

DISABILITY AND SOCIAL INCLUSION IN COLOMBIA

Saldarriaga-Concha Foundation Alternative Report to the Committee on the Rights of Persons with Disabilities



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Committee on the Rights of Persons with Disabilities

Saldarriaga-Concha Foundation

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Acronyms and abbreviations

Acronym	Meaning
ANSPE	National Agency for Overcoming Extreme Poverty
APM	Anti-personnel Mines
CBR	Community-Based Rehabilitation
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CIPI	Intersectoral Commission for Comprehensive Early Childhood Care
CND	National Council on Disability
CONPES	National Council for Economic and Social Policy
CRPD	Convention on the Rights of Persons with Disabilities
DAICMA	Department for Comprehensive Action Against Antipersonnel Mines
DANE	National Administrative Department of Statistics
DGU	Data Generating Units
DNP	National Planning Department
DPS	Department for Social Prosperity
ECLAC	Economic Commission for Latin America and the Caribbean
EHO	World Health Organization
FSC	Saldarriaga-Concha Foundation
GDP	Gross Domestic Product
ICBF	Colombian Family Welfare Institute
ICETEX	Colombian Institute for Educational Credit and Technical Studies Abroad
ICONTEC	Colombian Institute of Technical Standards and Certification
ICT	Information and Communications Technology
IDB	Inter-American Development Bank
IED	Improvised Explosive Device
ILO	International Labour Organization

Acronym	Meaning
MEN	Ministry of National Education
MinTIC	Ministry of Information Technology and Communications
MSME	Micro, small and medium enterprises
MSPS	Ministry of Health and Social Protection
NCHM	National Center for Historical Memory
NTC	Colombian Technical Standard
OAS	Organization of American States
OECD	Organization for Economic Co-operation and Development
ONIC	National Indigenous Organization of Colombia
PAICMA	Program for Comprehensive Action against Antipersonnel Mines
PAIS	Comprehensive Health Care Policy
PAPSIVI	Program for Psychosocial Care and Comprehensive Health for Victims
POS	Obligatory Health Plan
RIA	Comprehensive Services Route
RIPS	Register of Individual Health Services
RLCPD	Registry for the Localization and Characterization of Persons with Disabilities
RNI	National Information Network
RUV	Unique Register of Victims
SENA	National Learning Service
SIM	Mission Information System
SIMAT	Integrated Enrollment System
SITP	Integrated Public Transport System
SND	National Disability System
SNIES	National Information System of Higher Education
SPE	Public Employment Service
UARIV	Unit for Attention and Reparation of Victims
UN	United Nations
UNAFSA	Units for the Support and Strengthening of the Family
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
UXO	Unexploded Ordnance

Executive Summary

Colombia is a Latin American middle-income country that in 2014 registered an estimated population of 48 million, a life expectancy at birth of 74 years, and a gross domestic product (GDP) of 377.7 billion US dollars, with the percentage of the population below the poverty line sitting at 28.5%¹. **It is difficult to know the exact number of persons with disabilities in the country. While the 2005 Census showed that 6.4% of the Colombian population had some form of disability (close to 3 million people), various social organizations and the Colombian Constitutional Court have estimated that the number of Colombian persons with disabilities may represent 15% of the population (close to 7.2 million people).**²

In terms of understanding disability, the social model and the rights-based approach have led to significant advances in recent decades. Colombia is a state in which persons with disabilities enjoy the special protection of their human rights within the constitutional and legal framework, which was supplemented and reinforced in 2011 by the ratification and incorporation into the domestic legal order of the Convention on the Rights of Persons with Disabilities (CRPD).³ With the CRPD the Colombian state has been obliged to transform the imaginaries, practices and regulations found to contradict international human rights law. In turn, it has become responsible for the design, implementation and evaluation of public policies respectful of diversity that effectively include persons with disabilities and seek to protect, respect and fulfill their human rights. Thanks to the impulse provided by this international treaty, the Colombian state has strengthened its perspective regarding disability and its social inclusion as a complex social phenomenon, seeing it as a human rights issue and not simply a matter of public health or rehabilitation, as it had previously been understood in national public policy.

Footnote

¹ World Bank Data, Colombia. <http://data.worldbank.org/country/colombia>

² Cf. Colombian Constitutional Court, Order 006 of 2009 on the special constitutional protection of the victims of forced displacement with disabilities; and Order 173 of 2014.

³ The CRPD was approved by the Congress of the Republic through Law 1346 of 2009, its constitutionality was declared by the Constitutional Court through Decision C-293 of 2010, and finally, the ratification ended on May 10, 2011 with the formal deposit of the international treaty in the United Nations.



The 2005 Census showed that 6.4% of the Colombian population has some type of disability (about 3 million people), however, it is possible to estimate that the figure for persons with disabilities is greater than 15% (about 7.2 million)

Colombia has made important progress in reforming various laws and policies contrary to the CRPD, as well as issuing new regulations consistent with international standards, notably Law 1618 of 2013. In addition, the country now has a National Disability and Social Inclusion Policy, which it adopted in 2013 through CONPES 166, a document developed in a participatory manner along with persons with disabilities, their representative organizations and their families. This document is centered on the CRPD and the social model, and has replaced previous public policies (CONPES 80, 2004) that promoted a focus on the social management of risk when addressing disability. However, enormous challenges remain to make Colombian society a society for all in which persons with disabilities are effectively included and their rights fully guaranteed. This report explores these challenges in depth and proposes various recommendations.

The Saldarriaga-Concha Foundation (FSC) and the organizations that support this report recognize the state's progress in implementing measures in line with the international standards enshrined in the CRPD. **In line with this recognition, it calls on the state to continue working resolutely on the full enjoyment of the fundamental rights of persons with disabilities and insists on the need to implement long-term measures that allow for recognition of the main challenges faced by both the state and Colombian society in effectively guaranteeing all human rights to the said population. Additionally, it stresses the need for the Colombian state to ratify the Optional Protocol to the CRPD, in order to achieve a greater margin of international protection for the rights of this population when faced with possible violations of their human rights.**

This report provides a technical evaluation of the level of advancement in implementing some articles of the Convention and makes recommendations that allow for the adjustment of those laws and policies necessary for the effective enjoyment of the rights of persons with disabilities in Colombia. The selection of articles presented in this analysis is not random but responds to a technical and relational analysis of the rights that have the greatest impact upon quality of life for persons with disabilities in the country. In turn, the selected articles are interconnected with other human rights, thus allowing for a systematic analysis of the situation. Likewise, the report covers the main concerns of social organizations and persons with disabilities who have worked with the FSC and are actively involved in improving the living conditions of this sector of the population.



The Colombian state must ratify the Optional Protocol to the Convention to achieve greater international protection for the rights of persons with disabilities

The articles to be subjected to analysis at this time are:

- **Art. 2** Definitions.
- **Art. 5** Equality and non-discrimination.
- **Art. 7** Children with disabilities.
- **Art. 8** Awareness-raising.
- **Art. 9** Accessibility.
- **Art. 11** Situations of risk and humanitarian emergencies.
- **Art. 12** Equal recognition before the law.
- **Art. 19** Living independently and being included in the community.
- **Art. 24** Education.
- **Art. 25** Health.
- **Art. 26** Habilitation and rehabilitation.
- **Art. 27** Work and employment.
- **Art. 28** Adequate standard of living and social protection.
- **Art. 29** Participation in political and public life.
- **Art. 31** Statistics and data collection.

A diagnosis of the effective enjoyment of the rights set forth above allows for the construction of an overview of the advancement and realization of a dignified life for persons with disabilities in Colombia. In turn, it constitutes a tool for international, national and local advocacy.

It is important to clarify that this report has been prepared using a strategic approach that seeks to present an overview of the progressive implementation of the CRPD by the Colombian state. In using this method the report does not present an individual analysis of violations of the rights of persons with disabilities, but instead establishes the priorities, strategies and public policy recommendations that, beyond individual needs and interests, will allow the state and Colombian society to progress as a whole. As thus, this alternative report presents a purposive analysis of the challenges that the Colombian state must respond to in order to fully comply with the CRPD.

This report highlights ten key challenges and recommendations for the Colombian state in guaranteeing of the rights of persons with disabilities. Each of these challenges is provided with recommendations in this report, as detailed below.

First, one of the most marked advances in the implementation of the CRPD in Colombia is the effort to obtain reliable **figures and statistics** for the diagnosis of both the situation and the needs of persons with disabilities in



**This report seeks to present
a general panorama
regarding compliance
with the Convention and
the main challenges that
remain for the state and
Colombian society**

the country. Currently, with the implementation and strengthening of the Registry for the Localization and Characterization of Persons with Disabilities (RLCPD), it is possible to undertake quantitative analyses of the tendencies and indicators related to the effective enjoyment of human rights for this population. However, RLCPD coverage is still limited, its usage centralized and its existence little known by the entities responsible for implementing local public policies. In particular, the low levels of statistics that pertain to the situations of people with mental and intellectual disabilities has caught our attention, since this fails to facilitate a making visible of their needs and the taking of appropriate measures to fulfill their rights.

The Colombian state must strengthen the sources of information that relate to disability, including diverse instruments such as social and economic surveys, as well as specific administrative records, in order to conduct an analysis of the situation with regard to the enjoyment of rights, and make technically sound and sustainable proposals (see Article 31 Statistics and data collection).

Second, the actions of the Colombian state, including those of local governments, should incorporate both intersectional and mainstream perspectives when addressing disability. **Intersectionality** should allow for an understanding and addressing of disability in relation to other factors of human diversity, such as age, aging, sex, gender, sexual diversity, ethnic background, socioeconomic status and geographic location. **This will aid in the overcoming of the mistaken idea that persons with disabilities are a homogenous group and thus help in the development of more appropriate actions.** In turn, **the mainstreaming** of disabilities across all sectoral policies and populations **will help to overcome centralized and atomized actions towards persons with disabilities and thus broaden the spectrum of action for other national policies**, such as those that pertain to victims, housing, education, equity, gender, and early childhood, among others, to increase their impact on persons with disabilities (see Article 2 Definitions).

Third, Colombia has made progress in recognizing the barriers that persons with disabilities face with regard to their full social inclusion. In particular, the strengthening of measures to improve accessibility to public services and infrastructure should be noted. Regulations for **accessibility** have been established in the country that raise awareness about reasonable accommodation and universal design, not only as measures that favor persons with disabilities but also other population groups.



The intersectional approach aids in the overcoming of the mistaken idea that persons with disabilities are a homogenous group and thus helps in the development of more appropriate actions

Despite recent advances it is necessary that, through the various public authorities, the state exercise special vigilance, control and monitoring for the implementation of rules regarding accessibility to spaces, services and public services within its competence. All entities should be responsible for carrying out up-to-date diagnoses of the barriers facing persons with disabilities when accessing social services and public services in order to propose measures that have a positive impact on the guarantees of accessibility and full social inclusion (see Article 9 Accessibility).

Fourth, the internal **armed conflict** that has affected Colombia for more than fifty years has had various consequences for persons with disabilities and contributed to an increase in figures pertaining to the prevalence of disabilities in the population that comprises victims of serious human rights violations. Although the state has recognized the disproportionate impact of violence on persons with disabilities and the risks they face – mainly through the jurisprudence of the Constitutional Court – it still needs to strengthen its institutional response and make adjustments to the policy of victims in order to adapt it to the differential approach to disabilities.

The need to prioritize access to comprehensive rehabilitation measures for victims of the conflict, as required by the CRPD, must be emphasized. In conjunction with the ministries of Health, Education, Work and ICT, the Unit for Attention and Reparation of Victims (UARIV) should coordinate efforts to provide victims with rehabilitation across all components that allow for economic stabilization and the integral reparation of damages caused by the internal armed conflict. In addition, the state should advance in the provision of an effective solution for the needs of mental health care prompted by the armed conflict and deepen its analysis of the diagnosis of the situation, barriers to access, and the attention given to victims with mental disabilities (see Article 11 Situations of risk and humanitarian emergencies).

Fifth, full recognition of the **legal capacity** of persons with disabilities and their equal recognition before the law is one of the main challenges that the Colombian state faces in fully complying with the provisions enshrined in the CRPD. While legislative advances have been achieved that have made these problems visible and adjusted the use of language, it is still the case that negative social paradigms and stereotypes about mental and intellectual disabilities remain prevalent and that these limit their recognition as full subjects of the law.



All entities should realize a current diagnosis of the barriers faced by persons with disabilities in terms of access to public and private goods and services

One of the main difficulties faced by people with mental and intellectual disabilities in the exercise of their rights is the general lack of knowledge concerning the presumption of full legal capacity. Colombia still applies a regulatory system that permits the deprivation of legal capacity, which contravenes the CRPD. Colombia needs to implement a model of support in decision-making that is respectful of the human rights of persons with disabilities. It is therefore the responsibility of the state to amend or repeal Law 1306 of 2009 and replace it with a coherent regulatory framework that is consistent with international human rights standards and General Comment No. 1 of the CRPD Committee.

It is advisable that the Colombian state take pedagogical and informative measures that exalt the duty to recognize the full legal capacity of persons with disabilities, in order to eliminate the exclusionary stereotypes that still prevail at a regulatory and cultural level, and which still justify practices such as the involuntary sterilization of persons with mental and intellectual disabilities in violation of human rights instruments (see Article 12 Equal recognition before the law).

Sixth, and in close relation to the right to the recognition of legal capacity, the Colombian state must improve measures that allow **persons with disabilities to live independently and count on the support they require to carry out their life project and be included in the community.** The state has advanced particular measures for the improvement of the quality of life of this population, but this has not necessarily had an impact on the opportunity to forge a life that is autonomous, independent and free of violence.

Colombia must progress in the recognition of the right of persons with disabilities to live in a community as a freestanding and enforceable right, which cannot solely be seen as the result of access to other rights, but also requires specific measures and strategies. Consequently, the state must fulfill the provision of personal assistance and care in cases that require it, as long as it ensures full social inclusion as a fundamental value. These services must be integrated into the General Social Security System and must be supplemented by community and social support measures (see Article 19 Living independently and being included in the community).

Seventh, Colombia has made progress in strategies that recognize the right to **inclusive education** as a pillar in the sustainable development of the country.



The state must provide an effective response to the needs of mental health care that arise from the armed conflict

The ensuring of access to and coverage by educational establishments has improved significantly in recent years. In turn, the state has made progress in promoting access to education for persons with disabilities on an equal basis as their peers without disabilities. The supply of segregated education is falling each day, however, the state should commit to inclusive education at all levels to a greater extent and progressively eliminate public funding for special education programs for persons with disabilities.

Despite these specific developments, the enjoyment of the right to inclusive education for persons with disabilities still depends on the total elimination of barriers and the implementation of reasonable accommodations that allow for the attainment of successful educational processes. Therefore, **the state must take measures to ensure adequate and accessible conditions for persons with disabilities in terms of access to a regular education. This should be complemented by support measures that enable students to successfully complete the relevant processes and not lose the assigned spaces. Teachers should have the necessary training to provide support and ensure inclusive education. The state must implement training strategies for inclusive education aimed at faculties of education and normal schools,⁴ in all programs responsible for the formation of the teachers of the future. Likewise, fathers, mothers and educational society in general must have access to the mechanisms necessary for the transformation of negative imaginaries regarding disabilities and the defense of the values of diversity from early childhood (see Article 24 Education).**

Eighth, the Colombian state has made significant improvements in ensuring the right to **health** for persons with disabilities, particularly with respect to membership, access and free health services. Technical support for persons with disabilities and specialized services are largely included in the Obligatory Health Plan (POS). However, improving the quality and opportunity of services is a challenge when guaranteeing fully and without discrimination the right to health, as is the overcoming of attitudinal, architectural and communication barriers in the provision of the said public service.

One of the most troubling issues is the effective enjoyment of the right to mental health in Colombia. The results of the National Mental Health Survey 2015 show that people with mental disabilities face numerous barriers to access to services and medicines of quality and opportunity, as well as profound stigmas regarding



Persons with disabilities must be able to live independently and be included in the community. The state must provide the support that allows them live their life projects under conditions of equality

Footnote

⁴ In Colombia, normal or normalist education aims to prepare high-school students for teaching in different types and levels of the education system and is taught through normal schools. In this case, the adjective "normal" is not used in its traditional sense.

their condition that ultimately prevent access to the said services and therefore the enjoyment of their right to health.

The Colombian state has the responsibility to guarantee persons with disabilities access to quality health services, in which fragmentation and therapeutic dispersion are avoided and the administrative barriers that impede access to health services are overcome (see Article 25 Health).

Ninth, Colombia has legislation that is aimed at guaranteeing the right to work of persons with disabilities and which establishes concepts such as the enhanced labor protection of this population and tax incentives to encourage hiring. However, due to the poor regulation of this standard, both employers and employees, as well as labor inspectors, lack objective criteria for its correct implementation. The aim of protecting and guaranteeing this regulation has been distorted and has finished, in some cases, in the petrification of labor relations and disincentivizing of the hiring of persons with disabilities on the grounds that they are not subject to clear compliance and accountability rules.

The state must promote the establishment of specific rules that consider reinforced constitutional protection to be an affirmative measure in line with national and international labor standards. It is recommended that the state take constructive and non-regressive measures that allow for the realization of the right to work for persons with disabilities (see Article 27 Work and employment).

Tenth, the Colombian state must advance the **guarantee of an adequate standard of living and social protection** for persons with disabilities. When strengthening access to education and work on equal terms, this will be reflected in the development of a dignified standard of living for this population, which requires actions that both guarantee and increase levels of social protection.

Therefore, the state must make advances in the inclusion of persons with disabilities in all strategies and national and local programs concerned with overcoming poverty, productive inclusion, entrepreneurship, rural development, access to housing and, in general, improvements in quality of life.

The Colombian state must ensure, in a full and comprehensive manner, the right to social security for persons with disabilities in multiple scenarios: first, ensuring economic protection in old age; second, ensuring economic protection in the case of loss of labor capacity; and



The state must implement training strategies for inclusive education that are directed at education faculties across all programs that develop the teachers of the future

third, ensuring economic protection in cases where greater support is required for the achievement of economic stability (see Article 28 Adequate standard of living and social protection).

Making Colombia a society for all is not only a responsibility of the state or public authorities. An inclusive society that is respectful of rights requires that persons with disabilities, their families and the social organizations that represent them be in accord. They must responsibly exercise their rights and fulfill their duties, as well as effectively participate and exert an influence so that Colombian society is free from second-class citizens and that all of us are able to enjoy our rights equally.



The Colombian state must ensure the complete and comprehensive right to social security of persons with disabilities

Easy-to-read section – Alternative report presented to the CRPD Committee

This document discusses what we believe must happen in order for persons with disabilities to enjoy their rights in Colombia⁵.

Some definitions...

What is the United Nations?

It is a group of countries that work together to resolve problems like poverty and war, and to protect people's rights, among other topics.



What is the United Nations Committee?

It is a group of people from the United Nations who check that the countries that signed the Convention do their duty and improve the living conditions of persons with disabilities.



Footnote

⁵ This easy-to-read section was constructed with the support of Brian Fernando Acevedo, Diana Renger, Luis Gabriel Villarreal and María Camila Galán, Colombian persons with intellectual disabilities, and translated by Luis Gabriel Villarreal.

What is the United Nations Convention on Rights for Persons with Disabilities?

The Convention is an agreement among a group of countries, including Colombia. These countries commit, before the United Nations, to protect the rights and dignity of persons with disabilities.



CDPD



Why was this alternative report created?

The Colombian government submitted a report to the United Nations Committee on the advances and results of the implementation of the Convention in the country.

The report presented by the Colombian government needs to be complemented by the contributions of persons with disabilities and others.

It is called an alternative report because it is compiled by various persons and social organizations in response and as a complement to the report made by the Colombian government and submitted to the United Nations Committee.



What can we find in this alternative report?

This report shows the advances made by Colombia in the protection of the rights of persons with disabilities.

This report also informs the country about the most important topics in which it must make advances.

With this alternative report, the United Nations Committee is able to check the fulfillment of the commitments undertaken by Colombia upon signing the Convention.



What is this report looking for?

With the alternative report we are looking for the Colombian government, as well as its politicians and society, to improve the lives of persons with disabilities and protect every single human right.

This report shows that Colombia has advanced, but that there are still many barriers for persons with disabilities in the country.



What are the twelve most important topics of the report?

This document shows the main Human Rights and challenges that we have as persons with disabilities. It also shows how the State of Colombia has been working in guaranteeing such rights and what is still missing:

1

We have the right to know how many of us there are, where we live, and what our needs and wishes are.



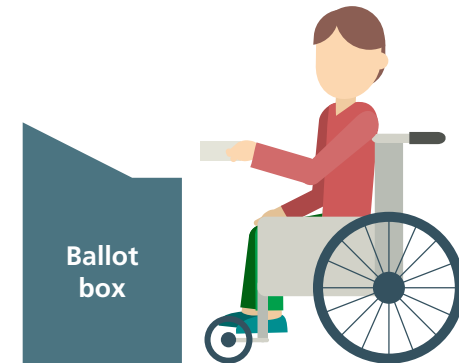
2

We have the right to grow old, and we have the duty to take care of our health in order to be healthy in our old age.



3

We have the right to be citizens, to vote and to demand our rights. Everyone else must know that we are not sick and that we need neither shame nor charity.



4

We have the right to go to places where we are treated with respect, where we don't encounter barriers, and where we are included. We must treat everyone else respectfully and include them in our lives.



5

We have the right not to be discriminated against or treated differently due to being persons with disabilities.



6

We have the right to receive support in order to make decisions by ourselves such as what we like to eat, how we like to dress, what sports we like to play, and what we spend our money on, among others.



7

We have the right to have our own life project, to do the things we like, but we must also be responsible and take care of ourselves.



8

We have the right to study and learn new things every day, even to go to university.



9

We have the right to be well cared for when we are sick and to get better as soon as possible. We have the duty to take care of ourselves and our health.



10

We have the right to work and earn our own money. We must be responsible in the workplace and be good workers.



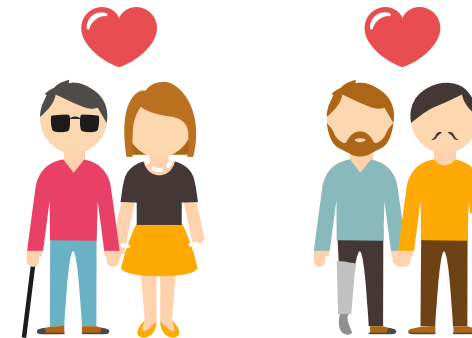
11

We have the right to participate, to be with everyone else, to vote and to think about what we want. To achieve this, we must find out about what is happening around us. Also, we have the right to look for support in order to be informed.



12

We have the right to get to know our sexuality, without anyone abusing us and forcing us into medical treatments that we don't want. We must exercise our sexuality responsibly, take care of our bodies and tell the people we trust if someone abuses us.



Who developed and signed the report?

This report was made by the Saldarriaga-Concha Foundation, a social organization that for more than 43 years has worked for persons with disabilities and older persons.



What will we do with this report?

This report will be submitted to the United Nations Committee in Switzerland (Europe).

This report will help us to know what we have achieved so far and what we must do from now on so that all persons with disabilities enjoy their rights.



What will happen next?

When the Committee reads the report, it will see that Colombia has advanced in some issues, but also see that it must send the country a wake-up call in order to improve the country's work with persons with disabilities.

The Committee will take control of showing the Colombian government its responsibility in the guaranteeing of all rights for persons with disabilities that are found in the Convention.



What can persons with disabilities do with this report?

With this report, all persons with disabilities will be able to know what Colombia has done to fulfill their rights, but most of all, persons with disabilities will know what to do so that their rights are guaranteed and all of us are better off.



Introduction

The Saldarriaga-Concha Foundation (FSC) Alternative Report seeks to inform the UN Committee on the Rights of Persons with Disabilities (the Committee) of the advances made by the state and Colombian society, as well as the various strategic challenges that it believes the state should be alerted to in order to move decisively so that the Convention on the Rights of Persons with Disabilities (CRPD) continue to be implemented effectively and progressively, and that persons with disabilities in Colombia see that their human rights are guaranteed.

The FSC and the organizations that join this report recognize that in many cases persons with disabilities in Colombia live in difficult and precarious situations, with many living below the poverty line and facing numerous barriers that violate their rights and exclude them from social opportunities. In spite of this situation, this Alternative Report does not provide evidence of specific cases of human rights violations. The Report focuses on emphasizing challenges that are considered to be strategic, assuming that persons with disabilities have at their disposal the tools and effective internal mechanisms to demand their rights, and that individual cases exceed the Committee's interest at the moment of reviewing the Colombian state.

There are ten key challenges and recommendations made herein for the Colombian state to be able to advance in the guaranteeing of the rights of persons with disabilities. These challenges and recommendations include the following necessities:



Persons with disabilities in Colombia face numerous social barriers that exclude them and violate their human rights

CHALLENGES AND RECOMMENDATIONS

Persons with disabilities must make themselves visible as citizens that contribute both to social and economic development.

1

Implement strategies that fulfill the right to live **independently** and be included in the community for persons with disabilities.



2

Ensure timely access to **health** services of quality for people with disabilities.



3

Implement massive strategies and **educational support** for the inclusion of persons with disabilities in mainstream schools.



4

Implement **decision-making support** for persons with disabilities and eliminate measures that restrict or deprive them of legal capacity.



5

Promote **access to formal employment** and other strategies for the generation of income for persons with disabilities.



6

Implement strategies that increase the levels of **social protection** for persons with disabilities within the framework of the Social Security System.



7

Address disability in a mainstream and **intersectional manner** along with other elements of human diversity such as old age and aging.



8

Ensure compliance with technical standards for **accessibility** and deadlines for the adequate adaptation of sites, services and communications.



9

Improve the **figures and statistics** that pertain to persons with disabilities.



10

Ensure **full redress of victims** of the armed conflict with disabilities, with a special emphasis on rehabilitation and the effects on mental health.



The FSC has prepared this alternative report and in doing so places in the service of the Committee, the state and Colombian society over 43 years of technical expertise, thus enabling it to account for the progress of the state and society, as well as identify the strategic challenges for which action is needed in order to effectively advance the implementation of the CRPD.

The FSC is a civil society organization established in 1973 that works to transform Colombia into a society for all. To achieve this the Foundation contributes to a process of cultural transformation in which respect for others and solidarity prevail, where social inclusion is assured through the effective enforcement of rights and duties by the state and citizens. The main focus aims at building a society that includes persons with disabilities and the older persons; and understands social inclusion and the guaranteeing of human rights as conditions for the construction of a stable and lasting peace for our society.

The FSC invests its own resources when carrying out its projects and initiatives. It is also a partner of the Colombian state in various projects and strategies, including the Strategy for Early Childhood Care “from Zero to Forever”. It is a partner of the Inter-American Development Bank (IDB) in projects concerning productivity and labor inclusion for persons with disabilities, and is a socio-operator of the US Agency for International Development in Colombia (USAID) in community development projects for persons with disabilities who are victims of the armed conflict and living in extreme poverty. The FSC believes that to achieve social transformation it is essential to work in partnership with the state and international agencies, as well as local governments and civil society organizations.

The CRPD represents the roadmap for the actions that the Foundation develops. The FSC was a key player in the discussion process and ratification of the CRPD by the Colombian state. Additionally, the FSC developed a process of mass dissemination for the CRPD among persons with disabilities, their families, the social organizations that represent the said population and state entities, allowing it to become a powerful working tool long before it was effectively ratified by the Colombian state in 2011.



A society that includes and provides opportunities for persons with disabilities and older persons is a society that builds a stable and lasting peace

This alternative report has been joined by more than 260 persons with and without disabilities, leaders, families and citizens, as well as by more than 40 social organizations, which share its content and support it as a strategy for national and international impact. The report has been constructed via a proactive approach that seeks to highlight the progress and achievements of the state and Colombian society with regard to disability and social inclusion, while also seeking to draw attention to the various strategic challenges that these developments face in consolidating and obtaining the other achievements necessary to fulfill the human rights of persons with disabilities in Colombia.

This paper begins with an executive summary and an easy-to-read section. It includes a section about the Colombian context that aims to provide general information about the country and the situation facing persons with disabilities. Later, the majority of articles within the CRPD are outlined, and for each a general assessment of the progress made so far is offered, as well as an analysis of the challenges that the state and society face, issue by issue. At the end of each article a recommendations section is presented that is addressed to the Committee and the Colombian state.

Finally, the report integrates references and annexes in which the statements made regarding the various relevant subjects or articles discussed are sustained. **The process of ensuring the rights of persons with disabilities in Colombia is unfinished and requires a joining of efforts by the state and local governments, but also necessitates international cooperation, organizations for persons with disabilities, the private sector and society overall, with the CRPD operating as its north in this process.**



This report seeks to detail the advances made by the Colombian state, as well as the challenges that remain regarding disabilities, via a constructive approach

The Colombian context in relation to persons with disabilities

Colombia is a Latin American middle-income country and in 2014 registered an estimated population of 48 million, a life expectancy at birth of 74 years, and a gross domestic product (GDP) of 377.7 billion US dollars, with the percentage of the population below the poverty line sitting at 28.5%⁶.

