



POLICY PAPER

AT THE INTERSECTION OF GENDER, DISABILITY AND FORCED DISPLACEMENT

IDENTIFYING THE CHALLENGES AND NEEDS OF REFUGEE WOMEN
WITH DISABILITIES IN GEORGIA AND THE REPUBLIC OF MOLDOVA



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AT THE INTERSECTION OF GENDER, DISABILITY AND FORCED DISPLACEMENT

Identifying the challenges and needs of refugee women
with disabilities in Georgia and the Republic of Moldova

Accessibility, Disability Inclusion and Intersectionality

UN Women

New York, 2025



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This paper highlights the main challenges faced by Ukrainian refugee women with disabilities and their specific needs in Georgia and the Republic of Moldovaⁱ in 2023–2024. The paper seeks to raise awareness on the unique experiences of refugee women with disabilities due to their intersecting identities, and to provide a set of recommendations to improve the situation of refugees with disabilities that are still in the country. It will also serve to guide responses to other similar situations in the future (i.e. in humanitarian response and service-delivery).

The analysis was based on a desk review and research stemming from a Needs Assessment of refugees with disabilities in Georgia and Moldova with a gender lens,ⁱⁱ as well as on additional qualitative data collected in Moldova through key informant interviews.ⁱⁱⁱ

BACKGROUND

Approximately 16 per cent of any community may be persons with disabilities.^{iv} These rates may be higher in communities that have fled conflict or disaster, as during crises people may acquire new impairments and have limited access to medical treatment.^v Persons with disabilities are often among the most vulnerable and disproportionately affected groups during forced displacement situations.

Since the full-scale Russian invasion in Ukraine in 2022, millions of people have been forced to flee, with nearly 6.9 million refugees seeking safety in other countries, including to neighbouring countries like Georgia and Moldova, while 3.7 million people have been internally displaced within Ukraine^{vi} – 1.8 million of them are women and girls (57 per cent).^{vii} Women and children also make up the majority of displaced persons from Ukraine. According to UN Women estimates, around 60 per cent of the 7.7 million internally displaced adults are women while 90 per cent are women and children, making it one of the most gendered displacement crises of our times.^{viii}

Needs assessments conducted in 2023 in both Georgia and Moldova showed that the gaps in data and inadequate policy responses resulted in the unmet needs of displaced persons with disabilities.^{ix} While acknowledging that there are differing legislative and institutional contexts regarding disability in Georgia and Moldova that affect access to services differently, in both countries Ukrainian refugees with disabilities face a complex array of challenges spanning from physical and information accessibility to access to healthcare, education and employment. The intersection of gender and disability exacerbate these challenges: for example, a lack of accessible facilities or information inaccessibility can leave women and girls with disabilities unable to obtain critical services related to gender-based violence or sexual and reproductive rights.

KEY CHALLENGES AND NEEDS OF REFUGEE WOMEN WITH DISABILITIES

1. LACK OF AN INTERSECTIONAL APPROACH TO DATA

Intersectionality is a concept for uncovering and understanding the experiences and challenges faced by individuals who occupy multiple and intersecting identities.^x There is a need to use disaggregated data to capture the intersecting identities of displaced persons. The absence of gender- and disability-disaggregated data significantly undermines the ability to design both gender-responsive and disability-inclusive refugee crisis response. In Moldova and Georgia, available data on refugees do not capture the intersecting identities of women with disabilities, thus diminishing the evidence base and potentially resulting in less tailored policy interventions.

While gender-disaggregated data are more available, needs assessments in both Georgia and Moldova have reported that there is insufficient disability-disaggregated data.^{xi} For instance, data collected in Georgia and Moldova had focused only on household level, where in Moldova it was reported that 22 per cent of refugee households have at least one family member with specific needs, such as a disability or serious medical condition^{xii} and in Georgia, 9 per cent of respondents reported having at least one household member with a disability.^{xiii} Household-level data do not reflect the individual needs of women with disabilities. Without accurate data on the number of refugee women with disabilities, the types of disabilities they live with, and the specific challenges they face, an intersectional lens^{xiv} cannot be integrated into policy solutions. The disaggregated individual-level data

on refugees by age, gender and disability could be further complemented with data on legal status, geographic location, caregiver presence and other risk factors, such as single-motherhood, pregnancy status, etc. Human rights-based approaches to data principles should be followed, especially regarding informed consent and data privacy protection during the data collection process.^{xv}

