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INTRODUCTION

The achievement of the 2030 Agenda for Sustainable Development and its accompanying Sustainable Development Goals (SDGs) requires constant efforts by UN entities, member states and all members of society to measure economic, social and environmental progress. This can only be achieved effectively by applying a gender equality and women’s empowerment perspective. Hence, in supporting the country’s efforts on gender equality, the UN Country Team in Moldova (UNCT) is strongly committed to ensuring that its activities and projects include a gender perspective and identify transformative actions to reduce inequalities in line with SDG goals and objectives. This commitment is reflected in the Republic of Moldova-UN Partnership Framework for Sustainable Development 2018-2022, which is the main strategic planning document guiding the work of the UNCT at the country level.

The UNCT in Moldova, including the World Bank (WB), has, with the support of the UN RCO, developed a joint gender assessment that will allow an integral and comprehensive understanding of the root causes and impact of gender inequality in Moldova. The results of the assessment will feed into several key strategic and analytical documents: the new WB Country Partnership Framework for the Republic of Moldova, which is expected to be developed by the end of 2022; the UN 2021 Common Country Analysis and the future Republic of Moldova-UN Cooperation Framework for Sustainable Development, which is expected to be developed by the middle of 2022; as well as a number of country programme documents, which are expected to be developed by individual UN agencies, such as UN Women and UNDP, by the end of 2022.

The overall objective of the assessment is to develop a comprehensive assessment of the state of equality between women and men in Moldova in education, health, economic opportunities, and voice and agency. The specific objective of the assessment is to promote a common understanding among UN entities and the WB of patterns of gender inequality in the Republic of Moldova. The assessment will also allow for an increased coordination of efforts, greater efficiency in the support provided to the country and strengthening of joint work in the field of gender equality and the empowerment of women.
Executive Summary

Demography

Moldova is undergoing a dramatic demographic recession. While the fertility rate follows a historical declining trend, in the recent decade it has been on balance with the declining mortality rate. Permanent emigration is the key reason behind the demographic contraction. By 2050, the Moldovan population abroad will almost equal the size of the domestic population, reflecting the magnitude and impact of this phenomenon.

The decline of the population presents opportunities as well as challenges, but high emigration levels make it difficult to take advantage of these. The reduced birth rate, coupled with increased life expectancy, productive and sustainable economic life and accumulation of lifelong savings can provide an opportunity for Moldova to harness the dividends of these demographic shifts. However, the high levels of emigration of the working-age population leave little opportunity for Moldova to reap such dividends.

Instead, permanent emigration speeds up the natural process of population aging. According to baseline demographic projections, the mean age of women is likely to grow from 40 years in 2020 to almost 50 years by 2050, while the mean age of men is expected to grow from 37 to 44 years. Even the more optimistic scenario, assuming an age-uniform 10 percent reduction in the emigration rate, does not provide significant relief. Accelerated population aging will burden the working generation and have multiple fiscal and budgetary repercussions.

Education

The dropout rate is higher among boys. In 2019, the male dropout rate (age cohort 18-25) was 22.6%, compared to a female dropout rate of 15.3%. During the first years of learning, gender differences are insignificant, so it is likely that high male dropout rates during the latest stages of education are influenced by social norms regarding women’s and men’s roles in the family, with men still seen as the main bread-winners and women as responsible for the household and children. Boys are, accordingly, more likely than girls to prioritize gaining money as a main goal in life (34.8% of boys

aged 15-30 compared to 7.9% of girls, BNS 2019) and to choose to finish secondary technical vocational education (72.4% of boys in comparison with 27.6% of girls, NBS) rather than pursue further education.

Choosing a profession is strongly influenced by gender roles. Girls tend to choose specializations related to the liberal arts subjects (philology, political science, social sciences, social assistance, etc.), which are usually less well paid than those related to science, technology, engineering and mathematics (STEM) subjects, which have higher male enrolment. This gender segregation is specific to all stages of higher education (vocational, bachelor and master degrees, and PhD level). Although the proportion of girls who choose to study and further work in STEM related areas is growing, the gender gap in this area remains high.

Despite improvements in recent years, women and men from the most marginalised categories still face some forms of exclusion. Educational attainment among Roma women remains low. Discriminatory practices perpetuated by the Moldovan population with reference to the Roma population, social norms in Roma households (reported by Roma women participating in focus groups), as well as the pronounced financial deprivation of Roma people, contribute to this.

Women with disabilities also face exclusion. The Joint Evaluation of the Implementation of the Programme for Development of Inclusive Education 2011 – 2020 highlights the great efforts that have been made in recent years to increase disability inclusion in education. Even so, the report reveals that educational institutions, at all levels, are only partially prepared to facilitate the access of children with disabilities (especially motor skills disorders, hearing and visual impairment), through access infrastructure. In this regard, the accessibility of all types of educational institutions is still an issue for Moldova. These accessibility constraints are reflected in wider disparities in education and work for people with disabilities.

HEALTH

Gender inequalities in health are significant and persistent. Men are more impacted by gender inequalities in health. Although declining, since 2014 the gender gap in life expectancy (measured as years, female life expectancy – male life expectancy) has been persistently higher than eight years. Gender inequality in the mortality rate (measured as the mortality rate of men/mortality rate of women) has been growing. Gender differences in health behaviours contribute to gender inequalities in death and mortality rates. For example, more men from rural areas have experienced heavy drinking episodes, while more women from urban areas are smokers.
Vulnerable women lack full access to health care services. Unmet needs for health care services are larger among women, but highest among vulnerable women (see figure below), reaching 43% among women with disabilities, 35% among poor women and 35% among women aged 60+. Gender inequality in access to health care services can be also determined by low addressability of men: according to NBS data, only 19.1% of men used health care services in 2016, compared to 29.3% of women.

Vast numbers of women in Moldova lack decision-making power over their own sexual and reproductive life. According to available World Bank data, the proportion of women in Moldova aged 15-49 years (married or in union) who can make their own decisions on sexual and reproductive health (can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care) is about 73%. About 1/3 of women (27%) have no sexual and reproductive autonomy yet, which increases their health vulnerability. Sexual and reproductive autonomy is lower among women and girls from vulnerable groups.

The current need for modern, client-centred family planning methods and sexual and reproductive health services remains unmet. Less than half of women of reproductive age in the Republic of Moldova use modern contraceptive methods. This rate is even lower among young people. Unmet need for contraception is associated with age, educational status, awareness on family planning and level of wages.

FEMINISATION OF POVERTY

Women are more at risk of poverty. This stems from three main channels: (i) the unequal division of family responsibilities (raising children and caring for family members in need), activities in which mainly women are involved, which leads to a partial or total withdrawal from the labor market and from social and educational activities, (ii) lower employment of women, especially mothers with pre-school children, which causes limitations in benefiting from career advancement and fair remuneration, and (iii) inequity in pensions, which accentuates the financial deprivation of older women.

The risk of poverty is higher among vulnerable women. This assessment highlights the disadvantages faced by women from rural areas, older persons, people with disabilities and members of minority ethnic groups (Roma people). Women in rural areas have fewer employment opportunities, are more exposed to traditional social norms regarding gender roles, and spend more time on unpaid activities (raising children, caring for a family member etc.), which is reflected in lower incomes and higher de-

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4 Access of population to health services, National Bureau of Statistics, 2017
5 World Bank data on sexual and reproductive autonomy, https://data.worldbank.org/indicator/SG.DMK.SRCR.FN.ZS?locations=MD
6 Only women who provide a “yes” answer to all three components (can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; decide on their own health care) are considered as women who “make her own decisions regarding sexual relations and reproductive health care”.
pendence on social benefits and remittances.\textsuperscript{8} Retirement exacerbates poverty among older women, (gender inequality in pensions is 20.3%, according to the NBS as of 1st January 2020),\textsuperscript{9} particularly in rural areas, where women receive much smaller pensions. Households with at least three children are poorer than smaller households, with a poverty rate in 2020 estimated by NBS at 42.1%, compared to 29.9% for households with one child and 28.4% for households without children.

**EMPLOYMENT**

Moldova has the highest prevalence of inactivity among women in the region. Even if the gender gap is smaller than in other countries, the inactivity rate in Moldova is among the highest both in Western Balkan and EaP countries, with a visible impact on women. Despite efforts in reducing gender inequalities in the labor market, gender gaps in employment rates persist and have increased in the last two years, reaching about 10pp in 2020.

**Women from vulnerable groups have particularly low labour market employment rates.** Public policies do not provide sufficient solutions and employment opportunities for all population groups, especially for those from vulnerable groups (Roma people, disabled people, older people etc.). The employment rate among the Roma population is about seven times lower than in the general population (6.4% versus 40.9%). The employment rate of people with disabilities is about four times lower than in the general population. Women from rural areas have less access to labor opportunities. The lack of quality job opportunities, poor transport facilities and low levels of entrepreneurship and business skills are some of the reasons behind the high levels of female unemployment in rural areas.

**Unequal care responsibilities are one of the main reasons for women’s low labour force participation.** Household and family care are likely barriers to labor force participation, especially for women, who disproportionately take on unpaid caregiving responsibilities. Women’s inactivity reaches maximum levels in the reproductive period (15-34 years old) and in retirement (55+ years old), when the employment rate decreases by about 30pp (in 2020 the employment rate for women aged 45-54 was 61%, and for those over the age 55 - 34%). Low availability of childcare facilities and inefficient family-friendly policies increase gender inequalities.

**Unequal care responsibilities also influence women’s employment patterns and financial security.** Women with dependent children are more likely to choose part-time work, often to the detriment of career and pay progression, to reconcile paid work and family care responsibilities, while their male partners are more likely to work full-time, which accounts for some of that asymmetry. Women usually sacrifice earn-

\textsuperscript{8} Ibidem
\textsuperscript{9} https://statistica.gov.md/newsview.php?l=ro&idc=168&id=7137
ings for natural interruptions to paid employment caused by the experience of child-
thbirth and the associated period of leave to care for the child. As a result, they are more
inclined to seek employment in family-friendly jobs which are lower-paying or to opt
for part-time employment and other flexible arrangements, which undermines their
financial security.

**ENTREPRENEURSHIP**

**Only a third of entrepreneurs in Moldova are women.** Even if women’s entrepre-
neurship has been on the rise lately, women continue to be a minority in the business
community. According to the National Bureau of Statistics, only 34% of entrepreneurs
are women. Several factors contribute to this gap, including limited access to resour-
ces and financial capital to start a business, barriers to accessing investment resources
(such as credits and loans), discrimination practices and gender stereotypes.

Women need more support and encouragement to start businesses. Compared to
men, women are more reluctant to initiate private enterprises. Given that on average,
women possess fewer assets, financial resources and informal support, women en-
trepreneurs must rely on formal financial schemes, so are more willing to access the
funding opportunities through different support programs and development projects.

Time poverty severely limits women entrepreneurs. Due to care responsibilities,
women are unable to put in more time to make sure their enterprises are well run.
On average, a working week for women entrepreneurs is eight hours shorter than for
men entrepreneurs. Women are less available to work in the evenings. Time poverty
restricts the choices and flexibility of women entrepreneurs and makes them more
reluctant to start or expand their enterprises.

**VOICE AND AGENCY**

Recent effective legal changes have led female representation to improve. After
the 2019 local elections, the highest number of elected women councillors was regis-
tered: they comprised 27.08% of those elected at the district/municipal level (an in-
crease of 10% in comparison with previous elections), and 36.5% at the local level (an
increase of 6%). The share of women MPs elected to Parliament in 2021 also increased
to 39.6%.

Gender-based violence is pervasive. Almost 40% of women have experienced phys-
ical and/or sexual violence. 49% indicate that they have been sexually harassed since
the age of 15, and 18% say that they were sexually harassed in the 12 months. The in-
cidence of violence is higher among women from vulnerable groups, especially among

women with disabilities, Roma women and those of pre-retirement age. Their reluctance to report such cases to authorities is higher mainly due to lack of trust.

THE IMPACT OF COVID-19

The COVID-19 pandemic worsened inequalities in care responsibilities. The need for care increased substantially during social isolation periods, while the distribution of roles and tasks in the family continued to be skewed towards women, who took on the most demanding work in the household. The closure of educational institutions substantially increased care responsibilities for parents, especially women. During the COVID-19 crisis women disproportionately reported taking on the care burden, with over 50% of women in Moldova dedicating several hours to do lessons with children, compared to over 30% of men.

The pandemic has also increased women’s financial vulnerability. Care responsibilities, which were mostly undertaken by women in lockdown, and the difficulty with reconciling family and work life, caused women to become less active in the labor market. Women have been affected more severely by the pandemic than men, due to the already present and persisting gender inequalities that prevailed before the COVID-19 crisis. The pandemic resulted in women losing their jobs or incomes, as they had to manage remote working while performing increased domestic and caring responsibilities. Moreover, the pandemic had a near-immediate effect on women’s employment: the share of women who continued to go to work is 15 pp lower than men.

The crisis caused an unprecedented reduction in economic activity and working time. The COVID-19 crisis also caused significant losses in Moldova, where over 20% of workers that used to go to the workplace faced a reduction of hours worked. The reduction of hours worked had a significant impact on wage income. A quarter of women who continued to go to work during the quarantine faced a salary reduction, twice as high compared to that of employed men. At the same time, women faced greater salary delays and pay cuts during the lockdown.

The COVID-19 pandemic had also important implications for healthcare. Access to healthcare services was challenging even before the pandemic outbreak, especially for vulnerable groups. The unmet need for health services for older people increased during the COVID-19 pandemic. According to the Generations and Gender Survey (GGS 2020), about 30% of persons aged 60+ years old faced unmet medical needs during the last 12 months (share of those who needed to see a doctor/specialist but could not do so). The pandemic also exposed most of the population to uncertainties and anxiety. Women were more likely to report anxiety and psychological pressure because of social distancing measures and social constraints (time spent in lockdown at home, household duties, among other factors).

METHODOLOGY

This assessment builds on the Gender Assessment framework proposed by the World Development Report on Gender Equality and Development (WDR 2012). The framework is based on three analytical dimensions: (a) ENDOWMENTS: focusing on education and health as key investments in human capital development of women and men, girls and boys; (b) ECONOMIC OPPORTUNITIES: focusing on employment, and entrepreneurship for women and men in Moldova and c) VOICE AND AGENCY, focusing on participation and a life free of violence. Along with that, the assessment expands the WDR framework to assess gender equality with regards to demography, poverty, human rights instruments and the impact of COVID-19 pandemic on women and gender equality in Moldova.

The assessment takes a No One Left Behind (NOLB) analytical approach as well. As such it identifies key subgroups of vulnerable women, tries to understand their specific challenges and analyses the root causes of inequalities affecting them. Within this assessment, these vulnerable subgroups are: older women, Roma women, women with disabilities, women survivors of gender-based violence, LGBTQ+ women and women from low-income households.

The assessment was based on extensive review of existing research and data sources. Namely, the evaluation was based on analysis of data from the Household Budget Survey, Labour Force Survey and Development of the Business Environment survey produced by the National Bureau of Statistics. Along with that, the research team was able to explore the micro-data of a recent flagship Gender and Generation Survey (GGS) with a sample of 10,000 people aged 15-79 years old. The GGS is the most comprehensive demographic survey available in Moldova.

The findings from this data analysis were complemented with qualitative insights from focus groups and key informant interviews. The qualitative component of the assessment included focus group discussions and key informant interviews with representatives of vulnerable groups of women. The aim of the qualitative research component was to understand people’s views and perceptions with regards to gender inequalities in Moldova from the perspective of education, health, economic opportunities, as well as influence and decisions at the community level. The qualitative research component included six focus group discussions (see Annex 1) and 10 in-depth interviews (see Annex 2). A total of 56 women were interviewed. Respondents were recruited using the

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“snowball” method. The main recruitment criteria were group-specific criteria, such as: age, ethnicity, sexual orientation, income, etc., but also other criteria to ensure group heterogeneity, such as: gender, region, residence, level of education. The group discussions were conducted online, and the interviews were both online and by telephone or face-to-face, according to respondents’ choices.

The assessment benefited from additional consultation with representatives of CSOs representing vulnerable groups of women. The process was organized to understand the experience, feedback, and proposals of CSOs working with women with disabilities, Roma women, and older women. Three separate consultations were organized with the leading CSOs networks, namely: Alliance of Organizations for People with Disabilities of the Republic of Moldova” (AOPD) with 39 member organizations; The Platform for Active Aging, which includes 24 non-governmental organizations, and the Voice of the Roma Coalition (CVR), which brings together 34 Roma NGOs from across the country, including the Transnistrian region and Gagauzia (see annex 3). The consultations took place in online format and were organized in two sessions: Presentation of the basic conclusions of the Report on the level of gender equality in Moldova from the perspective of the target groups and discussions to identify the necessary public policy solutions for reducing gender inequalities from the perspective of groups.
I. DEMOGRAPHY

The population structure of Moldova is rapidly changing. According to the most recent statistical data, the population of Moldova with usual residence on the 1st of January 2021 was 2.597 million persons, including 1.357 million women and 1.239 million men (National Bureau of Statistics, 2020). Following the steady decline highlighted in Figure 1, the current population count stands much below the 2.87 million recorded in early 2014 (1.49 million women and 1.38 million men). The 9.5 percent loss of population in only seven years is a daunting figure by any historical and geographical standards. The female population of Moldova has been declining slightly slower than its male population, with a decline of 9.1 percent over this period compared with 9.9 percent.

Figure 1. Evolution of men and women population of the Republic of Moldova in the period 2014-2021, beginning of the year, persons

Source: Statbank database of the NBS

According to official definition of the National Bureau of Statistics of the Republic of Moldova, usual resident population is composed of people that lived continuously for most of the last 12 months, on the territory of the Republic of Moldova not including temporary absences (for recreation, vacation, visits to relatives and friends, business, medical treatment, religious pilgrimages, etc.).

Here and further the figures refer to the Moldovan territory not covering the Transnistrian breakaway region, due to lack of statistical coverage of the region.

In this text, we avoid using the figures before the year 2014 as basis for comparison. The reason is that before 2014 the national statistical authority (National Bureau of Statistics, hereafter - NBS) used the concept of ‘stable’ population in demographical statistics, whereas since 2014 the concept behind the population count is the ‘usual residency’.
Figure 2. Population growth accounting for the years 2014-2020 men, women thousand persons

Source: Statbank database of the NBS and authors' calculations.
Gender-disaggregated factors behind population change provide a mixed picture. In the case of women, 48.9 percent of the population decline is due to deaths and 51.1 percent to emigration, whereas in the case of men, the ratio is strikingly opposite, with 56.6 percent due to deaths and 43.4 percent to emigration. Figure 2 below provides additional details on the gender disaggregated population growth accounting for each year in the period 2014-2020.

Besides contracting in absolute terms, the Moldovan population has undergone significant structural shifts. Between 2014 and 2019 (i.e., before the COVID-19 pandemic) the life expectancy for women at birth increased from 73.6 years to 75.1 years, while that of men increased from 65.2 years to 66.8 years. In 2020, after the advent of COVID-19, the indicator followed a dramatic decline for both sexes: 73.9 for women and 65.9 for men. The combination of low birth rates, increasing life expectancy and high levels of migration among the working age population has resulted in a rapid ageing of the population. Ageing is the most defining structural trend of the Moldovan population, with significant demographic, social and economic implications in the long-term. In the period January 2014 – January 2021, the share of women in the age group 65+ years in the total population of women increased from 13.2 percent up to 17.7 percent, whereas in case of men of the same age group, the share increased from 8.4 percent to 11.9 percent (Figure 3). Combined, men and women aged 65+ represent a share of 14.9 percent in the total population, which is slightly below the OECD average of 17.4 percent. While the share of men aged 80+ in the total male population has increased rather insignificantly (from 1.4 percent in January 2014 to 1.5 percent in January 2021), the share of women aged 80+ in the total female population increased more, going from 2.8 percent to 3.2 percent. The overall share of the population aged 80+ is 2.4 percent, whereas in the OECD the corresponding figure is about 4.6 percent.

Figure 3. Shares of population aged 65+, percent of corresponding populations

Sources: authors calculations based on NBS.  

https://www.oecd-ilibrary.org/sites/c05578aa-en/index.html?itemId=/content/component/c05578aa-en
The population pyramid provides additional insight into the demographic shifts. For the year 2014 the population pyramid still looks very much like a “Christmas tree”, with a broad base and several horizontal spikes representing younger populations (Figure 4). By early 2021 the base of the pyramid gets visibly narrower, due to previous cohorts moving up the age scale, a lower number of births in the period 2015-2020 to replenish the aging younger cohorts, and the impact of COVID-19 on deaths. Consequently, the youth bulge gets more constrained in 2021 compared to 2014. The mean age of women increased from 38.5 years in 2014 to 40.8 in 2021, whereas in case of men, it increased from 35.2 to 37.2 years. As shown by the demographic projections below, the population pyramid is likely to get even more constricted in the next decades.

Figure 4. Moldova’s population pyramids for the year 2014

Source: NBS.
Moldova is amid a demographic transition, featured in part by declining fertility rates. Due to changing statistical concepts and methodologies, long-term fertility comparisons cannot readily be made. The Demographic Research Center’s projections suggest that the total fertility rate (TFR) will remain the same in the next two decades. At the same time, the key indicators, recalculated based on the concept of population with usual residence, may also suggest a likely continuation of the historical decline of the total fertility rate and of growing average maternal age (Figure 5). With the current average maternal age close to the average of the late 1970s and with TFR significantly lower, the time spells between births are also getting longer. Analysis of births by age reveals a flattening and a right-hand displacement of the age-specific birth rate profile in the period 2014-2020 (Figure 6). This suggests that new generations of women entering the fertility period are likely to give birth to fewer children and births are likely to happen a bit later in their lives compared to previous generations.

Figure 5. Evolution of the total fertility rate and average maternal age in the period 1978-2019

Source: NBS
Family formation patterns correlate with the fertility changes. The traditional family model in Moldova is rapidly changing. Between 2014 and 2020 the average age at first marriage steadily increased from 24.5 years to 25.7 years for women and from 27.1 to 28.6 for men (Figure 7). A growing share of divorced spouses is another significant emerging trend (Figure 8), including in rural areas, which historically have had substantially lower rates of divorce. Given that few births in Moldova occur outside of marriage, fewer women per children could partly be attributed to later family formation and increased divorce rates.

Source: author’s calculations based on NBS data.
Figure 8. Number of marriages and divorces

Source: authors’ calculations based on NBS.