Colombia is a country in which persons with disabilities:

- Enjoy the special protection of their human rights under the Constitution of 1991 and the jurisprudence of the Colombian Constitutional Court.
- The CRPD has been ratified by the state⁷. Given the particularities of the Colombian legal system, the CRPD, along with other ratified treaties on human rights, is understood as having been incorporated into the Constitution as part of the constitutional block⁸ and can be directly applied by public authorities without the need for any particular legislation to be developed. The CRPD can also be used directly in judicial decisions. However, it is important to note that the Colombian state has not yet ratified the Optional Protocol to the CRPD, thus limiting the Committee's ability to receive individual or collective complaints about violations of the human rights of persons with disabilities in the country.
- Are protected by distinct laws that regulate different rights and aspects of life and which recognize them, in general, as the holders of rights and promote social inclusion. The Congress of the Republic issued Law 1618

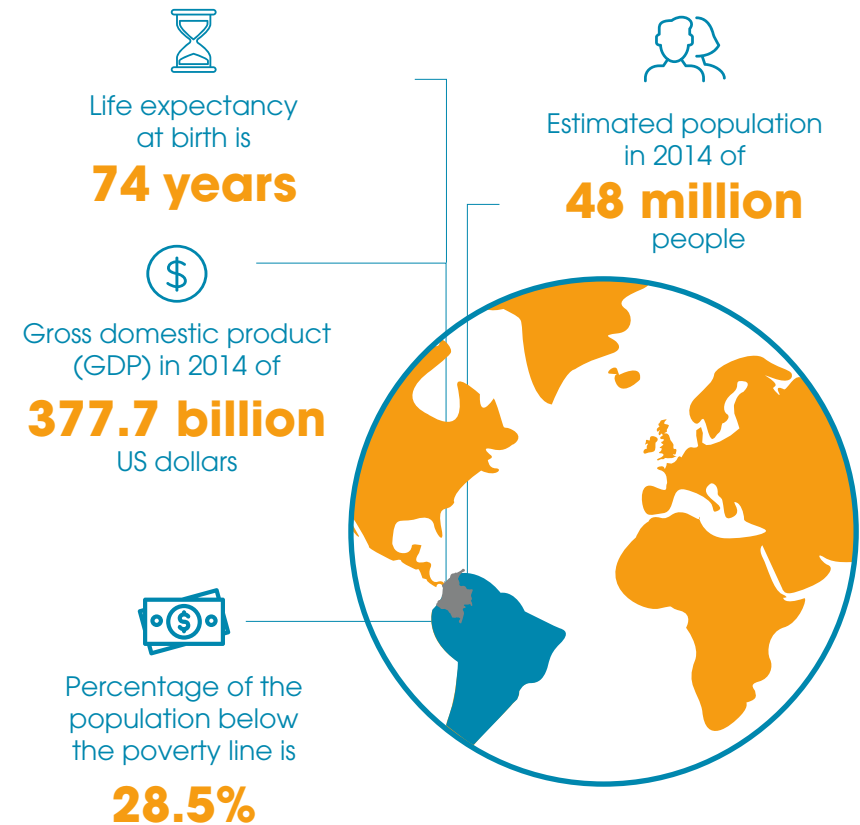
Footnote

⁶ World Bank Data, Colombia. <http://data.worldbank.org/country/colombia>

⁷ The CRPD was approved by the Congress of the Republic through Law 1346 of 2009, its constitutionality was declared by the Constitutional Court through Decision C-293 of 2010, and finally, the ratification ended on May 10, 2011 with the formal deposit of the international treaty in the United Nations.

⁸ Cf. Constitution of 1991, art. 93.

Colombia is a Latin American middle-income country



of 2013, which enjoys statutory⁹ status and develops the CRPD and the human and constitutional rights enshrined therein.

- Have a National Policy on Disability and Social Inclusion, adopted in 2013 through the document CONPES 166, which was developed in a participatory manner with the assistance of persons with disabilities, as well as with the organizations that represent them, and their families. This document is centered on the CRPD and the social model, and allowed the previous public policy (CONPES 80, 2004) to be left behind, which focused on the management of social risk when addressing disability.

Colombia has made progress in the registration and location of persons with disabilities. Yet huge challenges remain for persons with disabilities with regard to being identified, not only in terms of personal characteristics, but also in terms of needs. Due to this lack of knowledge, persons with disabilities continue to occupy second place in the public policies, programs and strategies developed by the state (see Article 31 Statistics and data collection).

In Colombia there exist two sources of general and national information regarding persons with disabilities: first, the 2005 Census of the National Statistics Department (DANE),¹⁰ which constitutes a general census of populations and, among other things, incorporates questions about permanent limitations and their origins; second, the Registry for the Location and Characterization of Persons with Disabilities (RLCPD),¹¹ currently managed by the Ministry of Health and Social Protection (MSPS), which provides a specific record of disabilities with limited national coverage.

Footnote

⁹ In Colombia, statutory laws enjoy a place in the hierarchy superior to that of ordinary laws. According to Article 152 of the Constitution of 1991, by using these laws Congress should regulate issues relating to fundamental rights and duties, as well as the procedures and resources for their protection.

¹⁰ The Colombian government is planning the next general population census, which is expected to be developed during the second half of 2016.

¹¹ The RLCPD is a technical tool for the continuous collection and updating of information regarding persons with disabilities in Colombia from the local level with support at the departmental and national level; it is managed by the Ministry of Health and Social Protection of Colombia. It is voluntary, self-referential and at no cost to citizens. This registration is performed continuously by public or private entities present in the territory called Data Generating Units (DSUs). The RLCPD does not provide specific information about health diagnoses or diseases; it holds statistics about the characterization of the person, housing, disability, health information, education, participation and work.



Colombia has made progress in the registration and location of persons with disabilities, yet important challenges remain in terms of making available reliable information at the regional and national levels

According to the 2005 Census, in Colombia **6.4%** of the population has a disability, meaning that of the estimated 48 million people that made up the total population in 2015, more than **3 million** Colombians had a disability. While the 2005 Census incorporated the standards for measuring disabilities for Latin America proposed by the ECLAC, local social organizations and the same Colombian Constitutional Court have recognized, through Orders 006 of 2009 and 173 of 2014 on forced displacement and disability, that this figure is underreported and that **the proportion of persons with disabilities may be closer to the overall rate set by the World Health Organization (WHO) of 15% of the general population, or that it could be even higher. Following this line of reasoning, it is possible to say that in 2016 the Colombian population with disabilities is around 7.2 million people.**

For its part, on 30 August 2015 the RLCPD incorporated about 1.1 million people with voluntarily and personally registered disabilities, of which 50.5% were female and 49.3% were male (see Table 1). However, not all of the information sought after by the RLCPD is available for the said population, and in some cases it is only available for 600,000 people.

Without stating that old age and aging cause disabilities, in Colombia advanced age and disability are correlated. **Over 46% of registered persons with disabilities are more than 60 years of age, of which 25.01% are more than 75 years of age, which is the highest percentage for all age groups (see Table 2).** It is not only the case that people registered with disabilities are of advanced age – according to data provided by Colombia: An Ageing Society,¹² approximately 13% of people over 60 years have some form of permanent limitation.¹³ This contrasts with the 5.6% of people registered with disabilities who are between 0 and 14 years of age, and the 14% of people between 15 and 29 years of age (see Table 2).

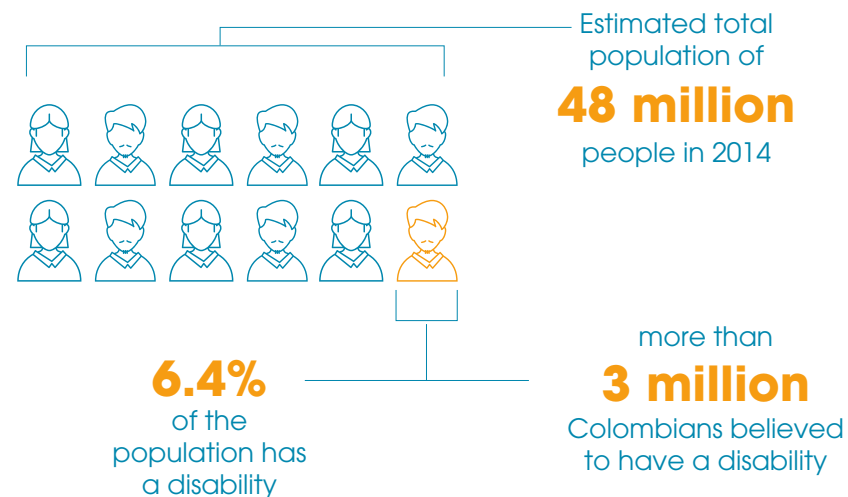
When the number of persons with disabilities registered is disaggregated by age and sex an interesting pattern is found. **While more men than women have a disability between 0 and 26 years, on the contrary, more women than men have a disability from the age of 45 (see Table 3).** This should be understood in relation to the trend verified by Colombia: An Ageing Society,

Footnote

¹² Cf. Saldarriaga-Concha Foundation and Fedesarrollo. (2015). Misión Colombia Envejece. Cifras, retos y recomendaciones. Saldarriaga-Concha Foundation Press. Bogotá D.C. Available at: www.misioncolombiaenvejece.com

¹³ Díaz, Alejandro; Sánchez, Norma; Montoya, Soraya; Martínez Restrepo, Susana; Pertuz, María Cecilia; Flórez, Carmen Elisa and González, Lina. (2015). Las personas mayores: cuidados y cuidadores. Saldarriaga-Concha Foundation Press. Bogotá D.C.. Available at: <http://misioncolombiaenvejece.com/pdf/MCE-C6.pdf>

Persons with disabilities in Colombia



The WHO and other social organizations estimate that

15% of the population has a disability

close to **7.2 million** people



Nearly **13%**

of persons over the age of 60 years have some type of limitation

according to which Colombian women live longer than men. It is expected that by 2050, Colombian women of 70 years or more will on average live until 87.2 years of age, while those who reach 80 years can expect to live to 89.5 years¹⁴.

It is thus crucial that disabilities and social inclusion are addressed from the perspective of aging and old age, in which work focuses on health and the promotion of a healthy lifestyle, and economic security and care; this is so because every day persons with disabilities are living longer and older people may indeed acquire a disability.

Consensus remains absent from Colombia regarding the most common type of limitation for the population with disabilities. In the 2005 Census, 43.2% of people reported having limitations on their sight despite using glasses or lenses, 29.5% on being able to move or walk, 17.4% on their hearing, even with special equipment, 14.9 % on the use of their arms or hands, 13.2% on their speech, 12.3% for learning or understanding, and only 9.8% on being able to relate to others (see Table 4)¹⁵. For the RLCPD the data are different. The most common types of permanent alteration for both men and women are those that affect the movement of the body, hands, arms and feet, and in general may correspond to a physical disability (50%). The second most frequent alteration occurs in the nervous system (42.7%), while the third most common permanent alteration in both men and women affects the eyes and may correspond to visual impairment (37.4 %) (see Table 5)¹⁶.

As for the type of disability under which people recognize themselves in the RLCPD the picture is less clear. About 61% of the registered population didn't report a type of disability, which seriously hinders an understanding of the situation, the population's needs and the setting of priorities. Despite this underreporting, we can see that the main type of disability reported is that which affects mobility (physical disability) at about 14%, the second is intellectual or cognitive at nearly 7%, followed in third place by multiple disabilities with 5.3%. **These figures highlight the very low percentage of reporting for psychosocial or mental disabilities at 1.7% (see Table 6), which, more than providing conclusive data, raises serious questions about the information available to the state about this population and its needs, and therefore reflects the structural invisibility identified with regard to this population.**



It is a priority that we address disability from the perspective of aging and old age, in which health and the promotion of healthy lifestyles, economic security and care are worked on since persons with disabilities are living longer each day and a greater number of older persons may develop a disability

Footnote

¹⁴Cf. Saldarriaga-Concha Foundation and Fedesarrollo. (2015). Misión Colombia Envejece. Cifras, retos y recomendaciones. Saldarriaga-Concha Foundation Press. Bogotá D.C. Available at: www.misioncolombiaenvejece.com

¹⁵ These percentages do not total 100% of people in the 2005 Census or those found in the RLCPD since, in many cases, they report various disabilities.

¹⁶ Ibid.



Colombia must develop actions that allow for, with certainty and accuracy, knowledge of the number of persons with disabilities in the country, as well as their characteristics, geographical location and needs in terms of the effective enjoyment of human rights. A lack of this information may not, in any case, justify the public authorities' exclusion of persons with disabilities for public policies, programs and projects.

The Committee should urge the Colombian state, and particularly local governments, to make active strategies for the search, registration and characterization of persons with disabilities both mandatory and permanent, and articulate these within the RLCPD.

It must also request that the Colombian state strengthen its sources of information in relation to disability by focusing not only on the RLCPD but also on other social and economic surveys,¹⁷ as well as specific administrative records, so that society and the public authorities can identify with certainty the population that has a disability and their needs, in order to guide, prioritize and focus their actions effectively. The improvement and qualification of information systems about disability should pay special attention to those referred to as psychosocial or mental disabilities, in particular those generated directly or indirectly by the armed conflict.

The Committee should urge the Colombian state to address disabilities and social inclusion in its National Policy on Disability and Social Inclusion from the perspective of aging and old age, which should be tackled in various senses:

- To recognize the number of persons with disabilities that will age and the number of older people who will acquire a disability.
- Strengthen prevention processes in health by promoting a healthy lifestyle and improve health services for persons with disabilities and for older persons.
- Strengthen the Social Security and Pensions System and combat informality to ensure economic security in old age.
- Finally, look to design and implement a pillar of care within the Colombian Social Security System so that people in situations of dependency, be they older persons or persons with disabilities, have access to a range of care that allows them to achieve a adequate standard of living.



Footnote

¹⁷ For example: DANE, Encuesta de Calidad de Vida (ECV); Encuesta Longitudinal de Protección Social (ELPS); Encuesta Nacional de Uso del Tiempo (ENUT); Encuesta de Goce Efectivo de Derechos (EGED), among others.

I. Purpose and general obligations of the Convention

Article 2

Definitions



Colombia has made progress in updating and harmonizing its legal system in light of the CRPD, a task that began long before the Convention was ratified and which has responded to the demands of a social movement of persons with disabilities in Colombia, as well as making progress in constitutional jurisprudence on the matter. One of the steps forward that the aforementioned updating and harmonization has brought about has been the implementation of the definitions included in Article 2 of the CRPD.

The definition of **communication** that the CRPD includes has been developed and deepened in Colombia by, among others, Law 982 of 2005,¹⁸ article 1, paragraph 15, and Law 1680 of 2013.¹⁹ The different forms of communication used by persons with disabilities are protected, and the tools and technologies available are considered reasonable accommodation or measures of universal design that can be administratively or judicially required.

The jurisprudence of the Constitutional Court is consistent with the definition of **discrimination against persons with disabilities** included in the CRPD. The Colombian Constitution of 1991 specifically protects the right to equality and the correlative prohibition of discrimination when it states that “the state shall especially protect those who for their economic, physical or mental condition, are in clearly vulnerable circumstances and punish any abuse or ill-treatment perpetrated against them.”²⁰

Since 2012, the Constitutional Court has adopted and reiterated with jurisprudence²¹ the concept of discrimination against persons with disabilities presented by the Inter-American Convention on the Elimination of All



The Political Constitution of 1991 protects the right to equality in particular and prohibits discrimination against persons with disabilities

Footnote

¹⁸ Law 982 of 2005, “Which establishes regulations aimed at the development of equal opportunities for deaf and deaf-blind persons.”

¹⁹ Law 1680 of 2013, “Which ensures that blind and visually impaired persons have access to information, communications, knowledge, and technologies of information and communication.”

²⁰ Constitution of 1991, art. 13(3).

²¹ In this regard please consult, among others, the following decisions of the Colombian Constitutional Court: C-156 of 2004, C-381 of 2005, C-288 of 1995 and T-378 of 1997.

Forms of Discrimination,²² which is consistent with Article 2 of the CRPD. In a complementary manner, the Court has noted that there are at least two types of situation that may constitute an act of discrimination that go against the right to equality of persons with disabilities, **“on the one hand, a behavior, attitude or treatment consciously or unconsciously aimed at canceling or restricting their rights, freedoms and opportunities without objective and reasonable justification. On the other hand, a discriminatory act consisting of an unjustified omission in the special treatment that they are entitled to (...) which brings about as a direct effect their exclusion from a benefit, advantage or opportunity”²³.**

In addition, the Congress enacted Law 1752 of 2015 by which it criminally sanctions discrimination against persons with disabilities. Law 1482 of 2011 criminally sanctions discrimination based on race, ethnicity, religion, nationality, political or philosophical ideology, and sex or sexual orientation; yet originally it did not include disabilities. Law 1752 of 2015 added persons with disabilities, who now enjoy the same legal protection as other population groups so that any discrimination committed against them can be criminally punished.

Finally, the definitions of reasonable accommodation and universal design were effectively incorporated and developed by Article 2 of Law 1618 of 2013, which is the latest Colombian regulation developed by the CRPD. It must be stressed that such concepts have not been left outside the Colombian legal system but are, on the other hand, directly related to the mandate of equality and the promotion of affirmative action integrated into the 1991 Colombian Constitution.

Discriminatory acts against persons with disabilities



Actions

Behaviors, attitudes and treatments, both conscious and unconscious, that nullify or restrict rights of persons with disabilities without reasonable justification



Omissions

Unjustifiably omit reasonable accommodation or the measures of universal design that persons with disabilities are entitled to by right

Footnote

²² Inter-American Convention on the Elimination of All Forms of Discrimination, art. 1, para. 2.

²³ This rule has been reiterated since Decision T-288 of 1995, see, among others: Decision C-156 of 2004, Decision C-401 of 2003.



WE CALL FOR

Colombia should strive to ensure that the definitions incorporated into the CDPD, especially the principles of the social model, the understanding of disabilities as part of human diversity, and the human rights approach, not only permeate the National Disability and Inclusion Policy and general laws, but also actually permeate other social and sectoral policies of a national and local order.

The Committee should urge the Colombian government, particularly the Ministry of Health in its capacity as the governing body of the National Policy, to develop advocacy strategies that enable the mainstream inclusion of disabilities in the state's actions, both nationally and locally. To do this, it must:

- Influence other instances of the national government that guide major social and sectoral policies for their policies and strategies to include persons with disabilities and respond to their needs. For example, the Department for Social Prosperity (DPS), which governs programs designed to overcome poverty, the Unit for Victims (UARIV), which governs national policy regarding the attention, assistance and full-redress for victims of the armed conflict, and the Ministry of Housing, which governs housing policy, among others.

- Influence local governments, at the departmental or municipal levels, to include in their policies, programs and public investment, persons with disabilities and be responsive to their needs.



II. Specific human rights

Article 5

Equality and non-discrimination



The Colombian state has made major legislative advances in the recognition of equality and non-discrimination of persons with disabilities. These advances have been made largely by way of constitutional jurisprudence in as much that the need to adjust legislation and public policies to the regulations enshrined in the CRPD has been evidenced before the judges.

Since 1992, the Constitutional Court has protected, both broadly and according to international treaties, the right to equality of all Colombians, especially those with disabilities. Since 2012 in particular, the Constitutional Court has adopted and reiterated in terms of jurisprudence²⁴ the concept of discrimination against persons with disabilities as presented by the Inter-American Convention on the Elimination of All Forms of Discrimination,²⁵ which is consistent with Article 2 of the CRPD. In a complementary manner, the Court has indicated that there are at least two types of situation that may constitute an act of discrimination against persons with disabilities. The first of these covers **behaviors, attitudes or treatments, conscious or unconscious**, aimed at nullifying or restricting their rights, freedoms and opportunities without objective and reasonable justification. The second corresponds to the **unjustified omission of the special treatment** that persons with disabilities have the right to in a way that brings about as a direct effect their exclusion from a benefit, advantage or opportunity.²⁶

On several occasions the Constitutional Court has declared that the state must fulfill the effective enjoyment of the fundamental rights of this population as the holders of special constitutional protection and for being “a historically invisible and excluded population due to the misconception that they are not able to contribute to society (...). It is therefore necessary that the states and societies recognize the importance that the environment meets the needs of all people, taking into



The state must fulfill the effective enjoyment of the fundamental rights of this population as the holders of special constitutional protection and for being a historically invisible and excluded population

Footnote

²⁴ In this regard, see, among others, the following decisions by the Colombian Constitutional Court: C-156 of 2004, C-381 of 2005, C-288 of 1995 and T-378 of 1997.

²⁵ Inter-American Convention on the Elimination of All Forms of Discrimination, art. 1, para. 2.

²⁶ This rule has been reiterated since Decision T-288 of 1995, see, among others: Decision C-156 of 2004, Decision C-401 of 2003.

account those with different types of disabilities in order to achieve their social inclusion and fully guarantee the exercise of their rights.”²⁷

As already mentioned, the Congress of Colombia has adopted Law 1752 of 2015, which has been added to the Act 1482 of 2011, and now criminally sanctions discrimination against persons with disabilities. Thus the crimes of discrimination²⁸ and harassment motivated for reasons of discrimination²⁹ have been expanded to include disabilities in accordance with special constitutional protection.

However, the visible and invisible barriers that limit the full social inclusion of this population are manifold and many are present in the family, in social and labor environments, and in access to public services offered by the state and private companies (such as health, education and transport, among others). Manifestations of exclusion and discrimination are deeply rooted in the social imaginary and are often hidden behind the intent to cure, control or protect, which in many cases makes such manifestations more difficult to eradicate.

In many cases, persons with disabilities themselves, their families and organizations working with and for them do not recognize them as right-holders. Therefore persons with disabilities are at a disadvantage when identifying acts of discrimination and violations of their human rights, which stems from the fact that they have little chance to use the defense mechanisms available to the entire population.

Very often persons with disabilities and their families encounter numerous barriers when accessing public services, many of which are provided by private companies in Colombia. These private companies, which have been authorized by the state to provide such services and which are also subject to state monitoring, refuse to provide tailored, accessible and inclusive services, which in many cases leads to discrimination and the exclusion of persons with disabilities from social opportunities.



The visible and invisible barriers that limit the full social inclusion of persons with disabilities are manifold and many are present in the family, as well as in social and work environments

Footnote

²⁷ Cf. Colombian Constitutional Court, Decisions C-076 of 2006, T-644 of 1996, T-556 of 1998, T-134 of 2001, T-786 of 2002, T-065 of 1996, T-700 of 2002, C-531 of 2001, T-117 of 1995, T-473 of 2002, T-620 of 1999; T-513 of 1999; T-559 of 2001, T-288 of 1995, T-823 of 1999, T-595 of 2002, C- 410 of 2001, T-1639 of 2000 and T-551 of 2011, among others.

²⁸ Cf. Law 1482 of 2011, article 134A: Acts of discrimination. Who arbitrarily prevents, obstructs or restricts the full exercise of the rights of persons because of their race, nationality, sex or sexual orientation, disability and other grounds of discrimination, be liable to imprisonment of twelve (12) to thirty-six (36) months and a fine of ten (10) to fifteen (15) minimum monthly wages.

²⁹ Cf. Law 1482 of 2011, article 134B: Harassment. Who promotes or incites acts, behaviors or constitutive behaviors of harassment, designed to cause physical or moral harm to a person, group of people, community or people, because of their race, ethnicity, religion, nationality, political or philosophical ideology, sex or sexual orientation, or disability and other grounds of discrimination, be liable to imprisonment of twelve (12) to thirty-six (36) months and a fine of ten (10) to fifteen (15) monthly legal minimum wages, unless the conduct constitutes an offense punishable with a higher penalty.



Colombia must develop concrete and effective measures to prevent, combat and punish discrimination against persons with disabilities.

Through the Ministries of Internal Affairs and Justice, as well as local governments, including mayors and governors, the Committee should urge the Colombian state to put in place comprehensive strategies for the elimination of discrimination and provide individuals and families with the judicial and administrative tools necessary to effectively combat this.

The Committee should urge the Colombian state, headed by the Ministry of Education and local governments, to implement informational and educational campaigns, which from early childhood and throughout the entire life span, highlight the value of human diversity in order to ingrain a positive perception of disabilities and thus avoid perpetuating and reproducing stereotypes.

The Committee should urge the providers of public services, be they public or private actors, to provide inclusive and accessible services, and encourage public entities to provide greater surveillance, particularly for public services such as health, education, transportation and communications. In many cases, the social invisibility of persons with disabilities combined with a lack of data and reliable information reinforces the negative imaginaries according to which persons with disabilities do not have access to public services, are very few in number, and require a reasonable accommodation

that is expensive and unjustifiable according to a cost-benefit logic, thus affecting the exercise of their rights and their social inclusion.

Similarly, the Committee must urge the state to strengthen the role of families of persons with disabilities, caregivers and support networks, to increase and entrench its enhancing role in the enjoyment of human rights, equality and the prevention of discrimination. Families need to be targeted effectively so that they can serve as the guardians for inclusion and supervisors of the services to which persons with disabilities have access and the quality of these services.

The Committee should request that the Colombian state implement training and education measures aimed at persons with disabilities to increase and entrench awareness of their status as right-holders; to be aware that access to and the enjoyment of those rights and social opportunities are not favors or works of charity, but have full enforceability. Similarly, this should be undertaken to raise awareness that by excluding persons with disabilities from a right or a public service, not only is this a violation of their rights, but also it is most likely to be an act of discrimination against them; awareness will also help in providing knowledge of the legal tools required to achieve these rights.



Article 7

Children with disabilities



The Colombian Constitution of 1991 affords special protection for children whose rights must be guaranteed in all circumstances and prevail over the rights of others. Article 44 of the Constitution stipulates that children must be protected against all forms of neglect, physical or moral violence, kidnapping, sexual abuse, labor or economic exploitation, and forced labor. Families, society and the state have the obligation to assist and protect children to ensure their harmonious and comprehensive development and the full exercise of their rights in accordance with the constitutional and international principle of the superior interests of the child. The Colombian state has ratified the United Nations Convention on the Rights of the Child.³⁰ Therefore, due to the effects of the block of constitutionality, the said Convention is integrated into the Constitution of 1991 and extends the protection afforded by the rights of the child.

By way of Law 1098 of 2006 the Congress of Colombia approved the Children and Adolescents Code, through which the rights of minors are developed in the country. As for children with disabilities, in Article 36 of the Code, in addition to the rights contained in the Constitution and in international treaties and conventions, children and adolescents with disabilities are entitled to enjoy a full quality of life and it is established that the necessary conditions be provided by the state so that they can look after themselves and be included in society. In turn, the Code specifies certain obligations regarding health care, habilitation, rehabilitation and education, among others.³¹

According to the 2005 Census, 12.11% of the Colombian population was aged between zero and 5. The Colombian state estimates that the population aged between 0 and 5 years in 2015 was between 5.1 and 5.8 million. Unfortunately, only 10,400 children with disabilities in this age range are in the RLCPD. It is estimated that a large number of children in early childhood



Families, society and the state have an obligation to assist and protect children in order to ensure their comprehensive development

Footnote

³⁰ Approved by Law 12 of 1991.

³¹ Law 1098 of 2006, "Whereby the Code for Children and Adolescents is issued," art. 36.

with disabilities are invisible to the state agenda and programs. If we apply to these 5.1 million children the average percentage for disabilities given by the 2005 Census, that is 6.4%, we can estimate that at least 326,000 persons would constitute children between 0 and 5 years of age with a disability. Of the entire under-18 years of age population registered with a disability, which amounts a total of approximately 120,000, the 10,400 children with disabilities aged 0 to 5 years represent less than 1% of the population in the RLCPD. There are about 21,000 children between 6 and 9 years and about 90,000 children between 10 and 18 years that represent more than 7% of the registered population (see Table 3).

Comprehensive early childhood care is now a political priority in Colombia. The national government has formed the National Intersectoral Commission for Comprehensive Early Childhood Care (CIPI) as a platform for the promotion of Early Childhood Policy by way of the resources and expertise of existing public and private entities. CIPI leads the Strategy for Comprehensive Early Childhood “from Zero to Forever”,³² which constitutes a set of planned actions of a national and territorial character that are used to promote and ensure the full development of children from gestation to five years of age. This is achieved through unified and intersector work from the perspective of rights and via a differential approach that includes disability. It articulates and promotes the definition and implementation of plans, programs, projects and actions for the comprehensive care that should be ensured for each child according to their age, context and condition.

According to reports by the national government, the principal achievements of the Strategy “from Zero to Forever” are:

- The strengthening of the capacity of territorial authorities and the national government.
- The articulation and implementation of the Comprehensive Services Route (RIA) in territorial entities.
- The comprehension and generation of knowledge concerning strategic issues in early childhood.

Footnote

³² Cf. Strategy “from Zero to Forever”, www.decerosiempre.gov.co

Children with disabilities in Colombia

According to the
2005
Census



12.11%

of the Colombian population is between 0 and 5 years of age

The Colombian state estimates that in

2015

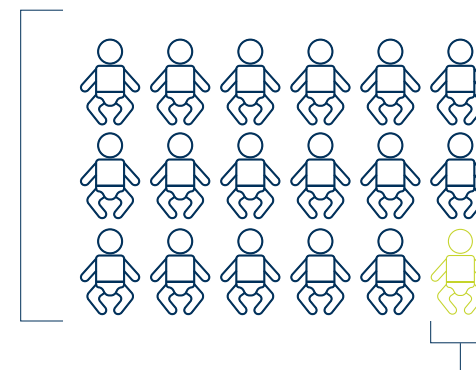


the population aged between 0 and 5 years was between

5.1 y 5.8 million

people

In Colombia there are more than
326,000
children aged between 0 and 5 years with disabilities



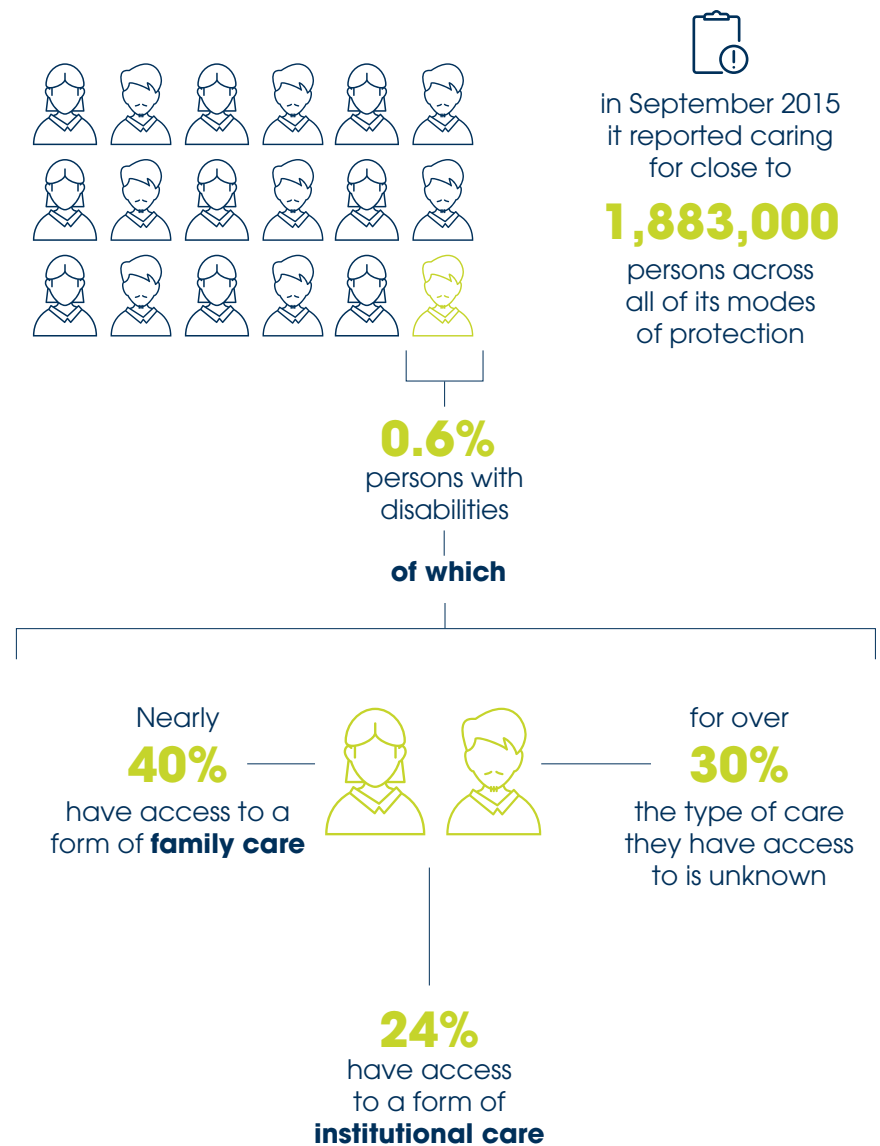
Yet only
10,400
children are registered in the
RLCPD

- The qualification of agents of comprehensive care for children and families.
- The development of a technical line for the appraisal of child development.
- The integration of prospects for inclusion in local policies, among others.

