



ALTERNATIVE REPORT
ABOUT IMPLEMENTATION OF
UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS
WITH DISABILITIES
WITH THE FOCUS ON WOMEN WITH DISABILITIES
IN BOSNIA AND HERZEGOVINA

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Executive summary

Bosnia and Herzegovina is a complex society with a history marked by war, transition, and ongoing political and socioeconomic challenges. 13 years after the ratification of the CRPD, the inaccessibility of the environment and information, products and services, medical and charitable approach towards women with disabilities, lack of information and ignorance of the public and especially authorities about the rights of persons with disabilities and meaning of human rights approach to disability, still prevail in BiH.

There have been no significant changes to both the harmonization of legislation and practices to ensure that the rights of women with disabilities are respected in the manner prescribed by the CRPD.

Patriarchal norms and traditional gender roles affect the perception of society, contributing to the marginalization of women with disabilities.

Women with disabilities in Bosnia and Herzegovina face unique challenges through the intersectionality of gender, disability, ethnicity, religion, and age which need to be sensibly and systematically approached to address their diverse needs and challenges.

Although the legislation together with ratified international conventions serve to protect their rights, women with disabilities continue to experience discrimination, exclusion, and limited access to essential services such as community-based services, health, work, social security, protection services, which further worsen their vulnerabilities.

The vulnerability of women with disabilities increases the likelihood of them falling victim to gender-based violence.

The attitudes and behaviors of families influence the experiences of women with disabilities. Although family support can be supportive, it can also cause dependency, financial exploitation, and social isolation. Cultural norms, religious beliefs, and gender expectations within families further influence their access to resources, decision-making autonomy, and social inclusion.

Data on women with disabilities in BiH is still very limited as a consequence of a general lack of systematic data collection and disaggregation by gender and disability.

There is no progressive realization of the rights of women with disabilities in Bosnia and Herzegovina.

Acknowledging all the challenges faced by women with disabilities, further comprehensive strategies and actions should include raising public awareness, providing education to all those in direct contact with persons with disabilities, changing policies and practices that support inclusivity, and actively involving women with disabilities in making decisions that affect their everyday life.

The complex challenges and barriers faced by women with disabilities in BiH require a systemic approach of all levels of authority and cooperation of different stakeholders including the international and non-governmental organizations.

I. REPORT SUBMITTER

This alternative report is submitted by the office of MyRight - Empowers people with disabilities in Bosnia and Herzegovina. MyRight's work is human rights-based, with a special focus on the UN CRPD. MyRight has broad and unique competencies to handle international projects and programs aimed at improving the state of human rights of persons with disabilities. In almost fifteen year of work experience in Bosnia and Herzegovina with the coalitions that gather approximately 60 grassroots organizations of persons with disabilities, only a few women and girls were actively involved in the work of those coalitions. Women with disabilities only participated in the work of the organizations just to formally meet the need for gender equality. Due to the strong traditional influence and patriarchal culture, where men are the main decision-makers, women with disabilities were not encouraged and given equal opportunities to get meaningfully involved in the work of organizations of persons with disabilities. They felt that their contribution and concerns were not valued equally to men and were not seriously taken into consideration within the organizations. That is why they were mostly silent, feeling disempowered with low self-confidence.

Recognizing the problem, since 2018. MyRight has been working to address the invisibility and vulnerability of women with disabilities and has implemented several projects to support women with disabilities. The last one started in 2021. MyRight named "I am here - visible and proud" with the overall goal to increase the implementation of the rights of the most marginalized women and girls with disabilities in Bosnia and Herzegovina. MyRight initiated and supported the creation of the Forum of Women with Disabilities within the five coalitions as a body that brings together women with different disabilities where they can, without the participation of male members, independently, freely and openly, without pressure or shame, in a safe environment, discuss all topics that are of their interest. By participating in the Forums, women with disabilities have the opportunity to learn about their rights as well as the importance and methods of advocacy for those rights. Strengthening women with disabilities through engagement in the Forums creates a network that could be expanded and that could create new leaders in the movement of women with disabilities. Our decision to write the alternative report with a focus on women with disabilities confirms our dedication to the promotion and advancement of the rights of girls and women with disabilities in BiH. In preparation for this report, MyRight has consulted a group of women with disabilities not related to our project and included their perspectives in the report. It is confirmed that both groups shared the same concerns regarding the importance of selected and here-presented rights.

MyRight coordinated work on creation and submission of the first alternative report to the CRPD committee in 2014. We believe that we have sufficient experience and that we are well equipped to create an alternative report on the state of human rights of women with disabilities in Bosnia and Herzegovina.

II. THE BASIS FOR THE REPORT

This alternative report contains information presented in the "Study on women with disabilities in Bosnia and Herzegovina" based on participation of 60 women with disabilities members of Forums from 2023. and "Analysis of Socioeconomic Position of Women with Disabilities" based on participation of 103 women with disabilities from 2021. Both studies are created within the project "I am here - visible and proud".

The creation of the Alternative Report was financially supported by: Swedish International Development Agency (SIDA).

III. SCOPE OF REPORT

This alternative report focusses on women with disabilities through the following articles

Article 4 (i) General obligations

Article 5 Equality and non-discrimination

Article 6 Women with disabilities

Article 9 Accessibility

Article 16 Freedom from exploitation, violence and abuse

Article 17 Protecting the integrity of the person

Article 19 Living independently and being included in the community

Article 20 Personal mobility

Article 25 Health

Article 27 Right to work and employment of women with disabilities

Article 28 Adequate standard of living and social protection

Article 29 Participation in political and public life

Article 31 Statistics and data collection

For each article, several suggested have been listed that we would like the Committee to ask the state of BiH.

IV. COMMENTARY ON SPECIFIC ARTICLES OF THE CONVENTION

Article 4 (i)

General obligations

A significant part of the low state of respect for the human rights of women with disabilities is the lack of knowledge about the human rights of persons with disabilities in general by the employees of public institutions that provide services to the general population including to persons with disabilities. The social services, police, and judicial institutions staff do not get the proper training to understand the heterogeneity of this group of people and their rights, the meaning and impact of intersectionality on women with disabilities, how to communicate with them and understand their needs to approach them and provide the services properly. Failure to implement the obligation to provide training to professionals and staff working, within the system of protection to the victims of SGBV such as police, judicial, and social service staff, may negatively affect the protection, assistance, and judicial process in case that involves women with intellectual and psychosocial disability, for example.

Suggested questions:

1. How does the state plan to address the lack of knowledge among employees of public institutions regarding the human rights of persons with disabilities, particularly focusing on the specific needs and challenges faced by women with disabilities?
2. How will the state ensure that training programs for service providers encompass effective communication, sensitivity to the needs, and service delivery to women with disabilities, fully respecting their dignity?

