Republic of Moldova’s Compliance with the Convention on Economic, Social and Cultural Rights: Women and Girls with Disabilities

Submitted by The Advocates for Human Rights
a non-governmental organization in special consultative status with ECOSOC since 1996 and
Mental Disability Advocacy Centre (MDAC)

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I. REPORTING ORGANIZATIONS

1. The Advocates for Human Rights (“The Advocates”) is a volunteer-based non-governmental organization committed to the impartial promotion and protection of international human rights standards and the rule of law. Established in 1983, The Advocates conduct a range of programs to promote human rights in the United States and around the world, including monitoring and fact finding, direct legal representation, education and training, and publications. The Advocates has more than 20 years of experience working to advance women’s human rights around the world and has worked in the United States and with partners in regions, including Central and Eastern Europe, the former Soviet Union, Mongolia, Morocco, Nepal, Mexico, and Haiti. At the request of government officials, international agencies, and NGOs, The Advocates helps draft laws that promote the safety of women. The Advocates also monitors and documents violations of women’s human rights. We have published 27 reports on violence against women. Our reports present findings and recommendations based on international human rights standards, and they have been used to strengthen implementation of laws and promote legal reform. Finally, The Advocates educates both locally and internationally on women’s human rights issues.

2. The Mental Disability Advocacy Centre (MDAC) is an international human rights organisation which uses the law to secure equality, inclusion and justice for people with mental disabilities worldwide. MDAC’s vision is a world of equality where emotional, mental and learning differences are valued equally; where the inherent autonomy and dignity of each person is fully respected; and where human rights are realised for all persons without discrimination of any form. MDAC has participatory status at the Council of Europe, and observer status at ECOSOC. For more information, please visit www.mdac.org.
II. EXECUTIVE SUMMARY

3. The Republic of Moldova has ratified the United Nations International Convention on Economic, Social and Cultural Rights (ICESCR) and is to be commended for taking steps toward equal treatment of persons with disabilities in general. Following the second cycle of the Universal Periodic Review, it committed itself to implementing recommendations to end discrimination against individuals with disabilities; ensure the rights of persons with disabilities to live independently by developing a plan for deinstitutionalization and inclusion into communities; continue adopting measures to contribute to the protection and inclusion of persons with disabilities, especially with regard to provision of social services; enhance the legal framework on social inclusion and participation of persons with disabilities while promoting awareness-raising; support the role of the family in protecting the rights of persons with disabilities; adopt positive measures to enable people with disabilities to access education, health services, and an adequate standard of living; eliminate barriers preventing access of children with disabilities to the education system; and continue to strengthen policies on ensuring the opportunity to enroll in education. In addition, it adopted Law No. 60 on Social Inclusion of Persons with Disabilities in 2012, which seeks to address the “rights of disabled people for their social inclusion, ensuring the possibility of their participation in all areas of life without discrimination, at the same level with other members of society, having as basic rights and fundamental freedoms.”

4. As noted in General Comment No. 5, the Committee on Economic, Social and Cultural Rights (Committee) has recognized that persons with disabilities are entitled to the enjoyment of the full range of rights protected by the ICESCR, and to the extent any special treatment is necessary to ensure it, “States parties are required to take appropriate measures, to the maximum extent of their available resources, to enable such persons to seek to overcome any disadvantages, in terms of the enjoyment of the rights specified in the Covenant, flowing from their disability.” The Committee further noted the “double discrimination” experienced by persons with disabilities who are female, and that this double discrimination is often neglected.

5. Nevertheless, human rights abuses of women and girls with disabilities, and the failure to accord them such rights, remain prevalent in Moldova. The Special Rapporteur on Disabilities has noted Moldova’s heavy reliance on a medical model of disabilities, which segregates those persons perceived as ‘healthy/normal’ from those deemed ‘unfit,’ leading to exclusion, harmful attitudes, and “forced interventions.” Sexual and physical abuse, both in institutions and in the home, lack of access to education and employment, an inability to participate fully in society, and denial of reproductive rights are ongoing problems for all persons with disabilities in Moldova and augmented for girls and women with disabilities. In addition, few statistics have been gathered on the plight of women
and girls with disabilities in particular to further understand the problem. The Government of Moldova must take further steps to meet its obligations under the ICESCR.