However, it must be noted that according to information provided by the national government, it is not possible to determine the number of persons with disabilities between 0 and 5 years of age that form part of the Comprehensive Services Route (RIA) strategy “from Zero to Forever”, much less know their geographical location or type of disability. The closest data to providing an idea of the proportion of persons with disabilities that are attended to comes from the national report on children and adolescents with disabilities provided by the Colombian Institute for Family Welfare (ICBF), which in September 2015 reported that it dealt with nearly 1,883,000 persons in all its forms, of which 11,499 persons, that is, less than 0.6%, were person with disabilities. About 40% of the population with disabilities served by the ICBF has access to a form of family care and 24% have access to an institutional form, however, for more than 30% of persons with disabilities served by the ICBF it is not possible to know the type of care received or the proportion of children with disabilities attended to (see Table 8).

These figures reflect slow progress in the registration of girls and boys in early childhood with disabilities, which means that despite the fact that early childhood is today a political priority in Colombia, it has not necessarily resulted in differential benefits for this population with disabilities. On the other hand, the pattern of exclusion and invisibility that affects this population is repeated and stressed at an early age.

Persons with disabilities cared for by the ICBF





WE CALL FOR

Colombia must improve the differential and integral attention provided to children with disabilities in early childhood, so that their human rights are guaranteed, they are attended to in full, and are given access to the social services necessary to ensure their social inclusion, not only at this vital stage but also throughout their life.

The Committee should urge the Colombian government, headed by the Colombian Institute of Family Welfare (ICBF) and the Ministry of Health, to overcome the enormous underreporting of children and adolescents with disabilities by age range, in order to determine the measures required to adequately address their needs and foster their comprehensive development.

It also should urge the Colombian government to strengthen the public offering for children and adolescents with disabilities, in order to ensure that they have systems of protection from physical, psychological and sexual abuse and guarantee them adequate access to nutrition and regular educational opportunities.

The Committee should request that the Ministry of Education (MEN) and the ICBF ensure the inclusion of children with disabilities in the regular educational system, with special attention being given to the transition from initial to pre-school education and then to elementary school. It must also urge them to ensure the necessary

conditions of access and retention, particularly in those segments of the poorest and most vulnerable populations with disabilities.

The Committee must urge that the MEN and the ICBF strengthen the institutions that provide inclusive early childhood, pre-school and primary education services for persons with disabilities, their teachers, support staff, students and parents to ensure access, permanence and effective transition for children with disabilities in the educational system at all of its distinct levels.

The Committee should urge the Colombian state, particularly the ICBF and the Ministry of Health and Social Protection, to disseminate on a massive scale, particularly in less developed and remote areas of the country, national strategies for the early detection of and comprehensive care for disabilities, as well as counseling strategies for responsible parenthood, in pre-natal care and comprehensive care in the first 1,000 days of life.

The Committee should urge the ICBF to strengthen the modalities of family support, including the Support Units and Strengthening of the Family (UNAFA) and Supervisory Homes, as well as institutional arrangements more like families, such as foster care, so as to fully address children, adolescents and young persons with disabilities who require direct state protection, and to avoid the institutionalization of persons with disabilities.



Article

8

Awareness-raising



The state and Colombian society have made progress in transforming imaginaries and negative practices against persons with disabilities. Gradually, persons with disabilities are coming to occupy important places in society and national politics, gain access to education and work, use public transportation, are more visible in the public space and are increasingly recognized by their peers without disabilities as capable and valuable persons whose contributions are important for social development.

The language pertaining to and representations of persons with disabilities in the media have been gradually transformed through a process of training for journalists and the tools and inputs that various organizations working for persons with disabilities have developed.³³ However, it is still necessary that media campaigns be strengthened in order to promote a positive image of persons with disabilities and not portray them as sick, tragic or unable persons, but instead promote them as part of the richness of human diversity. It is necessary that the state and civil society continue with this type of action and provide timely and qualified information on the subject, both for the media and for persons with disabilities and their families.

It must also be highlighted that Colombian civil society has conducted massive campaigns to promote the construction of friendly and inclusive environments that have aroused the interest of society and which have joined together with public and private institutions.³⁴ Through the realization of these campaigns, it has been identified that society requires sufficient information to be able to change imaginaries and generate actions aimed at inclusion. With the realization of the #EnModoIN³⁵ campaign, which promoted a message about



Little by little, persons with disabilities are coming to occupy more important places in society and national politics

Footnote

³³ Cf. (1) Inclusive journalism guides, <http://www.saldarriagaconcha.org/prensa/kit-para-medios>; (2) Colombian Autism League campaign on the use of the word autism <http://tofo.me/ligautismo>

³⁴ Cf. Commercial for the campaign #EnModoIN, https://www.youtube.com/watch?v=qiz_oc898_w <https://www.youtube.com/watch?v=S6PLH3KzjS8&feature=youtu.be>

³⁵ Cf. Campaign by the Saldarriaga-Concha Foundation invites society to build an inclusive society <http://enmodoin.com/>

changing imaginaries and invited people to take action in favor of inclusion, it **became clear that people are used to campaigns or demonstrations that ask for a donation or financial contribution to a cause, and that people were positively surprised because they would be given information and asked to implement a change in attitude instead of give alms or charity.**

Therefore the state, persons with disabilities, their families, social organizations and society in general still have a long way to go in terms of building a society where the stigma and stereotypes that exclude and discriminate persons with disabilities, according to which are still seen as subjects of pity or charity, are eliminated.

In order to promote positive changes regarding the perception of disabilities in the country, the Colombian state must accept the General Observations of the Committee on the report submitted by Mexico in 2014, which expressed concern that “many of the state resources for the rehabilitation of persons with disabilities are subject to the administration of a private entity such as Teletón. It further notes that this campaign promotes the stereotype of persons with disabilities as objects of charity”.³⁶ On this particular occasion, the Committee urged the state to establish a clear distinction between the private nature of the Teletón campaigns and the obligations that the state must undertake for the rehabilitation of persons with disabilities and the obligation to raise awareness of persons with disabilities as rights-holders. On numerous occasions, organizations of persons with disabilities, social leaders and opinion leaders³⁷ have spoken out against Teletón Colombia; nevertheless, the money collections that they use and which disseminate on a massive scale stigma and prejudice against persons with disabilities are supported by major Colombian companies, including the two main private television channels.

As in other countries in Latin America, in Colombia the Teletón has had and continues to have a long career. Every year, for more than 27 hours straight,³⁸ it develops a campaign that exploits persons with disabilities, their health, their needs and challenging life situations, so that under the banner of “solidarity”



Society in general still has a long way to go in terms of building a society where the stigmas and stereotypes that affect persons with disabilities are eliminated

Footnote

³⁶ Cf. Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Mexico, October 27, 2014.

³⁷ Cf. Note published in the national newspaper El Espectador about the Teletón: <http://www.elespectador.com/opinion/editorial/teleton-y-estereotipos-articulo-546251>

³⁸ More information: <http://teleton.org.co/teleton/evento/>

people and businesses donate money in order to support the rehabilitation provided by a private organization.³⁹ Indeed various media, such as Teletón Colombia – despite the good deeds that they develop and the health services and rehabilitation provided by the latter – value tragedy and disease, thus reinforcing the negative imaginaries surrounding disability and the need for charity in order to raise money from Colombians and companies with the aim of providing health and rehabilitation services, most of which are insured under the Colombian health system.



We must bring a stop to massive campaigns that use and disseminate stigmas and prejudices against persons with disabilities

Footnote

³⁹ Informative videos: <https://www.youtube.com/watch?v=hFezn5zo4Q>;
<https://www.youtube.com/watch?v=34KOANv4aIg>;
<https://www.youtube.com/watch?v=iCrPFWAebqU>;
<https://www.youtube.com/watch?v=s9dBs9Zqlls>



WE CALL FOR

Colombia must advance the transformation of the negative imaginaries that affect persons with disabilities that stigmatize them as being sick, perpetual patients and subjects of charity, in order to convert these into positive imaginaries that see persons with disabilities as diverse people, rights-holders, and fully fledged citizens with much to contribute to social development.

The Committee should urge the Colombian state, through the Ministry of Internal Affairs, MEN and ICBF, to develop campaigns and massive strategies focused in particular on families, especially the poorest families in Colombia, to transform their imaginaries and negative practices surrounding disabilities and thus strengthen their central role in promoting social inclusion and ensuring the rights of children with disabilities.

The Committee should urge the state, under the guidance of the Ministry of Internal Affairs, to work with local governments in particular, placing emphasis on the poorest and most remote of these, in order to disseminate information about disabilities and the social opportunities that exist or should exist for them, making visible persons with disabilities as members of the community and citizens with rights and duties.

The state must promote campaigns targeted at public officials in all branches of public power so that the imaginaries surrounding disabilities are positively transformed and this is reflected in public decisions and in everyday care for persons with disabilities.

The Committee should urge the Colombian state that, through MEN, to design and disseminate on a massive scale within the educational system the teaching tools needed to promote the social model of disability and exalt the constitutional principle of respect for human diversity from early childhood and on throughout life-span. Additionally, it should urge the Ministry of Information Technology and Communications (MinTIC) to develop large-scale campaigns that help remove stigmas and social prejudices that discriminate against and exclude persons with disabilities, and instead disseminate mass messages of social inclusion and the effective

enjoyment of rights under the CRPD in all the media available in the country.

The Committee should request that the state, the media and Colombian society in general refrain from participating, financing or encouraging strategies that collect money and donations, as well as mass campaigns for persons with disabilities, such as Teletón Colombia, that promote a negative image of disability and disease based on stereotypes, pity, charity and the need for assistance because they go against the CRPD, and the jurisprudence of the Committee.



Article
9

Accessibility



The Colombian state and local governments have advanced timidly in guaranteeing the right to accessibility to ensure that persons with disabilities can live independently and participate fully in all aspects of social, political, economic and cultural life. Some measures of accessibility and universal design combine adjustments to eliminate obstacles and barriers to access for buildings, public roads, transport, schools, homes, workplaces, information technology and communications, and services; however, we still have a long way to go to make Colombia a society for all.

According to the provisions of Law 1618 of 2013, the barriers that persons with disabilities face are understood as any obstacle that obstructs or impedes, in conditions of equal and full participation, the access of people to certain areas of social life.⁴⁰ According to the RLCPD, people registered with disabilities report roads (45%), sidewalks (28%), the workplace (18%), health centers (17%) and schools (15%), among others, as the main sources of barriers (see Table 9). Architectural barriers are the most visible and have aroused the interest of both the Colombian state and the general public, yet measures to eliminate communication barriers and attitudinal barriers are limited because they require complex and long-term measures.

Communication barriers comprise restrictions to access, under the condition of equality and in an autonomous way, for information, knowledge, consultation, culture, legislative and judicial decisions, among others.⁴¹ These barriers require the state, public bodies and local governments to diagnose the conditions of accessibility for public services, and communication systems, among others, in order to take measures to mitigate the exclusion of persons with disabilities and offer viable options for social inclusion.

Attitudinal barriers are those behaviors, words, phrases, feelings, preconceptions or stigmas that prevent or hinder access under conditions of equality for persons with disabilities to spaces, objects, services and in general to the possibilities

Architectural barriers



Footnote

⁴⁰ Law 1618 of 2013, art. 2, para. 5.

⁴¹ Cf. Ibid., art. 2, para. 5 (b).

offered by society.⁴² As discussed in the sections devoted to articles on the right to equality and awareness in Colombia, conceptions of disabilities as being related disease, inability and the need for charity continue to prevail. The development of mass campaigns is still needed, such as #EnModoIN campaign⁴³, to promote positive imaginaries about disability that relate to inclusion, diversity, capacity and human rights of persons with disabilities.

Physical barriers are material, tangible or constructed barriers that prevent or hinder access and use under conditions of equality to spaces, objects and services of a public and private nature for persons with disabilities.⁴⁴ Over the years and through different laws, different deadlines have been set for ensuring accessibility to both public and private buildings that are open to the public. For example, through Law 361 of 1997, article 57 of the state set a deadline of 18 months for public entities to draw up plans for the adaptation of public spaces, buildings and services in order to make them accessible for persons with disabilities. Article 52 of the Law set a limit of four years for the making of adjustments to private buildings open to the public. Through Law 1618, passed in 2013, the state again set new deadlines to ensure accessibility for persons with disabilities. Article 14 stipulated a deadline for the public transportation system of 10 years to reach levels of accessibility above 80%, while local public entities were given one (1) year to make adequate plans for roads and public spaces. To these same entities ten (10) years were granted for the achievement of accessibility levels above 80% for roads and public spaces. Article 15 granted a period of 8 years to the public authorities and private bodies responsible for the public transport service to bring roads, airports and terminals up to standard.

Colombian reality has shown that the existence of laws that set deadlines for accessibility in spaces, buildings and services, or at least the provision of plans, have not produced the expected effects. This can be explained due to multiple causes:

- For a general lack of knowledge regarding these regulations among public entities.
- The absence of effective supervision and monitoring mechanisms that are able to track compliance with these regulations and impose sanctions where appropriate.

Footnote

⁴² Cf. Ibid., art. 2, para. 5 (a) a.

⁴³ Campaign by the Saldarriaga-Concha Foundation invites society to build an inclusive society <http://enmodoin.com/>

⁴⁴ Cf. Law 1618 of 2013, art. 2, para. 5 (c), literal c.

Legals deadlines for accessibility



through Law
361 of 1997

article 57



the state has
fixed a limit of

18 months

for public entities to develop
plans for the adaptation
of public spaces,
buildings and services



through Law
361 of 1997

article 52



a limit of

4 years

has been set for the
adaptation of private
buildings open to the public



through Law
1618 of 2013

article 14

a limit of
10 years
has been set for public
transport services

to reach levels
of access
superior to
80%

1 year

for local
public entities

adaptation plans
for streets and
public spaces

- A lack of mobilization among the people and organizations related to disabilities where, except in a few successful cases, such rules and obligations are not used in their advocacy processes to make decisive advances in ensuring the right to accessibility.

In particular, as regards the right to housing and public space, Colombia follows the minimum accessibility regulations outlined in the ICONTEC standards, yet these are still not met with in a voluntary and informed manner. In Colombia there exist quotas for social housing projects built by the national government to ensure the availability of at least a percentage of the said offer. Law 361 of 1997 establishes in Article 49 that at least 10% of social housing should be accessible and free of architectural barriers. Meanwhile, Law 1114 of 2006 establishes a quota of 1% with the same characteristics for all housing projects. However, the enforcement and monitoring of compliance with these quotas lacks clear responsibility and sanctions remain absent for noncompliance, resulting in many instances of ineffectiveness for such affirmative actions. In some cases, adjustments to or the building of accessible spaces that guarantee decent conditions for this population is considered a disproportionate burden and thus persons with disabilities must use judicial means to fulfill their rights.⁴⁵

Regarding access to public transport, in Colombia Decree 1660 of 2003 aims to set general rules that gradually ensure accessibility to modes of transport and mobilization, especially for persons with disabilities. With this regulation, the Ministry of Transport has made progress in issuing administrative acts regarding accessibility and is currently building a universal design guide for land transport systems. Despite these advances, there exist few official data regarding accessibility to mass transit systems. One of the few figures available shows that in Bogotá D.C. less than 1% of the buses of the Integrated Public Transport System (SITP) are accessible to persons with disabilities,⁴⁶ the same data for elsewhere in Colombia are scarcely available.

With regard to access to information, knowledge and culture, it is important to highlight the issuance of Colombian Technical Standard (NTC) 5854 which establishes specific rules for web accessibility and mentions screen readers, magnifiers, and audio descriptions, among others, as mechanisms to ensure adjustments in access to virtual tools. In turn, thanks to the issuance of

Footnote

⁴⁵ In many cases, persons with disabilities must provide legal protection or constitutional protection to ensure the accessibility of housing offered by the government for vulnerable populations. Cf. Colombian Constitutional Court, Decision T-270/14 (MP. Luis Ernesto Vargas).

⁴⁶ Cf. District representation, Report of the District Ombudsman, SITP backs persons with disabilities, 2014.

Accessibility and housing for persons with disabilities



Law 361 of 1997
established a quota of

10%

of social housing that must be accessible and free from architectural barriers

social housing



Law 1114 of 2006
established a quota of

1%

of all housing projects with the characteristics of accessibility

All housing projects



Law 1680 of 2013 “whereby are guaranteed to blind and visually impaired persons, access to information, communications, knowledge and Information Technology and Communications”, Colombia has made progress in ensuring the right to access information and knowledge on equal terms. One of the biggest advances was achieved with the acquisition of the “country license” for screen-reader software, which can be downloaded for free in Colombia and allows for the capturing of device information and its conversion into audio or tactile forms that can be perceived by people with visual impairments. The said license can also be used in public bodies at the national, departmental and municipal levels, and generally in all entities that provide public services.

The Colombian state signed the Treaty of Marrakesh in order to facilitate access to books for persons with disabilities, which marks a major regulatory advance. However, the state has not yet ratified the Treaty and still hasn’t taken additional actions that positively weigh the tension between intellectual property protection and access to knowledge for persons with disabilities. Some policy proposals for the adjustment of national legislation to the challenges posed by the Treaty of Marrakech include, on the one hand, expanding the target population and exception and limitation on the right of reproduction, distribution and making available to the public. In turn, the possibility of proposing a complete definition of what is an accessible format should be considered in order to avoid unjustified restrictions. The legislative analysis should also include the possibility of allowing cross-border trade, imports by authorized entities and beneficiaries, and the circumvention of technological methods of protection.⁴⁷

Accessibility issues such as justice and, in particular, criminal proceedings and the registration of victims of armed conflict are of vital importance and merit careful analysis by the Colombian state to prevent violations of the human rights of persons with disabilities. On the one hand, **access to all spaces should be guaranteed, such as notary offices, courts, legal medicine offices, and attention offices for victims, among others, to avoid discriminating against or re-victimizing persons with disabilities. The option of having interpreters, accessible or easy-to-read formats must be guaranteed, as well as all the adjustments that enable persons with disabilities to access justice or administrative processes of assistance for the victims of violence under equal conditions.** In turn, training processes for officials who administer justice or work with victims of the conflict are required to prevent attitudinal barriers that generate exclusion and discrimination against this population. The state must ensure that measures allowing reasonable accommodation, according to the needs of persons with disabilities, are taken, both for entities at the central level as well as those present locally.

Footnote

⁴⁷ Cf. “Un milagro desde Marrakech para Colombia”, Luisa Fernanda Guzmán, Karisma, Foundation Colombia.

Colombia signed the Treaty of Marrakesh in order to facilitate access to books for persons with disabilities, however, it has not yet been ratified



WE CALL FOR

Colombia must advance in constructing an accessible and inclusive society for persons with disabilities that identifies and eliminates social, architectural, communication and attitudinal barriers that exclude them from: public buildings and those open to the public, public roads, transport, schools, housing, workplaces, the media, ICT, and social services and opportunities in general.

The Committee should recommend that the Colombian state, through the Ministry of Health as head of the Public Policy on Disability and Social Inclusion, but also through the ministries of Education, Housing, Transportation and ICT, exercise the effective surveillance, control and monitoring of the implementation of existing rules regarding accessibility to spaces and public services within their competence. Public bodies should be responsible for performing the complete diagnostics of those barriers facing persons with disabilities in terms of access to social services and public services, with the aim of proposing measures that impact positively on the fulfillment of accessibility on equal terms for the exercise the rights of persons with disabilities and adequate access to public services, in order to ensure the full exercise of their rights to access to justice, to decent housing, education, communications, dignified work, culture and in general to make use of their fully fledged citizenship.

The Committee should urge the Colombian

state to fully ratify the Treaty of Marrakech as an international instrument whose implementation has a positive impact on access to information and knowledge for persons with disabilities, especially the visually impaired.

The Colombian state, headed by ICONTEC, should ensure the dissemination and sharing of technical standards of accessibility and universal design for free or at a low cost, in order to make them known among students, professionals and local governments to promote and fulfill the right to accessibility.

The Committee should urge the Colombian state, which through MEN, and particularly the Vice Ministry of Higher Education, to develop mass campaigns in schools of architecture, design, engineering, communication, and journalism, among others, so that their students are aware of the CRPD and the laws and technical standards regarding accessibility, thus promoting their effective implementation.

The Committee should urge the Colombian state, and particularly the entities responsible for inspection and surveillance, such as the superintendents of ports and transportation, public utilities, notary and registration, industry and commerce, and health, among others, to ensure that supervised public and private entities fulfill the right to accessibility for persons with disabilities.

The Committee should recommend to the organizations of Colombian civil society, both for persons with disabilities and other organizations that defend human rights, the monitoring and evaluation of the guaranteeing and compliance of accessibility to services, spaces and communications for persons with disabilities.





For more than five decades Colombia has been affected by an internal armed conflict. However, for a long time its existence and the victims it produced were denied or deliberately and imprecisely named by the government, society and the international community. The protection of the rights of civilian victims of the armed conflict has progressed, first through the intervention of the Constitutional Court and later by government action. With Decision T-025 of 2004, the Constitutional Court declared the existence of an unconstitutional state of affairs due to the massive and systematic violation of the rights of displaced persons and urged the state to take appropriate measures to ensure attention and for the victims of the conflict. Later, with the enactment of Law 1448 of 2011, the Colombian state publicly acknowledged the existence of an internal armed conflict, created the Unit for Attention and Reparation of Victims (UARIV) and began to fully-redress civilian victims, opening the door to a negotiated settlement of the armed confrontation and the construction of stable and lasting peace.

Colombia's internal armed conflict has multiple characteristics. It is a protracted conflict that has lasted for over 50 years and, unlike other similar conflicts in the region, it has not come to an end. It has been characterized by the frequent use of low-level violence on a small scale, with the use of terrorist attacks as a weapon of intimidation against the civilian population, which constitutes the main victim.⁴⁸

Forced displacement is the most widespread consequence, but armed groups have also systematically used murder, forced disappearance, kidnapping, sexual violence, looting and the use of antipersonnel mines against civilians in an indiscriminate manner.⁴⁹

Footnote

⁴⁸ National Center of Historical Memory (CNMH). (2013). Report ¡Basta ya! Colombia: memorias de guerra y dignidad. Bogotá: National Press.

⁴⁹ Ibid.



Victims with disabilities belong to the poorest and most vulnerable populations, they and their families face disproportionate poverty traps and social exclusion, and are less likely to obtain access to health services and high-quality rehabilitation, to be included in the educational system, and obtain a formal job that allows them to generate income in a sustainable way

It is an irregular war that throughout its history has included the participation of various changing legal and illegal actors (Colombian Armed Forces, FARC-EP, ELN, AUC). Illegal armed groups have exercised their influence to a wide but irregular geographic extent over the national territory. The violence resulting from war often overlaps with other instances of political, economic and criminal violence present in Colombian society and has permeated highly profitable legal and illegal productive activities such as drug trafficking, mining and energy exploitation and large agribusiness projects.⁵⁰ In Colombia, the rurality and anonymity at the national level of the vast majority of victims have led to a routinization of violence, as well as an attitude of passivity and indifference fueled by a comfortable perception of political and economic stability.⁵¹

The Colombian armed conflict has disproportionately affected civilians not involved in armed actions. **It is estimated that in February 2016 there were more than 7.6 million civilian victims in Colombia recorded in the Unique Register of Victims (RUV) who have been affected by human rights violations and grave breaches of international humanitarian law, that is to say, about 15% of the entire Colombian population.⁵² The population has been hit by a variety of victimizing events,⁵³ of which forced displacement is the most prevalent, and it is estimated that more than 6.6 million people have been affected.⁵⁴**

In 2009, through Order 006, the Colombian Constitutional Court verified the absence of an effective response by the state, massive underreporting, and grave situations lived by the victims of the armed conflict with disabilities, particularly within the internally displaced population. In the said decision, the Court made an assessment of the qualitative differential and aggravated impact of forced displacement on persons with disabilities. The Court identified the heightened risks faced by persons with disabilities in the context of armed conflict; these include: The risk of acquiring a disability is increased by events associated with the conflict.

Footnote

⁵⁰ Cf. (1) Centro Nacional de Memoria Histórica (CNMH). (2013). Report ¡Basta ya! Colombia: memorias de guerra y dignidad. Bogotá: Imprenta Nacional. (2) Pizarro, E. (2004). Una democracia asediada. Balances y perspectivas del conflicto armado en Colombia. Bogotá: Grupo Editorial Norma. (3) Kurtenbach, S. (2005). Análisis del conflicto en Colombia. Bogotá: Friedrich Ebert Stiftung en Colombia (Fescol).

⁵¹ Ibid.

⁵² National Information Network (RNI), <http://rni.unidadvictimas.gov.co/>

⁵³ In addition to forced displacement, Law 1448 of 2011 protects other victimizing events: terrorist attack, threat, accident with MAP, UXO and IEDs, kidnapping, sexual violence, forced disappearance, torture, linkages of children and adolescents, homicide or slaughter and abandonment and dispossession, among others.

⁵⁴ National Information Network, Unit for Victims, <http://rni.unidadvictimas.gov.co/> accessed February 1, 2016.

Civil victims of the Colombian armed conflict

as of February

2016

there existed in Colombia more than

7.6 million

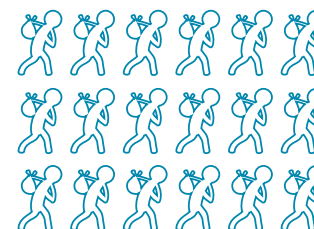
civil victims registered on the Unique Register of Victims



close to

15%

of the total Colombian population



more than

6.6 million

people have been affected by forced displacement

- The risk of abandonment due to a lack of personal independence before and during displacement.
- The risk for some persons with disabilities of being unable to flee from threats to their lives or personal integrity.
- The risk of being subjected to extrajudicial killings in order to be presented as the casualties of illegal armed groups.

It also identified the disproportionate risks facing this population in the context of forced displacement, which include:

- Discrimination and exclusion due to attitudinal barriers.
- Discrimination and exclusion due to barriers in the physical environment and on transport.
- Discrimination and exclusion due to barriers to access to information and communication, among others.

Since the enactment of Law 1448 of 2011 on attention, assistance and full-redress for victims, the Colombian state has made significant progress where victims with disabilities are concerned. First, **important progress has been made in the registration of victims with disabilities, which has increased significantly in the last four years. While in the period 1995-2011 the average percentage of victims with disabilities was 1.9%; in the period 2012-2015, the average percentage doubled, reaching more than 4.4% of the registered victims reported as having a disability** (see Table 10). This increase is mainly due to the actions of the UARIV and the entities of the Public Ministry that are aimed at qualifying the instruments of registration and training processes for registrants of victims of the armed conflict.

The universe of registered victims with disabilities exhibits a balance between men and women, it is estimated that 52% of victims with disabilities are men and 48% women (see Table 11). When the same universe of victims with disabilities is analyzed across different age ranges the picture is different. **It is estimated that 44% of victims with disabilities are adults, that is, between 29 and 60 years, 30.1% are over 60 years, and only 9.9% are children, adolescents and young people** (see Table 12).

Victims with disabilities

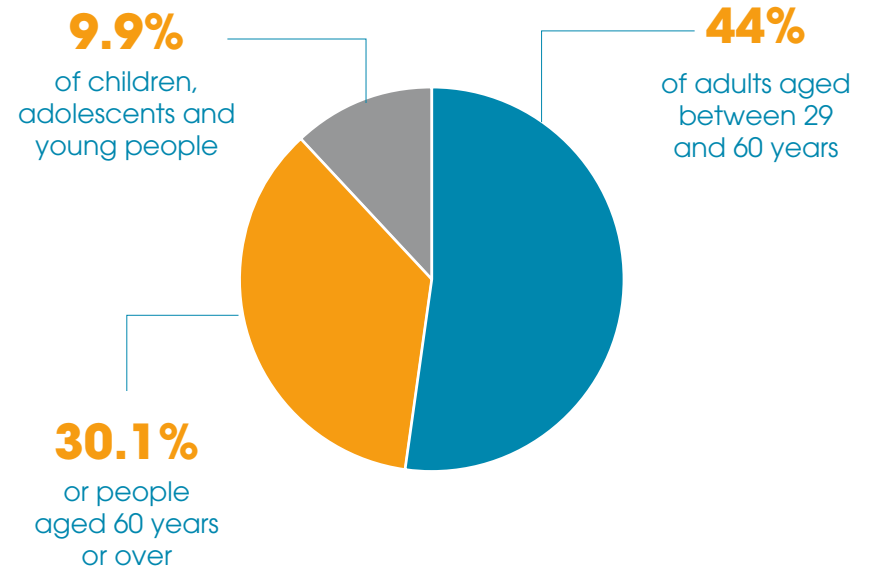
period between
1995 - 2011

1.9%
average for victims
with disabilities

period between
2012 - 2015

average percentage
doubled, reaching more than
4.4%
of registered victims that
report having a disability

Ages of victims with disabilities



If the victimizing events against persons with disabilities in the period 2011-2015 are analyzed interesting information can be found that strengthens the argument of the Constitutional Court and some social organizations that have indicated for years that the percentage of victims with disabilities must exceed 10%.

