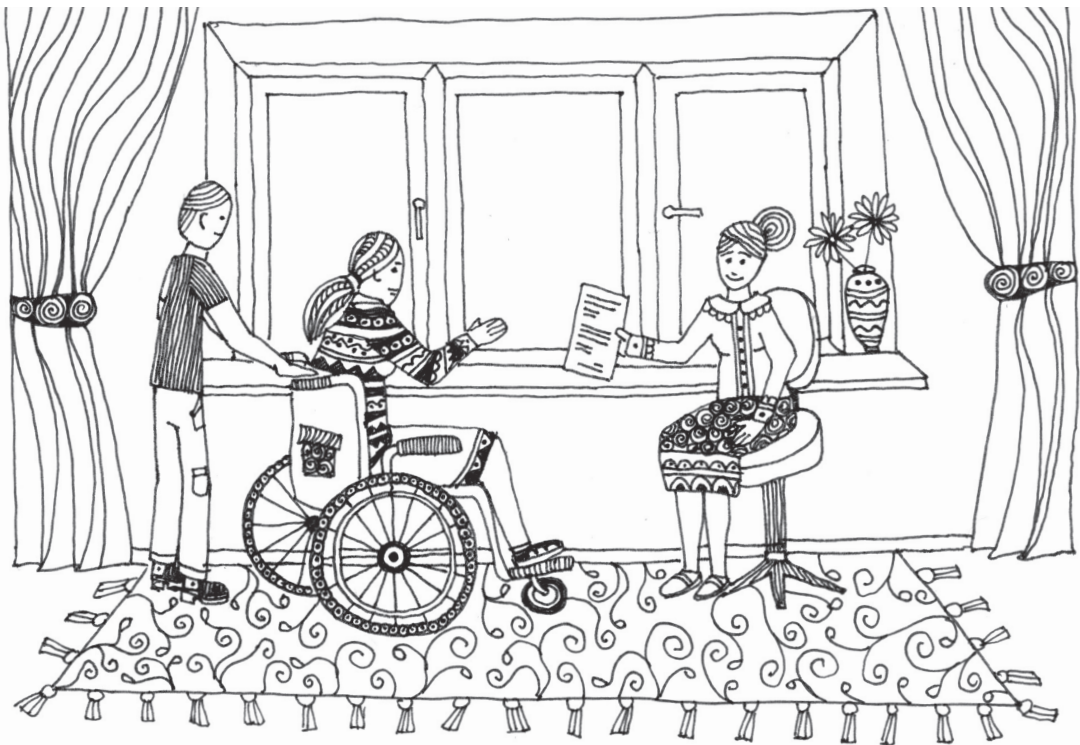
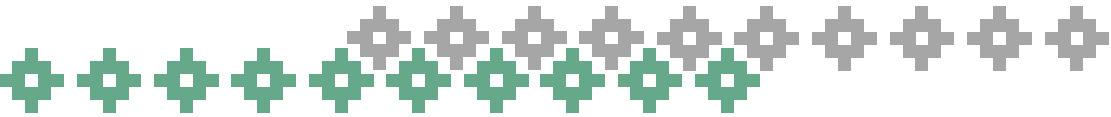
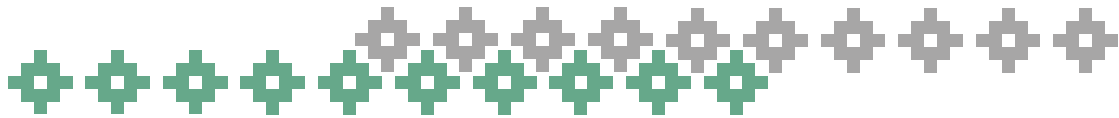


Profile of Women with Disabilities





Profile of Women with Disabilities



“Profile of Women with Disabilities”, 2016

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This analytical note is part of a **series of profiles related to women and girls** that belong to certain underrepresented groups from the Republic of Moldova, who are coming from disadvantaged socio-economic or geographical backgrounds (*migrant women, women from rural areas, Roma women and women who are victims of violence*), those with special health conditions (*women with disabilities, women living with HIV or elderly women*) or who are less present in certain sectors (*women in elected and appointed positions, women in decision-making positions and women involved in the economic and business sector*).

The purpose of these profiles is to inform the public, based on evidences, about the advantages, capabilities and potential of women's groups that have been analysed and the contribution they can make to the development, their interaction environments, the opportunities that they benefit from or are deprived of, as well as the limitations and obstacles they face. The profiles include a factual analysis of the described vulnerable group (by its subpopulations) and its comparison with the opposite group (invulnerable) of women (sometimes also with the corresponding group of men). Quantitative and qualitative data from various available official (official and administrative statistics) and independent sources (studies, surveys) were combined and used.

The document is intended for decision makers, policy makers, civil society and the general public and aims at increasing the understanding of data and exemplifying the use of the multi-dimensionally disaggregated statistical data with a view to identifying the intervention measures necessary to promote equality, inclusion and cohesion, non-discrimination and acceptance of the underrepresented groups of women.

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“PROFILE OF WOMEN WITH DISABILITIES”, author ALA NEGRUTA, UNDP & UN WOMEN, 2016.

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Abbreviations

| | | |
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| NAE | - | National Agency for Employment |
| NBS | - | National Bureau of Statistics |
| HBS | - | Household Budget Survey |
| CRPD | - | UN Convention on the Rights of Persons with Disabilities |
| NSIH | - | National Social Insurance House |
| MLSPF | - | Ministry of Labour, Social Protection and Family |
| WHO | - | World Health Organization |

Introduction

The situation of women has become a priority on the agenda of several countries, including those in the European Union as well as the Republic of Moldova, and gender equality is being promoted as a fundamental right and a precondition for sustainable development. People with disabilities are protected by a number of international instruments, ratified by the Republic of Moldova, the most important of which being the UN Convention on the Rights of Persons with Disabilities (CRPD).

Following the ratification of this Convention, the Republic of Moldova has taken upon itself the responsibility of promoting the rights of people with disabilities and policies aimed at the social inclusion of such people. The first step in adjusting the national regulatory framework in line with the CRPD was the approval of the Strategy on the Social Inclusion of People with Disabilities for 2010-2013¹, which includes actions regarding policy reforms in order to subsequently implement the Convention's provisions. The Law on the Social Inclusion of People with Disabilities, adopted in 2012, ensures that the rights of people with disabilities are treated equally with the rights of other citizens, referring to such rights as: social security, medical care, rehabilitation, education, employment, public life, a physical environment, transport, information and communications technologies and systems, as well as other objectives and services available to the broad public².

The UN Convention on the Rights of Persons with Disabilities reaffirms the new paradigm on disability as something based primarily on social models³. Traditionally, disability was viewed as the result of an illness, a person's medical condition, and the cause of all the problems faced by the said person. However, the social model recognizes that first of all, the rights of people with disabilities who are part of the community and to be appreciated by the community. As such, people with disabilities experience difficulties in regards to their development and everyday life not because of their disability, but because of existing social and environmental barriers.

Generally, the vulnerability of women is caused by a lack of means of protection and a greater exposure to certain risks, such as poverty and social exclusion. Women with disabilities are among the categories of vulnerable women, being a separate category that concurrently embodies several risks related to gender and disability, and this minimizes their prospects and ability to integrate/reintegrate into social and economic life. Women with disabilities are different and heterogeneous, unlike stereotypes about disability that emphasize wheelchair users and other 'typical' groups, such as the blind and the deaf.

¹ Law no. 166 dated 09.06.2010, <http://lex.justice.md/index.php?ac?on=view&view=doc&lang=1&id=335376>

² Law no. 60 dated 30.03.2012, <http://lex.justice.md/md/344149/>

³ <http://www.keystonemoldova.md/assets/documents/ro/publications/Guide%20for%20LPA%20representatives.pdf>

The CRPD contains provisions that pertain to the problems of women with disabilities (art. 6). Furthermore, the Council of Europe recommends Member States to take appropriate measures in order to guarantee that women and girls with disabilities are granted “equal opportunities for participation in political and public life, education, training/instruction, employment, social and cultural life; are endowed with rights in the same way as other men and women”⁴. In this regard, the Republic of Moldova must also promote the rights and full social participation of women and girls with disabilities and to take this social group into consideration when developing policies in this area.

