**International Disability Alliance (IDA)**

Member Organisations:

Arab Organization of Persons with Disabilities, Disabled Peoples' International,

Down Syndrome International, European Disability Forum,

Inclusion International, International Federation of Hard of Hearing People,

Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families, Pacific Disability Forum World Federation of the Deaf, World Blind Union,

World Federation of the DeafBlind, World Network of Users and Survivors of Psychiatry

**IDA submission to the CEDAW Committee’s General Discussion on Rural Women**

**7 October 2013, 56th session**

The International Disability Alliance (IDA) is the network of global and regional organisations of persons with disabilities (DPOs) currently comprising eight global and four regional DPOs. With member organisations around the world, IDA represents the over one billion people worldwide living with a disability, the world’s largest – and most frequently overlooked – minority group. IDA’s mission is to promote the effective implementation of the UN Convention on the Rights of Persons with Disabilities, as well as compliance with the CRPD within the whole UN system, including in the work of the treaty bodies.

IDA welcomes the initiative of the Committee on the Elimination of Discrimination against Women (*hereinafter* “CEDAW Committee”) to hold a Day of General Discussion on rural women in the lead up to the adoption of a General Recommendation.

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1. **Introduction**

According to the World Bank and World Health Organization’s 2011 World Report on Disability, it is estimated that approximately 15% of the world’s population is made up of persons with disabilities, and that the male disability prevalence rate is 12% while the female 19.2%.[[1]](#footnote-1) Previous figures indicated that there were 325 million women and girls with disabilities in the world, most of whom live in rural areas of developing countries where women make up three quarters of the population of persons with disabilities.[[2]](#footnote-2) Studies on women with disabilities in rural areas of many countries in the Asia Pacific region have found that more than 80% of women with disabilities have no independent means of livelihood, and are thus totally dependent on others.[[3]](#footnote-3) The barriers facing women with disabilities in all communities are exacerbated in rural areas due to inaccessible environments, limited livelihood opportunities, absence or limited access to information and services including health, employment, education, lack of awareness, and pervasive stereotypes and negative attitudes toward persons with disabilities and women which compound to create situations of extreme isolation and exclusion for rural women and girls with disabilities.[[4]](#footnote-4)

Rural women and girls with disabilities face multiple and intersectional discrimination on account of their gender, disability and rural background which may also intersect with other identities such as age, belonging to certain social class, indigenous or minority ethnic group, religion, etc. As a result, they are subjected to multiple violations of their rights such as the right to family, education, employment, political participation, birth registration, social protection, health and access to justice, which renders them vulnerable to violence, abuse, exploitation and non-consensual harmful practices.

While generally the intersection of multiple discriminations has been recognised as a significant barrier to the enjoyment and exercise of human rights by the CEDAW Committee and other treaty bodies,[[5]](#footnote-5) to date there has been limited recognition of the intersections between gender, disability and rural background and a lack of concrete recommendations which target this group.[[6]](#footnote-6) Increased attention and targeted responses must be made to intersectional and multiple discrimination of this particular group and others, in order to better confront the barriers and overcome challenges to the full inclusion of women and girls with disabilities living in rural environments and their participation on an equal basis with others in society across the country.

1. **Challenges**

In particular, the following issues pose as challenges and adversely impact upon the lives of women and girls with disabilities living in rural areas:

**Stigma and discrimination**

The overarching negative attitudes toward women and girls with disabilities in rural settings largely echo those widely held across society. Often, however, women and girls with disabilities are seen as greater burdens in rural environments; first, there is often preference for male children and women and girls generally hold subordinate roles (manifesting in higher incidents of female infanticide, absence of birth registration, higher malnutrition amongst girls, preferential access to healthcare and education for boys, etc[[7]](#footnote-7)). Further, persons with disabilities are seen as unproductive and, frequently in many rural communities, they are looked upon as a curse or a bad omen for the family and community.

The lack of awareness raising, lack of information and services in rural and remote communities leave women and girls with disabilities isolated, without opportunities to go to school or to work and to contribute to their communities, and facing heightened exposure to violence without access to assistance, support or redress. Moreover, the negative attitudes and stereotypes about women with disabilities diminish their own self confidence and lead to their self-exclusion.

**Poverty**

There is a dynamic cycle between disability and poverty,[[8]](#footnote-8) and for women with disabilities living in rural areas, including indigenous women who most often live in rural and remote communities, the situation is aggravated. This cyclic relationship between disability and poverty results in the fact that people with disabilities are commonly amongst the poorest of the poor.[[9]](#footnote-9) People with disabilities, and specifically women with disabilities, have generally poorer health, lower education qualifications, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the many obstacles they face in their everyday lives including the lack of services available to them.[[10]](#footnote-10)  There is less access to the basics such as food, clothing, hygiene and sanitation, support for the basic necessities of life, assistive devices, mobility aids and health and rehabilitation services. Also lacking are clinics, disability skills training, and disability workers, as well as employment programs, job skills training, and transition to employment programs, resulting often in rural women and girls with disabilities lacking the skills required to earn an income.[[11]](#footnote-11)

**Education, employment and income**

Girls with disabilities are less likely to attend and complete school in comparison with boys with disabilities, and in rural settings this rate is even lower. Girls with disabilities in rural areas face formidable barriers to education compared to boys with disabilities on account of absence of facilities like accessible toilets, and the considerable distances of schools which render them vulnerable to harassment, abuse and violence both going to and coming from school. Having been excluded from basic education, women with disabilities often lack the entry requirements for formal vocational training programmes, such as literacy skills, which minimises their chances of finding employment. According to an ILO study in Fiji, women with disabilities have a lower labour-force participation rate (19.8%) than men (39.8%).[[12]](#footnote-12) In rural areas, women with disabilities are three times less likely to be employed than other rural women.[[13]](#footnote-13) Land ownership and subsistence cultivation which is a major source of livelihood in rural areas are restricted to women with disabilities on account of the fact that they are not considered credit worthy.[[14]](#footnote-14)

**Political participation and inclusion in the community**

While women have been progressively active in participating in decision-making, women from rural areas have faced considerable challenges in taking part in public life; the rolelessness of rural women with disabilities in political and economic decision-making within their communities and at regional and national levels is all the more pronounced. Due to traditional attitudes about women and women with disabilities in rural communities, the lack of educational and employment opportunities to develop their civic skills and the pervasive absence of support and accommodations to be included in the life of the community (including by the absence of accessibility and reasonable accommodation in voting, and the non registration and removal of women with disabilities from electoral rolls), they have remained largely removed from public and political life. The absence of representation of women with disabilities at the political level has in turn entrenched their marginalisation in a continuous cycle of their political, civic, economic and social invisibility.