6. In conducting research for this report, The Advocates for Human Rights and MDAC collected direct information via questionnaires from NGOs working on this issue in Moldova. Secondary resources and news articles were also used to document the Republic of Moldova’s treatment of women and girls with disabilities.6

III. REPUBLIC OF MOLDOVA’S COMPLIANCE WITH THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

A. List of Issues, Data on Women and Girls with Disabilities, para. 2 (General Information)

7. In paragraph 2 of the List of Issues, the Committee requests statistical data disaggregated by sex.7 As noted by the Committee in General Comment No. 1, States parties are obliged to monitor the situation with respect to each of the rights protected by the ICESCR, but “this objective cannot be achieved only by the preparation of aggregate national statistics or estimates, but also requires that special attention be given to any worse-off regions or areas and to any specific groups or subgroups which appear to be particularly vulnerable or disadvantaged.”8

8. The Republic of Moldova does not collect or maintain adequate data on women and girls with disabilities. While the State party report references data collection and mechanisms, the Government of Moldova does not provide specific data on or a description of how it tracks information related to individuals and women with disabilities.9 It is crucial to identify the issues facing women and girls with disabilities in particular given the discrimination they face based on sex and disability.

9. Forty-nine percent of persons living with disabilities in Moldova are female, which includes 8.6 percent who are under the age of 18.10 Yet, identifying the issues facing women and girls with disabilities in Moldova is a challenging task because few institutions collect data on persons with disabilities generally, much less on women and girls in particular. USAID noted that of 13 countries in Europe and Eurasia studied, Moldova was one of two countries with the least amount of data available.11 Furthermore, Moldova’s national strategy/action plan on realizing the Council of Europe’s Disability Action Plan neither addresses women’s issues nor includes a separate strategy for women and girls with disabilities.12

10. Suggested recommendations:
• Undertake measures to collect and analyze data on the situation of women with disabilities in all relevant areas, in consultation with organizations that serve women with disabilities.

• Develop and commit to a deadline to include a separate strategy for women and girls with disabilities in its action plan to realize the Council of Europe’s Disability Action Plan.

• Commit to ongoing and meaningful consultation with organizations that serve women and girls with disabilities in the development of this strategy and other policies related to disabilities.


11. ICESCR broadly recognizes that all persons have the right to self-determination and the right to freely participate in political, economic, social and cultural life (Article 1). Such participation includes the right to education and work (Articles 6-8, 13), to an adequate standard of living (Article 9), and to the enjoyment of the highest attainable standard of physical and mental health (Article 12). These rights are to be enjoyed without discrimination (Article 2). In addition, ICESCR calls especially for the protection of children from discrimination and social exploitation. (Article 10). The Committee has also recognized that “through exclusion, distinction or separation, persons with disabilities have very often been prevented from exercising their economic, social or cultural rights on an equal basis with persons without disabilities.” 13 Yet the institutionalization of persons with disabilities, including many women and girls, remains prevalent. In its State party report, the Government of Moldova references protecting the family and undertaking measures to prevent the institutionalization of children.14 The Government of Moldova does not otherwise address the institutionalization of and related human rights abuses against individuals with disabilities.

12. In its Concluding Observations following the initial report from the Republic of Moldova, the Committee on the Rights of Persons with Disabilities expressed its concern that, “women with disabilities, especially women with psychosocial and/or intellectual disabilities, are still living in institutions where cases of neglect, violence, forced contraceptive measures, forced abortion, forced medication, restraint and sexual abuse, including by medical staff, remains common.” 15 Moreover, accountability remains
notably difficult to obtain. For example, Moldovan courts recently convicted a chief doctor from a 400-bed social care institution in Balti for sexual assault. The defendant repeatedly raped 18 women over the course of more than ten years before being charged and brought to justice.\textsuperscript{16} One of the survivors from Balti made an oral intervention before the Committee on the Rights of Persons with Disabilities and stated that she had been repeatedly raped, became pregnant, and was forced to have an abortion. According to the Mental Disability Advocacy Centre, the doctor’s conviction is not yet final and is currently in the appellate stage. Several victims have reported efforts by the offender to, directly or indirectly, intimidate them into withdrawing their complaints. Despite the case’s severity and reports of intimidation of victims, the state has not deprived the offender of liberty. This case highlights the extent of the problem, as well as the impunity with which institutional employees have abused women with disabilities.