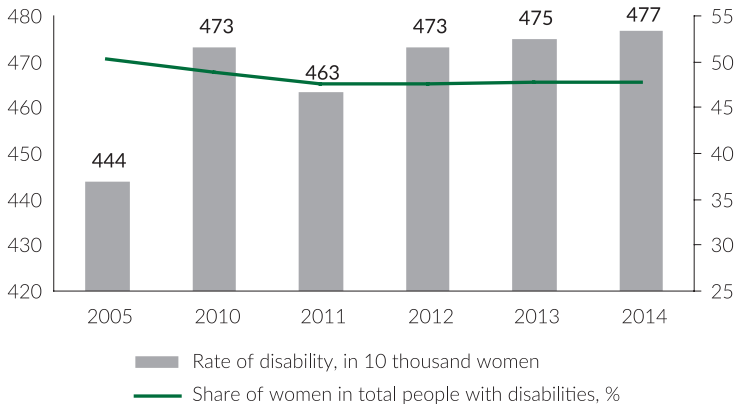
⁴ Recommendation CM/Rec(2012)6 of the Committee of Ministers to member States on the protection and promotion of the rights of women and girls with disabilities www.old.mmps.gov.md

I. Presentation of the group

According to official statistics, there are about 184,000 people with disabilities in the Republic of Moldova of which 13,400 are children (7.3%)⁵. Women and girls represent 48 percent of all people with disabilities. Disability is a challenge not just globally, but also nationally. In the last decade, there has been a continuous increase in the number of people with disabilities by an overall 10%, whereas, in regards to women, this number increased by 5 percent. With regard to the increase of the number of people with disabilities and the demographic decline, we note a growing tendency with regard to the disability rate regardless of gender. Thus, more and more people are at risk of being affected by certain forms of disability, and the overall prevalence constitutes an average of 518 people with disability for each 10,000 people, whereas, in 2005, the rate of disability was 459 people.

Generally, women are at a lower risk of disability than men, with the prevalence being 477 women/girls for each 10,000 women versus 566 men with disabilities (Figure 1). This derives from the higher level of morbidity in men, their involvement in accidents, the commission of crimes and acts of violence, occupational injuries, etc., and last but not least, the harmful use of alcohol and tobacco products.

Figure 1. The prevalence of disability among women, 2005, 2010 - 2014



Source: National Bureau of Statistics, NSIH data.

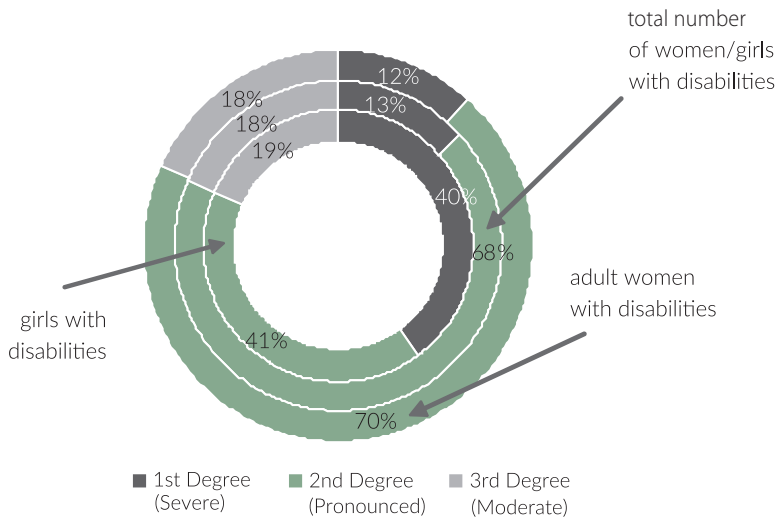
⁵ <http://www.mmpsf.gov.md/sites/default/files/document/attachments/rsa2014ro.pdf>

When referring to the adult population (aged 18+), the prevalence of people with disability is significantly higher both in men (651 men with disabilities/10,000 people) as well as in women (547 women with disabilities/10,000 people), with a gender difference of 19 percentage points in favour of men. Girls are also subject to a lower risk of disability. Of the total number of children with disabilities, girls constitute 40 percent, and, on average, for every 10,000 girls, 162 are girls with disabilities, whereas, for boys, the disability rate is significantly higher - 224 for each 10,000. boys.

Women with disabilities are not a homogeneous group. The differences are determined both by the type and severity of disabilities, as well as based on the fact whether a disability is inborn or occurs during the course of life, whether we are referring to women with disabilities in general, mothers with disabilities, or the mothers of children with disabilities.

Out of the total number of people with disabilities, 15 percent are disabled from birth, whereas the remainder acquired their disability during their lifetime. In most cases, women become disabled as a result of certain occurrences, such as certain chronic diseases/illnesses borne by such women (8.2%). However, women are at less risk of suffering a loss of vital capacity due to occupational diseases or accidents (1%), compared to men (2.2%).

Figure 2. Distribution of women with disabilities by category of disability, 2014

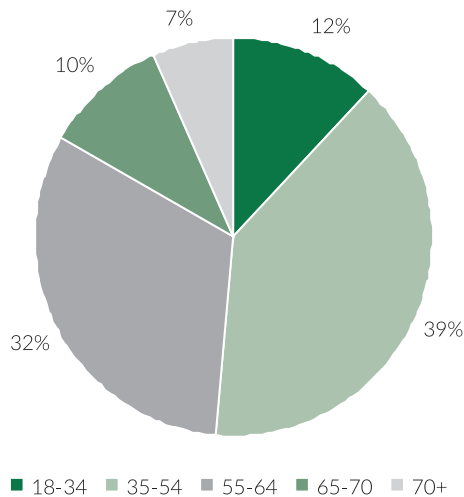


Source: National Bureau of Statistics, NSIH data.

With regard to the severity of disability for women/girls, it can be determined that 13 percent suffer from severe disabilities (corresponding to 1st degree of disability)⁶, 68 percent suffer from pronounced disabilities (IIInd degree of disability), whereas the others are diagnosed with moderate loss of vital capacity (see Figure 2). Thus, there are around 9,600 women and 2,200 girls with severe disabilities, 58,000 women and 2,100 girls with pronounced disabilities and 15,000 women and one thousand girls with moderate disabilities constitute a vulnerable group that faces an increased risk of multiple deprivations and social exclusion.

Population aging is one of the factors determining disability trends. A higher risk of disability is directly correlated with older age. According to NSIH data, women that belong to the 35-54 age group have the highest share in the distribution of women with disabilities by age (39%), followed by the 55-64 age group (see Figure 3). The situation is different if we consider the prevalence of disability, where women aged 55-64 and those aged 65-70 are exposed to the highest risk; in every 10,000 women of this age, about 1,000 women or every woman in ten suffers from disabilities⁷. However, with regard to women aged 70 and over, the prevalence of disability is almost 3 times less than that of women from the previous age group. One explanation could be that elderly women rarely apply to register disability, especially in regards to disabilities caused by muscle disease and osteoarticular diseases, which are usually associated with age and possibly neglected.

Figure 3. Distribution of women with disabilities by age group, 2014

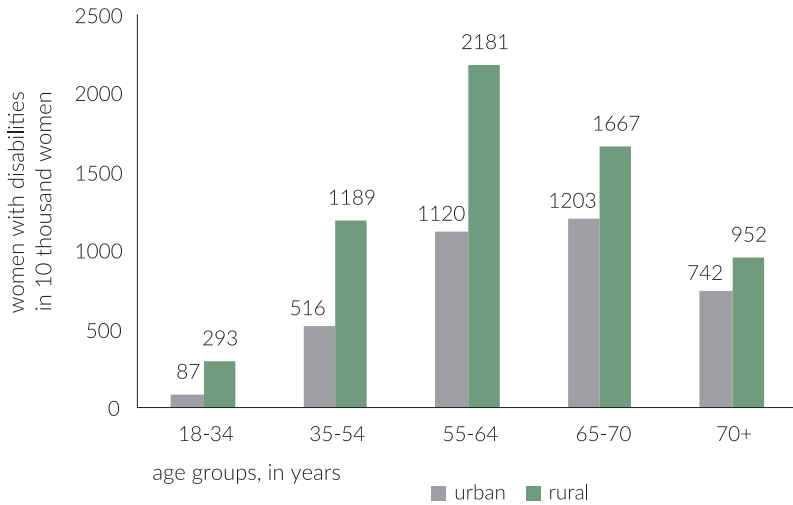


Source: National Bureau of Statistics, NSIH data.