**Health**

*Lack of accessibility*

The budgetary resources invested in rural health care services are generally limited across countries. This affects the availability and access to health care centres as well as the quality of services, particularly in remote areas. Healthcare personnel in rural areas are commonly not trained to communicate with women with disabilities, and their individual free and informed consent may be denied and subject to substitution by a third party (guardian or family member). Low rates of health care usage among women with disabilities lead to decreased health status, including the delayed treatment of chronic illness and failure to prevent secondary conditions.[[15]](#footnote-15) Accessibility of information on health care, including sexual and reproductive health is also lacking, as well as sexual and reproductive health education for youth with disabilities living in rural areas.

*Reproductive and sexual health*

Women with disabilities have been, and continue to be denied the right to reproductive and sexual health care because of the mistaken perception of them as asexual, and the presumption that they are unfit to be mothers. The lack of education, information and services on sexual and reproductive health generally in rural areas, let alone those which are accessible, place women and girls with disabilities at greater risk of violence, abuse, unwanted pregnancy, HIV/AIDS, STIs and other threats to health.

*HIV/AIDS*

Due to increased risk of gender-based violence, women with disabilities face unique challenges in preventing HIV infection, and they typically lack access to information about how to protect themselves or to services for prevention and testing, in particular in rural areas where such services may not at all exist or are difficult to access due to long distances.[[16]](#footnote-16)

**Right to family**

Women living in rural areas throughout the world have commonly been, and continue to be, subjected to forced sterilisation[[17]](#footnote-17) and the forcible removal of their children,[[18]](#footnote-18) having been deemed unfit to be mothers on the basis of stereotypes and negative attitudes related to poverty, lack of education, indigenous background[[19]](#footnote-19) and disability.[[20]](#footnote-20)

Laws on sterilisation, where they exist across countries, prohibit sterilisation without the free and informed consent of the individual concerned, and some also carry a blanket prohibition on the sterilisation of children. Yet these same laws frequently possess an exception when it comes to women and girls with disabilities; that sterilisation can be performed without the consent of the individual concerned where any or a combination of the following applies, that the individual:[[21]](#footnote-21) is incapable of giving consent;[[22]](#footnote-22) is unfit to raise children;[[23]](#footnote-23) has been legally incapacitated and placed under guardianship, custodianship or another substituted decision-making regime;[[24]](#footnote-24) or are placed under an involuntary hospitalisation order.[[25]](#footnote-25) Some jurisdictions justify forced sterilisation by characterising the intervention to be: in the “best interest” of the individual;[[26]](#footnote-26) required by medical necessity as a threat to life or health;[[27]](#footnote-27) on the basis of “medical scientific knowledge that a child would be born with severe inborn physical or mental illnesses,”[[28]](#footnote-28) or on account of serious danger for the psychological state of health of the pregnant woman which may include the danger of serious and persistent suffering which could be caused by the forcible removal of her child upon a court’s decision.[[29]](#footnote-29)

Further, rural women with disabilities face significant institutional barriers in their right to found a family and are routinely denied access to fertility treatment. This denial could be for a variety of reasons, due to lack of such services, and also on account of predominant views that the bodies and minds of persons with disabilities as unsuitable or undesirable for reproduction.

**Violence and Access to Justice**

It has been documented that women and girls with disabilities are rendered more vulnerable to violence: almost 80% of women with disabilities are victims of violence and they are four times more likely than other women to suffer sexual violence.[[30]](#footnote-30) Women living in rural and remote communities, in particular indigenous women, are disproportionately victims of sexual violence.[[31]](#footnote-31) For example in New Zealand, nearly 20% of Maori women are reported as being assaulted or threatened by an intimate partner, which is three times the national average,[[32]](#footnote-32) while it has been documented that in Australia, indigenous women are 45 times more likely to experience family violence than non-indigenous women and far more likely to be killed by their partner than non-indigenous women.[[33]](#footnote-33)

There is a failure to collect data and conduct targeted studies and research on rural women and girls generally, and rural women and girls with disabilities specifically, on how and what forms of violence impact upon the intersections of gender, disability, rural background and other identities. Despite the lack of documented information, one can envisage that the combination of these characteristics heighten the risk of violence and harmful practices: prevailing stereotypes (e.g. rural women with disabilities seen as uneducated, incapable and not credible) contribute to the continuation of violent practices which often go unreported.[[34]](#footnote-34) The absence of victim support services, particularly in isolated rural communities, impedes breaking cycles of violence.

The lack of proper means of redress for women with disabilities aggravates the effects of the violence against them. 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. Moreover, in rural areas, access to the police and assistance services may not be available in the immediate vicinity and are inaccessible due to the absence of accessible transport. On account of multiple attitudinal, physical, communicational, procedural and substantive barriers rooted in gender and disability discrimination, women with disabilities who have sought assistance report negative experiences when trying to secure assistance from law enforcement officials and the justice system,[[35]](#footnote-35) and many are discouraged from coming forward again and seeking help when their first complaints were dismissed.[[36]](#footnote-36)

**Accessibility**

In rural areas, physical distances and the cost of commuting are significant barriers to accessibility as compared to urban settings. Transportation and accessibility barriers reemphasise the effects of poverty for women with disabilities living in rural areas.[[37]](#footnote-37)

The lack of accessible services and information acts as major hindrance to education and employment opportunities and impedes enjoyment of adequate living conditions and the highest attainable standard of health. Rural disabled people are largely excluded from existing disability services, such as health, educational, vocational, rehabilitation and employment services, which tend to be located in urban areas.[[38]](#footnote-38) Women with disabilities are highly dependent on their families to assist them with transportation, information and communications. This intensifies the disadvantages for women with disabilities face in attending school, finding competitive employment in their rural communities,[[39]](#footnote-39) and seeking information, assistance and remedies for the violation of their rights.