13. Violence against women and girls in general is prevalent in Moldova. According to national statistics, one in two women in Moldova experience some form of domestic violence after the age of fifteen.\textsuperscript{17} For women with disabilities, much of that violence occurs in institutions. \textbf{Women and girls in Moldova who are institutionalized are subject to torture, as well as cruel, inhuman and degrading treatment and punishment of both a sexual and non-sexual nature.} As of 2013 in Moldova, 2,200 individuals with disabilities were in institutions.\textsuperscript{18}

14. \textbf{Sexual assault is a long-standing problem in institutions}. Global data gathered in 2005 indicated, “high rates [of] physical and sexual abuse against disabled women and girls living in institutions for the disabled,”\textsuperscript{19} at times with rates of abuse double that of those living in the community.\textsuperscript{20} The situation in Moldova similarly reflects this prevalence. A 2016 report by several organizations serving persons with mental disabilities noted that institutionalization and inhuman treatment of persons with disabilities continues to be a problem in Moldova.\textsuperscript{21} Women and girls in institutions are particularly vulnerable to abuse because they may come into contact with multiple “caregivers,” increasing exposure to potential abuse; when abuse occurs, women and girls often have limited means of reporting those violations.\textsuperscript{22} In addition to sexual abuse, there are numerous reports of other forms of abuse in institutions, including: beatings and blows with hands, feet, and other objects; immobilization; insults and verbal threats; isolation; and restrictions of food, healthcare, and other services.\textsuperscript{23}

15. \textbf{There is a lack of accountability and effective mechanisms to hold those who inflict abuse on women and girls with disabilities responsible}. The Moldovan government “has taken insufficient systemic measures to prevent or detect instances of abuse,” the response of law enforcement to these violations remains inadequate, and there are “no court decisions establishing cases of torture or inhuman or degrading treatment.”\textsuperscript{24} These
findings suggest that offenders continue to perpetrate abuses in institutions with impunity.25 Given their vulnerability and the additional barriers that women and girls with disabilities face, the problem is likely exacerbated for women and girls than for the population living with disabilities in general.

16. The system for reporting abuse in institutions is inadequate and ineffective. **Currently, there is no independent monitoring or complaint mechanism to report abuse in institutions.** Under Moldovan law, complaints can only be brought in connection with abuse relating to the provision of healthcare services.26 Accordingly, there is no formal complaint mechanism for non-healthcare related abuse, such as placement in solitary confinement, withholding of food or privileges, or physical abuse. Although there is a Patients’ Ombudsman, that person is responsible for at least 1,810 patients, and the ombudsman’s conclusions are nonbinding.27

17. **In the absence of an independent complaint body, persons with disabilities must file complaints with the same staff against whom they are bringing their complaints.** These remedies are often ineffective and may even place complainants at risk of further harm. Institutional directors often tolerate, ignore, or may even encourage abuse.28 This environment creates the risk that complaints are disregarded or result in retaliation against the abused person. Women and girls are rendered more vulnerable when traditional stereotypes mischaracterize them as weaker or more helpless.

18. Suggested recommendations:

- Exercise due diligence to prevent violence and human rights violations in these institutions, and carry out regular, mandatory trainings, in consultation or led by organizations that serve women with disabilities, for all institution staff.

- Amend legislation as needed and ensure the criminal justice system adopts and imposes measures to protect victims and witnesses from intimidation and violations by defendants or other third parties.

- Urgently adopt and implement an independent, accessible, and effective complaint mechanism to confidentially report all violations in institutions.

- Take steps to ensure that authorities investigate, prosecute and punish those responsible for violence against women and girls with disabilities, including private actors.
• Provide effective access to redress and reparations for victims of human rights violations in institutions.

• As a matter of urgency, adopt and enforce legislation to hold accountable those who abuse women and girls with disabilities in institutions. Penalties should be commensurate with the gravity of the offense.

• Take steps, including relevant legislation, to direct the creation of individual abuse prevention plans for women and girls living with disabilities in institutions or in the community, in consultation with organizations that serve this population.

• Ensure ongoing and regular training, in consultation with or led by organizations that serve individuals with disabilities, for institutional actors and employees with the included goal of eradicating sexual and non-sexual abuse of women and girls with disabilities. Ensure that such training addresses prompt reporting of and effective responses to sexual and non-sexual abuse of women and girls with disabilities.