2. PHYSICAL AND INFORMATION ACCESSIBILITY

The physical accessibility of infrastructure – such as refugee shelters, housing, healthcare facilities, schools and government offices – is often inadequate. In both Georgia and Moldova, many buildings lack ramps, elevators, wide doors or accessible toilets, making it extremely difficult for women with mobility impairments to get around. Some Ukrainian refugee women were even refused shelter due to the facilities being wheelchair-inaccessible:

A refugee woman with locomotor disabilities was refused by several temporary accommodation centres due to the inability to access physical spaces, which increased the feeling of marginalization and isolation, but also because the centres hosted many men and the administration could not guarantee women with disabilities individual space to protect them from sexual harassment.^{xvi}

Accessible transport and maintenance of assistive devices are also essential components of (physical) accessibility.

Information and communication accessibility is equally crucial. Many Ukrainian refugee women with disabilities are unaware of available services or unable to access information due to language barriers or lack of materials in accessible formats for people with sensory disabilities. At the onset of the refugee response, accessible information was largely lacking: key announcements, service directories and registration procedures were not provided in formats accessible to those with visual, hearing or intellectual disabilities.^{xvii} While over time efforts have been made to produce information materials in Braille, large print, audio, videos with sign-language interpretation, or simplified language documents, these efforts are not yet systematic or comprehensive. Such information materials should also be distributed through adapted information channels – including social media, messaging apps or SMS. Many refugee women with disabilities remain unaware of available services simply because they cannot access the information. Moreover, communication support services (such as sign-language interpretation or assistive technology devices) are often unavailable when these refugee women engage with service-providers.^{xviii} This further marginalizes refugee women with disabilities in their host communities.

3. ACCESS TO HEALTH CARE AND WELL-BEING

Healthcare services in the host countries are not yet fully inclusive: while refugee women with disabilities can obtain basic healthcare on paper, they struggle to get accessible, affordable and disability-sensitive services (including assistive devices and rehabilitation) necessary for their well-being.^{xix} In Georgia, persons with disabilities who have an official status recognized in Ukraine are not entitled to access relevant services in Georgia, because Georgian legislation restricts disability determination procedures exclusively to citizens and permanent residents and only those who were granted this status in Georgia can access relevant services.^{xx}

Further intersecting vulnerabilities, such as geographical location, may compound unmet healthcare needs for Ukrainian refugee women. For example, in Moldova, regional disparities in access to healthcare were notable, with the largest proportion of people with disabilities lacking access to healthcare in the central and southern regions of Moldova (14.3 and 16.7 per cent respectively, as compared to the 9.8 per cent average), possibly indicating fewer specialized healthcare services in those regions.^{xxi}

The inaccessibility of healthcare facilities further hampers access for women with disabilities to receive specialized care: for example, clinics may lack sign-language interpreters or step-free access, effectively denying services to those with hearing or mobility impairments.

A refugee woman with a hearing disability encountered major difficulties accessing medical services. The lack of sign-language interpreters in the clinics made communicating and understanding medical procedures a major challenge for her.^{xxii}

The insufficient amount of adapted equipment and trained providers in healthcare facilities may also mean that women with mobility impairment or with other types of disabilities may be unable to get routine examinations or prenatal services, thus hindering their sexual health and reproductive rights.

A refugee woman with a physical disability could not access adequate gynaecological services due to the lack of an adapted gynaecological chair in the region where she was located.^{xxiii}

The examples above illustrate not only the physical difficulties experienced by refugee women with disabilities, but also insufficient consideration of the specific needs of local women with disabilities in the planning and delivery of health services.

Mobile teams of healthcare service-providers and “disability-friendly” clinics, as well as sign-language interpreters and guides for blind individuals were suggested as possible solutions by the interviewed

key experts. It is noted that Moldova offers access to personal assistants in certain regions, but this is not uniform and often inaccessible to refugees.

4. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

The trauma of war and displacement, combined with stigma and discrimination due to disability status, have created a critical need for mental health services and psychosocial support among refugees with disabilities. Refugee women and girls with disabilities may face complex psychological trauma that requires specialized interventions and long-term support.