1. **Recommendations**

In view of the specific challenges facing women and girls with disabilities living in rural settings, the following recommendations are proposed for targeted action to ensure the enjoyment and exercise of their human rights. Annex I reinforces these recommendations by highlighting the relevant provisions of the Convention on the Rights of Persons with Disabilities (CRPD) and the CRPD Committee’s jurisprudence with respect to rural women and girls with disabilities.

* Elaborate and adopt a General Recommendation following the half day of general discussion which puts forward recommendations to guide States and other actors in ensuring that the perspective of rural women and girls with disabilities, including those from indigenous communities, are mainstreamed throughout all government policies and programmes engaging both public and private actors, in consultation with a diverse range of women and girls with disabilities and their representative organisations, and which calls for the systematic collection of data disaggregated by gender, disability, urban or rural setting, indigenous background, as well as other categories, in particular regarding discrimination, violence, access to sexual and reproductive health services, access to justice, employment, education, poverty and social protection, with a view to recognition of intersections of multiple discrimination and evidence based law, policy, decision-making, awareness-raising campaigns, training and consultation.
* In accordance with Articles 4(3), 6, 7 and 29 of the CRPD, call on States to closely consult with and actively involve women and girls with disabilities, in particular those living in rural settings and within indigenous communities, in legislative and other initiatives to remove barriers and to improve women and girls’ experience of equality, protection from violence and harmful practices, sexual and reproductive rights, access to justice, through ensuring the application of reasonable accommodation and measures of accessibility to facilitate their meaningful participation in all stages of legal and policy reform and in training and awareness-raising. Call on States to continuously actively involve and consult with rural women and girls with disabilities and indigenous communities in the monitoring and evaluation of adopted laws, policies and programmes concerning them.
* Call on States to adopt a human rights based approach to disability across its policies, extending to rural areas, to ensure that having a disability does not directly or indirectly disqualify a girl from birth registration, or a woman from exercising her legal capacity, and to ensure that women with disabilities living in rural communities have access to support that they may need to exercise legal capacity, respecting the will and preferences of the person concerned, including with respect to the exercise of reproductive and parental rights, seeking protection from violence, the right to give and refuse free and informed consent, accessing justice, the right to marry, to vote, etc.
* Call on States to introduce strategies, including gender- and disability-responsive budgeting, and invest in targeted programmes to address poverty, lack of education and unemployment amongst women and girls with disabilities living in rural areas including the creation of livelihood opportunities for women with disabilities in rural areas, access to microcredit and social safety nets, in consultation with rural women with disabilities. Formulate programmes for women empowering women through a support network to exercise their rights and to gain access to services, skills training and self-employment. Such developmental strategies could include peer-training programmes to teach technical and business skills to people with disabilities led by women with disabilities.
* Call on States and non-State actors to take steps to effectively prohibit gender based violence such as sexual violence and abuse including female infanticide, rape, forced marriage, as well as non-consensual interventions such as forced sterilisation, abortion and contraception, FGM and other harmful practices, and adopt legislation and policies, including disability- , gender-specific and child-focused measures which target awareness raising, education, prevention, protection and outreach to women and girls with disabilities living in rural environments and within indigenous communities. Take urgent steps to ensure that targeted responses are in place in rural areas to identify, investigate and, where appropriate, prosecute to combat impunity for perpetrators, and to ensure the provision of remedies and redress for victims/survivors.
* Call on States to adopt measures for the availability of health care services located in rural areas, including reproductive health services; which are accessible and are based on the free and informed consent of the individual concerned, and to repeal laws which authorise involuntary treatment and confinement. Adopt measures to ensure that education, information, healthcare and services relating to sexual and reproductive health, HIV and STIs, are made available to women and girls with disabilities living in rural areas in accessible and age-appropriate formats.
* Call on States to and UN agencies to develop specific outreach measures for rural women with disabilities, including conducting awareness raising campaigns for the public, in particular in rural regions, and also campaigns aimed at women and girls. This could include disability-trained community workers, disability peer support groups and targeted information shared through various accessible mainstream information channels. Ensure the availability of accessible information and support services for victims in rural areas. Call on States to introduce compulsory training of all public administration actors working in rural areas to better interact and communicate with women and girls with disabilities. Consult with and actively involve women and girls with disabilities in the formulation of these laws and in the design and conduct of training.
* Call on States to introduce into laws, policies and practices, requirements for the physical, environmental, communicational and informational accessibility of rural areas including the access to education, healthcare services, workplaces, the administration of justice, the provision of transport, infrastructure and information in sign languages, Braille, tactile communication, large print, and other alternative modes, means and formats of communication alternative formats and sign languages, and other procedural accommodations and measures of support to ensure that rural women and girls with disabilities can participate in all aspects of community and public life on an equal basis with others.

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The International Disability Alliance (IDA) is a unique international network of global and regional organisations of persons with disabilities. Established in 1999, each IDA member represents a large number of national disabled persons’ organisations (DPOs) from around the globe, covering the whole range of disability constituencies. IDA thus represents the collective global voice of persons with disabilities counting among the more than 1 billion persons with disabilities worldwide, the world’s largest – and most frequently overlooked – minority group. IDA’s mission is to advance the human rights of persons with disabilities as a united voice of organisations of persons with disabilities utilising the Convention on the Rights of Persons with Disabilities and other human rights instruments.