Between 2011 and 2015 the victimizing events with significant percentages of victims with disabilities were: attacks with antipersonnel mines (40%), loss of property (18.1%), torture (17.6%) and forced displacement (16.1%). On the other hand, those with a lower percentage of victims with disabilities were: abandonment and dispossession of land (4.5%), forced disappearance (5.3%), kidnapping (6.8%) and killings (8.5%) (see Table 13). Currently, it is possible to estimate that the victims of armed conflict with disabilities represent 15% of total victims.⁵⁵

The victims of landmine attacks require special attention. Colombia is part of the Ottawa Convention and since 2001 the victims of such attacks have been declining. However, according to the report by the National Center of Historical Memory (CNMH) on Victims of Antipersonnel Mines,⁵⁶ Colombia is, after Afghanistan, the second country in the world with the highest number of victims for such attacks. **Between 1990 and 2015 there have been about 11,000 victims of attacks using Anti-Personnel Mines (APM) and Unexploded Ordnances (UXO), of which about 62% were members of the security forces and the remaining 38% civilians, mainly farmers and children. Of those who were attacked 20% died at the time of the incident, the remaining 80% were injured, many of them afflicted with corporeal loss, loss of senses, affects on their mental health and their productive and family configuration.⁵⁷**

It is difficult to know the figures that account for the number of victims of the conflict with disabilities in Colombia, either because they were in the same condition before being affected, because the disability was produced by the war, or the disability simply emerged afterwards, as is the case for psychosocial disabilities after a victimizing event. **Victims with disabilities are not only an important issue in terms of the fact that the armed conflict produces**

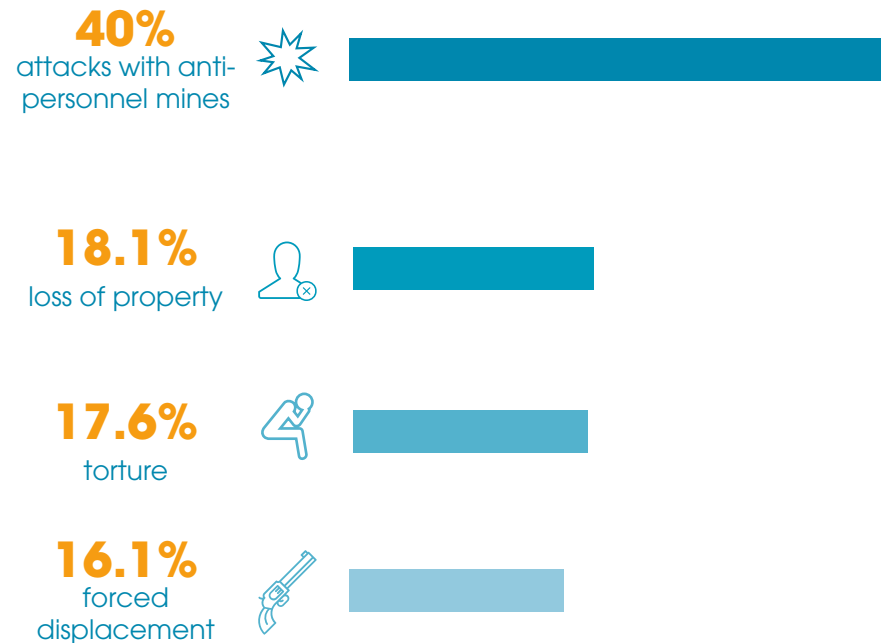
Footnote

⁵⁵ Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement, Order 006 of 2009.

⁵⁶ National Center of Historical Memory (CNMH). (2015) "Informe Nacional de Memoria Histórica sobre Minas Antipersonal y Remanentes Explosivos de Guerra en el Conflicto Colombiano y su Impacto sobre la Población Civil y el Personal Militar" (ongoing research).

⁵⁷ Ibid.

Victimizing acts with the greatest proportion of persons with disabilities



Acts with the lowest percentage of victims with disabilities:



disabilities and for the dishonorable overall global ranking of the country in terms of mines, but also because of poverty, hunger and the situations of risk that the victims face, which in many cases aggravate their health situation and living conditions.

Therefore, the Constitutional Court has reiterated that the state must fulfill strengthened protection and adjustments for routes of attention and assistance, and measures of full redress for victims, as stipulated in Order 173 of 2014. In this decision the Court called upon the national government to recognize the increased and disproportionate risks for persons with disabilities in situations of forced displacement and to provide a mainstream focus on disability in all measures of care, assistance and reparation. It must be noted that this decision emphasizes that internally displaced persons with disabilities are vulnerable to becoming victims of other acts, such as violence, exploitation or sexual abuse. The Constitutional Court has made visible the fact that **“people with cognitive and psychosocial disabilities are the most vulnerable to sexual violence, among other reasons, due to their limited possibilities for denouncing these facts as a result of the lack of credibility that the authorities afford their testimonies, meaning that, together with the many existing barriers and a lack of adjustments in systems of denunciation, these crimes often go unpunished”⁵⁸**. These facts must be analyzed by the entities responsible for assisting victims and guide them in the process of access to justice, since without the necessary reasonable adjustments, victims with disabilities cannot exercise their rights.

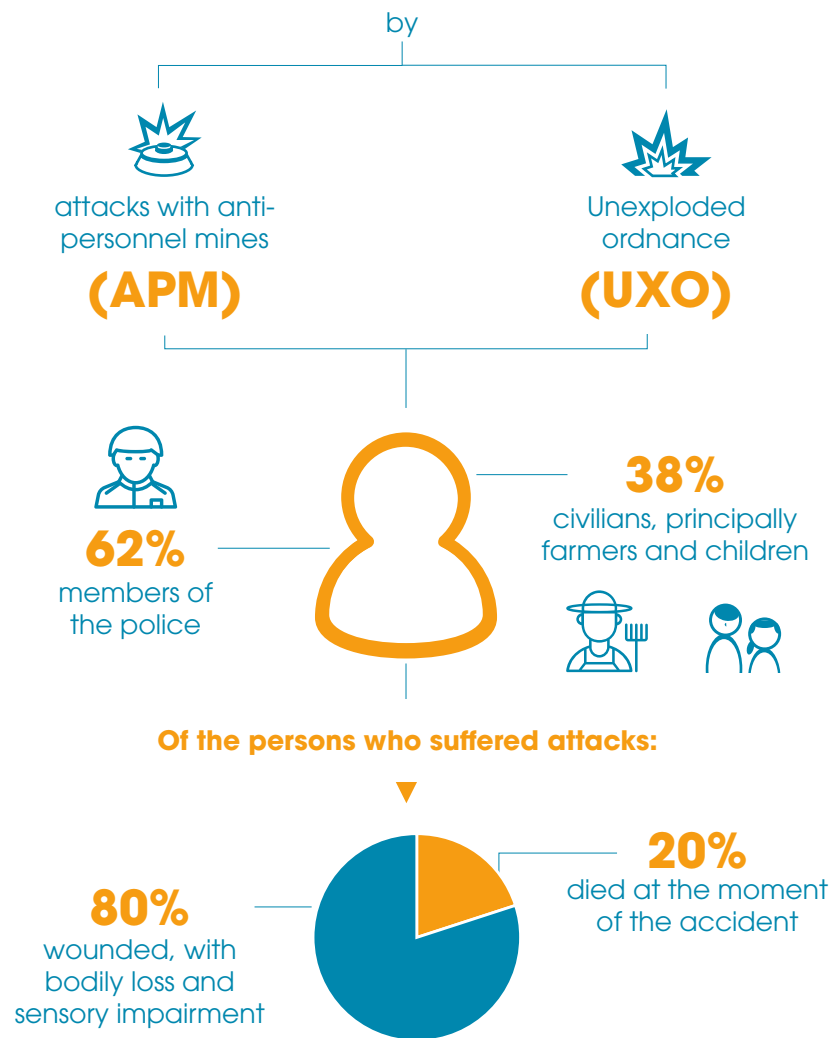
Regarding the right to full redress, it is noteworthy that although the Colombian state provides reparations to victims with disabilities in a differential manner, and that these are prioritized in the delivery of humanitarian assistance and the payment of compensation, enormous challenges remain in repairing the damage that the war has caused for persons with disabilities. **Victims with disabilities belong to the poorest and most vulnerable populations, they and their families face disproportionate poverty traps and social exclusion, and are less likely to obtain access to health services and high-quality rehabilitation, to be included in the educational system, and obtain a formal job that allows them to generate income in a sustainable way.** Although there are regulatory benefits for victims with disabilities, via the constitutional presumption of the automatic extension

Footnote

⁵⁸ Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement, Order 173 of 2014.

Victims of anti-personnel mines

Between 1990 and 2015 close to **11,000 victims** have been produced



of humanitarian aid,⁵⁹ far-reaching programs that enable persons with disabilities to generate their own income and overcome their state of extreme vulnerability are still lacking. To this extent, **the state has focused on providing humanitarian assistance, without implementing measures to build capabilities, provide training in trades and professions, or carry out projects that allow victims with disabilities to forge an autonomous and independent life and receive full reparation.**

With regard to the care of victims with psychosocial disabilities, Colombia has developed the Program for Psychosocial Care and Comprehensive Health for Victims (PAPSIVI) in which psychosocial care is provided for victims and rehabilitation measures are developed for the full-redress of victims. Despite the quantity of financial resources invested and the geographical extent of PAPSIVI, its differential impact on victims with disabilities remains low, the strategies of psychosocial support do not respond holistically to people with psychosocial disabilities or to people with complex mental health needs. Unfortunately, **the intersection between war and mental health has not yet been addressed in depth either by the state or by Colombian society. Victims with some psychosocial disabilities face general barriers imposed on them by the health system, and in many cases it is impossible to access specialized health services or specific medicines. Also, victims of the conflict are likely to acquire psychosocial disabilities as a result of the impact that violence has had on their lives and if they do not have comprehensive routes of care and support, they are unlikely to stabilize and overcome the losses and damage caused by the war.**

According to international standards⁶⁰ and Law 1448 of 2011, Colombia has the obligation to rehabilitate victims within the framework of full reparation.

Footnote

⁵⁹ Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement, Order 006 of 2009. This decision establishes two presumptions: "(I) the constitutional presumption of the heightened vulnerability of displaced persons with disabilities for the purposes of access to the various components of SNAIPD and the comprehensive assessment of the situation by officials competent to address them, and (II) the constitutional presumption of the automatic extension of emergency humanitarian aid for displaced persons with disabilities until established with full socio-economic stabilization, directly or through their families."

⁶⁰ Principles enshrined in the UN Resolution of 18 February 2005, "Updated principles for the joint protection and promotion of human rights through action to combat impunity" (United Nations, 2005b) and especially in the American Convention on Human Rights with the jurisprudential development of the Inter-American Court which alludes to comprehensive reparations as those provisions that return the victim, as far as possible, to the situation before the violation of their human rights or otherwise, to reduce the impact of the infringements caused.



The state has focused on providing humanitarian assistance, without implementing measures to build capabilities that allow for the social inclusion of victims with disabilities

For victims with disabilities rehabilitation is a human right enshrined in the CRPD⁶¹ and a measure of full-redress, and due to personal conditions it is perhaps the most important measure because it can and must transform the health and living conditions of people. **Although Law 1448 of 2011, Article 136⁶² establishes the obligation to develop a rehabilitation program directed towards victims, in practice only PAPSIVI has been implemented. Therefore, psychosocial care has received all the attention thus obscuring the needs of functional, occupational and comprehensive rehabilitation for victims with disabilities.**



The intersection between war and mental health has not yet been addressed in depth either by the state or by Colombian society

Footnote

⁶¹ Cf. CRPD, art. 26.

⁶² Cf. Law 1448 of 2011, article 136: "The Government, within six (6) months following the enactment of this law, must implement a rehabilitation program which should include both individual and collective measures that permit victims to play a role in their family, cultural, labor and social environments and exercise their basic rights and freedoms in an individual and collective manner."



WE CALL FOR

Colombia must advance in the process of full redress for victims of armed conflict with disabilities, whether that disability has been directly caused by the war, whether it existed prior to the conflict, or whether it emerged afterwards, taking special care to address the impact on mental health of those who have been directly affected, as much as those who have lived within violent contexts throughout their life.

The Committee should urge the Colombian state to adapt its systems to the making of declarations by and the registration of victims with disabilities, in accordance with Article 12 of the CRPD concerning legal capacity and equality before the law, in order to eliminate barriers to attention, assistance and full redress for this population, particularly for people with intellectual and psychosocial disabilities. The state must have tools for decision-making support to ensure that victims with disabilities have knowledge about their routes and rights as victims of the armed conflict.

The Committee should urge the Colombian state to adapt information systems in order to have full and detailed databases on disabilities that are also interoperable with other systems such as the RLCPD, in order to achieve a complete overview and gain visibility for the situations of persons with disabilities who are victims of the conflict and implement appropriate public policy measures.

The state, through the UARIV, as the governing body of the Attention and Full Redress Policy for

victims, but also through the Ministries of Health, Education and Labor, must accept the principles of the CRPD on comprehensive rehabilitation, particularly the RBC strategy of WHO, and apply them to the measures of reparation for victims of the conflict with disabilities, thus preventing that the psychosocial care provided to the entire population of victims renders invisible the specific rehabilitation needs of victims with disabilities.

The Committee should urge the state to meet the mental health care needs arising from the armed conflict, for which it is necessary to use available sources such as the most recent National Survey of Mental Health 2015, and deepen both the diagnosis of this situation and the detection of barriers faced by victims of the conflict with mental disabilities, as well as incorporate effective strategies for approach, care and rehabilitation as part of the comprehensive reparations on offer.



Article 12

Equal recognition before the law



The Colombian legal system has evolved in recognition of the legal capacity of persons with disabilities on an equal basis with their peers without disabilities. However, this process has been too slow and has involved the Constitutional Court as a principal actor. In 2009, Colombia reformed the regime of legal capacity that had been instituted in the Civil Code for over 150 years. Law 1306 of 2009 uses a respectful language to refer to persons with disabilities and provides more modern mechanisms for patrimonial and financial protection, nevertheless, enormous challenges remain.

Today persons with disabilities, particularly those with intellectual and mental disabilities, may have their legal capacity reduced, in whole or in part, through a court decision of interdiction due to their disability. In the Colombian legal system, despite the reform of 2009, the removal of the legal capacity of persons with disabilities remains valid and a judge may appoint a guardian to make decisions in their place.

In Colombia, a complex legal situation regarding the equal recognition of persons with disabilities before the law and legal capacity is evident. Article 12 of the CRPD is fully binding, it is incorporated into the Constitution of 1991 through the block of constitutionality and does not require subsequent legislation to develop it. However, the right to equal recognition before the law in Article 12 of the CRPD coexists in the Colombian legal system with Law 1306 of 2009, which allows the declaration of interdiction for persons with disabilities, particularly those with intellectual and mental disabilities, and it remains in force; in particular, it is applied by family judges in everyday life.

In addition, one of the invisible barriers that persons with disabilities face in achieving equal recognition before the law is a lack of knowledge regarding the legal presumption of full legal capacity, since they are compelled to have



The right to equal recognition before the law in Article 12 of the CRPD coexists in the Colombian legal system with Law 1306 of 2009, which allows for the deprivation of legal capacity for persons with disabilities

a guardian with them in their decisions and statements to public and private entities as a procedural requirement for the initiation of legal proceedings or otherwise (procedures in health, education and access to pensions). Such a lack of knowledge regarding the right to equal recognition of legal capacity may violate the fundamental rights of this population since it is not allowed to submit an affidavit, request a public service in its own name, have autonomous medical appointments or, more seriously, denounce acts of physical and psychological violence against it, which is certainly a grave limitation on the right to access to justice on equal terms.

Currently, Colombian law allows families and even third parties, such as medical professionals and legal practitioners, to promote judicial processes of interdiction for persons with disabilities, which can mean, and indeed does for many cases, the removal of the legal capacity of persons and the judicial appointment of a legal guardian. Such a judicial process does not allow for the exercise of the legitimate right to defense on the part of the person, who is not considered by the judges as part of the process and often does not have their testimony taken into account, as well as being considered nothing more than the recipient of a court order.

Under the justification for the removal of the legal capacity of persons with mental and intellectual disabilities, which is both widespread and legal in the Colombian system, practices contrary to those enshrined in the CRPD are accepted, such as sterilization without consent for women with disabilities who have been declared judicially interdicted.⁶³ These practices have been described as cruel and ill treatments, both by the CRPD Committee and the Committee of CEDAW, and merit a thorough analysis leading to policy changes that will bring to an end these forms of discrimination on the grounds of gender and disability.

Statutory Law 1618 of 2013 develops Article 12 of the CRPD in a limited way by ordering the Ministry of Justice, the entities of the Public Ministry, and the ICBF to “propose and implement adjustments and reforms to the system of judicial interdiction so as to develop a system that favors the exercise of legal capacity and support in decision-making processes for persons with disabilities, in accordance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities.” The protocol of decision-making support that the Ministry of Justice must develop has not yet been consolidated and therefore it does not yet offer viable legal alternatives to the concept of judicial interdiction.

Footnote

⁶³ Cf. Colombian Constitutional Court, Decision C-131 of 2014.



**Persons with disabilities
have the right to be
provided with the
support needed to take
decisions and not be
deprived of their
judicial capacity**

Currently, various public entities such as the UARIV, with the support of USAID and the International Organization for Migration (IOM), have developed specific protocols in which the victims of armed conflict are recognized as capable and are provided with the necessary support in decision-making processes. Such strategies, similar to those in other developing countries, constitute important steps in ensuring the right to equal recognition before the law, but important steps that will be of national impact are still required.



Some national entities develop specific protocols that recognize victims of the conflict as capable persons and provide support for their decision-making processes



WE CALL FOR

Colombia must move quickly to recognize persons with disabilities as being fully capable persons. Similarly, it should work to create mechanisms for decision-making support both for people with intellectual disabilities and those with psychosocial disabilities. Such support should be widely disseminated and applicable to the different spheres of the public and private lives of persons.

The Committee should urge the Colombian government, particularly Congress, with the help of the Ministry of Internal Affairs, the Ministry of Justice and the Public Ministry, to reform the institution of existing legal capacity and abrogate the concept of judicial interdiction approved in Law 1306 of 2009 due to infringement of Article 12 of the CRPD and General Comment No. 1 of the Committee, so that the current model of the subtraction of capacity is replaced by a model of support in decision-making according to current international human rights standards.

The Committee should request that the Colombian state, particularly the Congress and the Ministries of the Interior and Justice, establishes clear transitional mechanisms that enable persons with disabilities who are currently deprived of their legal capacity, and who require support in decision making, to gain access to their rights while the new law is discussed, approved and implemented as a precautionary measure to protect their rights and avoid the continued production of actions that go

against human rights, such as non-consensual or involuntary sterilization by a third party.

The Committee should urge the Colombian state to develop, through the Ministry of Justice and the faculties of law within universities across the country, processes of mass training in the rights of persons with disabilities to equal recognition before the law directed at law students, practicing lawyers, judges and court officials, among others.



Article 19

Living independently and being included in the community



Unlike other rights, the Colombian government has made little progress in ensuring the right of persons with disabilities to live independently and be included in the community. While not all persons with disabilities in Colombia are dependent, and some are indeed included in the community, the absence of a national strategy that takes as its north the right to independent living and inclusion in the community for persons with disabilities means that this right is neither a political nor a legislative priority, and fails to translate into a specific local offer.

In Colombia, the right of persons with disabilities to lead an independent life free of violence is still unknown, and an incapacity to forge an independent life project and be free to define living arrangements is instead presumed and is done so under the pretext of protecting their welfare. In most cases this right is partially addressed through rehabilitation services, health, education or work, but lacks a proper regulatory framework, for example, it is not developed in depth in Law 1618 of 2013 and no articulated state service fosters such enjoyment. In most cases, the social inclusion of persons with disabilities is something that is expected to occur in correlation with the enjoyment of other human rights and is scarcely recognized as an independent human right. In fact, the limited recognition of this right is closely related to low access among persons with disabilities to the education system and employment on an equal footing with their peers without disabilities, which limits their ability to have an independent life, to sustain themselves economically, and to not rely on third parties for a dignified life. Barriers to access for comprehensive rehabilitation opportunities, inclusive education or income generation perpetuate the cycle of poverty for people living with disabilities in the country and limit their possibilities for achieving social and economic inclusion.

Information regarding levels of independent living and inclusion in the community for persons with disabilities remains absent in Colombia. Information provided by the RLCPD is the only information available regarding the housing arrangements of persons with disabilities, but has been found

Living situations of persons with disabilities



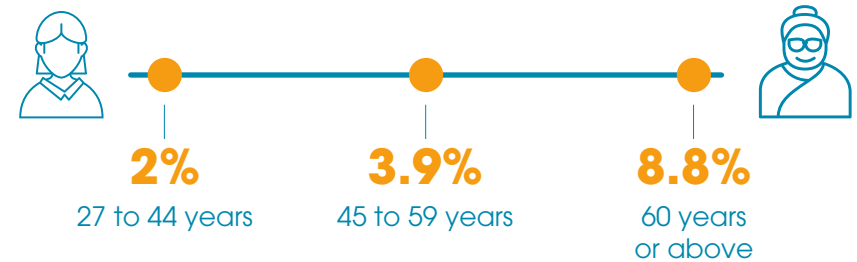
► It is possible to infer that they live with their families, members of which exercise the roll of caregiver

wanting in terms of accounting for the efforts for and results of processes of inclusion and community living for persons with disabilities in Colombia. **Most persons with disabilities, regardless of age and sex (94.4% of women and 92.6% of men) live accompanied; it is possible to infer that they live with their families, who are mainly engaged in the role of caregivers in the country.** In turn, it is impossible to know if home arrangements with the family have been freely chosen or if this is the only arrangement to which the person has access (see Table 14 and Table 15).

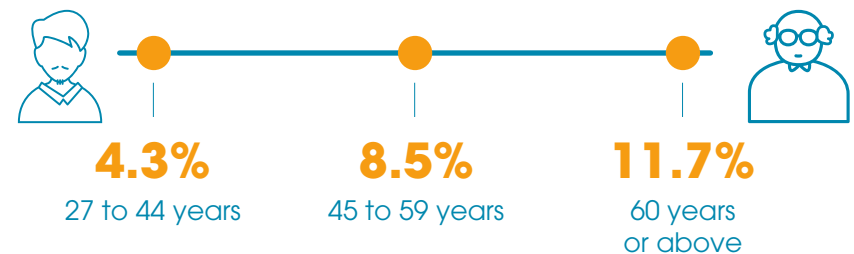
In terms of the advancement of age, more persons with disabilities live alone. 2% of women between 27 and 44 live alone, while 3.9% of those aged between 45 and 59 do, and a further 8.8% of those over 60 live alone. The percentage of men living alone is higher across all age groups: 4.3% for those between 27 and 44 years, 8.5% for those between 45 and 59 years, and 11.7% for those over 60 years (see Table 14 and Table 15). This increase in older people living alone can be understood to be in line with an increase in disability in old age and is not necessarily related to the results of processes of inclusion and community life.

As for the institutionalization of persons with disabilities in Colombia, the data closest to giving us an idea of the proportion of persons with disabilities living in institutions can be found in the national report for children and adolescents with disabilities provided by the ICBF, which **as of September 2015 reported attending to 1,883,000 people in all of its capacities, of which 11,499 people, that is, less than 0.6%, had a disability. About 40% had access to a form of family care and 24% to a mode of institutional care.** Of the approximately 30% of persons with disabilities served by the ICBF it is not possible to know the type of care in place, be it family, institutional or another (see Table 8). **In Colombia the formal data available for the institutionalization of persons with disabilities is scarce, which may indicate that in most cases families assume the role of caregivers and are the providers of financial support and housing for persons with disabilities.**

Women with disabilities who live alone



Men with disabilities who live alone





Colombia must advance in the recognition of the right to independent living and inclusion in the community as an autonomous right that cannot simply be a result of access to other human rights, but which requires specific strategies and offers for persons with disabilities.

The Committee should urge the Colombian government to design and implement a national strategy for independent living and inclusion in the community for persons with disabilities. This strategy must be coordinated with existing local offers where education, work, health and rehabilitation are concerned, and further focus on and enhance the said offer in order to promote inclusion and community life. This strategy should be identified explicitly within the state structure in terms of which particular entity is deemed responsible for taking the lead on issues related to this right and defining guidelines for local governments to develop comprehensive social offers that enable independent living and inclusion in the community for persons with disabilities.

The Committee should urge the state to enhance educational strategies, including the early childhood education offered within the framework of the Strategy "from Zero to Forever", and thus provide support in the construction of autonomous life projects for persons with disabilities. Thus avoiding, from early childhood, that persons with disabilities are excluded from the mainstream education system and meaning that their institutionalization is prevented.

The Committee should urge the Colombian government to design and implement personal assistance services and care for persons with disabilities in situations of dependency with a focus on community inclusion. Such support services should be coordinated with general care services as a pillar of the General System of Social Security. Also, initiatives should support community-based rehabilitation that allows for the creation of social networks that exhibit solidarity with the life projects of persons with disabilities.

The Committee should urge the Colombian government to review official figures regarding institutionalized persons with disabilities in both public and private entities, especially for persons with mental and intellectual disabilities, in order to implement urgent strategies that provide opportunities for community life for this population in accordance with the provisions of the CRPD.



Article 24

Education



Colombia has moved decisively in ensuring the right to inclusive education for persons with disabilities, which has been and continues to be a complex process of transformation for the education sector, local governments, national policies, mechanisms of funding, teacher training, the organization of the support system, the definition and role of the competencies of health and education, of educational planning to promote the access, retention and graduation of students with disabilities, the expectations of parents, and, mainly, the role of students with disabilities in regular schools. This process is not yet over, and has important achievements that should be implemented across the country on a massive scale, as well as challenges that still need to be answered so that persons with disabilities can access, remain in, be promoted to and complete a process of quality education that responds to their needs.

According to discouraging figures in the research “The Situation of Education in Colombia”⁶⁴, undertaken in 2010, it is estimated that 90% of children with disabilities do not attend a mainstream school. Similarly, while 85% of the general population between 6 and 11 years old had access to education, only 27.4% of the population with disabilities in the same age group did, and only 5.4% this population reached the level of higher education.

Data for 2014 and 2015 from the Integrated Enrollment System (SIMAT) of the Ministry of Education are alarming where persons with disabilities are concerned. The registration of persons with disabilities for 2014 represented 1.21% of total enrollment, with the figures being higher for state education (1.72%) and lower (0.77%) for private education. In 2014, of the 10.3 million people of school age enrolled in the Colombian education system 156,030 were persons with disabilities. The registration of persons with disabilities for 2015 accounted for 1.34% of total enrollment, with this figure being considerably higher for state education (1.91%) and lower (0.86%) for private education.

Footnote

⁶⁴ Alfredo Sarmiento Gómez, Situación de la Educación en Colombia. Preescolar, Básica, Media y Superior. Una Apuesta al Cumplimiento del Derecho a La Educación para Niños, Niñas y Jóvenes, 2010.



The majority of persons with disabilities in Colombia are excluded from mainstream schooling. Thus at all educational levels and across all territories, educational provisions must be increased and strengthened

In 2015, of the 10.3 million people of school age enrolled in the Colombian education system, 173,728 were persons with disabilities (see Table 16, Table 17 and Table 18).

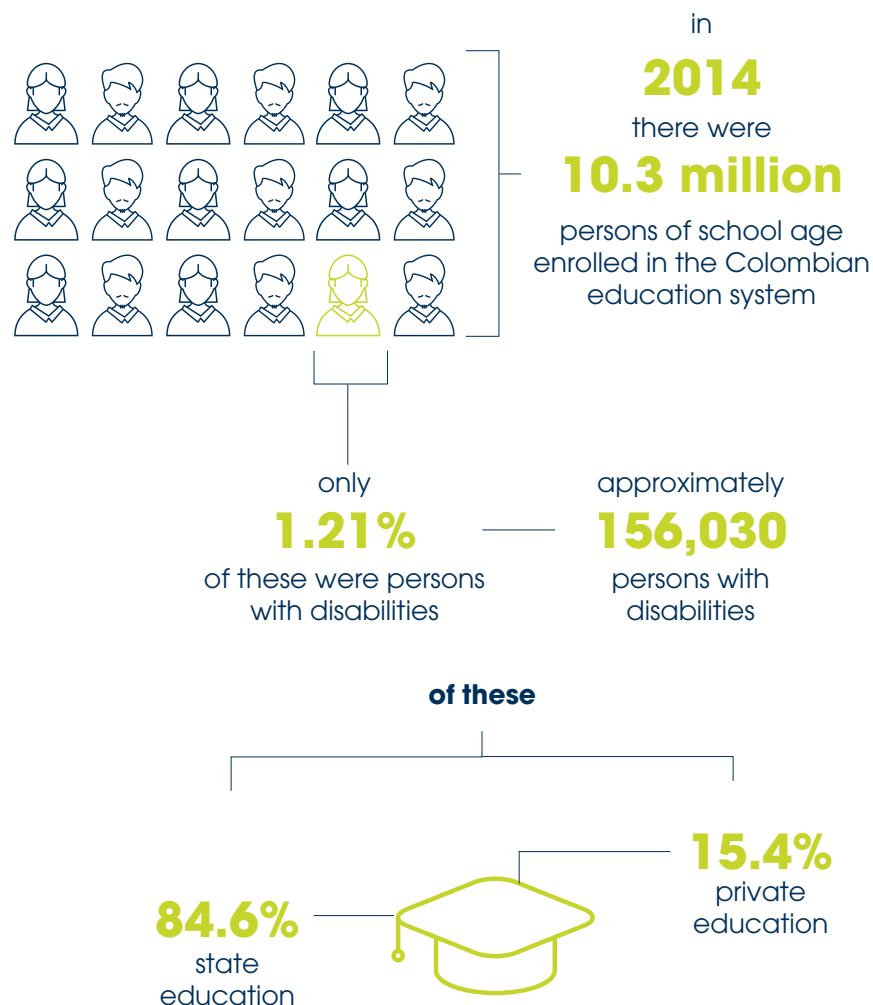
The enrollment report also makes it possible to note that the highest percentages of enrollment are in primary education, at 2.12% in 2014 and 2.38% in 2015. These figures contrast with low state registration at the Nursery, Pre-nursery and Transition levels, which is not mandatory in Colombia, and in 2014 the figure barely passed 1%, while in 2015 it was 1.24%. As persons with disabilities progress through the varying levels of education the percentage of enrollment decreases significantly, reaching levels of 1.12% for regular secondary education in 2014 and 1.22% in 2015 for the same level (see Table 18).

Average registration is higher for men than for women with disabilities at all educational levels. In 2014, women accounted for 0.96% of enrollment for persons with disabilities in the educational system, while men accounted for 1.46%. In 2015, women accounted for 1.04% of enrollment for persons with disabilities in the educational system, while men accounted for 1.63%. The 1 percentage point difference between women with disabilities enrolled in 2015 in state education at the primary level (1.85%) and men (2.86%) should also be highlighted (see Table 18).

From a geographic perspective, the enrollment of persons with disabilities in the mainstream education system is lower in the poorest and most remote departments of Colombia. In 2014, the departments with the highest percentages of enrollment for persons with disabilities were: Risaralda (3.63%), Caldas (3.37%), Quindío (2.45%), and Antioquia (1.73%), while those with the lowest percentages of enrollment were: Vichada (0.34%), Vaupés (0.36%), and San Andrés and Providencia (0.38%). In 2015, the departments with the highest percentages of enrollment for persons with disabilities were: Risaralda (3.60%), Caldas (2.91%), Quindío (2.55%), and Antioquia (2.02%), while those with the lowest percentages of enrollment were: Amazon (0.21%), Arauca (0.34%), and Vaupés (0.36%) (see Table 19).