⁶ Severe disability implies retaining 0-20% of working capacity, pronounced disability - 25-40%, moderate disability - 45-60%. People with mild functional deficiencies caused by diseases, defects, trauma and retaining 65% -100% of working capacity are deemed able to work

⁷ Calculations made by the authors based on NSIH data on the beneficiaries of pensions and social allowances, 2014.

Figure 4. Disability rate of women by age group and residence area, 2014



Source: National Bureau of Statistics, NSIH data.

An important factor that determines the profile of women with disabilities is the environment where they live. It is a known fact that rural population is deprived in many regards and women with disabilities are no exception. About 65 percent of women with disabilities are found in rural areas and the probability of them suffering from a disability is greater than for those in urban areas, regardless of age (see Figure 4). However, the biggest discrepancies are with regard to women aged 35-64 years, who are exposed to a double risk of disability. Note that the data on the rate of disability of elderly women should be examined carefully, since this data is based on the degree of disability as determined according to the medical model and, accordingly, does not reflect the *de facto* situation of women with limited vital capacity who are not granted social benefits. It is a known fact that, along with an increase in general age a population accumulates multiple health risks caused by certain diseases, injuries and chronic conditions.

Women of working age and women of childbearing age form a separate category. The occurrence of severe forms of disability can have a significant impact on employment, and women thus affected become vulnerable not only with regard to health problems, but also with regard to having a source of income. Having been deprived of employment opportunities at a working age, women are exposed to a greater risk of descending into poverty, becoming dependent on welfare payments not only at the moment when the disability occurs, but also for the future, while the chances of obtaining a

decent pension are directly proportional to the number of years of contributions to the social security fund. The rate of disability for women of working age constitutes an average of 484 disabled women in every 10,000 of the relevant age group, 15 percent of which suffer from severe disabilities, while every second woman suffers from pronounced disabilities.

Every year, about 5,000 women are diagnosed with a primary disability, of which 90 percent are women of working age. Working age women in rural areas are affected by disability to an even greater extent. In rural areas, there are, on average, 48 women of working age suffering from disabilities for every 10,000 whereas, in urban areas, the rate of women suffering from primary disabilities is only 32 for every 10,000 women of the relevant age group (see Figure 5). Similar trends are characteristic for women that are of childbearing age, with established cases of primary disability being more common for women living in rural areas. The occurrence of disability during the childbearing age may affect a woman's decision to create and maintain a relationship and decision on the number of desired offspring.

Figure 5. Primary disability rate in 10 thousand women of the relevant age group, 2014



Source: Calculations made by the author on the basis of National Bureau of Statistics.

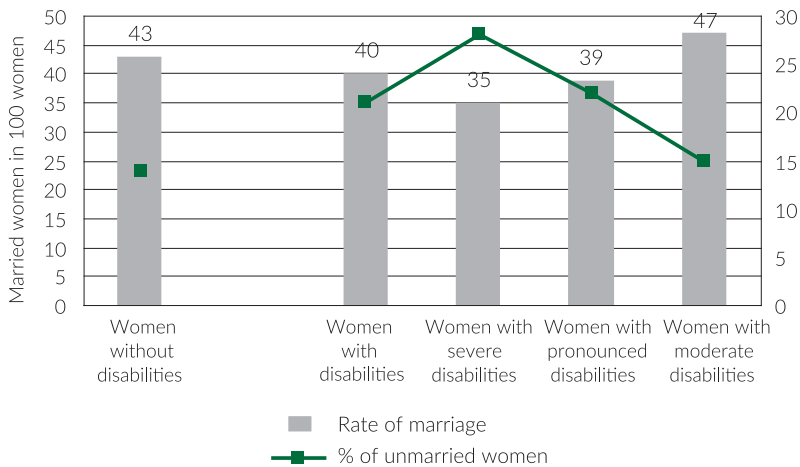
Most frequently, disability is associated with a particular chronic disease, which determines the occurrence of disability in 82 percent of women with disabilities⁸. In general, the causes of disability derive from the overall prevalence of certain morbidities. For example, in respect of women aged 50 and older, the leading causes of disability are

⁸ Calculations made by the authors based on NSIH data on the beneficiaries of pensions and social allowances, 2014

tumours (23%), followed by cardiovascular diseases (20%) and osteoarticular disease (15%). Moreover, tumours and cardiovascular diseases are found among the top diseases that account for the death of some 80 percent of women, with women living in rural areas suffering to a greater extent from diseases of the cardiovascular and the digestive system, while those living in urban areas registering a higher prevalence of deaths due to malignant tumours. The predominance of these diseases as top causes of death and disability is also the case for women in the Republic of Moldova. Non-communicable diseases, and particularly cardiovascular diseases, cancer, diabetes, etc. are a worldwide burden. However, the incidence of death and disability due to these diseases can be reduced by controlling the main behavioural risk factors, such as the use of tobacco, physical inactivity, the harmful use of alcohol and by promoting a healthy diet⁹.

Women with disabilities face certain disadvantages when it comes to sexuality, reproductive health and creating a family. Stereotypes prevalent in society, that discriminate against and stigmatize women with disabilities, which determines some of them, especially those with severe disabilities, to give up family life. Due to disability, women are often not accepted as spouses/partners and mothers, while the feeling of inferiority and fear that they will not be properly understood violates their right to private life¹⁰.

Figure 6. Civil status of women with disabilities (18 years and over), 2014



Source: Author's calculations made on the basis of NSIH data on social allowances.

⁹ The prevalence of risk factors for noncommunicable diseases in the Republic of Moldova STEPS 2013 <http://cnspl.md/wp-content/uploads/2014/09/STEPS-ROM.pdf>

¹⁰ http://motivatie.md/media/Publicatii/Studii_si_evaluari/REZOLU%0%98%D1%99IE_femei_cu_dizabilitati.pdf

The rate of marriage for women with disabilities constitutes an average of 40 married women for every 100, while the share of unmarried women constitutes 20 percent, compared to 14 percent for women without disabilities¹¹. The civil status of women with disabilities 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% (see Figure 6).

The prevalence of attitudes and perceptions regarding the inability of women with disabilities to take care of their children creates an environment in which the sexuality and reproductive lives of people with disabilities is organized and supervised by third parties, while persons suffering from disabilities are perceived as genderless, not entitled to decide on their private and family life, to engage in sexual intercourse, as they lack the power to decide on different facets of their lives¹².