**ANNEX I- CRPD provisions related to rural women and girls with disabilities**

With the entry into force of the Convention on the Rights of Persons with Disabilities (CRPD),[[40]](#footnote-40) came the important paradigm shift from the medical model of disability- viewing persons with disabilities as objects of treatment or passive recipients of aid- to persons with disabilities emerging as subjects of their own rights and active participants and contributors to society. Several rights of the CRPD uphold the rights of women and girls with disabilities living in rural environments:

**Article 5 – Equality and non-discrimination**

**Article 8- Awareness raising**

CRPD provisions Article 5 on non-discrimination and Article 8 on awareness raising oblige States Parties to ensure that both in law and in practice persons with disabilities, including women and girls with disabilities, are treated equally, and that steps need be taken, including awareness raising measures, to ensure a human rights based approach to disability across urban and rural settings to guarantee their substantive equality.[[41]](#footnote-41) Moreover, State parties should include in their laws a definition of reasonable accommodation[[42]](#footnote-42) to ensure provision of appropriate modification and adjustment applicable in a particular case to ensure the equal enjoyment and exercise of rights of persons with disabilities, and explicit recognition in the law the refusal of reasonable accommodation constitutes disability-based discrimination.[[43]](#footnote-43) For example, women and girls with disabilities should be provided reasonable accommodation in their access to healthcare, school, workplaces, recreation and leisure, assistance, etc, in rural areas to ensure their rights and participation on an equal basis with others. The duty to provide reasonable accommodation is immediately applicable and not subject to progressive realisation.[[44]](#footnote-44) Awareness raising should be targeted to rural areas to promote the positive image of women with disabilities and their equal potential to contribute to society, as well as to disseminate information in accessible formats and languages including on their rights[[45]](#footnote-45) and the availability of services for women and girls with disabilities in rural settings.

**Article 6 – Women with disabilities**

This provision recognises multiple and intersectional discrimination and obliges State Parties to ensure full and equal enjoyment of all human rights and fundamental freedoms for women and girls with disabilities. State Parties are obliged to undertake studies and research in order to identify situations and specific requirements of women with disabilities, including in rural areas. Further, State Parties are obliged to frame policies and programmes, especially in the fields of education, employment, health and social protection, which include a gender as well as a disability perspective and to promote autonomy and full participation for women and girls with disabilities in society including in rural settings.[[46]](#footnote-46) Such public programmes and policies should also be geared to prevent gender based violence and include an integrated response system for women with disabilities living in rural settings.[[47]](#footnote-47)

**Article 9 – Accessibility**

This provision provides for the elimination of barriers of accessibility to ensure that persons with disabilities are able to exercise their rights and access services and information on an equal basis with others. The Committee has directed States Parties to make the environment, infrastructure, information and communications accessible,[[48]](#footnote-48) with a priority on rural areas,[[49]](#footnote-49) in particular given the large proportion of persons with disabilities who live in rural areas.[[50]](#footnote-50)

**Article 12 – Equal recognition before the law**

Article 12 reflects the paradigm shift of the CRPD which recognises that persons with disabilities enjoy legal capacity in all aspects of life on an equal basis with others. Persons with disabilities under formal or de facto guardianship arrangements, including women living in rural areas, have been prevented from exercising their rights on their own and their decisions have been substituted by those of third parties such as family members or guardians. Article 12 prohibits the deprivation of an individual’s capacity to exercise their rights and obliges the State to make available support, where it may be required, for decision making and exercise of rights in accordance with an individual’s wills and preferences.[[51]](#footnote-51) This provision guarantees that regardless of one’s legal status and disability, they have the right to make their own decisions and to exercise their rights including choosing where and with whom to live, giving or refusing consent to treatment, etc. In furtherance of their obligation under this article, States Parties are obliged to provide training to on this issue to all relevant public officials and other stakeholders.[[52]](#footnote-52)

**Article 13 – Access to justice**

This provision ensures that women with disabilities have effective access to justice on an equal basis with others and have access to remedies to bring perpetrators to justice. In particular, women and girls with disabilities should be provided with procedural and appropriate accommodations to ensure their effective role as direct and indirect participants, including as witnesses, including at investigative and other preliminary stages. To ensure their access to justice across both urban and rural settings, appropriate training should be provided for those working in the area of the administration of justice, including in rural settings,[[53]](#footnote-53) and comprising the provision of training of law enforcement personnel who are often the first interlocutors for women and girls with disabilities victims of violence.[[54]](#footnote-54)

**Article 16 – Freedom from violence, exploitation and abuse**

**Article 23- Respect for home and the family**

States Parties are obliged to take all appropriate legislative, administrative, social, education and other measures to protect persons with disabilities, both within and outside the home and institutions, from all forms of exploitation, violence and abuse, including their gender-based aspects. This includes all non-consensual acts including sexual violence, forced marriage, domestic violence, forced sterilisation, forced abortion, FGM etc, both perpetrated by private and public actors. State Parties are obliged to abolish the administration of medical treatment, in particular for sterilisation and for abortion without the full and informed consent of the concerned woman with disabilities.[[55]](#footnote-55) Furthermore, this provision requires States to put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.[[56]](#footnote-56) State parties are obliged to institute and develop comprehensive strategies to prevent and punish such exploitation, violence and abuse both within the family as well as in the society. Strategies for assistance and support to victims should incorporate the gender perspective and also encompass the concerns of those living in rural areas where there is a stark lack of services,[[57]](#footnote-57) and should be made in consultation with disabled persons’ organisations.[[58]](#footnote-58)

Article 18- Right to birth registration and an identity

Often in rural areas, children, and in particular girls with disabilities, are not registered at birth, are not given an identity, and as a result remain invisible within the community. They are ineligible to receive support from the authorities and are not missed in compulsory schooling. The CRPD Committee has addressed this issue and the particular rural context in which these practices are prevalent.[[59]](#footnote-59)

