Shadow report on the implementation of CEDAW in the Republic of Moldova

Presented by the Platform for Gender Equality of Moldova

Contact Information

Platform for Gender Equality of the Republic of Moldova

- **Email:** secretariat.platformadegen@gmail.com
- **Phone:** +373 69 215 456
- **Address:** 13 Grigore Alexandrescu Street, Chişinău, Republic of Moldova
- **Website:** www.egalitatedegen.md

Executive Summary

The present shadow report has been prepared by the Platform for Gender Equality (PEG), an informal network of 54 civil society organizations and activists in the Republic of Moldova. The report provides a feminist and intersectional analysis of the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), highlighting key challenges, structural gaps, and recommendations for effective gender equality reforms.

Despite formal commitments and legislative progress, the Republic of Moldova continues to face major obstacles in the realization of women's rights, particularly for those from vulnerable and marginalized communities. The lack of institutional accountability, the persistence of patriarchal norms, and underinvestment in public services disproportionately affect women's participation, security, and autonomy.

Key Findings:

Weak Accountability and Coordination Mechanisms: Although gender equality structures (e.g., gender units, coordination groups) exist on paper, their functionality is largely symbolic due to a lack of mandates, resources, and monitoring tools. No comprehensive system exists for tracking gender mainstreaming in public policies or budgets.

Limited Progress in Gender-Responsive Budgeting (GRB): While pilot initiatives and interministerial cooperation with UN Women have been launched, Moldova lacks a binding legal framework for GRB, and most public programs do not address gender-specific or intersectional needs. Women with disabilities and Roma women are especially excluded from budget planning processes.

Setbacks in Reproductive Rights: The withdrawal of telemedicine-based abortion services by the Ministry of Health in 2025, without public consultation or alternatives, represents a serious regression in the protection of sexual and reproductive rights, particularly for rural women and survivors of gender-based violence.

Gaps in Comprehensive Sexuality Education (CSE): Moldova has made progress in integrating CSE into school curricula, but the lack of standardized content, teacher training, and monitoring continues to hinder full implementation. Girls with disabilities, Roma girls, and young mothers remain underserved.

Trafficking in Human Beings (THB) and Gender-Based Violence (GBV): THB is not yet legally recognized as a form of GBV. Victims, particularly women and girls, are denied gender-sensitive risk assessments and coordinated institutional support. The newly created National Agency for Preventing and Combating Violence against Women (ANPCV) is at risk of institutional downgrading.

Political Violence and Sexist Discourse: Women in public and political life, especially during the 2024 presidential elections, were targeted by sexist and misogynistic rhetoric. There are no effective legal or institutional mechanisms in place to prevent or sanction gendered political violence.

Multiple Discrimination against Women with Disabilities and Roma Women: These groups face systemic barriers in accessing services, employment, education, and protection from violence. Roma women, especially refugees and those with disabilities, are often denied shelter services and excluded from digital and legal literacy initiatives.
Rural Women's Unpaid Work and Economic Invisibility: Women in rural areas are disproportionately burdened with unpaid care work and excluded from formal employment, healthcare, and vocational programs. Government reforms in education and social services (e.g., school closures, RESTART program) risk deepening this exclusion.
Women in the Transnistrian Region: Women in this region live in conditions of institutional isolation, without access to adequate legal, health, or social services. Civil society remains the only actor providing essential support, but these efforts require state backing and cross-river cooperation.
The implementation of CEDAW in Moldova requires systemic change, not just legislative alignment. Priority must be given to institutional reform, adequate funding, and sustained collaboration with civil society. It is critical that Moldova's gender equality efforts reflect not only legal commitments but also tangible improvements in women's lives, especially for those facing intersecting forms of discrimination.

PEG urges the CEDAW Committee to request that the Government of Moldova:

- establish functional accountability and coordination mechanisms on gender equality;
- reinstate and regulate telemedicine-based abortion services;
- institutionalize gender-responsive budgeting and inclusive data systems;
- protect women in political life from gendered violence;
- and ensure that all women—regardless of disability, ethnicity, location, or legal status—have equitable access to justice, services, and participation.

The Gender Equality Platform (PEG) is an informal network in the Republic of Moldova, consisting of 54 civil society organizations and activists who promote women's rights and gender equality in all areas of public and private life. Established in 2015, PEG functions as a space for coordination, feminist solidarity, and collective action, and is one of the most active and visible advocacy initiatives focused on gender in the country.

PEG is a recognized and effective civil society actor in advancing gender equality in national legislation, promoting women's participation in decision-making processes, and combating violence against women, including in the political sphere. The platform's members bring practical and diverse expertise in key areas such as: providing specialized services for survivors of gender-based violence (GBV); working with persons with disabilities and supporting their inclusion; women's economic empowerment and equal access to resources; and advancing the rights of Roma women and combating multiple forms of discrimination.