• Finalize the de-institutionalization plan in progress and in consultation with organizations that serve women and girls with disabilities, and take steps to ensure its effective implementation. Create mechanisms to protect individuals with disabilities against abuse in non-institutionalized settings.

• Adopt and implement measures to permit institutionalized residents to confidentially report all forms of abuse to an independent, objective third party for redress.


19. Article 11 of ICESCR recognizes the right of everyone to an adequate standard of living, and Article 12 recognizes the right to enjoy the highest attainable standard of health. In the region, there is generally little information on the extent or nature of domestic violence against women and girls with disabilities outside the institutional setting. In its State party report, the Government of Moldova generally described the family as a “fundamental element of society” that enjoys state protection. It referenced activities to combat domestic violence, including legal reforms, public awareness campaigns, and services, but did not specifically address women with disabilities.

20. Families who keep women with disabilities confined inside may do so because of societal stigma or the perception that confinement to the home is the best way to protect them
from potential abuses. Such confinement is also due to the lack of community-based services to offer support that the women and their families might need. In situations where women and girls with disabilities are victims of domestic violence, this social isolation can aggravate and perpetuate the violations by reducing their access to services or assistance. This is further aggravated by gaps in the government’s response to domestic violence.

21. A Moldovan organization that works with persons living with disabilities reported that the government must take steps to change societal attitudes toward women and girls with disabilities, thereby increasing understanding and acceptance of this population. As long as societal stigma against persons with disabilities continues, domestic violence perpetrated against women and girls with disabilities may remain hidden in the private sphere and go unaddressed.

22. Suggested recommendations:

- Adopt public education and awareness-raising activities aimed at dispelling stereotypes and stigma associated with disabilities.
- Take measures to ensure adequate resources to provide support services and assistance to families of women and girls with disabilities living at home.
- Undertake outreach measures to and conduct needs assessments of women and girls with disabilities living with family, in a manner that respects the privacy of the family.
- Undertake measures to gather information on areas of vulnerability and needed services and assistance for women and girls with disabilities living with family.

**D. List of Issues, Education, paras. 31-33, (Articles 13-14: Right to Education)**

23. In order to implement the principle, enunciated in the Standard Rules, that States parties should provide equal education to persons with disabilities in integrated settings, the Committee has stated that “States should ensure that teachers are trained to educate children with disabilities within regular schools and that the necessary equipment and support are available to bring persons with disabilities up to the same level of education as their nondisabled peers.” The Special Rapporteur on Disabilities commended the government of Moldova for taking steps to promote inclusive education for children with disabilities, including a focus on quality, individual learning plans, multi-disciplinary assessments of students’ needs, dedicated staff to advance inclusion, and funding and intra-governmental coordination. The Special Rapporteur stressed the need, however, to...
ensure such inclusive education efforts reach all children with disabilities, including girls.\textsuperscript{35} The State party report notes that fair access to education, without discrimination, is provided for under the 2014 Code of Education.\textsuperscript{36} It provides no further detail on ensuring fair access to education for children with disabilities.

24. According to the U.S. Department of State’s 2016 human rights report, 13,000 of the 184,000 persons with disabilities registered in Moldova were children. While the law entitles children with disabilities to home schooling provided by the government, this service was limited in rural areas; in addition, children with disabilities sometimes declined schooling to avoid discrimination.\textsuperscript{37}

25. \textbf{As of 2015, in Moldova specifically, 1,716 children with disabilities were educated in segregated settings.}\textsuperscript{38} As noted above, some children with disabilities avoid attending school in Moldova for fear of discrimination based on their disability.\textsuperscript{39} Efforts have been made to introduce children with disabilities into mainstream schooling, but with limited success. Often, such efforts fail because teachers demonstrate prejudice toward children with disabilities, lack appropriate training in teaching them, or fear that they will not have time to teach the “healthy” children.\textsuperscript{40}

26. In general, girls with disabilities have less access to education, particularly in mainstream schools, than boys with disabilities, and they rarely go beyond a secondary-level education.\textsuperscript{41} \textbf{Even when girls with disabilities are enrolled in mainstream schools in Moldova, they may not attend because of lack of access to facilities or because the facilities do not provide accommodations for them.}\textsuperscript{42} Overall, the segregation of girls with disabilities can have devastating long-term results.\textsuperscript{43}