Article 19 - Right to live independently and be included in the community

Under this provision, State Parties are obliged to guarantee the right of persons with disabilities including women with disabilities to live independently and to be included in the community including in rural areas.[[60]](#footnote-60) To guarantee the protection of this provision, States parties could initiate comprehensive programs to enable persons with disabilities to access a whole range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community, particularly in rural areas.[[61]](#footnote-61)

**Article 24- Inclusive education**

Article 24 of the CRPD advances the right to inclusive education for all children with disabilities and the Committee in its recommendations has addressed the need to develop inclusive education through both gender and rural perspectives including through the provision of reasonable accommodation to ensure the enjoyment and exercise of the right to education by girls with disabilities living in rural areas.[[62]](#footnote-62)

**Article 25- Health**

The CRPD Committee has shown concern about discrimination against persons with disabilities in access to health, including sexual and reproductive health and the lack of equipment with universal design for the provision of obstetrics and gynecology services for women with disabilities, as well as the lack of information on the right to health of people with disabilities in rural areas and the availability of rehabilitation services at the community level.[[63]](#footnote-63) It has recommended States Parties to adopt legislative measures and country wide plans, with the allocation of the necessary budget, which also take into account community rehabilitation services, in order to protect against disability based discrimination with a particular focus on sexual and reproductive health rights, the prevention and treatment of HIV/AIDS, and accessible awareness campaigns on breast and cervical cancer.[[64]](#footnote-64)

**Article 27- Work and Employment**

This provision recognises the right to work including of women with disabilities living in rural settings, by ensuring the provision of reasonable accommodation in the workplace, open, inclusive work environments, effective access to vocational guidance programmes and training, and through the promotion of self employment, entrepreneurship and the development of cooperatives to start one’s business, among others. To implement their obligation under this provision, State Parties could adopt a public policy on socio economic development specifically aimed at reducing poverty and inclusion of persons with disabilities in the labour market[[65]](#footnote-65) including women with disabilities living in rural areas.[[66]](#footnote-66)

Article 28- Adequate standard of living and social protection

Article 28 of the CRPD calls for targeted measures to ensure that persons with disabilities have an adequate standard of living and social protection. The CRPD Committee has made direct references in its Concluding Observations in this respect;

*“.. that the State party adopt a public policy on development that includes gender-sensitive strategies specifically aimed at reducing poverty and providing access to development for persons with disabilities and their families, including guarantees of decent housing on an equal footing with others, and paying particular attention to persons living in rural areas*.”[[67]](#footnote-67) As well as; “*El Comité recomienda al Estado adoptar políticas públicas, incluidas políticas de lucha contra la pobreza, que desarrollen el contenido del derecho a un nivel de vida adecuado y la protección social de las personas con discapacidad, destinando el presupuesto necesario para su cumplimiento. El Comité urge al Estado a adoptar medidas para eliminar las barreras de acceso de las personas con discapacidad a los servicios básicos así como al agua potable y saneamiento en zonas rurales y remotas, mediante las consultas con las organizaciones de personas con discapacidad e incluyéndolas en el monitoreo de tales medidas.*”[[68]](#footnote-68)

**Article 4(3)- Consultation with persons with disabilities and their representative organisations**

**Article 29 – Participation in political and public life**

The CRPD calls for the elimination of barriers to participation for all persons with disabilities in political and public life, including women with disabilities and persons living in rural areas, through establishing mechanisms for the close consultation and active involvement of persons with disabilities, including children, through their representative organisations, on the development and implementation of legislation and policies to implement the Convention, and in other decision-making processes relating to persons with disabilities. It also calls for the repeal of discriminatory legislation on the right to vote and stand for election as well as accessibility of elections and decision-making fora.

**Article 31 – Statistics and data collection**

States Parties are obliged to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the rights of women and girls with disabilities living in both urban and rural zones in order to better implement the State party’s obligations under the Convention. For example, ensuring that at the next census, the State party gather information on the situation of the rights of persons with disabilities, including boys and girls with disabilities in rural and urban settings.[[69]](#footnote-69) Enhanced capacity-building in this regard and developing gender-sensitive indicators in data collection will support legislative developments and policymaking.[[70]](#footnote-70)