Article 5

Equality and non-discrimination

There was no comprehensive harmonization of domestic legislation with the CRPD, but the Law on the Prohibition of Discrimination introduced disability as additional ground for the prohibition of discrimination. It also introduced the concept of reasonable adaptation but only in relation to employment. An omission was made because it was not stated that reasonable accommodation can be required in all areas of life not only in employment. Also, the Law does not clearly state that denying the requested reasonable accommodation by person with disability is discrimination based on disability. Until now, it is known that only that the Canton of Sarajevo introduced this term in the last law on primary and secondary education.

Suggested questions:

1. When will the state introduce the concept of reasonable accommodations into all relevant laws together with the note that refusal of requested accommodations by woman/man with disabilities constitutes discrimination based on disability?
2. What is the current status of legislation harmonization with the CRPD?

Article 6

Women with disabilities

By reviewing the most important laws at the state and entity levels as well as some laws at the cantonal level in entity FBiH, not a single law explicitly mentions women with disabilities.

The general conclusion regarding legislation in our country is that although it is not discriminatory, many laws need improvement to be better aligned with the rights of the CRPD. The fact that the state does not discriminate against women with disabilities through the laws and regulations is not a justification for the complete invisibility of women with disabilities in the legislation and consequently in society. The state should also include positive or special measures that will additionally ensure and stimulate the creation of equal opportunities for increased participation of women with disabilities in society and respect for their rights.¹

¹Women with disabilities pointed out a few measures that would contribute to equalization of opportunities such as the need for changes in Laws on the protection of consumers with the introduction of positive measures that would provide an assistant in big malls who would be available to consumers with disabilities to allow their greater independence as they cannot afford personal assistance.

None of the available Gender Action Plans calls for the Convention on the Rights of Persons with Disabilities, which is the binding document with the greatest legal force for the issues of women with disabilities. In both last GAPs of BiH, 2023-2027. as well as the previous one in 2018-2022. women with disabilities are recognized in the same places, more precisely in the explanation of transversal areas, in which their multiple discrimination is mentioned. Otherwise, GAP mainly mentions marginalized groups, regardless of the specifics of each individual group within the marginalized group. Very rarely it refers exclusively to women with disabilities. In the absence of concrete measures, the GAP 2018-2022. refers to Strategies for improving the position of persons with disabilities, while valid GAP 2023-2027. lists several measures to be taken for the „multiple marginalized groups.”²

Women with disabilities in Bosnia and Herzegovina face many challenges in various aspects of life and in exercising basic rights, such as health care and employment, political participation.

They face even greater injustice and discrimination than women without disabilities because the society, just like their families, often has different, wrong or superficial knowledge and understanding about disability.

In our society, women with disabilities are discriminated and excluded from participation in various areas of social life due to the intersection of the characteristics of gender and disability. Women with disabilities are mostly in a difficult socioeconomic situation and live thanks to insufficient financial allowances they receive based on their disability or social status, in poverty or at the edge of poverty, and are therefore excluded and prevented from exercising their basic rights let alone advocacy to improve their position. Poverty greatly restricts them from going to the doctor regularly, continuing their education beyond the necessary basic level, getting involved in the organization of persons with disabilities, actively looking for a job, etc. which further worsened their position in society.

Woman with a disability can be additionally discriminated against by the fact that she is Roma or that she is in the minority (by nationality or religion) compared to the majority population of the area where she lives.

Also, they would welcome positive measure that children from parents with disabilities should have the right to free preschool education which in many cases they cannot afford due to low living standards and again lack of personal assistance which would allow them to take proper care of their children.

²<https://arsbih.gov.ba/wp-content/uploads/2023/10/GAP-BiH-2023-2027-Bosanski-jezik-1.pdf>

I.1.8. Implementation of promotional activities, information campaigns and campaigns to raise awareness of the specifics of multiple marginalized groups, which are at risk of gender-based violence, including human trafficking.

I.1.12. Development and implementation of measures to promote equal representation, including multiple marginalized groups, in public life and decision-making places.

I.1.14. Development and implementation of a program of measures and activities for the realization of equal rights and equal access to education, science, culture and sports, considering the needs of multiple marginalized groups. Activities include the strengthening of professional capacities for the application of domestic and international standards in the mentioned areas, the introduction of gender-responsive budgets, the prevention of sexual harassment, and the establishment of appropriate institutional mechanisms for the coordination of the implementation of these measures.

I.1.16. Support for lifelong education programs for priority target groups such as: adults without primary or secondary education, adults with secondary education that does not meet the needs of the labor market, Roma, persons with disabilities and multiple marginalized persons, returnees, elderly persons such as and persons who want to advance in their work and profession and improve their entrepreneurial skills.

I.1.27. Support for research on gender equality in the field of health, as well as programs aimed at improving health prevention and protection, mental health protection of men and women, protection of sexual and reproductive health with special emphasis on multiple marginalized groups.

I.1.34. Support for programs intended for multiple marginalized groups that are exposed to the risk of poverty and isolation, which are mainly women, in order to support their inclusion in the labor market and the realization of their right to social protection.

Measures for peace and security: The main goal to be achieved with the provided measures is to improve the security of citizens, including multiple marginalized groups in BiH, through the equal participation of women in preventing and resolving conflicts, and building and preserving sustainable peace.

Age further complicates the situation in which girls are not given the opportunity to access the rehabilitation services, inclusive education, and socialization that would develop all their capacities for active and meaningful participation in society. Older women are also excluded and often totally isolated from social life due to the lack of support services that would enable them to live independently, socialize and participate in different areas of life.

The stereotypes about sex/gender and disability are deeply rooted in our society and can lead to discrimination. It is caused by the lack of public awareness about women with disabilities and their rights in the broadest sense, from parents, family members, relatives to those who are public servants, employees of public institutions, or just citizens who do not have contact with persons with disabilities.

Suggested questions:

1. Does the state plan to address the lack of explicit mention of women with disabilities apart from mentions within the vulnerable and marginalized groups in existing laws at the state, entity, and cantonal levels, regulations and different public documents?
2. In light of the challenges faced by women with disabilities in accessing healthcare, and employment, what specific positive or special measures is the state considering to create to ensure equal opportunities and increased participation for women with disabilities in various aspects of society?
3. Given the intersectionality of discrimination faced by women with disabilities, does the state plan to take concrete steps to address these additional layers of discrimination to ensure the protection of rights of women with disabilities?
4. When does the state plan to raise public awareness about the rights of women with disabilities and combat harmful stereotypes rooted in society, especially within institutional behavior, cultural traditions, and social norms?
5. Considering the impact of poverty on the lives of women with disabilities, what measures is the state taking to improve their socio-economic situation, ensuring they have access to regular healthcare, educational opportunities beyond basic levels, and support services that enable socialization and participation in various areas of life and independent living?

Article 9

Accessibility

The access of women with disabilities to healthcare, judicial institutions, police stations, centers of social welfare, and many other public institutions in Bosnia and Herzegovina is one of the biggest challenges they face.