27. \textbf{Women with disabilities report a lack of access to higher education.} Lack of access can be due to physical barriers, such as a lack of wheelchair ramps or Braille books, or non-tangible barriers, such as limited support from school personnel.\textsuperscript{44} Even when they are able to access higher education, women with disabilities often report feeling “disrespected and unappreciated” in education institutions. For example, a 2015 study on individuals with disabilities in Moldova found that women described teachers shouting at them or asking them why they bothered to come to classes.\textsuperscript{45} These women also reported problems with “lack of awareness and non-adapted behavioral patterns of [teaching staff], the lack of resources adapted to special needs, the lack of an adequate infrastructure, the lack of supporting [teaching staff, and] the lack of faculty admission policies.”\textsuperscript{46}

28. Suggested recommendations:
• Undertake measures to ensure that all girls with disabilities have access to a mainstream education.

• Undertake measures to address tangible and non-tangible barriers to ensure that infrastructure allows access to all mainstream educational facilities for individuals with disabilities.

• Implement measures to ensure that reasonable accommodations are made to allow every girl with disabilities to participate fully in a mainstream education.

• In consultation with organizations that serve individuals with disabilities, undertake ongoing training of teaching and educational staff on working with girls with disabilities with a view to eliminating discriminatory treatment by teaching staff. Hold accountable teachers who engage in such discriminatory treatment.

E. List of Issues, Employment, paras. 13-15 (Article 6: Right to Work), paras. 16-19 (Article 7: Right to just and favourable conditions of work)

29. ICESCR sets forth the “right of everyone to the opportunity to gain his living by work which he freely chooses or accepts.” In its State party report, the Government of Moldova referenced the National Employment Agency’s efforts to diversify its informational tools to expand its reach to vulnerable populations, including persons with disabilities. It also described laws, strategies, and national action plans aimed at social inclusion of persons with disabilities.

30. In general, women with disabilities are twice as likely to be unemployed as men with disabilities. The situation in Moldova reflects this disparity. Women with disabilities, especially blind women, are often illiterate because of their lack of a mainstream education, which creates an additional barrier to employment. Employers in Moldova are reluctant to hire women with disabilities because they believe they will be unproductive, use medical leave too frequently, or become sick or pregnant.

31. Moreover, the data collection system exacerbates barriers to employment. Doctors in Moldova have wide and arbitrary discretion to determine who are persons with or without disabilities and assess the level of that perceived disability. Such decisions impact individuals with disabilities in all areas of life, as their classification defines their capability to study, work, be institutionalized, and qualify for assistance and services vis-à-vis a disability certificate. Instead of empowering persons with disabilities to enjoy these rights and their participation, this practice actually classifies many persons as “unable to work,” thus further hindering their employment opportunities.
32. Moldova does have quotas in place for increasing the employment rates of women with disabilities. In practice, however, employers skirt quota requirements for the hiring of women with disabilities by paying small fines;\(^{54}\) many employers acknowledged they prefer to pay the fine than hire a woman with disabilities.\(^{55}\) Moreover, the law is discriminatory on its face and does not allow those living with disabilities to access lines of credit,\(^{56}\) further hampering the entrepreneurship of women with disabilities.

33. When they do gain employment, women with disabilities are often denied reasonable accommodations and equal treatment in their employment. **Employers often refuse to provide accommodations for women with disabilities.**\(^{57}\) In one study, five out of seven responses that employers refused to provide reasonable accommodations came from women with disabilities.\(^{58}\) Employers generally pay women with disabilities less.\(^{59}\)

34. Suggested recommendations:

- Take steps to ensure “reasonable accommodation” as “necessary and appropriate modification and adjustments not imposing a disproportional or undue burden, when needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”\(^{60}\)

- Adopt and enforce measures to guarantee to women with disabilities equal and effective legal protection against discrimination.

- Repeal discriminatory laws, including legislation that disallows extending lines of credit to individuals with disabilities. Adopt legislation to prohibit financial lenders from discriminating against women with disabilities.

- Undertake steps to examine and develop incentive plans for employers who hire and retain women with disabilities.

- Provide training to employers and business associations aimed at reducing the stigma associated with hiring women with disabilities.

- Undertake measures to implement and enforce a system of fines or other requirements to effectively secure compliance from employers with their legal obligations vis-à-vis women with disabilities.

