**WORLD BLIND UNION**

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**WBU submission to the CEDAW Committee’s General Discussion on rural Women**

56th Session, October 7, 2013

**The World Blind Union (WBU) is a global organisation that represents** theworldwide community of 285 **million** blind and partially sighted persons. “We envision ***a community where people who are blind or partially sighted are empowered to participate on an equal basis in any aspect of life they choose”.*** We have been working for more than 3 decades to make significant difference in the lives of millions of Blind/Partially sighted persons through our work in the areas of **Representation, Capacity Building, Resource Sharing and Accessibility** which includes our efforts to influence the policies and regulations of the UN and other international agencies to reflect the needs and views of blind and partially sighted persons. WBU operates through 6 regional unions who are comprised of organizations of and for the blind in some 190 countries.

The WBU is one of the key, active and founding members of the International Disability Alliance and also has consultative status with UN ECOSOC, WHO and a number of other relevant UN and international agencies.

The WBU wholeheartedly welcomes and sincerely appreciates the initiative of the Committee on the Convention for elimination of all forms of discrimination against women (*hereinafter referred as* “ CEDAW Committee”) to hold a half Day of General Discussion on rural Women which will lead-up to the adoption of a General Recommendation.

**General Comments:**

* World report on disability 2011 by WHO and World Bank states that there are one billion persons experience some form of disabilities who constitute 15% of the total population of the world. The well-established facts reveal that 80% of them live in developing countries and the same proportion of them live in rural areas with chronic poverty conditions. Lack of rehabilitation facilities, basic infrastructure and access to essential human needs and services has aggravated the condition which has resulted in the sheer exclusion and impoverishment of this most excluded and poorest of the poor section of the society.
* Increasingly growing disparity between rural and urban areas in the developing world in terms of human development indicators, opportunities to access education, health care and livelihoods has significantly contributed in worsening the situation of rural population in general and persons with disabilities in particular. One must acknowledge the fact that if this is the case of rural disabled people in general, the situation of rural disabled women is hard to imagine due to the dense marginalisation which they suffer on account of various factors that has further contributed to their de-humanisation and de-gradation.
* United Nations Convention on the Rights of Persons with Disabilities (hereinafter referred as( “UNCRPD” recognises the factors of multiple and dense marginalisation and exclusion which Women/Girls with disabilities in general and Blind/Partially sighted women/girls in particular who suffer in day to day life as a result of poverty, gender, ethnicity, religion, caste and cultural identities. The chance of exclusion, deprivation and denial of human rights and fundamental freedoms which they face are many times higher than the Women/Girls without disabilities and also significantly higher than the men/boys with visual disabilities. Several rights contained within the CRPD uphold the rights of women and girls with disabilities in general and those who are Blind/Partially sighted in particular by adopting the twin track approach through the dedicated article and explicit mention of Women/Girls with disabilities throughout the convention text:
* Article 3: General principles proclaim the gender equity and justice by incorporating an important principle of “Equality between men and Women” which reflects the demonstrated commitment of CRPD to Women/Girls with visual disabilities.
* Article 4(3)- Consultation and involvement of women with visual disabilities In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes on issues concerning women with visual disabilities. States Parties shall closely consult with and actively involve women and girls with visual disabilities through their representative organisations. This includes consultation and involvement of women and girls with visual disabilities with respect to all facets of life to make it effective and meaningful for all individuals.
* The above stated facts clearly unfold the grim reality of the vulnerable situation of Women with visual disabilities in general and those who live in rural areas in particular as a result of The Widening rural urban disparity, chronic poverty conditions and underdevelopment.