1. World Bank and World Health Organization World Report on Disability, 2011, <http://www.who.int/disabilities/world_report/2011/en/index.html> [↑](#footnote-ref-1)
2. World Bank, Women with Disability, http://bit.ly/ybPKNk [↑](#footnote-ref-2)
3. Final report, UNESCAP Workshop on Women and Disability: Promoting Full Participation of Women with Disabilities in the Process of Elaboration on an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities, Bangkok, 18-22 August 2003, www.wwda.org.au/unescapwwd1.doc. [↑](#footnote-ref-3)
4. Statement of Recommendations adopted by participants on 22 August 2003, UNESCAP Workshop on Women and Disability: Promoting Full Participation of Women with Disabilities in the Process of Elaboration on an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities, Bangkok, 18-22 August 2003, www.wwda.org.au/unescapwwd1.doc. [↑](#footnote-ref-4)
5. Among others, general references to intersectional and multiple discrimination including on : Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 17-18; Concluding Observations on Austria, [CRPD/C/AUT/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-AUT-CO-1_en.doc), September 2013, paras 12-13, 16, 18;CRPD Committee Concluding Observations on Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 50; Hungary, [CRPD/C/HUN/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-HUN-CO-1_en.doc), 2012, para 20; Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, paras 12, 13, 14; CEDAW Committee Concluding Observations on Austria, [CEDAW/C/AUT/CO/7-8](http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.AUT.CO.7-8.pdf), 2013, paras 48-49; Cyprus, [CEDAW/C/CYP/CO/6-7](http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.CYP.CO.6-7.pdf), 2013, paras 31-32; Hungary, [CEDAW/C/HUN/CO/7-8](http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.HUN.CO.7-8.pdf), 2013, paras 9, 36, 37; FYROM, [CEDAW/C/MKD/CO/4-5](http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW.C.MKD.CO.4-5.pdf), 2013, paras 37-38. The CERD Committee has made frequent references to multiple and intersectional discrimination with respect to ethnicity and religion, race and religion, and gender and race. [↑](#footnote-ref-5)
6. While limited, a very good example of CEDAW Committee Concluding Observations which addresses these are: Jamaica, [CEDAW/C/JAM/CO/6-7](http://uhri.ohchr.org/Document/File/241f6bf8-0002-4631-b122-fd506835cb65/1bd3d8e6-56ac-45bd-ae62-8ce6ed1af010), paras 31-32, “the Committee notes with concern that rural women are disproportionately affected by poverty, unemployment and gender-based violence. **rural women of all ages, including women with disabilities, are doubly disadvantaged and, in some areas, have limited access to health and social services, skill development and training opportunities, and justice and legal aid. They also have low rates of participation in decision-making. The Committee is also concerned that rural women are particularly vulnerable to the effects of natural disasters and climate change.** The Committee recommends that the State party: (a) Strengthen programmes to address poverty and unemployment for rural women, in particular women heads of households, and ensure that rural women have improved access to health-care and social services and the justice system, **with targeted programmes for women who suffer** **multiple forms of discrimination** **owing to old age and** **disabilities**, including through greater access to social safety nets.” See also Grenada, [CEDAW/C/GRD/CO/1-5](http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-GRD-CO-1-5.pdf), paras 35-36. [↑](#footnote-ref-6)
7. Fahmeeda Wahab, Empowering the rural disabled in Asia and the Pacific, Disabled women in rural areas of the region, <http://www.fao.org/waicent/faoinfo/sustdev/PPdirect/PPre0042.htm> [↑](#footnote-ref-7)
8. Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID, June 2005, <http://r4d.dfid.gov.uk/PDF/Outputs/Disability/PolicyProject_FR.pdf> [↑](#footnote-ref-8)
9. Forgotten Youth: Disability and Development in India by Nidhi Singal, University of Cambridge, available at <http://recoup.educ.cam.ac.uk/publications/WP14-NS.pdf> [↑](#footnote-ref-9)
10. World Bank and World Health Organization World Report on Disability, 2011, <http://www.who.int/disabilities/world_report/2011/en/index.html> [↑](#footnote-ref-10)
11. Permanent Forum on Indigenous Issues, Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development, E/C.19/2013/6, February 2013, para 40 [↑](#footnote-ref-11)
12. Debra Perry, (2002) Status of Employment and Training of Women with Disabilities in Fiji, International Labour Organization [↑](#footnote-ref-12)
13. Daniel Stubbs and Sainimili Tawake, “Pacific Sisters with Disabilities: at the Intersection of Discrimination”, (April 2009) available at <http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf> [↑](#footnote-ref-13)
14. How to make sure that women with disabilities can participate effectively in mainstream women’s entrepreneurship development activities, <http://bit.ly/16A69qD> [↑](#footnote-ref-14)
15. R Barbuto (2005), Issues of Gender in the Context of the Movement of Persons with Disability; Committee for the Elimination of Discrimination Against Women (2007), cited in Pacific Sisters with Disabilities: at the Intersection of Discrimination, Daniel Stubbs and Sainimili Tawake April 2009 available at <http://www.undppc.org.fj/_resources/article/files/Final%20PSWD%20BOOKLET.pdf>. [↑](#footnote-ref-15)
16. Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID (June 2005), available at <http://r4d.dfid.gov.uk/PDF/Outputs/Disability/PolicyProject_FR.pdf>; HIV/AIDS and Individuals with Disability, The Yale University/World Bank Global Survey on HIV/AIDS and Disability, available at <http://globalsurvey.med.yale.edu/capturing_hidden_voices_english.pdf> [↑](#footnote-ref-16)
17. R Sifris, “Conceptualising Involuntary Sterilisation as Severe Pain or Suffering for the Purposes of Torture Discourse”, 28 *Netherlands Quarterly of Human Rights* 523, 530-31 (2010). [↑](#footnote-ref-17)
18. “Alongside this (social) exclusion was sometimes a sense of fear of having their disability disclosed. Women with mental health issues talked of ‘living with a secret’. For others, it was fear of welfare workers that were in a position to ‘take their children away’.” Helen Meekosha, Panel on Rural women and girls with disabilities: Economic empowerment and political participation, 56th Session of the United Nations Commission on the Status of Women, New York, 28 February 2012. See also [IDA submission on the rights of indigenous women and girls with disabilities](http://bit.ly/13VPGgV), with respect to indigenous women, “the policies and practices endorsed by States in seeking to assimilate or exterminate indigenous groups such as forced removal of indigenous children from their families, or forced sterilisation, had a specific impact on women and girls with disabilities which forms a part of intergenerational and historical trauma still at issue and contended in many countries today.” [↑](#footnote-ref-18)