Figure 9. Educational profile of population aged 15+ by year, residential area and sex
Strong economic factors also can partly explain the declining fertility rate. In the recent two decades, the educational background of Moldovan women has advanced significantly (Figure 9). Their educational attainments are slightly higher than those of men. The growing share of women with post-secondary and tertiary education is an indication of the improved human capital of women, and, probably, increased returns to education. These factors likely influence the decline in the fertility rate. While there is a persistent (and probably growing, as the wage figures below suggest) gender pay gap in the Moldovan economy, the average wage has been growing significantly in the recent decade, for both sexes. The net wage of women increased from 205 US$/month in the year 2011 to 353 US$/month in 2020 (72 percent growth rate), whereas for men, from 232 US$ to 413 US$ (78 percent growth rate). Combined, the improved human capital and the wage of women increase the opportunity costs of having children, and thus impact women’s reproductive decisions. The GGS Moldova data confirm this, as number of children per women negatively correlates with the level of education (Figure 10).
In the seven years over the period 2014-2020, women, especially in younger cohorts, have shown a slightly higher propensity to emigrate permanently compared to men. While age-specific data on emigration are missing, the demographic data on annual births, deaths and end-of-period population stocks allow for an approximation of net number of emigration and of emigration rates (Figure 11). The age group 17-27 years has the highest approximated net migration rates. At the same time, for the older cohorts, those above 45, the net emigration is slightly negative, meaning that the number of long-term migrants returning home is larger than the number of long-term migrants leaving the country. People seem to prefer working abroad during their prime economic earning years and to return home while close to retirement age.
With missing survey data among permanent migrants, it is difficult to establish core factors leading to decision to migrate permanently and how these may differ by sex, though one can use available data to study migration intentions. Contrary to the data on actual migration, the data on intended migration show that women are less prone to migrate compared to men. This may give some support to the assumption that the stronger outflow of women observed in 2018-2019 may in fact be a single event rather than a permanent change. According to data from the Moldova Gender and Generations Survey (MGGS), more than two-thirds of surveyed men and women aged 15+ stated “definitely” not having the intention to migrate within the next three years, while 15 percent of each sex stated “probably” not having such an intention (Figure 12). Among the conventional factors, age immediately stands out as a strong predictor of the intention to migrate, both for men and for women: the younger the person, the stronger intention to migrate (Figure 13). However, as shown below, when controlling for additional factors (such as residence area, income group, presence of children), age remains an important predictor only in case of men.

**Figure 12. Distribution of the answers to the question on the intention to migrate within the next 3 years, by sex**

![Figure 12](image1)

Source: authors’ calculations based on GGS Moldova.

**Figure 13. Distribution of the answers to the question on the intention to migrate within the next 3 years, by sex and age**

![Figure 13](image2)
The lower levels of migration intention among Moldovan women are confirmed by statistical models encompassing factors that likely contribute to the intention to migrate. We used the MGGS data to run a series of binary logistical multivariate models establishing the likelihood of a positive migration intention as dependent on conventional explaining factors. As the MGGS survey was not designed to collect data on migration factors, a number of possibly powerful explaining factors could not be included. We distinguished between plans for migration and wishes for migration. The factors considered as independent variables are the following: area of residence (rural versus urban), sex, age, age squared, education level (primary, secondary, tertiary), main language spoken at home (Romanian/"Moldovan" versus Russian or Ukrainian versus others), having children aged below 6 years, being a homeowner, having paid work, partner having paid work, degree of satisfaction with living conditions provided by own house, household size and income class. The results of the regressions ran for all respondents are included in Table 1.

The results in the two regressions above show the complex impact of gender on the intention to migrate. As shown in Table 1, being a woman significantly deters planning to migrate as compared to being man, but the differences are not statistically significant when it comes to wishing to migrate. The presence of children below the age of 6 strongly deters all would-be migrants from planning to migrate, and strongly deters women from wishing to migrate. Age has a nonlinear influence on migration intentions. Being a homeowner strongly deters one’s plans for migration, whereas being satisfied with one’s own housing conditions reduces people’s wishes to migrate. One’s own or partner’s paid work does not significantly influence migration intentions. Education also does not show any statistically significant effect, albeit in line with anecdotal evidence in Moldova suggesting that those with more advanced levels of education would be more inclined to migrate. At the same time, income level is a strong predictor of wishing to migrate: the better off the household, the weaker the inclination to migrate. Residential area also plays a role in migration wishes, with people living in urban areas more wishful to migrate.

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18 Logistic models are used in statistics and econometrics to model the probability of certain event taking place. They can be used both for modelling binary variables (such as migrate / stay) or multinomial variables.
19 Such as having previous migration experience, having relatives permanently abroad or living in a community with many migrants, and other relevant variables.
20 People plan to migrate if they give “Definitely yes” answer to the MGGS question on the intention to migrate within the next 3 years and they wish to migrate if giving “Probably yes” answer.
21 Income group is measured along 6 classes, from 1 (“having great difficulties in meeting ends”) to 6 (“meeting very easily ends”).
### Table 1. Intentions to migrate within the next 3 years: results of the logistical econometric regressions for both sexes

| Independent variables                      | Estimate | Pr(>|z|) | Estimate | Pr(>|z|) |
|--------------------------------------------|----------|---------|----------|---------|
| Constant                                   | -1.453   | 0.324   | -0.079   | 0.915   |
| Living in urban area                       | 0.121    | 0.567   | 0.467*** | 0.000   |
| Being female                               | -0.569** | 0.023   | -0.025   | 0.862   |
| Age                                        | 0.036    | 0.445   | 0.013    | 0.590   |
| Age2                                       | -0.001** | 0.021   | -0.001***| 0.005   |
| Having secondary education                 | -0.243   | 0.694   | -0.319   | 0.326   |
| Having tertiary education                  | 0.281    | 0.664   | -0.134   | 0.696   |
| Home language Romanian / "Moldovan"        | 0.034    | 0.974   | -0.364   | 0.441   |
| Home language Ukrainian or Russian         | 0.764    | 0.470   | -0.186   | 0.701   |
| Being married                              | -0.168   | 0.472   | -0.083   | 0.532   |
| Having child aged below 6                  | -0.905***| 0.005   | 0.266    | 0.122   |
| Owning home                                | -0.457** | 0.040   | -0.008   | 0.952   |
| Having paid work                           | -0.287   | 0.162   | 0.133    | 0.224   |
| Partner having paid work                   | -0.033   | 0.868   | -0.081   | 0.458   |
| Degree of satisfaction of house conditions  | 0.020    | 0.700   | -0.043*  | 0.097   |
| Number of household members                | -0.054   | 0.630   | 0.062    | 0.325   |
| Income level                               | -0.069   | 0.375   | -0.085** | 0.044   |
| Being female and having child aged below 6 | 0.392    | 0.309   | -0.649***| 0.001   |
| pseudoR2 McFadden index                    | 0.113    |         | 0.138    |         |

Source: authors’ estimates.
Observed demographic trends highlight continuing population decline. The Center for Demographic Research (CDR) has recently updated its demographic forecast for the Republic of Moldova for the period up to 2040. The forecast is based on three alternative scenarios encompassing life expectancy at birth, migration rate and total fertility rate. The “Low” scenario assumes a continuation of the historical reduction in the total fertility rate (from 1.82 in 2018 to 1.7 in 2040), a modest increase in the life expectancy at birth and a largely unchanged propensity for migration (-1 percent by 2040 compared to 1.3 percent in 2018, Table 2). The “High” scenario relies on an upturn of the total fertility rate, so that it increases to 2.1 children per women of child-bearing age in 2040 and more rapid gains in the life expectancy for both sexes; this scenario also assumes that net migration will halt by 2040. The “Medium” scenario is an intermediary one. In line with CDR assumptions, the “High” and the “Medium” scenario also foresee a faster increase in life expectancy at birth for men than for women.

Table 2. Demographic forecast scenarios for 2018-2040

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Years</th>
<th>Life expectancy women</th>
<th>Life expectancy men</th>
<th>Overall net migration rate, %</th>
<th>TFR (children per woman of childbearing age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1-low</td>
<td>2018</td>
<td>75.0</td>
<td>66.3</td>
<td>-1.30</td>
<td>1.82</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>77.2</td>
<td>68.5</td>
<td>-1.00</td>
<td>1.70</td>
</tr>
<tr>
<td>S1-medium</td>
<td>2018</td>
<td>75.0</td>
<td>66.3</td>
<td>-1.30</td>
<td>1.82</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>79.4</td>
<td>71.8</td>
<td>-0.50</td>
<td>1.90</td>
</tr>
<tr>
<td>S1-high</td>
<td>2018</td>
<td>75.0</td>
<td>66.3</td>
<td>-1.30</td>
<td>1.82</td>
</tr>
<tr>
<td></td>
<td>2040</td>
<td>81.6</td>
<td>74.0</td>
<td>0.00</td>
<td>2.10</td>
</tr>
</tbody>
</table>

In all three scenarios, the population with usual residence in Moldova is set to decline, albeit at different rate (Figure 14). In the “Low” scenario, the population with usual residency will reach 1.754 million by 2040, which is equivalent to a 34.5 percent decline against the year 2018. In the “Medium” scenario, the expected population with usual residence by 2040 is 1.924 million (-28.2%). The “High” scenario features the slowest rate of decline (21.5%), with a population count slightly above 2 million in 2040. In all three cases, migration rate is a critical factor influencing the dynamics of the population, and the trajectory of other demographic parameters (such as births and deaths).

Figure 14. Projection of the Moldova’s population under three demographic scenarios

Source: Centre for Demographic Research
Besides changes in absolute figures, each demographic scenario foresees significant structural shifts. The initial current age structure creates an inertia determining the demographic outcome in long-run. The combination of the current structure, expected total fertility rate, and migration are likely to cause a continuous ageing. In 2040, the population pyramid is expected to turn upside-down, with the generations aged 50+ representing about half of the total population, and with the median age going from 37.3 years in 2018 to 47.3 years in 2040 (Figure 15). Our own estimates suggest that the median age for women will reach 45.1 years in 2040, while that of men will reach 41.5 years. In all three cases there is going to be a strong gender disequilibrium at senior ages resulting in a very high number of female older single-person households.

Figure 15. Population pyramids of Republic of Moldova for the years 2018 and 2040 “Low” scenario

Source: Centre for Demographic Research, 2021
I. Demography

The demographic projections also foresee a decline in the economically most active population aged 20-64. In 2019 their number was around 1.66 million, whereas for 2040 the forecast number is slightly more than 1 million in the “Low” scenario. As a share of the total population, the population in the 20-64 segment is not going to decrease significantly (from 62% to 58%), but significant shifts are expected within the segment. By 2040 the share of the group 20-34 years is expected to decrease from 33.9 percent to 28.9 percent, the share of those aged 35-49 from 32.5 percent to 24.8 percent, while those aged 50-64 will see their share going from 33.6 percent to 46.3 percent.

The persistently high emigration rate of the young population is the key factor behind this demographic outlook. Only a significant improvement in domestic economic and social conditions altering the appetite for migration may redress these demographic perspectives in the long-term and slow down the rate of population aging. However, even in this optimistic scenario, the aging of the population will continue along with the demographic transition of lower fertility rates and increased life expectancy for both men and women.

POLICY IMPLICATIONS:

1. Stronger domestic economic conditions are required to reduce migration to levels that could at least stabilize if not reverse current demographic processes. Pro-poor, job-creating economic growth is required to reduce the push factors for emigration, but this may not be sufficient: even if domestic wages grow at an economically sustainable rate in the next decade, there will remain a sizeable wage differential with external wages. Besides more decent jobs and better salaries, young families need financial support in acquiring their own homes and in improving housing conditions. Such support may come directly from the government (subsidies, interest-premiums, publicly financed building programs, etc.) as well as indirectly through programs meant to speed up the development of the financial sector, enhance financial education and education, as well as through more predictable and efficient macroeconomic policies.

2. The demographic outlook will require a new policy framework with gender equality at the core. To be successful, a new policy framework will have to: (i) increase life expectancy – this priority will be challenging to address without proper gender considerations (as the section on Health will indicate) and (ii) increase the productive life cycle of men and women in Moldova, which is hard to achieve without enabling greater flexibility and choice with regards to work/life balance.
Gender inequalities in education are influenced by gendered attitudes and stereotypes. In the early years, significant differences in education between girls and boys are not observed, neither in terms of their participation in the educational process nor in performance in their studies. An analysis of the results of girls and boys in middle-school for literature, mathematics and science did not highlight considerable gender differences. Gaps are observed starting with the high school years and are amplified at higher levels of the educational cycle particularly when considering the field of study. It is likely that gender gaps in education are partly influenced by societal perceptions regarding women’s and men’s field of education and work and their main role in society, with men still seen as the main breadwinners and women as responsible for household and children. Though in recent years there have been some positive trends in overcoming some stereotypes regarding appropriate sectors of employment for women and men, but gendered attitudes remain. For instance, some occupations are still considered to be ‘typically masculinized’ and others ‘typically feminized’, likely influencing what men and women choose to study and contributing to sex-based occupational segregation in the labour market.

In Moldova, education is characterized by significant gender inequalities. Based on analysis provided by the Gender Equality Index 2021 for Moldova, a tool that assess the level of gender equality in Moldova on a scale from 0 (no equality) to 100 (perfect equality), it can be observed that the level of equality for education is almost half of the equality/inequality poles. The trend for the last 10 years does not show significant improvement in this context, on the contrary showing a slight decrease in score. Assessment of indicators such as the share of students in STEM fields or liberal arts subjects, the share of students in higher education programs, the share of graduates in vocational secondary education institutions, and the share of people aged 25-64 years-old who have higher levels of education attainment can help to understand the main reasons for this inequality.
Boys are more likely to drop out of education. NBS data regarding the level of enrolled boys and girls in education, regardless of the level of education (pre-primary, primary or lower secondary), does not reveal significant gender inequalities (Figure 17). The main inequalities start to be apparent among boys and girls starting with subsequent stages of education, considering that boys are more likely to be early school leavers. In 2019 the percentage of men aged 18-24 years who dropped out education was 22.6%, versus 15.3% for women. Assessment of data for the last years does not show a clear trend in this regard. For example, during 2014-2017, less boys were early school leavers, but during the next years, the trend reversed.

Gender roles and stereotype influence how boys and girls educate themselves. Considering some social norms that are still perpetuated among population, most people believe men have a duty to be the family breadwinner. Based on the Gender Equality Index for Moldova, in 2021, almost 62% of people considers that it is men have a duty to be breadwinners, with men more stereotyped in this regard (68.6% for men versus 55.7% women). Boys are thus more likely to forego higher education in favour of opportunities to earn money (see Figure 16). Girls, however, are expected to prioritize family life and thus advocate for career options that would allow them to combine professional and family life more easily. As reflected in the graphics below, boys are more likely than girls to be enrolled in secondary technical vocational education, with boys comprising 72.4% of persons enrolled in comparison with 27.6% for girls.

Source: CPD calculations
Figure 17. Gender differences among youth enrolled in studies and the main goal in life

Considering the Concluding Observations on the sixth report on the Republic of Moldova of the Committee on Elimination of Discrimination Against Women, the existence of discriminatory gender stereotypes in school curricula and textbooks contributes to the perpetuation of gender stereotypes regarding women’s and men’s responsibilities in society. For example, in 2017 an NGO from Moldova assessed 18 school materials and concluded that most of them still perpetuate some patriarchal norms regarding gender roles.

Source: NBS, 2015 and 2019/2020

There is significant gender segregation at almost all levels of post-secondary education. Gender inequality in the choice of options for further higher education is determined, in part, by gender roles. Boys are more likely to choose specialties related to STEM based subjects (science, mathematics, computing, engineering, manufacturing, construction etc.), which often lead to better paid jobs, whereas girls tend to opt for specializations related to the liberal arts subjects (arts and humanities, social sciences, journalism and information etc.). This gender segregation is specific to all higher level educational programs (vocational, higher and doctoral education).

The CEDAW Committee highlighted this gender segregation in subject choice. The Committee welcomes the efforts made by the State party to promote equal access by girls and boys to education, such as the adoption of the Education Code in 2014 and the “Girls Go IT” initiative since 2015. Nevertheless, it remains concerned at the lack of diverse educational choices by women and girls and their low enrolment in science, technology, engineering, mathematics and information technology, as well as in construction and law. The Committee also makes recommendations in this regard. Recalling its general recommendation No. 36 (2017) on the right of girls and women to education, as well as target 4.5 of the Sustainable Development Goals, the Committee recommends that the State party continue to encourage women and girls to choose non-traditional fields of study and career paths, including science, technology, engineering, mathematics, information technology and law and eliminate traditional stereotypes among women and girls and their families that may deter them from enrolling in such fields of study.

Figure 18. Gender segregation by field and level of education

<table>
<thead>
<tr>
<th></th>
<th>Share of students, %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIBERAL ARTS SUBJECTS</strong></td>
<td></td>
</tr>
<tr>
<td>Post-secondary technical vocational education</td>
<td>20.4</td>
</tr>
<tr>
<td>Higher education institutions on the first-cycle</td>
<td>58.2</td>
</tr>
<tr>
<td>Higher education institutions on the second-cycle (master)</td>
<td>68.0</td>
</tr>
<tr>
<td>Doctoral studies</td>
<td>85.7</td>
</tr>
<tr>
<td><strong>STEM BASED SUBJECTS</strong></td>
<td></td>
</tr>
<tr>
<td>Post-secondary technical vocational education</td>
<td>79.6</td>
</tr>
<tr>
<td>Higher education institutions on the first-cycle</td>
<td>41.8</td>
</tr>
<tr>
<td>Higher education institutions on the second-cycle (master)</td>
<td>32.0</td>
</tr>
<tr>
<td>Doctoral studies</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Source: Calculations based on NBS data for 2020/2021

29 According to ISCED F2013 fields 05 to 07
30 According to ISCED F 2013 fields 02 and 03
Gender segregation in education is influenced by social norms. The results of PISA 2018 highlight a pronounced gender gap in reading and science, with girls performing considerably better than boys in both subjects. Compared to OECD averages, Moldova registers more pronounced gender gaps, except for the case of mathematics (Figure 18). At the same time, the dynamics of the results reveal that, although boys have started to do better in reading, the inequality persists and is significant (exactly 41 points). Despite girls having a similar level of achievement in mathematics as compared with boys, only 1% of them want to continue their studies in the field of ICT, and every fifth expects to work in health-related professions (compared to about 1 in 10 in the case of boys).

Figure 19. Gaps in the results of boys and girls for the studied objects

![Figure 19](source: OECD, PISA 2018)
Subsequent occupational choice reflects this pattern of gender stereotypes. Women tend to choose areas deemed to be considered ‘typically more feminized’ and men to choose ‘typically more masculinized’ areas. The below figure reflects the mapping of higher educational areas in accordance with the total number of students enrolled and the gender gap in each assessed field of education.

The biggest gender gaps are registered in areas such as education (15pp), engineering (12.7pp) and ICT (9.7pp). Women are overrepresented in education and underrepresented in engineering and ICT accounting for less than 5% of total women enrolled in higher education. Since ICT salaries are much higher than in other professions, boys may be more eager to choose these higher paying professions given their expected role as family breadwinners.

*Figure 20. Share of women and gender gaps in higher education, pp*

Over the last years the share of women who choose to study ICT has slightly increased. Over the last few years, gender disparities in those areas of education that are considered more masculinized (the STEM subjects) have diminished. Between 2009 and 2020, the gender gap in STEM based fields fell from 36.61pp to 30.6pp.\(^{32}\) The proportion of women enrolled in higher education who chose a career in ICT increased slightly from 2017 to 2020 by 0.3 pp (from 2.0% up to 2.3%).

Women choosing ICT face multiple challenges. Although working in ICT can offer good benefits, such as high financial remuneration and the possibility of remote work,

\(^{32}\)https://progen.md/indexul-egalitati-de-gen-2021-care-este-nivelul-de-egalitate-dintre-femei-si-barbati-in-moldova/ (Annex 2)
few women study in STEM fields. A 2020 analysis\textsuperscript{33} established that this decision is influenced by a number of factors, such as the predisposition of parents to discourage girls from choosing a career in this area, the reputation of higher institutions of study, the ability of girls to finance their studies, and information about career opportunities in these fields. The same study revealed that under 20\% of female respondents knew about programmes and opportunities aimed at improving their knowledge and abilities in STEM areas. In rural areas this percentage is significantly lower.

\textbf{Figure 21. Dynamics in gender gaps by field of education – liberal arts and STEM based subjects}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{gender-gaps.png}
\caption{Dynamics in gender gaps by field of education – liberal arts and STEM based subjects}
\end{figure}

\textit{Source: Calculation based on NBS data; Gender Equality Index 2021 Moldova, CPD}

\textsuperscript{33} “Motivations and barriers for girls and women in STEM and ICT domains”, TEKEDU, Girls Go IT, UN Women, Sweden, 2020
Socio-economic status affects disparities in education with the most marginalized categories of girls and boys being more likely to underperform. The data generated by PISA 2018 highlight that household income affects children’s educational attainment. The research shows that socio-economic status has a significant impact on educational progress – disadvantaged students (those in the bottom quarter of the PISA socio-economic-cultural index) underperform in all subjects. Some recent research suggests that boys born to disadvantaged families have lower educational achievement and are less likely to complete high school than girls from similar backgrounds. This finding is valid also for Moldova. When comparing the reading performance of boys and girls by socio-economic group (the area where the biggest gender gap is registered) it can be observed that advantaged students considerably outperform those from disadvantaged categories, with boys being more likely to achieve less progress than girls (with a gender gap of 43pp). Gender inequalities for both disadvantaged and advantaged categories of students are higher in Moldova than the OECD average. Also, the percentage of boys among low achievers in the reading category is considerably higher than for girls (see the figures below). In Mathematics and Science, the gender gap in performance between boys and girls of a similar socio-economic status was not significant.

Figure 22. Gender gaps in the performance obtained in the field of literature according to the socio-demographic criterion of students, points.