From the first reports concerning the rights of persons with disabilities and the right to health care services including the first Alternative report on the implementation of CRPD, lack of respect for the right to enjoy the highest possible health standard without discrimination based on disability was most often highlighted. The biggest problems concern inaccessibility of all kinds, from physically

inaccessible health institutions to information and finally services. The lack of accessible equipment puts women with disabilities in a position where they have to forget about their dignity and the fact that they have the same rights as other women.

Transportation is a basic requirement for women with disabilities to come and participate in meetings, trainings and advocacy activities designed to empower them and contribute to their better position in society, to pay a visit to doctor, go to bank, etc. The lack of sufficient public transport in urban and rural areas and the lack of accessible transport at all, affects the mobility of women with disability. Due to the difficult socioeconomic situation, women with disabilities are often unable to afford transportation, to health facilities for example, and this is just another additional basic obstacle on the way to realizing the right to health.

Reproductive women's health prevention and protection programs, employment opportunities, extraordinary social benefits etc. are often not available to women with disabilities, among other things, because information about such programs does not reach women with disabilities or is not in accessible format. In BiH the public TV services are not accessible for deaf and blind, nor the websites of majority of public institutions are accessible so women often miss the important information that affects their lives.

Although the legal background for the provision of accessibility of build and external environment exist, the state at all of its levels of organization does not make plans for provision of accessibility.

Suggested questions:

1. When will the state produce the strategy and allocate the budget for the provision of accessibility of public institutions such as healthcare, judicial and social services across BiH as recommended in CRPD concluding observation under 19.1.?
2. How will the state ensure that reproductive health prevention and protection programs, employment opportunities, and other information related to the general population are accessible to women with disabilities? Will the state take measures to improve the dissemination of information in accessible formats?
3. What steps is the state taking to improve the accessibility of transportation, especially in urban areas, and ensure that women from both rural and urban areas have affordable and accessible means of transport for various activities?

Article 16

Freedom from exploitation, violence and abuse

The vulnerability of women with disabilities increases the likelihood of them falling victim to gender-based violence. The primary basis for such violence lies in their disabilities and the extent of dependence on others for daily activities. Contributing factors to this vulnerability include poverty, social isolation, prejudices, and a lack of societal support services, which collectively expose these women to various forms of violence.

While women with disabilities are more frequently subject to physical and sexual violence, psychological abuse, such as disparagement, underestimation, insults, threats, and the disregard for

limitations imposed by their disabilities, is the most prevalent form of violence against individuals with disabilities in general. Economic violence, neglect, and restrictions on movement also play significant roles in perpetuating the cycle of abuse.

Analyzing the patterns of violence, it becomes evident that family members or individuals upon whom women with disabilities are directly dependent are often the perpetrators. Intervening in the private sphere becomes crucial to address this issue effectively. Violence within institutions, designed for the care of persons with disabilities, is identified as a distinct concern. Unfortunately, precise data on the number of women with disabilities experiencing violence, especially domestic and gender-based violence, is lacking due to the absence of mandatory recording statistic and protocols for such cases.

Women and girls with intellectual disabilities face an elevated risk of sexual violence, presenting a particularly complex challenge. This complexity arises from the fact that these women may struggle to recognize the violence and articulate their experiences verbally. Addressing these multifaceted issues requires comprehensive intervention strategies and a commitment to recording and addressing violence against women with disabilities in existing protocols.

Women with disabilities facing Sexual and Gender-Based Violence (SGBV) encounter barriers due to the absence of support services, inclusive legal protections, and awareness programs. These challenges impede their capacity to overcome violence, affecting both their independence and community participation. Consequently, their active engagement in community life and successful reintegration into society is constrained.

In the case of sexual and gender-based violence, women with disabilities have to report it and consequently come to the police station, prosecutor's office and healthcare institutions and the majority of these institutions are not accessible to women with disabilities. The safe houses for the victims of SGBV are also not accessible and due to low funding hardly can provide accessible information and communication with women who are deaf, for example.

The criminal codes of the Republic of Srpska³, the Federation of Bosnia and Herzegovina⁴ and the Brčko District⁵ define and incriminate the same criminal offense, i.e. sexual intercourse without the consent of the victim in one case as rape, and in the other case, when a victim is a helpless person, which practically can be persons with psychosocial, intellectual, physical and combined disabilities, they call it sexual intercourse. We believe that exploitation and abuse of someone else's helplessness should be called by the same name: rape.

While the punishments for rape are set from three to ten years in the Republic of Srpska and Brčko District, and from one to ten years in the Federation of Bosnia and Herzegovina, the punishments for sexual intercourse taking advantage of the helpless person's condition to confront the perpetrator, do not always offer a similar sentencing range and, paradoxically, some of these carry starkly lower sentences, especially in judicial practices. Since Bosnia and Herzegovina ratified the Istanbul Convention, hierarchies of victims based on their characteristics, such as age, helplessness, dependence, disability, etc., should not exist, and GREVIO calls for adequate legal measures to send the message that rape is rape. In particular, prosecuting the rape of women with disabilities as sexual intercourse with a helpless person sends the message that violating their autonomy and decision-making in a sexual context does not constitute an act of rape. The abuse of the victim's helplessness, due to which the victim is unable to resist and express the refusal, i.e. withhold consent, should be treated as an aggravating circumstance because the perpetrator of the criminal act consciously and intentionally sexually exploits a woman/person who cannot resist it. Penalties for such crimes should be much higher to deter potential perpetrators from committing these

³ https://www.tuzilastvobih.gov.ba/files/docs/zakoni/Krivicni_zakon_lat_RS_49_03.pdf, article 193 and 194

⁴ <https://portalfo2.pravosudje.ba/vstvfo-api/vijest/download/6779>, Criminal law of FBiH, article 203 and 204

Unofficial translation of two articles to indicate the difference in treatment: Article 203 Rape

(1) Whoever forces another person to have sexual intercourse or a sexual act equated with it, by the use of force or the threat of direct attack on their life or body or on the life or body of a person close to them, shall be punished by a prison sentence of one to ten years.

(2) Whoever commits the criminal offense referred to in paragraph 1 of this article in a particularly cruel or particularly humiliating manner, or if on the same occasion multiple sexual relations are committed against the same victim or similar sexual acts by more than one perpetrator, shall be punished with a prison term of three up to fifteen years.

(3) If the criminal act referred to in paragraph 1 of this article causes the death of a raped person, or she is seriously physically injured, or her health is seriously damaged, or the raped woman becomes pregnant, the perpetrator shall be sentenced to imprisonment for at least three years.

(4) Whoever commits the criminal offense referred to in paragraph 1 of this article due to hatred of the victim shall be punished with the punishment referred to in paragraph 2 of this article.

(5) Whoever commits the criminal offense referred to in paragraph 1 of this article against a minor shall be punished by imprisonment for at least three years.