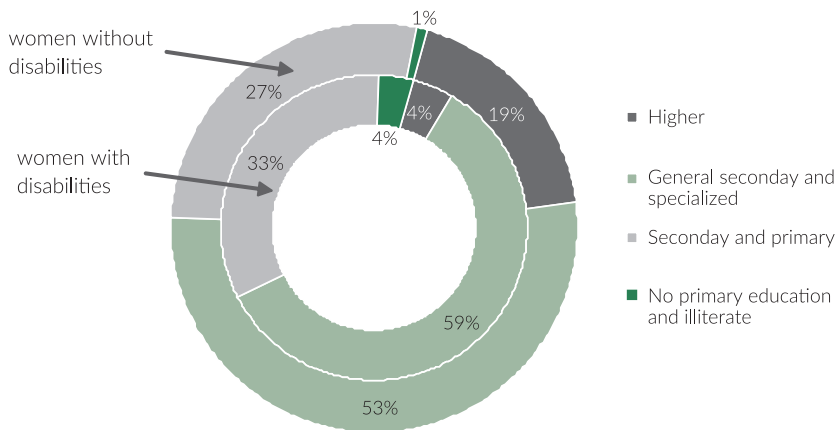
¹¹ Author's calculations based on welfare recipients data

¹² Sexual and reproductive rights of women with intellectual and psychosocial disabilities, http://www.drepturisexuale.ro/wp-content/uploads/2014/05/OUR-RIGHTS_raport-1.pdf

II. The human capital and potential of women with disabilities

The level of education is one of the basic components of human capital, and abilities acquired as part of formal education, as well as those acquired as part of instruction throughout life, provide undoubtedly greater opportunities for the integration of a person into social and economic life. The educational capital of people with disabilities is not fully utilized, and their health remains a barrier preventing access to education. According to the Household Budget Survey (HBS)¹³, about 4% of women with disabilities who have reached the age of 18 lack primary education or are illiterate, and every third woman has graduated only primary or secondary school. In fact, this would mean that 40 percent of women do not possess a level of professional qualification, and this refers not only to women with severe disabilities, but also to those with less pronounced disabilities. It is unlikely that this group of women would be able to find employment, whereas the decision to obtain a higher level of education will be primarily determined by the accessibility of educational services, especially in rural areas, as well as the possibility to cover certain educational costs.

Figure 7. Distribution of women by level of education, 2014 (aged 18+)



Source: National Bureau of Statistics, Household Budget Survey.

¹³ Selective study conducted by the NBS in certain households.

The right to education is a fundamental right that must be ensured for all categories of people. The formation of future human capital means ensuring that the current generation has access to education and training. The Republic of Moldova has made considerable progress in promoting inclusive education, which is currently a national priority, and provides for a continuous change and adaptation of the education system to meet the specific needs of all children in order to ensure equal opportunities to benefit from the fundamental rights to development and education¹⁴.

Fewer and fewer children attend specialized schools or are homeschooled and, more frequently, children with special needs are enrolled into general schools. In 2014, the number of children attending special schools was 1,538, while the number of those attending general schools was approximately 7,700 compared to 1,300 in 2010¹⁵. Of the total number of children with special educational needs, 38 percent are girls. When examining the number of girls with disabilities and special educational needs, we find that 83 percent are enrolled in schools, while 17 percent attend special schools. However, society is not yet prepared to accept children with disabilities as equal to their peers. Views on the undesirability of integrating children with disabilities into the formal education system still persist¹⁶.

Health is another component of human capital and is defined not only by the lack of certain diseases or infirmities, but by a level of balance between physical, mental and social wellbeing in a healthy environment¹⁷. Health conditions can be visible or invisible, temporary or long-term, mental, physical or sensory. Due to these considerations, not all women with disabilities are equally disadvantaged. We note that about 2% of women evaluated their health as good and another 39% - as satisfactory¹⁸. The negative perception of health shows a greater correlation with age and a lesser correlation with the degree of disability. This data confirms the heterogeneity of women with disabilities and the need to consider, when creating environments that are conducive to social inclusion, the specifics of each category of women.

¹⁴ Development programme on inclusive education in the Republic of Moldova for 2011-2010 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=339343>

¹⁵ <http://www.statistica.md/newsview.php?l=ro&idc=168&id=4976&parent=0>

¹⁶ Country Report: Overview of the relationship between human capital development and equity in the Republic of Moldova, Expert Group, 2010.

¹⁷ www.who.org

¹⁸ According to the HBS survey of households for 2014.

III. The interaction environment of women with disabilities

The interaction environment of people with disabilities is determined by several factors that have a significant impact on their participation and social inclusion. Environmental factors include not only certain man-made facilities or the availability of certain products and technologies for people with disabilities, but also the support, attitudes and relationships with other members of society.

People with disabilities are in forced to interact less with others, resulting in a higher exposure to social risks. Interaction with other people is determined not only by the stigmatization of people with disabilities, but also by discriminatory stereotyping persisting in society. Generally, people with mental disabilities are less accepted by society than people with physical disabilities. People with disabilities are discriminated against not only at work or in educational institutions, but also in their living environment/residence area. According to the sociological survey on the Perceptions of the population of the Republic of Moldova on the phenomenon of discrimination, about 70 percent of the population would accept a person with physical disabilities as a neighbour, and only 40 percent would accept a person with mental disabilities¹⁹. Additionally, 39 percent of respondents believe that persons with mental disabilities are dangerous and should be isolated, 28 percent believe that these persons may not have family.

The perceptions and stereotypes regarding disability vary greatly depending on whether a person interacts with people with disabilities in everyday life. As such, people whose relatives, friends or acquaintances have disabilities accept people with disabilities to a greater extent than those who do not interact with such persons²⁰. Socializing with others is a natural everyday process that occurs regardless of differences, including those associated with disability. Usually, women with disabilities isolate themselves more often than men because of their physical appearance, with this being a barrier especially for girls when deciding to be placed in general schools.

On the other hand, the precarious financial situation of people with disabilities limits their ability to receive relatives and acquaintances as guests. According to the HBS, every second household including one woman with disabilities cannot afford to receive guests, while, with regard to households including women with severe disabilities, about 72 percent encounter such difficulties²¹.

¹⁹ <http://www.monitor.md/attachments/article/49/Studiu%20Sociologic.pdf>

²⁰ Ibidem

²¹ According to the HBS survey of households for 2014.

Architectural infrastructure is also a part of the interaction environment of women with disabilities. The existence of environments that are not suitable for the needs of people with disabilities creates barriers for participation and social inclusion, which amplifies the negative perception of disability. Adapting the physical infrastructure and habitual environmental to the needs of people with disabilities is a prerequisite to ensuring equal opportunities for these people, as well as ensuring an independent and involved life for people with disabilities.

In this regard, we note that the *Action Plan on the implementation of measures to ensure accessibility for persons with disabilities to social infrastructure* sets out specific actions to improve the access to public and social institutions²². According to a survey conducted by the Institute of Parliamentary Advocates, out of 308 institutions covered, only 46 percent are adapted to the needs of people with disabilities²³. Most efforts have been made to adapt central public institutions, whereas only 40 percent of local institutions had installed ramps to ensure access. In addition, the installation of ramps does not ensure full access where other facilities, such as door sizes, availability of elevators, etc., have not been adapted.

The adaptation of architectural infrastructure predominantly entailed efforts targeting public buildings and large commercial spaces, neglecting the issue of access to homes, which are most often resolved by the affected people with disabilities, by themselves. Facilitating social integration involves the creation of conditions so that people with disabilities may fend for themselves in everyday life. However, for people with disabilities, mobility is a challenge both for themselves, as well as for the persons accompanying them. This situation affects women suffering from locomotor disabilities to a greater extent, since they, compared to men, must make additional physical efforts for autonomous movement and to overcome certain physical infrastructure barriers. In this regard, women who care for people with severe disabilities are also at a disadvantage, since they also encounter obstacles when accompanying such persons.

The situation is even worse if we examine public transportation and the endowment of all means of transport with specialized facilities. The existing legal framework sets out a number of measures to adapt all means of public transport that are currently in operation, to adapt all transport stations, the installation of indicator panels responding to the needs of people with sensory disabilities, etc. In the Chisinau municipality, only a part of the trolleybus fleet is fitted with double doors and elevators to allow the access of people with disabilities, while other means of transport are not adapted.

²² Government Decision no.599 dated 13.08.2013 <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=349254>

²³ <http://www.test.ombudsman.md/file/RAPOARTE%20TEMATICE%20PDF/raport%20adaptare%20final.pdf>

Limited access to public transport adapted to the needs of people with disabilities is further confirmed by the fact that this category uses the trolleybus half as much as the general population²⁴. Additionally, intercity transport is essentially inaccessible for people with locomotor disabilities, who are thus required to use buses, which implies higher transportation costs.

The access to certain community services requires interaction with the service provider. Following the establishment of community social assistance services, social assistants became part of the interaction environment of women with disabilities. However, social assistants do not always provide the required support, primarily due to fact that social assistants are overloaded with various tasks²⁵, and, in some cases, social assistance rendered is limited to providing services of purchase of food and payment for utilities.