Source: PISA 2018, OECD

Due to socio-economic vulnerability, every fifth student in Moldova is prone to not continue the educational cycle to the end. PISA 2018 results show that only 47.8% of students intend to continue their education by completing a tertiary degree, a much lower percentage than the OECD average (69%). Income status influences the expectation and eagerness of students to continue studying: only 21% of students from the bottom quarter of socio-economic status want to continue their studies, in comparison with 76.1% of those from the top quarter. Compared with the OECD average, students from Moldova are much more likely to aspire to a high-skilled job by not finishing a tertiary degree. In the case of students from the bottom quarter of the income distribution, this percentage is more than three times higher compared to those from the top quarter (63.3% compared with 18.7%). The comparison with the OECD average levels shows considerable gaps in this case too. Considering this, it is likely that students from Moldova, especially from vulnerable groups, are less informed about what educational qualifications are needed to meet real labour market demands.

Figure 23. Educational and career expectations among students from Moldova, %

Source: PISA 2018, OECD
Low enrolment of girls from vulnerable groups can be attributed to some extent to policy failure. The Concluding Observations on the sixth report on the Republic of Moldova of the Committee on Elimination of Discrimination Against Women highlights how the inaccessible infrastructure of schools and limited vocational study opportunities in rural areas might contribute to gender differences in education. The main conclusions of the sixth report refers to: (i) the limited number of women and girls with disabilities in mainstream and inclusive education, owing to the lack of accessible school buildings and facilities, as well as the lack of training on inclusive education for teachers and staff in schools; and (ii) the barriers faced by women and girls in rural areas in accessing vocational training, which continues to confine many women to unpaid domestic and care work.35

Figure 24. Educational profile of Roma and non-Roma women

<table>
<thead>
<tr>
<th></th>
<th>Literacy rates of people aged 16 and above</th>
<th>Literacy rates of people aged 16-24 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roma women</td>
<td>63</td>
<td>72</td>
</tr>
<tr>
<td>Roma men</td>
<td>77</td>
<td>78</td>
</tr>
<tr>
<td>Non-roma women</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

Average number of full years spent on education

<table>
<thead>
<tr>
<th></th>
<th>Roma women</th>
<th>Non-Roma women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average years spent on education (16-24 years)</td>
<td>4,1</td>
<td>10,9</td>
</tr>
<tr>
<td>Average years spent on education (25-64 years)</td>
<td>3,8</td>
<td>10,7</td>
</tr>
</tbody>
</table>

Source: NBS, 2011

Stereotypes related to Roma women and men have significant repercussions for Roma children’s enrolment in education and educational achievement. Despite some progress in offering equal opportunities to girls and boys to study and progress in empowering and building capacity programmes oriented towards the Roma population, Roma children still face a substantial degree of exclusion, especially Roma women and

girls. A 2016 study on the profile of Roma women and girls indicates significant differences regarding literacy rates and average years spent on education. The stereotypes that are maintained in society towards the Roma population, but also attitudes among Roma communities regarding gender roles in society, have significant repercussions on Roma girls’ enrolment in education.

**Social norms and financial deprivation in Roma communities may influence gender segregation in education and school retention.** According to the qualitative survey (focus groups organized with Roma women in March-April 2021), participants observed that even though Roma girls’ enrolment in education had improved in recent years, several factors still undermine their long term retention in school and willingness to pursue higher education. These include:

(i) **Social norms among youth** – “I noticed from my class where I was a teacher, in the 12th grade the girls who wanted to go to school were somehow blamed by the Roma boys in the class: How do you go to school like that?! But what are you going to do with the family? You must get married. Nobody will take you because you will already be old when you finish your studies.” “A few years ago, I had both a boy and a girl in my class. To my great surprise, they were in the 12th grade. Why? Because until the ninth grade, girls are taken and deprived of the right to learn, because they must prepare for home life, to support the family, to support the husband many times (...). If girls from an early age are deprived of the right to education, Roma boys have this right and can go to study, it already depends on the family, whether they want to leave or not. But girls are usually deprived of this right in the Roma ethnic group.” (35 years-old Roma woman).

(ii) **Parents’ willingness to encourage and support their child to study** – “It used to be said that: if I want, I go to school, if I want I don’t, but now everyone knows that it’s compulsory. It depends a lot on the parents. Even the parents stop them at home because they have no one to stay with the youngest children. To work occasionally during the day, someone needs to stay with the other children. They don’t understand that if you stop the child from school, this is very, very bad. And then I take them out of school and send them to work during the day. That depends a lot on the parent.” (Roma woman).

(iii) **Family’s financial wellbeing** – “We face financial problems. Most children who want to continue their studies, their parents are not in a good financial position to provide them with what is strictly necessary to continue their studies. If we talk about contract, host, clothes (...)” (30 years-old Roma woman).

**Roma women face significant gender inequalities in education.** According to the Council of Europe from 2018, there is a direct correlation between poverty and the low level of education of the Roma population. Roma live mainly in isolated rural settlements. School attendance decreases considerably upon promotion to the upper classes.

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36 Profile of Roma Women and Girls, UNDP, UN Women, UNECE, NBS

II. Endowments (Education)
It has been estimated that 47% of Roma children between the ages of 7 and 15 have not been enrolled in school. The participation rates of Roma children at all school levels are much lower than those of non-Roma children: a quarter at pre-school level, half at primary and secondary levels, and a fifth at high school level. Roma girls are disproportionately affected, with the result that only 63% of Roma women aged 16 to 24 have an education, compared to 99% of non-Roma women in that age group. In 2017/2018, of the 209 children who dropped out of school (55 in grades 1-4 and 154 in grades 5-9), 41 were Roma. Roma face major obstacles in primary education. They lag in school attendance and performance at all levels. Parents do not have the means to purchase school supplies, some migrate for seasonal work, others keep their children at home to help them at home or to care for their children. These conclusions were confirmed also by the Roma women who participated in the focus groups organised in March-April 2021. Some Roma children are also unable to register due to formal registration criteria requiring documents, such as birth certificates, that they do not have.

Persons with disabilities—girls, boys, women and men—are still exposed to some practices of exclusion in education. Since Moldova started to implement the Programme for Development of Inclusive Education 2011–2020, there have been some improvements in educational opportunities for children with disabilities, including girls. The programme aimed to contribute to ensuring equal opportunities and access to quality education for every child, young person and adult at all levels of the education system. In accordance with the findings highlighted in the study of the Council of Europe from 2018, most children with special needs and children with disabilities are integrated into mainstream schools. The NBS data show that, in the 2019/20 academic year, 9784 children with special educational needs and disabilities, both girls and boys, were enrolled in primary and secondary general education institutions in the country, including 9157 students enrolled in regular educational institutions and 627 students enrolled in schools for children with disabilities in intellectual or physical development. 7693 children with special needs and 1464 with disabilities were included in primary and general secondary education institutions. The share of children with special educational needs and disabilities who attend general purpose educational institutions has increased over the last five years by 2.6 pp and accounted for 93.6% in the 2019/20 academic year. Great efforts have been made to achieve inclusion in initial and continuous training of teachers and to develop pilot projects in accessible and inclusive schools, especially through non-governmental organizations. However, children with disabilities, including girls, are often excluded or discouraged from attending school, and many drop out of post-primary education. Approximately 60% of children with disabilities in the 3-6 age group are not in kindergartens and only a third graduate from school. Not many go to university.

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Limited access to education of children with disabilities, including girls, is a primary cause of low enrolment. The Joint Evaluation of the implementation of the Programme for Development of Inclusive Education 2011–2020 shows that educational institutions, at all levels, are only partially prepared to facilitate the access of children with disabilities (especially those with motor skills disorders, hearing and visual impairment), through access infrastructure. Both the qualitative data collected through interviews, focus groups and case studies, as well as the available quantitative data, indicate that institutions of general education, but also of early education and vocational and technical education, are only to a small extent adapted to the needs of children with SEN (special education needs), particularly children with disabilities.43

Vulnerable groups have much more limited access to adult education. Limited access to education is illustrated by the level of education of people with disabilities and Roma compared to the general population. A study developed by CPD in 201944 reveals that 80% of the Roma population does not have a specialty to allow a minimum qualification, which makes it difficult to be employed in a formal and productive way. The same study shows that men in vulnerable groups are more involved in learning activities than women. Among people with disabilities, women are 17pp less likely than men to participate in at least one form of education that results in a profession: 45.1% versus 62.7%.

Figure 25. Share of those who participated in learning activities (at least one form of education), resulting with a professional specialty.

<table>
<thead>
<tr>
<th></th>
<th>General population</th>
<th>Roma people</th>
<th>Persons with disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education</td>
<td>22,1</td>
<td>4,5</td>
<td>10,2</td>
</tr>
<tr>
<td>College diploma</td>
<td>14,8</td>
<td>2,7</td>
<td>13,1</td>
</tr>
<tr>
<td>Vocational school diploma</td>
<td>19,6</td>
<td>1,3</td>
<td>23,4</td>
</tr>
<tr>
<td>Diploma from the trade school</td>
<td>13,1</td>
<td>3,1</td>
<td>16,4</td>
</tr>
<tr>
<td>Courses</td>
<td>17,5</td>
<td>8,5</td>
<td>18</td>
</tr>
<tr>
<td>I have no formal studies in this specialty</td>
<td>40,9</td>
<td>79,8</td>
<td>45,5</td>
</tr>
</tbody>
</table>

Source: CPD/EEF 2019

43 https://www.unicef.org/moldova/media/5166/file/Joint%20evaluation%20of%20implementation%20of%20the%20Programme%20for%20Development%20of%20Inclusive%20Education%202011%E2%80%932020%20.pdf
A similar situation is faced by Roma women. The study developed by CPD in 2019 showed that 24.2% of Roma men attended learning activities (at least one form of education, see Figure 25) resulting in a professional specialty, compared to only 11.8% of Roma women. The figures highlight the double inequality faced by vulnerable groups, on the one hand, they are more disadvantaged in relation to the general population in terms of access to learning opportunities; on the other hand, inequalities also appear within the vulnerable group, with women being more marginalized in their studies. Among the barriers that influence limited access to lifelong learning are family responsibilities, reduced financial capacity, limited geographical access and barriers related to work (either the program does not coincide, or the employer does not encourage such activities).

Inequalities in education contribute to a vicious cycle for both men and women, which leaves women more socially excluded and vulnerable: (i) boys, who are less represented in higher education, are more likely to drop out of school in favour of informal work, which limits their social and medical insurance and life expectancy; (ii) people with lower educational attainment are more likely to hold traditional gender norms, which limits women’s labour force participation and therefore lifetime earnings; (iii) women’s financial deprivation contributes to gender-based violence and marginalization. Effective policy measures aimed at diminishing gender inequalities in education would thus likely also help stem the feminization of poverty.

POLICY RECOMMENDATIONS

1. Improve the curricula, at all stages, from the perspective of inclusion and gender equality. As was highlighted in the Concluding Observations on the sixth report on the Republic of Moldova of the Committee on Elimination of Discrimination Against Women, it is important that the curricula do not integrate texts and images that perpetuate stereotyped practices with reference to the roles in society of women and men. At the same time, to contribute to the education of children in a more inclusive and tolerant way towards the more often marginalized categories in Moldovan society, it is important that all educational materials have a more inclusive and non-discriminatory approach. This could be facilitated by developing a guide to address the principles of inclusion and gender equality in textbooks used in the educational process (regardless of the educational cycle). Teachers, including in rural areas, should also be provided with ongoing training and material support in the field of inclusion and gender equality.

45 Ibidem, page 14
46 According to the latest data of NBS, in 2020 there were 1,223,000 thousands of men were occupied in informal work, which is twice as high the women’s number with the same status: https://statbank.statistica.md/PxWeb/pxweb/ro/30%20Statistica%20sociala/30%20Statistica%20sociala__03%20FM__03%20MUN2019__MUN040/MUN140200.px/table/tableViewLayout1/?rxid=b2f27d7-0b96-43c9-934b-42e1a2a9774
47 Gender Equality Index 2021 for Moldova, CPD
2. Implement a more ambitious effort to ensure that all educational infrastructure is accessible. To offer equal opportunities for all girls and boys to attend different educational courses, the authorities should assess the level of accessibility of all educational institutions from the perspective of infrastructure and informational materials and allocate a budget to enable these to be adapted to meet the needs of various categories of persons, especially persons with disabilities. As highlighted in this report, accessibility is one of the main issues that contribute to inequalities in education, which primarily affects girls and boys with disabilities.

3. Implement programmes among girls and boys aimed at reducing gender segregation in professions. Although Moldova has made progress in recent years in diminishing gender segregation in education and occupation, significant inequalities persist. In this regard, it is important to implement initiatives and programmes aiming at encouraging girls and boys to choose non-traditional fields of study and career paths.

4. Expand vocational education opportunities in rural areas, so that girls and women can be integrated into the continuing education process. This recommendation was highlighted in The Concluding Observations on the sixth report on the Republic of Moldova of the Committee on Elimination of Discrimination Against Women regarding girls’ and boys’ attendance in education. The report emphasizes the importance of authorities’ interventions with specific measures that will target the barriers faced by girls and women from rural areas in accessing vocational training.

5. Review the curriculum to provide more choice for the flexibility of study, especially for parents with young children. The flexibility of the educational system refers to the possibility of those who study or want to study to adapt their learning path to their interests and abilities. Greater flexibility would allow everyone to benefit either from having longer to complete their studies or from having the option to attend courses taught through alternative/hybrid methods (e.g. distance learning), or benefiting from other flexible methods aligned with student needs.50

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Gender inequalities in health are significant and persistent. A national gender equality index which measures gender inequality across six impact areas from 0 (no equality) to 100 (perfect equality) put the level of equality in 2021 at 64. Based on the index movements over the last five years, the level of inequality in health has been (for the most part) increasing. As such, the level of gender inequality in 2021 in health was higher compared to 2016. This indicates the need for appropriate, ambitious and gender sensitive policy interventions.

At the macro level, men are more impacted by gender inequalities in health. Although declining, since 2014 the gender gap in life expectancy (measured as years, female life expectancy – male life expectancy) has been persistently higher than 8 years. The gender inequality in mortality rate (measured as the mortality rate of men/mortality rate of women) has been growing except for the last year for which the data are available. The gender inequality in infant mortality rate displays the same overall tendencies.
With few exceptions, inequalities in death rates have increased over the last five years. The figure below illustrates three key complementary perspectives of gender health inequalities: (i) gender inequalities in death rates are significant (a significant number of inequalities exceed the factor of one); (ii) gender inequalities except for deaths from infections and acute pneumonia have increased; (iii) the most significant gender inequalities and those that increased the most are deaths from accidents, injuries and homicides. Even though all death rates are linked to behaviour (see below), the gaps are clearly linked to gender differences in behaviour.
Gender inequalities death rates for main causes of death (male death rate/female death rate). Age cohort 35-59 years

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Male Death Rate</th>
<th>Female Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections and parasitic diseases</td>
<td>3.03</td>
<td>3.94</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>1.64</td>
<td>1.70</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>2.54</td>
<td>3.20</td>
</tr>
<tr>
<td>Cardiac infarction</td>
<td>4.87</td>
<td>4.93</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>4.37</td>
<td>5.22</td>
</tr>
<tr>
<td>Acute pneumonia</td>
<td>2.85</td>
<td>4.33</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>1.57</td>
<td>1.85</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>1.4</td>
<td>1.67</td>
</tr>
<tr>
<td>Congenital malformations, deformations and chromosomal</td>
<td>1.70</td>
<td>2.25</td>
</tr>
<tr>
<td>Accidents, poisoning and injuries</td>
<td>5.11</td>
<td>6.42</td>
</tr>
<tr>
<td>Self-inflicted injury</td>
<td>7.77</td>
<td>8.45</td>
</tr>
<tr>
<td>Assault, homicides</td>
<td>3.02</td>
<td>5.79</td>
</tr>
</tbody>
</table>

Source: CPD calculations based on National Bureau of Statistics data

**Behavioural risk factors are more gendered compared to biological risks.** A recent gender analysis of STEPS data\(^{51}\) has identified that a significantly higher share of men (35.2%) has three or more risk factors compared to women (25%). The analysis concludes that men and women engage differently in risky health behaviour. Compared to women, the prevalence of behavioural risk factors is higher among men—more men are tobacco users, consume alcohol excessively, and have an unhealthy diet by eating processed food, using excessive salt and easing less fruit. The same trend is not found for the biological factors. Prevalence is higher among women for obesity and high cholesterol risk factors while for other biological risk factors like raised glucose or blood pressure gender differences are not significant. The analysis identified different risk factor trajectories over the life-course of men and women. Prevalence for women with biological risk factors ends higher than men, even if it starts lower. For example, prevalence for men in the 18–29 age group is 39.6% compared to 25.0% for women, but in the 60–69 age group, prevalence for women is 85.2% compared to 67.5% for men. This gender life-course inequality speaks to lower access to health care services for women in this cohort that tend to be poor or near poor and from rural areas.

\(^{51}\) *Gender and noncommunicable diseases in Moldova: analysis of STEPS data, WHO, 2020*
Gender differences in behaviour help explain gender inequalities in death and mortality rates. Compared to other socio-economic factors, gender is the main explanatory factor underlying the prevalence of behavioural risk factors (see figure below). However, differences within groups of men and women are still relevant. For example, more men from rural areas have experienced heavy drinking episodes, while more women from urban areas are smokers. The prevalence of these risk factors is higher among lower educated and low income and unemployed men and women. These multiple inequalities need to be further understood, recognized and be at the core of the health policy framework going further.

Figure 29. Prevalence of smoking and heavy drinking among men and women

Source: Gender and noncommunicable diseases in Republic of Moldova. Analysis of STEPS data. WHO Regional Office for Europe; 2020

A significant share of vulnerable women does not have full access to health care services. The unmet need for health care services is generally larger among women. Gender inequality in access to healthcare services can be also determined by low addressability of men: according to NBS data, only 19.1% of men used health care services in 2016, compared to 29.3% of women. As mentioned above, the life-course

52 Access of population to health services, National Bureau of Statistics, 2017
Vast numbers of women in Moldova lack decision-making power over their own sexual and reproductive life. Good sexual and reproductive health is a state of physical, mental and social well-being. It implies that people can have access to healthcare, a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. According to available World Bank data, the proportion of women in Moldova aged 15-49 years (married or in union) who can make their own decision on sexual and reproductive health (can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care) is about 73%. About 1/3 of women (27%) have no sexual and reproductive autonomy yet, which increases their health vulnerability. Compared to Western Balkans and Eastern Partnership countries (with similar economic and social development) Moldova goes to the list end, alongside Albania, in terms of proportion of women empowered to make such decisions for themselves.

Source: Gender and Generations Survey 2020

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54 Only women who provide a “yes” answer to all three components (can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; decide on their own health care) are considered as women who “make her own decisions regarding sexual relations and reproductive health care”.
Sexual and reproductive autonomy is lower among women and girls from vulnerable groups. Age, level of education, access to information, and marital status are some of the factors that determine the decision-making power of women in Moldova over their sexual and reproductive health. Young women (15-19 years old) are most vulnerable in this regard, which means that the Government needs to invest more resources in reproductive health education and support.

Source: World Bank

Sexual and reproductive autonomy, %

<table>
<thead>
<tr>
<th>Residence</th>
<th>Age</th>
<th>Education</th>
<th>Marital status</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>74</td>
<td>68</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: Gender and Generations Survey 2020
Only 4 in 10 women of reproductive age in Moldova use modern contraceptives for family planning. The contraceptive prevalence rate (CPR) is about 53% for any method used and 42% for modern methods. In the last decade the use of contraceptives did not increase significantly. More educated women are more likely to use contraception than women who are less educated. These differentials exist for both the use of any method of contraception and that of any modern method of contraception. The most popular contraception methods are condoms, intrauterine device and pills (Gender and Generations Survey 2020).

*Figure 33. Use of contraceptive in Moldova, women aged 15-49*

Contraceptive prevalence rate, 2021*

<table>
<thead>
<tr>
<th>CPR, any method</th>
<th>CPR, modern method</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>64</td>
</tr>
<tr>
<td>42</td>
<td>50</td>
</tr>
</tbody>
</table>

All women Married or in a union

Contraceptive prevalence rate in dynamics

<table>
<thead>
<tr>
<th>Year</th>
<th>CPR, any method</th>
<th>CPR, modern method</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>43,7</td>
<td>43,9</td>
</tr>
<tr>
<td>2005</td>
<td>43,9</td>
<td>43,9</td>
</tr>
<tr>
<td>2012</td>
<td>41,7</td>
<td>43,9</td>
</tr>
<tr>
<td>2020</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

Europe and Central Asia (excluding high income)

Source: *UNFPA data, 2021; World Bank

The current need for modern, client-centred family planning methods and sexual and reproductive health services remains unmet. Less than half of women of reproductive age in the Republic of Moldova use modern contraceptive methods. This rate is even lower among young people. Unmet need for contraception is associated with age, educational status, awareness on family planning and level of wages. Educational campaigns to promote contraception should prioritize young women, women of middle age and low educational status.
Figure 34. Unmet need for family planning, women aged 15-49

Unmet need for family planning

<table>
<thead>
<tr>
<th></th>
<th>All women</th>
<th>Married or in a union</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>

Unmet need for contraception and unintended pregnancy are important public health concerns. Although the association between unmet need for contraception and unwanted pregnancy is not well enough studied, some international studies suggest a correlation between these two elements. Pregnancy among teenagers (under 16 years old) is still high in Moldova. In 2020 the share of pregnancy interruption in the 15-19 age group accounts for about 6% of total abortions among women of reproductive age in Moldova. These women and girls experience multiple adverse outcomes due to unintended pregnancy, such as interruptions in education and professional life, marginalization and poverty.

Source: UNFPA data; Gender and Generations Survey 2020
Unintended pregnancy rates are highest among women who are low income or have a low level of education. Low awareness among vulnerable populations about their rights to benefit from free-of-charge modern contraceptives in primary health care facilities and low access to reproductive services are some of the reasons behind unintended pregnancy. By decreasing unmet need, governments also will decrease unwanted pregnancies, which occur disproportionally among the poor and may also have a significant impact on poverty status.
Women and girls from vulnerable groups have less access to reproductive health services. Among the groups with increased vulnerability, adolescents and young people are most exposed to dangerous sexual behaviours and need a special attention. To address the needs of young people in terms of sexual and reproductive health the Government has created a network of 41 Youth-Friendly Health Centres in Chisinau and Balti municipalities and district centres of the country. Within these Centres, young people can benefit from services adapted to their specific needs for free: information services, training, medical services and psycho-social support. Condoms and oral contraceptive pills are offered at youth-friendly health centres free of charge. For many years UNFPA was the only provider of contraceptives, but the state has slowly been taking over: since 2015, costs of contraceptives are covered from the funds of the National Health Insurance Company to increase the access of population with special needs to sexual and reproductive health services. Primary health care facilities ensure the procurement of medical devices, contraceptives, including emergency contraceptives for the target population in the district: sexually active adolescents, especially those in state of vulnerability and risk, young people from vulnerable and risk groups, women of reproductive age from vulnerable groups.