(6) Whoever commits the criminal offense referred to in paragraphs 2, 3 and 4 of this article against a minor shall be punished by imprisonment for at least five years.

(7) If the criminal offense referred to in paragraph 2 of this article caused the consequences referred to in paragraph 3 of this article, the perpetrator shall be sentenced to imprisonment for at least five years.

Article 204

Sexual intercourse with helpless person

(1) Whoever commits sexual intercourse or a sexual act equivalent to it with another person by taking advantage of his mental illness, mental disorder, insufficient mental development, some other serious mental disorder, or any other condition of that person due to which he is incapable of resistance, shall be punished with a prison sentence of one to eight years.

(2) Whoever commits the criminal offense referred to in paragraph 1 of this article against a person whose state of inability to resist he himself caused or participated in it, will be punished according to Article 203 (Rape) paragraph 1 of this law.

(3) Whoever commits the criminal offense referred to in paragraph 1 of this article in a particularly cruel or particularly humiliating manner, or if on the same occasion more than one sexual act was committed against the same victim, or sexual acts equated to it by more than one perpetrator, shall be sentenced to imprisonment from one to ten years.

(4) Whoever commits the criminal offense referred to in paragraph 2 of this article in a particularly cruel or particularly humiliating manner, or if on the same occasion multiple sexual acts were committed against the same victim, or similar sexual acts by multiple perpetrators, shall be punished in accordance with Article 203 paragraph 2 of this law.

(5) If the criminal offense referred to in paragraph 1 of this article caused the death of a person with whom sexual intercourse took place or a sexual act equated with it, or she was severely physically injured, or her health was seriously impaired, or if the woman became pregnant, the perpetrator will be punished with imprisonment from one to ten years.

(6) If the criminal offense referred to in paragraphs 3 and 4 of this article caused the consequences referred to in paragraph 5 of this article, the perpetrator shall be sentenced to imprisonment for at least three years.

⁵ <https://skupstinabd.ba/3-zakon/ba/Krivic--ni%20zakon%20Brc--ko%20Distrikta%20BiH/05B19-20%20Krivic--ni%20zakon%20-precisceni%20tekst.pdf>, article 200 and 201

crimes. Such information on increasing sentences for perpetrators should be published and promoted publicly.

Suggested questions:

1. When and how will the state strengthen legal frameworks to provide better protection for women with disabilities against different forms of violence? Additionally, how can legal structures be amended to guarantee that protocols for addressing violence are comprehensive, incorporating information that specifically acknowledges and responds to the unique needs of women with disabilities, and to ensure the accurate recording of incidents of violence against women with disabilities?
2. What measures can be implemented to encourage the reporting of such incidents in a way that respects the privacy and dignity of the survivors, women with disabilities?
3. When and how will the state provide training, guidelines, and protocols on all forms of violence for all institutions involved in protection services such as police officers, judicial, health and social services personnel, to effectively respond to the specific needs of women with disabilities who are victims of violence?
4. What steps are being taken to remove obstacles hindering the independence and community participation of women with disabilities who survived the SGBV?
5. How does the state intend to ensure that all victims, regardless of their characteristics, are equally protected under the Criminal laws of Republic of Srpska, the Federation of Bosnia and Herzegovina and the Brčko District and that acts of sexual violence, including those against women with disabilities, are unequivocally recognized and prosecuted as rape?

Article 17

Protecting the integrity of the person

In the case of women with disabilities who have a legal guardian, consent to abortion or sterilization can be given by the legal guardian, and it appears that this is often done on the assumption that it is in the best interests of the woman to whom the procedure relates. Given the far-reaching consequences of abortion or sterilization, more needs to be done to ensure that medical interventions consented to by the legal guardian are also consistent with the actual wishes of the woman to whom the procedure relates. Women with disabilities residing in institutions are particularly vulnerable when it comes to practices that favor abortion in case of pregnancy, without examining the possibility of the woman carrying the pregnancy to term. There is no evidence that the legal guardians and medical professionals act following the woman's informed and free consent to a procedure such as abortion or sterilization, especially in the case of women with disabilities who are placed in institutions.

Suggested questions:

1. How does the state ensure that abortion or sterilization, consented to by legal guardians for women with disabilities, align with the actual wishes of the women themselves? How does the state ensure that the decision-making process regarding medical interventions for women with disabilities is transparent, inclusive, and respectful of their autonomy and wishes?

2. What measures are being implemented to safeguard the rights and autonomy of women with disabilities residing in institutions, particularly concerning decisions regarding pregnancy and reproductive health?

3. What steps are being taken to provide comprehensive education and training for legal guardians and medical professionals regarding the rights and autonomy of women with disabilities in making decisions about their reproductive health?

Article 19.

Living independently and being included in the community

One of the biggest problems for women with disabilities is the lack of support services in the form of personal assistance and other support for independent living. These services are necessary to reduce and prevent institutionalization, that is, to enable deinstitutionalization. "I can still do almost everything by myself. But the years have passed and I already noticed that I need more help and support. I won't be able to do this much longer, and I wouldn't want to be placed in an institution. There is no sufficient discussion about independent living with support for us elderly women with disabilities." (middle-aged woman with severe physical disabilities).

Society in general, decision-makers specifically, do not recognize the need and right of women with disabilities to independent living as there is no single legislation that deals with this important issue. There are some cases of community living for persons with intellectual disabilities. However, they live mostly in separate buildings within communities which does not ensure their inclusion. The state does not provide necessary services in any form to women with disabilities including the most important -personal assistants without which the independent life is impossible. This is one of the reasons that women with disabilities experience more SGBV as they are mostly dependent on their family members who are mostly perpetrators of violence against women with disabilities⁶. Had they been provided with personal assistants the pressure on the family would have been reduced, more people would have noticed the violence and report it, and women could have avoided violence. Due to the lack of services in the community, women are unable to leave the violent environment-they have no place to go and even the safe houses do not provide necessary services.

Women with disabilities pointed out the need for positive measures that would contribute to equalization of their possibilities such as changes in Laws on the protection of consumers with the introduction of positive measures that would provide an assistant in big malls who would be available to consumers with disabilities to allow their greater independence as they cannot afford personal assistance.

Also, the welcome positive measure would be that children from parents with disabilities or single women with disabilities should have the right to free preschool education which in many cases they cannot afford due to low living standards and again lack of personal assistance which would allow them to take proper care of their children.

In the RS entity, some reforms of the social protection system were initiated, but only in Banja Luka and there is possibility to employ the personal assistants through the system, while in FBiH personal

⁶http://myright.ba/uimages/Analysis20of20gender_based20violence20against20persons20with20disabilities20in20BiH.pdf

assistance is only possible thanks to the projects and engagement of organizations of persons with disabilities that train the assistants.⁷ There is no doubt that they are doing it the right way because they are personally most familiar with and interested in personal assistance. However, we believe that the state should establish a training system that would guarantee the quality of service as well as quality control for every person who needs assistance. Or at least they should certify the training and provide funds for the education of assistants. In addition, the state should finance support services that are to be offered in the local community, which can be financed from several sources. The state provides funds for institutionalization, while it is neither legislative nor budgetary ready for support in the form of personal assistants and other mandatory support services.