Stigma and stereotypes regarding people with disabilities is in some cases present within the families of such people. According to the UNICEF study on *Early Childhood Development*, 70 percent of respondents believe that children with disabilities should be educated within their family. However, 20% opt in favour of placing children in specialized institutions, and virtually every second respondent would not allow their children to play with children with disabilities²⁶. Assessments of the implementation process of inclusive education models in pilot schools, conducted at half term, reveal positive attitudes from teachers, students and parents that are more frequent compared to schools where such models are not piloted²⁷. Given the above, the school is an environment that could contribute to changing attitudes regarding children with special educational needs and to the social integration of these children.

²⁴ http://www.statistica.md/public/files/publicatii_electronice/Utilizarea_timpului_RM/Note_analitice_rom/04_brosur_ROM.pdf

²⁵ <http://www.keystonemoldova.md/assets/documents/ro/publications/BIA.pdf>

²⁶ http://www.unicef.org/moldova/2010_007_ECD_KAP_Study_ENG.pdf

²⁷ http://ipp.md/public/files/Proiecte/Studiu_Cara_Angela.pdf

IV. Opportunities that women with disabilities benefit from or are deprived of

Women with disabilities face a number of barriers in interacting with institutions providing certain services. Discrimination against women with disabilities is not direct, but the institution and system providing the services may limit women's access by failing to take into account their needs, this group of women thus being deprived of certain fundamental rights regarding access to health, education, justice, social security and other services.

Women with disabilities and those who care at home for children with severe disabilities are one of the categories covered by free mandatory health insurance, with the Government serving as the insurer²⁸. The amount of medical services available is the same for all categories of beneficiaries, thus neglecting the specific needs of people with disabilities. Additionally, these people do not fully benefit from the single set of services offered under the insurance policy simply because the fact that the service exists does not automatically ensure that it is accessible for people with disabilities. Currently, not all medical institutions are adapted to the needs of people with disabilities, ranging from entrance ramps to the presence of beds and sanitary installations adapted for people with disabilities. Access is also limited by the inability to pay for medical services, the need to travel to the institution providing the said services, as well as the insufficiency of medical personnel trained in the provision of medical services to people with certain physical or mental disabilities.

Beginning with 2008, the National Medical Insurance Company began contracting with home health service providers, especially for people with chronic diseases in advanced stages and/or people that had undergone complicated surgery. In 2014, the number of palliative service providers increased, making it possible to extend the number of beneficiaries, including people with disabilities²⁹. However, an essential prerequisite for accessing this service is access to a family doctor and/or specialist, and, given that not all rural settlements provide these services, it is unlikely that fair access can be ensured to potential beneficiaries.

Women with disabilities need not only certain health services related to their disability, but also other services that are also required by women without disabilities. This involves ensuring access to all health services, ranging from primary care to in-patient services. Women with disabilities are subject to a higher risk of contacting certain chronic conditions due to the influence of behavioural risk factors and especially that of physical inactivity and food intake. However, women with certain disabilities are also exposed to a greater risk of trauma that can require the provision of outpatient health services.

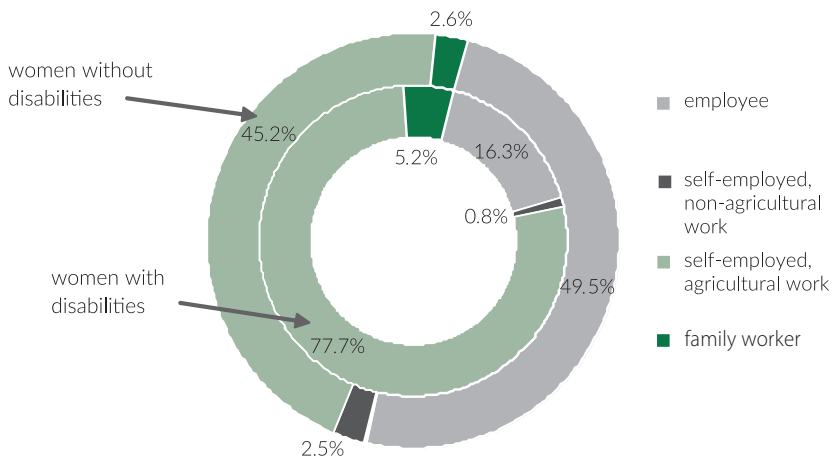
²⁸ <http://lex.justice.md/md/311622/> Law no. 1585 dated 27.02.1998 on mandatory healthcare insurance.

²⁹ http://www.cnam.md/editorDir/file/Rapoarte_activitate/Raport%20activitate%20CNAM%202014_RO.pdf

When referring to reproductive health, there are virtually no gynaecological clinics or delivery rooms specially equipped for women with physical disabilities. For these reasons, pregnant women are forced to have less frequent medical examinations, and, in relation to births, they more often resort to caesarean sections. The admission of women with locomotor disabilities is virtually impossible without the presence of a third person, who has to provide the support required not only for movement, but also for using the bathroom or toilet³⁰. In addition to the inadequate infrastructure of health services, the access of women with disabilities to family planning services is also restricted by the negative attitudes and behaviour of medical personnel with regard to the desire of such women to conceive a child³¹.

Moldovan law explicitly sets out the right of people with disabilities to work, and this right is regulated both by the Law on the Social Inclusion of People with Disabilities and the Labour Code, as well as other relevant regulatory acts³². People with disabilities face major difficulties with regard to segregation in the labour market, and their employment rate is three times lower than that of the general population. 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 general³³.

Figure 8. Distribution of women according to employment status, 2014



Source: National Bureau of Statistics, Household Budget Survey, 2014.

³⁰ <http://api.md/news/view/ro-femeile-cu-dizabilitati-locomotorii-discriminate-in-maternitati-557>

³¹ http://motivatie.md/media/Publicatii/Studii_si_evaluari/REZOLU%DO%98%D1%99IE_femei_cu_dizabilitati.pdf

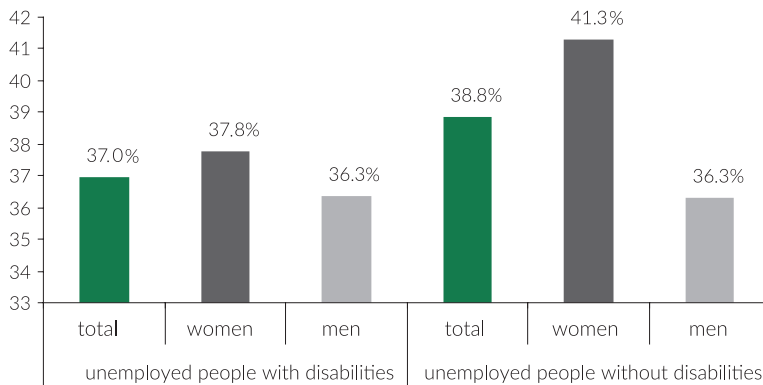
³² MLSPF, Report on Social Protection of Persons with Disabilities and the implementation during the years 2010-2013 of the Action Plan of the Strategy for the Social Inclusion of People with Disabilities (2010-2013)

³³ http://www.statistica.md/public/files/publicatii_electronice/Utilizarea_timpului_RM/Note_analitice_rom/04_brosur_ROM.pdf

Most women with disabilities are self-employed in the agricultural sector (78%) and only 16% are formally employed, whereas every second woman without disabilities is an employee (see Figure 8)³⁴. The overall share of people with disabilities in the total number of employed persons in the entire country is only 1%³⁵. 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%).

Agricultural work in private households is a predominant characteristic of women in rural areas, where 82 percent of women with disabilities are self-employed in the agricultural sector. The urban environment offers more opportunities for employment, including for women with disabilities, 40 percent of whom are employees³⁶. The presence of women with disabilities in the labour market differs significantly based on type of disability. People with sensory limitations are in a relatively better position, and are more likely to be employed than women who suffer from mental disabilities.