Women with disabilities: A CPD survey on main inequalities in Moldova shows that households in which people with disabilities live have a higher addressability to healthcare services compared to other households. However, a significant share of them still has limited access to such services: in 2019 about 48% of people with disabilities did not go to a doctor, even if they needed to. Affordability of health services and transportation are two main reasons why people with disability do not receive much needed healthcare. They are unable to afford healthcare services or medicines due to their low income. Physical barriers are another reason behind the low accessibility of health services. Uneven access to buildings (hospitals, health centres), inaccessible medical equipment, poor signage, narrow doorways, internal steps, and inadequate bathroom facilities create barriers to healthcare facilities. Women with mobility difficulties are often unable to access breast

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55 Unequal Moldova: Analysis of the most relevant inequalities in the Republic of Moldova, CPD, 2019
56 Focus-group conducted in June-July 2021 (women with disability)
and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand. A lack of accessible gynaecological chairs prevent women with disabilities from accessing quality sexual and reproductive health services\textsuperscript{58}.

**Roma people** have the lowest access to health insurance in Moldova (48% compared to 72% of non-Roma people). This is mainly determined by occupational status and government health policies: many Roma people are not eligible for public health insurance because they are not listed as employed or officially unemployed, which is a precondition of eligibility. Usually, men and young people tend to be involved in the informal economy, which increases their social and health vulnerability. Informal payments also discourage Roma people from receiving medical services (over 20% used informal payments to seek health services in 2019). Since many Roma people live in low-income households, informal payments increase their financial vulnerability and reduce their access to medical services. Access of Roma people to healthcare services is also limited by direct discrimination by health care providers: individual interviews reveal that Roma people face direct discrimination in hospitals and other health care institutions. Direct discrimination can manifest itself as an outright refusal to care for Roma patients or, more subtly, the provision of inferior care. For example, when young Roma women meet health institutions, they face problems, like segregation in maternity care departments. Discrimination perpetuates mistrust and fear of the health establishment\textsuperscript{59}.

**Older women** still face important barriers in accessing healthcare services. Cost appears to be one of the major factors associated with lack of access to care. The CPD survey suggests that poverty and monetary deprivation (inability or reduced ability to procure medicines) increases with age and is higher among women (68% for older persons, 54.7% for women). The simplest explanation is that the share of older persons is higher among women and that women have less income, which makes them more vulnerable. According to focus-group interviews, many old women delay care because of cost. Out-of-pocket expenses and informal payments are the greatest financial burden for older people.\textsuperscript{60} Additionally, the mistreatment of older people by care providers is an important barrier to accessing health services. Older women taking part in focus group discussions reported that public health providers utter discouraging remarks, such as, “You are not sick, your problem is old age”.

For many **survivors of domestic violence**, access to healthcare is a vital part of healing and self-determination. Violence has serious short and long-term consequences on women’s physical and mental health, as well as on their personal and social well-being. Women survivors of domestic violence report a lack of specialized healthcare services and psychological counselling for abused women, which may worsen their mental health.\textsuperscript{61}

\textsuperscript{57} Individual interview conducted in June-July 2021 (woman with disability, local councillor)
\textsuperscript{58} Individual interview conducted in June-July 2021 (woman with disability, trainer, member of a political party)
\textsuperscript{59} Focus group conducted in June-July 2021 (Roma women)
\textsuperscript{60} Focus-group conducted in June-July 2021 (older women)
\textsuperscript{61} Individual interview conducted in June-July 2021 (woman, survivor of domestic violence)
LGBTQI people face specific obstacles when it comes to accessing many of their rights, including right to health. They often face discrimination in health care based on gender identity and sex stereotypes. Respondents taking part in focus-group discussions revealed mistreatment and inappropriate behaviour of healthcare providers and a lack of security, especially in state institutions. Women face a specific form of discrimination and mistreatment. They often are reminded by healthcare practitioners about women’s “duty” to give birth, implying that this may solve their health problems.

POLICY RECOMMENDATIONS

1. **Implement measures to reduce alcohol consumption.** These involve: (i) regulation of anti-alcohol measures, such as an increase in taxes (25%-50%), a ban on alcohol advertising, restrictions on alcohol sales (for example, banning the alcohol sales within the national roads, gas stations, on weekends and at night); and (ii) allocation of additional resources for development and implementation of prevention and education services for young people to reduce alcohol consumption.

2. **Expand access to sexual and reproductive care and contraception services.** The contraceptive use rate among women is only 31.6%. Contraceptive services must become a key component of integrated sexual and reproductive health policies. The National Health Insurance Company should integrate modern contraceptives in the list of reimbursed medicines. At the same time, it is important that all health institutions ensure access for women with locomotor disabilities to institutions where adapted gynaecological armchairs exist, as well as other diagnostic medical equipment.

3. **Increase access to health services for vulnerable groups by:** (i) providing people with disabilities and older people with free dental care in case of emergency and chronic dental problems; (ii) including consumables (like dressing material, syringes, insulin dispensers, stomata, diapers, etc.) in the compensated package for older people and those with severe disabilities and incurable diseases, which require home health care; (iii) doubling the financial resources allocated to ensure accessibility to medical and spa services in accordance with national construction standards.

4. **Expand community mental health services,** so that the coverage rate will not be less than 80% by the end of 2023. Older people should also benefit from these programs/services.

5. **Develop of geriatric services, long-term and palliative care services.** Integration of “geriatric” services in the UNIC Program, with coverage in the spectrum of medical services, reimbursed medicines, etc. Defining the system of integrated social and medical services, which should be focused on people’s needs.

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62 Focus group conducted in June-July 2021 (LGBTQI representatives)
**IV. FEMINISATION OF POVERTY**

**Women are increasingly become poorer.** Feminization of poverty refers to a trend of increasing inequality in living standards between men and women due to the widening gap in poverty between women and men. The poverty rate among female headed households started to increase in 2018 and in 2020 diverged significantly, most likely due to measurement changes by the NBS and the fact that some female headed households in rural areas received less remittances at least during the periods of hard lockdowns in destination countries. In absolute terms, the NBS estimates that 54% of the poor in 2019 were women.

*Figure 37. Poverty rate among households and general population.*

Source: National Bureau of Statistics; (i) As of 2019 the time series is interrupted

Self-assessed poverty is consistently higher among women. Poverty self-assessment refers to respondents assessing if the income they have is enough to cover basic necessities of the persons and the household. Data covering 20 years\textsuperscript{64} (see below) on self-assessment of income indicates a higher level of female poverty.

**Figure 38. Self-assessed poverty.**

Share of men and women considering their income insufficient to cover bare necessities

![Graph showing share of men and women considering their income insufficient to cover bare necessities from 2001 to 2020.](http://bop.ipp.md/)

*Source: Public Opinion Barometer, IPP, 2001-2020*

Retirement is one of the key channels of feminization of poverty. The data generated by the Generations and Gender Study 2020\textsuperscript{65} reveals some differences between men and women regarding financial deprivation when proxy indicators, such as the inability of a household to make ends meet and total household net income less than 3000 MDL/month, are assessed (see figure below). The feminisation of poverty is characteristic of Moldova. The figure below highlights that women aged 60+ years are the most vulnerable group. The research shows that around 50% of women of 60+ years report difficulties covering the main living expenses, and close to 40% specified that they have a net income less than 3000 MDL/month. The data speaks to the fact that one of the main channels of feminization of poverty in Moldova is retirement, which is a culmination of life long financial deficits stemming mainly from late entry/early exit from the labour force with frequent and prolonged care related pauses.

\textsuperscript{64} http://bop.ipp.md/

\textsuperscript{65} Ministry of Health, Labour and Social Protection of the Republic of Moldova, National Bureau of Statistics (survey sample), UNFPA, NIDI-GGP (as partner and distributor).
Lifetime financial inequities affect gender differences in pensions. Gender inequalities in pensions measures the difference between the average male and female pension. After an upward evolution of the gender gap in pensions in the last seven years, 2020 showed some signs of improvement. Overall, the difference between the average pension of women and men has decreased in the last year by about 1pp, reaching the value of 20.7%. However, expressed in monetary terms, the annual financial loss of a retired woman is significant and averaged at 5,354 MDL (the amount shows how much a woman’s average annual pension was lower than a man’s at national level). Therefore, pay inequalities (regardless of the factors that determine them) have a direct impact on the value of pensions that women and men will receive at the retirement stage.

Considering this, retired women, especially from rural areas, are more likely to be poor. In 2020, the discrepancy in the average pension of women and men was estimated at about 32% in Chisinau, exceeding by 11pp the national average.

In monetary terms, retired women in Chisinau benefited in 2020 from an average annual pension of 12,504 MDL lower than men, being twice higher than the national average annual level. These differences are determined by several factors: (i) the employment rate of women in rural areas is lower than in urban areas, which later affects the amount of their pensions; (ii) due to policy choices such as a lower retirement age and lower contributory period for women (iii) long periods of childcare are counted into contributory period but until recently at the minimum wage equivalent. Although in 2021 the Parliament adopted several law adjustments regarding retirement, these do not apply retroactively, so the impact of these changes on gender will be observed in upcoming years.

**Figure 40. The dynamics of gender inequality in pensions in Moldova, in annual monetary value and %**

![Gender difference in pensions, Moldova](image)

Source: CPD calculations based on data from the National Bureau of Statistics, 2020

**Care responsibilities are the second channel for the feminization of poverty.**

In households with greater care needs (households with at least three children) the poverty rate is considerably higher (see the figure below). The latest NBS poverty show that among households with three or more children, the poverty rate is 42.1%, compared to 20.9% among households with one child. Greater need of care most likely results in fewer opportunities for productive work especially for women (considering more involvement of women in childcare activities, see the figure below), which results in greater lifelong financial deficit and thus puts women at greater risk of poverty in retirement.

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In 2019, the Parliament approved changes regarding the reflection of non-contributory periods (such as childcare leave up to 3 years) in the calculation of the pension. Thus, the basis for calculating the pension is already the average monthly insured income instead of the minimum monthly insured income. This step is an important one to overcome certain gender inequalities in retirement. However, we cannot exclude that until this change a cause of gender inequalities in retirement was provision with reference to non-contributory periods, which were calculated at the minimum monthly salary.

**Roma men and women are at significant risk of poverty.** Based on the study “Roma girls and women profile,” Roma women are characterized by low levels of activity and employment, high unemployment and incidence rates in informal activities and sporadic and low incomes. Also, the ethnic and gender gaps within these indicators are strongly pronounced. Only 28% of Roma women aged 15-64 are active, 1.9 times lower compared to non-Roma women (53%) and 1.5 times lower compared to Roma men (42%) from the comparative age group. The employment rate of Roma women is even lower (16%) being about 2.7 times lower than that of non-Roma women (43%) and about 1.8 times than that of Roma men (28%). Reduced employment problems are even more acute among young Roma women aged 15-24, where that rate is only 12%, being more than half lower than that of non-Roma women (25%) and about 1.8 times than that of young Roma men (19%). Because of work in the informal economy, the monthly income of Romani women is highly insecure and frequently insufficient to cover basic needs.

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IV. Feminisation of poverty

POLICY RECOMMENDATIONS

1. Improve pay policies, so that the principle of equal pay for work of equal value is envisaged in labor legislation and properly implemented. The Moldovan context regarding the inequalities in labour market, specifically related to payment, and the international practices in this regard\(^1\), highlights the need to adjust the working legal framework to promote equal opportunities for women and men in terms of pay and to diminish women’s greater exposure to poverty. It is necessary (i) to clearly define in the legal framework the principle of equal pay for equal work or work of equal value, (ii) to complete the legal framework with provisions and measures that ensure the pay system is transparent and to oblige employers of all levels to apply employment mechanisms of fair evaluation of functions, and (iii) to institutionalize the mechanism for evaluating functions in terms of gender.\(^2\)

2. Implement policies that improve work life balance so that women with children have equal access to the labor market. Priority actions are to: (i) increase access to early education services by expanding public nursery services and opening up alternative childcare services by employers, (ii) implementing measures aimed at encouraging both parents to benefit from childcare leave, and (iii) increasing the efficiency and accessibility of extended after-school education programs.\(^3\)

3. Eliminate the provisions of the Labor Code that disadvantage the employment of persons of pre-retirement and retirement age. In particular, this refers to art. 86, which provides the conditions for dismissal of employed persons, namely p. 1 (y’) that provides the employee’s possession of the retirement status for the age limit. The analysis of this provision in the light of the age and gender criteria of employed persons allows us to consider that this stipulation is discriminatory and to the detriment of women. In the situation when in Moldova the retirement age limit of women is lower than that of men, this provision leads to a faster withdrawal of women from the labour market. In this context, the repeal of this provision of the Labor Code is recommended, in order not to maintain an exclusive practice especially of women of pre-retirement and/or retired age. In addition to the fact that women tend to retire earlier than men, this inactivity is also determined by gender stereotypes perpetuated in society with regard to the role of care, as well as the insufficiency of early education services for children (grandchildren), the provision of the Labor Code respectively creates even more accentuated premises of inequity in labor relations.

4. Expand and improve services to increase employment among the most marginalized groups of women. Employers need to take action to provide equal oppor-


\(^2\) ibidem
opportunities for people with special needs, both in terms of infrastructure and internal policies and processes. Moldova has a legal framework that provides measures to support employers in the process of reasonable adaptation of the workspace and that methodologically describes the subsidy programs for this purpose. However, the small share of people with disabilities who are employed determines the need to review and improve the given conditions. To improve this, Moldova should: (i) increase the number of staff working in the territorial subdivisions of employment responsible for the implementation of subsidy programs; (ii) increase the financial resources from the public budget allocated to the given programs; and (iii) simplify and streamline the subsidy program to encourage more employers to make jobs more accessible in order to increase the inclusion and integration of people with disabilities in the labor market. This will also contribute to the supply of labor. Considering the financial deprivation of Roma women, it is essential to develop a national mechanism to encourage employers to employ a bigger number of Roma people, and to invest in programmes aiming at training, professional development and empowerment of Roma women and girls.

5. Expand decent work opportunities, especially in rural areas. Given the low employment opportunities in rural areas, it is essential to continue allocating resources to support developing economic sectors in the areas with the lowest women’s employment rates. In addition, it is recommended that the internal regulations and procedures of economic entities be developed so that they meet the minimum standards necessary to ensure equal opportunities for women and men in the workplace, namely in: (i) recruitment and employment; (ii) training and lifelong learning; (iii) promotion; (iv) remuneration; (v) work and life balance; (vi) safety at work.

https://www.legis.md/cautare/getResults?doc_id=122876&lang=ro#
V. EMPLOYMENT

At the regional level Moldova is an outlier country in terms of low female employment. In the 2nd quarter of 2021, the general employment rate of the population in Moldova was about 40%, which is far below EU rates. The low employment rate can be explained on one hand by migration practices in Moldova, particularly among men, who migrate outside the country to seek work and, on the other hand, by women’s inactivity in the labor market. Data show that Moldova has the lowest women’s employment rate in the EU, EaP (Eastern Partnership) and Balkans region, alongside Armenia and Kosovo. The share of young women neither in employment nor in education and training (NEET) was among the highest in the region at 24%.

Figure 42. Employment to population ratio, 15+, ILO modelled estimates, 2019, %

![Graph showing employment to population ratio](https://statistica.gov.md/newsview.php?l=ro&idc=168&id=7115)

Source: World Bank, ILOSTAT database

Moldova has the highest prevalence of inactivity among women in the region. Even if the gender gap is smaller than in other countries, the inactivity rate in Moldova is among the highest both in Western Balkan and EaP countries, with a visible impact on women (figure 41). Among the main factors contributing to high female inactivity are family responsibilities, a lack of affordable or available childcare, inefficient family-friendly policies, and low employment opportunities in rural areas. The incidence of inactivity in the EU peer countries is also higher among women, but gender differences are smaller.

Gender inequalities in the labor market have increased over the past years. Despite efforts in reducing gender inequalities in the labor market, gender gaps in employment rates persist and have increased in the last two years. The gender gap in employment was about 10 pp in 2020. There are various cross-cutting reasons behind the low rates of labor force participation and employment of women. Women still have less access to economic opportunities and less control over economic resources than men due to a range of social, legal and political inequalities. Gender-based division of paid and unpaid labor and gender roles shaped upon this division play a significant role. Women are often expected to undertake household and care responsibilities to the detriment of their career/professional life.
Women from vulnerable groups have even lower labor market employment rates. The CPD survey\textsuperscript{77} shows that public policies do not provide sufficient solutions and employment opportunities for all groups of the population, especially for those vulnerable (Roma people, disabled people, older people etc). The Roma population’s employability is at the lowest level, the employment rate being about seven times lower than in general population (6.4% versus 40.9%) (see figure 43). Data on gender ine-

\textsuperscript{77} Calea incertă spre calificarea adulților: o analiză a inegalităților de învățare pe tot parcursul vieții în RM, CPD, 2019

Source: National Bureau of Statistics
quality in the employment rate of Roma people may vary from one source to another, but the trend is similar: Roma women have a lower employment rate than men and face a higher incidence of unemployment. This is largely determined by the traditional gender roles that are strongly rooted in Roma culture. Early marriages and care responsibilities strongly influence their presence on the labor market.

The employment rate of people with disabilities is about four times lower than in the general population. Men are less economically active than women due to their often engagement in informal economy. NBS data\(^78\) show that one third of disabled persons are engaged in agricultural activities which are usually less paid and less socially secure (figure 43). According to interviews with persons with disabilities and Roma, these groups frequently face marginalization and discrimination practices both at the recruitment stage and workplace.\(^79\) Employers need to take actions to provide equal opportunities for people with special needs, both in terms of infrastructure and internal policies and processes. The Moldovan legal framework\(^80\) provides measures to support employers in reasonable adaptation of the workplace (subsidy programs for employers). However, the small share of employed people with disabilities suggest that these measures need to be reviewed and improved, through: (i) increasing the number of staff working in the regional employment departments responsible for the implementation of subsidy programs; (ii) increasing the public financial resources allocated to these programs; and (iii) simplifying and streamlining subsidy programs to encourage more employers to make jobs more accessible for people with disabilities, thus contributing to greater inclusion and integration.

*Figure 45. Occupational status, by gender and social groups, %*

![Occupational status chart](chart.png)

*Source: Center Partnership for Development (CPD), 2019*

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\(^79\) Individual interviews conducted in June-July 2021 (Roma woman, local councillor, woman with disability, trainer)

\(^80\) Law on promotion of employment and unemployment insurance
Women from rural areas have less access to labor opportunities. Mapping the population from the perspective of access to employment opportunities and involvement in family care work highlights four major clusters: groups with limited access to the labor market due to high involvement in family care work (quadrant I), groups that have to reconcile work and family responsibilities (quadrant II), groups that are marginalized on the labor market (quadrant III) and groups that have increased access to economic opportunities. Cluster I refers to groups that cannot access the labor market being highly involved in family and children care. These are mostly women from rural areas with a low level of education. The lack of quality job opportunities, poor transport facilities and low levels of entrepreneurship and business skills are some of the reasons behind the high levels of female unemployment in rural areas.

Figure 47. Occupational status, by sex and socioeconomic status, %

Source: Generations and Gender Survey, 2020
Care responsibilities seem to be one of the main reasons behind women’s low participation on labor market. Household and family care are likely barriers to labor force participation, especially for women, who disproportionately take on unpaid caregiving responsibilities. The analysis of women’s occupational trajectory throughout their lifetime shows a clear trend. Their inactivity reaches maximum levels in the reproductive period (15-34 years old) and in retirement age (55+ years old), when the employment rate decreases by about 30pp. The care burden becomes more intensive in these periods due to childcare needs and the older persons and family care needs at the later ages. Despite the global aging of population, in Moldova there are no long-term care systems in place (LTC services/programs). Traditionally, the care needs of older, sick or disabled people are met within the family and most such carers are women. The high level of inactivity among young people can be explained (besides the childcare responsibilities) by a longer stay in education and by the likelihood that they adjust the start of their working lives according to the situation of the labor market (e.g., by extending their training when labor market conditions are tight). Usually, the transition from school to work often takes up to two years.

Figure 48. Women’s occupational trajectory throughout their lifetime, %

Source: National Bureau of Statistics

81 Aging and Long-Term Care Systems: A Review of Finance and Governance Arrangements in Europe, North America and Asia, World Bank, 2017
Since work life balance becomes more and more difficult to achieve, women tend to stay out of the labor market for long periods. Childcare challenges have long since been a barrier to work. A recent analysis on alternative childcare solutions reveals some important barriers for women with children to be economically active:\(^{82}\) (i) low access to pre-school education services due to limited places in nurseries or kindergartens, working conditions (schedule), their territorial distribution; (ii) a small number of institutions in Moldova that could provide pre-school education services that meet health and education standards; (iii) legislative gaps that make it difficult for parents, especially for women who are the main child carers, to integrate into the labor market: a) lack of normative provisions in the Code of Education that would require the Government to create pre-school education institutions or would stimulate the founding of such institutions by the private sector, b) extremely rigid regulatory and technical requirements (Standard Regulations) that make it almost impossible for employers or other private stakeholders to develop pre-school services at the workplace (day centres, nurseries or other pre-school services, c) the public-private partnership, although provided in the legislation, is not well regulated (bureaucracy, financing), etc. Although several legislative amendments were approved in recent years to improve family friendly policies, women still face barriers when ensuring work and life balance. Several policy challenges prevent parents (especially women) from being economically involved and achieving their career and fertility aspirations:

<table>
<thead>
<tr>
<th>LEGAL PROVISIONS</th>
<th>EXISTING CHALLENGES</th>
</tr>
</thead>
</table>
| **CHILDCARE LEAVE** | Despite these legislative changes, parents are still struggling to benefit from the new amendments. Although they have two options for the childcare leave period, with the right to benefit from the full amount of the allowance regardless of the chosen period, there is no increase in the number of those selecting 2.2 years leave (which would allow them to return faster to the labor market). The number of institutions providing pre-school education services that meet health and education standards is insufficient, making it difficult for parents to select the option that provides a shorter period of childcare leave. According to NBS data, in 2018 only 21.9% of children aged 1-2 years old of the to-

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\(^{82}\) How to create family-friendly jobs? 4 alternative childcare options that can be provided by employers. CPD, UN Women, 2020  
\(^{83}\) Law on Temporary Disability Allowances and Other Social Insurance Benefits  
**ACCESS TO PRE-SCHOOL SERVICES (NURSERIES)**

In November 2018, several amendments were approved to the Education Code[^85] to change the enrolment age of children in nursery (0-2 years) and kindergarten (2-6 /7 years) (art. 20). Additionally, the Government took the commitment to develop and approve the Nursery Extension Program by 2020.