**Specific comments:**

* The chronic poverty conditions, low literacy rate and apathy of the family and negative attitudes of the community towards girls with visual disabilities, access to adequate food and nutrition has posed the serious threat to the right to life of Blind/Partially sighted girls in rural areas which has been exhibited through infanticide, starvation and unnatural death.
* Lack of rehabilitation and support services in rural areas; accessible transport system; chronic poverty conditions and negative attitudes towards girls with visual disabilities deprived them from accessing rehabilitation services including assistive devices, technology and support services which exist in urban areas in order to maximise their potential and cope with their impairment.
* Lack of adequate services to prevent avoidable blindness, eye health care services, and diagnosis, prognosis and treatment facilities in rural areas resulted in increased rate of blindness among girls and deprived them from retaining residual eye sight on a long term basis.
* Education is one of the fundamental and basic human rights enshrined in various UN instruments but unfortunately girls with visual disabilities have fewer chances of accessing quality education in rural areas due to lack of adequate support services, trained teachers, teaching and learning materials in the regular schools; nonexistence of special schools in rural areas; increased vulnerability to sexual and physical abuse in residential schools of urban areas; negative attitudes, fear and apathy of family members towards girls with visual disabilities. Access to assistive devices and technology is a distant dream for rural women/girls with visual disabilities due to the availability, affordability and negative attitudes of the family members. This has significantly contributed in limited functional abilities, dependency and isolation.
* Rural Women/Girls with visual disabilities have very lowest health outcomes as a result of lack of health care services in rural areas, level of awareness, and apathy of health care personnel. They have increased risk and vulnerability to morbidity, mortality, communicable and noncommunicable diseases, HIV infection and other sexually transmitted diseases. Lack of access to accessible information on general, sexual and reproductive health further contributed in exhibiting very lowest health outcomes. Health personnel in rural areas neither equipped to deal with specific needs Women/Girls with visual disabilities nor the training programmes on health care are accessible to them since they are largely based on visual media to cater the needs of rural population without or low literacy rate.
* Rural women have high risk of becoming the victims of rape and sexual abuse due to insecured environment in the house as a result of absence of their family members during day time who go for work and return only in the evening or nights. The neighbouring men take the advantage of their lack of awareness on reproductive and sexual health, helplessness, lack of adequate recreation and insecurity which has resulted in rape and sexual abuse. The studies have clearly revealed that rural Women with visual disabilities have been the victims of forced and caste based sex work. There are instances where often family members have exploited them sexually by taking the advantage of their helplessness and isolation.
* Absence of appropriate and adequate peer support of other skilled and educated blind/partially sighted women to rural women with visual disabilities for counselling, skill development, awareness on human rights, services and programmes, personal grooming, share issues and concerns has resulted in their isolation and invisibility. This has significantly affected their productivity, self esteem, self protection, assertion and articulation, independence and dignity.
* Lack of transport system in general and accessible transport system in rural areas, negative attitude of transport operators, family members and co-travellers has posed serious challenges to avail the services which exist in urban cities and towns. Lack of services for the training in orientation and mobility, life skills, home management have resulted in restricted mobility and deprived them from accessing health care and other essential services.
* Rural women with visual disabilities have very lowest economic outcomes as a result of lack of opportunities for education, vocational training, employment and livelihood opportunities in rural areas. They have been excluded from micro finance, savings, credit and self-employment ventures since the existing programmes do not meet the specific needs of rural women with visual disabilities. The existing skill development and micro credit programmes have viewed them as liabilities and defaulters. Even they do not have access to ancestral property. In some cases, they have access to property but they do not have possession rights and title in their name. There are instances where family members, particularly brothers or paternal uncles have committed the murder of Blind/Partially sighted women for property matters. In some other cases they were forced to leave house and become destitute. A combination of socio, economic and cultural factors have forced them for begging and sex work.
* Rural women with visual disabilities have less chances of getting married as a result of their economic productivity, lack of home management skills, negative attitudes of the society and increased dependency on family members. Even though they get married, they become second wife or wife of aged men. There are instances where Women with visual disabilities are forced to marry to their younger or elder sister’s husband.
* Access to justice has historically been a challenge for rural Blind/Partially sighted women. The act of lodging a complaint, seeking police assistance, engaging a lawyer, obtaining legal aid, testifying in court, participating in court proceedings or in investigations, among others, has, in most jurisdictions, been overwhelmingly frustrated by inaccessible mechanisms and procedures, lack of awareness and training of actors in the justice system, a lack of information, and general disability-based discrimination exercised in the law, policy and practice pertaining to the administration of justice. Rural women and girls with visual disabilities are frequently denied access to justice because they are not considered as credible or competent witnesses, and their complaints are not taken seriously if they are reported to the authorities. On the basis of stereotypes- in sexual assault cases, the general failure of society to see women with visual disabilities as sexual beings may result in judges, juries and police discounting the testimony of witnesses. While such practices violate Article 15 of CEDAW, Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD) and Article 16 of the International Covenant on Civil and Political Rights (ICCPR), in many jurisdictions, rural women with visual disabilities continue to be denied their legal personhood.
* The factors that contribute to acquiring HIV/AIDS are closely linked to extreme poverty which has increased the vulnerability of rural blind women to this disease. Unfortunately the mainstream programs that seek to stop the spread of HIV/AIDS through education and other prevention strategies, providing treatment to those already afflicted with the disease, were inaccessible to this group. HIV/AIDS is a particular problem for rural blind women, who represent at least 60% of the target population. Having less access to education, health care and employment; increased vulnerability to abuse and rape has further increased their vulnerability to HIV/AIDS. (Quadrennial report of African Union of the Blind 2012 on HIV/AIDS awareness project)
* Rural women with visual disabilities have increased vulnerability to exploitation, violence and abuse. Sighted family members of rural women with visual disabilities take the advantage of their helplessness, insecurity, lack of awareness on human rights and lack of support from the parents has resulted in forced labour in the house. Even though they get opportunity to work outside, they are paid less than other fellow workers. They are made to work more hours and become the victims of abuse and violence in the absence of fellow workers.