Figure 9. Rate of employment of registered unemployed people, 2014



Source: Author's calculation on the basis of National Employment Agency data.

People with disabilities who are able to work and are seeking employment have the right to benefit from any active employment incentive measures offered by the NEA. In the last 3 years, at least 500 people with disabilities have been registered as unemployed, 44 percent of whom are women³⁷. In order to provide services geared to the specific needs

³⁴ According to NBS data, Household Budget Survey, 2014

³⁵ According to NBS data, statistical survey of salary earnings, 2014

³⁶ According to NBS data, Household Budget Survey, 2014

³⁷ NEA Activity Report for 2014 <http://anofm.md/page/rapoarte1>

of people with disabilities, the territorial subdivisions of the Agency hired specialists who are responsible for providing the necessary support for employing this category of people. These measures have directly contributed to an increase in the employability of people with disabilities; the number of persons employed has tripled from 2010, while the total number of people with disabilities who are unemployed has increased by only 10 percent³⁸.

On average, for every 100 people with disabilities registered as unemployed, 37 are employed, while, in 2010, the rate of unemployed people with disabilities who were subsequently employed constituted 13 for every 100 people with disabilities registered as unemployed with the NEA. If, in regards to men, there are virtually no differences by disability in the rate of employment of those registered as unemployed, women with disabilities face a greater risk of remaining outside the labour market.

People with disabilities benefit more frequently from professional information and counselling services and the number of beneficiaries has increased almost fivefold in recent years. Ninety-eight percent of women with disabilities have benefited from these services. As part of the employment mediation services, 2014 saw the organization of the first Job Fair for people with disabilities, where 100 people had the opportunity to talk directly to employers regarding job vacancies.

One of the principal factors that influences the employment of people with disabilities is formal education. In this regard, the national education system is undergoing reform and reorientation towards promoting inclusive education as one of its fundamental educational priorities, ensuring equal opportunities and fair access to quality education for every child, youth and adult³⁹. In the last 5 years, the number of children enrolled in schools for children with intellectual or physical development disabilities decreased by 2.5 times, and the number of children with special needs enrolled in ordinary schools increased by 8 times⁴⁰. In order to support the integration of children with special needs, 171 schools in urban areas and 579 schools in rural areas opened Inclusive Education Resource Centres. In order to ensure access to subsequent educational stages, a 15 percent share has been established for persons with disabilities seeking vocational training or higher education⁴¹.

Opportunities for social inclusion are also offered by means of social services geared to meeting the social needs of people with disabilities and are designed to minimize the risk of marginalization and social exclusion. The social services system is continually developing, however people with disabilities are not sufficiently informed

³⁸ Data calculated based on NEA's annual statistical report on employment and social protection measures in respect of people seeking employment.

³⁹ Government Decision no. 523, dated 11.07.2011 approving the Development programme on inclusive education for 2011-2020 <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=339343&lang=1>

⁴⁰ <http://www.statistica.md/newsview.php?l=ro&idc=168&id=5025>

⁴¹ Law on the social inclusion of people with disabilities, art. 29, <http://lex.justice.md/md/344149/>

about the existence and range of services offered by this system⁴². The type of social services that could be accessed by women with disabilities is determined based on the recommendations of social assistants and the multidisciplinary team.

One of the social services geared towards people with disabilities is home care, aimed at improving the quality of life of beneficiaries. Annually, about 4,300 people with disabilities benefit from these services, and at least another 5,000 people are registered as potential beneficiaries⁴³. In order to ensure food security for vulnerable social groups, every year 86 social assistance canteens provide at least 1,000 people with disabilities with hot meals. However, this service is available in a limited number of settlements and beneficiaries are entitled to free lunch for only 30 days in a quarter. Moreover, in the past years, some canteens ceased operation.

Beginning in 2013, a personal assistance service has been established, offering assistance and care to children and adults with severe disabilities. On the one hand, this service helps provide a more independent life for people with disabilities in their own homes, and, on the other hand, it provides additional protection for women who care for persons with disabilities and are thus also subject to social exclusion and marginalization. As a result, the “personal assistant” was introduced as a new occupation, allowing carers of people with severe disabilities to have a salary and benefit from other social security rights⁴⁴. 1,542 personal assistants, caring for 1,571 people with severe disabilities, were registered in 2014.

Women with locomotor disabilities can also benefit from rehabilitation services, prosthetic and orthopaedic items and non-mechanized means of transportation offered by the Republican Centre for Prosthetics, Orthopaedics and Rehabilitation. These services are offered by means of recovery/rehabilitation tickets in two institutions subordinated to the MLSPF or other spa and health institutions in the country. Everyone can benefit from these services for free once every 3 years, based on a very rigid waiting list, and the number of beneficiaries for each district is determined annually based on a quota. It is therefore virtually impossible for a beneficiary to be provided such services based on urgent needs. There is no data on the socioeconomic characteristics of people who benefit from these services.

When referring to transportation opportunities for people with disabilities, we note that people with locomotor disabilities are entitled to annual transport services compensations of MDL 700 or MDL 58 per month. On the basis of funds available to the LPA, people with severe and pronounced disabilities, as well as children with disabilities, are entitled to transportation subsidies, the amount of which, in 2014, constituted 36 lei for people with severe disabilities and children with disabilities and 18 lei for people with pronounced disabilities⁴⁵. The coverage rate of these compensations

⁴² Holistic Report: the monitoring of the rights of people with disabilities in the Republic of Moldova <http://motivatie.md/index.php?pag=page&id=1209&l=ro>

⁴³ Annual Social Report 2014. <http://www.mmssf.gov.md/ro/advanced-page-type/rapoarte-de-activitate>

⁴⁴ Ibidem

⁴⁵ <http://www.mmssf.gov.md/sites/default/files/document/attachments/rsa2014ro.pdf>

is 98.9%, however, if we consider the level of adaptation of public and intercity transport, it is unlikely that the level of compensation would ensure access conditions and unimpeded movement for people with disabilities.

Among women with disabilities, the ones placed in residential institutions are deemed to be the most vulnerable. Women suffering from intellectual disabilities that are placed in psychiatric institutions suffer the most significant violations of fundamental rights. They are subject to ill-treatment by the employees of such medical institutions and by other patients. They face sexual violence, with rape, committed by both medical workers and other patients⁴⁶, being quite common in these institutions⁴⁷. Additionally, these women are deprived of legal autonomy and are usually placed under guardianship, and, from this moment, any decisions regarding such a woman's domicile are made by their guardian, and as such a good share of women with mental disabilities are interned in specialized residential institutions subordinated to the MLSPF or the MH. In general, about 4,000 people with disabilities are placed under guardianship, being thus deprived of their legal capability. Guardianship is a form of protection that, in many cases, isolates people with disabilities and limits their opportunities to interact with the community, to manage their own affairs, to make decisions with regard to their lives by themselves or with the support of others⁴⁸.

We note that the Republic of Moldova adopted the Declaration on the Long-term Programme for Regional Collaboration and Development on Mental Health and has initiated several activities to reform mental health services and transition to a community service system, geared towards the real needs of beneficiaries⁴⁹. In this regard, new services are created aimed at the deinstitutionalization of people with disabilities, expanding the network of mental health services on the basis of the protection of human rights and human dignity in the process of providing healthcare services and of social inclusion. 100 social institutions, that provided services for 7,500 adult persons/families with disabilities, were active in 2014. Social services established at the community level can combat negative attitudes towards people with disabilities and contribute to greater social visibility and participation for such people⁵⁰. Mental and behavioural disorders are increasingly common and are one of the causes of disability not only nationally, but also globally. According to WHO estimates, depression has a major impact on public health, and, by 2020 it will rank amongst the main global health issues. Women suffer from depression more frequently than men, and its causes are diverse, ranging from domestic violence, family planning issues, prenatal and postnatal periods, various forms of discrimination, etc.