Suggested questions:

1. What concrete steps will be taken to address the lack of support services, particularly personal assistance and other support for independent living, for women with disabilities in Federation of Bosnia and Herzegovina, ensuring their right to live independently and avoid institutionalization?
2. What measures is the state considering to allocate sufficient funding and resources to support services in local communities? Additionally, how is accessibility (rural/urban), standardization and the quality of these services ensured to provide a consistent and effective support system?
3. How will the state provide comprehensive training programs for personal assistants across all regions of Bosnia and Herzegovina, with a focus on maintaining service quality and consistency?
4. When and how does the state plan to establish a comprehensive framework including the accessible space and necessary support services in the community that ensures independent living opportunities for women with disabilities?

Article 20

Personal mobility

Orthopedic aids and assistive technology present one of the key conditions for the quality of life of women with disabilities. All orthopedic and assistive aids enable mobility, independence and inclusion into society. Considering the importance of these aids, it is with regret to emphasize that BiH does not provide and ensure adequate care for the needs of women with disabilities in this regard. Women need a wide range of orthopedic aids and assistive technology. The most often used aids relate to mobility, indicating mobility's importance for women with disabilities. However, there is no multisectoral approach to disability in BiH. The Ministries of Health and Health Insurance Institute cover mobility and other aids needed for persons with disabilities, and that is the reason why aids, especially assistive technologies, that are not medically indicated are not on the list of aids available through the system. The medical doctors recommend only the aids that are on the poor lists of aid which often do not meet the needs of women with disabilities. Blind women often miss the appliances that would alleviate their lives such as the color or water indicator, kitchen scale, etc. Nowhere in BiH Health Insurance Institutes provide sufficient and needed amounts of money to purchase orthopedic aids. A person with disabilities always has to contribute a higher amount than the subsidy by the institute. For example, the so-called "active wheelchair" costs 6300 KM and

⁷ However, the significant number of trained assistants went to western Europe and got the better paid jobs there. Due to poverty, majority of women with disabilities cannot afford to pay for the personal assistants reported representatives of organization "Bosnian doctors for disabled"

women have to pay 3300 KM and the health institute in Sarajevo canton pays only 3000 KM. It must be stressed that there is systematic discrimination so those women who got disability due to impairment during the war, as soldiers or civilians, have far better rights to aid than those who got disability otherwise. The number of catheters and daily urinary bags for women with disabilities who were born with impairment or got impairment unrelated to the war period is insufficient and therefore can cause infection and the threat to women's health. Recently it has been noticed that there are no available quality orthopedic aids in BiH due to high customs imposed on the importers of such aid. This affects the increase in the prices of available aids. There is a noticeable difference in the availability and quality of aids and assistive technology, a difference in the prices which depend on different amounts of subsidy of the health insurance institutes, complicated procurement processes, and lack or difficulties with aftersales services and all of these depend at which territory (entity, canton) of BiH women live. There are no available orthopedic aids that fully meet the needs of the female users and adaptation to their specific individual needs additionally increases the price. This is often the case; women then adapt to the aid instead of vice versa. Women who are older age or who are retired often do not have the right to an “active wheelchair”, even though they are capable of having a fulfilled life and wish to take part in society. “You cannot get an electric wheelchair as your hands are still working, it is written in the law”. (older female amputees from RS entity)⁸. In entity FBiH there is no option for any person with disabilities to get an electric wheelchair except for disabled war veterans. There are challenges with younger aid users as there are no support services to explain the proper use of aids.

Suggested questions:

1. What measures is the state taking to address the disparities in the availability and quality of orthopedic aids and assistive technology for women with disabilities in Bosnia and Herzegovina?
2. How does the state plan to improve the subsidy system provided by health insurance institutes to ensure that all who need the aid can have it at an affordable price even if there is a need to adjust it to fit the individual needs of women with disabilities in all territories of BiH?
3. When will the state simplify the complex procurement processes for orthopedic aids and assistive technology, in regards to collection of different documents confirming the disability?
4. How the state plan to provide electric wheelchairs to elderly women with disabilities who are active and find it difficult to push manual wheelchairs to enable her mobility and participation in society?

Article 25

Health

Protection of the reproductive health of women with disabilities

⁸ https://www.zdravstvo-srpske.org/files/dokumenti/Pravilnik_o_pravu%20na%20ORTO_pom_i_dr_med_sredstva_ostalo.pdf Rulebook on orthopedic aids and other medical equipment, Health insurance fund of RS, article 31. d) a person over the age of 16 with the greatest degree of functional disability of the movement system, i.e. a person who, due to the amputation or deformation of arms and legs cannot actively start a hand-powered wheelchair, but can safely operate the wheelchair with the movement of the fingers and head, an electric wheelchair is approved.

All the laws on health care in BiH contain provisions on the prohibition of gender discrimination as well as the obligation of provision of health care services to persons with disabilities. Women with disabilities are at a disadvantage compared to men due to the specificity of female reproductive health in the first place. In BiH, indirect discrimination is present when healthcare institutes and ministries of health purchase medical equipment for women's health, which is necessary for the prevention and treatment of women. However, the budgets are regularly significantly less used to adequately meet the needs of women with disabilities and provide them with the right to health, as well as other women. In this example, we testify that disability is the cause of inequality between women, that is, between men and women, as an unequal percentage of investment in the acquisition of equipment for the health of women with disabilities. Equipment that includes accessible beds for gynecological examinations or deliveries of women with disabilities or a mammogram whose height can be adjusted, to the height of a sitting woman who is usually a wheelchair user, is rarely acquired.

The lack of accessible equipment puts women with disabilities in a position where they have to forget about their dignity and the fact that they have the same rights as other women. Women with disabilities are often exposed to physically uncomfortable situations to access the equipment and perform these examinations. "I'm most afraid when they transfer me to the examination table. It's not easy for me or them, so I'm afraid for myself and for them" (woman with physical disabilities). Often, the medical doctor requires a companion of a woman with disabilities to help her to be transferred to the table as he and the nurses do not consider it their duty to help her with the transfer. Sometimes inadequate equipment for women with disabilities can also affect an incomplete or incorrect finding. Women with disabilities, members of the Forum, who for the first time had the opportunity to participate in the training on reproductive health and healthy lifestyles, which was organized by MyRight, shared their many experiences related to visits to health institutions and the use of health services. Most of the training participants stated that they had an unpleasant and traumatic experience and that this is one of the reasons for not visiting the gynecologist regularly. Women with disabilities are often a socially vulnerable category, due to unemployment, poor education, living in rural areas, poverty, etc. The intersection of these characteristics often results in them being treated with disrespect and belittlement. They complained about the behavior of medical staff that causes discomfort and does not respect the personality of women with disabilities. The result of such behavior is that they give up such examinations because they do not want to be exposed to such a behavior which leads to a negative impact on their overall well-being.