Despite these amendments, less than a half of Moldovan employees benefit from at least some form of flexible work schedule, most of which is decided by the employer. Moreover, the new provisions do not provide access to flexible working arrangements for all employees, but partly for those who take care of children or adults in need. There is no obligation for employers to provide equal access to flexible working hours to all women and men employed within the company he/she manages, thus ensuring equal access to benefits in the labor market. According to the new provisions, the employer decides on whether to accept flexible working arrangements (including remote work). This has a reasonable basis if there are certain functions and areas of activity that are incompatible with this flexible work schedule. However, it may create space for violation of this right by employers. According to qualitative research[^86], employers face difficulties of monitoring employees who work outside the workplace, which decrease their willingness to provide flexible working arrangements.


[^86]: Interviews conducted in June-July 2021 (employers)
Low availability of childcare facilities and inefficient family-friendly policies increase gender inequalities. NBS data show that the employment rate of women with at least one preschool child is 20% lower than of those with no preschool children, which makes it one of the most significant differences in the European region. Women are much more likely than men to give up paid work or cut hours after becoming a parent. Data provided by the Generation and Gender Survey 2020 show that the share of women with pre-school children involved in paid work is about 2 times lower than that of men. Moreover, about 50% of mothers with pre-school children do not intend to look for a job, which is 4 times higher than of fathers in the same situation. Decisions that couple make about how to balance paid employment and parenting have long-term consequences for mothers in terms of salary progression and a widening of gender pay gap, but also in terms of professional opportunities.

*Figure 49. Selected indicators on work and life balance*
Due to unequal division of care responsibilities, women are more involved in unpaid work. A recent study shows that an employed woman works on average 1.6h a day more than men because of household and family care tasks. Even if men are getting more and more involved in household activities, employed women spend 2.1h more daily on childcare, chores, household activities etc. This is probably the reason why women are generally less satisfied with the division of care responsibilities. The care burden falls largely on low-income women, who has also a lower level of education and fewer opportunities to enter the labor market or get decent jobs. Generally, women are often left to make career decision based on childcare consid-
The disproportionate division of care work and gender roles is highly influential in determining the forms of employment and occupations. Statistics show that in Moldova gender inequalities in employment are directly related to the presence of children. Women with dependent children are more likely to choose part-time work, often to the detriment of career and pay progression, to reconcile paid work and family care responsibilities, while their male partners tend to work full-time, which...
accounts for some of that asymmetry. Men tend to work longer hours than women, more than 40 hours a week, which is used as the benchmark of a “standard” working week. The gap between weekday and weekend work is larger among breadwinners (usually, men), which reduces their annual earnings. Women who work very long hours might be working in male-dominated industries, while those working weekends were likely to be engaged in low-paid and arduous jobs like working on public transport, cleaning, and caregiving.

*Figure 51. Part-time employment by age and gender*

Source: NBS 2019; Generations and Gender Survey, 2020
Flexible working arrangements, if not well regulated, risk making things worse for women, widening the gender gaps. Flexible arrangements might support women in maintaining a work-life balance. Although part-time employment or other flexible arrangements are perceived as a solution for integrating women into the labor market or keeping them active after childbirth, they may have longer-term negative impacts on female employees. Policies that make it easier to transition to a part-time job or take leave may actually weaken women’s position in the labor market and their lifetime earnings potential. Part-time work creates solutions for women to receive an income corresponding to the number of hours engaged in paid work. However, they are also engaged with caring responsibilities which is unpaid work that takes considerable time and effort. In the long-run, fewer paid hours worked (due to flexible work schedule) may result in a higher gender pay gap, fewer professional opportunities, discrimination in promotion (since women are less time at the workplace), underutilization of women’s labor and low pensions at retirement age. A review of existing policies is an important step in determining how suitable workplace policies are to support all employees (not only women) to avail themselves of flexible arrangements.

Figure 52. Flexible working arrangements (employees and employers’ perceptions), %

![Bar chart showing the percentage of employees and employers accepting flexible working arrangements by education level.](chart.png)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete / no studies</td>
<td>44,3%</td>
<td>45,1%</td>
<td>43,1%</td>
</tr>
<tr>
<td>General / high school</td>
<td>49,1%</td>
<td>53,2%</td>
<td>43,9%</td>
</tr>
<tr>
<td>Professional Techniques</td>
<td>43,3%</td>
<td>44,4%</td>
<td>42,0%</td>
</tr>
<tr>
<td>Higher education</td>
<td>52,6%</td>
<td>55,8%</td>
<td>49,8%</td>
</tr>
</tbody>
</table>

Are employees with a flexible work schedule just as likely to be promoted as those with a fixed work schedule?

![Pie chart showing the percentage of employees' responses to the question about promotion opportunities.](pie.png)

- Disagree: 65,2%
- Agree: 21,1%
- Neither agree, nor disagree: 8,3%

Source: CPD survey, 2019


**Labor market interruptions or reductions in working time have important implications for women’s financial security.** Women are those who usually sacrifice earnings for natural interruptions to paid employment caused by the experience of childbirth and the associated period of leave to care for the child. Therefore, they are more inclined to seek employment in family-friendly jobs which are lower-paying or to opt for part-time employment and other flexible arrangements. According to NBS data, the gender pay gap is estimated to be 13.7% in 2020, which is about 2pp higher than in 2013. In monetary terms, the annual women’s financial loss reached 17,079 MDL in 2020, which means that a woman must work about two months longer to reach the average annual salary of a man for the previous year. 88

**The gender wage gap seems to be underestimated.** A survey among employees shows that women’s salary is on average 25% lower than of men. The explained (objective) part of this gap is only 8.7pp, with the other 16.7pp being “unexplained”. According to studies applying the Oaxaca-Blinder decomposition, the unexplained part may refer to discrimination at the workplace, although it is not excluded that there are other factors that could have a greater systemic impact on women.

**Figure 53. Gender pay gap in Moldova by age and presence of children**

![Gender pay gap by age and presence of children](image)

*Source: CPD calculations based on CPD/UN Women survey 90*

**Women are underrepresented in male dominated sectors where higher-paying work opportunities are more prevalent.** Labor market is segmented and segregated across gender. Women make up the majority of workers in sectors where low-skilled and low-paid occupations are prevalent. Vertical occupational segregation is a factor that contributes to the pay gap. In certain economic sectors, such as education, health, clothing manufacturing, the share of women is over 70% of the employees, which means that women should be present in all hierarchical structures (both execution and management) and there should be a balance in terms of remuneration. However, the figure below shows that wage differences exist even in sectors with a high share of female employees, which means that they are underrepresented in top management, where higher salaries are set.

88 Gender pay gap 2020: time to close the gap! CPD, 2020
89 Gender pay gap 2019: how and why women have financial losses, CPD, 2020
https://progen.md/inegalitatea-de-gen-in-salarizare-cum-si-de-ce-femeile-pierd-financiar-in-fata-barbatilor/
90 Unequal work: analysis of gender inequalities among employers, employees and unemployed, CPD, UN Women, 2020
Figure 54. Vertical segregation impact on wage differences

Source: CPD calculations based on NBS data, 2020
**NEET women:** In the Republic of Moldova, the gender gap of the NEET indicator is quite significant, at about 32.5% for women and 19.6% for men in 2020 (26% on average). This gap highlights the lack of fair opportunities for women to integrate into the labor market even if they have a higher level of education than men. This can be explained by several factors highlighted within an individual interview: stereotypes and social pressure, which puts a greater emphasis on women’s role in the family and men’s role at work; career counselling and professional orientation of women towards relatively limited areas of occupation; labour market issues such as: employers preferring to hire young men rather than young women; young women facing integration difficulties when returning to work after childcare leave; young women being more likely to have poorly paid jobs; and a lack of conditions enabling the conciliation of family with working life.  

High and prolonged periods of NEET for young people has devastating effects. Long periods of being NEET may increase social isolation, employment in unsecured jobs with low wages, crime, physical and mental health problems, family failure, and divorce. These consequences entail a certain cost and therefore the status of NEET is not only a problem for the person concerned but also for society and the economy.

**Young women:** The situation on the Moldovan labor market continues to attest a decrease of occupation, despite economic stabilization, which could have long term negative consequences on the economic system and social security. A difficult situation is attested in case of youth aged 15-24, which registered an increase in the number of unpaid family workers, including significant discrepancies between rural and urban areas. The share of employed youth aged 15-24 is diminishing annually by 10-13%, a fact explained by the increase of migration abroad. The gender employment gap becomes more significant for the age group 25-34: according to NBS data the employment rate of young women was 43% in 2020, compared to 58% of employed young men. Care responsibilities become more intensive in this period (reproductive period) due to childcare needs. An interview with an employee of the National Employment Agency reveals that family and childcare are likely barriers to labor force participation, especially for women, who disproportionately take on unpaid caregiving responsibilities. Because of this a large share of employers are reluctant to hire young women.

Women from rural areas are particularly vulnerable to remaining outside the labor market. The deterioration of social capital in rural areas of Moldova has had an impact on rural women. The level of women’s education in rural communities is much lower than of women in urban areas. Only 46.4% of active rural women have higher education, specialized secondary or vocational secondary education, compared to 75% of active women in urban areas. The limited employment opportunities of rural women continue to increase the migration of highly educated women from villages to cities. The employment rate of women from rural areas is about 32%, which is 12pp lower than the general employment rate in urban areas, due to the characteristics of local

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91 Individual interview conducted in June-July 2021 (woman, representative of the National Employment Agency)
92 Evaluation of the National Employment Strategy 2017-2021 from the perspective of young people, NYCM, 2018
93 Individual interview conducted in June-July 2021 (woman, representative of the National Employment Agency)
labor markets and the economic environment (NBS data). Limited job opportunities, poor transport facilities, limited access to childcare services and low levels of entrepreneurship and business skills are some of the reasons behind the high levels of female unemployment in rural areas.

Roma women are marginalized in terms of access to employment. All available data suggest a low access of this vulnerable group to education and labor market. A study on lifelong learning opportunities in Moldova\textsuperscript{95} shows that around 40% of Roma youth (aged 18-30) are currently unemployed and just 4% are active on the labor market, which is 10 times lower than non-Roma employment rate. According to interviews, Roma women frequently face marginalization and discrimination practices both at the recruitment stage and workplace\textsuperscript{96}.

Women with disabilities also face problems in accessing labor market opportunities. All the issues that affect people, such as access to employment, health care, education also affect people with disabilities, but in a far more complex way. Attitudes and discrimination linked to disability make it much more difficult for them to find work or to participate in social activities. The NBS data show that only 16.5% of persons with disabilities in Moldova are employed, out of which 17% are women and 15% are men. Men are less economically active than women due to often engaging in the informal economy. However, most women with disabilities report financial difficulties, being sometimes unable to cover expenses for medicines, for raising children etc\textsuperscript{97}.

Women from low-income households: Men-led households are more optimistic about the standard of living of the household. One of the factors that determines the perception of living standards by the population is the financial capacity of the household. According to NBS data\textsuperscript{98} households headed by men can afford unforeseen expenses of 5,000 MDL in a higher proportion than those headed by women (24.1% compared to 15.2 %). The financial vulnerability of women-run households increases with the presence of children (especially where there are three or more children). These women are forced to look for work in the geographical proximity of the household, which considerably reduces the chances of accessing employment opportunities. Poverty becomes an exclusion factor for women from low-income households. Lack of human capital, low access to social services, and low enrolment in education make this group of women quite vulnerable and dependent on social benefits.

Women survivors of domestic violence: Financial impediments play a major role in restricting the freedoms enjoyed by women who are abused by their intimate partners. Many women, particularly those in abusive relationships, continue to be financially dependent on their partners. Financial inequality shapes women’s role within the

\textsuperscript{94} Profile of Women from Rural Areas, NBS, UN Women, 2016
\textsuperscript{95} The uncertain path to the qualification of adults: inequalities in adult learning in Moldova, CPD, 2020
\textsuperscript{96} Individual interview conducted in June-July 2021 (Roma woman, local councillor)
\textsuperscript{97} Focus-group conducted in June-July 2021 (Women with disabilities)
\textsuperscript{98} https://statistica.gov.md/newsview.php?idc=168&id=6599
marital relationship, diminishes her autonomy, influences her place within the labor force. Because of their financial vulnerability, many women choose to stay in abusive relationships. Financial instability is one of the greatest reasons why, after gaining freedom, women who experience violence have limited choices (access to justice, jobs, social housing) and ultimately acquiesce to their partners’ attempts to reconcile.  

**LGBTQI:** Many workers of the LGBT+ community face strong labor market discrimination. Even if the legislation protecting people from discrimination on the grounds of sexual orientation or gender identity is in place, it still happens. Individual interviews revealed that representatives of this group experienced refusal in employment or collaboration, determined by their sexual orientation. Because of this, many LGBTQI workers tend to hide such information when being at the workplace.

### POLICY RECOMMENDATIONS

1. **Increase access to early education services** by: (i) expanding public nursery services and (ii) establishing alternative childcare services by employers. The research showed that the urban population faces greater difficulty in enrolling children in early education institutions (nurseries, kindergartens), which can contribute to gender inequalities in reconciling professional and personal life. To overcome these gender differences, public authorities should expand access to public-type pre-school education services throughout the country (especially in municipalities). At the same time, the adjustment of the current legislative framework is required to increase and encourage the involvement of private entities in providing services alternative to public ones in the field of pre-school education, in particular nursery services.

2. **Increase the efficiency and accessibility of extended after-school education programs.** This type of educational program offers parents the opportunity to perform their duties without being exposed to potential cases of discrimination at work due to childcare responsibilities. Since 2016, the legal framework has envisaged at national level the provision of extended education programs (public programs). Thus, in order to streamline their activity, but also to provide opportunities for more employed parents to enrol their children in such programs, authorities should: (i) monitor the activity of these programs in terms of their efficiency and functionality and consistent improvement of given services; (ii) increase the financial resources allocated from the state budget for all public educational institutions to enlarge the possibility for several children up to 12 years old to attend the respective activities, without the parents having to cover additional fees (including for lunch breaks), (iii) revise and diversify the educational curriculum for this type of program, to be focused as much as possible on the needs and interests of children.

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99 Individual interview conducted in June-July 2021 (woman-survivor of domestic violence, rural)  
100 Individual interview conducted in June-July 2021 (woman, LGBTQI community representative)
3. Implement support measures for women’s access to leadership positions in economic sectors. In a context in which the share of women entrepreneurs is three times lower than that of men, it is necessary to intervene with measures that will address this inequality in a structural way. Among the positive effects that could be generated by the greater involvement of women in entrepreneurship and their representation in management positions would be greater gender balance in the workforce. Thus, it is recommended (i) that the following Strategy on the Development of Micro, Small and Medium-sized Enterprises sets out a specific objective with regard to the development of female entrepreneurship and will include separate measures to increase women’s access to sources of financing (in particular, credit) for business development, business training and consultancy services, (ii) to ensure an annual increase in the amount of financial resources accessed by women, so that during the years of 2021-2022 they benefit from at least 40% of the allocated financial resources.

4. Approve framework regulation on the implementation of non-discrimination policies to ensure equal opportunities in labor relations. A Government Decision should institutionalize the instrument that will primarily target employers with more than 50 employees to adjust their internal procedures to enable all forms of discrimination in employment to be eliminated. For this purpose, the Decision document will provide the process of aligning the regulations of the entities with the principle of equal opportunities and will include the minimum standards that must be observed in employment relationships in order not to perpetuate gender discrimination and indecent work. These will be finalized depending on the main stages of the human resources management process, namely: recruitment and employment, training and professional development, career promotion, remuneration, reconciliation of professional and personal life, conclusion (completion) of the employment contract. Additionally, the document will include stipulations regarding the notification procedure/reporting cases of discrimination or harassment in employment relationships, guidance on the process of monitoring and evaluating the implementation of those standards, as well as provisions regarding the information and training of employees, to communicate and promote the regulation.

5. Make jobs more accessible to women from vulnerable groups. Employers need to take action to provide equal opportunities for people with special needs, both in terms of infrastructure and internal policies and processes. Moldova has a legal framework that provides measures to support employers in the process of reasonable adaptation of the workspace and that methodologically describes the subsidy programs for this purpose. However, the small share of people with disabilities who are employed determines the need to review and improve the given conditions. For this purpose, it is recommended: (i) to increase the number of staff working in the territorial employment subdivisions responsible for the implementation of subsidy programs; (ii) to increase financial resources from the public budget allocated to the given programs; and (iii) to simplify and streamline the subsidy program to encourage more employers to make jobs more accessible to increase the level of inclusion and integration of people with disabilities in the labor market. This will also contribute to the labor supply.
VI. ENTREPRENEURSHIP

There is a significant gender gap in terms of asset ownership. A wealth of evidence confirms the importance of control of business properties and household resources, including land and housing, for women’s ‘greater self-esteem, economic opportunities and decision-making power.’\textsuperscript{101} Yet women’s command over resources is still limited because of social norms and practices. According to the NBS, in 2011, women owned only 14% of holdings with juridical status, while men owned all the rest.\textsuperscript{102} “On average, male holders in the Republic of Moldova manage 1.21 hectares compared to 0.86 hectares managed by female holders” (National Bureau of Statistics, Women and Men in the Agriculture of Republic of Moldova). As a result, because of a lack of assets owned, women still face constraints in starting and developing enterprises that would increase their access to resources and economic opportunities.

Figure 55. Share of female and male headed holdings, by sex and status, %

Only a third of entrepreneurs in Moldova are women. Female entrepreneurship in the Republic of Moldova is expanding. In 2017, about 33.9% of enterprises were owned or managed by women, which is 6.4 pp higher than in 2009. Despite this, women continue to be a minority in the business community. This significant gap is caused by different factors that limit women’s access to this economic sector: limited access to resources and financial capital to start a business, barriers to accessing investment resources (such as credits and loans), discrimination practices and gender stereotypes, low self-confidence, etc. Women are underrepresented in top managerial positions within the enterprise: most owners and co-owners are men (over 65%). Even the manager position, which is a lower stage in the hierarchical structure, is more likely to be held by a man.

\textsuperscript{102} http://www.fao.org/3/I9484EN/i9484en.pdf
According to a World Bank report, female entrepreneurs consider the business environment to be more challenging. 51% of female entrepreneurs consider the business environment to be unfavourable, compared to 30% of male entrepreneurs. According to the authors, female-owned businesses in the north of the country struggle the most. The data show that 89 percent of female-owned companies considered the business environment to be unfavourable and just 2 percent found it to be favourable.

Figure 57. Perception of business environment of business owners, by sex, %


Women need more support and encouragement than men do to start their business initiatives. According to NBS, 62.6% of women owned businesses were launched due to their idea, comparing to 73.6% of men. Regarding the businesses where men and women are co-owners, the discrepancy is much higher, as 58% of men were involved in the initiative to open an enterprise, compared to only 32.8% of women. More women tend to put more importance on the support received from family and relatives compared to men.\footnote{Focus-group conducted in June-July 2021 (women entrepreneurs)}

Figure 58. Distribution of owners and co-owners by who’s idea was of creating/taking over the enterprise, by sex, %, 2018

Programs to support female entrepreneurship have been shown to be crucial for female entrepreneurs. Grants represent the main financial resource for female-owned enterprises that benefit from non-reimbursable financing. For more than half of women’s enterprises, grants represent more than 60%, and in some cases 100%, of the resources used to start the business. On the other hand, only 26% of male-owned businesses use grants as the main financial resource. Therefore, the programs designed to support women’s economic empowerment play an important role in creating and sustaining economic opportunities for women. Based on the ODIMM beneficiary story, the program and the received grant were crucial for her starting a business. That is why women are more willing to access funding opportunities through different support programs and development projects (see figure 57).
According to interviewed entrepreneurs, another main barrier that women face in opening businesses is reconciling work with home responsibilities and childcare. This once again highlights how childcare responsibilities prevent women from starting business activities. Close to 18% of women entrepreneurs have children under 7 years old. Most of them own small enterprises with a small number of employees. A quarter of men entrepreneurs have children of this age. The number of women entrepreneurs with children decreases as the number of employees working at the company increases: from 18% in companies with 0-9 employees to 15% in companies with 250 employees and more. This gap is determined by childcare and household responsibilities which are usually undertaken by women.
Enabling work life balance is important for supporting female entrepreneurship. GGS shows that 16.5% of today’s women entrepreneurs who previously stopped working did so because of childbirth and/or needing to look after children, while only 2.7% of men did.
Compared to men, fewer women entrepreneurs intend to grow or develop their enterprises in the next two years. Compared to women, more men entrepreneurs (+6 pp) intend to extend and improve their business between 2019-2020. At the same time, data show that the smaller enterprise is, the more reluctant women entrepreneurs are to grow their businesses. More women are likely to close or liquidate their enterprises in the same period: 13.1 %, compared to 10% of men. This is because of a lack of access to resources for small enterprises and the difficulties that are faced by women in this field.