⁴⁶ <http://protv.md/stiri/actualitate/un-psihiatru-din-balti-acuzat-ca-ar-fi-violat-19-paciente-una.html>

⁴⁷ <http://www.zdg.md/editia-print/social/fetele-si-femeile-cu-dizabilitati-au-si-ele-drepturi>

⁴⁸ Report on the rights of persons with mental or intellectual impairments in the Republic of Moldova (2015) <http://www.un.md/docsandpub/>

⁴⁹ National Mental Health Programme for the years 2012-2016, Development strategy on mental health services at the community level and the integration of mental health into primary healthcare for the years 2013-2016.

⁵⁰ World Report on Disability http://apps.who.int/iris/bitstream/10665/44575/20/9789730135978_rum.pdf

V. The capacity and ability of women with disabilities to participate in development

Following the adoption of the 2030 Agenda for Sustainable Development, UN Member States have pledged to eradicate all forms of poverty by addressing the three dimensions of sustainable development: i) environmental, ii) social and iii) economic. This agenda is an important step for every country in promoting sustainable and inclusive development policies, in a manner that would exclude marginalization.

The participation of girls and women with disabilities in sustainable development should be a national priority. The inclusion of this category of women in development strategies requires the coherent and joint efforts of all stakeholders aimed at removing barriers and promoting the participation of women with disabilities, not only as beneficiaries, but as active participants in developing and implementing interventions. By guaranteeing the rights and opportunities of people with disabilities, society as a whole will benefit in the end.

Poverty is one of the factors contributing to the marginalization and social exclusion of people with disabilities. The active involvement of this category of people in the eradication of poverty is important not only for compliance with the “everyone counts” principle, but also with a view to breaking the cycle of poverty and disability. It is a known fact that, as a result of discrimination, stereotyping and institutional barriers, having a disability directly contributes to an increase in poverty not only with regard to the individual, but also to the family and the community⁵¹. Moreover, poverty is one of the root causes that can cause the occurrence of disability due to malnutrition, limited access to health services, to safe water and sanitation, and due to a lack of reliable sources of income. As such, poverty may be a cause of disability, but also a result of the incapacity or limited capacity of the affected persons.

The main source of income for women with disabilities is social payments in the form of pensions, social benefits or other payments in accordance with the law. For about 84 percent of women with disabilities, social payments are the main source of their livelihood, with women in rural areas being more dependent on these payments. The average pension for people with disabilities is about MDL 875 per month, and, if the person fails to meet the conditions set out by law to qualify for a pension, he/she will benefit from a social allowance constituting, on average, MDL 339. The amount of the

⁵¹ <https://europa.eu/eyd2015/en/cbm/stories/eradicating-poverty-can-only-be-achieved-if-persons-disabilities-are-actively-involved>

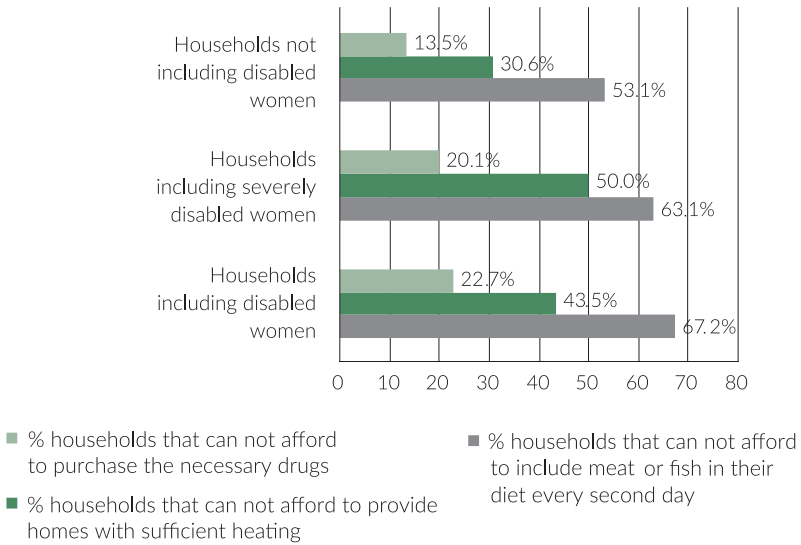
pension and the social allowance is determined both by the degree of disability, as well as the category of the beneficiary. Worst off are adults receiving a social allowance of only MDL 164, as well as people with childhood disabilities and children with disabilities who receive an average of 400 lei per month.

The amount of social welfare benefits for adult women covers only 10 percent of the subsistence minimum. Even if the disability pension is comparatively higher, it provides only half of what is strictly necessary in accordance with the subsistence minimum. Therefore, women with disabilities, especially those with severe disabilities, are deprived of the minimum necessary for a woman in general, and, if we consider the additional needs resulting from their disability and limited vitality, the risk of poverty for women with disabilities becomes obvious. Thus, women with severe disabilities inevitably are twice as at risk from poverty than women with moderate disabilities or without disabilities (18% vs. 9%).

Low income affects not only women with disabilities, but their families as a whole, that are forced to bear additional costs for everyday life, such as ensuring a healthy diet, care, nursing, transportation services, etc. These costs are determined by the type and severity of the disability, the age of the affected woman as well as the living environment/residence area. About two-thirds of households including women with disabilities do not have the financial resources to ensure a diet that includes meat or fish at least twice a week, and 23 percent can not afford purchasing the necessary drugs, compared to 13 percent of households that do not include women with disabilities (see Figure 10). These limitations create certain barriers in maintaining and improving the health of women with disabilities, which could have consequences on their future physical ability, and, in particular, girls with disabilities may face more serious developmental complications.

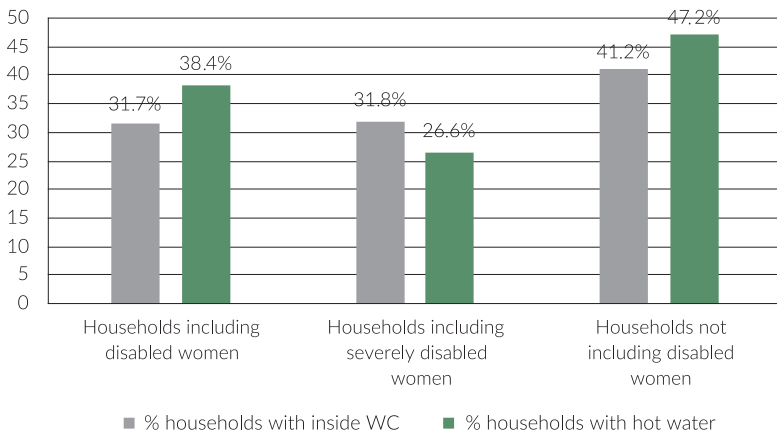
Poverty in the Republic of Moldova is associated not only with the lack of income sources and limited access to certain goods determined by the purchasing power of the population, but also with poor living conditions, and, in some cases, with a lack of utilities that are essential for a safe habitat. Women with disabilities generally live in residences that are less assured with basic comforts, such as sanitary installations inside the house and hot water facilities. On average, 32 percent of these women have access to sanitary installations inside the house compared to 42 percent for women without disabilities. Similar disparities can be observed when referring to hot water facilities. However, households including women with severe disabilities are in a much worse situation, with only 27 percent having access to hot water.

Figure 10. Share of households facing particular difficulties in providing for day-to-day life, 2014, %



Source: National Bureau of Statistics, Household Budget Survey.

Figure 11. Provision of households with utilities, 2014



Source: National Bureau of Statistics, Household Budget Survey.

Supplying residences with sufficient heating is another problem faced by the most vulnerable categories of people, and people with disabilities are no exception. About 44% of households including women with disabilities cannot afford to ensure sufficient heating in their residence, and every second household including women with severe disabilities is forced to deal with low inside temperatures (see Figure 11). The living conditions of women with disabilities living in rural areas are more severe, where the local infrastructure generally does not ensure universal access to safe water supply and household waste disposal systems. Homes connected to basic utilities are a prerequisite for ensuring independent living for women with disabilities, including with regard to carrying out the roles of mother and wife.

It is a known fact that one of the factors that contribute to reducing the risk of poverty is the level of education. In this regard, the value of investment in the education of people with disabilities is not fully recognized, especially in developing countries. Perceptions regarding the impossibility of capitalizing on these investments still persist, even though it is recognized that better educated people are more able to get out of the poverty “trap.”