When a woman who uses a wheelchair is admitted to the hospital, she is not allowed to use her wheelchair or in some cases any other wheelchair. There is no acceptable justification for such an act by medical institutions.

Pregnant women with disabilities are also often deprived of education and exercises before delivery that are regularly provided to other pregnant women. Visits to new mothers with disabilities are also not provided in sufficient number.

Insufficient time set aside for the examination of a woman with a disability is certainly one of the factors that affect her experience as well as the quality of the service. "I need time to undress, but the doctor doesn't understand that and she rushes me up. It makes me anxious and I don't feel well." (middle-aged woman with a physical disability). It should be pointed out that a small number of gynecological surgeries, for example, have sufficient space where a woman can take off her clothes without exposing the entire process to the eyes of those present. Gynecological surgeries usually have a partition behind which women can change, but these spaces are insufficient for a

woman with a wheelchair to enter. From the statements of different women with disabilities during the training, one gets the impression that the health staff did not receive the necessary and adequate clinical knowledge about performing a gynecological examination of women with physical disabilities (women with paraplegia and dystrophy for example) so it is an unpleasant and painful experience for many. Moreover, due to a lack of clinical knowledge about the specifics of persons with disabilities, doctors are reluctant to introduce total anesthesia even in the case of strong spasms of women with disabilities. Avoidance of total anesthesia in several cases affected the health state of women with disabilities causing a stroke.

It is important to note that it is not only women with physical disabilities who use wheelchairs or other mobility aids who feel uncomfortable during reproductive health examinations due to inaccessibility but also women with intellectual or psychosocial disabilities. "I don't know what it is about, but the examinations are very painful for me. When I complain to the doctor she doesn't understand what hurts me, and then she gets angry because I complain." (younger women with psychosocial disability).

Communication of health professionals with women with disabilities

Women with disabilities also have unpleasant experiences because medical staff do not know how to communicate with them or how to deal with women with different disabilities when providing a complete health service. A small number of medical staff had the opportunity to be trained and familiarized with ways of communicating and treating women with different disabilities⁹. There is a need for continuous education of medical students as future as well as current health workers about communication as is the most important part of any relationship. The lack of knowledge about communicating with women with disabilities affects not only the clarity and accuracy of information about the condition and therapy but also the opportunity to provide additional information during the examination in terms of advice and education for women with disabilities for the future.

Negative experiences confirm the pronounced lack of sensitivity, patience and attention of the medical staff for women with disabilities. The cause, however, lies in the lack of a healthcare system that does not provide the healthcare worker with the necessary education on communication, approach and treatment of women with disabilities. The system also does not provide information that the patient has some kind of disability so that more time or resources and preparation can be planned for the examination. The lack of readiness of the health system to adapt and be accessible, questions the respect for the right to information, which is sometimes a necessary condition (informed consent) for giving consent to some medical treatments.

It rarely happens that health personnel initiate a conversation about sexual health and contraception, family planning, as confirmed by the women who participated in the training. Even health professionals treat women with disabilities as asexual beings. It is important to develop an understanding among health workers that women with disabilities, just like other women, have the right to sexuality, sexual orientation and sexual identity so they need to be timely and properly informed about sexuality and contraception, protection, and the risks of unprotected sex. Knowing that sexual and reproductive health is not taught sufficiently in schools and that most families still

⁹ Training was part of the project of MyRight in BiH where persons with disabilities who participated in creation of brochure also were trainers in the training for health care staff across the BiH
http://myright.ba/uimages/Brochure20for20healthcare20workers20on20dealing20with20persons20with20disabilities_MyRight.pdf

treat sex as a taboo subject, health workers should be a source of information and advice for women with disabilities on topics related to sexuality.

Mental health protection

The mental health of women with disabilities is more at risk because they are more often faced with poverty, unemployment and unsatisfied health needs, dependence on others, as well as the experience of living with a disability. The consequences of the war on the mental health of the population in BiH prompted the health system to introduce mental health centers throughout the country so that psychologist and other experts could provide help to those in need and reduce recognized psychosocial problems. However, most women with disabilities are not aware of the existence and operation of mental health centers. The health system, due to multiple inaccessibility, does not include women with disabilities in psychological support programs offered by mental health centers.

All the already mentioned challenges related to going to the doctor do not help to overcome the internal obstacles that prevent their active social engagement. However, a certain number of women with disabilities clearly emphasized the need for psychological empowerment, which was made possible through the project. While the majority of women whose evaluation indicated the need for psychological support very openly accepted it and used the offered service, a few others, namely those who needed psychological support the most, refused to participate in the program. This indicates the need for additional empowerment and work with women with disabilities to make them aware of and accept the possibilities of using psychosocial counseling.

Respect for women's rights to the same level and quality of health care and protection can be improved by increasing the awareness of health workers regarding the specific way of meeting the health needs of women with disabilities. Improving access to health care for women with disabilities in Bosnia and Herzegovina requires the active involvement of women with disabilities because no one knows better than them what obstacles they face and how to remove them in the best way.

Suggested questions:

1. What specific measures is the state taking to ensure the procurement and utilization of accessible equipment, such as gynecological examination beds or mammogram machines with adjustable height, to meet the diverse needs of women with disabilities?
2. What initiatives are in place to provide adequate training to healthcare professionals on effective communication skills, clinical knowledge, and sensitivity to the needs of women with various disabilities during reproductive health examinations as well to plan for adequate time for examinations, particularly considering the unique requirements of women with disabilities?
3. Does the state plan to actively involve women with disabilities in the development and implementation of policies, ensuring that their perspectives and experiences are considered to effectively address the obstacles they face?
4. How does the state plan to design and implement an effective awareness campaign to challenge and reduce societal prejudices against psychosocial disabilities? What specific strategies are being considered to foster understanding, break down stereotypes, and promote inclusivity for those facing mental health challenges?

5. How does the state plan to address the significant barriers faced by women with disabilities regarding access to mental health services, given the lack of awareness about mental health centers, inaccessibility, and the need for increased psychological empowerment?

Article 27

Right to work and employment of women with disabilities

In our legislation, the field of employment is the only field that treats persons with disabilities exclusively. The laws on professional rehabilitation, training and employment of persons with disabilities, which were adopted in both entities, ensure employment under general and special conditions, that is, on the open labor market and in business entities that were established to employ persons with disabilities. These laws promote and provide the possibility of self-employment, and employment in the private and public sector, and enable professional rehabilitation, which would increase the chances of employment. The employment of persons with disabilities is encouraged through various affirmative programs and incentives. The obligation of the employment quota system was introduced as a special or positive measure to increase the number of employed persons with disabilities. Those business entities that do not employ persons with disabilities according to the prescribed quotas (1 person with disability per 16 employees) are obliged to pay a contribution from which the programs of the Fund for Professional Rehabilitation, Training and Employment are financed. Funds were established in both entities to enforce the law and provide incentives to employers for employing persons with disabilities.