- Take steps to ensure that employers make reasonable accommodations for women with disabilities in the workplace. Undertake measures to hold responsible employers...
who unreasonably withhold reasonable accommodations for women with disabilities in the workplace.

F. List of Issues, Medical Care, paras. 28-30 (Articles 12: Right to Physical and Mental Health)

35. Article 12 of the ICESR recognizes the right of all persons to physical and mental health. In General Comment No. 5, the Committee cites the provision of the Standard Rules that “States should ensure that persons with disabilities, particularly infants and children, are provided with the same level of medical care within the same system as other members of society.” It recognizes that this also implies the right to access and benefit from those medical and social services, “including orthopaedic devices -which enable persons with disabilities to become independent, prevent further disabilities and support their social integration,” and to “be provided with rehabilitation services which would enable them “to reach and sustain their optimum level of independence and functioning.” In its State party report, the Government of Moldova does not specifically address the health of individuals with disabilities, aside from its support of intersectoral responses aimed at decreasing “excessive disability.”

36. Women’s access to medical care is severely limited in Moldova. Generally in Europe and Eurasia, women with disabilities are more likely to have to sell property or borrow money to pay for healthcare than women without disabilities. A recent report found that women who live with family are often not brought in to see doctors in Moldova. In addition, medical care is often inaccessible to women with disabilities because of lack of transportation or poor road conditions.

37. When they are able to access health care facilities, women with disabilities report being ignored by hospital medical staff and receiving no treatment. In general, women with disabilities in Europe and Eurasia have described a lack of access to facilities, equipment that is not adapted to their use, and negative attitudes of medical staff; women have indicated that these factors can pose bigger barriers to medical care than the actual costs themselves. Medical equipment is not always suitable or disability-accessible for women. For example, women with disabilities reported being unable to have gynecological exams because the examination chairs are not adapted for their use.

38. Medical personnel are neither appropriately nor adequately trained on disability issues. Many Moldovan doctors are not trained to deal with women with disabilities and are openly hostile, or they ignore the patient and direct all their communications to the caregiver. In a survey of people with disabilities in Moldova, women with disabilities in...
northern and central urban areas were most likely to report that the attitudes of medical staff discouraged them accessing medical care.72

39. Suggested recommendations:

- Take steps to mandate that medical facilities be adapted to the needs of women and girls with disabilities.
- In consultation with organizations that serve women with disabilities, train medical staff on issues related to disabilities and serving women and girls with disabilities.
- Adopt penalties, complaint mechanisms, and enforcement measures for medical facilities that fail or refuse to treat women and girls with disabilities.
- Undertake measures to eliminate economic, transportation, and infrastructural barriers that prevent women and girls with disabilities from obtaining medical treatment and care.


40. Under ICESCR, persons with disabilities have the right to marry and have their own families, and “must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood.”73 Women with disabilities do not fully enjoy their right to decide freely and responsibly on matters related to their sexuality and reproductive rights. In its State party report, the Government of Moldova describes the support it provides to mothers, such as financial assistance, but does not specifically address the sexual and reproductive rights of women with disabilities.74

41. The Committee’s General Comment No. 5 declares that “both the sterilization of, and the performance of an abortion on, a woman with disabilities without her prior informed consent are serious violations of article 10 (2).”75 In at least one institution, women have reported being forced to undergo weekly gynecological checks followed by forced abortions if they are pregnant.76 Forced sterilization of women with disabilities is also still prevalent, and a current Ministry of Health regulation specifies that mental disability is an indicator for sterilization.77 Women with disabilities living in institutions in Moldova are forced to use contraception.78 In 2014, the U.S. Department of State reported an increase in reports of forced abortions in institutions and flagged it as a second major area of concern for Moldova.79
42. **Families and doctors frequently discourage women with disabilities from having children.** Women with disabilities reported being berated by their doctor for becoming pregnant. After one woman informed her parents she was pregnant and refused to have an abortion, she was institutionalized. In addition, women with disabilities are often discouraged or prevented from marrying or adopting.

43. Suggested recommendations:

- Undertake measures to educate medical staff, family members of women with disabilities, and the public, about the rights and ability of such women to bear children.

- Ensure that women with disabilities are not “denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood.”

- Adopt and enforce penalties for institutions that force women with disabilities to take contraceptives or undergo abortions or sterilization procedures against their will.

- Adopt legislation to guarantee women with disabilities equal rights with men, and with women without disabilities, to marry.