Figure 62. Distribution of entrepreneurs by plans for the next 2 years regarding their companies, by sex, 2018

What are the plans for the next 2 years regarding the company’s activity? (%)

The intention for the next 2 years to grow or develop the enterprise by women entrepreneurs, %, 2018

Source: NBS

Compared to men, fewer women have access to credit to open or to develop their enterprise. Despite having higher insufficiency of financial sources, fewer women applied for credit in 2017: only 9.4% of women entrepreneurs did so, compared to 14.8% of men entrepreneurs. This discrepancy is because women are less confident that their request for credit will be approved. Other aspects of social disadvantage can compound this: in addition to the gender stereotypes and discrimination, an interviewed women-entrepreneur with disabilities reported facing discrimination when applying for bank credit because of her special needs. Bank representatives manifested a higher distrust about her capability to reimburse and assure the requested loan.
Figure 63. (I) Type of difficulties that faced entrepreneurs in 2017, by sex, % (II) Did companies apply for loans or borrowings from financial institutions in 2017, by sex and type of ownership, % (III) Reasons why the company didn’t apply for credit, by sex, %

I. In 2017, did you encounter difficulties in the activity of your company?

- **Insufficiency of financial sources**
  - Women: 71.3%
  - Men: 69.1%

- **Insufficiency of modern technologies**
  - Women: 4.8%
  - Men: 6.5%

- **Limited access to credit**
  - Women: 6.6%
  - Men: 9.7%

- **Insufficient raw material**
  - Women: 2.8%
  - Men: 3.3%

- **Insufficiency of qualified personnel**
  - Women: 23.6%
  - Men: 28.3%

- **Unfavorable taxation policy**
  - Women: 30.1%
  - Men: 27.5%

- **Something else**
  - Women: 6.3%
  - Men: 6.9%

II. In 2017, did the company apply for loans or borrowings from financial institutions?

- **Men, owners**
  - Yes: 86.5%
  - No: 13.5%

- **Women, owners**
  - Yes: 90.8%
  - No: 9.2%

- **Men, co-owners**
  - Yes: 79.2%
  - No: 20.8%

- **Women, co-owners**
  - Yes: 90.2%
  - No: 9.8%

III. The reason why companies did not apply for credit

- **No credit/ loan required**
  - Women: 55.8%
  - Men: 55.8%

- **Application procedures are complicated**
  - Women: 47.4%
  - Men: 49.5%

- **The interest rates are high**
  - Women: 25.2%
  - Men: 25.5%

- **Warranty requirements are too high**
  - Women: 0.6%
  - Men: 2.8%

- **Loan size and/or maturity period are not satisfactory**
  - Women: 2.6%
  - Men: 3.2%

- **I didn’t think it would be accepted**
  - Women: 4.3%
  - Men: 4.1%

- **Something else**
  - Women: 5.9%
  - Men: 4.5%

Source: NBS
Time poverty is a significant challenge for female entrepreneurs. The working week of women entrepreneurs is eight hours shorter than that of male entrepreneurs. Women are less available to work in the evenings: 20.8% men entrepreneurs work more than twice in the evenings compared to 17% of women. Even if women allocate less time to their enterprise then men, female entrepreneurs have more difficulties reconciling their work with care responsibilities. The share of women that several times a week face difficulty in fulfilling their family responsibilities is twice as high compared to men. Because of these care responsibilities, women entrepreneurs are less able to allocate the necessary time for their own businesses and are more likely to exit entrepreneurship all together.

*Figure 64.**Distribution of self-employed and businessmen by frequency of meeting difficulties to fulfill family responsibilities, number of hours worked per week and frequency of working over program, by sex*

<table>
<thead>
<tr>
<th>Work over program</th>
<th>Hours worked per week, h</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Work in the evening</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>74.3</td>
</tr>
<tr>
<td>Yes, less than twice per week</td>
<td>7.1</td>
</tr>
<tr>
<td>Yes, twice or more per week</td>
<td>17</td>
</tr>
<tr>
<td>Work from home</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>86.3</td>
</tr>
<tr>
<td>Yes, less than twice per week</td>
<td>9</td>
</tr>
<tr>
<td>Yes, twice or more per week</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Source: GGS
Women face more challenges in opening a business. Irrespective of age, economic status, and sphere of activity, for women from Moldova, it is more difficult to launch an enterprise than it is for men. Several factors influence women's decisions to start businesses: the availability of start-up capital, lack of knowledge about enterprise procedures, low self-confidence regarding women's own management skills, and low access to financial alternative support programs, including bank loans and non-refundable financial grants. Care and household responsibilities also have a major influence on the women’s decision to start a career in entrepreneurship.

Roma women face discrimination when initiating and running entrepreneurial activities. Generally, Roma people find it difficult to launch a business, both in terms of financial resources and field of activity, considering that the majority are oriented towards craftsmanship, which is no longer so much in demand. Additionally, because of low enrolment in educational institutions and a high rate of unemployment, Roma women have more challenges in starting their own business. Family cultures in Roma communities can also enforce rules that undermine the financial independence of Roma women. An analysis found that only 26% of respondents consider it acceptable for a woman to gain more money than her spouse, compared to 45% of respondents who consider it somehow acceptable, and 26% never acceptable.

Women with disabilities also face problems in opening an enterprise. The rate of employment of people with disabilities from Moldova is very low, only 16.5%, so they tend not to have a sustainable financial position from which to launch a business. This low rate is largely due to discrimination, as well as inaccessible jobs for people with disabilities. At the same, the UN Convention itself, in Article 27 (f), states clear that “it is essential to promote opportunities for independent activity, entrepreneurship, development of cooperatives and starting their own business” regarding people with disabilities. But, even if some of them manage to start a business, they still face difficulties in accessing financial support, including due to discrimination.

Women survivors of gender-based violence: Because of their abusive relationship, women survivors of domestic violence are usually financially dependent on their partner. Having no other alternative source of income, often because of a lack of previous savings, these women practically are deprived of an opportunity to launch their business. In addition to having precarious finances, women survivors of domestic violence often suffer low self-esteem, which is a barrier to effective decision-making. They are also more reluctant to resume any educational activities which would help them to re-profile themselves professionally.

105 https://www2.unwomen.org/-/media/field%20office%20moldova/attachments/indicile%20de%20pregtire%20a%20femeilor%20in%20afaceri.pdf?la=ro&vs=5846
106 https://www1.undp.org/content/dam/moldova/docs/Publications/Democratic%20Governnace/UNDP_MD_Roma%20Report.pdf
107 https://www1.undp.org/content/dam/moldova/docs/Publications/Democratic%20Governnace/UNDP_MD_Roma%20Report.pdf
POLICY RECOMMENDATIONS

1. Develop and expand state programs aimed at supporting female entrepreneurship. It is particularly important to support the start-up of businesses launched by women, including the financing of start-up capital, the insufficiency of which causes large gender differences in entrepreneurship.

2. Implement targeted state programs aimed to support women from vulnerable groups, such as Roma women, women with disabilities and women survivors of gender-based violence. These specific programs must be developed based on the needs of each group mentioned above, as they are different. The experience of several countries in Europe suggests that such targeted programs can enable women from different vulnerable groups to be more open to launch their career in entrepreneurship.

3. Expand entrepreneurship education. Done in a non-gendered and effective way, these early educational courses can nudge and change perspectives of young women with regards to entrepreneurial activities.
Moldova has a high prevalence of gender-based violence and domestic violence. Gender-based violence, and in particular violence against women, is one of the most pronounced expressions of unequal relations of social, political and economic power between women and men. Data reflected in a national study on violence against women, the OSCE-led survey\textsuperscript{109} developed in 2018-2019, show that: (i) two out of five women (40\%) said that they have experienced physical and/or sexual violence at the hands of a partner or non-partner since the age of 15; by perpetrator, the indicated prevalence is highest for previous partner violence, with 37\% of women who have had a previous partner saying that they have experienced one or more forms of such violence at the hands of a previous partner, compared to 25\% of women who have a current partner who have experienced current partner violence and 17\% of women overall who say they have experienced non-partner violence; (ii) since the age of 15, nearly half of women (49\%) indicate that they have been sexually harassed, and 18\% say that they were sexually harassed in the 12 months prior to the survey; (iii) one in ten women had suffered harassment; (iv) more than one in five women (22\%) report that they experienced a form of physical violence at the hands of an adult before they were 15 years old, usually slapping and beating, mainly by their parents.

\textit{Figure 65. Prevalence of violence among women in Moldova, \%}

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\textbf{Any physical/sexual violence:} & 12 \\
\hline
\textbf{Previous partner violence:} & \\
\textbf{Physical} & 9 \\
\textbf{Sexual} & 2 \\
\textbf{Psychological} & 23 \\
\hline
\textbf{Sexual harassment:} & \\
\textbf{Any} & 18 \\
\textbf{Most severe forms} & 9 \\
\textbf{Stalking} & 3 \\
\hline
\end{tabular}
\end{table}

\textsuperscript{109} https://www.osce.org/files/f/documents/2/1/424979_0.pdf
Although declining, overall concern with personal safety is still significant among women. The data from the Public Opinion Barometer highlight the perceived level of safety of women and men, both at home and in public spaces in different periods of time. The figures below show a positive trend in recent years. This situation can be explained by several factors: (i) advocacy actions on prevention, protection and prosecution, that led to legal framework amendments; (ii) capacity building for those who work with domestic violence survivors—development partners and non-governmental organizations supported training for specialists who interact with survivors of domestic and sexual violence; (iii) organizing programmes and a national campaign with the support of international partners to encourage women to report cases of abuse (for example the “16 days of activism against gender-based violence” campaign), etc. Although efforts are being made to reduce the prevalence of domestic violence and gender-based abuse, women are significantly more likely than men to feel unsafe, regardless of the time of day/night and the place were manifestation of abuse can occur (Figure 66). At night, about twice as many women as men do not feel safe either at home or in public (streets in the community).

Source: OSCE-led survey on violence against women (2018)
Willingness to report gender-based violence is low. The Gender Barometer from 2016, showed that only 11.2% of those who have been sexually harassed reported this. The percentage of women was equal to 17.3%. The low level of reporting is determined by: feelings of shame or self-blame, the fear of bearing harmful consequences, but also the low degree of trust in law enforcement bodies. This helps explain the tendency of abused women to only talk about their experiences with their close peers and family. Respondents reported calling for help from their husband/spouse (22.3%), a friend (22.8%), the police (18.6%), a family member (13.5%), etc. Considering the gender aspect, women mostly turned to their husbands/partners (23.9%), friends (24.3%), and the police (15.5%). The qualitative data generated by the

112 National mechanism to report sexual harassment cases: https://progen.md/cum-prevenim-si-reducem-hartuirea-sexuala-la-lo-cul-de-munca-si-studii-recomandari-de-politici/

113 http://lastrada.md/pic/uploaded/Peculiarities%20of%20SV%20in%20RM_EN.pdf
Protection programmes developed for survivors of sexual violence are insufficient. Although survivors benefit from free psychological counselling rendered by some providers of social services they are neither protected nor feel safe. Law No. 105 of 16.05.2008 on the protection of Witnesses and other Participants in Criminal Proceedings does not apply to victims of sexual violence as beneficiaries. Although Law No. 137 of 29.07.2016 on rehabilitation of victims of crime expressly identifies them as distinct subjects who can benefit from free psychological and legal aid, the implementation of such provisions is still incomplete.

In most cases of sexual violence, women and girls are the survivors. According to the report “Peculiarities of the Phenomenon of Sexual Violence in the Republic of Moldova”, the data on sex-related offences show that almost to an equal extent, victims of sexual violence are adult women and adolescents under 16 years old. Between its establishment in 2009 and 2018, the “Trust Line for Women and Girls 0 8008 8008”, managed by the International Centre “La Strada”, received about 17,000 phone calls from across the country comprising more than 7,000 women who were counselled on a personal issue of domestic violence or sexual violence. The reasons for this relatively small number are diverse, ranging from not knowing where to turn for help to fear, shame, or disregard for marital rape as a form of domestic violence.
Some 3,096 phone calls were received only in 2018, which contained 1,495 phone calls on domestic violence and 79 phone calls on sexual violence, the latter comprising 27 cases of sexual violence, involving 29 victims, of whom 18 were women and 11 were juveniles (ten girls and a boy). Out of those 27 cases, ten cases involved juveniles aged between eight and 16 years. In the remaining cases the age of victims was diverse, from 21 to 62 years. Often the aggressors belong to the circle of trusted people: friends or ex-friends, acquaintances, co-villagers, neighbours or even family members. Over the last years, several cases of sexual assault were identified against women/girls with mental disabilities, as well as cases of rape of juveniles where the perpetrator was a family member (biological father, stepfather, mother’s cohabitant). This could reflect the increased number of requests/complaints and reported cases of sexual violence.

The incidence of violence is higher among women from vulnerable groups. The data provided by the “Unequal Moldova: The assessment of the most relevant inequalities in R. Moldova”\(^{115}\) report show that the share of women suffering from the most common forms of gender-based violence is twice as high among women from excluded groups, particularly in households with disabilities and Roma women. From the perspective of age groups, women of pre-retirement age suffer more.

**Figure 68. Incidence of gender-based violence among women from vulnerable groups, %**

<table>
<thead>
<tr>
<th>Did your partner hit you or throw something at you that could hit you?</th>
<th>Households with persons with disabilities</th>
<th>Households without persons with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your partner ever insulted, humiliated you?</td>
<td>18.9</td>
<td>9.6</td>
</tr>
<tr>
<td>Did your partner ever push you?</td>
<td>21</td>
<td>14.8</td>
</tr>
<tr>
<td>Did your partner verbally threaten you?</td>
<td>27.4</td>
<td>14.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Did your partner ever insulted, humiliated you?</th>
<th>Did your partner ever push you?</th>
<th>Did your partner verbally threaten you?</th>
<th>Did your partner hit you or throw something at you that could hit you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 years</td>
<td>8.7</td>
<td>13.3</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>30-44 years</td>
<td>6.5</td>
<td>11.2</td>
<td>8.3</td>
<td>12</td>
</tr>
<tr>
<td>45-59 years</td>
<td>14.1</td>
<td>22.1</td>
<td>16.8</td>
<td>19.4</td>
</tr>
<tr>
<td>60+ years</td>
<td>12.8</td>
<td>17.6</td>
<td>14.5</td>
<td>18.7</td>
</tr>
</tbody>
</table>

**Source:** CPD, EEF, CBS-Axa, 2018

\(^{115}\) Report developed by CPD and EEF in 2018
Women who are at risk of violence are less likely to report it. The same report highlights that the majority of women from vulnerable groups (except those from households that have persons with disabilities), despite being at a higher risk of being exposed to GBV, are less likely to report cases of abuse in comparison with women from less vulnerable groups (those with high level of education, young, rich, economically active). Also, the study shows that the perpetuation of stereotypical perceptions regarding gender equality, might be considered a factor in this case. The below graphic highlights that for some persons, specifically women from vulnerable groups, there is often the perception that tolerating violence to keep their families intact is normal. The qualitative study confirms this.

*Figure 69. Perception and incidence of gender-based violence cases among women from vulnerable groups, %*

Source: CPD, EEF, CBS-Axa, 2018
WOMEN’S AND MEN’S REPRESENTATION IN DECISION-MAKING POSITIONS

The share of women mayors increased by only 2% after the 2019 local elections. In the general local elections, 21.83% of women were elected as mayors.\(^{116}\) Compared to the other elections, this number increased by only 2%, a trend that is maintained in the last three electoral elections. Although the share has increased, it remains very small compared to the total number of men holding the same position. Of the total number of mayors holding that position in large constituencies (usually cities), only 16% are women. And of the total number of mayors in small constituencies (usually villages), 23% are women.

After the 2019 local general elections, the highest number of elected women councillors was registered. The results of the general local elections show that 27.08% of women were elected to the positions of the district/municipal council members,\(^{117}\) registering an increase of 10% compared to the previous election. And at the local level, 36.5% of women councillors were elected, which significantly increased by about 6%. Considering the trends of the last two elections, the total share of candidates would have been much lower if those provisions had not been approved. For the local elections of October 20, 2019, the lists of candidates were to be drawn up respecting the minimum representation quota of 40% for both sexes and at least three candidates of the opposite sex for every 10 seats.

The double quota system (40% representation quota and listing provisions) has increased the number of women in the legislature. Thus, the share of women in the first 10 places on the candidates’ lists, with the highest chances of accessing the Parliament, was 42.7%. In 2021, the highest share of women candidates for the member of Parliament (MP) position was registered, at 46.7%. A higher number of candidates on the list also increased the number of women elected as MPs: about 12% higher in comparison with the 2019 election and 16% higher than in the 2014 election. According to the results of the early parliamentary elections of July 11, 2021, there will be 40 women MPs in the legislature, which is equivalent to 39.6% of total seats. After all the reshuffles in the designation of management positions, placement insurance, the number of women did not decrease, but increased. Now there are 41 women MPs, which represents 40.6% of total seats in the legislature.

\(^{116}\) https://www.md.undp.org/content/moldova/ro/home/library/effective_governance/analiza-din-perspectiva-egalitii-de-gen-a-alegerilor-locale-gene.html

\(^{117}\) https://www.md.undp.org/content/moldova/ro/home/library/effective_governance/analiza-din-perspectiva-egalitii-de-gen-a-alegerilor-locale-gene.html
However, Roma men and women are not represented in district councils and town halls and are under-represented in local councils. The results of the 2019 local general elections show that no Roma candidate has been elected as a District Councillor or Mayor. Consequently, the degree of political representation of Roma people at these levels remained unchanged, being similar to the previous general local elections. In eight localities populated by Roma, 12 Roma people were elected as Local Councillors (two municipal councillors, four city councillors, three communal councillors, three village councillors). Considering the legal provisions regarding the involvement of a local mediator in to facilitate the participation of Roma people, it is likely to believe that this increased the chances of being elected as representative of local decision-makers. Their profile is as follows: 10 candidates delegated by four electoral contestants; two persons elected as independent advisers (a woman/a man); six women (out of 12 persons of Roma ethnicity) were chosen as level I local councillors, with two women chosen as city councillors, one as a communal councillor, and three as village councillors.

Women with disabilities are generally under-represented at all levels of decision-making, whether local, sub-national (district/municipality), or central. Since 2017 Moldova has implemented the National Programme for social inclusion of persons with disabilities, which contains specific measures to increase the level of political participation of this category of people. Considering this, still in Moldova only 20 people with disabilities ran in the General Local Elections form October 20, 2019 as candidates. According to the experts from this area, some causes of the low level of representation of persons with disabilities, including women, in decision-making include: limited accessibility of the physical, informational and procedural environment, which does not facilitate persons with disabilities to participate in elections; the low involvement of this group of persons in the electoral campaign by electoral contestants; and reduced representation of persons with disabilities on the lists of electoral contestants etc.
WOMEN’S AND MEN’S PARTICIPATION AND CIVIC INVOLVEMENT

For some decisions, female agency is quite high. As is reflected below, both women and men have even decision-making power over subjects related to family issues, such as time spent working and contraceptive autonomy. Gender differences are observed when the topics to be addressed by women and men are related to issues that go beyond the bounds of the household.

Figure 71. Gender division in the decision-making process on household issues, %

<table>
<thead>
<tr>
<th>Who usually decides on...?</th>
<th>male</th>
<th>female</th>
</tr>
</thead>
<tbody>
<tr>
<td>routine purchases for the household</td>
<td>62 24</td>
<td>51 6</td>
</tr>
<tr>
<td>expensive purchases</td>
<td>13  9</td>
<td>6  5</td>
</tr>
<tr>
<td>time spent working</td>
<td>48  5</td>
<td>35  6</td>
</tr>
<tr>
<td>time partner spends working</td>
<td>45  8</td>
<td>34  8</td>
</tr>
<tr>
<td>contraceptive autonomy</td>
<td>61  12</td>
<td>56  24</td>
</tr>
</tbody>
</table>

Always and usually me | Equally me and partner | Always and usually partner

Source: Generations and Gender Survey, 2020

Women have lower civic participation than men. A 2020 analysis of local civic participation found the participation rate of women to be among the lowest of all socio-demographic groups. In this case, participation is referring to being involved in actions such as signing petitions or reclamations and attendance at peaceful demonstrations (see the figure below). The same study reveals that women are less interested than men in addressing political subjects with relatives or friends: only 27.8% of women respondents reported doing so, compared to 38.5% of men.
This might be explained by uneven care responsibilities. Considering this, national studies show that women allocate more hours for responsibilities related to household and childcare, but men for those related with working. The data generated by the GGS 2020 show clearly that men and women are unequally involved in household related activities (more than 80% of women but only 5% of men reported being always or usually responsible for preparing meals, vacuuming and doing laundry). Also, in households with children, mothers are considerably more occupied with childcare tasks.

**Figure 72. The participation shares of people from Moldova, %**

**Figure 73. Women's and men's involvement in care responsibilities, %**

Source: Generations and Gender Survey, 2020

Source: CPD, EEF study, 2020
In addition to the above, the level of involvement is determined by both gender and age. A recent study by CPD shows that the share of women in the group of those with an increased interest in the electoral process is lower compared to that of men (see figure below). We also notice that the share of women in the group of those with a low level of involvement and interest is higher. Much more significant differences can be observed in the case of citizens depending on their age. The share of young people in the low-involvement group is about twice as high as in the 60+ age group. We also note that only 9.2% of young people can be considered as having a high level of involvement in electoral processes compared to 33.2% for those aged 60+. Gender differences are much more significant if they are also analyzed in terms of age. Exactly 60% of women in the 18-29 age group have a low level of involvement and only 6% of them can be considered active in the electoral process. It is not ruled out that inequalities in electoral activism may have implications for the way in which electoral contestants perceive voters’ political priorities, if some women and young people are less visible and disconnected from electoral processes, their prospects may not be considered a priority by political factors. In this sense, we can see that the initiatives to mobilize young people during the election campaigns are relevant and that, in fact, they need to be expanded and intensified, but more importantly they must have a strong perspective on gender equality.

*Figure 74 Citizens depending on their level of involvement in the electoral process, by age and gender,* %

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Share of those with a low level of involvement, age and gender (%)</th>
<th>Share of citizens by level of involvement in electoral processes, by gender (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29 years</td>
<td>59.3, 47.5</td>
<td>42.5, 36.1, 40.4, 39.8</td>
</tr>
<tr>
<td>30-44 years</td>
<td>48.7, 45.3</td>
<td></td>
</tr>
<tr>
<td>45-59 years</td>
<td>43.5, 33.5</td>
<td></td>
</tr>
<tr>
<td>60+ years</td>
<td>27.6, 17.1</td>
<td>24</td>
</tr>
</tbody>
</table>

Despite being aware of their participation rights, few men and fewer women are actively shaping local decisions. The same study noted an increase between 2018 and 2020 in the share of people who are aware of their rights to request information in the public interest and become involved in local decision-making. This highlights the effectiveness of initiatives to inform and empower citizens about involvement in community activities, which have enabled over half of people (58.8%) to be firmly aware that LPA is obliged to respond to requests for public information from citizens (14.6pp more than in 2018) and over half (55.7%) also to know that they have the right to request information from the mayor’s office about any decision in the public interest (10.3pp more than in 2018).