Public institutions and public companies whose work is financed from the budget, which should implement this obligation without problems, neither fulfill the employment obligation nor pay contributions for this omission. Recently, amendments to the law have been made so that these and other observed failures in the implementation of the law in the FBiH could be corrected. While the Law on Professional Rehabilitation, Training and Employment of Disabled Persons of the RS mentions a provision on the prohibition of discrimination based on gender, the same law in the FBiH does not mention women, gender equality or the prohibition of discrimination on any basis.

Despite the benefits that an employer gets if he hires a person with a disability, the number of those who decide to do so is small. Until now, employers have not recognized persons with disabilities as potentially valued workers and a valuable human resource who could contribute to the achievement of economic goals as much as other workers. Since we are currently in a situation where the majority of working persons are leaving the country to find better-paid jobs in Western European countries, it is realistic to expect that there will be greater demand for the labor force, which could also be a chance for women with disabilities.

The women with disabilities emphasize the importance of employment for their lives and their social position in society. MyRight witnesses working with persons with disabilities for many years, that women with disabilities are much louder and more often emphasize the problem of unemployment than men with disabilities. Most women who have completed secondary and high school are not competitive in the labor market either because the occupation is not in demand or they have no work experience in that occupation or both.

There is a problem of corruption in the employment of men and women with disabilities. The employer who hires a person with a disability receives certain benefits in the form of payment of contributions, so they often make an agreement with the person who applies for the job, to only

work fictitiously. The employer regularly registers the person he employs and receives benefits, but the employee does not come to work. The employee takes the salary that the employer pays to the employees' bank account and shares it in cash with the employer in the ratio they agreed upon. A few years ago, there was a public scandal about the fictitious employment of people with disabilities, but apparently these activities are still ongoing as one woman had some personal experience with this issue.

The situation of women with disabilities in a small business has a common characteristic with the employment of young persons with intellectual disabilities. People with Down syndrome are employed in jobs for which they are trained, with reasonable adjustments to the workplace, such as shorter working hours and more frequent breaks. However, the funds they earn through employment are not sufficient for their existence, so it is needed to pressure the state to cover the difference up to the necessary social minimum sufficient for independent life.

Reasons for low employment of women with disabilities¹⁰

The prejudices of employers and public in general about the working abilities of persons with disabilities have a great influence. The employer is focused on generating income and making a profit, and there is a fear that the employment of a person with a disability will affect the reduction of the achievement of the set economic goal. Therefore, they are not ready to "take risks" to give a chance to a person with a disability who meets the formal requirements for a job because they do not believe that they will be able to adequately respond to the task.

In most cases, employers believe that, by employing women regardless of disability, they will be at risk of frequent absences from work due to sickness related to pregnancy, maternity, or children's illness. We also encounter traditional attitudes driven by gender roles that claim that a woman is better suited to take care of the family and that she should not work outside the home, which also affects the higher unemployment rate of women.

Another reason for the unemployment of women with disabilities is fear that a woman will be even more absent from work or not fulfill a task well due to their disability. Due to insufficient promotion and education of the public about the rights of persons with disabilities as well as the reduction of the visibility of women with disabilities in society in general, disability is often associated with illness. The example of employment also shows the overlapping of different characteristics of women and intersectional discrimination based on gender and disability. The situation is further complicated if it is a woman with a disability who is a minority nationality compared to the majority nationality of the population of the area in which she lives.

Women with disabilities who are not employed are mostly tied to the house where they do housework and take care of immediate and extended family members. This work they perform is not paid and valorized in the right way. "I don't have time to go to Forum meetings. I have to work on preparing the food, cleaning house, cleaning and ironing clothes for children and others, have to take care of my bedridden mother in law, I don't have time for myself." (a woman with a physical disability who announced that she would give up participating in the Forum). Research by UN Women has shown that BiH is the last in Europe in terms of the number of employed women, but it

¹⁰<http://myright.ba/uimages/lzvjestaj20o20istrazivanju20socioekonomskog20stanja20zena20s20invaliditetom20u20BiH202021.pdf> Analysis of Socioeconomic Position of Women with Disabilities from 2021. showed that a large percentage of women with disabilities are unemployed: 69 out of a total of 103 surveyed women with disabilities were unemployed. The analysis also shows that 75 women have secondary and higher education, which should somewhat fulfill the requirement of a larger number of employees than only 22 women. Even when it comes to a woman who had a degree in a competitive profession, a B.Sc. Eng. IT, for example, she was also unemployed.

is at the top in terms of the number of hours of unpaid work performed by women regardless whether they are employed or unemployed.

A large number of women with disabilities that were included in the projects of MyRight expressed interest in informal education¹¹, which would potentially increase their chances of employment. But again they face a lack of awareness about available non-formal education programs as well as about the possible provision of funding for these activities, because the information does not reach them in their homes and/or it is not provided in an accessible format.

The Agency for Statistics does not present data on the employed or unemployed based on disability but only based on gender and education. Thus, it is evident from the data of the BiH Statistics Agency that women are employed in fewer numbers than men, that is, more women are unemployed than men.

Suggested questions:

1. How does the state ensure the effectiveness of affirmative programs and incentives given to employers through the Funds for the employment of women with disabilities? How often the Fund for Professional Rehabilitation, Training and Employment monitors the companies that receive money from them for the employment of persons with disabilities?
2. What specific measures have been introduced or enhanced to ensure the fulfillment of employment obligations, especially in public institutions and companies financed from the budget?
3. What strategies is the state implementing to change societal perceptions and promote the recognition of persons with disabilities as valuable contributors to the workforce, particularly women with disabilities?
4. How does the state plan to improve data collection mechanisms to include disability-specific information, enabling a better understanding of the employment situation for persons with disabilities, especially women?
5. What strategies is the state employing to address the challenges and ensure that women with disabilities have equal access to information about job opportunities and employment programs?
6. How do states integrate women with disabilities into existing economic empowerment programs for women?

Article 28

Adequate standard of living and social protection

The difficult socio-economic situation is the main obstacle to the active and meaningful participation of women with disabilities in society. This is best evidenced by the statements that most of them would not have been able to participate in the project activities if they had not been provided with coverage of transport costs and affordable transportation. Bearing in mind the lack of public transport and the inaccessibility of transport in urban areas, the provision of transport is equally necessary not only for women from rural but also for urban areas of the country. Socioeconomic

¹¹ <http://myright.ba/uimages/lzvjestaj20o20istrazivanju20socioekonomskog20stanja20zena20s20invaliditetom20u20BiH202021.pdf> Analysis of Socioeconomic Position of Women with Disabilities from 2021. showed that 48 women with disabilities highlighted expectations related to economic empowerment and informal education as opportunities that would enable them to find employment

situation can affect a woman's ability to engage in necessary health examinations and afford housing and decent living standards. A study on the socioeconomic position of women with disabilities showed that some women were completely excluded from the social protection program.