Women with disabilities also constitute a largely untapped workforce, because not all people with disabilities are equally disadvantaged, with those suffering from physical or sensory disabilities being in a more advantageous position than those suffering from intellectual disabilities, and this fact needs to be considered when promoting policies aimed at the employment of people with disabilities. Encouraging employers and developing social entrepreneurship involving people with disabilities benefits all community members.

VI. Limitations, barriers and obstacles faced by women with disabilities

Women with disabilities are one of the vulnerable categories affected by a high degree of social exclusion caused by several factors. The labour market integration or reintegration of women with disabilities remains constrained not only by the lack of jobs available for this group, but also by existing stereotypes relating to the impossibility of harnessing this workforce, including the reluctance of employers to hire people with disabilities without any state incentives, such as certain tax exemptions or subsidies to offset investments made for adapting or creating jobs⁵².

Another factor that determines the status of women with disabilities on the labour market is the level of professional qualifications. Typically, people with disabilities require jobs where there is no need for special training or jobs requiring no qualifications and are paid lower wages. This creates the so-called “poverty trap,” caused by the low level of education, the general lack of jobs and dependence on welfare payments, etc.

The access of women with disabilities to the labour market is conditioned by access to services provided by NEA subdivisions not only with regard to the physical infrastructure of the relevant facilities, but also their location in urban areas, as well as a very low supply of jobs for this category of people and the limited supply of professional training and guidance for people with disabilities.

The architectural infrastructure is generally a major impediment in ensuring the fundamental rights of disabled people to live independently. Although some efforts have been made to provide access to public buildings, such efforts were primarily directed towards the installation of access ramps and less on adapting such buildings to the requirements of people with special needs. In some cases, the ramps are formal and unusable, and require the aid of third parties⁵³.

The situation is even worse if we consider the transportation of people with disabilities and the possibility of using public transport. Only a limited number of trolleybuses in the Chisinau municipality were equipped with special ramps and double doors, while in other towns, urban and intercity public transport is virtually unusable for people with reduced mobility. The signalling systems for people with sensory impairments in public transport and on pedestrian crossings are also insufficient.

⁵² MLSPF, Report on Social Protection of Persons with Disabilities and the implementation during the years 2010-2013 of the Action Plan of the Strategy for the Social Inclusion of People with Disabilities (2010-2013)

⁵³ <http://www.ombudsman.md/sites/default/files/document/attachments/raport2012-fina1.pdf>

Women with disabilities face a number of barriers obstructing interaction with the health system as a whole and in accessing certain health services. Most often, access is restricted not only by the physical infrastructure of facilities providing health services, but also by the absence of medical personnel trained in providing medical assistance to women with disabilities, including the lack of personnel that would provide interpreter services for people with hearing disabilities. Family planning and gynaecological services are inaccessible for women with disabilities. Most often, women encounter discrimination by medical personnel, this being especially the case for women with somatic disabilities⁵⁴.

⁵⁴ <http://www.monitor.md/attachments/article/250/Raport-holistic-Monitorizarea-drepturilor-persoanelor-cu-dizabilitati-in-Republi>

Conclusions and recommendations

Women with disabilities are one of the most vulnerable social groups, facing double discrimination, both in terms of gender, because they are women, and also because they suffer from disabilities. About 5,400 girls and 82,500 women, including 30,000 women of childbearing age, are part of this vulnerable group. The highest prevalence of disability is characteristic for women in the 55-70 age group and, with the accentuation of the population ageing process and increase in life expectancy, the number of women with disabilities will most likely register higher growth rates compared to that of men. Thus, disability will become a challenge not just nationally, but also globally.

Ensuring equal opportunities for men and women may reduce the prevalence of disability, given that, in many cases, disability occurs as a result of discriminatory practices, such as early marriages and births, domestic violence⁵⁵, etc. Interventions focused exclusively on disability without considering gender discrimination will not necessarily lead to alleviating gender inequality among people with disabilities.

Although Moldovan laws on fundamental human rights are universal, the rights of people with disabilities are violated more often. We note that, in recent years, significant efforts have been made to develop the legal framework governing the rights of people with disabilities, from the ratification of international instruments to the approval of the Law on the Social Inclusion of People with Disabilities and the creation of national mechanisms for their implementation. In particular, some progress has been made in the **deinstitutionalization of children with disabilities and their enrolment in schools**. The promotion of inclusive education models has a positive impact not only on the school environment, but also on the attitudes of all stakeholders on the integration of children with special educational needs. It is important that initial efforts continue to be supported and good practices are extended throughout the school network with the active involvement of local public authorities, NGOs with experience in this area, development partners, etc. At the same time, **lifelong training programmes** must be developed not only for students with disabilities, but also for adults who wish to re-enter the labour market.

Social services designed for people with disabilities are continuously evolving and aim to improve access, efficiency and effectiveness, making it possible for people with disabilities to be maintained and/or reintegrated into their families and communities. In this regard, we note the **role of multidisciplinary teams** in the provision of these services, as well as in developing an **individual plan for sustainable *de facto* support** offered by community social assistants to each beneficiary.

⁵⁵ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20193528~menuPK:418895~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

Women with disabilities are not a homogeneous group and this fact should be considered at all stages of development of the strategic framework relating to this area. The type of disability is one of the factors that determines the potential of women with disabilities, with women suffering from sensory or locomotor disabilities being in a more advantageous position. Harnessing this potential requires the creation of disability-friendly environments, not only in terms of architectural infrastructure, but also in terms of **ensuring fair access to educational and vocational guidance services, health and family planning services, employment, social assistance, etc.**

On the other hand, women and girls with disabilities do not have access to age- and disability-appropriate information that would allow them the opportunity to exercise these rights. **Information and awareness programmes** regarding women and girls with disabilities should be implemented both for policy makers, the general public, as well as for girls and women with disabilities, as well as for their families and relatives. Girls and women with disabilities suffer as a result of their appearance more so than men, because they cannot perform the role of mother, because they are not understood when they say they want to create a family or have a child and are judged for having given birth. They should therefore be **supported by changing their own attitudes** regarding the situation they are in and by encouraging them to come out of self-isolation, to overcome certain stereotypes and perceptions, and to become more visible in society. However, any information and awareness-raising actions should be carried out with their participation and create a positive image in order to reduce the stigmatization of this group of women.

Among the criteria that lead to the vulnerability of women with disabilities is the low rate of paid employment, with this category of women being largely unemployed or self-employed in agriculture. This causes certain specific problems concerning rights and social security and increases the risk of poverty and social exclusion. A person that descends into poverty is more likely to have a low level of education and insufficient qualifications to find employment or to accept poorly paid work, have precarious living conditions, declining health, all of which lead to a vicious circle poverty.

Women with disabilities are less likely to marry and more likely to live alone or with the family they come from also due to divorce. This category of women is subject to an increased risk of physical and sexual violence within the family and within residential institutions, forced abortions, HIV/AIDS, etc. Women with disabilities are also more prevalent in the elderly category, compared to men with disabilities, who are more frequently found among younger people.

All these specific characteristics of women with disabilities should be considered when developing **strategic actions and implementation mechanisms**, thus ensuring every girl and women the ability to fully enjoy their rights and benefit fully from participation in social and economic life. **Evidence-based policy-making** requires relevant and

timely data and statistics on the situation of people with disabilities not only in terms of gender, but also in regards to other socioeconomic characteristics.

Currently, data on the number of people with disabilities is based on NSIH information on the number of beneficiaries of pensions and social allowances. However, very little data is available on the characteristics of beneficiaries of certain social services and health services, which limits the development of any impact assessment. In this regard, strengthening the capacity of all holders of statistical data in order to produce **data that is disaggregated** by sex, age and disability is of the utmost importance. However, the National strategy on the social inclusion of people with disabilities does not have a well-defined **monitoring framework**. Data collection efforts should not be limited to improving existing sources, and must be extended by conducting **regular studies** on the situation of persons with disabilities and existing barriers that impede the social integration of this social group.