**Figure 75. Trend of women’s and men’s share who knows their rights regarding accessing public information, %**

The share of those who strongly believe that...

Source: CPD, EEF 2020

Source: Survey conducted by CBS-Research commissioned by CPD, 2021
Women from the most marginalized groups are less involved in decision making. The Generations and Gender Survey 2020 shows a significant gap between women from socially disadvantaged groups (in this case, low level of income and education, households with persons with disabilities, older persons) and those from categories which are less exposed to deprivations. In addition to the unequal care burden, this low participation in decision-making is likely influenced by infrastructure being inaccessible, opportunities for local level participation being poorly aligned to people’s needs, and people from vulnerable groups being more financially deprived. More than 94% of respondents mentioned that are not involved in any volunteering experiences.

Figure 76. Share of women who are socially involved, %

Source: Generations and Gender Survey, 2020

People with disabilities, including women with disabilities, continue to face barriers to accessing information and infrastructure. Over 70% of polling stations were inaccessible for people with locomotor disabilities, the number of accessible polling stations being less than 1%. Except for two electoral contestants who published an electoral platform in Braille, the other electoral contestants did not develop and disseminate materials in a format accessible to people with disabilities. Only CEC and CICDE developed and broadcast video spots with translation into sign language. At least three television stations - PRO TV, TVR, and Moldova 1 provided the translation into the mimetic-gestural language of the electoral debates.

Qualitative assessment confirms that low accessibility constrains civic participation for women with disabilities. Respondents reported that those women who are employed, specifically in areas connected with social issues, are more likely than those who are not occupied to report local problems to their councillors. “Being a local councillor, I am interested in everything that happens in the village, all the
measures that are taken, all the activities that are done, I am actively involved in
the activities in the village” (39 years-old rural woman with disability); “The field in
which I work is related to the community and practically everything that happens I
am up to date with that” (33 years-old woman with disability); “I am employed, and I
stay at the city hall most of the day and I am aware of everything that happens” (40
years-old rural woman with disability). One prime participation obstacle mentioned
by the women with disabilities during the focus group was the low level of the infra-
structure’s accessibility (“We are interested in what is happening in the locality, but
we do not participate, the youngest took our place. It is very difficult for us to move”
(not-employed woman with disability); “We are interested in what is happening in
the locality, but we can’t move much, that’s the problem” (53 years-old urban wom-
man with disability).

QUALITY OF LIFE

Gender differences in happiness and life satisfaction are not significant. The fig-
ure below shows how women and men perceive their happiness and life outcomes.
The life satisfaction and happiness scales help measure on a scale from ‘0’ to ‘10’
the subjective attitudes towards the quality of life of men and women, this being an
indicator of good mental and physical health. Both women and men tend to assess
their life satisfaction as being good and very good, selecting mostly grades equi-
valent with 8-10 points. Almost the same situation is observed when the happiness
scale is assessed (see the figures below).

Figure 77. Level of life satisfaction and happiness scale perceived by women and men, %

Source: Generations and Gender Survey, 2020
**Even so, women are more likely to face anxiety.** Feelings of depression, fear, and anxiety are among the effects of any form of GBV. The data generated by the Generation and Gender Study 2020 show that women are more exposed than men to situations and conditions that may strain mental health. More than 55% of women involved in this study mentioned that they felt depressed or fearful (in comparison with approximately 45% of men), with 27% of women feeling that life was a failure during the last week (in comparison with 23% of men).

*Figure 78. Share of those who felt anxious during the last week, %.*

Please indicate how frequently did you experience the following during the previous week, %

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Often</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt sad</td>
<td>57</td>
<td>10</td>
<td>67</td>
</tr>
<tr>
<td>Women</td>
<td>63</td>
<td>14</td>
<td>77</td>
</tr>
<tr>
<td>Felt fearful</td>
<td>41</td>
<td>4</td>
<td>45</td>
</tr>
<tr>
<td>Men</td>
<td>53</td>
<td>9</td>
<td>62</td>
</tr>
<tr>
<td>Felt depressed</td>
<td>39</td>
<td>5</td>
<td>44</td>
</tr>
<tr>
<td>Women</td>
<td>47</td>
<td>8</td>
<td>55</td>
</tr>
<tr>
<td>Couldn't shake off the</td>
<td>35</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>blues</td>
<td>43</td>
<td>7</td>
<td>51</td>
</tr>
<tr>
<td>Men</td>
<td>23</td>
<td>3</td>
<td>26</td>
</tr>
<tr>
<td>Felt life was a failure</td>
<td>23</td>
<td>4</td>
<td>27</td>
</tr>
</tbody>
</table>

*Source: Generations and Gender Survey, 2020*

**Social vulnerability increases women’s risk of feeling depressed.** Women from the most vulnerable categories are more likely to mention that they felt depressed or that their life was a failure (see figure below). Women with a disability or who have persons with disabilities in their household, those with a low level of income and education and retired women were disproportionately more likely to report feeling depressed.

*Figure 79. Share of women who felt anxious during the last week, %*

Percentage of women who felt sometimes and often ... during the last week

*Source: Generations and Gender Survey, 2020*
POLICY RECOMMENDATIONS

1. Implement policy initiatives to enable women to better reconcile work and life activities. Considering that one of the main causes of women’s low participation in civic and social life is uneven involvement in childcare and family care responsibilities, authorities must address this inequality by developing and promoting public policies which primarily aim to increase the number of men taking childcare and paternity leave and increase access to affordable, inclusive and accessible childcare facilities.

2. Increase the level of women’s representation in decision-making process at the central level. Considering that the Law on Government does not include a minimum quota of 40 per cent for the representation of women in the Government, still in Moldova women are less represented in this important function. Aiming at increasing the involvement of both women and men in an equitable manner requires adjustments of the legal framework in this regard.

3. To increase the level of participation as well as to ensure a more inclusive process, the central and local public authorities must: (i) develop a mechanism that would require strict compliance with accessibility conditions for electoral office buildings; (ii) improve and promote among the LPA of both levels, the mechanism of gathering disaggregated data regarding the electoral participation of persons with disabilities (especially data about the type of disability), which will promote effective social inclusion policies at the local level; (iii) elaborate an “alert system” in the field of accessibility, that will help to report accessibility irregularities on election day; (iv) increase the level of accessibility of polling stations (by using the mobile ramps) in those stations where entrances are not adapted or are inaccessible; (v) implement, in partnership with representatives of Roma civil society, projects aimed at empowering Roma women and men to become local leaders and (vi) expand the network of community mediators in communities mainly populated by Roma people (with over 100 Roma).

4. To develop and implement initiatives and measures by the CEC and CICDE aimed at boosting the inclusiveness of the electoral process. In this regard it is recommended to: (i) train electoral officials and LPA representatives in the field of accessibility; (ii) develop a distance learning course on subjects that are sensitive to inclusion and accessibility topics; (iii) empower a group of people with disabilities to be promoted as success stories by election officials; (iv) identify locations that will facilitate the good organization of the activity of the electoral bureaus of polling stations.
5. To increase the level of access of local participation structures so that more vulnerable categories of women and men (disabled, older, financially deprived etc.) have opportunities to be socially involved. Likewise, information regarding participation opportunities should be made accessible, so that the exclusion of the population with disabilities will not be exacerbated. In this context, it is proposed (i) to elaborate specific guidelines on the accessibility of participation structures, (ii) to evaluate in a transparent manner the access level of participation structures, (iii) to allocate resources from the public budget for the reasonable adaptation of infrastructure and information, (iv) to expand participation infrastructure in communities with a low level of participation and (v) to monitor the participation level of women and men with disabilities and the older persons.
This section considers the main recommendations of the Committee on Elimination of Discrimination Against Women (CEDAW) to Moldova pursuant to the examination of the sixth periodic report (2020)\(^\text{121}\) and UN member states pursuant to the Universal Periodic Review (UPR) of the Government of Moldova (2016).\(^\text{122}\) Specifically, the document examines recommendations focused on the following aspects covered by the assessment: education, health, economic opportunities, and voice and agency.

**EDUCATION**

CEDAW and UPR recommendations to address gender-based inequalities and discrimination in education can be structured into the following themes: (i) review school curricula, (ii) encourage women and girls to choose non-traditional fields of study, (iii) reduce school dropout among girls, (iv) combat gender stereotypes, (v) ensure accessibility of schools for women and girls with disabilities. Each theme is substantiated below.

**Review school curricula and textbooks from a gender equality perspective.** The CEDAW Committee expressed concern about the existence of discriminatory gender stereotypes in school curricula and textbooks. In this context, the Committee recommended to continue efforts to review school curricula and textbooks to eliminate all discriminatory gender stereotypes and provide capacity-building programmes for teachers to ensure that they do not perpetuate or tolerate such stereotypes.\(^\text{123}\)

**Encourage women and girls to choose non-traditional fields of study.** The lack of diverse educational choices by women and girls and their low enrolment in science, technology, engineering, mathematics and information technology, as well as in construction and law represent matters of concern.\(^\text{124}\) Against this background, the CEDAW Committee recommended to the Moldovan Government to continue to encourage women and girls to choose non-traditional fields of study and career paths, including science, technology, engineering, mathematics, information technology and law and eliminate traditional stereotypes among women and girls and their families that may deter them from enrolling in such fields of study. Similarly, one of the UPR recommendations is to “encourage young women to choose non-traditional fields of study and professions”.\(^\text{125}\)

\(^{121}\) Available online at https://docstore.ohchr.org/DivPOL/FilesHandler.aashx?enc=6QkG1d%2fJPPRKIA gorge7yhsgO7x05cLIZOC-
wAvyhns%2byjcfCx0Mhb6p7HNqah6%2b0Me01ma0y7TbyjWEPz5qs5%2b0Rezzq%2j0qNWoQMKs6xo7AsAPZ29XYNwkoU83vIn

\(^{122}\) Available online at http://lib.ohchr.org/HRBodies/UPR/Documents/Session26/MD/UPR26_m Republic%20of%20Moldova%20Thematic-
le%201st%20of%20recommendations_E.docx

\(^{123}\) CEDAW (2020). Concluding observations on the sixth periodic report of the Republic of Moldova, para. 21(d)

\(^{124}\) Ibid, para. 30(a)

\(^{125}\) UPR of Republic of Moldova (2nd Cycle – 26th session): Thematic list of recommendations, para. 121.57
Reduce school dropout rates among girls from vulnerable groups. The high dropout rate among schoolgirls in rural areas and those belonging to ethnic minority groups, in particular Roma girls, is another human rights issue flagged by the CEDAW Committee. Relevant measures to address school dropout among girls include facilitating increased awareness among parents, community leaders and women and girls about the importance of education for personal development and career prospects. Other pertinent measures entail provision of inclusive re-entry programmes for women and girls who have dropped out of school, including in rural areas and in Roma communities.

Combat gender stereotypes and gender-based discrimination in education. The Government of Moldova accepted the UPR recommendations formulated by UN Member States to redouble its efforts to put an end to stereotypes and to gender-based discrimination in the educational system. The Moldovan authorities should continue its efforts to eliminate all forms of sex and gender-based discrimination throughout the educational system. Not the least, duty bearers shall implement educational programmes that combat stereotypes and gender discrimination from an early age.

Ensure that schools are inclusive. The CEDAW Committee expressed concern about the limited number of women and girls with disabilities in mainstream and inclusive education. This situation is caused by the lack of accessible school buildings and facilities, as well as the lack of training on inclusive education for teachers and staff in schools. Against this background, the Committee recommended to make school infrastructure accessible for women and girls with disabilities and provide systematic training for teachers and other staff in schools on inclusive education.

Provide vocational training opportunities for women and girls. This recommendation was formulated to address the barriers faced by women and girls in rural areas in accessing vocational training, which continues to confine many women to unpaid domestic and care work. It entails allocation of adequate human, technical and financial resources to the education sector.

HEALTH

CEDAW and UPR recommendations to address gender-based inequalities and discrimination in health can be structured into the following themes: (i) access to education on sexual and reproductive health and rights, (ii) access to adequate and accessible health services, (iii) prevention, early detection and treatment of breast and cervical cancer, (iv) reducing unwanted pregnancy and unsafe abortion. Each theme is substantiated below.
Ensure access to age-appropriate comprehensive education on sexual and reproductive health and rights. The CEDAW Committee expressed concern about the absence from school curricula of age-appropriate comprehensive education on sexual and reproductive health and rights, including responsible sexual behaviour. Recommended measures include introduction of age-appropriate comprehensive education on sexual and reproductive health and rights for girls and boys in school curricula at all levels, including on responsible sexual behaviour and family planning.  

Ensure that women and girls belonging to disadvantaged groups have access to adequate and accessible health services. Women belonging to disadvantaged groups, including rural women, women with disabilities and Roma women, have only limited access to good-quality health care and medical insurance. In this context, the CEDAW Committee recommended to the Moldovan authorities to ensure access to sexual and reproductive health services, health insurance, in particular in rural areas. Due attention should be paid to ensure that women and girls in rural areas have access to safe abortion and post-abortion services on an equal basis with women in urban areas. Costs relating to abortion and post-abortion services should be covered by health insurance.

Improve prevention, early detection and treatment of breast and cervical cancer. Women’s limited access to early detection programmes and treatment for breast and cervical cancer and their disproportionately high risk of contracting communicable diseases, such as tuberculosis, and of developing non-communicable diseases. Under these circumstances, the CEDAW Committee stressed the importance of ensuring that corresponding medical equipment is available and accessible.

Reduce unwanted pregnancy and unsafe abortion. The CEDAW Committee expressed concerns about the limited use of modern contraceptives by women and men. Accordingly, the Committee recommended to raise awareness among women, men, girls and boys on modern contraceptives. Similarly, pursuant to the 2nd UPR cycle, one the recommendation is to “step up efforts to improve free medical facilities, reduce [...] high teenage pregnancy rates.”

ECONOMIC OPPORTUNITIES

CEDAW and UPR recommendations to address gender-based inequalities and discrimination in accessing economic opportunities can be structured into the following themes: (i) enforcing the principle of equal pay for work of equal value, (ii) access to loans and credits, (iii) repealing discriminatory legal restrictions, (iv) sexual harassment in the workplace, (v) discriminatory dismissal of older women, (vi) social protection of self-employed women. Each theme is substantiated below.
Adopt and enforce the principle of equal pay for work of equal value. The CEDAW Committee flagged the persistence of vertical and horizontal occupational segregation and of the gender pay gap. The Moldovan authorities should also effectively enforce the principle of equal pay for work of equal value, in order to narrow and ultimately close the gender pay gap, by (a) regularly reviewing wages in all sectors, (b) applying gender-sensitive analytical job classification and evaluation methods, (c) conducting regular labour inspections and conducting regular pay surveys.\textsuperscript{142}

Ensure access of most disadvantaged women to loans and other forms of financial credit. The CEDAW Committee recommended to expand the scope of entrepreneurship programmes for women, including women belonging to disadvantaged groups, in particular, women with disabilities.\textsuperscript{143} Due attention should be paid to eliminating barriers and obstacles faced by rural women to starting their own business and create adequate job opportunities with decent pay for them.\textsuperscript{144} The Moldovan authorities should also develop and implement campaigns and trainings which promote the economic empowerment of women.\textsuperscript{145}

Remove Labour Code restrictions on the employment of certain categories of women. Article 248 of the Labour Code prohibits certain categories of women from working in mining and other industries that pose a risk to their safety or health. This provision should be repealed. The Moldovan authorities should shift to conducting individual assessments and improve the working conditions in all industries.\textsuperscript{146}

Prevent and combat sexual harassment in the workplace. The CEDAW Committee stressed the insufficient investigation and prosecution of sexual harassment and sex-based discrimination in the workplace. The narrow definition of sexual harassment in the draft law amending several legislative acts, which is not in line with international standards.\textsuperscript{147} Addressing this problem entails legislative, educational and other appropriate measures. The Moldovan authorities shall ratify the Violence and Harassment Convention, 2019 (No. 190), of the International Labour Organization. National decision-makers shall harmonize the definition of sexual harassment in national legislation with applicable international human rights standards. Systematic training should be provided for judges, prosecutors, police officers and other law enforcement officials on the strict application of criminal law provisions on sexual harassment in the workplace.\textsuperscript{148}

Prevent the discriminatory dismissal of older women. The CEDAW Committee expressed concerns about complaints by older women regarding unfair dismissal based on an abusive interpretation of article 86 of the Labour Code. The Moldovan authorities have been urged to monitor the use of article 86 of the Labour Code by employers to prevent the discriminatory dismissal of older women.\textsuperscript{149}

\textsuperscript{142} CEDAW (2020). Concluding observations on the sixth periodic report of the Republic of Moldova, para. 33(a)
\textsuperscript{143} Ibid, para. 37(b)
\textsuperscript{144} Ibid, para. 39(b)
\textsuperscript{145} UPR of Republic of Moldova (2nd Cycle – 26th session): Thematic list of recommendations, para. 121.56
\textsuperscript{146} Ibid, para. 33(b)
\textsuperscript{147} Ibid, para. 32
\textsuperscript{148} Ibid, para. 33
\textsuperscript{149} Ibid
Strengthen the social protection for self-employed women. The CEDAW Committee flagged the problem of inadequate social protection for self-employed women, who are not entitled to maternity benefits. In view of addressing this issue, the Committee recommended to ensure that they have equal access as employed women to maternity benefits.150

VOICE AND AGENCY

CEDAW and UPR recommendations to increase women’s voice and agency can be structured into the following themes: (i) equal sharing of family and domestic responsibilities, (ii) increasing representation of women in the public sector, (iii) repealing discriminatory legal restrictions, (iv) strengthening institutional capacities on gender equality, (v) repealing discriminatory provisions against women with disabilities, (vi) preventing and fighting domestic violence, (vii) provide adequate services for victims of domestic or gender based violence. Each theme is substantiated below.

Promote the equal sharing of family and domestic responsibilities between women and men. The CEDAW Committee recommended to the Moldovan authorities to expedite the adoption of the national action plan for the implementation of the cross-sectoral strategy on developing parental abilities and competencies.151 Measures should be in place to encourage men to take paternity leave. Duty bearers should also make efforts to increase access to affordable, inclusive and accessible childcare facilities.152

Increase representation of women in the public sector. The Law on Government does not include a minimum quota of 40 per cent for the representation of women in the Government. Another matter of concern is the lack of information on the impact of the minimum quota of 20 per cent for the representation of women in the police force under the police development strategy. Against this background, the CEDAW Committee recommended to introduce the minimum quota of 40% representation of women and men in the Government.153 Decision makers shall also adopt statutory quotas on representation of women in decision-making functions in the civil service, foreign relations service, and security and defence authorities.154

Repeal discriminatory provisions against women with psychosocial disabilities. Article 24 of the Civil Code and the Family Code should be amended to ensure the rights of women with psychosocial and/or intellectual disabilities to enter into marriage and exercise parental responsibilities.155

Strengthen institutional capacities in the field of gender equality. Moldovan authorities should strengthen the capacity of the Department of Policies for Ensuring Gender Equality of the Ministry of Health, Labour and Social Protection to coordinate and monitor the implementation of legislation and policy measures relating to gender equality, including the strategy on ensuring equality between women and men (2017–2021) and the related action plans. Systematic training on women’s rights and gender equality for civil servants on their initial appointment and refresher courses on a regular basis, and monitor progress, with the aim of ensuring gender mainstreaming across all sectors.

150 Ibid
151 Ibid, para. 21(c)
152 Ibid, para. 33(e)
153 Ibid, para. 19(a)
154 Ibid, para. 27
155 Ibid, para. 43. (b)
Prevent and combat domestic and gender-based violence. The CEDAW Committee and UN Member States recommended legislative and other pertinent measures. Legislative measures include amending article 78 of the Contravention Code to remove the provision that exempts perpetrators of violence against women from criminal liability,\(^{156}\) annulling mandatory mediation requirements in divorce procedures, in cases involving domestic violence and, respectively, amending the Code of Civil Procedure,\(^{157}\) developing a comprehensive policy/strategy on preventing and combating violence against women and domestic violence. Other pertinent recommended measures include taking steps to more effectively prevent and prosecute cases of violence against women, including domestic violence,\(^{158}\) public awareness campaigns on domestic violence\(^{159}\) and other preventive measures,\(^{160}\) encourage women to report cases of gender-based violence to relevant authorities without fear of stigma by ensuring their access to criminal justice.

Improve data collection on all forms of gender-based violence. Due attention should be paid to improving data collection on all forms of gender-based violence, including economic and psychological violence, disaggregated by sex, age, ethnicity, geographical location, disability and the relationship between the victim and the per-
petrator, to enable relevant public officials to monitor the effectiveness of relevant legislation, policies and practice in preventing and reducing gender-based violence.\textsuperscript{161}

**Provide adequate services for victims of domestic violence.** The CEDAW Committee recommended to Moldovan authorities to adopt the draft Concept of the National Reference Mechanism for protecting and assisting victims of crime (2020-2030). Moldovan authorities should also strengthen accessible victim protection and support services, including free medical services, psychosocial counselling and legal assistance, shelters, rehabilitation and reintegration programmes, by allocating sufficient budgetary resources and cooperating with medical professionals and other service providers.\textsuperscript{162}
IX. THE IMPACT OF COVID-19

The COVID-19 pandemic has affected every sphere of life. A year after the coronavirus outbreak, the social and economic fallout could have a long-term impact on gender equality, threatening the progress made thus far and potentially pushing women into vulnerability. Whilst indications suggest that more men than women are dying of COVID-19, the socio-economic effects of the pandemic fall disproportionately on women. Beyond this gendered effect, these outcomes intersect with other drivers of vulnerability and are particularly acute for people with disability, minority ethnic groups, and low-income persons. These effects are not because of the virus itself, but because of the public health interventions and policies introduced by the Government to minimize the spread of COVID-19. This is also determined by different roles women and men play in society.

Figure 80. Perceptions about COVID-19 impact on the overall life, by social groups, %

Source: Gender and Generations Survey, 2020

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163 Men and COVID-19: A Biopsychosocial Approach to Understanding Sex Differences in Mortality; CDC, 2020
The COVID-19 pandemic revealed and worsened inequalities in care responsibilities. The rapid spreading of the pandemic and the applied institutional measures, aimed at social isolation, put in the spotlight the unequal gender division of care responsibilities within the household. The pandemic has accelerated the demand for care work and exacerbated entrenched gender inequalities. An important part of this work is the care of children. COVID-19 exposed and amplified the childcare crisis globally and particularly in Moldova, as an upper middle-income country. As a result of the implemented measures and Government’s policy response, a significant share of the population had to deal with increased household and family responsibilities. Women disproportionately shouldered these care responsibilities, often having to scale back from their paid jobs to perform unpaid care and household work to meet the increased demand brought on by social isolation.