A refugee woman with a psychosocial disability (mental health condition) in Moldova needed ongoing psychiatric support after arrival, but local providers had little experience with refugee trauma or the specific needs of women with psychosocial disabilities. She faced significant barriers in finding a specialist willing and able to treat her, highlighting a gap in provider training and availability.^{xxiv}

Humanitarian organizations and NGOs do offer some psychological first aid or counselling for refugee women with disabilities, but these are short-term and cannot replace a robust mental healthcare system. Yet, mental health services are insufficiently developed and not easily accessible, with service-providers having insufficient training both in treating survivors of conflict-related and/or sexual trauma and knowledge about disability.

In addition to improving the training of service-providers working with persons with disabilities, it is also important to introduce the need for adapted counselling methods, such as visual materials, simplified explanations, paired sessions, etc.

5. GENDER-BASED VIOLENCE (GBV)

Persons with disabilities, in particular women and girls, report that they feel more susceptible to violence, abuse and exploitation, including online violence.^{xxv} Sometimes physical accessibility to services, including GBV response services, can

be constrained for people with disabilities, due to inadequate infrastructure, sidewalks and buildings that create barriers for them.^{xxvi}

Protection from violence and exploitation is a paramount concern for refugee women, and even more so for those with disabilities who may be less able to protect themselves or seek help. Both in Moldova and Georgia, women with disabilities have reported instances of being exposed to gender-based violence, abuse or sexual exploitation during displacement.^{xxvii} The vulnerability may also be compounded by living arrangements for refugees: in the early influx of refugees, accessible accommodation was scarce and some women with disabilities were placed in accommodations that did not ensure their safety or privacy. In Moldova, respondents from focus group discussions on GBV highlighted their concerns, including harassment, inadequate sanitary facilities and insufficient privacy and safety in refugee accommodation centres, including through staff intrusion.^{xxviii}

During the evacuation from Ukraine, a young woman with visual impairment was separated from her family and arrived in the Republic of Moldova without specific assistance. She experienced challenges of communication and access to essential information. The woman also reported feeling discriminated on the basis of gender, as she was placed in a centre where several men or couples were placed, being subjected to discriminatory attitudes and sexual harassment.

Sexual exploitation and abuse is a major risk faced by refugee women with disabilities. Legal and social services are ill-equipped to proactively safeguard vulnerable women with disabilities who cannot easily advocate for themselves. Furthermore, women with disabilities face heightened gender-based violence risks in private settings due to their dependency on caregivers or family members. Social isolation (losing their community support networks from home) can increase their reliance on potentially abusive caregivers. It underscores the need for more proactive and disability-aware GBV protection strategies. Even when women with

disabilities advocate for themselves and seek help, they can encounter accessibility barriers in justice and protection services. There are insufficient survivor-oriented approaches, as sexual and gender-based violence interventions should acknowledge the survivor's agency and ensure that their needs and rights are respected and prioritized.^{xxix}

BOX 1

Intersecting vulnerabilities at play: a case from Moldova

In one documented case in Moldova,^{xxx} a Ukrainian refugee woman with a psychosocial disability experienced sexual abuse and exploitation by her male caregiver, but did not initiate a formal complaint due to emotional dependence on her abuser. The abuser posed as her caregiver with kinship ties upon entering Republic of Moldova, declared them both as refugees, and brought the vulnerable woman to receive healthcare services. He then brought her back to war-torn Ukraine for further sexual exploitation before again re-entering Moldova to seek healthcare services for her.

Following a report by the management of the placement centre where she was housed, with the collective support of humanitarian actors and government authorities, the refugee woman in question received psychological, psychiatric and medical assistance. However, since she did not wish to file a formal complaint and left the country immediately after receiving the requested healthcare services, the legal mechanisms in Moldova did not allow the authorities to intervene.

The case illustrated multiple layers of vulnerability experienced by some refugee women with disabilities, including: emotional dependency on caregivers; caregivers falsely claiming kinship; caregivers sexually exploiting and abusing refugee women; the lack of clear mechanisms for confidential reporting (without a caregiver); and limited institutional safeguards for women with disabilities crossing borders from Ukraine to Moldova (and back). The absence of a formal complaint prevented authorities in Moldova from pursuing legal action, exposing significant gaps in survivor protection and response mechanisms for vulnerable women with disabilities.

Moreover, the case highlighted the lack of a legal basis or cooperation mechanisms between Ukraine and Moldova to protect and assist victims of sexual abuse and violence, especially among women with disabilities. This situation has created a legal vacuum in which victims, often without a voice or the means to seek help, remain exposed to further risks and abuse.