Unemployed women with disabilities mostly live on social assistance, i.e. benefits they receive based on disability. The amount of these benefits is not sufficient to meet their disability-related needs but for most of them, this is the only income. This is one of the reasons that prevents them from leaving the house with the aim of socialization which could lead to the eventual development of networks that would facilitate access to employment and other social activities. If living in the outskirts or rural areas which is far from the city center, i.e. the municipality, where the employment office is, they often cannot afford transportation due to lack of money or lack of a car to get information and advice about possible jobs or employment programs.

Mainly medical assessment of disability, which affects the amount of social benefits based on disability, further endangers the difficult position of women with disabilities. Often the disability is not assessed according to their needs so they receive minimal compensation, especially if they are women with congenital or invisible disabilities such as intellectual or psychosocial disability. Social services staff do not know the exact situation in the family of a woman with a disability as they do not visit them often if at all due to being overburden with work. "I do not dare to ask where my disability allowance has gone. I am afraid that they can take that little that I get from them." (middle-aged women with physical disability). "They do not let me buy what I want. They say it is not enough to cover all my basic needs like food or clothes." (middle-aged women with sensory disability). The various information we received from women with disabilities about how their families treat them in every sense, indicates the need for a more intensive and proactive approach by staff working in social services and ministries to reach women with disabilities at their homes on the outskirts of cities or in rural areas to investigate about real conditions of their life.

Suggested questions:

1. Does the state plan to increase the budget for social services to enable intensive and proactive approach by their staff to pay regular visits to women with disabilities at their homes?
2. What does the state do to ensure the social minimum to allow women with disabilities to live independent life?
3. How does the state guarantee that women with disabilities receive the social support they need, ensuring that the funds allocated for their support and functioning due to disability are not solely used for basic survival?
4. What is the state doing to establish sustainable social housing programs accessible to women with disabilities?

Article 29

Participation in political and public life

The inclusion of women with disabilities requires a change in the perception of society and the reduction and elimination of prejudices and stereotypes to ensure that they have equal opportunities to participate in all spheres of life.

The meaningful participation of women with disabilities in society, especially in decision-making and political life, is still at a low level. Women with disabilities are still invisible in public life. They are not seen on television or in other media except in the roles of victims of violence or heroines who have achieved something that every other woman achieves. They are mostly mentioned as victims in cases of sexual and gender-based violence or if they got married and gave birth to children, so this is presented as a heroic deed. They do not occupy important positions in the economy, public institutions, or politics and are rarely represented in organizations of persons with disabilities. Very often they have no way to make their voice heard so often other people speak on their behalf. Even when the topic being discussed is the situation of women with disabilities, others discuss it. Women with disabilities therefore need the right to have their voice heard.

Life in the community, which all other people enjoy by filling their free time in the way they want, by participating in cultural, sports or other activities, is not fully available and accessible for women with disabilities. It is not only due to the lack of accessibility of these institutions but also due to their difficult socioeconomic situation.

In our society, due to lack of awareness programmes of general public, the so-called traditional value systems are still in force. These are systems that maintain gender inequality, according to which a male child or person is worth more so more household resources should be invested in him. It is not an unknown practice that a female child does not have to be educated because it was considered that she will not need education in life since she will devote her life to marriage, doing housework and raising children. In the past, the education system implemented the regulation that primary education was mandatory, so girls were mostly educated only enough to obtain a basic level of literacy. In the case of a female child with a disability, even literacy was not of great need. However, before the war there were sanctions in place, so families who did not send their children to school had to pay fines. Today, these sanctions are no longer applied. With all the rights, obligations, and opportunities provided by the progress of society in the 21st century, we still face illiteracy among women with disabilities. The needs of women with disabilities for social participation or participation in cultural, sports and other social activities are completely ignored.

There are very few women without disability visible on the political scene in such a complex country as ours, which has 13 levels of government. The Law on Gender Equality prescribed a quota of 40 percent for women as the less-represented gender, and the Election Law of BiH stipulated that there must be a minimum of 40 percent of women as the less-represented gender on the candidate lists. Despite these legal provisions, the number of women without disabilities in politics is very small. Gender inequality is again in force as political parties try to fill the quota for lower political positions, but higher positions are traditionally reserved for men.

According to the data obtained from women with disabilities, a few women with disabilities have joined different political parties. Knowing the low level of dignity among politicians and political party leaders, there is a justified fear that they could use women with disabilities to give the appearance of respecting equality and inclusion to gain political points and the votes of citizens. "I do not want to join any party because they are not honest. They use us to meet the form. People see us, thinking of party as a good, so they vote for the party but nothing changes in our lives". (a middle-aged woman with a physical disability).

Suggested questions:

1. Does the state plan any concrete measures to increase visibility, representation, and active involvement in decision-making processes of women with disabilities?

2. What actions and enforcement mechanisms is the state planning to ensure the effective implementation of these quotas and to address the absence of women with disabilities in political positions?

3. What educational reforms and programs is the state considering to address illiteracy and ensure that women with disabilities have access to quality education, empowering them to participate fully in society, including political and public life?

Article 31

Statistics and data collection

The system of data collection on citizens of BiH is not disaggregated by disability and gender, let alone other traits. Consequently, data on persons with disabilities is still not collected systematically, in all areas of life, in all parts of Bosnia and Herzegovina. It is commendable that the entity RS has introduced the collection of data on gender-based violence based on disability.

In 2013, the only and last population census was conducted in post-war Bosnia and Herzegovina. During the census, the recommendations of the Washington Disability Statistics Group were applied, according to which data on disability were collected based on Suggested questions: about the type, degree and cause of the disability. According to the census¹², 1,798,889 women lived in BiH, of which 161,083 were women with disabilities, which represents 8.95% of the total number of women, and 4.56% of the total number of citizens in BiH, 3,531,159. According to estimates by the World Health Organization and the World Bank from 2011, every fifth woman in the world, or 20% of the world's female population, lives with some form of disability. Taking into consideration this estimate, the number of women with disabilities is significantly higher than that obtained by the population census.

Suggested questions:

1. What concrete steps is the state planning to take to establish a systematic and comprehensive system for collecting data disaggregated by disabilities, gender and other relevant characteristics, in all areas of life (specifically in sectors like health, education, employment, and social and protection from violence) and across all regions of Bosnia and Herzegovina?

¹² https://www.popis.gov.ba/popis2013/doc/Knjiga6/K6_B_E.pdf