attitude towards people with intellectual disabilities, it remains largely reluctant, both because of existing prejudices and fear. People from nearby were initially against the organization providing services for people with intellectual disabilities. However, following the social service launched by the organization, in which the beneficiaries with intellectual disabilities prepare food and distribute it to the elderly from the neighborhood, the population living nearby the center has become more open. Respectively, it can be concluded that the **social integration of people with intellectual disabilities is successful if the premises are created for the interaction and communication between people with and without disabilities. In this way, society gets to know people with intellectual disabilities better and their fears and prejudices are overcome.**

Another major problem is the lack of information among parents of people with intellectual disabilities about their rights and existing services, as well as the lack of a free psychological service offered to parents. When a child with a disability is born, the family goes through a shock, which is also fueled by the rhetoric of some medical staff who encourage parents to abandon their children. Respectively, the proposed solution is **distribution of timely information to parents, distribution of leaflets and brochures even by maternity hospitals and medical institutions, free psychological services offered to parents, but also conducting information and awareness raising campaigns among staff of medical institutions.**

Among the beneficiaries of the institution there are more boys/men. Employees explained this fact because of the reluctance of parents of girls to allow them to participate in activities organized by the center. Girls and women with intellectual disabilities may face an increased risk of being sexually harassed and even raped on the way to the institution, that's why their parents, in trying to protect them from such situations, prefer not to allow them to travel alone. To mitigate such a risk, it may be recommended that the organization provides transportation services for their beneficiaries, which would make the travel safer, or could appoint a person to accompany the beneficiaries in their way to and from home.

Although the participants in the study unanimously stated that society has the same attitude towards women and men with intellectual disabilities, without making a difference in terms of their gender, it was also identified that an acute gender problem that women and men with intellectual disabilities face differently is access to sexual and reproductive rights. At the international level, studies show that people with disabilities, especially those with intellectual disabilities, are seen as asexual, and their sexual and reproductive rights are rather ignored. This

was also deduced from discussions with employees in this field. There is a low level of knowledge among parents and doctors about the sexual needs and sexual and reproductive rights of women with intellectual disabilities. For example, NGO "Hope and Health" organized a training for parents delivered by a gynecologist. As a result, the doctor proposed sterilization as a measure to reduce the number of unwanted pregnancies among women with intellectual disabilities. This "solution" was accepted only by one family, the rest of the families opted for abortion. There have been reports of women with intellectual disabilities being lied to and used by men to have sex. Also, in most cases, parents say that their children with intellectual disabilities should not and do not need to have sex. Likewise, parents have a hyper-guardian attitude and do not perceive their children as adults, for example parents with boys with intellectual disabilities declare that they are still children and do not have sex.

When it comes to delivery of training on sexual and reproductive rights, specialists with knowledge in the field of sexuality and gender equality need to be involved to deliver training initially for parents and then for people with intellectual disabilities.

Regarding the employment of the persons with intellectual disabilities, respondents did not report that there would be any division of activity by gender, at least not among their beneficiaries. However, it should be noted that the sample is not representative to completely rule out the presumption that men and women with intellectual disabilities are not encouraged to pursue activities/professions traditionally assigned to their gender. However, the problem of hiring people with intellectual disabilities is quite acute because employers are not prepared to monitor the work of people with intellectual disabilities. In this regard, Romania would serve as a positive example, where there are certain results of employment of people with intellectual disabilities.

Regarding the legislation on the rights of persons with different types of disabilities, all respondents stated that the legal provisions are very good, but the Republic of Moldova is bad in terms of implementation. Respectively, the implementation mechanism depends to a large extent on how open to the issue of people with disabilities the decision-makers are. Moreover, lawmakers do not have sufficient knowledge in the field of the rights of people with disabilities, and for this reason there are some gaps. After the review of the legislative framework, it was concluded that gender is not mainstreamed in the legislation, nor gender aspects are included in the disability movement, and the barriers faced by women with intellectual disabilities are almost ignored. Given that the study identified cases of violation of the sexual and reproductive rights of women with intellectual disabilities, it is recommended **to adopt legislation that would protect women and girls with intellectual disabilities from abuse, including sexual abuse, and that would guarantee their sexual and reproductive rights.**

Also, the respondents highlighted the role of social assistance as a major one, respectively there should be a better cooperation between different state institutions and social assistance. Similarly, the social service should be provided with additional duties, like supporting the employment of persons with disabilities. Other institutions with responsibilities in this field should also be involved in informing the family on various topics, such as education, sexual and reproductive rights etc.