6. EDUCATION AND CAPACITY-DEVELOPMENT

Refugee women with disabilities experience challenges in accessing educational opportunities. For adult refugee women with disabilities, education often means language classes (to learn the local language), vocational training or higher education opportunities to build skills for employment in the host country. But even if educational opportunities arise, women with disabilities face a lack of inclusive education.

A young woman with learning disabilities wanted to participate in vocational training courses in Moldova, but encountered difficulties due to the lack of adapted educational materials and lack of flexible teaching methods.

Adult language classes provided for refugees are insufficiently tailored to diverse learning needs^{xxxii} – e.g., sign-language interpretation is not available for courses in Georgian or Romanian. Additionally, educational and training programmes rarely include reasonable accommodation.

A visually impaired woman encountered barriers to accessing libraries and online resources due to a lack of assistive technology and materials in an accessible format.

Key informants mentioned the lack of visual materials, inappropriate teaching pace, a lack of support for digital learning and no alternative childcare services as the main issues faced by refugee women with disabilities.

7. EMPLOYMENT AND LIVELIHOODS

Securing a livelihood is one of the greatest challenges for refugees in general. Even before the war, persons with disabilities and women often faced employment discrimination or limited job opportunities in their home communities. Among Ukrainian refugees, single women-headed households and refugees with disabilities face distinct barriers to employment, including a lack of flexible work, lack of alternative childcare services, language barriers, lack of job opportunities, a mismatch between skills

and available jobs and a lack of information about employment options.^{xxxiii} But intersection between gender, disability and forced displacement amplifies these issues.

A refugee woman with a locomotor disability actively sought employment, but faced repeated refusals, often due to employer prejudice and a lack of accessible workplace facilities.

Economic and employment opportunities for refugee women with disabilities remain extremely limited. Many of them face discrimination in the labour market and a lack of opportunities adapted to their needs, including lack of flexibility (part-time jobs, remote work, job adaptations). This leads to a vicious cycle of economic dependence and social marginalization. Negative social norms and social stigma from intersecting identities can also intensify discrimination against women with disabilities seeking employment opportunities.

A visually impaired refugee woman wanted to open her own business but faced difficulties in accessing funds and support for entrepreneurship. She was asked by the bank worker if she had a male business partner or a male guardian.^{xxxiii}

As a result, most displaced persons with disabilities rely on humanitarian cash assistance, personal savings or informal work to survive. In Moldova, the majority of refugees with disabilities reported depending on cash transfers or pensions and only sporadic informal jobs.^{xxxiv} This makes them highly vulnerable to poverty, as these income sources are unstable and often insufficient. While Moldova and Georgia had cash support programmes for refugees, none of these programmes accounted for the extra costs of disability – such as costs for medication, assistive devices and their maintenance, adapted transport or personal assistants. Without a disability allowance or supplement, a woman with a disability must stretch the same amount of assistance money to cover additional needs, effectively reducing her spending power for basics like food and hygiene. Needs assessments in Georgia reported

that refugees with disabilities find it extremely difficult to cover basic needs under current assistance levels.^{xxxv}

8. PARTICIPATION AND INCLUSION IN DECISION-MAKING

Refugee women with disabilities often have little say in the decisions and policies that impact their lives. A woman with a disability might not attend community meetings because the venue is inaccessible, or she lacks adequate transport. If she does attend, there may be no sign-language interpreter or materials in accessible formats, effectively excluding her from the discussion.

In Moldova a woman with physical disability could not participate in community meetings or information sessions organized for refugees due to the lack of accessibility in public spaces.^{xxxvi}



International Day of Persons with Disabilities Event 2024 in Moldova by UN Women. Photo: UN Women/Stela Dontu

Boosting the participation of refugee women with disabilities – through accessible feedback mechanisms, their inclusion in refugee advisory groups and partnerships with organizations of people with disabilities – is essential for effective refugee response programmes.