On the basis of the provisions enshrined in CEDAW, UNCRPD, international bill of rights and other UN and human rights instruments, World Blind Union makes the following **recommendations** to the CEDAW Committee:

1. Call upon states parties to Launch mass awareness generation campaign in fully accessible formats through public and private media towards the potentials of rural women with visual disabilities among public in accordance with article 8 of UNCRPD and other appropriate provisions of human rights instruments;
2. Call upon states parties to prepare comprehensive action plan with specific strategies and focus on rural women with visual disabilities through CBR and other approaches with enhanced access to rehabilitation services, eye health care, assistive devices and technology for the empowerment and holistic development of rural women with visual disabilities;
3. Call upon states parties to enact new law or amend the existing law in order to ensure adequate protection for rural women with visual disabilities against gender and disability based exploitation, abuse, violence and discrimination in accordance with article 15 and 16 of UNCRPD and other appropriate provisions of human rights instruments;
4. Call upon states parties to adopt and implement specific strategies and plans to promote right to education, health care, access to information in accessible formats and participation in public and political life of rural women with visual disabilities in accordance with article 24, 25, 29 of UNCRPD and other human rights instruments;
5. Call upon states parties to adopt specific strategies and measures to promote livelihoods, self-employment, skill development, access to credit, and appropriate social security measures for rural women with visual disabilities in accordance with article 27 and 28 of UNCRPD;
6. Build human resource and infrastructure particularly sensitive and accessible transport system in rural areas in order to facilitate the access of rural women with visual disabilities to appropriate rehabilitation services and facilities in a timely manner in accordance with article 26 of UNCRPD;
7. Ensure appropriate and adequate representation and active participation of rural women with visual disabilities in the decision making processes which affect their lives in accordance with article 4(3) of UNCRPD;
8. Ensure full and effective inclusion of rural women with visual disabilities in all the development actions and process of state, bilateral, multilateral and UN agencies in accordance with article 32 of UNCRPD;

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