PEG actively contributes to the development, monitoring, and evaluation of public policies through a feminist and intersectional lens. The platform prepares shadow reports for international human rights mechanisms (including the CEDAW Committee) and conducts public campaigns, consultations, and trainings, to promote gender equality.

PEG's work is guided by the principles of solidarity, equity, civic independence, and inclusive representation, reflecting the network's commitment to a democratic society free from discrimination and gender-based violence.

1. Monitoring and Evaluation Mechanism on Gender Equality (Articles 2, 5, 7 CEDAW)

The Republic of Moldova has a legal framework that provides for the integration of the gender dimension into all public policies, including through the establishment of gender units within central and local public authorities (in accordance with Law No. 5/2006). However, the implementation of these provisions remains sporadic and largely non-functional in practice.

Moldova has made legislative progress in the field of gender equality. Nevertheless, policy implementation is severely hampered by the absence of a functional and dedicated mechanism for monitoring and evaluating progress. Although the legislation provides for the creation of institutional coordination structures (gender units, gender coordination groups), these structures lack adequate human, financial, and technical resources. Many of them are inactive or exist only formally.

At the local level, especially within local public administration (LPA), where active implementation is expected of the Program for the Promotion and Assurance of Equality between Women and Men for the years 2023–2027, as well as the National Program for the Gradual Integration of Foreigners (2025–2027), there is a systemic absence of gender units. Even in localities where such units are formally designated, there is a lack of clear mandates, dedicated personnel, training, and tools for monitoring and evaluating their functionality. There is no standardized national methodology for assessing the activity of these units, and the State Chancellery does not publish periodic data on their functionality.

This shortcoming is particularly concerning given that the Integration Program for Foreigners and other policy documents emphasize the role of local public administration in providing services, fostering community cohesion, and ensuring direct intervention. Without institutional capacity at the local level to understand and apply gender equality principles, there is a risk that implemented measures will be gender-neutral or, in some cases, may even perpetuate existing inequalities.

The lack of gender-sensitive indicators, disaggregated data by sex, age, and disability, and the absence of gender-responsive budgets in the aforementioned programs make it impossible to monitor the differentiated impact on women, especially those belonging to vulnerable groups (refugees, Roma women, women with disabilities, LGBTQ+ individuals, etc.).

Within the implementation of the National Program for the Implementation of UN Security Council Resolution 1325 on Women, Peace, and Security (2023–2027), certain multisectoral coordination mechanisms have been established. These include inter-ministerial thematic working groups and coordination led by the Ministry of Internal Affairs, with the participation of civil society. However, the absence of clearly defined local structures for implementing Resolution 1325 highlights the fragmentation of efforts to promote gender equality in this area. Without dedicated gender units or local action plans, national objectives remain theoretical and fail to translate into tangible outcomes for communities[1].

Furthermore, the lack of a clear monitoring and evaluation system reduces the ability of authorities to learn from experiences and adjust policies accordingly. This institutional gap limits the impact of the 1325 Program and raises concerns about its long-term sustainability.

Recommendations:

1. Institutionalize a data collection system disaggregated by sex, age, and disability, applicable to all relevant public policies, including those for refugees and migrants;
2. Reactivate the Governmental Commission for Equality between Women and Men, with allocated resources and a clearly defined mandate for inter-ministerial coordination;
3. Establish a national annual reporting mechanism on progress in the intersectional integration of gender into public policies;
4. Ensure public consultations and continuous, transparent dialogue with civil society organizations active in the field.

2. Gender-Responsive Budgeting in the Republic of Moldova: Progress, Challenges, and Institutionalization Prospects

The Republic of Moldova has made important commitments toward advancing Gender-Responsive Budgeting (GRB) through strategic planning frameworks. The *Strategy for Ensuring Equality between Women and Men (2017–2021)* supported GRB-related capacity building, while the *Public Finance Management Strategy (2023–2030)* recognizes GRB as essential for equitable and effective governance. The *Program for Ensuring Equality between Women and Men (2023–2027)* explicitly includes GRB among its strategic objectives and proposes a roadmap for institutionalizing it across sectors. However, despite this policy alignment, the implementation of GRB remains fragmented and largely discretionary due to the absence of binding legal obligations and an operational institutional mechanism. Responsibilities among public authorities are poorly defined, and institutional capacities and financial resources for applying GRB methodologies remain insufficient.

While the Ministry of Finance has integrated gender-sensitive indicators in budgetary planning and some sectoral programs have piloted gender-responsive measures, these efforts remain

[1] -https://pisa.md/wp-content/uploads/2025/01/RAPORT-DE-MONITORIZARE-PENTRU-ANII-2023-2024-AL-PROGRAMULUI-NATIONAL-DE-IMPLEMENTARE-A-REZOLUTIEI-1325-A-CONSILIULUI-DE-SECURITATE-AL-ONU-PRIVIND-FEMEILE-PACEA-SI-SECURITATEA-PENTRU-ANII-2023-1-1.pdf

limited in scope. Progress in areas such as agriculture and social protection has been driven largely by international development partners and civil society organizations, which have contributed to gender mainstreaming and monitoring. Nonetheless, only a few line ministries report sex-disaggregated data, and systematic gender analysis of public budgets is lacking.