RECOMMENDATIONS

Humanitarian-Peace-Development Nexus approaches in forced displacement situations can offer a framework that goes beyond addressing immediate needs and expand the scope of policy response by integrating humanitarian response interventions into existing national systems considering longer-term development objectives.^{xxxvii} To ensure more gender-responsive and disability-inclusive policy responses in Georgia and Moldova (and other displacement-affected countries in similar situations), the following actions are recommended for policymakers, humanitarian and development actors, and other stakeholders:

- **Adopting an intersectional approach to data collection and use:** to establish robust data collection on refugees with disabilities, disaggregated by gender, age and type of disability. The data collection should incorporate the Washington Group Short Set^{xxxviii} disability questions set into registration and needs assessment processes, as well as adaptations

for children^{xxxix} and people with psychosocial disabilities. Improved data will help identify how many women with disabilities are affected and what specific barriers they face, enabling more targeted policy responses.

- **Introducing accessibility audits:** to use standardized tools for accessibility audits^{xl} in refugee centres, hospitals and other public spaces.
- **Ensuring accessible information and outreach:** to make all information on refugee services, rights and processes available in **accessible formats** (e.g. Braille, large print, easy-read, sign-language videos, multiple languages, etc.). A coordinated communication strategy should be developed so that refugee women with disabilities know what services are available and how to access these (including specialized services on GBV and sexual and reproductive health rights). Proactive outreach is needed to reach those refugee women who may be isolated or unaware of services.

- **Expanding healthcare inclusivity and accessibility:** to review healthcare facilities and services for accessibility and make necessary modifications – for example, install ramps and accessible toilets in clinics, procure adjustable examination tables and other adaptive equipment for women with disabilities, and ensure the availability of health professionals trained in disability inclusion. It is also recommended to expand coverage to include rehabilitation services, assistive devices and essential medications for chronic conditions.^{xli} Additionally, **sexual and reproductive health services** need to be improved by training providers on the needs of women with disabilities and ensuring that these services (like gynaecological exams, maternal healthcare, family planning) are accessible, both physically and communications-wise.
- **Strengthening mental health and psychosocial support:** to create and expand mental health and psychosocial services tailored for refugee women who have experienced trauma related to conflict and forced displacement and who have disabilities. This could include setting up mobile psychosocial support teams with expertise in both trauma counselling and disability, as well as partnering with organizations specializing in mental health. It is also important to ensure that materials and counselling techniques are adapted (for instance, using visual aids for those with hearing impairments, or simplified language for women with intellectual disabilities). The outreach to women with disabilities who may be unlikely to seek help on their own should be prioritized.
- **Enhancing GBV response services:** to develop disability-inclusive protocols for preventing and responding to gender-based violence. This could include training all staff in shelters, police units, social services and GBV hotlines on how to adequately support survivors with disabilities (e.g. how to communicate with a deaf survivor, or how to recognize signs of abuse in someone with an intellectual disability). It is crucial to **ensure that all facilities are accessible** – this means having sign-language interpreters or assistive technology available, wheelchair access to safe shelters and clinics and confidentiality protocols that account for caregivers or interpreters in the room. It is important to establish disability-friendly safe spaces for women within refugee accommodations, providing privacy and security for women who may be vulnerable. Efforts should be made to integrate women with disabilities into community watch or peer support networks, so they have someone looking out for their safety. The improvement of legal frameworks is also necessary to better protect those who cannot advocate for themselves: for example, allow for ex officio investigation and prosecution of abuse against persons with intellectual or psychosocial disabilities, even if they cannot formally complain. Collaboration with specialized NGOs can help identify at-risk women early and connect them to GBV response services.
- **Facilitating cross-border protection cooperation:** as a special measure, including by establishing cooperative mechanisms between the Government of Ukraine and neighbouring host governments to handle cross-border protection. This could involve information-sharing agreements about known cases of exploitation or abuse, mechanisms to continue guardianships or protective orders across borders and joint case management for particularly complex situations. By improving cross-border legal cooperation, authorities can prevent abusers from escaping justice due to jurisdictional gaps and ensure the continuity of care for survivors who relocate.
- **Creating options for more inclusive education:** to offer language and vocational courses with reasonable accommodation: for example, arranging interpretation for class participants who have hearing impairment, providing materials in accessible formats, and allowing flexible scheduling for those refugee women with disabilities who have medical appointments or caregiving duties. This could be achieved in collaboration with NGOs that specialize in inclusive education.