The closure of educational institutions substantially increased care responsibilities for parents, especially women. Among other measures, the World Health Organization (WHO) has recommended social distancing to reduce the speed at which the virus spreads. This crucial measure has led to the closure of educational establishments and greatly expanded telework. It revealed that working days, especially of parents that are working remotely, are not compatible with taking care of children and dependent adults. If we include the supervision of children’s remote schoolwork, then the amount of home care work grows exponentially. Data show that during the COVID-19 crisis women disproportionately reported taking on the care burden with over 50% of women in Moldova dedicating several hours to do lessons with children, compared to over 30% of men.

Figure 81. The impact of COVID-19 pandemic on parents with school-aged children, %

Source: CPD, UN Women rapid assessment of COVID-19 impact; UNDP Social and Economic Impact Assessment

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164 Assessment of COVID-19 impact on gender roles; CPD, UN-Women, September 2020
165 Social and economic impact assessment of the COVID-19 pandemic, UNDP, 2020
Moreover, during the periods of social isolation women took on the most demanding work in the household. The figure below shows a clear division of tasks and responsibilities of women and men in households during the crisis. The need for care has increased substantially during the social isolation periods, while the distribution of roles and tasks in the family continued to be skewed towards women. Although the number of hours used for household chores has increased for the entire population during the pandemic, the burden of care was heavier on women. The time used for cleaning has increased for around half of the women, compared to around 30% of the men.

**Figure 82. Gender gaps in care responsibilities, pp**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Inequality towards women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household management</td>
<td>-9.8</td>
</tr>
<tr>
<td>Cleaning</td>
<td>9.5</td>
</tr>
<tr>
<td>Cooking</td>
<td>5.4</td>
</tr>
<tr>
<td>Shopping</td>
<td>-10</td>
</tr>
<tr>
<td>Training children</td>
<td>3.9</td>
</tr>
<tr>
<td>Childcare</td>
<td>2.4</td>
</tr>
<tr>
<td>Playing with children</td>
<td>1.2</td>
</tr>
<tr>
<td>Animal care</td>
<td>-2.5</td>
</tr>
<tr>
<td>Emotional support for family</td>
<td>1.6</td>
</tr>
<tr>
<td>Support for sick / elderly</td>
<td>-0.5</td>
</tr>
<tr>
<td>Water / fuel supply</td>
<td>-0.3</td>
</tr>
</tbody>
</table>
The pandemic crisis and its impact on the economy have increased women’s financial vulnerability. Care responsibilities, which were mostly undertaken by women in lockdown, and the difficulty with reconciling family and work life caused women to become less active in the labor market. Women have been affected more severely by the pandemic than men, due to the already present and persisting gender inequalities that prevailed before the COVID-19 crisis. The pandemic resulted in women losing their jobs or incomes, as they had to manage remote working while performing increased domestic and caring responsibilities.

Source: CPD, UN Women rapid assessment of COVID-19 impact

COVID-19 has exacerbated gender inequalities in employment. The pandemic had a near-immediate effect on women’s employment: the share of women who continued to go to work is 15 pp lower than men. This decline could be explained by two factors: women have lost their jobs (about 9%, compared to 5% of men) or have moved to a new form of withdrawal from the labor market - remote work. The share of women who worked at home during the state of emergency was about 27%, which is twice higher than men. Although telework has certain privileges in terms of health security, it may have some important risks for women. If this form of employment is not well balanced and continues to be more skewed towards women, then we risk having a new form of gender segregation at work. In the long run, work performed remotely may be at risk for being considered a lower value job, which will have a negative impact on their remuneration, promotion and professional development opportunities.

Women tend not to return to the labour market even after the restrictions on economic activity had been lifted. During the emergency period, a large number of men and women stopped working (33.5% men and 36.7% women)\(^{168}\). Return to work is determined by the risk of infection, prevention and social distancing rules at work, as well as the specific situation in some economic sectors. Increased care needs made the return of women to the labor market even more difficult, with fewer opportunities to reconcile work and family life, in part due to reduced access to childcare and education services due to schools and kindergartens closure. Lower-educated women faced even more barriers with remote work largely inaccessible due to the nature of their work and precarious remuneration.

**Figure 85. Employment status of men and women after the COVID-19 lockdown**

Source: CPD, UN Women second assessment of COVID-19 impact

\(^{168}\)Assessment of COVID-19 impact on gender roles; CPD, UN-Women, September 2020
The crisis caused an unprecedented reduction in economic activity and working time. The COVID-19 crisis also caused significant losses in Moldova, where over 20% of workers that used to go to the workplace faced a reduction of hours worked. As the COVID-19 crisis has disproportionately affected women and men, there is a risk that gender inequalities in the labor market will be exacerbated. Women’s employment was at higher risk than men for employment disruptions, mainly due to the impact of the pandemic on the services sector where more women tend to work. At the same time, women have a high proportion of workers in front-line occupations, especially in health and social care sectors, which explains the increased number of hours worked by women during the state of emergency in public health.

Figure 86: Dynamics of hours worked during the pandemic by workers who went to work, %

<table>
<thead>
<tr>
<th>Loss of worked hours during quarantine</th>
<th>Loss of worked hours in the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased</strong></td>
<td><strong>Decreased, but I did not lose the job</strong></td>
</tr>
<tr>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>2.3</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Source: CPD, UN Women second assessment of COVID-19 impact

Job losses and the reduction of hours worked had a significant impact on wage income. Globally, the pandemic has caused an estimated wage loss of 6.5% on average (excluding wage subsidies), which is mainly due to the reduction of worked hours\(^\text{169}\). A quarter of women who continued to go to work during the quarantine faced a salary reduction, twice as high compared to that of employed men. At the same time, women faced greater salary delays and pay cuts during the lockdown. Although pay inequality was a widespread phenomenon in the labor market before the outbreak of the COVID-19 pandemic, the pandemic worsened it, increasing the risk that the discrepancy would increase in the coming years. The COVID-19 crisis is likely to increase vulnerability among already vulnerable groups - more than 20% of workers say they expect a pay cut in the next three months. The most affected by the crisis, from a financial perspective, turn out to be low-skilled workers, who disproportionately experienced employment declines due to work in low-paid occupations, which were hardest hit.

The COVID-19 pandemic had also important implications for healthcare. The access to healthcare services was challenging even before the pandemic outbreak, especially for vulnerable groups. According to a survey on gender inequalities in Moldova\textsuperscript{170}, a significant share of vulnerable people has no access to healthcare services: about 50\% of people in households with disabilities did not access medical services, even if they needed to. In the same situation were low-income households, the older persons and women. In 2018, about 40\% of older persons did not see a doctor even if they had health issues. The unmet need for health services for older people has been increasing during the COVID-19 pandemic. According to Generations and Gender Survey (GGS 2020), about 30\% of persons aged 60+ years old faced unmet medical needs. This is because of barriers associated with the financial vulnerability of this group, an overwhelmed health system, as well as with safety concerns and the risk of getting infected in a health facility\textsuperscript{171}.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure87.png}
\caption{Impact of COVID-19 on wages}
\end{figure}

\textit{Source: CPD, UN Women survey}

\textbf{The COVID-19 pandemic had also important implications for healthcare.} The access to healthcare services was challenging even before the pandemic outbreak, especially for vulnerable groups. According to a survey on gender inequalities in Moldova\textsuperscript{170}, a significant share of vulnerable people has no access to healthcare services: about 50\% of people in households with disabilities did not access medical services, even if they needed to. In the same situation were low-income households, the older persons and women. In 2018, about 40\% of older persons did not see a doctor even if they had health issues. The unmet need for health services for older people has been increasing during the COVID-19 pandemic. According to Generations and Gender Survey (GGS 2020), about 30\% of persons aged 60+ years old faced unmet medical needs. This is because of barriers associated with the financial vulnerability of this group, an overwhelmed health system, as well as with safety concerns and the risk of getting infected in a health facility\textsuperscript{171}.

\textsuperscript{170} Unequal Moldova: an analysis of the most important gender inequalities, CPD, 2018
\textsuperscript{171} Assessment of COVID-19 Pandemic Risks on the Older Persons in the Republic of Moldova, UNFPA, 2020
The COVID-19 pandemic resulted in a surge in physical and mental health concerns and has disproportionately impacted women and girls. The stress associated with isolation and distancing measures, increased risk of domestic violence and uncertainty about the future. These are some of the channels through which the COVID-19 pandemic has impacted the psycho-emotional wellbeing of population and aggravated health issues. More than 15% of the population of Republic of Moldova had personally had one family member suffering from disease (other than COVID-19) during the lockdown, the most vulnerable people having been the older persons. Young people were also affected by the pandemic: a share of 20% of them reported a worsening of their psycho-emotional state during the pandemic crisis, compared to the first months of 2020 (January, February). The negative effects of lockdown measures were felt the most among girls, young people in urban areas and those with modest income. Young people with disabilities were more affected by the restrictions imposed during the pandemic. A share of 38% of young people with disabilities experienced high levels of anxiety, compared to 29.5% of those without disabilities. The psycho-emotional well-being of young people in cities was affected to a higher degree: it worsened in the case of 25.7% of young people in rural areas and 34.4% in urban areas. The mental and emotional health of the population was affected with the spreading of the epidemic and the enforcement of lockdown measures (about 40%). Women, who took on most of the household duties and spent more time in lockdown than men, were the most affected (48%).

The pandemic also exposed most of the population to uncertainties and anxiety. The fear for one’s health, the fear of losing someone dear and the financial and social pressure caused a greater risk of mental/emotional health issues, frustrations and anxiety among the population. Most of the population reported being concerned both with the physical and mental health of their own or of their family members (more than 75%)\(^{173}\). Furthermore, one key concern of the population was the physical security and well-being during the pandemic crisis. More than 70% of the population reported being afraid of rights violations during the state of emergency, mass riots and even domestic violence. Women were more likely to report anxiety and psychological pressure because of the social distancing measures and social constraints (time spent in lockdown at home, household duties, among other factors.). For many older persons, isolation is likely to induce mental health effects. The isolation of older persons is likely to intensify the crisis of loneliness in this group. Recent research\(^{174}\) shows that loneliness among older persons can become a social determinant with deep effects on their health and well-being. About 60% of older people reported it was difficult for them to endure self-isolation. The isolation and loneliness of the older persons could determine the increase in suicide rates, alcohol consumption and worsening of chronic diseases.

\(^{170}\) COVID-19 and Young People: The Effects of the Pandemic on Psycho-emotional Well-being, CPD, UNFPA, 2020
\(^{171}\) COVID-19 in the Republic of Moldova – tracker surveys; East-Europe Foundation, CBS-Research, 2020
\(^{172}\) Assessment of COVID-19 Pandemic Risks on the Older Persons in the Republic of Moldova, UNFPA, 2020
**VIII. The impact of Covid-19**

*Figure 89. Health conditions and concerns of population during COVID-19 pandemic,* %

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Physical Illness</th>
<th>Illness of a family member</th>
<th>Mental / emotional health affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>9.5</td>
<td>5</td>
<td>31.4</td>
</tr>
<tr>
<td>60+</td>
<td>15.8</td>
<td>7.2</td>
<td>39.8</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>10.6</td>
<td>6.2</td>
<td>48.4</td>
</tr>
<tr>
<td>60+</td>
<td>15.8</td>
<td>7.2</td>
<td>39.8</td>
</tr>
<tr>
<td><strong>18-19</strong></td>
<td>5</td>
<td></td>
<td>36.7</td>
</tr>
<tr>
<td>30-44</td>
<td>7.4</td>
<td>5.3</td>
<td>39.5</td>
</tr>
<tr>
<td>45-59</td>
<td>11.6</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td><strong>60+</strong></td>
<td>15.2</td>
<td>7.5</td>
<td>41.3</td>
</tr>
<tr>
<td>Children present</td>
<td>7.6</td>
<td>5.2</td>
<td>40.8</td>
</tr>
<tr>
<td>Elderly present</td>
<td>15.2</td>
<td>7.5</td>
<td>41.3</td>
</tr>
</tbody>
</table>

**Assessment of COVID-19 impact on gender roles; CPD, UN-Women, 2020**

How concerned are you about...?

<table>
<thead>
<tr>
<th>Concern</th>
<th><strong>Women</strong></th>
<th><strong>Men</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Your health</td>
<td>80</td>
<td>70</td>
</tr>
<tr>
<td>Family members' health</td>
<td>81</td>
<td>79</td>
</tr>
<tr>
<td>Stress induced by the quarantine</td>
<td>72</td>
<td>55</td>
</tr>
<tr>
<td>Mass riots</td>
<td>80</td>
<td>59</td>
</tr>
</tbody>
</table>

*Source: CPD, UN Women rapid assessment of COVID-19 impact*[^25]
POLICY RECOMMENDATIONS

1. To limit the spread of the COVID-19 pandemic, it is important to enable remote work options for both women and men, in sectors where this possibility exists. International evidence shows that governments took measures to stimulate remote work and simplify procedures governing its use by both employers and employees. Some countries have simplified the procedure, allowing companies and employees to work remotely without a prior agreement with trade unions and written agreement, whereas others have accelerated public programs to support the digitization of small and medium-sized enterprises. Some countries have provided subsidies for introducing flexible working arrangements.

2. Support for essential workers with additional family and childcare needs, most of whom are women. The COVID-19 crisis has increased demands on family care. Women took over the role of caring for relatives who contracted COVID-19 or who were in quarantine or self-isolation. With the restrictions on social distance, childcare services/facilities, schools and other social care services have been reduced or discontinued, including for older persons and people with disabilities. Although educational institutions have opened, the activity regime is flexible, with a mixed schedule of online classes and physical presence. Such an arrangement becomes a challenge for women who go to work every day or for single-parent families, who must individually find solutions to combine care tasks with work obligations. Therefore, it is important that the authorities come up with support measures, such as: alternative childcare options for parents in “essential” occupations, the right to special paid leave or income support for a specified period of time, the right to a flexible work regime with the preservation of all job opportunities, etc.

3. Additional support measures to encourage the presence of women in the labour market. Women have suffered the most from the COVID-19 crisis in the labour market, as they have a strong presence in front-line occupations (such as the health and social care sector, the services sector, etc.). At the same time, women have been particularly hard hit by the crisis in terms of higher job and income losses, poor mental health and overwork in the home and caring for the home. This could affect longer-term employment prospects and widen the gender gap in employment. In this regard, in the post-quarantine period it is necessary to consolidate and adjust initiatives and policy documents to address the economy and the labor market, by introducing specific measures to improve the presence of women in the labor market. These could include measures to strengthen family-friendly working arrangements and encourage a more balanced share of care responsibilities; improving access to affordable care services, including childcare, extracurricular services; improving working conditions for health workers and other essential workers.
4. Ensuring financial security and employment support for workers severely affected by the crisis. Despite efforts to protect jobs and support employees, some workers still lost their jobs and became unemployed. Another part who lost their jobs did not register as unemployed, that placed them in a risky area of vulnerability. Many more workers faced a considerable reduction in working hours, which had significant implications for income during the quarantine period, and others were forced to suspend or substantially reduce their business operations. Unemployment benefits and other support programs for the unemployed cushion the loss of income for households affected by job loss or a significant decrease in income from self-employment. They are crucial for reducing economic difficulties and helping to stabilize the economy. However, it is very important that support measures and programs consider the needs and challenges of all categories of workers. For example, workers in the non-formal sector or in non-standard activities are poorly covered by social protection systems, which increases their vulnerability in times of crisis. The support package must ensure sufficient access and coverage to social and financial protection measures for all categories of workers.
# ANNEX 1: STRUCTURE OF FOCUS GROUP DISCUSSIONS

<table>
<thead>
<tr>
<th>#</th>
<th>Participants</th>
<th>Number of participants</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Older women</td>
<td>7</td>
<td>15.05.2021</td>
</tr>
<tr>
<td>2</td>
<td>Roma women</td>
<td>6</td>
<td>15.05.2021</td>
</tr>
<tr>
<td>3</td>
<td>Women survivors of gender-based violence</td>
<td>7</td>
<td>16.05.2021</td>
</tr>
<tr>
<td>4</td>
<td>Women with disabilities</td>
<td>7</td>
<td>16.05.2021</td>
</tr>
<tr>
<td>5</td>
<td>LGBTQ + women</td>
<td>10</td>
<td>29.04.2021</td>
</tr>
<tr>
<td>6</td>
<td>Women representing low-income households</td>
<td>9</td>
<td>12.05.2021</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td></td>
</tr>
</tbody>
</table>

# ANNEX 2: DESIGN OF THE KEY INFORMANT INTERVIEWS

<table>
<thead>
<tr>
<th>#</th>
<th>Participants</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Women with disabilities</td>
<td>2</td>
<td>Entrepreneur, local councilperson</td>
</tr>
<tr>
<td>2</td>
<td>Roma women</td>
<td>2</td>
<td>Community mediator, local councilperson</td>
</tr>
<tr>
<td>3</td>
<td>Female entrepreneurs</td>
<td>1</td>
<td>Grant beneficiary of OD-I MM</td>
</tr>
<tr>
<td>4</td>
<td>Women survivors of gender-based violence</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>Service providers</td>
<td>3</td>
<td>Representative of the National Employment Agency, Social worker, Mayor</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td></td>
</tr>
</tbody>
</table>
ANNEX 3: LIST OF PARTICIPANTS TO THE CSO CONSULTATIONS

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Organization/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Rodica Ivașcu</td>
<td>CPD</td>
</tr>
<tr>
<td>2.</td>
<td>Alexandra Ermolenco</td>
<td>CPD</td>
</tr>
<tr>
<td>3.</td>
<td>Lucreția Ciurea</td>
<td>UN WOMEN</td>
</tr>
<tr>
<td>4.</td>
<td>Aliona Cristei</td>
<td>UNFPA</td>
</tr>
<tr>
<td>5.</td>
<td>Tatiana Sorocan,</td>
<td>Director HelpAge International</td>
</tr>
<tr>
<td>6.</td>
<td>Dina Ciubotaru</td>
<td>Coordonator Program HelpAge International</td>
</tr>
<tr>
<td>7.</td>
<td>Cristina Railean</td>
<td>Coordonator Politici și Advocacy HelpAge Interna-</td>
</tr>
<tr>
<td>8.</td>
<td>Marina Cucereanu</td>
<td>AO Prudens (Răspopeni, Șoldănești)</td>
</tr>
<tr>
<td>9.</td>
<td>Larisa Chirilenco</td>
<td>AO Avante (Cazangic, Leova)</td>
</tr>
<tr>
<td>10.</td>
<td>Ludmila Vasilov</td>
<td>DVV International (Chișińău)</td>
</tr>
<tr>
<td>11.</td>
<td>Domnica Petrovici</td>
<td>AO Oameni pentru Oameni (Edineț)</td>
</tr>
<tr>
<td>12.</td>
<td>Svetlana Jugaranaru</td>
<td>CRVT Memoria (Chișińău)</td>
</tr>
<tr>
<td>13.</td>
<td>Veronica Mocan</td>
<td>CMF Empatie (Tudora, Ștefan-Vodă)</td>
</tr>
<tr>
<td>14.</td>
<td>Galina Climov</td>
<td>AOPD</td>
</tr>
<tr>
<td>15.</td>
<td>Viorica Aftene</td>
<td>AOPD</td>
</tr>
<tr>
<td>16.</td>
<td>Alina Prodan</td>
<td>AOPD</td>
</tr>
<tr>
<td>17.</td>
<td>Angela Barbaiani</td>
<td>AOPD</td>
</tr>
<tr>
<td>18.</td>
<td>Olesea Topal</td>
<td>AO „Stoicii“</td>
</tr>
<tr>
<td>19.</td>
<td>Emma Matreniuc</td>
<td>AO „Vivere“</td>
</tr>
<tr>
<td>20.</td>
<td>Natalia Covrig</td>
<td>CPD</td>
</tr>
<tr>
<td>21.</td>
<td>Ion Digori</td>
<td>AO „Servicii Sociale Durabile“</td>
</tr>
<tr>
<td>22.</td>
<td>Ludmila Ciocan</td>
<td>Keystone Moldova</td>
</tr>
<tr>
<td>23.</td>
<td>Ecaterina Cojocar</td>
<td>AO Centrul «Женская инициатива»</td>
</tr>
<tr>
<td>24.</td>
<td>Viorica Vornicescu</td>
<td>AO „SOS Autism“</td>
</tr>
<tr>
<td>25.</td>
<td>Natalia Dediu</td>
<td>AO „Parteneriatul Aachen-Moldova“</td>
</tr>
<tr>
<td>26.</td>
<td>Elena Crîșmari</td>
<td>AO „Alianța pentru Dolna“</td>
</tr>
</tbody>
</table>

15 September, consultation event with Alliance of Organizations for People with Disabilities of the Republic of Moldova “(AOPD)"
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>27.</td>
<td>Diana Jalbă</td>
<td>AO „Alianța pentru Dolna”</td>
</tr>
<tr>
<td>28.</td>
<td>Eduard Mihalaș</td>
<td>UNFPA</td>
</tr>
<tr>
<td>29.</td>
<td>Nighina Azizov,</td>
<td>UN WOMEN</td>
</tr>
<tr>
<td>30.</td>
<td>Alina Andronache</td>
<td>CPD</td>
</tr>
<tr>
<td>31.</td>
<td>Alina Andronache</td>
<td>CPD</td>
</tr>
<tr>
<td>32.</td>
<td>Alexandra Ermolenco</td>
<td>CPD</td>
</tr>
<tr>
<td>33.</td>
<td>Ion Duminică</td>
<td>CVR</td>
</tr>
<tr>
<td>34.</td>
<td>Elena Sârbu</td>
<td>CVR</td>
</tr>
<tr>
<td>35.</td>
<td>Aliona Cristei</td>
<td>UNFPA</td>
</tr>
<tr>
<td>36.</td>
<td>Lucreția Ciurea</td>
<td>UN WOMEN</td>
</tr>
<tr>
<td>37.</td>
<td>Victoria Ignat</td>
<td>UN WOMEN</td>
</tr>
</tbody>
</table>

17 September, consultation event with the Voice of the Roma Coalition (CVR)