- Adopt legislation to guarantee women with disabilities equal rights with men, and with women without disabilities, to have, adopt, and retain custody of children.

**H. List of Issues, Benefits and Assistance for Women Living with Disabilities, paras. 21- 22 (Article 9: Right to social security)**

44. General Comment No. 5 points out that “[s]ocial security and income- maintenance schemes are of particular importance for persons with disabilities.” As stated in the Standard Rules, “States should ensure the provision of adequate income support to persons with disabilities who, owing to disability or disability-related factors, have temporarily lost or received a reduction in their income or have been denied employment opportunities”. Such support should reflect the special needs for assistance and other expenses often associated with disability.” In its State party report, the Government of Moldova references the development of several acts aimed at regulating social services for individuals with disabilities between 2011 and 2015.

45. **Women with disabilities have reported finding no help to help them in securing government assistance to which they are entitled, whether in the form of money or mobility tools, such as canes or wheelchairs.** They further reported being humiliated...
when requesting government subsidies to which they are entitled, because of the “lack of care, indifference for my problem, even ignorance.”

46. A report found that authorities may refuse additional assistance based on arbitrary and unreasonable standards. If a woman with a disability has even the most basic amenities in her home, such as a television or refrigerator, no matter the age or condition of the amenity, and regardless if it was gifted, general state practice is to deny her any benefits. Thus, women with disabilities are left with the difficult choice of either accepting benefits and an inadequate standard of living, or forgoing benefits and enjoying minimal comfort.

47. Women with disabilities in Moldova, particularly those who are blind or have mobility issues, frequently have difficulty navigating the cities where they live because of lack of transportation, inadequate and unsafe sidewalks, insufficient pedestrian crossings or crossings that do not accommodate the blind, and lack of access to public buildings. These barriers obstruct women with disabilities from enjoying their full inclusion and participation in all aspects of life, including from working, socializing, attending school, voting, and generally participating in public life.

48. Suggested recommendations:

- Undertake measures and allocate adequate resources to ensure access to buildings, improve roadway and sidewalk, and provide free or subsidized transportation designed for women with disabilities.

- Undertake legal reform to ensure that women with disabilities are provided benefits as appropriate based on standardized guidelines and not arbitrary discretion.

- Take steps to remove barriers that currently prevent or impede the efforts of women with disabilities to obtain benefits.

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2 Republic of Moldova Law on Social Inclusion of People with Disabilities, Law No. 60 (2012).

6 The Advocates gathered information when possible from credible reports specifically addressing issues facing women and girls with disabilities in Moldova. The Advocates also extrapolated from data about women and girls with disabilities globally, and from data about people of both genders with disabilities, both in Moldova and in similar regions.
10 Interview with Moldovan NGO, 2017 (on file with authors).
11 United States Agency for International Development (USAID), Women with Disabilities in the Europe and Eurasia Region: Final Report, (Aug. 2012) (stating that Azerbaijan and Moldova have the “smallest amount of existing information”). Although this report is now more than four years old, there is little data available to suggest that circumstances have changed more than marginally for women and girls with disabilities. The report appears to be the most comprehensive report available on this subject, and Moldova was one of the countries studied. Also available online at https://www.usaid.gov/sites/default/files/Women-with-Disabilities-EE-Region-FINAL-2012.pdf.
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16 Mental Disability Advocacy Centre (MDAC), Representing Women from Balti Institution. Also available online at http://mdac.org/en/women-of-balti.
33 Questionnaire completed by Moldova NGO, January 2017 (on file with authors).
43 Girls with disabilities may face stereotypes, low expectations and assumptions about their needs. “They are subjected to environments where they have few typical role models, do not learn about how to function in the world,
and often get surrounded by paid caregivers, who may by their very presence not leave room for the natural supports of freely given friendships and relationships which are so important to a full and rich life.” Elizabeth Neuville, *Meaningful Lives, Community Connections: Vulnerability and Community Roles*, Keystone Human Services. Also available online at http://www.keystonehumanservices.org/publications/neuville/neuville_current.php.


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www.MDAC.org


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88 Note that “many interviewees are women, aged 26–55.” Marcela Dilion, Holistic Report: Monitoring of Rights of Persons with Disabilities in Republic of Moldova, (2014), 14. Also available online at http://www.disabilitymonitor-