Respondents recommended to be adopted legal amendments which would require the delivery of mandatory training for parents, guardians and personal assistants on how to identify the specific needs of people with disabilities, methods of communication and interaction, personal development of people with disabilities etc. However, given the low level of knowledge in the field of gender equality, for a proper application of the law, **employees of state institutions, but also those in the private sector who provide services for people with intellectual disabilities should be informed about barriers and specific needs of men and women.**

When it comes to the issues faced by NGO "Hope and Health", the current biggest barrier for the center to continue its functionality in a proper way is the transfer of the property rights of the territory on which the day center to the organization. It was concluded that there are also some infrastructural barriers which hinders the mainstreaming of gender equality principles. Respectively, the organization does not have different, delimited spaces where the women and men beneficiaries of the organization could change their clothes. In order to respect the privacy and dignity of the beneficiaries, **it is absolutely necessary to create and equip these different spaces, which could ensure the privacy that both women and men with disabilities need. It is also recommended that the toilets be arranged for separate use by the women and men beneficiaries of the organization.** It is recommended to adapt toilets for specific needs of women, especially the needs related to menstruation, such as bags for storing waste, stores with hygienic products to be used in emergency situations etc. In terms of staff training, 24 trainings on various topics have been organized in the last two years. However, **it is recommended to deliver training in the field of gender equality and sexual and reproductive rights of persons with intellectual disabilities for the employees of the institution and the beneficiaries' parents or guardians.**

The educational system doesn't train professionals to work with persons with disabilities, nor the school and university curricula contain enough information to raise awareness towards persons with disabilities. This would contribute to encouraging more persons to enter the work market in the disability field. Assessing the training provided to students in higher education institutions, there are faculties that train pedagogues, psycho-pedagogues, psychologists, social workers, etc.,

which can later be employed by the organizations that provide services for people with disabilities. However, the university curriculum does not include topics that would address the rights, but also the barriers of people with disabilities from gender equality perspective. In general, the topic of intellectual disability is very poorly reflected in the literature, and in terms of gender equality and intellectual disability, this topic is practically not reflected in studies, research, textbooks etc. **Respectively, it is recommended to introduce courses or topics related to gender equality in the curriculum of the faculties that train future specialists who will work with people with disabilities, including those with intellectual disabilities.**

The assessment of the answers filled in in the individual questionnaires by the employees of the NGO “Hope and Health” allowed to evaluate the knowledge of the respondents on gender mainstreaming in the activity of the organizations.

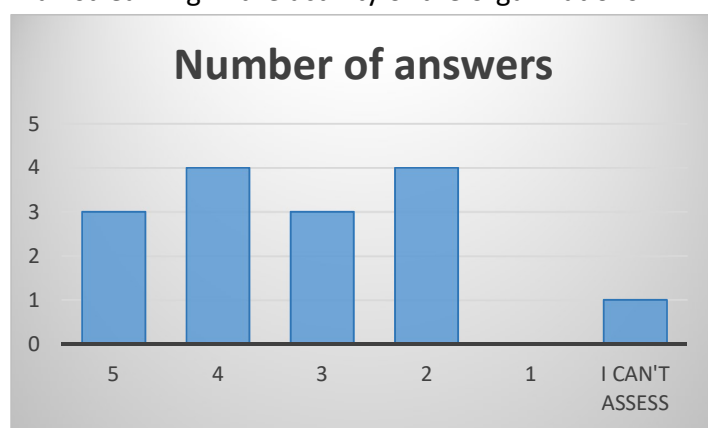


Figure 1

Thus, the participants were invited to self-assess their knowledge in gender equality on a scale of 1 to 5, where 1 is very bad and 5 is very good. As a result, there were obtained the responses depicted in the Figure 1. Respectively, 7 out of 13 respondents or 54% of employees consider that they have good and very good knowledge in the field of gender equality. These answers were correlated with the

answers to the questions “if you use in your work methods and tools for identifying the specific needs of women and men” (Figure 2) and “if you discuss within the institution specific problems that women and men face” (Figure 3). To these two questions, 10 respondents said yes and only 3 answered no.