This institutional weakness has a disproportionate impact on marginalized groups, particularly women and girls with disabilities, whose needs are systematically excluded from public budgeting. Although Law No. 60/2012 on the Social Inclusion of Persons with Disabilities provides a legal framework for inclusion, public budgets fail to assess or allocate resources for accessibility measures (e.g. ramps, assistive devices and technologies, adapted materials), and relevant data are not disaggregated by gender, age, or type of disability. No gender impact assessments have been conducted for disability-related programs, reinforcing gender-blind budgeting practices and perpetuating structural discrimination. Evaluations of the *National Program on Social Inclusion of Persons with Disabilities (2017–2022)* revealed minimal reference to gender in budget allocations, while national and local budgets do not publish disability-specific budget analyses. These gaps contravene Moldova's obligations under CEDAW, particularly General Recommendations No. 28, which emphasize the need for integrating gender and intersectionality into all budgetary and planning processes.

Key Challenges Identified:

- Lack of a binding legal framework and operational institutional mechanism to coordinate and support GRB implementation;
- Limited institutional capacity, including insufficient trained personnel and resource allocation to implement GRB methodologies and tools;
- Shortage of sex- and disability-disaggregated data in all sectors of public budgeting;
- Systematic exclusion of persons with disabilities from GRB processes and decision-making.

Recommendations:

1. Develop a legislative and methodological framework for the institutionalization of GRB (e.g., through amendments to the Public Finance Law and budgetary instructions to integrate a gender perspective across all stages of the budget cycle);
2. Strengthen capacities at both central and local levels through continuous training, practical toolkits, and exchange of good practices; improve the gender statistics system for monitoring and evaluating budget impact;
3. Establish an effective coordination structure (e.g., an inter-ministerial working group or a dedicated unit within the Ministry of Finance) to guide and supervise GRB implementation;
4. Encourage the active participation of civil society in the budget process — through public consultations and gender budgeting watchdog mechanisms — to ensure transparency and alignment with international gender equality standards.

3. Reproductive Rights (Article 12)

The Republic of Moldova has made some progress in the field of reproductive health through the partial implementation of the National Strategy on Reproductive Health 2018–2022[2], focusing on reducing maternal mortality and improving access to modern contraceptives. With support from

2 National Strategy on Reproductive Health 2018–2022, Ministry of Health, Republic of Moldova.

development partners and non-governmental organizations, 41 Youth-Friendly Health Centres (YFHCs) have been opened and expanded across districts, offering free reproductive health services.

However, several persistent gaps are noted:

1. **Limited access to services in rural areas** and among women from vulnerable and multiply marginalized groups (e.g., Roma women, women with disabilities, Ukrainian refugees);

2. **Insufficient provision of free contraceptives**, particularly for those in vulnerable categories;

3. Although abortion services are legal, they are often **socially stigmatized**, and in some cases, **denied by doctors** based on personal beliefs.

A matter of serious concern for members of the Platform for Gender Equality (PEG): In Moldova, abortion is generally permitted on request up to the 12th week of pregnancy. Between weeks 13 and 28, abortion is permitted under specific conditions established by the Ministry of Health[3]. Procedures must be carried out in authorized medical institutions by certified obstetricians or gynecologists.

During the COVID-19 pandemic, with limited access to medical services, Moldova allowed telemedicine-based abortion services. In 2020, the country launched its first medical abortion service via telemedicine[4], aimed at facilitating access for women during pandemic restrictions, in line with World Health Organization (WHO) guidance on self-managed medication abortion[5].

According to data from the Training Center on Reproductive Health, 671 women accessed this remote service between 2021 and 2024[6].

However, on 23 January 2025, the Ministry of Health issued Order No. 45/2025, amending Order No. 766/2020, and removing the provision for telemedicine-based abortion from the national "Standard on Safe Termination of Pregnancy"[7]. This decision was made without consulting public health experts or reproductive rights organizations. According to multiple media reports, the Ministry acted in response to an anti-abortion petition signed by 19 individuals from diverse professions (lawyers, teachers, pensioners, musicians, and employees of Moldovagaz)[8] — a document that was never made public but was obtained by PEG through unofficial channels.

On 10 March 2025, PEG submitted an official letter[9] to the Ministry urging the continuation of telemedicine abortion services, citing WHO recommendations. The Ministry confirmed it had removed the provision for "safety concerns" and refused to meet with civil society organizations. Rather than establishing regulatory safeguards, the Ministry opted to eliminate the service.