Of the total number of persons registered in the RLCPD, 64% of the population with disabilities is literate while 34% is not. About 30% do not study because they are not considered to be of school age or because they have already finished, and 27% do not study because of their disability. The information presented here only reflects the data available for persons with disabilities

Enrollment of persons with disabilities in the education system



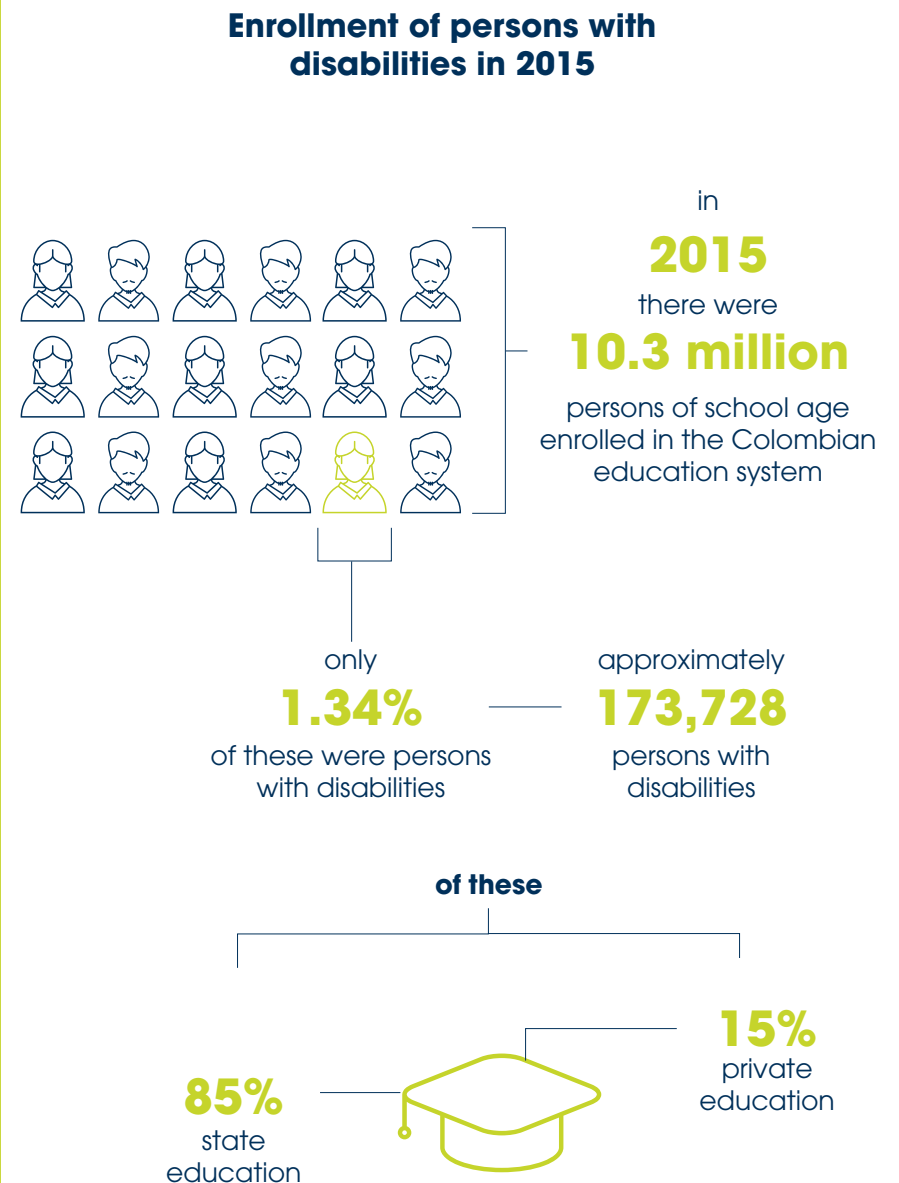
registered as being of school age, and thus does not reflect consolidated data in relation to the national total or those who are considered to have been excluded from education and are older than 26 years (see Table 20 and Table 21).

The large number of records found to be lacking information (more than 45% for women and about 50% for men) does not allow for a reliable analysis of the type of educational institution attended by persons registered with disabilities. Most of those who are registered, both women (44%) and men (43%), attend public institutions and a much lower 7% attend private institutions (see Table 22). The available information does not reveal the number of persons with disabilities who attend special or segregated education, nor the number of those in inclusive education. It can be concluded, on preliminary grounds, that those who attend public education do so mostly in inclusive or integrated modalities, while for the rest it is quite possible that the above information conceals the access of persons with disabilities to institutions that offer special or segregated education that are not reported in the SIMAT.

The desire and motivation of persons with disabilities to continue studying if given the opportunity should be carefully analyzed by age group. While overall total desires and motivations are balanced, they change dramatically when persons with disabilities of school age are compared with those over 60 years of age.

While women (81%) and men (80%) of school age, that is, between zero and 26 years of age, wish to continue studying if given the opportunity, only 27% of women and 29% of men over 60 and with disabilities wish to do the same (see Table 24 and Table 25). This represents a huge challenge in terms of consolidating an inclusive education system for people of school age, as well as in terms of developing the offer of education throughout life for older persons, taking into account the fact that not all people begin their education at the same age cycle and that this may influence the results and success of the process.

It is important to note that in most cases, persons with disabilities do not have access to the education system for economic reasons and therefore support funding plays a significant role in achieving inclusive education. Since 2014, the Colombian Institute for Educational Credit and Technical Studies Abroad (ICETEX), responsible for meeting the funding needs of higher education in Colombia and abroad, and the MEN, through public-private partnerships, have expanded the supply of credit to persons with disabilities. This offer should certainly be extended to all economic levels and propose accessible options



consistent with the situations of persons with disabilities who request credits. It should also be noted that few public or private institutions have a system of grants or support for persons with disabilities who wish to study.

In relation to the last grade approved for persons registered with disabilities, according to RLCPD data, 37.9% of persons with disabilities only finished primary school, while 33.8% did not finish any grade. 20.5% of people registered with disabilities finished high school, while only 1.7% completed university education (see Table 26 and Table 27).

Although figures are not disaggregated by disability, it is important to note that the main adjustments that have been advanced are architectural in type and offers of interpreters for Colombian sign language, while adjustments to the academic curriculum, the training of professionals, and inclusive opportunities for persons with mental and intellectual disabilities is still low and represents the biggest challenge for national education policy.

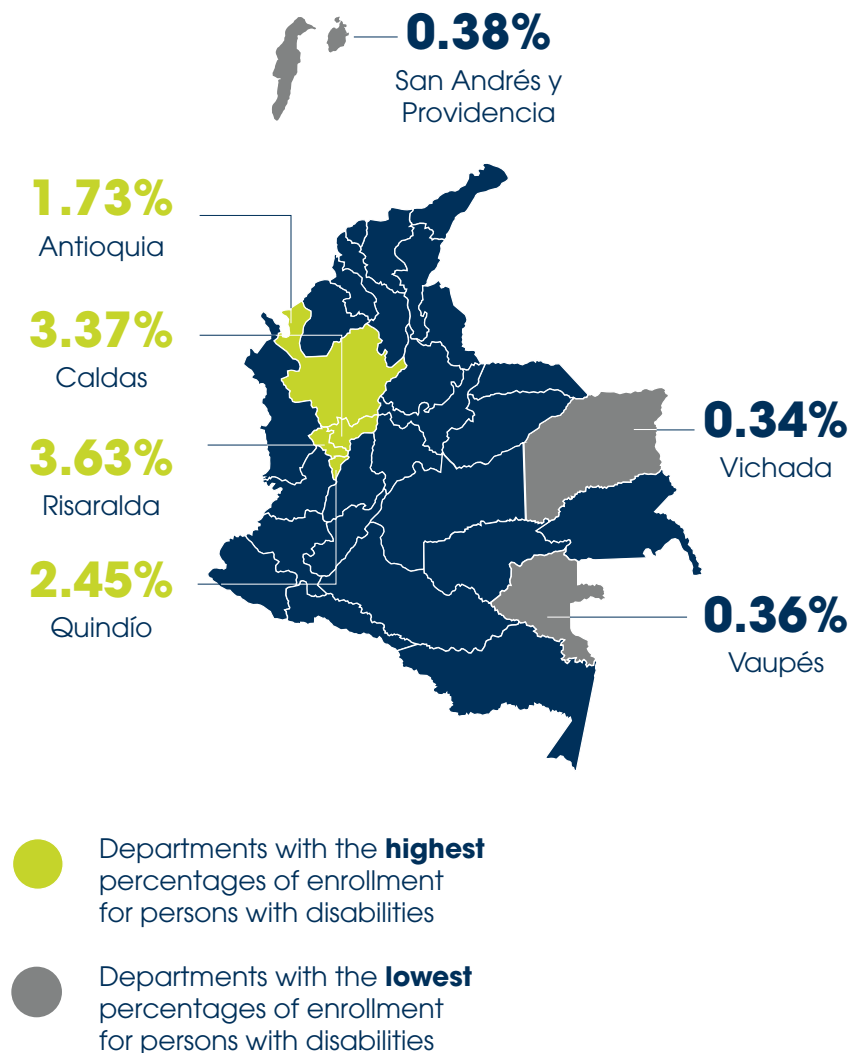
In Colombia, the legal system expressly provides for the right to the inclusive education of persons with disabilities, not only for the purposes of Article 24 of the CRPD, but also through Article 11 of Law 1618 of 2013, which states that “the Ministry of Education will define the policy and regulate the scheme of education for persons with special educational needs, promoting educational access and quality under a system based on inclusion in the educational services. For this, the Ministry of Education will define the required interagency agreements with the different social sectors, so that it is possible to ensure comprehensive educational services to persons with disabilities.” However, there remain in the Colombian legal system other rules that permit or encourage the special or segregated education of persons with disabilities and in many cases these are used to justify the provision of such services, these include, among others: Law 115 of 1994, title III, chapter 3; Law 361 of 1997, articles 10 and 12; Law 1098 of 2006 of Children and Adolescents, article 36, paragraph 3; as well as resolution 2565 of 2003, article 3

For its part, the Constitutional Court has emphasized that the Colombian state has the constitutional and international obligation to ensure the effective enjoyment of the right to education of persons with disabilities as a general rule. According to the Court, the specific obligations of the national government and local authorities are:

- Guarantee availability and affordability.
- Guarantee access.

In 2014

the departments with the highest and lowest percentages of enrollment for persons with disabilities were:



- Guarantee acceptability.
- Guarantee permanence and adaptability in order to ensure that persons with disabilities are not excluded from the mainstream education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education or secondary education for reasons of disability.

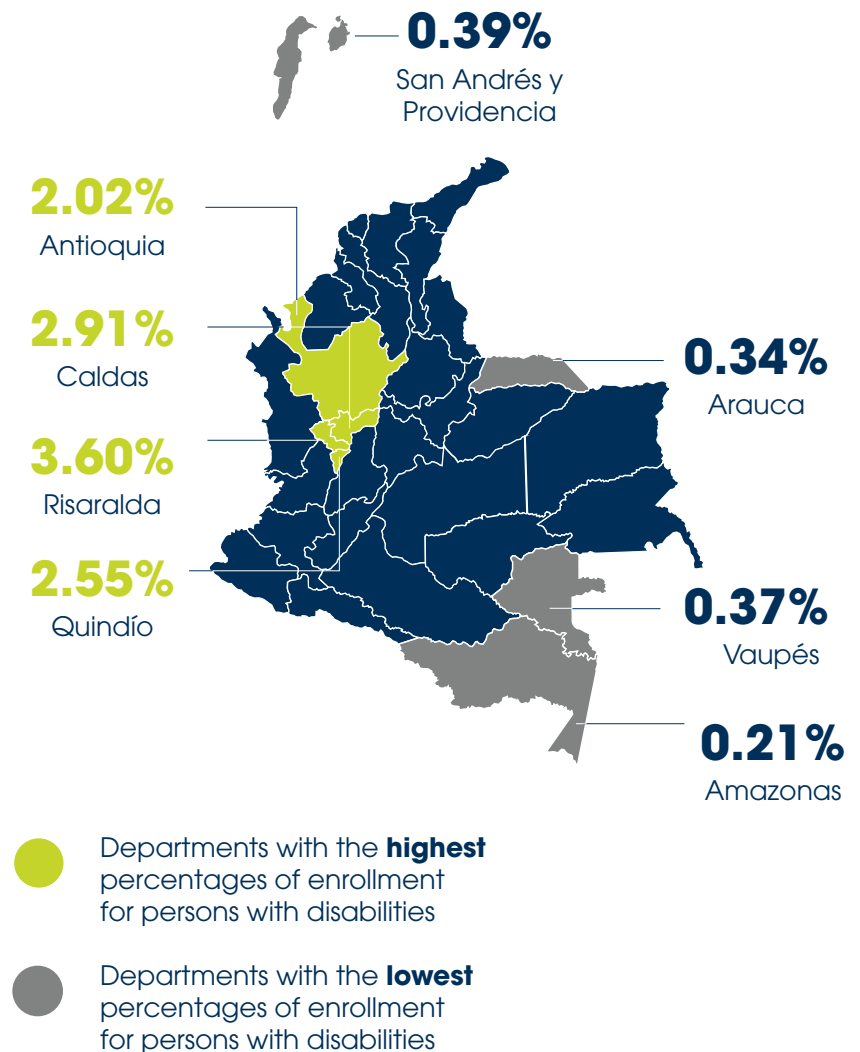
Regarding the organization of education in order to promote an inclusive education service, Colombia has Decree 366 of 2009 and Ministerial Directive 15 of 2010, both of which belong to MEN. The first regulates attention: persons with intellectual disabilities, autism and physical disabilities; the deaf, both users of sign language as well as the oral or written Spanish population; the blind, partially sighted and deaf-blind; and people with exceptional abilities and talents. The second regulates the hiring of support staff and basic teachers, the provision of teaching training materials and educational equipment, and the adequacy of the state educational infrastructure.

Colombia has made a significant financial investment in the inclusive education for persons with disabilities. In 2015 alone, the national government transferred to local authorities more than 40,600 million pesos (US\$12.3 million) for investments in the inclusive education of persons with disabilities. Despite the geographical distribution of these investments, they respond directly to the number of students with disabilities formally reported in the SIMAT, which encourages advances in the registration of students with disabilities in territorial entities, offering them increased financial resources from the national government for compliance. For example, the department of Antioquia and its capital, the city of Medellín, account for 15.3% of investment, while about 53.7% of national investment in inclusive education is concentrated in just 15 territorial bodies (11 departments and 4 capital cities) (see Table 28).

In Colombia, the principles of inclusive education have not trickled down sufficiently to universities and normal schools⁶⁵, the institutions in which teachers are educated and trained. Very few of the 443 general training programs in education in Colombia comprehensively address the perspective of inclusive education, much less in training programs for teachers in mainstream schools. In most cases, teachers are not trained to handle diversity, and mainly focus on their areas and responsibilities, and in many cases students with disabilities are considered a matter for special education professionals. There has been a decrease in training programs in special education, from a total of 31 programs

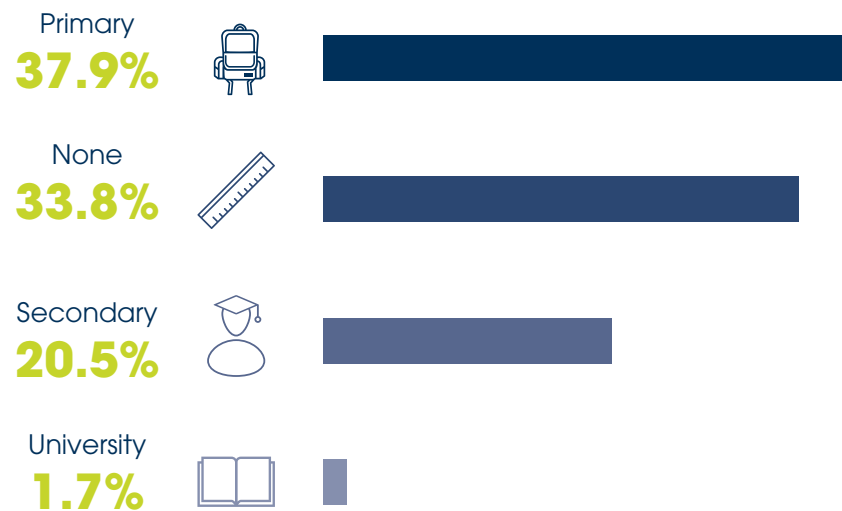
In 2015

the departments with the highest and lowest percentages of enrollment for persons with disabilities were:



in special education approved by MEN, to 18 active programs in 2015, of which 11 programs are offered at public institutions of higher education and 7 private institutions. Of the 18 total programs, 14 are university training programs, 3 are specializations, and one is a master’s program (see Table 29), there are few higher education initiatives that prepare and strengthen teachers in terms of approaching diversity and inclusive education.

Last grade approved for persons registered with disabilities



Footnote

⁶⁵ In Colombia, normal or normalist education aims to prepare high-school students for teaching in different types and levels of the education system and is taught through normal schools. In this case, the adjective “normal” is not used in its traditional sense.



WE CALL FOR

Colombia must move determinedly in promoting inclusive education for persons with disabilities, this requires strengthening access to services and the effective registration of persons; as well as offering accompaniment in order to provide the required settings for each person, not only in the largest and most developed urban centers but also in the poorest and most remote areas in the country.

The Committee should request that the Colombian government, the Ministry of Education, and local governments promote inclusive education as a general rule in the country and as a state policy and do not use public funds to finance special education institutions or segregated systems for persons with disabilities. Inclusive education is a human right that must be recognized in every moment of life, starting from early childhood, into higher education and throughout their life span.

It is recommended that the state, the national government, and local governments, develop inclusive education programs based on the recognition of the diversity of students, where people with physical, sensory, mental and intellectual disabilities are included, with adequate responses being provided for their needs at all levels of education, and forms and manifestations of public service education. The Committee should urge the state to strengthen and socialize inclusive education processes, which should allow for pilot actions to be transcended and massive, sustainable and long-term actions to be generated.

The state must strengthen mechanisms for financing the inclusive education of persons with disabilities

among local, departmental and national actors, especially among those less developed and more remote. Decree 366 of 2009, although it is a major commitment, is not a sufficient response since it does not respond to the diversity of support that persons with disabilities may require in the regular education system.

The Committee should urge the state to develop strategies of information and mobilization for the parents of children with disabilities from early childhood onwards, throughout life-span, for it is they who require and press for an offer of inclusive education, as well as monitoring and helping to improve it. The state should promote actions that mobilize work on the collective imaginaries of disability, in order to establish a common language and understanding. The term “special educational needs” no longer corresponds to the progress made in addressing disability. It is important to discuss the removal of barriers to participation and learning. Inclusive education should be promoted as a matter of improving educational quality throughout the system and not as a matter for a particular population alone.

The Colombian government should implement inclusive education strategies, not only for teachers and administrative staff that currently serve the needs of persons with disabilities. Training strategies for inclusive education must impact upon education faculties and normal schools, not only special education programs but also all programs that play a role in developing the teachers of the future.

As part of the work of monitoring and follow-up, the state should possess indicators of inclusion in order to assess the improvement of conditions of access for persons with disabilities and generate plans for accompaniment adjusted to the needs of the students. The Committee should urge the state to implement indicators in order to analyze access to education for persons with disabilities according to their gender, ethnic affiliation, forced displacement and other conditions that may reflect gaps in equal access to education in the country.





According to “Our Progress in Health”,⁶⁶ the Colombian health system has made significant progress since its main structural reform in 1993. For example, in terms of increased coverage, with the insurance of 58.8% of the Colombian population in 2000 to 94.5% in 2015. In turn, it has achieved financial protection for households against this risk, because out of pocket spending on health fell from 44% of total spending in 1993 to only 14% in 2014. It has achieved improvement in access to health services, in particular among the rural population; as well as increased spending on health and the unification of the Obligatory Health Plan between the subsidized and contributory schemes, among others.⁶⁷

In Colombia 70% of persons with disabilities is affiliated to the subsidized social security health care scheme, while 30% is linked to the contributory scheme. In contrast, in 2015, 48.2% of the general population was affiliated to the contributory system and 42.4% to the subsidized scheme⁶⁸. **From the information available on joining the subsidized scheme for persons with disabilities, it is possible to conclude that they and their families are part of the poorest and most vulnerable group in Colombia and that in most cases such families are not part of the formal labor market.**

Between 2011 and 2015, 66% of health care included people registered with disabilities covered by the subsidized scheme and 34% by the contributory scheme (see Table 31) Therefore, **a significant percentage of care was covered with subsidized public resources and a smaller proportion**

Footnote

⁶⁶ “Our Progress in Health” is a joint effort among organizations interested in the greater aim of better health for all Colombians. The observatory operates independent of the particular interests of sector actors, defends its own position on relevant issues and maintains an ongoing commitment to the effective and responsible exercise of the right to health of Colombians. For further information, see: <http://www.asivamosensalud.org/>

⁶⁷ Así Vamos en Salud, Informe Anual 2013. Perspectiva del Sistema de Salud Colombiano, p. 19. Available at: <http://www.asivamosensalud.org/media/santafe/publicacion/9a7c63f962af901d94104f55ecd1d887.pdf>

⁶⁸ Cf. Así vamos en salud. Gráfica – Aseguramiento – Georeferenciado. Accessed 13 November, 2015. Available at: <http://www.asivamosensalud.org/indicadores/aseguramiento/grafica.ver/15>

Health insurance in Colombia

Population with disabilities

70%
affiliated to
the subsidized
health system



30%
in the contributory
system

General population

42.4%
affiliated to
the subsidized
health system



48.2%
in the
contributory
system

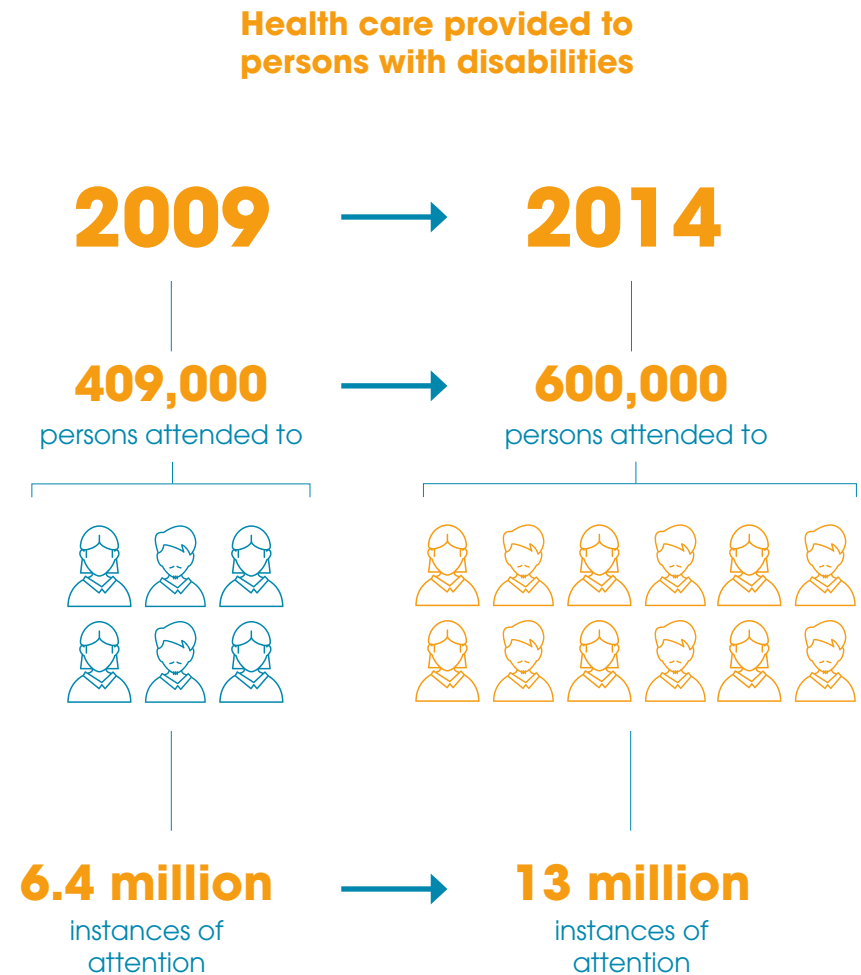
was covered by resources from the contributory insurance scheme, itself a product of formality in the employment of the person or his nuclear family.

Close to 67.9% of persons with disabilities in the RLCPD received a timely diagnosis of their disability. This figure is slightly higher for women (68.4%) than for men (67.3%) (see Table 32). In turn, women (52%) report having received more guidance than men (48%) in relation to their disability following diagnosis (see Table 33).

The number of people registered with disabilities who have been cared for by the health system has been steadily increasing since 2009, when the system served about 409,000 persons registered with disabilities; in 2014 it handled nearly 600,000 (see Table 34). The total numbers for health care provided to persons with disabilities have also increased, passing from approximately 6.4 million services in 2009 to almost 13 million in 2014 care.

From 2009 until 2015, persons registered with disabilities received 17.8 instances of health care on average per year (see Table 34) Of the total number of persons registered with disabilities that received health care from the health system between 2011 and 2015, 50% attended medical appointments, 38% underwent procedures, 7% were seen in accident and emergency, and 5% were hospitalized (see Table 34). Almost 50% of the people attended to and 60% of instances of care given to persons registered with disabilities were concentrated in Bogota, the capital, and three of the richest departments of Colombia: Antioquia, Valle del Cauca and Santander (see Table 37) This reflects the enormous differences present in access to health services between developed urban centers and impoverished rural areas.

The Colombian state has recognized, along with the OECD, that the barriers that persons with disabilities face impede the development of human capital and, in turn, access to education and health are factors in the formation and development of the capital of the country because they generate better income for individuals and their families, as well as being reflected in economic growth and productivity. Based on studies by the Saldarriaga-Concha Foundation, the Ministry of Health and Social Protection has indicated that despite huge regulatory advances, persons with disabilities in Colombia are faced with



numerous barriers, particularly in terms of access to health services, which prevent them from participating equally in family, community and social life.⁶⁹

Both public institutions and civil society initiatives recognize that the health system still has flaws in its implementation that have prevented progress being made on issues of health outcomes, efficiency, quality, sustainability and user satisfaction, which disproportionately affect the poorest and most vulnerable groups, including persons with disabilities; such problems have not been corrected despite two attempts at reform in 2007 and 2011⁷⁰. The Colombian Ombudsman has identified high levels of user dissatisfaction in the health system, as well as increased judicial actions by users to ensure access to the different services that must be guaranteed by the providers⁷¹.

In recent years, Colombia has made significant regulatory progress in health. The Congress has issued Statutory Law 1751 of 2015, which delves into the protection of the constitutional right to health. This particular law develops the principle of differential approach and recognizes the special protection of the right to health of persons with disabilities⁷². In turn, the Ministry of Health issued, in 2016, the Comprehensive Health Care Policy (PAIS). This Policy seeks to guide the health system towards generating better health among the population by regulating the conditions of intervention for different actors to ensure access to health services in a timely, efficient and quality manner⁷³.

Despite the aforementioned progress – synthesized in “Our Progress in Health” – the following conditions still predominate in Colombia: the concept of customer over patient as holder of the right to health; the approach of cure over prevention; fragmentation in the provision of services and the breakdown of comprehensiveness in health care⁷⁴. Specifically, persons with disabilities face a health system where the following

Footnote

⁶⁹ Cf. Ministry of Health and Social Protection, Análisis de Situación de Salud de Poblaciones Diferenciales, Colombia 2013, p. 69. Available at: <https://www.minsalud.gov.co/Documentos%20y%20Publicaciones/ASIS%20poblaciones%20diferenciales%202013.pdf>

⁷⁰ Cf. Así Vamos en Salud, Informe Anual 2013. Perspectiva del Sistema de Salud Colombiano, p. 19. Available at: <http://www.asivamosensalud.org/media/santafe/publicacion/9a7c63f962af901d94104f55ecd1d887.pdf>

⁷¹ Cf. (1) Ombudsman, Evaluación de los servicios de salud que brindan las Empresas Promotoras de Salud 2009. Bogotá, D.C., 2010. (2) Ombudsman, La tutela y el derecho a la salud. Causas de las tutelas en salud. (s.f.).

⁷² Law 1751 of 2015, Art. 11: “The care of children and adolescents, women who are pregnant, the displaced, victims of violence and the armed conflict, the ageing population, people suffering from orphan diseases and persons with disabilities shall enjoy special protection by the state. Their health care will not be limited by any administrative or financial constraint. The institutions that are part of the health sector should define processes of intersectoral and interdisciplinary care that guarantee the best conditions of care.”

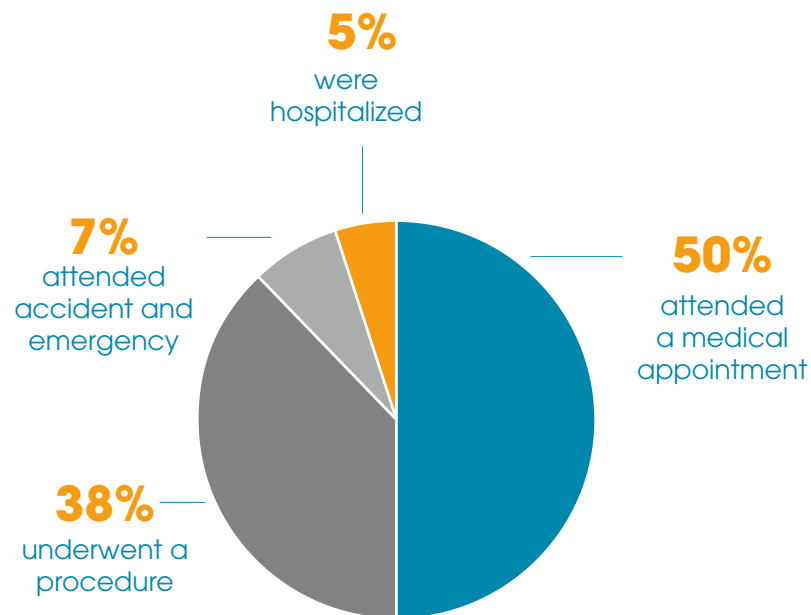
⁷³ Ministry of Health and Social Protection, Política de Atención Integral en Salud. Available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/modelo-pais-2016.pdf>

⁷⁴ Así Vamos en Salud, Informe Anual 2014. Atención Primaria en Salud: avances y retos en Colombia, p. 14. Available at: <http://www.asivamosensalud.org/media/santafe/publicacion/5a4bc77feb8133688ba9b35b249f662b.pdf>

Health care provided to persons with disabilities



Total persons registered with disabilities attended to by the Health System between 2011 and 2015:



prevail: therapeutic dispersion, difficulty in access to specialized care where necessary and prescribed by the attending physician, administrative and procedural barriers to access to services, and a lack of training in health care to meet with a focus on social inclusion and human rights for persons with disabilities.