19. Permanent Forum on Indigenous Issues, Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development, E/C.19/2013/6, February 2013, para 51 [↑](#footnote-ref-19)
20. Lisa Alvares et al, *Reproductive Health Justice for Women with Disabilities*, Centre for Women Policy Studies (2011), <http://bit.ly/17GxQxE> [↑](#footnote-ref-20)
21. See Open Society Foundations, Against Her Will: Forced and Coerced Sterilization of Women Worldwide (2011), p 6 [↑](#footnote-ref-21)
22. Among others, Germany, Moldova, UK, Spain, Hungary [↑](#footnote-ref-22)
23. Hungary, Article 187, Act CLIV of 1997 on Health [↑](#footnote-ref-23)
24. Among others, Spain, Portugal, Moldova, Germany, Croatia, Hungary [↑](#footnote-ref-24)
25. Australia, see *Mental Health Act 2006* (NSW); draft WA *Mental Health Act*. [↑](#footnote-ref-25)
26. Among others, the UK, New Zealand [↑](#footnote-ref-26)
27. Among others, Lithuania, Croatia, Austria, Germany, Hungary [↑](#footnote-ref-27)
28. According to Article 2 of the Croatian Law on Health Measures for the Realisation of the Right to Free Choice on giving Birth (Official Gazette 814/78), the right to freely decide on giving birth can be limited only to protect health. For persons over the age of 35 without full legal capacity, their sterilisation can be requested by their parents or their guardian with the consent of the guardianship authority (Article 10) and it is considered that consent is implicit in the request (Article 11)). See also Croatian State report to the CRPD Committee, [↑](#footnote-ref-28)
29. s 1905, Civil Code of Germany [↑](#footnote-ref-29)
30. European Parliament, Report on the situation of minority women in the European Union (2003/2109(INI)), p 13, cited in OHCHR Thematic study on the issue of violence against women and girls and disability, A/HRC/20/5, 30 March 2012, para 21 [↑](#footnote-ref-30)
31. Amnesty International, Maze of Injustice (2007) [↑](#footnote-ref-31)
32. Ministry of Social Development of New Zealand, *The Social report*, 2010, cited in Permanent Forum on Indigenous Issues, Study on the extent of violence against indigenous women and girls in terms of article 22(2) of the UNDRIP, E/C.19/2013/9, 12 February 2013, para 12 [↑](#footnote-ref-32)
33. Aboriginal and Torres Strait Islander Women’s Task Force on Violence, *The Aboriginal and Torres Strait Islander Women’s Task Force on Violence Report*, Queensland State Government, Australia, 2000; Paul Memmot and others, *Violence in Inigenous Communities*, Crime Prevention Branch of the Commonwealth Attorney-General’s Department, 2001, both cited in Permanent Forum on Indigenous Issues, Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development, E/C.19/2013/6, February 2013, para 13 [↑](#footnote-ref-33)
34. Special Rapporteur on violence against women, Report on violence against women with disabilities, A/67/227, 3 August 2012. See also, Fadwa Al-Yaan, Mieke Van Doeland and Michelle Wallis, *Family Violence Among Aboriginal and Torres Strait Islander Peoples,* Australian Institute of Health and Welfare, Canberra 2006, p 27, cited in Permanent Forum on Indigenous Issues, Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development, E/C.19/2013/6, February 2013, para 11. [↑](#footnote-ref-34)
35. European Union Agency for Fundamental Rights “Access to justice in cases of discrimination in the EU: Steps to further equality”, 2012, p 57, <http://fra.europa.eu/en/publication/2012/access-justice-cases-discrimination-eu-steps-further-equality> ; see also <http://fra.europa.eu/fraWebsite/research/projects/proj_disability_en.htm> [↑](#footnote-ref-35)
36. Chris Jennings, “Family violence and sexual assault: a criminal justice response for women with disabilities”, paper presented at a forum on the theme “Disability and the criminal justice system: achievements and challenges”, Melbourne, Australia, 13 July 2005, cited in OHCHR Thematic study on the issue of violence against women and girls and disability, A/HRC/20/5, 30 March 2012, para 42 [↑](#footnote-ref-36)
37. Bikrama Keshari Mohapatra “Opportunities and Challenges in the Livelihoods of Disabled People in Haraspada Village in Puri district, Odisha, India” Available at <http://disability-studies.leeds.ac.uk/files/library/mohapatra-disability-and-livelihoods.pdf> [↑](#footnote-ref-37)
38. Tiina Eskola “Empowering People with Disabilities for Rural Development”, (ILO), available at <http://www.ilo.org/wcmsp5/groups/public/@ed_emp/documents/publication/wcms_159006.pdf> [↑](#footnote-ref-38)
39. Martha Carstensen “Impact, Strengthening Employment Outcomes for Rural Women With Disabilities” available at <http://ici.umn.edu/products/impact/211/9.html> [↑](#footnote-ref-39)
40. The CRPD entered into force in 2008 and has 134 States Parties as of 20 September 2013. [↑](#footnote-ref-40)
41. "Al Comité le preocupa que no exista una estrategia nacional para la implementación del modelo basado en derechos humanos sobre discapacidad que establece la Convención incluidas las zonas rurales. Al Comité le preocupa asimismo que el marco legislativo sobre la discapacidad del Estado parte no se ajuste aún plenamente a la Convención,... El Comité recomienda al Estado parte, reconocer en su legislación la discriminación por motivos de discapacidad y asegurar que la revisión de la Ley de Equiparación de Oportunidades para las Personas con Discapacidad conlleve su compatibilidad con el enfoque de derechos humanos de la Convención." CRPD Committee Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 7, 10 [↑](#footnote-ref-41)
42. As defined in Article 2 of the CRPD, "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. [↑](#footnote-ref-42)
43. CRPD Committee Concluding Observations on China CRPD/C/CHN/CO/1, 2012 para 12, Praguay para 14, Spain CRPD/C/ESP/CO/1, 2011, para 20, Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 12, Hungary, [CRPD/C/HUN/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-HUN-CO-1_en.doc), 2012, 16. [↑](#footnote-ref-43)
44. CRPD Committee Concluding Observations on Spain CRPD/C/ESP/CO/1, 2011, para 44 [↑](#footnote-ref-44)