3 Regulation approved by the Ministry of Health, "Standard on Safe Termination of Pregnancy," Order No. 766/2020.

4 Introduction of telemedicine abortion services in response to COVID-19, coordinated by the Ministry of Health and partners.

5 WHO (2022). *Abortion care guideline*. Geneva: World Health Organization. Available at: https://www.who.int/publications/i/item/9789240039483

6 Internal data provided by the Training Center on Reproductive Health (2021–2024)

7 Ministry of Health, Republic of Moldova, *Order No. 45/2025* amending Order No. 766/2020

8 Anti-abortion petition referenced by Ministry in 2025, obtained by PEG via unofficial channels

9 PEG official letter to the Minister of Health No. 4/03-2025

In response, several civil society organizations launched a petition calling for the reinstatement of telemedicine-based medical abortion services[10].

This restriction has serious implications, especially for women and girls living in remote or disadvantaged areas, as well as for survivors of gender-based violence, who often face additional barriers such as stigma, fear, and lack of access to healthcare. The measure represents a setback in the advancement of sexual and reproductive rights in Moldova and violates the country's commitments under international human rights law.

Despite documented cases of obstetric violence, including against women with disabilities, the Government continues to delay the adoption of the National Programme on the Social Inclusion of Persons with Disabilities (2024–2028**)**.

Recommendations:

1. Revoke Order No. 45/2025 of the Ministry of Health, which eliminated telemedicine-based medical abortion from the "Standard on Safe Termination of Pregnancy";
2. Ensure appropriate regulation of telemedicine-based medical abortion services, in alignment with WHO guidelines, and in consultation with public health experts and civil society;
3. Ensure the collection of disaggregated data (by age, region, etc.) on telemedicine abortion provision and its effectiveness;
4. Provide training for medical personnel delivering telemedicine abortion services to ensure safety, dignity, and psychological support for beneficiaries;
5. Inform and raise awareness among the public about the existence and conditions of telemedicine abortion services, including available providers, to ensure access for women from vulnerable groups and to empower them to exercise their reproductive rights in safety;
6. Combat the stigmatization of abortion seekers, eliminate harmful gender stereotypes, and promote public understanding of pregnant people's autonomy and their right to decide independently about the course of their pregnancies.

5. Comprehensive Sexuality Education (Complementary to Articles 10 and 12 of CEDAW)

Between 2019 and 2024, Moldova made measurable progress in integrating Comprehensive Sexuality Education (CSE) into the national education system. In 2023, the compliance rate with international standards reached 53%, up from 32% in 2019[11].

CSE is not a standalone subject, but is integrated through an interdisciplinary approach in:

Personal Development (Grades I–XII, since 2018);

Biology (Grades VI–XII, since 2019).
This reflects alignment with international sexual and reproductive health and rights (SRHR) standards. However, key systemic gaps remain. CSE is not a mandatory, distinct module, and its content is addressed fragmentedly. The absence of a unified curriculum leads to inconsistency across institutions.

10 https://astra.org.pl/urgent-call-to-reinstate-telemedicine-medical-abortion-in-moldova/

11 Ministry of Education and Research (2023). *Evaluation of Comprehensive Sexuality Education Content in Schools* — data shared with UNFPA Moldova.

Persistent Challenges (2019–2024):

- Resistance from parents, religious leaders, and parts of society;
- Lack of teacher training on sensitive topics such as consent, sexual diversity, and prevention of gender-based violence;
- Spread of misinformation and stereotypes, including in online and media spaces;
- Absence of standardized, age-appropriate teaching materials, and teachers' limited knowledge of how to apply them effectively;
- Weak monitoring and lack of specific CSE indicators in the Education Management Information System (EMIS)[12].

NGOs such as Health for Youth provide extracurricular CSE sessions, but with limited reach. The Platform for Gender Equality has advocated for CSE's inclusion in youth and gender equality policies. Manuals and guides developed with UNFPA[13] support exists, but implementation is uneven.

From a gender perspective, systemic barriers affect vulnerable groups:

- Rural girls: limited access to specialists, educational resources, and exposure to patriarchal norms;
- Girls with disabilities: rarely included in adapted CSE, despite higher risks of abuse;
- Roma girls and other minorities: face linguistic barriers, institutional discrimination, poverty, and low school participation;
- Teen mothers and girls with early pregnancies: face stigma and lack reintegration support;
- Girls from conservative communities: denied access to SRHR information by families or social context.

Recommendations:

1. Integrate Comprehensive Sexuality Education (CSE) as a separate mandatory subject in the national school curriculum;
2. Introduce a CSE module in both initial teacher training and continuous professional development programs;
3. Strengthen cooperation with civil society, international organizations, and youth-friendly service providers to develop inclusive, age-appropriate educational materials;
4. Create a set of specific indicators to monitor CSE and integrate them into the Education Management Information System (EMIS);
5. Promote gender equality, address harmful gender stereotypes, and support vulnerable girls to access education and sexual health information;
6. Ensure dedicated budget allocations for teacher training and the production of modern CSE teaching resources.