- **Supporting access to employment and entrepreneurship:** by developing initiatives and programmes to support access to the labour market and entrepreneurship for women with disabilities, including by providing specific training and support in accessing financial resources. This can include developing targeted livelihood programmes to economically empower refugee women with disabilities. This can equally include **job placement services** that work with employers, offer vocational training tailored to actual demand (with reasonable accommodations provided during training), and apprenticeships or internship opportunities that give women work experience in the host country. Given the difficulties in formal employment, **entrepreneurship programmes** could be particularly promising, providing small grants or microfinance and mentorship to women with disabilities to start their own small businesses or cooperatives. Additionally, host countries should consider
- adjusting cash assistance programmes to include a disability allowance or supplement that recognizes the additional costs of living with disabilities.
- **Fostering the participation and leadership of refugee women with disabilities:** by encouraging and supporting the active participation of refugee women with disabilities in the community, including in decision-making processes that affect their lives. It is crucial to solicit feedback from women with disabilities, include them in decision-making, and provide support for the leadership of refugee women with disabilities in their communities: for example, to help them form peer-support groups or advocacy groups. Humanitarian response should go beyond seeing women with disabilities as beneficiaries – they should be recognized as partners and leaders in the refugee crisis response.



Dialogue in the context of the International Day of Persons with Disabilities, Moldova 2024. Photo UN Women/Stela Dontu

ENDNOTES

- i. Henceforth Moldova.
- ii. The Needs Assessment research was conducted in 2023 by the World Health Organization (WHO), UN Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), the Office of the High Commissioner for Human Rights (OHCHR) and UN Women as part of the Joint Programme ‘Mainstreaming a disability-inclusive humanitarian response to the Ukrainian refugee crisis in Moldova and Georgia’, funded by the UN Partnership on the Rights of Persons with Disabilities (UNPRPD). UN Women has led the research and analysis focused on gender issues.
- iii. The qualitative research in Moldova was conducted by the Association of Entrepreneurs with Disabilities ‘European Abilities Without Limits’ in autumn and winter of 2023–2024 with the support of UN Women Moldova. There were 10 key informants who have a deep understanding of the issues affecting refugee women with disabilities in Moldova. Among these informants, three were representatives of three disability-focused NGOs that provide services to Ukrainian refugee women with disabilities; five were refugee women (including refugee women with disabilities); and two were representatives of local public administrations involved in service-delivery to refugee women.
- iv. WHO 2022.
- v. WRC, IRC 2020.
- vi. UNHCR 2025.
- vii. UN Women 2025.
- viii. UN Women 2023b.
- ix. OHCHR 2025a; OHCHR 2025b.
- x. UN Women 2021b.
- xi. OHCHR 2025a; OHCHR 2025b.
- xii. Disability Task Force 2023.
- xiii. UNHCR, World Vision 2024.
- xiv. UN Women 2021b.
- xv. OHCHR 2018.
- xvi. Association of Entrepreneurs with Disabilities of the Republic of Moldova - European Abilities Without Limits. 2023–2024. Key informant interviews conducted at the request of UN Women, and quality assurance follow-up interviews.
- xvii. OHCHR 2025b.
- xviii. UN Women 2023b.
- xix. OHCHR 2025a; OHCHR 2025b.
- xx. UNHCR, World Vision 2024.
- xxi. UN Women 2024.
- xxii. Association of Entrepreneurs with Disabilities of the Republic of Moldova, European Abilities Without Limits 2025.
- xxiii. Ibid.
- xxiv. Ibid.
- xxv. UNFPA 2024.
- xxvi. Ibid.
- xxvii. OHCHR 2025a; OHCHR 2025b.
- xxviii. OHCHR 2025b.
- xxix. UN Women 2020.
- xxx. Association of Entrepreneurs with Disabilities of the Republic of Moldova, European Abilities Without Limits 2025. The text in this box is based on this key informant interview, but has been anonymized and rewritten.
- xxxi. OHCHR 2025a.
- xxxii. UN Women 2023b.
- xxxiii. Association of Entrepreneurs with Disabilities of the Republic of Moldova, European Abilities Without Limits 2025.
- xxxiv. OHCHR 2025b.
- xxxv. OHCHR 2025a.
- xxxvi. Association of Entrepreneurs with Disabilities of the Republic of Moldova, European Abilities Without Limits 2025.
- xxxvii. OECD, UNHCR 2024.
- xxxviii. Washington Group on Disability Statistics. 2022. WG Short Set on Functioning (WG-SS).
- xxxix. WGDS, UNICEF 2022.
- xl. UN Women 2021.
- xli. OHCHR 2025a; OHCHR 2025b.

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