Figure 2

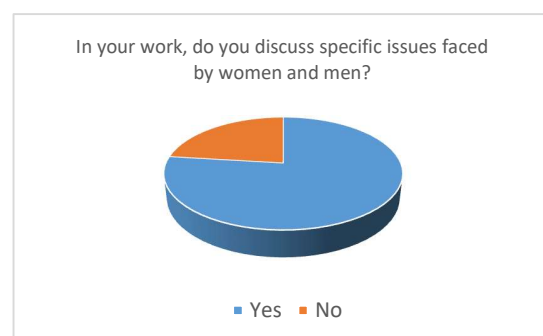


Figure 3

These answers can be interpreted that in the organization there is a specific professional culture

to communicate and involve beneficiaries in the activities, however, the analysis of the answers shows that this takes place rather in terms of identifying the specific needs of each beneficiary and less in terms of gender (Table 1). It should be noted that the individual approach to the needs of each beneficiary leads to a reduction of the negative impact of non-compliance with the gender equality principles.

Question	Open answers
Do you use methods and tools to identify the specific needs of women and men in your work? If yes, how:	<ul style="list-style-type: none"> - surveys - working with parents - knowledge about the psychology of the beneficiaries - individual work - explaining the rules of personal hygiene - using common spaces, like WC/wardrobe
In your work, do you discuss specific issues faced by women and men? If yes, how:	<ul style="list-style-type: none"> - discussions with the gynecologist about sexual problems - during trainings - about the family situation - about the relationship between women and men - meetings about different situations that happen

Table 1. Answers on the questions on methods and tools/discussions

It can be concluded that the different needs of women and men - beneficiaries with intellectual disabilities - are seen in terms of sexual and reproductive rights and different physiological aspects between men and women.

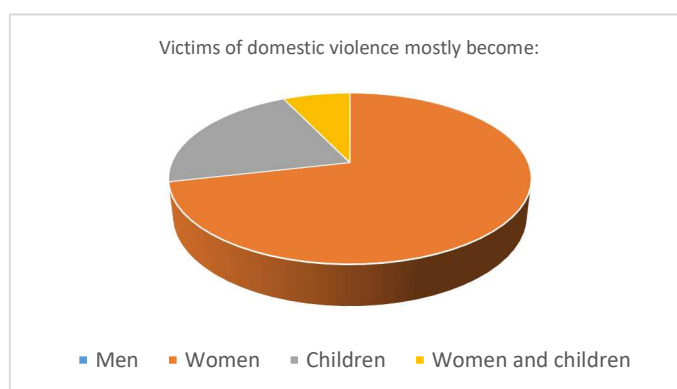


Figure 4

When it comes to the knowledge on the phenomenon of domestic violence, most respondents were able to identify that women are victims in most of the cases (Figure 4). At the same time, three respondents mentioned that children are the most frequent victims of domestic violence, among which one respondent highlighted two answers - women and children. This could also be because the questionnaire did not expressly offer the possibility of a multiple choice, respectively it could be concluded that most of them considered that they have to tick only one answer. Out of the total of the respondents, there were those who consider that the employees of an

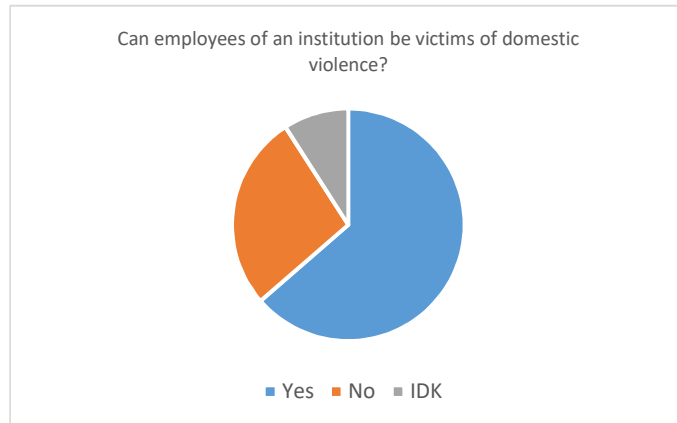


Figure 5

institution cannot be victims of domestic violence (Figure 5).

On the other hand, almost half of the organization's employees do not know special techniques to identify whether any of the beneficiaries are or have been subjected to domestic violence (Figure 6). Out of those respondents who declared that they know such techniques, declared that in some cases

beneficiaries speak about violence at their own initiative, or the employees try to identify such cases through noticing and supervision, or the psychologist helps to identify such cases.