6. Trafficking in Human Beings as a Form of Gender-Based Violence

(Articles 1, 2, 3, and 6 of CEDAW; Articles 3 and 10 of the Istanbul Convention)

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) is the first international treaty to explicitly recognize

12 EMIS Moldova – Education Management Information System.

13 https://moldova.unfpa.org/ro

trafficking in human beings (THB) as a form of gender-based violence (GBV)1. In the Republic of Moldova, however, national legislation does not explicitly recognize THB as a form of GBV, which limits the effectiveness of institutional responses. This legal gap: Restricts victims' access to specialized services; excludes the application of gender-sensitive risk assessments in trafficking cases; ignores the structural vulnerability of women and girls to trafficking.
To ensure a victim-centered and effective response, Moldova's legislation must reflect international human rights and gender equality standards and address trafficking from an integrated, gender-responsive, and human rights-based perspective.

Recommendations:

1. Explicitly include trafficking in human beings as a form of GBV in national legislation on trafficking and violence against women;
2. Establish the mandatory use of gender-sensitive risk assessments in all THB cases;
3. Develop an integrated intervention mechanism, combining the expertise of anti-trafficking institutions with GBV support services (shelters, psychological counseling, legal assistance);

4. Ensure victims of trafficking have access to specialized legal assistance, including in civil and economic matters, to guarantee their effective enjoyment of rights and access to reparations;
5. Guarantee that victims of trafficking who are recognized as injured parties in criminal cases receive appropriate protection;
6. Ensure specialized legal aid and other forms of support are available for victim-witnesses of GBV-related crimes, including spouses/partners, children, and dependents — in accordance with Article 18 of the Istanbul Convention— to protect their rights and ensure safe participation in legal proceedings.

6.1. Risk of Diluting the Mandate of National Agency for Preventing and Combating Violence against Women and Domestic Violence

(Articles 2 and 3 of CEDAW; Article 10 of the Istanbul Convention)

In July 2023, the Government of the Republic of Moldova established the National Agency for Preventing and Combating Violence against Women and Domestic Violence (ANPCV). The agency was created with a cross-sectoral mandate to coordinate, monitor, and evaluate policies related to GBV prevention.

However, in January 2025, a draft law proposed placing ANPCV under the Ministry of Labour and Social Protection. This institutional shift could undermine the agency's multisectoral mandate, reducing its capacity to coordinate responses across key sectors such as justice, public order, health, and education.

According to Article 10 of the Istanbul Convention, states must designate an independent and effective coordination body. Subordinating ANPCV to a sectoral ministry risks turning it into a social protection-focused actor, lacking real authority over critical areas for GBV case management and prevention.

Recommendation:

1. Maintain ANPCV under the direct authority of the Government and expand its mandate to include the field of gender equality, along with the authority to develop policy proposals and normative acts, in line with CEDAW and the Istanbul Convention.

6.2. Violence against Women in Electoral Processes

(Articles 5 and 7 of CEDAW)

During the 2024 presidential election campaign, the Platform for Gender Equality documented 70 cases of sexist and misogynistic speech directed at female candidates. These included derogatory comments about physical appearance, marital status, and "natural roles" in society. Media outlets, social networks, and even competing candidates used gender stereotypes and prejudices to undermine women's professional integrity — some even used inciting or violent language.

This phenomenon violates Article 5 of CEDAW, which obliges the state to eliminate gender stereotypes and all forms of public discrimination. In the absence of clear sanctions, sexist discourse continues to hinder the full participation of women in public and political life, including in electoral processes.

Recommendations:

1. Launch awareness-raising and public information campaigns on hate speech and sexist discourse, targeting both political candidates and the general public;
2. Strengthen state institutions responsible for addressing sexist and hate speech and preventing incitement to discrimination;
3. Introduce appropriate sanctions for political leaders and public officials who repeatedly engage in hate speech and sexist language;
4. Include a special observer on hate and sexist speech in election observation missions and monitoring processes.

7. Women with Disabilities: Multiple Exclusion, Inaccessibility, and Lack of Systemic Support

(Articles 1, 2, and 3 of CEDAW)

Women with disabilities in Moldova remain among the most marginalized groups, facing **multiple discrimination** at the intersection of gender and disability. They encounter **systemic barriers** in exercising economic, social, and reproductive rights, and in accessing justice and support services.

Although Moldova has initiatives such as the "Women in Entrepreneurship" Program and the Roadmap for Women's Economic Empowerment[14], women with disabilities remain largely excluded from these measures.

A 2023 study analyzing barriers encountered by women with disabilities in business and self-employment found that they are primarily active in agriculture (36.9%), industry (26.1%), trade (20.7%), and services (12.9%)[15]. However, 71.1% of respondents stated that women with disabilities face greater challenges than men with disabilities in starting and managing businesses.