In terms of mental health concerns, as gleaned from the data and conclusions provided by the National Mental Health Survey 2015, although insurance coverage in Colombia has seen a steady increase over the past decade, achieving a coverage of 95.3% at June 30, 2015, **These data contrast with the actual gap in the request for mental health services, where in the last 12 months less than 50% of people referred to as having some kind of mental health problem effectively gained access to mental health services, which in turn contrasts with that of other pathologies, for which between 88% to 94% gained access to health services⁷⁵.**

The results of the National Survey of Mental Health 2015 reflect the wide gap that exists between coverage and actual access to mental health services, which can be explained largely by attitudinal barriers associated with the stigma traditionally associated with mental illness, negative beliefs about health systems, misinterpretations about the consequences of treatment, low perceived need for help and self-stigma. In turn, these attitudinal barriers are amplified by the structural barriers that affect mental health services, such as distant geographical location, high costs for transport because of the distances they must travel, and financial barriers to access to medical specialists and expensive drugs, which collectively have an impact upon the timely management of mental health care needs in promotional and preventive actions, as well as in terms of adherence to handling and treatment⁷⁶.

Finally, it is worth noting that by maintaining the replacement of will through processes such as judicial interdiction, in Colombia non-consensual treatments are still practiced on persons with disabilities at the request of a third party or a treating physician, thus violating their human rights. One of the practices that is still undertaken in Colombia is that of the sterilization of persons with mental or intellectual disabilities, mostly women and girls, thus disregarding international



Persons with disabilities face a health system where the following prevail: therapeutic dispersion, difficulty in access to specialized care where necessary and prescribed by the attending physician, administrative and procedural barriers to access to services, and a lack of training in health care to meet with a focus on social inclusion and human rights

Footnote

⁷⁵ Ministry of Health and Social Protection, Encuesta Nacional de Salud Mental, Colombia 2015, pp. 314-20. Available at: http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO031102015-salud_mental_tomol.pdf

⁷⁶ Ibid.

obligations to human rights on the matter and violating their sexual and reproductive rights. It should be noted that judgment C-131/14 of the Constitutional Court examined the constitutionality of Article 7 of Law 1412 of 2010 on the prohibition of practicing surgical contraception on minors, but established that in some cases it is constitutional to perform this type of practice on persons with mental or intellectual disabilities⁷⁷. The initial premise of this judgment is that of a minor's lack of ability to exercise responsible parenthood, an argument clearly contrary to the CRPD and constitutional and human rights standards on the subject.



The results of the National Survey of Mental Health 2015 reflect the wide gap that exists between coverage and actual access to mental health services in the country

Footnote

⁷⁷ Colombian Constitutional Court, Decision C-131 of 2014 (MP. Mauricio González Cuervo).



Colombia must strengthen the Social Security System in Health for persons with disabilities so that they are able to access high-quality comprehensive services in a timely manner, and not see damage made to their health.

The Committee should urge the Ministry of Health and the Colombian Social Security System in Health, as well as the public and private actors that integrate it, to move decisively in the comprehensive care of the health needs of persons with disabilities, focusing particularly on:

- Avoiding therapeutic dispersion, under which services are rendered in institutions and professionals scattered across different institutions that often lack the coordination to achieve therapeutic integrity and better health outcomes for persons with disabilities.
- Ensure, based on diagnosis, the prompt and timely care and attention and early prevention of diseases that can cause disability or aggravate the health conditions of persons with disabilities.
- Ensure specialized care when medically required and that its effectiveness is scientifically proven.

The Committee should urge the Ministries of Education and Health and Social Protection to develop joint programs and strategies that impact upon the training of medical and health personnel to encourage them to address disability from a focus on human rights and the social model, in order to overcome traditional medical training based on a medical and rehabilitative approach that primarily understands persons with disabilities as perpetual patients.

The Committee should urge the Ministry of Health to document comprehensive routes to health care specific to disabilities so that two ends are met:

- Disseminate among individuals, families and organizations existing mechanisms for comprehensive health care.
- Identify gaps in the local supply and influence effective creation and implementation.

The Committee should urge the Colombian government to develop concrete strategies for mental health care for persons with disabilities and victims of the armed conflict to allow real access to health services through actions aimed at:

- The actual construction and feasible operationally of a path of comprehensive mental health care throughout the country to enable efficient transit for persons across all spectrums of mental health⁷⁸.

The Committee should request that the Colombian government eliminate medical practices that violate the human rights of persons with disabilities. The intervention of third persons in health services and those treatments that involve very personal decisions, such as the possibility of exercising parenthood or exercising autonomous sexuality, must be disposed of as contrary to the CRPD and international human rights standards. It is recommended that these practices be replaced by a comprehensive system of decision-making support in all aspects of life for persons with disabilities, in particular persons with mental and intellectual disabilities, to enable them to exercise their fundamental rights on an equal footing with their peers without disabilities.



Footnote

⁷⁸ Ministry of Health and Social Protection, Encuesta Nacional de Salud Mental, Colombia 2015, pp. 319-20. Available at: http://www.odc.gov.co/Portals/1/publicaciones/pdf/consumo/estudios/nacionales/CO031102015-salud_mental_tomol.pdf

Article 26

Habilitation and rehabilitation



Colombia has high-level rehabilitation services and processes, many of which are framed in functional rehabilitation and health. In turn, the Ministry of Health and Social Protection has advanced the design of the Comprehensive Rehabilitation Route. Yet most of these services are concentrated in health institutions of high complexity located in major Colombian cities. However, in many cases persons with disabilities face many barriers in the health system in order to gain comprehensive access to functional rehabilitation services. In addition to the above, the relevant entities still do not integrate a concept of comprehensive rehabilitation as enshrined in the CRPD, but merely provide functional and particular rehabilitation services to strengthen the provision of technical aids.

As for other components of comprehensive rehabilitation, the main strategy present in Colombia is Community-Based Rehabilitation (CBR), which dates from the 1980s and whose implementation has mainly been seen through offers by civil society organizations located in the main cities of Colombia, these seek different sources of funding, some under the Health System and other through international cooperation projects that expand its services within those same cities or reach nearby rural areas⁷⁹. A product of the many experiences and processes of CBR seen in the country, different organizations formed the Network of CBR Networks, which collaborated closely with the Ministry of Health in the development of the National Guidelines for Community Based Rehabilitation completed in 2014⁸⁰.

Footnote

⁷⁹ Cf. Ministry of Health and Social Protection, Lineamientos Nacionales de Rehabilitación Basada en la Comunidad para Colombia, 2014. Available at: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/PS/lineamientos-nacionales-rbc.pdf>

⁸⁰ Ibid.



Colombia has a range of services and rehabilitation processes of a high-level, many of which are framed within functional rehabilitation and health care. However, persons with disabilities remain excluded from these services

Today in Colombia access to comprehensive rehabilitation for persons with disabilities, either through CBR or other processes or strategies, is highly limited: Although the health services related to rehabilitation may be covered by the Benefit Plan, in practice, many persons with disabilities face a high dispersion in the provision of health services which affects a comprehensive reach and, in other cases, they must resort to legal remedies to ensure access to these services.

In short, it makes it difficult for persons with disabilities in Colombia to access comprehensive rehabilitation processes that would enable them to achieve and maintain maximum independence, full physical, mental, social and vocational ability, inclusion and full participation in all aspects of life.

According to the RLCPD, most persons registered with disabilities do not attend rehabilitation services (55.6%). In any case, women with disabilities attend more rehabilitation services (47.3%) than men (41.3%) (see Table 38). More than half of the persons with disabilities registered in the RLCPD do not provide detailed information on the reasons as to why they do not have access to rehabilitation services. Among the causes recorded, **23% of persons with disabilities indicate a lack of money as the reason why they do not have access to rehabilitation services, while 9.6% do not know the reason; 4.4% have already completed rehabilitation and 4.2% could not access rehabilitation due to a lack of medical clearance by the EPS (see Table 39).** 26.8% of persons registered with disabilities indicate that rehabilitation services are paid through the general health system, but it is not possible to know if this is done through the contributory scheme or subsidized scheme. Only 3.7% of persons registered with disabilities mention the family as a source of funding for rehabilitation, while 64.8% of people do not cite a source of funding for rehabilitation (see Table 40).

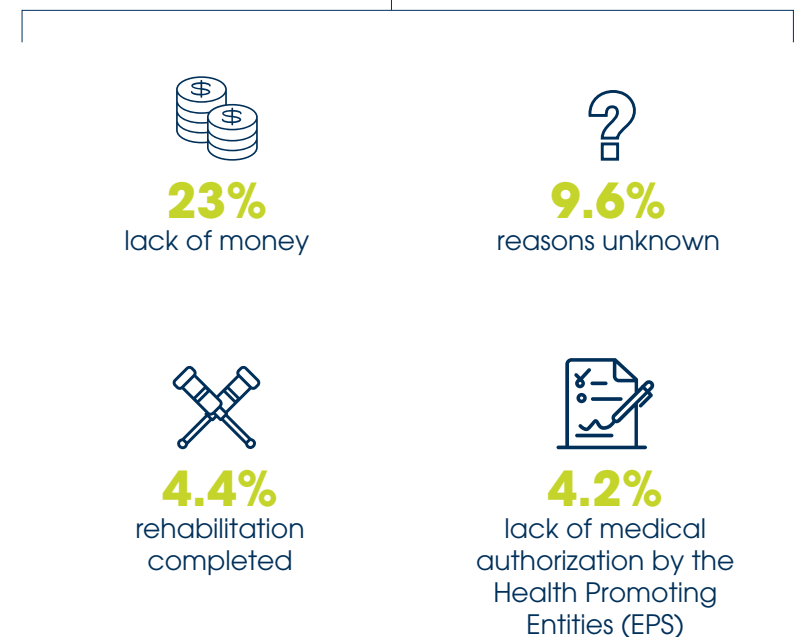
With regard to persons with disabilities who are victims of the internal conflict, UARIV has recognized that the main victimizing events are accidents associated with antipersonnel mines (APM), unexploded ordnance (UXO) and improvised explosive devices (IEDs). According to official figures, the majority of victims of these acts have acquired a disability and have been attended to by the Presidential Program for Comprehensive Action against Antipersonnel Mines (PAICMA, currently DAICMA). Unfortunately, rehabilitation services still focus on functional recovery and do not propose comprehensive measures, nor psychosocial care for victims. In addition, the quality of rehabilitation services accessed by the civilian population is significantly lower when compared to the services accessed by victims who are members of the armed forces.

Rehabilitation of persons with disabilities

55.6%

of persons registered with disabilities do not attend rehabilitation services

the reasons for which are:



WE CALL FOR

Colombia must strengthen its social security system to fully fulfill the right of persons with disabilities to rehabilitation, including not only the medical or functional aspects of rehabilitation to be covered by the health system, but also including other aspects of rehabilitation such as education, work and participation, which are the responsibility of other sectors and which have a limited supply.

The Committee should urge the Ministry of Health and Social Protection to include in the Benefit Plan a wide range of services, therapies and assistive devices that have technical and scientific support, so that in Colombia functional rehabilitation is fully covered by the social security system for health. In addition, to adopt clear protocols for care and functional rehabilitation, so that prompt, comprehensive and quality care is achieved, avoiding therapeutic dispersion.

The Committee should urge the Colombian government as a whole, and particularly the

Ministries of Health, Education, Labor, and Internal Affairs, to articulate their responsibilities around the different components of comprehensive rehabilitation, so that each regulate them according to their competence and establish implementation strategies throughout the national territory, particularly in the poorest and most remote areas, aimed at coordination with local governments.



Article
27

Work and employment



Colombia has made progress in the inclusion of persons with disabilities in issues of labor and productivity; the need for job and income generation is increasingly visible and is in receipt of a greater commitment from public bodies and private companies in the country. However, there is still a long way to go for persons with disabilities in terms of access to, retention and advancement in jobs or employment in the formal labor market on an equal footing with others.

According to the 2005 Census and the 2015 population projections, of the 3 million persons with disabilities that Colombia has 52.3% are of working age (about 1.6 million people) but only 15.5% (480,000 persons with disabilities) have a job, and only 2.5% earn one (1) minimum wage or more⁸¹. The World Bank estimates that Colombia loses between 5.3% and 6.9% of GDP by not including persons with disabilities in occupations.

Only 12.5% of women registered in the RLCPD reported working and 4.8% reported looking for work. The main activity among women with disabilities registered in the last six months was household chores (30%). Second, 22% of women reported activities such as being with a permanent disability, unable to work and without a pension, which contrasts with the 1.2% of women with disabilities who reported being permanently with a disability and in receipt of a pension (see Table 41 and Table 42). According to the RLCPD, 21.3% of men registered with disabilities are working and 7.5% are looking for work. 6.3% of men with disabilities of working age are dedicated to household chores. In turn, 26.6% of men registered with disabilities are unable to work and do not receive a pension, while 2.1% are equally unable to work but do receive a pension (see Table 42 and Table 44). It is worth noting that the gender gap is substantial and suggests that women with disabilities face greater barriers to access to formal work than men with disabilities.

Footnote

⁸¹ Cf. Information on the Productivity Pact, an alliance between the Inter-American Development Bank (IDB), the Saldarriaga-Concha Foundation and other Colombian entities. See: http://www.pactodeproductividad.com/pre_pacto11.html

Employment of persons with disabilities

3 million

persons with disabilities in Colombia



52.3%

of working age

1.6 million

people

of these

15.5%

are working

480,000

persons with disabilities

only

2.5%

earn the equivalent of one (1) minimum salary or more

One of the main barriers facing persons with disabilities in Colombia when trying to enter into the formal labor market is a low formation of human capital, which is largely the result of poor coverage in education because about 90% of persons with disabilities do not have access to mainstream schooling and in 2015 the enrollment of persons with disabilities in the education system was 1.34% of total enrollment in Colombia. 33.8% of persons registered with disabilities have not completed any grade at school, while 37.9% only finished primary school, 20.5% have completed secondary education, and only 1.7% have completed university education (see Table 26 and Table 27).

Improving educational indicators is crucial because studies show a close relationship between educational level and employment rates or even entrepreneurship. In the report Education at a Glance 2015, the OECD has stated that in Colombia, on average, over 84% of people with tertiary education are employed, compared with 76% of those with a secondary education, and less than 72% of those without secondary education. The same report notes that among adults with income from employment, adults with a tertiary education in Colombia earned more than double (134%, total 234%) than those with a secondary education in 2013. This phenomenon not only affects people who intend to get a job but also people who see entrepreneurship as a strategy for income generation.

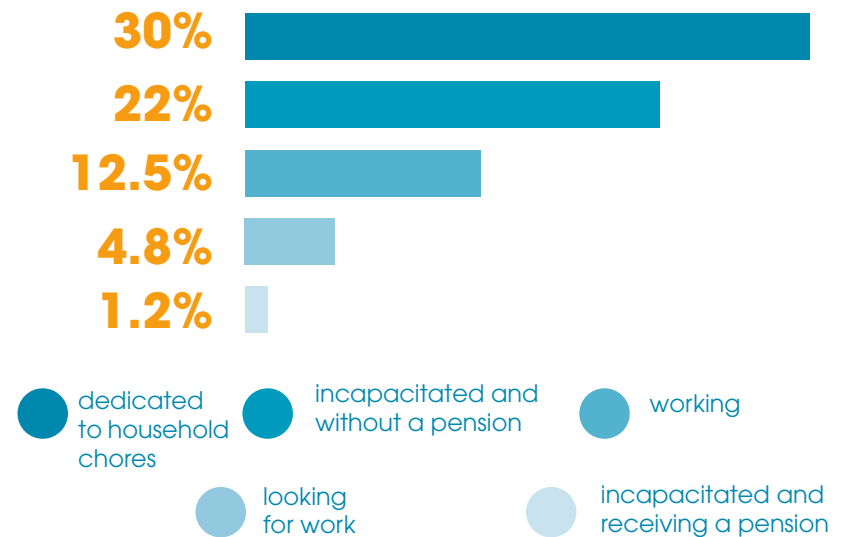
According to a study by the International Labour Organization (ILO)⁸², in the development of qualified human capital there lies one of the main obstacles and challenges to micro, small and medium enterprises (MSMEs) in Latin America, both with regard to managerial roles and workers. This means that as long as persons with disabilities lack an adequate level of training they will have very little chance of generating enough income, either through employability or by creating their own businesses.

With regard to entrepreneurship in Colombia, a number of advances have been made. A clear example in this regard is that, as a consequence of the enactment of Law 1618 of 2013, Circular No. 005 of BANCOLDEX and No. 022 of the National Guarantee Fund were issued. These documents have enabled the creation of a special credit line worth 10 billion pesos (US\$3.3 million)

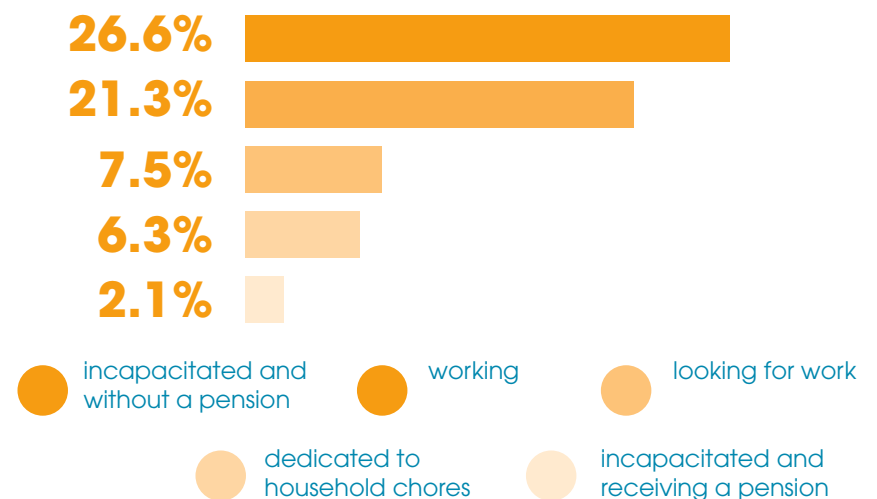
Footnote

⁸² Cf. International Labour Organization, Políticas para las MIPYMES frente a la crisis. Conclusiones de un estudio comparativo de América Latina y Europa. Working Document, 2009. Available at: http://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-santiago/documents/publication/wcms_191351.pdf

Occupations for women with disabilities



Occupations for men with disabilities



to support companies of any size and in any sector, except agriculture and livestock, pertaining to natural persons or legal persons with disabilities whose social capital of persons with disabilities includes a participation equal to or greater than 20%.

However, the use of this credit has not had the expected results. A recent report indicates that to date BANCOLDEX has only released 50 million pesos⁸³. One of the main causes of the low use of the Fund is the absence of a form of certification and the reliable characterization of persons with disabilities, which makes it very difficult for companies to apply to these sources of credit.

Colombia does not have up-to-date information regarding entrepreneurs with disabilities in the country, which prevents the formulation of policies and programs that address their specific needs for training, funding, skill development or marketing. In addition, and as seen by the experiences of the Saldarriaga-Concha Foundation, **entrepreneurship programs that are designed by the public sector do not, in most cases, include accompanying processes from the social or family point of view and only do so in terms of technical and financial aspects. It is essential to implement this kind of support, since in many cases the causes behind why enterprises fail cannot only be explained in light of technical, business or financial issues. Enterprises are also affected by family dynamics or social problems facing small entrepreneurs in their daily lives.** This is why the state must seek to ensure support and technical assistance for business, social and family aspects, a positive practice that we believe to be scalable on a national level.

The right to work of persons with disabilities has been protected since 1997 by Law 361, which has since been strengthened by Article 13 of Law 1618 of 2013. Under this regulation, discrimination against persons with disabilities is prohibited in employment and obligations are outlined in order to ensure reasonable adjustments in employment. Despite this protection, many persons with disabilities still face enormous barriers to access, retention and advancement in employment. In many cases, persons with disabilities continue to be considered by the productive sector and society in general as incapable, unproductive, or a burden for employers. In some cases, families do not encourage the inclusion of their children and in other cases people simply do not find employment in the competitive labor market. However, a large group of individuals, families and organizations are working tirelessly for work and productive inclusion, slowly gaining new spaces and opportunities.

Footnote

⁸³ Cf. BancoldeX, Informe de avance plan de acción personas en condición de discapacidad - octubre 30 de 2015.



As long as persons with disabilities lack an adequate level of training they will have very little chance of generating enough income, either through employability or by creating their own businesses

Regarding employability, other factors that hamper the labor market inclusion of persons with disabilities include the asymmetries or failures in information that exist in the labor market and a lack of efficient intermediation. In this sense, the IDB and the Public Employment Services (PES) are emergent in the region and both workers and businesses use them very little. The same document proposes that it is essential to have a job placement service, which provides people who are seeking employment with the assistance necessary to find a new job suited to their abilities⁸⁴.

Colombia has made significant progress in strengthening labor intermediation, which allows persons with disabilities to find jobs in the formal labor market. In 2013, the national government created the Special Administrative Unit of the Public Employment Service in order to manage and promote the provision of the public employment service and make the link between the supply and demand for labor more efficient. Later, the Pact Productivity Program⁸⁵, with support from the IDB, initiated a process of transfer of knowledge to this new entity of the Colombian state. The aim of the project is to train, prepare and educate the officials of this entity so that they can provide adequate and accessible orientation to persons with disabilities that will assist in the centers of attention of the public employment service. The project's goal is to train 400 staff at 130 service points throughout the country.

Through the National Learning Service (SENA) and other initiatives where public and private efforts are combined, the Colombian state has developed various vocational training programs for persons with disabilities, as well as awareness processes for entrepreneurs and support processes for labor inclusion, with important achievements and successes, as well as an enormous learning curve.

In Colombia, persons with disabilities enjoy enhanced work protection, which generally means that employers cannot dismiss a person with a disability, even if there is a just legal cause, except in cases mediated with prior written authorization from the Ministry of Labour acquired through labor inspectors in order to ensure that the reason for terminating a contract with a person with a disability is not based on their condition. The enhanced protection of persons



Although tax and economic incentives exist for the employment of persons with disabilities, they have not proved sufficient to overcome negative stigmas or encourage the inclusion of persons with disabilities in formal employment

Footnote

⁸⁴ Cf. Alaimo, V; Bosch, M; Kaplan, B; Pagés C; Ripani, L. (2015) Empleos para crecer. Inter-American Development Bank.

⁸⁵ The Pact of Productivity program is an initiative of the Saldarriaga-Concha Foundation and other partners that seeks to develop a model of labor inclusion for persons with disabilities in which they articulate and strengthen, in partnership with the business sector, training services and inclusion, in order to improve employment opportunities for persons with hearing, visual, physical and cognitive disabilities through their status as formal workers in the productive processes of the business sector. For further information, see: <http://www.pactodeproductividad.com/>

with disabilities was initially established by Article 26 of Law 361 of 1997 and was then extended and reinforced by the Constitutional Court⁸⁶.

First, according to the jurisprudence of the Constitutional Court the right to work of persons with disabilities is not only a legal or constitutional right but a human right protected by the international law of human rights and incorporated into the Colombian legal system through the block of constitutionality⁸⁷. Thus the legislative development of the right to work of persons with disabilities should closely observe the international obligations of the Colombian state at a universal level in terms of the agreement with the International Covenant on Economic, Social and Cultural Rights and the CRPD, and, at the Interamerican level, according to the Additional Protocol of the American Convention on Human Rights known as the Economic, Social and Cultural Rights "Protocol of San Salvador", as well as Article 13 of Statutory Law 1618 of 2013.

Second and according to constitutional jurisprudence, the reinforced labor protection of persons with disabilities develops fundamental constitutional values as it is directly and unequivocally related to human dignity, work and solidarity⁸⁸. Thus the regulatory framework and constitutional protection can be considered the protector and guarantor of the fundamental rights of this population.

However, labor inspectors do not currently enjoy clear regulations pertaining to reinforced labor protection that enable them to objectively analyze the requests of employers and make administrative decisions that fulfill the rights of both parties. This has meant that in many cases labor relations are frozen and the hiring of some persons with disabilities is discouraged under the imaginary that persons with disabilities cannot be dismissed in any situation. In addition to this, public and private companies do not have incentives to motivate change in their human resources policies, but instead feel they must assume a large economic and legal burden to hire persons with disabilities.



In Colombia, persons with disabilities enjoy enhanced work protection, which means that employers cannot dismiss a person with a disability without prior authorization from the Ministry of Labor

Footnote

⁸⁶ Cf. Constitutional Court of Colombia, Decision C-744 of 2012 and C-531 of 2000.

⁸⁷ Cf. Constitutional Court of Colombia, Decision C-744 of 2012 (MP. Nilson Pinilla Pinilla).

⁸⁸ Cf. Constitutional Court of Colombia, Decision C-531 of 2000 (MP. Álvaro Tarfur Galvis).

WE CALL FOR

Colombia must move decisively to promote income generation and access to employment for persons with disabilities, not only by prohibiting discrimination in employment but also through effective mechanisms that enable these people to enter into the competitive labor market, make advances within it or change jobs.

The Committee must request that the Colombian state, and particularly the Ministry of Labour, SENA, and the Special Administrative Unit of the Public Employment Service, prioritize persons with disabilities in all policies, plans and projects for training for employment, access to first employment, entrepreneurship, and the formalization of informal workers. In the formulation and monitoring of these policies it should take into account the differential factors that create gaps in access to employment for persons with disabilities, such as gender, age, ethnic affiliation and rural origin, among others.

The Committee should urge the legislature not to ignore the current enhanced labor protection enjoyed by persons with disabilities, not to legislate regressively, and instead to progressively extend protection to the right to work for persons with disabilities.

The Committee should urge the Ministry of Labor to effectively regulate Article 26 of Law 361 of 1997 on reinforced protection for persons with disabilities. This regulation should give labor inspectors an appropriate procedure that enables them to assess

the just causes for dismissal and make objective administrative decisions that fulfill the rights of both persons with disabilities and employers, and likewise due process.

It is recommended that the Colombian state, particularly SENA, work to ensure that the training for work offered to persons with disabilities not only respond to the needs of the labor market but also to the wishes, expectations and needs of persons with disabilities.

The Committee should urge the Colombian

government, particularly local governments, to develop processes of labor inclusion for persons with disabilities on a massive scale in both public and private entities, including spaces for job training, raising of awareness among employers, and monitoring and support for inclusion.

It is recommended that the Colombian state recognize, disseminate and use the lessons and experiences of labor inclusion for people with existing disabilities, so that efforts or mistakes are not repeated, and so that, on the contrary, rapid progress is made in ensuring the right to work for persons with disabilities.



Article 28

Adequate standard of living and social protection



Colombia is a middle-income country that has, in recent years, exhibited a good economic performance. Since 2012 it has grown steadily and has been recognized for facing the global financial crisis in a satisfactory manner. Colombia has been successful in its use of different strategies for overcoming extreme poverty and monetary poverty. Despite its good performance, the country has the dubious privilege of being one of the most unequal and inequitable in the world – number 12 in fact⁸⁹. One of the main challenges for Colombian society is to redistribute the benefits of economic development to provide better living standards and social protection for all citizens, including those with disabilities.

In 2014, 28.5% of the Colombian population was found to be in a condition of monetary poverty, with this figure being 30.6% in 2013. In 2014, 21.9% of the general population lived in multidimensional poverty, which is a term that combines indicators of health, education, employment, housing and children; the percentage for 2013 was 24.8%. Extreme poverty also declined between 2013 and 2014, from 9.1% to 8.1%⁹⁰. It is not possible to know for certain the relationship between poverty and disability in Colombia, however, from the experiences of social organizations we are able to state that: first, persons with disabilities in Colombia belong to the poor and extremely poor segments of the population; and second, disability, in the absence of state and social responses, in many cases creates and increases the risk of falling into poverty for individuals and their families, as well as that of reproducing cycles of poverty or such persons being significantly poorer than their peers.

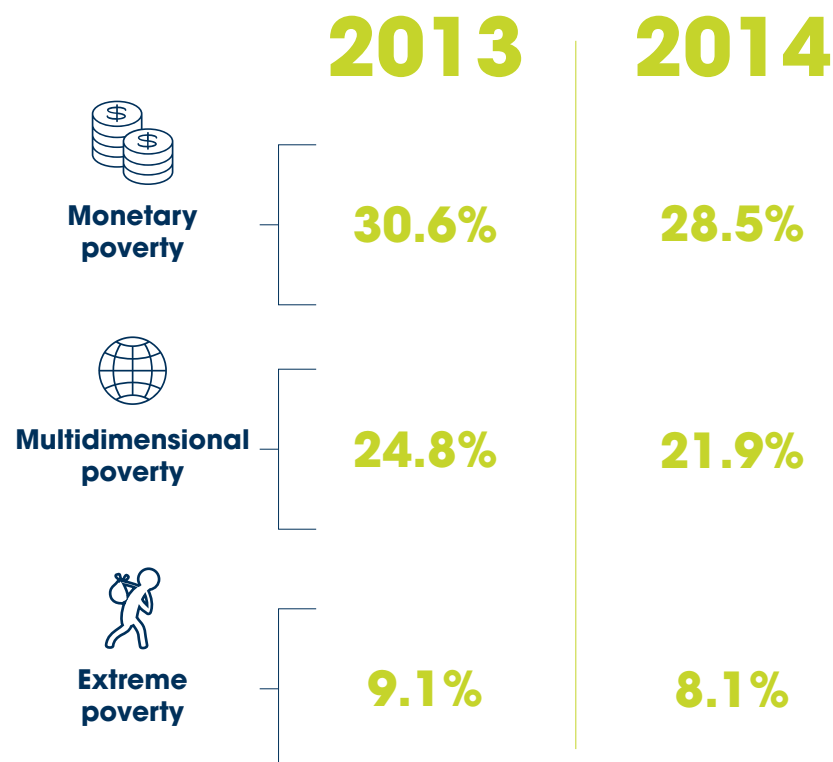
The Colombian Social Security System has been modernized over the past two decades. However, progress is not homogeneous across all its pillars (health,

Footnote

⁸⁹ Cf. PNUD, *Humanity Divided: Confronting Inequality in Developing Countries*, November 2013. Available at: http://www.undp.org/content/dam/undp/library/Poverty%20Reduction/Inclusive%20development/Humanity%20Divided/HumanityDivided_Full-Report.pdf?download

⁹⁰ Cf. DANE, *Pobreza monetaria y multidimensional en Colombia*, 2014. Technical Bulletin. March 24, 2015. Available at: http://www.dane.gov.co/files/investigaciones/condiciones_vida/pobreza/bol_pobreza_14_.pdf

Poverty in Colombia



pensions, labor risks). The indicators of the Pension System in Colombia are worrying. According to figures from Colombia: An Ageing Society, in 2015 only 23% of the Colombian population aged over 60 years received a pension; of this group, 85% of older women received no pension at all and only 10% of the rural population had access to this economic benefit. According to the projections of Colombia: An Ageing Society, if urgent informal labor market and pension system reforms are not made, by 2050 more than 85% of the Colombian population will not have a pension at the time of entering into old age⁹¹. This perspective is rooted in the fact that while unemployment as of August 2015 was 8.2%, labor informality in the 23 main cities of Colombia was around 47.9%. **It is difficult to know unemployment and informality levels for the population with disabilities in Colombia, however it is possible to deduce that its position in the formal and informal labor market is no better than the average of the Colombian population as a whole.**

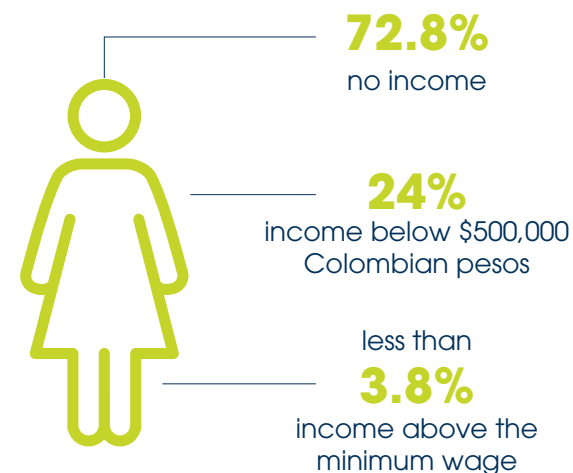
72.8% of women with disabilities registered in the RLCPD state that they do not have any form of income, 24% have an income of less than \$500,000 pesos (less than the monthly minimum wage), and less than 3.8% of registered women have an income above the minimum wage (see Table 45). On the other hand, 63.6% of men with disabilities registered no income, 31% have an income of less than \$500,000 pesos (less than the monthly minimum wage), and less than 5.4% of registered men have an income above the minimum wage (see Table 46).