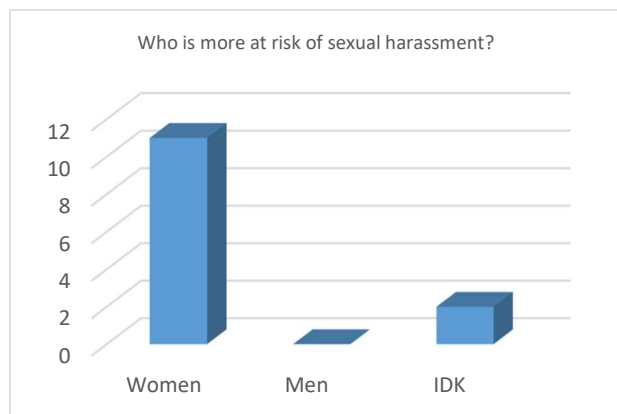


Figure 7

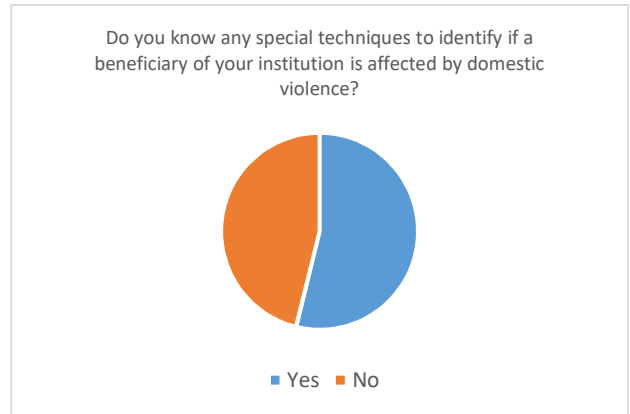


Figure 6

The level of awareness on the sexual harassment among the staff can be considered quite high, if assessing the results (11 out of 13 respondents answered that women are most often at risk of sexual harassment) (Figure 7). On the other hand, only 3 people said that sexual harassment can happen within an institution, while 7 respondents declared that this is not possible. This proves that the information about sexual harassment is complete. In this respect, the following could be recommended as measures to combat sexual harassment in the workplace:⁵² (i) legalization of anonymous questioning as a tool to identify the incidence of sexual harassment in the workplace; (ii) development and approval of the practical guide for employers that will incorporate specific actions and tools to create a safe working environment; (iii) amendment of Law no. 5 on ensuring equal opportunities between women and men to include the obligation of the employer to stipulate in the collective labor agreements the provisions that come directly to reduce the manifestation of harassment in the field of work and at the same time, the amendment of art. 31 para. 2 of the Labor Code to prohibit sexual harassment at work and the application of procedures for its prevention and elimination; (iv) the annual organization of training on sexual harassment by the State Labor Inspectorate within large Moldovan companies. Respectively, one solution that the organization could implement in a short period of time is to organize training for employees on identifying and combating sexual harassment. Moreover, there is needed to develop tools that would allow staff to identify situations of sexual harassment of beneficiaries, especially by third parties.

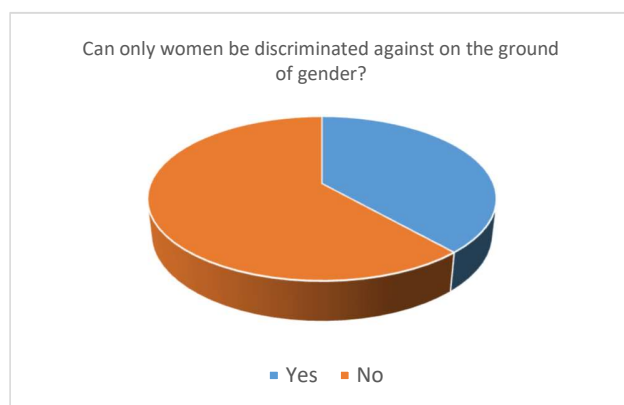


Figure 8

As a result of assessing the answers to the questionnaire, it can be concluded that most respondents understand gender discrimination, which is a favorable factor to ensure gender mainstreaming in the activities of the organization. This can also be confirmed by the answers to the question asking respondents to identify from a series of statements which of them represent cases of gender discrimination. All respondents

correctly identified the allegations that mentioned a case of gender discrimination (see Table 2):

When a person is not employed because being a man or a woman	13 respondents
When a person is not admitted as a beneficiary just because being a woman or a man	13 respondents
When a person is not given a salary increase because being a	13 respondents

⁵² <https://progen.md/cum-prevenim-si-reducem-hartuirea-sexuala-la-locul-de-munca-si-studii-recomandari-de-politici/>

woman or a man	
Other... (please add)	Equal work conditions– 1 respondent

Table 2. Answers to the question "Gender discrimination is:"

Moreover, when asked if only women can be discriminated on the ground of gender, most respondents said "no" (8 people), namely they determined that men can also be discriminated because of their gender, and only 5 people said that only women can face gender discrimination (Figure 8), therefore, it can be concluded that most employees know the basics of gender equality.