Key barriers include:

- Limited access to funding, organizational support, and relevant information;
- Low public awareness and excessive bureaucracy;

14 The Roadmap on Women's Economic Empowerment

15 Identification of Problems and Obstacles Faced by Women with Disabilities in Business, AEFL, 2023, Chisinau

- Inaccessible services (rehabilitation, home assistance, online trainings);
- Limited access to general and vocational education;
- Social and attitudinal barriers, including stereotypes, lack of self-confidence, fear of risk, and health-related constraints.

Women with disabilities are rarely members of business associations, which restricts their access to support networks. The study emphasizes the need to develop tailored services and accessible infrastructure (physical, digital, educational), simplify administrative procedures, and improve financial inclusion.

Physical barriers — such as inaccessible buildings and inadequate digital infrastructure — continue to exclude women with disabilities from meaningful economic participation. Without inclusive financial education, accessible workspaces, and dedicated support mechanisms, entrepreneurship remains largely inaccessible to this group.

A documented case illustrates institutional bias: while a man with a disability was granted credit with ease, a woman with a similar profile was asked to justify her financial independence and provide a male guardian's approval — a clear reflection of gendered institutional prejudice.

Access to reproductive healthcare is severely limited. Barriers include lack of ramps, adapted equipment, and trained staff. Unmet needs in family planning are higher among women with disabilities (18.3% vs. 16.3%)[16]. Cases of forced abortions or pressure to terminate persist, reflecting a paternalistic system.

The incidence of violence against women with disabilities is extremely high: 96.3% report having experienced psychological, physical, economic, or sexual violence[17]. In many cases, disability hindered their ability to seek help due to physical and social barriers. Victims with intellectual or psychosocial disabilities are frequently dismissed by justice and healthcare systems as "unreliable."

Women with disabilities are virtually absent from local and national decision-making processes. Their underrepresentation in advisory councils, elections, and public functions reflects institutional barriers, persistent discrimination, and the inaccessibility of political processes. Electoral participation is further hindered by the lack of accessible materials and environments.

Recommendations:

1. Approve the new National Programme on the Social Inclusion of Persons with Disabilities for 2025–2029, ensuring a gender-responsive approach;
2. Simplify business registration processes and access to financial support programs for women with disabilities, including by adapting forms and procedures to their needs;
3. Implement grants and low-interest credit programs specifically for women entrepreneurs with disabilities to facilitate access to capital and business development;
4. Develop a centralized platform offering accessible and clear information about entrepreneurial opportunities, funding programs, tax incentives, and service guides tailored to the specific needs of women with disabilities;
5. Encourage enterprises founded or employing women with disabilities through public recognition campaigns, awards, public-private partnerships, and institutional support.

16 National Bureau of Statistics & UNFPA Moldova. Disaggregated data on family planning and reproductive health by disability status, 2022

17 Study on violence against women with disabilities conducted by the Platform for Gender Equality and Keystone Moldova, 2023. Summary of findings available on: https://egalitatedegen.md

8. Roma Women and Girls: Multiple Vulnerabilities and Barriers to Accessing Services

(Articles 2, 3, 5, 12, and 14 of CEDAW)

Roma women and girls, both local and refugee, face intersecting discrimination tied to ethnicity, gender, disability, refugee status, and poverty. This limits their access to rights and services, deepening social and institutional exclusion..

Many Roma women experience functional illiteracy, hindering access to education, health information, and services. The digital divide is stark: many have never used email or online platforms and rely on informal networks for information. The absence of resources in Romani dialects, especially audiovisual materials, worsens exclusion—especially as services shift online..(Data and insights drawn from focus groups, training sessions, interviews, and GBV case documentation conducted by the ROMNI Roma Women's Platform, 2023–2024.)

Legal literacy is low. In community sessions, many express, *"Now we know where to go,"* indicating the need for **localized legal outreach**. Awareness of support programs like **"Ajutor la contor"** is minimal. Among Roma refugees, misinformation and fear further restrict service use.

Roma families with persons with disabilities face:

Physical and infrastructural obstacles;
Systemic discrimination from institutions;
Inadequate communication and lack of culturally sensitive service delivery.

Cases show inaccessible rural transport and lack of inclusive practices. Effective response requires **comprehensive case management**, including legal and psychosocial support.

Gender-Based and Reproductive Violence. Topics such as gender-based violence (GBV) and reproductive violence — including marital rape and forced marriage — remain taboo in many Roma communities. In 2023–2024, for the first time, such issues were discussed openly with local and refugee Roma women in Romani dialects, as part of culturally sensitive outreach.

Despite growing awareness, the majority of Roma women remain reluctant to report marital rape or domestic violence, citing:

- Lack of trust in the police;
- Fear of racism and institutional abuse;
- Shame and stigma within their communities.