45. CRPD Committee Concluding Observations on China CRPD/C/CHN/CO/1, 2012 para 16: “The Committee wishes to again remind the state party of the Convention’s human rights model of disability and asks the state party to promote this concept of persons with disabilities as independent and autonomous rights holders in its awareness-raising programs. It urges the state party to inform all persons with disabilities, especially those living in rural areas, of their rights, specifically the right to receive minimum welfare subsidies and the right to attend school. The committee recommends the state party to introduce awareness raising programme that shows the society positive perceptions of persons with disabilities.” [↑](#footnote-ref-45)
46. CRPD Committee Concluding Observations on Tunisia CRPD/C/TUN/CO/1, 2011, para15, Spain CRPD/C/ESP/CO/1, 2011, para 22 (c), Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 14 [↑](#footnote-ref-46)
47. CRPD Committee Concluding Observations on Spain CRPD/C/ESP/CO/1, 2011, para 22 (a) [↑](#footnote-ref-47)
48. CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 21 [↑](#footnote-ref-48)
49. CRPD Committee Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, para 24(b) [↑](#footnote-ref-49)
50. CRPD Committee Concluding Observations on China, CRPD/C/CHN/CO/1, 2012, para 18 [↑](#footnote-ref-50)
51. CRPD Committee Concluding Observations on Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, Para 20, Hungary, [CRPD/C/HUN/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-HUN-CO-1_en.doc), 2012, para 26. [↑](#footnote-ref-51)
52. CRPD Committee Concluding Observations on Spain CRPD/C/ESP/CO/1, 2011, para 34, Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 20, Hungary, [CRPD/C/HUN/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-HUN-CO-1_en.doc), 2012, para 26. [↑](#footnote-ref-52)
53. CRPD Committee Concluding Observations on China, CRPD/C/CHN/CO/1, 2012, paras 66 and 91; El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 30(c): “Desarrollar programas de capacitación para todos los actores del sector justicia, incluida la policía, los jueces, la profesión legal, trabajadores sociales y profesionales de la salud tanto en zonas urbanas como rurales;” [↑](#footnote-ref-53)
54. CRPD Committee Concluding Observations on China CRPD/C/CHN/CO/1, 2012, paras 66 and 91 [↑](#footnote-ref-54)
55. CRPD Committee Concluding Observations on Spain CRPD/C/ESP/CO/1, 2011, para 38, Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 32, Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 35, China, CRPD/C/CHN/CO/1, 2012 para 34. [↑](#footnote-ref-55)
56. CRPD Committee Concluding Observations on Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, para 30 [↑](#footnote-ref-56)
57. The Committee also recommends the establishment of accessible care centres for women and girls who are victims of these forms of violence in urban and rural areas, in consultation with organizations representing women with disabilities. CRPD Committee Concluding Observations on Paraguay CRPD/C/PRY/CO/1, 2013, para 18. [↑](#footnote-ref-57)
58. CRPD Committee Concluding Observations on Paraguay CRPD/C/PRY/CO/1, 2013, para 40 and Tunisia, CRPD/C/TUN/CO/1, 2011, para 27 [↑](#footnote-ref-58)
59. “El Comité se encuentra preocupado por cuanto las niñas y los niños, los jóvenes y las personas adultas con discapacidad en áreas rurales permanecen sin registro de nacimiento y por ende, sin documentos de identidad. El Comité llama al Estado parte a asegurar la inscripción de los niños y niñas con discapacidad en el registro civil en el momento de su nacimiento.” CRPD Committee Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 39-40; “The Committee urges the State party to set up a programme on the civil registration of children with disabilities at birth, on an equal footing with other children, and decentralize registry procedures and ensure that they can be carried out simply, quickly and free of charge.” CRPD Committee Concluding Observations on Paraguay CRPD/C/PRY/CO/1, 2013, para 46; “The Committee urges the State party to promptly initiate programmes in order to provide identity documents to persons with disabilities, including in rural areas and in long-term institutional settings, and to collect complete and accurate data on people with disabilities in institutions who are currently undocumented and/or do not enjoy their right to a name.” CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 23 [↑](#footnote-ref-59)
60. CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, [↑](#footnote-ref-60)
61. CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, Spain CRPD/C/ESP/CO/1, 2011, para 40, Hungary, [CRPD/C/HUN/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-HUN-CO-1_en.doc), 2012, para 34 [↑](#footnote-ref-61)
62. CRPD Committee Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 49-50: “Al Comité le preocupan los bajos niveles de matriculación de niños y niñas con discapacidad en las escuelas así como la ausencia de ajustes razonables para asegurar el acceso a la educación de las niñas y los niños con discapacidad tanto en zonas urbanas como rurales y el acceso a la educación para adultos. El Comité expresa su preocupación por la discriminación en el acceso y permanencia de niñas y niños con discapacidad psicosocial o intelectual a la educación. Preocupa al Comité que no se establezca el principio de gratuidad en la educación de niñas y niños con discapacidad. El Comité recomienda al Estado parte: (a)Desarrollar el modelo de educación inclusiva en todos los niveles, tanto en el área urbana como en el área rural, con perspectiva de género y cultural mediante los ajustes razonables necesarios para asegurar el acceso de niñas, niños, jóvenes con discapacidad en el sistema educativo;..” [↑](#footnote-ref-62)
63. Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, para 51 [↑](#footnote-ref-63)
64. Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, para 52 [↑](#footnote-ref-64)
65. CRPD Committee Concluding Observations on Argentina [CRPD/C/ARG/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/8thSession/CRPD-C-ARG-CO-1_sp.doc), 2012, Para 44. [↑](#footnote-ref-65)
66. CRPD Committee Concluding Observations on Paraguay CRPD/C/PRY/CO/1, 2013, para 68 and Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 43 [↑](#footnote-ref-66)
67. CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 68 [↑](#footnote-ref-67)
68. CRPD Committee Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, paras 57-58 [↑](#footnote-ref-68)
69. Concluding Observations on El Salvador [CRPD/C/SLV/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/10thSession/CRPD-C-SLV-CO-1_sp.doc), September 2013, para 64 [↑](#footnote-ref-69)
70. CRPD Committee Concluding Observations on Peru, [CRPD/C/PER/CO/1](http://www.ohchr.org/Documents/HRBodies/CRPD/7thsession/CRPD.C.PER.CO.1-ENG.doc), 2012, para 46 and Tunisia, CRPD/C/TUN/CO/1, 2011 para 37, Spain, CRPD/C/ESP/CO/1, 2011, para 50 [↑](#footnote-ref-70)