Also, it can be concluded that all employees are informed about the sexual needs of people with intellectual disabilities, because all respondents stated that the statement "people with intellectual disabilities are asexual" is false, namely that people with disabilities have sexual needs. Respondents also listed a number of specific activities organized within the institution to address needs of information on the beneficiaries' sexual desires/ sexual needs, such as organizing activities with the participation of a psychiatrist, discussions on social rehabilitation/ integration, discussions with the beneficiaries and parents/guardians, discussions with the psychologist or other doctors. However, two people mentioned that either they did not participate in such activities, or that the group discussion was the very first activity where they learned additional information about the needs of the sexual desires/ sexual needs of the beneficiaries. Respectively, this means that more frequent discussions or activities should be organized, including for new staff, about the sexual and reproductive rights of people with intellectual disabilities and how to respond to the sexual needs of beneficiaries.

The Committee on the Rights of Persons with Disabilities, in its Concluding observations on the initial report of the Republic of Moldova⁵³, declared that it is concerned that women and girls with disabilities face multiple discrimination and exclusion in all areas of life. It is concerned about the low participation of women with disabilities in political and public life and their invisibility in the anti-discriminatory legal provisions and policies related to women. In particular, it is concerned that: (a) non-consensual termination of a pregnancy on the grounds of impairment is still practised; (b) legislation to prevent and combat domestic violence fails to protect persons with disabilities, particularly women and girls; (c) mainstream services for women affected by violence are inaccessible to women and girls with disabilities and, instead of providing reasonable accommodation, redirect women with psychosocial and/or intellectual disabilities to psychiatric

⁵³ https://msmps.gov.md/wp-content/uploads/2020/07/Observatiile-si-Recomandarile-Comitetului-ONU-pentru-drepturile-pers-cu-dizabilitati-2017-_rom.pdf

hospitals.

As a conclusion, the employees of NGO "Hope and Health" have basic knowledge about gender equality and the rights of people with intellectual disabilities. However, it is recommended that the organization deliver more training sessions on this subject for both employees and the parents and guardians of the beneficiaries. This will help them better and more quickly identify and respond to the specific needs of women and men with intellectual disabilities. A major issue related to gender differences is the sexual and reproductive rights of beneficiaries and combating violence, including sexual violence. In this case, it is recommended to the NGO "Hope and Health" to organize training sessions in the field of sexual and reproductive rights of people with disabilities and domestic violence and to collaborate with responsible experts and institutions to develop tools to address the specific needs of people with intellectual disabilities.

RECOMMENDATIONS:

- Gender disaggregation of project indicators;
- Gender disaggregation of data on the number of the beneficiaries of the center;
- Gender disaggregation of data regarding the family members/guardians of the beneficiaries;
- Training of the employees in the field of gender equality, elimination of domestic violence and sexual harassment, promotion of sexual health and sexual-reproductive rights;
- Development of a study on the needs of the families of the beneficiaries (family profiles) from multiple perspectives (sexual harassment, domestic violence, sexual-reproductive health etc.);
- Lobby to introduce a provision which would oblige family members/guardians who apply to the position of "personal assistant" to attend a training on care and identification of the needs of persons (both women and men) with intellectual disabilities;
- Initiation of the collaboration with those 13 day centers for persons with disabilities, Faculty of Special Psychopedagogy and Social Work, NGO "HUMANITAS", NGO "Training Center on Reproductive Health".

Annex 1. List of reviewed internal policies

1. Internal Regulation of NGO "Hope and Health"

2. Regulation on the organization and functioning of the social service "Day Center for Adults with Intellectual Disabilities" under NGO "Hope and Health"

3. Personnel policy of NGO "Hope and Health"

4. Financial policy of NGO "Hope and Health"

5. Regulation on catering for beneficiaries attending the social service "Day Center for Adults with Intellectual Disabilities" under NGO "Hope and Health"

6. Communication Strategy and Communication Plan of NGO "Hope and Health"