This underscores the need for community-based trust-building programs and culturally competent interventions that respect the lived realities of Roma women.

Barriers to Shelters and GBV Support Services.Roma women — especially those who are refugees or have disabilities — face significant barriers in accessing shelters for GBV survivors. There have been documented cases of denial of access based on non-transparent internal shelter regulations, leaving many survivors without safe accommodation and perpetuating cycles of violence and marginalization.

Recommendations:

1. Implement targeted programs to improve literacy and digital skills among Roma women, including the development of resources in Romani dialects and in audio-visual formats;
2. Expand community-based legal education initiatives and ensure the availability of legal aid services tailored to the needs of Roma women;
3. Develop comprehensive support systems for Roma families with persons with disabilities, including accessible infrastructure, inclusive communication, and sustained case management;
4. Implement culturally sensitive programs to address reproductive and gender-based violence, build trust with law enforcement, and encourage safe reporting of abuse;
5. Ensure equitable access to GBV shelters by establishing transparent policies that guarantee equal access for all survivors, regardless of ethnicity or disability, and by enhancing staff training in anti-discrimination and inclusion.

9. Rural Women: Unequal Access and Invisible Work

(Articles 14 and 3 of CEDAW)

In the Republic of Moldova, rural women face a cumulative set of inequalities resulting from poverty, underdeveloped infrastructure, traditional gender norms, and limited access to public and economic services. Despite the guarantees of Article 14 of the CEDAW Convention, which affirms that rural women shall enjoy the same rights as those in urban areas, in practice, this group remains systematically excluded from many social and economic development processes.

As of the third quarter of 2024, the inactivity rate in rural areas was 61.3%, significantly higher than the 38.7% registered in urban areas[18]. 57.8% of inactive individuals in rural areas are women. Among women aged 25 to 54, family responsibilities are the main reason for leaving economic activity (51.6%), compared to men who primarily cite labour migration.

Rural women are predominantly employed in low-paid sectors, seasonal work, and precarious conditions, such as subsistence agriculture, without access to social protection. Others work in education and healthcare, sectors with limited opportunities for career advancement.

In addition, rural women perform disproportionate amounts of unpaid care work, including maintaining households, caring for children, the elderly and persons with disabilities. This burden limits their access to education, professional training, and paid work, reinforcing their economic dependence on men.

Rural women face serious difficulties in accessing medical services, particularly in the area of sexual and reproductive health. The lack of specialized personnel, long distances to medical centers, and the absence of accessible public transportation adversely affect women's health and their right to family planning.

Social assistance is also unevenly distributed in rural areas. Recent social reforms, such as the RESTART program, have yet to sufficiently meet the needs of rural women.

Moreover, the government's tendency to close or merge rural schools, under the pretext of budgetary efficiency, risks increasing female unemployment in the education sector and contributes to the depopulation of rural communities.

18 National Bureau of Statistics (2024). Labour Force Survey – Quarter III 2024. Available at: https://statistica.gov.md

Recommendations:

1. Establish community-based care centers for children, elderly persons, and persons with disabilities, to alleviate the unpaid care burden on women;
2. Expand vocational training and entrepreneurship programs tailored for rural women, including mobility support, community childcare, and local mentorship schemes;
3. Optimize the educational process by preserving local schools, drawing on international best practices, and ensuring safety for girls and boys as well as continued employment for teaching staff within the community system.

10. Women in the Transnistrian Region: Structural Isolation and Unequal Access to Rights

(Articles 2, 3, 5, and 12 of CEDAW)

Women living in the Transnistrian region of the Republic of Moldova experience systemic and legal isolation, with significantly limited access to health services, social protection, and legal assistance. The lack of international recognition of the de facto regime on the left bank of the Dniester River, combined with the absence of administrative cooperation and common institutional standards, effectively excludes women in this region from national public policies and gender equality interventions.

The prevailing social model in the region remains deeply patriarchal, with women predominantly assigned caregiving roles within the family. This significantly restricts their access to education, economic participation, and civic engagement — a direct contradiction of Article 5 of CEDAW, which obliges States to eliminate gender-based stereotypes.

State-guaranteed legal assistance is extremely limited in the region and applies mostly to administrative matters such as identity documents, child protection, and access to basic social support. It does not extend to gender-based violence (GBV), discrimination cases, or meaningful access to justice. Legal representation in court is practically inaccessible. As a result, non-governmental organizations (NGOs) remain the primary source of legal support, offering: Legal councelling and referrals; Assistance with document preparation; Guidance in navigating administrative procedures.
The health system in the Transnistrian region, especially in rural areas, is chronically underfunded, with outdated infrastructure and a shortage of trained personnel. While medical services are formally free, their quality is poor, prompting many women to seek medical assistance across the Dniester, particularly in Chișinău, for specialized services.