According to the RLCPD, 22% of women reported as their main activity living with a permanent disability, unable to work and without a pension, which contrasts with the 1.2% of women with disabilities who reported being with a permanent disability and receiving a pension (see Table 41). The situation for women over 60 years with a disability is slightly better than that for young women. For older women registered with disabilities 36.1% are unable to work and receive no pension, which contrasts with 4.7% of those who are also persons with disabilities but do receive a pension (see Table 42).

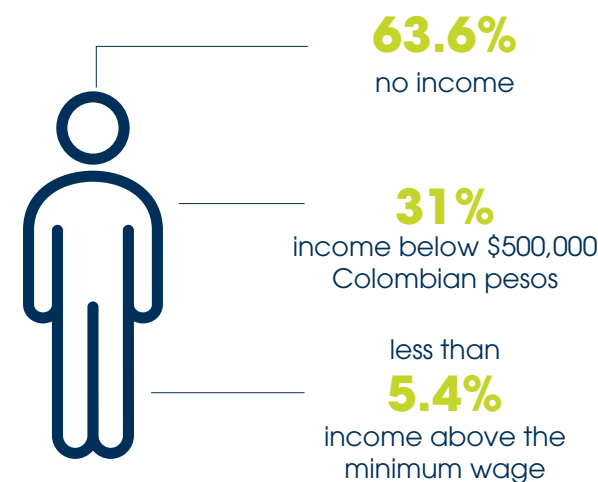
According to the RLCPD, 26.6% of men with registered disabilities are unable to work and receive no pension, which contrasts with the 2.1% equally unable to work but receiving a pension (see Table 43). The situation for older men with disabilities is slightly better. 43.1% of older men with disabilities are unable to work and receive no pension, which contrasts with the 6.6% that has also a disability but in receipt of a pension (see Table 44).

Income of persons with disabilities

Women with disabilities



Men with disabilities



Footnote

⁹¹ Saldarriaga-Concha Foundation and Fedesarrollo (2015). Misión Colombia Envejece. Cifras, retos y recomendaciones. Saldarriaga-Concha Foundation Press: Bogotá. Available at: www.misioncolombiaenvejece.com

The Colombian Social Security System does not protect disability as a social impact, which, according to General Comment 19 of the Committee on Economic, Social and Cultural Rights, must be secured in a contributory or subsidized manner under social security⁹². The Colombian government has understood, wrongly, that protection against the loss of working ability guarantees social protection to all persons with disabilities, when in fact it only applies to a small number of persons included in the formal labor market who acquire a disability during the course of employment and this disability leads to a loss of more than 50% of their capacity to work. Thus a large group of persons with disabilities remain excluded from social protection.

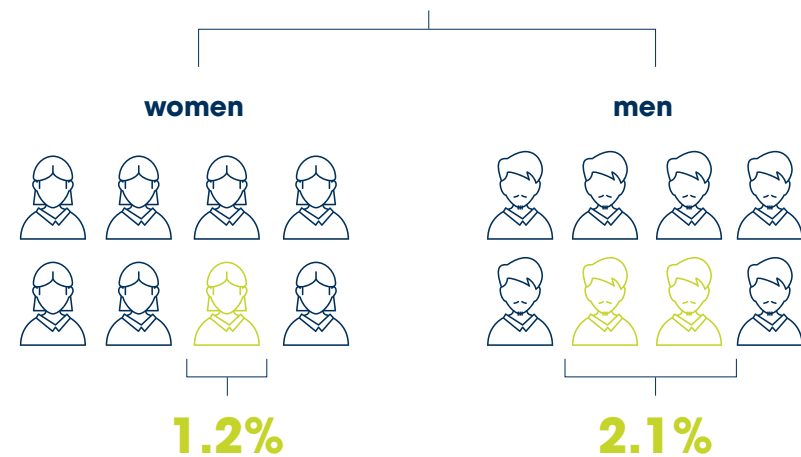
On this point, it is noteworthy that Colombia continues to operate a system of evaluation for acquired disability in the workplace by a percentage rating of “loss of function” or “invalid”. However, this procedure has been used as a requirement of a medical-functional character to assess the condition of disability and not as a tool to determine the conditions required to develop a working activity and determine whether there exists a right to a pension. While it is a useful tool in the settlement of labor disputes and covering of labor accidents, this system is based on the medical approach to disability and determines the level of functionality of an individual, regardless of what is enshrined in the CRPD. In addition, some public institutions require that a “rating of disability” for persons with disabilities is performed as a requirement for admission to public and social services, which does not meet with human rights standards on the matter because no right should be subject to meeting such a requirement.

Moreover, it should be emphasized that people who are born with a disability, who acquire it at an early age before being inserted into the formal labor market or as an adult person who remains outside the formal labor market, are unprotected and the General Social Security System, with its current institutional design, does not guarantee or protect their loss of income and therefore makes them, in most cases, more vulnerable.

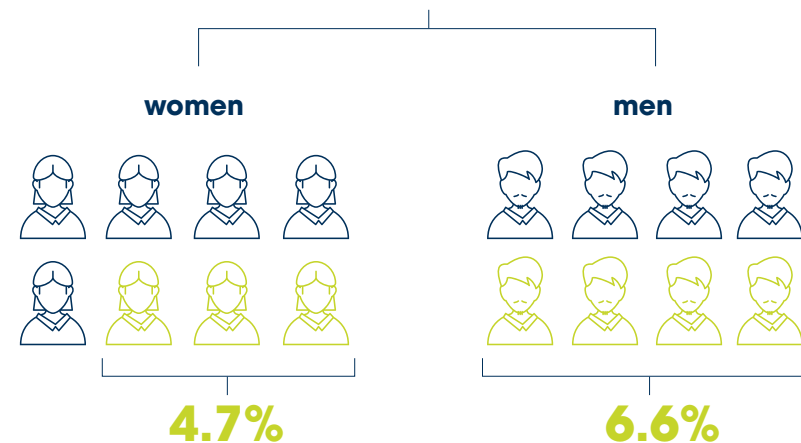
Colombia has made notable progress in reducing the housing deficit, both qualitative and quantitative, for the entire population. The quantitative deficit was reduced from 12.56% in 2005 to 5.54% in 2012, while the qualitative deficit decreased from 14.44% to 10.93% in the same period⁹³. The national

Access to pensions for persons with disabilities

Persons incapacitated and unable to work who receive a pension



Older persons incapacitated and unable to work who receive a pension



Footnote

⁹² United Nations, Committee on Economic, Social and Cultural Rights, General Comment No. 19 on the right to social security, ¶ 20, OE/C.12/GC/19.

⁹³ Cf. Ministry of Housing, Déficit habitacional en Colombia. Available at: <http://www.minvivienda.gov.co/sala-de-prensa/noticias/2014/abril/d%C3%A9ficit-habitacional-en-colombia-cay%C3%B3-3-gracias-a-los-programas-de-vivienda-que-adelanta-el-gobierno-nacional>

government estimates that this reduction is mainly due to free housing programs, social housing programs, programs for hedging interest rates and a housing budget rise of 269% from 2010 to 2013. **However, it is not possible to know the impact of these policies and programs among persons with disabilities, in most such cases programs have mainly been aimed at people living in poverty and extreme poverty, and victims of the armed conflict. It is therefore possible to say that these policies and programs have not adequately responded to the housing needs of persons with disabilities.**

In Colombia there exist quotas for projects of social housing built by the national government to ensure the availability of at least a percentage of the offer. As already mentioned, Law 361 of 1997 established in Article 49 that at least 10% of social housing should be accessible and free from architectural barriers. Meanwhile, Law 1114 of 2006 established a similar share of 1% for all housing projects. However, the enforcement and monitoring of compliance with these quotas lacks a clear responsibility and no sanctions for non-compliance, which leads to the ineffectiveness of such affirmative action in many cases.



**Persons with disabilities
in Colombia enjoy
precarious protection
social, which in
many cases drags both
them and their families
into poverty**

Article 29

Participation in political and public life



The Colombian state has legislative tools allocated to opening spaces for participation, such as the Public Policy of Statutory Democratic Participation and the Statutory Participation Law⁹⁴. In these rules, the main mechanisms of political and social participation are defined and their scope is regulated at the national level. Although they do not specifically mention persons with disabilities as active subjects of these rights, these standards are an important part of the enforceability of human rights.

Likewise, **the state has advanced in issuing special rules for creating spaces for the representative participation of persons with disabilities, such as Law 1145 of 2007, which created the National System for Disability (SND), aimed at promoting the development and implementation of public policy on disability in a coordinated manner with public entities at the national, regional and local levels and with organizations for persons with disabilities.** The SND is coordinated by the Ministry of Health and is defined as one of the most important areas in defining public policy guidelines on disability.

It is also worth mentioning the creation of the National Council on Disability (CND) as a high-level advisory body, institutional and verificatory advisor, and monitor and evaluator of the National System, which consists of representatives of the national government and social organizations for disabilities.

Locally, the state has municipal and local committees for disability that are responsible for influencing local development plans and tracking both budgets and the impact of regional policies on disability. These committees serve as institutional spaces for the participation and representation of persons with disabilities at the local level.

All of these spaces have been made to ensure the effective participation of persons with disabilities in public decision-making but they do not yet have



The state has made progress in issuing special rules for the creation of spaces for representative participation for persons with disabilities, however, participation still needs to be expanded, strengthened and qualified

Footnote

⁹⁴ Cf. Law 1757 of 2015.

massive representation and their advocacy and oversight capabilities are limited. The functioning of these bodies depends on the creation of consolidated organizations and networks of organizations of persons with disabilities that are willing to assume the role of responsible spokesperson for this population. However, due to low levels of qualification and participation in community life for persons with disabilities, their leadership remains scarce and there exists a lack of incentives to consolidate full and effective participation in the public spaces of decision-making.

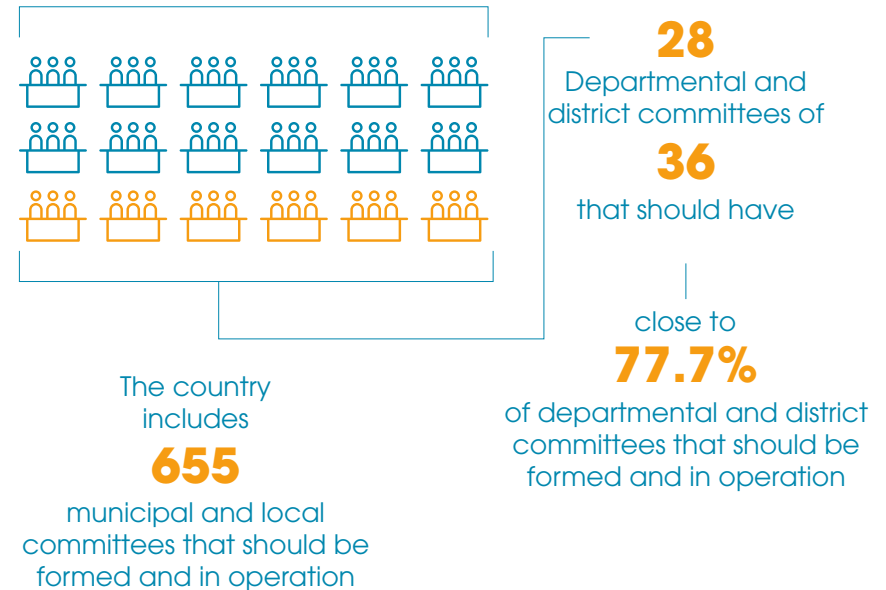
Colombia has 28 departmental and district committees out of the 36 that should exist, that is to say, it has about 77.7% of the committees that should be formed and in operation. In turn, the country has 655 municipal and local disability committees that are formed and in operation. The departments of Amazon, Arauca, Tolima and Vaupes stand out as having all the municipal committees formed and in operation (see Table 47).

Regarding the right to elect and be elected, the electoral political expressions of persons with disabilities are still limited. The state has pledged to ensure reasonable adjustments for persons with visual disabilities so that they can exercise the right to vote, adopting a nationwide campaign to have flyers in Braille, and remove barriers to political participation for persons with mental disabilities. The National Civil Registry has not yet consolidated the number of persons with disability status, voters or candidates on political party lists. Except for some special cases, the dissemination of nominations of persons with disabilities in political spaces remains infrequent.

The movement of persons with disabilities has gained political influence since the ratification of the CRPD but has yet to establish itself as a national movement; it is concentrated mainly in large cities and is made up of persons with disabilities with medium or high economic resources. Due to the heterogeneity of interests, the few mechanisms for coordination and dissemination, organizations of persons with disabilities have failed to have a great impact on political and civic spaces.

It is important to highlight as a good practice the protocol of participation for victims of the armed conflict in the UARIV. In this document and in local and national practices involving victims, the mainstream direct participation of victims with disabilities has been achieved effectively.

Participation of persons with disabilities



Highlights:





WE CALL FOR

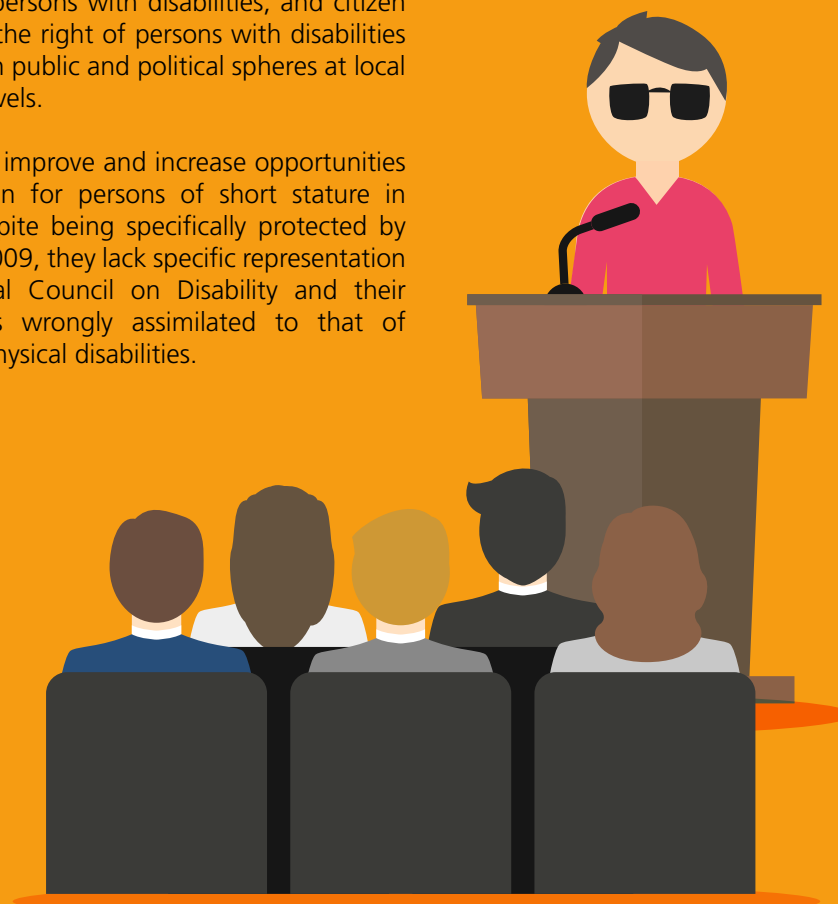
Colombia must improve the strengthening and qualification of the public and political participation of persons with disabilities, their leaders and the organizations that represent them, so as to incorporate a focus on human rights and participate not only in specific spaces for this population, but in other spaces available to the general population and where social issues of importance for all are discussed.

The Committee should urge the Colombian state, particularly the Ministry of Internal Affairs as the agency responsible for supporting instances of participation, to encourage that individuals and organizations of persons with disabilities are able to rely on mechanisms that allow them to strengthen their representation and informed participation in the spaces of public decisions, as they have done with other movements such as women, youth and victims of the armed conflict. It is particularly recommended that the participation of persons with disabilities is encouraged not only in instances that are thematically linked to the topic, but in all areas of political decision-making.

The Colombian state must ensure that the infrastructure and electoral processes are accessible to persons with all types of disabilities in order to ensure that they can fully exercise their political rights. It should also endeavor to ensure that persons with disabilities have accessible information resources in order to carry out the work of citizen oversight on equal terms.

The Colombian state should define specific mechanisms to encourage the political and social participation of persons with disabilities through the training and support of new leadership, creating incentives for political parties to present as candidates persons with disabilities, and citizen campaigns on the right of persons with disabilities to participate in public and political spheres at local and national levels.

The state must improve and increase opportunities for participation for persons of short stature in Colombia. Despite being specifically protected by Law 1275 of 2009, they lack specific representation in the National Council on Disability and their participation is wrongly assimilated to that of persons with physical disabilities.



Article
31

Statistics and
data collection

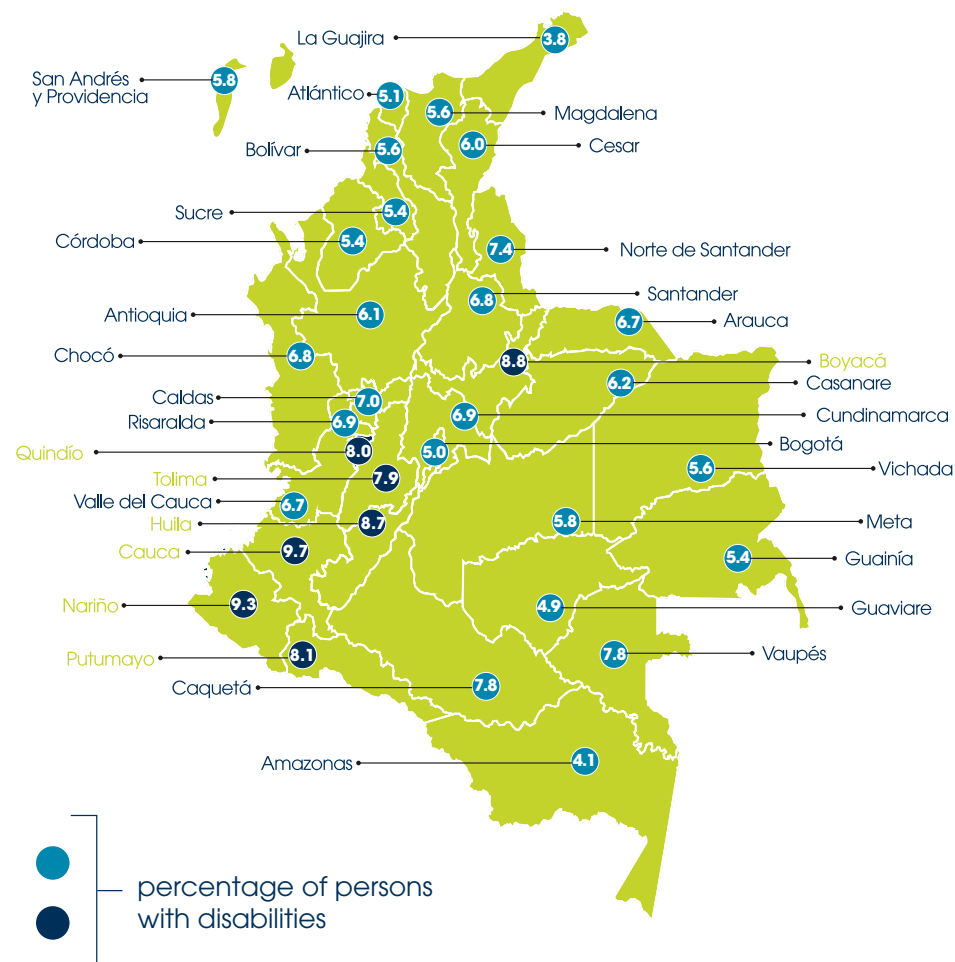


Since 1993, the Colombian state has included questions about disability in population censuses, according to the recommendations of United Nations agencies. The last census was conducted in 2005 and, according to the data sheet, this time sought information on disability with questions about the shortcomings and limitations of people.

In the framework of the 2005 Census “deficiency” was defined as the abnormality or loss of a bodily structure or physiological function, including mental functions. In turn, it defined the limitations of those difficulties that a person can have in realizing activities, ranging from a slight deviation to severe in terms of quantity or quality in the performance of any activity, comparing the manner, extension or intensity expected of a person without that particular health condition⁹⁵. Technically, it is important to have information on the quality of life of persons with disabilities and their needs, but the conceptual framework of the Census 2005 in Colombia still focuses on the medical chart or disability in the health of people, delving tangentially across access to social services and the offers or types of settings required to realize the aforementioned activities.

The 2005 Census collected information nationally on the different departments of Colombia. **The national prevalence of disability is 6.4%. Some departments have the following figures: Cauca 9.7%, Nariño 9.3%, Boyacá 8.8%, Huila 8.7%, Quindío 8.0%, Tolima 7.9%, and Putumayo 8.1%, all above average. Departments with high levels of poverty, such as Guaviare, Amazonas and Guajira, have low percentages with 4.9%, 4.1% and 3.8% respectively. Bogota has a rate of 5% (see Table 48).** The national census is the main statistical resource available through which to obtain quantitative information on the population with disabilities since it contains specific questions to that end. However, even the Colombian State has

Disability in Colombia



Footnote

⁹⁵ Cf. National Administrative Department of Statistics (DANE), Marco teórico de discapacidad utilizado en el censo poblacional del 2005. Available at: http://www.dane.gov.co/censo/files/discapacidad/marco_teorico.pdf and http://www.dane.gov.co/files/investigaciones/discapacidad/inform_estad.pdf

not strengthened other instruments like the RLCPD and therefore it is difficult to obtain specific and reliable information that allows for an in-depth analysis of their living conditions and intersectional characteristics, and thus formulate policies that meet their needs.

As a complement to census data, the Colombian state has the Registry for the Location and Characterization of Persons with Disabilities, which is administered by the Ministry of Health. According to the data collected with this tool, taking October 2015 as the cut-off point, around 1,200,587 people have inscribed in this register. The RLCPD is a virtual tool used to collect figures for persons with disabilities, their living conditions and the places where they are located.

The registration of persons with disabilities in the RLCPD has not been constant since 2006, the year when the greatest number of people (176,195) was recorded, the registration of persons declined up to 2011, when only 29,397 people registered. From 2011, registration has increased significantly to reach 147,790 people in 2014 (see Figure 1 and Table 49).

In addition to the above, according to RLCPD figures disaggregated by geographical location and sex, with a cut-off point of August 2015, 599,696 women and 586,349 men have been registered with disabilities. The highest registration rates are in the main territorial authorities, such as Bogota with 19.7%, Antioquia with 12.9%, and Valle del Cauca with 8.2%. Departments with fewer economic resources, such as Vichada, Guainía and Vaupés, record less than 1% of the registered population. This may suggest that the entities responsible for the socialization of the register do not yet have a significant presence in these departments, which may constitute one of the determinants of underreporting (see Table 50). **The figures suggest that the percentage of people registered by department does not necessarily reflect the number of persons with disabilities in one place, but the penetration of registration at the local level, because it is calculated using the number of people registered and not the total the inhabitants of each place.**

As for the possibility of obtaining data on conditions of intersectionality, the relational analysis of disability with other differential approaches is still limited. The main contributions focus on sex and the place where persons with disabilities live. For persons with disabilities belonging to an ethnic group, according to RLCPD, of all the people registered only 6.9% are recognized as Afro-Colombian and 2.8% are recognized as indigenous (see Table 51). These statistics do not reflect the characteristics of indigenous and Afro-Colombian

Evolution of the registration of persons with disabilities in the RLCPD

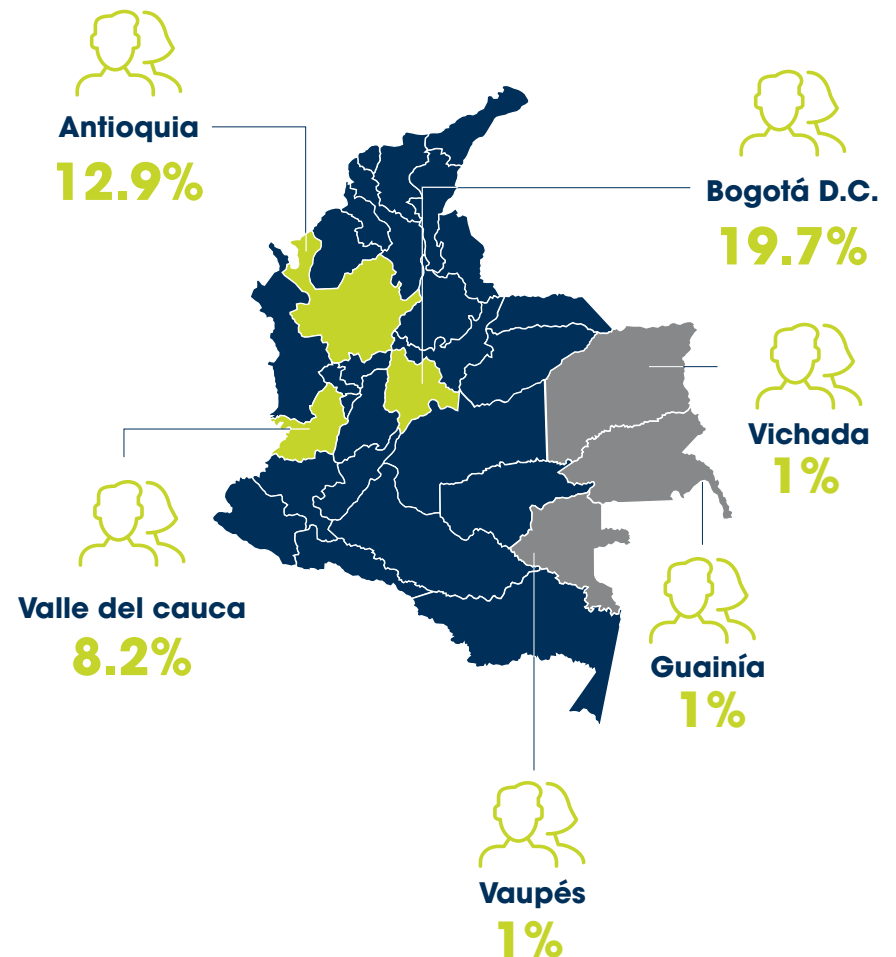


Source: Ministry of Health and Social Protection. Registry for the Localization and Characterization of Persons with Disabilities. As of October 30, 2015

populations in the country and show high levels of underreporting. According to figures from the National Indigenous Organization of Colombia (ONIC) and the Office of the United Nations High Commissioner for Refugees (UNHCR), the indigenous population of Colombia is over 1.3 million people, equivalent to 3.4% of the total population. From these figures, it is stated that 80% of indigenous people have been affected by the armed conflict and experience high levels of extreme poverty. In turn, of the 10.85% of Afro-Colombians registered in the census there are low levels of representation for persons with disabilities.

Despite progress in fulfilling the obligation to implement information systems about persons with disabilities, the RLCPD does not have national coverage and is not a massive tool. Sufficient incentives have not been implemented for persons with disabilities who are voluntarily registered, nor has the public utility been socialized in order to have a comprehensive information system for this population. The RLCPD is not dynamically updated nor is it tied to other social or economic surveys that exist in Colombia. These challenges have been analyzed by the competent authorities through the intervention of the Constitutional Court, which in some failures has urged the state to adapt their information systems for disability properly and via the social model of disability, while reiterating the need for this system to be interoperable with other databases such as the Unique Register of Victims (RUV), among others⁹⁶.

Registration of persons with disabilities



Footnote

⁹⁶ Cf. Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement. Order 173 of 2014 on the protection of persons with disabilities in situations of displacement caused by the armed conflict.



WE CALL FOR

Colombia must advance in the registration of persons with disabilities, their characteristics, and the needs and barriers they face, so that both the national government and local governments have detailed and reliable information that will help them to make decisions about relevant public policy tailored to the real needs of the population.

The Colombian government, through the Ministry of Health with support from DANE, should strengthen the RLCPD so that it allows for a diagnosis of the quality of life of this population and identify the challenges of economic and social policies to ensure the effective enjoyment of the rights of persons with disabilities in the country.

In accordance with human rights obligations regarding mainstreaming approaches to gender, age, and ethnicity, among others: the state must adjust information systems to reflect the diversity of the Colombian population and allow for intersectional analysis.

In particular, the Committee should urge the Colombian government to improve information systems for detailing the conditions of old age and its relationship with disabilities, in order to avoid the invisibility of this population.

In order to achieve greater coverage for the RLCPD, the state must implement a system of shared responsibility with local and departmental governments to take ownership of the tools

available and take an active role in the penetration of registration, with the aim of improving the RLCPD's geographical coverage.

Finally, the Committee should urge the state to generate massive campaigns of information on disability in order to highlight the challenges in public policies for this population.



Organizations that subscribe to the report

This Alternative Report was disseminated widely across Colombia among persons with disabilities, representative organizations, social organizations and other relevant actors. It has been endorsed by 260 individuals, with and without disabilities, and 42 social organizations from all over the country.