According to the 2023 UNHCR Participatory Assessment[19], many displaced persons from the region reported dissatisfaction with the lack of healthcare infrastructure, limited availability of specialized personnel, and insufficient logistical support. Some were even compelled to return to Ukraine to access adequate care, including for chronic or reproductive health conditions.

In the absence of a functional public service system, civil society organizations provide crucial services, including: Palliative care for women and children; psychosocial support for women with disabilities and their families; career guidance, education, and information sessions for single mothers and GBV survivors; social reintegration and rehabilitation programs.
Recommendations:

19 UNHCR Moldova (2023). Participatory Assessment Report – Moldova 2023. Available at: https://data.unhcr.org/en/documents/details/103870

1. Expand access to essential services for GBV survivors by establishing mobile assistance teams, operating support hotlines, and creating partnerships with NGOs and institutions located on the left bank of the Dniester, aligned with Istanbul Convention standards;
2. Ensure access to quality healthcare and palliative care for women in the region by expanding mobile medical units, providing transport assistance, and working toward the harmonization of service standards between the two banks;
3. Support and finance NGOs that provide legal and social assistance to women in Transnistria through dedicated grant mechanisms, professional training, and capacity development programs.

Consolidated Recommendations

A. Legislative and Institutional Reforms

1. Amend national legislation to explicitly recognize trafficking in human beings (THB) as a form of gender-based violence (GBV).

2. Establish a legal framework mandating gender-responsive budgeting (GRB) at all stages of the budget cycle.

3. Reinforce the mandate and independence of the National Agency for Preventing and Combating Violence against Women (ANPCV) by maintaining it under direct government authority and expanding its role to include gender equality policy-making.

4. Reactivate the Governmental Commission for Equality between Women and Men, with adequate resources and a clear coordination mandate.

5. Approve and implement the National Programme on the Social Inclusion of Persons with Disabilities (2025–2029), ensuring a gender-sensitive approach.

B. Access to Services and Justice

6. Expand access to legal aid for women facing discrimination, GBV, or structural exclusion, particularly in rural areas and Transnistria.

7. Ensure transparent and equitable access to shelters for all GBV survivors, regardless of ethnicity or disability.

8. Improve access to quality healthcare, especially sexual and reproductive health services, in rural areas and underserved regions.

9. Provide palliative care, psychosocial assistance, and legal support for women in Transnistria through funding and cooperation with local NGOs.

10. Guarantee access to transport, mobile health units, and harmonized medical services across the Dniester River.

C. Gender-Based Violence and Protection

11. Establish integrated case management systems for THB and GBV, linking anti-trafficking authorities with survivor support services.

12. Ensure the application of gender-sensitive risk assessments in all THB cases.

13. Provide legal and psychological support to victim-witnesses of GBV-related crimes, including family members and dependents.

14. Implement culturally sensitive programs in Roma communities to combat reproductive violence and encourage GBV reporting.

15. Address obstetric violence and discriminatory medical practices targeting women with disabilities.

D. Economic Rights and Labour

16. Simplify business registration and financing processes for women with disabilities, including by adapting forms and procedures.

17. Introduce grant and credit schemes specifically for women entrepreneurs with disabilities.

18. Establish community care centers for children, elderly persons, and people with disabilities to reduce the care burden on women.

19. Expand vocational training and local entrepreneurship programs for rural women, including childcare and transport support.

E. Education and Reproductive Rights

20. Reinstate and regulate telemedicine-based medical abortion services, in line with WHO recommendations.

21. Integrate Comprehensive Sexuality Education (CSE) as a standalone, mandatory subject in the national curriculum.

22. Include CSE modules in both initial and continuous teacher training programs.

23. Ensure the development and dissemination of inclusive, age-appropriate educational materials (including in Romani dialects).

24. Prevent the closure of rural schools and ensure safe, inclusive, and accessible educational environments.

F. Participation in Political and Public Life

25. Introduce **s**anctions for repeated sexist and hate speech by political leaders and public officials.

26. Include specialized observers on sexist discourse in electoral monitoring missions.

27. Increase the representation of women with disabilities and Roma women in advisory bodies, elections, and public roles.

G. Vulnerable and Marginalized Groups

28. Implement targeted literacy and digital skills programs for Roma women, with materials in Romani dialects and audiovisual formats.

29. Establish comprehensive support systems for Roma families with members with disabilities, including case management and inclusive communication.

30. Prioritize intersectional inclusion across all public programs and funding schemes — particularly for women who are Roma, disabled, rural, refugee, or elderly.

H. Data Collection and Monitoring

31. Institutionalize a data collection system disaggregated by sex, age, and disability for all public policies and programs.

32. Integrate CSE and gender equality indicators into the Education Management Information System (EMIS).

33. Publish disaggregated budget analyses and performance reports at national and local levels (e.g., GRB indicators, disability expenditures).

34. Establish a national annual reporting mechanism on gender mainstreaming progress and intersectionality in public policy