#	Name	Surnames	Sex	Type of disability	Department	City
1	Adelaida	López Ayala	Female	Physical	Antioquia	Medellín
2	Adrián Camilo	Martínez Martínez	Male	None	Cundinamarca	Bogotá
3	Adriana	Bautista	Female	None	Cundinamarca	Bogotá
4	Adriana	Montaña	Female	None	Cundinamarca	Bogotá
5	Adriana Andrea	Balaguera	Female	Physical	Cundinamarca	Puerto Salgar
6	Adriana Elizabeth	Uricoechea Sánchez	Female	None	Cundinamarca	Bogotá
7	Alcibíades	Serrato	Male	Physical	Cundinamarca	Bogotá
8	Alejandra	di Colloredo	Female	None	Cundinamarca	Bogotá
9	Alejandra Patricia	Bastos Ramírez	Female	None	Cundinamarca	Bogotá
10	Alejandro Diego	Jaramillo Agudelo	Male	Multiple	Antioquia	Itagüí
11	Allis Betlana	Ángel Pérez	Female	Sensory	Cundinamarca	Mosquera
12	Amparo	Bernal	Female	Intellectual	Cundinamarca	Bogotá
13	Amparo	Aragón	Female	Intellectual	Santander	Bucaramanga
14	Ana Cecilia	Murillo Avellaneda	Female	Sensory	Cundinamarca	Bogotá
15	Ana Sofia	Rodríguez Bedoya	Female	Multiple	Antioquia	Medellín
16	Ana Victoria	Araque Márquez	Female	Mental - Psychosocial	Cundinamarca	Bogotá
17	Andrea	Dávila	Female	None	Cundinamarca	Bogotá
18	Andrea	Quecán Navarrete	Female	Sensory - Visual	Cundinamarca	Chía
19	Andrea	Rubio Aponte	Female	Physical	Antioquia	Medellín
20	Andrés	Arrieta	Male	None	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
21	Andrés Leonardo	Jiménez Ocampo	Male	None	Cundinamarca	Bogotá
22	Ángel Leonardo	Poveda Ibáñez	Male	Mental - Psychosocial	Cundinamarca	Bogotá
23	Angélica	Parar Gómez	Female	None	Antioquia	Medellín
24	Angélica María	Pastrana Botero	Female	Sensory	Cundinamarca	Bogotá
25	Angie Alejandra	Burbano Guancha	Female	None	Cundinamarca	Bogotá
26	Angie Stephanir	Torres Torres	Female	None	Cundinamarca	Bogotá
27	Aura Aydee	García Quintero	Female	None	Valle del Cauca	Cali
28	Aura E	López Chaparro	Female	Mental - Psychosocial	Cundinamarca	Bogotá
29	Aura María	Bedoya Toro	Female	Mental - Psychosocial	Antioquia	Medellín
30	Bárbara	Gracia Gascón	Female	None	Valle del Cauca	Zaragoza
31	Bercelys	Montes Trespalacios	Female	None	Bolívar	Cartagena
32	Bernarda	Martínez Rodríguez	Female	Sensory	Cundinamarca	Bogotá
33	Bibiana	Becerra González	Female	Multiple	Cundinamarca	Bogotá
34	Bibiana	Rodríguez	Female	Multiple	Cundinamarca	Bogotá
35	Blanca Fabiola	González Flórez	Female	Multiple	Cundinamarca	Bogotá
36	Camila Andrea	Suárez Ángel	Female	None	Cundinamarca	Bogotá
37	Camila Andrea	Jaramillo Arciniegas	Female	None	Cundinamarca	Bogotá
38	Camilo	Núñez	Male	None	Cundinamarca	Bogotá
39	Carlos	Ballén	Male	Mental - Psychosocial	Cundinamarca	Bogotá
40	Carlos Alberto	Chica Arias	Male	None	Cundinamarca	Bogotá
41	Carlos Alberto	Díaz Villán	Male	None	Cundinamarca	Bogotá
42	Carlos Andrés	Guiones Acosta	Male	Physical	Cundinamarca	Bogotá
43	Carlos Hernández	Hernández	Male	Physical	Cundinamarca	Funza
44	Carmenza	Bedoya Duque	Female	None	Antioquia	Medellín
45	Carolina	Salleg	Female	None	Cundinamarca	Bogotá
46	Carolina	Parra Duque	Female	None	Cundinamarca	Bogotá
47	Catalina	Uribe	Female	None	Cundinamarca	Bogotá
48	Cecilia	Rivera	Female	None	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
49	César Augusto	Molina Saldarriaga	Queer	None	Antioquia	Medellín
50	César Augusto	Chaves Roldán	Male	Intellectual	Antioquia	Medellín
51	Cindy Johanna	Holguin Capera	Female	None	Cundinamarca	Bogotá
52	Claudia	Flórez	Female	Physical	Valle del Cauca	Cali
53	Claudia	Bermúdez	Female	Physical	Bolívar	Cartagena
54	Claudia Milena	Gómez González	Female	Multiple	Cundinamarca	Bogotá
55	Claudia Patricia	Cruz Sánchez	Female	Sensory - Visual	Cundinamarca	Bogotá
56	Claudia Patricia	Vargas Isaza	Female	Mental - Psychosocial	Antioquia	Guarne
57	Claudia Rocío	Cárdenas Huertas	Female	Intellectual	Cundinamarca	Bogotá
58	Claudia Victoria	Téllez Hernández	Female	None	Cundinamarca	Bogotá
59	Clemencia	Ángel Morales	Female	None	Cundinamarca	Bogotá
60	Cristina	Neira de Fonseca	Female	None	Cundinamarca	Bogotá
61	Daniel	Serrano	Male	None	Cundinamarca	Bogotá
62	Daniel Paolo	Marulanda Blandón	Male	Physical	Antioquia	La Ceja
63	Daniela	Restrepo Rodríguez	Female	None	Cundinamarca	Bogotá
64	David Alberto	Vallejo Bedoya	Male	Physical	Quindío	Calarcá
65	David Ricardo	Isidro Quintero	Male	Sensory	Córdoba	Montería
66	Diana	Murcia	Female	Sensory	Cundinamarca	Bogotá
67	Diana	Torres	Female	None	Cundinamarca	Chía
68	Diana	Girón	Female	Intellectual	Cundinamarca	Bogotá
69	Diana	Vallejo	Female	None	Cundinamarca	Bogotá
70	Diana	Cuervo Díaz	Female	None	Cundinamarca	Bogotá
71	Diana Alejandra	Restrepo Buitrago	Female	Physical	Valle del Cauca	Cali
72	Diana Carolina	Jurado Bernal	Female	None	Cundinamarca	Bogotá
73	Diana Carolina	Canro Tibavizco	Female	None	Cundinamarca	Bogotá
74	Diana Cristina	Ortega Pérez	Female	Intellectual	Antioquia	Sabaneta
75	Diana María	Garavito Escobar	Female	Physical	Cundinamarca	Bogotá
76	Diana Milena	Hortua López	Female	None	Cundinamarca	Arbeláez

#	Name	Surnames	Sex	Type of disability	Department	City
77	Diego Mauricio	Echeverri González	Male	Physical	Antioquia	Itagüí
78	Dilia Inés	Monroy Villamarín	Female	Multiple	Cundinamarca	Bogotá
79	Edilberto	Sánchez Rico	Male	Physical	Tolima	Líbano
80	Edwar Manuel	Guerrero Ortega	Male	None	Bolívar	San Jacinto
81	Efraín	Fierro Velásquez	Male	Multiple	Cundinamarca	San Francisco
82	Elizabeth	López	Female	Multiple	Antioquia	Medellín
83	Elsa Edid	Barrios Sánchez	Female	Talla baja	Tolima	Ibagué
84	Engie Natalhy	Pachón Mendoza	Female	None	Huila	Pitalito
85	Enrique de Jesús	Tapia Pérez	Male	Multiple	Magdalena	Santa Marta
86	Erika Yanet	Quintero	Female	Sensory	Valle del Cauca	Cali
87	Estefania	Palacios Sánchez	Female	None	Valle del Cauca	Tuluá
88	Estefany	Barrera	Female	Physical	Santander	San Gil
89	Evis Alberto	Paternina Barreto	Male	Physical	Sucre	Sincelejo
90	Evis Dallana	Navarro Rodríguez	Female	None	Sucre	Sincelejo
91	Francisco Javier	Forero Quiroga	Male	Physical	Cundinamarca	Bogotá
92	Gabriel Arturo	Rojas Andrade	Male	None	Cundinamarca	Bogotá
93	Gerson Alberto	Hernández Mogollón	Male	Physical	Norte de Santander	Tibú
94	Gina Carolina	Cañas de los Ríos	Female	None	Cundinamarca	Bogotá
95	Gisella	Cámaro Cuesta	Female	Intellectual	Risaralda	Pereira
96	Gladys del Carmen	Rodríguez Gaitán	Female	None	Cundinamarca	Bogotá
97	Gloria	Carranza	Female	Intellectual	Cundinamarca	Bogotá
98	Gloria Esmeralda	Gómez Beleño	Female	None	Santander	Bucaramanga
99	Gloria Lucero	Herrera Contreras	Female	Intellectual	Cundinamarca	Bogotá
100	Grey de Jesús	Álvarez Álvarez	Female	Sensory	Atlántico	Barranquilla
101	Héctor	Gómez	Male	Intellectual	Risaralda	Pereira
102	Heyder Alexander	López Valencia	Male	Intellectual	Risaralda	Pereira
103	Hilda Marcela	Pardo Figueroa	Female	Intellectual	Cundinamarca	Bogotá
104	Hilda Marcela	Rodríguez Galindo	Female	Physical	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
105	Inesita	Ruiz Ruiz	Female	None	Cundinamarca	Bogotá
106	Ingrid Johanna	Ortiz Gordillo	Female	None	Bolívar	Cartagena
107	Isabel	Acevedo León	Female	Intellectual	Cundinamarca	Bogotá
108	Isaura	Álvarez	Female	Physical	Cundinamarca	Bogotá
109	Iván Danilo	Pacheco Reales	Male	None	Cundinamarca	Bogotá
110	Janeth Rocío	Corredor Ross	Female	Physical	Cundinamarca	Bogotá
111	Javier Alberto	Saldarriaga Cano	Male	Physical	Antioquia	Medellín
112	Jennifer Angélica	Reyes Lizarazo	Female	Physical	Cundinamarca	Bogotá
113	Jennifer Paola	Martinez Niel	Female	None	Cundinamarca	Bogotá
114	Jhoyseth	de la Rosa Montenegro	Female	Intellectual	Córdoba	Montería
115	Jimmy Daniel	Vanegas Quintero	Male	Physical	Cundinamarca	Bogotá
116	Jocías Andrés	Villarreal Vargas	Male	None	Atlántico	Soledad
117	Johana	Bedoya Osorio	Female	Multiple	Cundinamarca	Bogotá
118	John Alexander	Orjuela Corredor	Male	Physical	Cundinamarca	Bogotá
119	Jonatan	Munar Galvis	Male	None	Cundinamarca	Bogotá
120	Jorge Eliécer	Estupiñán Pérez	Male	Sensory	Boyacá	Tunja
121	José Daniel	Burbano López	Male	None	Cundinamarca	Bogotá
122	José Manuel	Soto Gaitán	Male	Multiple	Cundinamarca	Bogotá
123	José Mauricio	Cano Guzmán	Male	None	Cundinamarca	Bogotá
124	Juan	Florián	Male	Physical	Cundinamarca	Funza
125	Juan Camilo	Rúa Serna	Male	None	Cundinamarca	Bogotá
126	Juan Manuel	Rosero Ñañez	Male	Physical	Cauca	Mercaderes
127	Juan Mauricio	Neira Montes	Male	Sensory - Visual	Cundinamarca	Bogotá
128	Juan Sebastián	Guerrero Puerto	Male	None	Cundinamarca	Bogotá
129	Juanita	González Andrade	Female	None	Cundinamarca	Bogotá
130	Juliana	Poveda Clavijo	Female	None	Cundinamarca	Bogotá
131	Karen Juliet	González Bolaños	Female	Physical	Valle del Cauca	Cali
132	Karen Lucía	Rodríguez Montes	Female	None	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
133	Karen Sulley	Villota Jacome	Female	Sensory - Visual	Caldas	Manizales
134	Karla	Melo Gómez	Female	None	Cundinamarca	Bogotá
135	Katherine	Vallejo Hernández	Female	None	Antioquia	Medellín
136	Katherine	Velásquez Arango	Female	Physical	Antioquia	Medellín
137	Kiara Pavely	Espitia Jiménez	Female	None	Cundinamarca	Bogotá
138	Laura	Clavijo Fuentes	Female	Physical	Cundinamarca	Bogotá
139	Laura	Escobar Hoyos	Female	None	Antioquia	Medellín
140	Laura	Rodríguez	Female	None	Cundinamarca	Bogotá
141	Laura Carolia	Segura Ramos	Female	Intellectual	Cundinamarca	Bogotá
142	Laura Marcela	Morelo Castro	Female	None	Bolívar	Cartagena
143	Laura Natalia	Forero	Female	None	Cundinamarca	Bogotá
144	Leidy Yohana	Sánchez González	Female	None	Cundinamarca	Bogotá
145	Leonardo	Jaime	Male	None	Cundinamarca	Bogotá
146	Leónidas	Corredor Vargas	Male	Physical	Huila	Neiva
147	Leonor Eufemia	Palmera de Castro	Female	None	César	Valledupar
148	Libia	Vélez Latorre	Female	None	Cundinamarca	Bogotá
149	Lida Astrid	Losada Castro	Female	None	Cundinamarca	Bogotá
150	Lilia	Shriver	Female	None	Florida	Miami
151	Liliam Beatríz	Baquero Rodríguez	Female	Multiple	Cundinamarca	Bogotá
152	Liliana	Pulido	Female	None	Cundinamarca	Bogotá
153	Lina	Santander	Female	None	Santander	Floridablanca
154	Lina	Restrepo	Female	None	Antioquia	Medellín
155	Lina Marcela	González Guevara	Female	None	Casanare	Orocue
156	Liss	Jaramillo	Female	None	Cundinamarca	Bogotá
157	Lucia	Huertas	Female	None	Cundinamarca	Bogotá
158	Ludy	Boada	Female	Intellectual	Norte de Santander	Cúcuta
159	Luis Carlos	Ángel Michelsen	Male	Sensory	Cundinamarca	Bogotá
160	Luis Felipe	Joraquira Caro	Male	Physical	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
161	Luis Fernando	Ávila García	Male	None	Cundinamarca	Bogotá
162	Luisa Fernanda	Gómez Ramírez	Female	None	Cundinamarca	Bogotá
163	Luisa Fernanda	Berrocal Mora	Female	None	Cundinamarca	Bogotá
164	Luisa Valeria	Ortiz Solano	Female	None	Valle del Cauca	Cali
165	Luz Adriana	Vargas Sanabria	Female	None	Cundinamarca	Bogotá
166	Luz Adriana	Soto Monsalve	Female	Sensory	Antioquia	Medellín
167	Luz Aydé	Ríos Franco	Female	None	Antioquia	Medellín
168	Luz Dary	Rodríguez	Female	None	Cundinamarca	Bogotá
169	Luz Dary	Giraldo Zuluaga	Female	Physical	Antioquia	El Carmen de Viboral
170	Luz Mary	Camacho Pinzón	Female	Multiple	Cundinamarca	Bogotá
171	Luz Melida	Montaño Contreras	Female	None	Cundinamarca	Cajicá
172	Luz Stella	Zamudio Echeverri	Female	Mental - Psychosocial	Antioquia	Medellín
173	Magda	Acevedo	Female	None	Cundinamarca	Bogotá
174	Marcela	Vejarano Velandia	Female	None	Cundinamarca	Tabio
175	Margarita	Pinzón	Female	None	Boyacá	Duitama
176	Margarita Lucía	Correa Restrepo	Female	None	Antioquia	Medellín
177	María Ana	Santos de Rodríguez	Female	Multiple	Cundinamarca	Bogotá
178	María Andrea	Prieto	Female	None	Cundinamarca	Bogotá
179	María Angélica	Valencia Zapata	Female	Sensory	Bolívar	Cartagena
180	María Angélica	Alarcón Losada	Female	Physical	Caquetá	San Vicente del Caguán
181	María Angélica	Acosta Meza	Female	None	Córdoba	Montería
182	María Antonia	De León Escalante	Female	Sensory - Visual	Chocó	Quibdó
183	María Cecilia	Velásquez Vélez	Female	None	Antioquia	Envigado
184	María Conchi- ta Fernanda	Ramírez Arias	Female	None	Cundinamarca	Bogotá
185	María Elena	Rabelo Dueñas	Female	Intellectual	Cundinamarca	Bogotá
186	María Eugenia	López Jiménez	Female	Intellectual	Cundinamarca	Bogotá
187	María Eugenia	Palacio Puerta	Female	None	Antioquia	Medellín

#	Name	Surnames	Sex	Type of disability	Department	City
188	María Isabel	Salinas	Female	None	Sucre	Sincelejo
189	María Mercedes	Castillo	Female	Multiple	Cundinamarca	Bogotá
190	María Mercedes	Castro Peña	Female	None	Bolívar	San Jacinto
191	María Uliana	Vieira Pak	Female	Multiple	Cundinamarca	Bogotá
192	Marisol	López	Female	Multiple	Cundinamarca	Bogotá
193	Martha	Delgado Barrera	Female	None	Cundinamarca	Bogotá
194	Maryury Angélica	Arias Villanueva	Female	Sensory	Tolima	Ibagué
195	Maureen	Merchan de las Salas	Female	None	Cundinamarca	Bogotá
196	Maureen Jennifer	Gutiérrez Rodríguez	Female	None	Tolima	Ibagué
197	Mawency	Vergel Ortega	Female	None	Norte de Santander	Cúcuta
198	Michael Jhovanny	León Guzmán	Male	None	Guajira	Riohacha
199	Miguel	Urrutia	Male	Physical	Cundinamarca	Bogotá
200	Miller Lady	Preciado Díaz	Female	Physical	Nariño	Tumaco
201	Milton Andrés	Rojas Betancur	Male	None	Antioquia	Medellín
202	Mirta	Carabalí	Female	Mental - Psychosocial	Cundinamarca	Bogotá
203	Mónica	Muñoz García	Female	Multiple	Cundinamarca	Bogotá
204	Mónica	Sosa Correa	Female	Multiple	Antioquia	Medellín
205	Mónica Alejandra	Pabón Saldarriaga	Female	None	Antioquia	Envigado
206	Nancy	Vargas Granados	Female	Mental - Psychosocial	Tolima	Icononzo
207	Natalí	Cáliz Vélez	Female	None	Sucre	Sincelejo
208	Natalia	Ramírez-Bustamante	Female	None	Cundinamarca	Bogotá
209	Natalia	Salazar	Female	None	Cundinamarca	Bogotá
210	Natalia	Cruz Marmolejo	Female	Multiple	Valle del Cauca	Cali
211	Natalia	Téllez Pineda	Female	Physical	Cundinamarca	Bogotá
212	Nayive	Sánchez	Female	None	Cundinamarca	Bogotá
213	Nelcy	Villamizar Vera	Female	None	Norte de Santander	Chitagá
214	Néstor Fernando	Hernández Hernández	Male	Physical	Cundinamarca	Bogotá
215	Nubia Stella	Prieto Torres	Female	Intellectual	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
216	Olga Clemencia	Franco Herrera	Female	None	Cundinamarca	Bogotá
217	Olga Lucía	Saldarriaga Peláez	Female	Physical	Antioquia	Medellín
218	Omar Alberto	Barraza Barrios	Male	Sensory	Atlántico	Soledad
219	Oneyda	Rojas Yara	Female	None	Cundinamarca	Bogotá
220	Óscar	Echeverri	Male	None	Valle del Cauca	Cali
221	Óscar Alberto	Cortés Ortíz	Male	Physical	Valle del Cauca	Cali
222	Óscar Fernando	Vargas Delgadillo	Male	Physical	Boyacá	Duitama
223	Óscar Javier	Reyes Chirivi	Male	None	Cundinamarca	Bogotá
224	Paola	Vargas Ávila	Female	Intellectual	Cundinamarca	Bogotá
225	Paula Andrea	Román Serna	Female	None	Valle del Cauca	Tuluá
226	Paula Daniela	Sánchez Largo	Female	Physical	Cundinamarca	Bogotá
227	Pedro Antonio	Padilla Jojoa	Male	Physical	Nariño	Pasto
228	Pedro Augusto	Cruz Rodríguez	Male	Multiple	Cundinamarca	Bogotá
229	Piedad Jimena	Hernández Villanueva	Female	None	Tolima	Ibagué
230	Pilar	Saavedra	Female	Multiple	Cundinamarca	Bogotá
231	Rafael	Risco	Male	None	Cundinamarca	Bogotá
232	Ricardo	Becerra Sáenz	Male	Physical	Cundinamarca	Bogotá
233	Ronal Guver	Joven Castillo	Male	Physical	Cundinamarca	Bogotá
234	Rosalba	Barajas Castañeda	Female	Sensory - Visual	Cundinamarca	Bogotá
235	Sabrina	Pachón Torres	Female	Sensory	Cundinamarca	Bogotá
236	Samuel	Bocanegra	Male	Physical	Cundinamarca	Bogotá
237	Sandra Milena	Ramírez Balbin	Female	Multiple	Antioquia	Medellín
238	Sebastián Felipe	Chaparro Espinosa	Male	Intellectual	Cundinamarca	Bogotá
239	Sergio Alberto	Pérez García	Male	Intellectual	Antioquia	La Estrella
240	Shirley	Alzate Orjuela	Female	Intellectual	Antioquia	Bello
241	Shirly	Howard Hernández	Female	Multiple	Bolívar	Cartagena
242	Sisley Dariana	Martínez Cervantes	Female	None	Atlántico	Sabanalarga
243	Sol Indira	Quiceno Forero	Female	Physical	Cundinamarca	Bogotá

#	Name	Surnames	Sex	Type of disability	Department	City
244	Sonia Janeth	López Muñoz	Female	Physical	Antioquia	Itagüí
245	Stefany Dadilde	Reyes Moreno	Female	Physical	Cundinamarca	Bogotá
246	Tatiana	Cortés Buitrago	Female	None	Cundinamarca	Bogotá
247	Tatiana Vanessa	Restrepo Montoya	Female	None	Antioquia	Medellín
248	Teresa	Díaz Forero	Female	None	Cundinamarca	Bogotá
249	Vilma Lorena	Caicedo González	Female	None	Nariño	Tumaco
250	Wendy	Gaviria Cardona	Female	Talla baja	Antioquia	Medellín
251	Yadira Farina	Bustamante González	Female	Intellectual	Santander	Bucaramanga
252	Yanneth Alexandra	Castro Rodríguez	Female	None	Cundinamarca	Bogotá
253	Yasbleydi Marcela	Useche Suárez	Female	Intellectual	Cundinamarca	Bogotá
254	Yasmira Iliana	Romero Reyes	Female	None	Cundinamarca	Bogotá
255	Yegny	Pelayo Carvajal	Female	Multiple	Cundinamarca	Bogotá
256	Yeimi Astrid	Arboleda Laverde	Female	Physical	Antioquia	Medellín
257	Yolanda	Ayala	Female	Physical	Antioquia	Medellín
258	Yolanda del Rocío	Gil Sánchez	Female	Physical	Cundinamarca	Bogotá
259	Yudhy Lorena	Sarmiento López	Female	None	Cundinamarca	Bogotá
260	Yuly Andrea	Moncada Velásquez	Female	Physical	Cundinamarca	Bogotá
252	Yanneth Alexandra	Castro Rodríguez	Female	None	Cundinamarca	Bogotá
253	Yasbleydi Marcela	Useche Suárez	Female	Intellectual	Cundinamarca	Bogotá
254	Yasmira Iliana	Romero Reyes	Female	None	Cundinamarca	Bogotá
255	Yegny	Pelayo Carvajal	Female	Múltiple	Cundinamarca	Bogotá
256	Yeimi Astrid	Arboleda Laverde	Female	Physical	Antioquia	Medellín
257	Yolanda	Ayala	Female	Physical	Antioquia	Medellín
258	Yolanda del Rocío	Gil Sánchez	Female	Physical	Cundinamarca	Bogotá
259	Yudhy Lorena	Sarmiento López	Female	None	Cundinamarca	Bogotá
260	Yuly Andrea	Moncada Velásquez	Female	Physical	Cundinamarca	Bogotá

#	Organization name	Name	Surnames	Department	City
1	Alfirme-Centro de Vida Independiente	Janeth Patricia	Botero Álvarez	Antioquia	Envigado
2	Asociación de Intérpretes y Guía intérprete (Sordos-Sordo Ciegos) de Santander	Liseth Esther	Valencia Galván	Santander	Bucaramanga
3	Atils	Jhon Jairo	Riveros Lugo	Tolima	Ibagué
4	Clínica Jurídica en Acciones de Interés Público en materia de Discapacidad - Universidad Libre Seccional Pereira	Luisa Fernanda	Hurtado Castrillón	Risaralda	Pereira
5	Club Deportivo ANDESIR	Dora	Castrillón Ruíz	Antioquia	Medellín
6	Club Deportivo ASODISFISUR	Héctor Oswaldo	Malaver Gaspar	Cundinamarca	Bogotá
7	Club sin Límite-Parálisis Cerebral	Leydi Yulieth	Nieto Ortiz	Valle del Cauca	Tuluá
8	Corporación Alberto Arango Restrepo (CEDER)	Natalia	Holguín Ciro	Caldas	Manizales
9	Corporación Artesas	María Juliana	Castro Álvarez	Antioquia	Medellín
10	Corporación Casablanca Galería Cultural	Natalia	Martínez Aguilera	cundinamarca	Bogotá
11	Corporación de Limitados Visuales de Risaralda (CORPOVISIÓN)	Lina Marcela	Múnera García	Risaralda	Pereira
12	Corporación Frontiñena de discapacitados (CORFRODIS)	Rosa Julia	Cano Castañeda	Antioquia	Frontino
13	Corporación Mar Adentro	Luis Javier	Cano Pautt	Bolívar	Cartagena
14	Corporación Pequeñas Personas Latinas	Wendy	Gaviria	Antioquia	Medellín
15	Corporación Redes 365	Cristhiam Daniel	Gutiérrez González	Cundinamarca	Bogotá
16	Corporación Universitaria de Sabaneta (Unisabaneta)	Paola Andrea	Cataño Gómez	Antioquia	Sabaneta
17	Emisora Comunitaria Planeta Tierra	Lilian Astrid	Gil Lozano	Cundinamarca	Bogotá
18	Fundación ACUA	Jaime Arturo	Duarte Quevedo	Cundinamarca	Bogotá
19	Fundacion Areté Diversamente Hábiles	Armando	Vásquez Espitia	Boyacá	Tunja
20	Fundación Constanz "Color que se toca"	David	Pedrol Bonilla	Cundinamarca	Bogotá
21	Fundación Construyendo Futuro con Amor	Andrea	Rodríguez	Cundinamarca	Bogotá
22	Fundación Corazón Visible	Jaime Adrián	Martínez Tobar	Putumayo	Sibundoy
23	Fundacion Corpoética	Jacqueline	Acosta	Cundinamarca	Bogotá
24	Fundación de la Mano Contigo	Piedad	Guzmpán Lamprea	Cundinamarca,	Bogotá
25	Fundacion Hombres y Mujeres sobre Ruedas Org	Paula Lorena	Escobar Buitrago	Valle del Cauca	Cali

#	Organization name	Name	Surnames	Department	City
26	Fundación Misión, Solidaridad, Esperanza y Refugio (FUNDAMISER)	Novis	Jiménez Mora	Santander	Barrancabermeja
27	Fundación para el Desarrollo Integral (JugArte)	Yolanda Helena	Giraldo Giraldo	Cundinamarca	Bogotá
28	Fundación para la Inclusión Social de Personas Sordas	Miguel	Mejía Villadiego	Atlántico	Barranquilla
29	Fundación Pulso Vital	Paula Andrea	Lucumí López	Valle del Cauca	Palmira
30	Fundación RAUDAL	Diana	Navarro	Cundinamarca	Bogotá
31	Fundación Sigamos Adelante	Julián	Cabrera Cabrera	Huila	Neiva
32	Fundación TAP, Tierra, Amor y Paz	Lucía Jacqueline	Sánchez Taútiva	Cundinamarca	Chía
33	Fundación todos Podemos Ayudar	Felipe	Betancur	Antioquia	Medellín
34	Fundación Tutelar	Yolanda Eunice	Gutiérrez López	Cundinamarca	Bogotá
35	Fundación Unicornio	Hernán Andrés	Villegas Ángel	Santander,	Bogotá
36	Gran Fundación	Gloria Mercedes	Granados Ibáñez	Cundinamarca	Bogotá
37	Hablando con Julis	Daniela	Galindo Bermúdez	Cundinamarca	Bogotá
38	Mi Mundo Especial	David	Aguilar	Cundinamarca	Bogotá
39	NKLUSVLIFE	Juan Sebastián	Betancourt Chaparro	Cundinamarca	Bogotá
40	PEYDI, Plantación Estratégica y Desarrollo Institucional	Carlos Alberto	Sampedro Gaviria	Antioquia	Medellín
41	Tejido de Sueños S.A.S.	Adriana	Villa Moreno	Antioquia	Medellín
42	TRAMITEC S.A.S.	Carmen Ana	Montiel Salgado	Córdoba	Planeta Rica

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Annex

Data for disabilities in the context of Colombia

Table 1 - Persons registered with disabilities disaggregated by sex

Sex	Registered persons	%
Women	599.696	50.5%
Men	586.349	49.3%
No information	1.572	0.1%
Overall total	1.187.617	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 2 - Persons registered with disabilities disaggregated by age group

Age group	% of persons with disabilities
0 to 14 years	5.6%
15 to 29 years	14.05%
30 to 44 years	14.01%
45 to 59 years	19.02%
60 to 74 years	21.31%
75 and above	25.01%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 3 - Persons registered with disabilities disaggregated by sex and age

Stages of the life cycle	Female	%	Male	%	Overall total	%
0 to under 1 year	88	0.01%	114	0.02%	202	0.02%
1 to 5 years	4.477	0.75%	5.757	0.98%	10.235	0.86%
6 to 9 years	8.477	1.41%	12.563	2.14%	21.048	1.77%
10 to 14 years	17.340	2.89%	25.365	4.33%	42.707	3.60%
15 to 18 years	19.620	3.27%	26.872	4.58%	46.494	3.91%
19 to 26 years	44.605	7.44%	57.830	9.86%	102.443	8.63%
27 to 44 years	90.286	15.06%	107.134	18.27%	197.441	16.62%
45 to 59 years	115.867	19.32%	107.514	18.34%	223.415	18.81%
60 and above	298.863	49.84%	243.092	41.46%	542.446	45.68%
No information	73	0.01%	108	0.02%	1.186	0.10%
Overall total	599.696	100.00%	586.349	100.00%	1.187.617	100.00%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 4 - Persons with disabilities in the 2005 Census disaggregated by type of limitation

Type of limitation	% of persons
Vision	43.2%
Mobility	29.5%
Hearing	17.4%
Intellectual	12.3%
Mental	9.8%

Source: DANE, 2005 Census

Table 5 - Persons registered with disabilities disaggregated by permanent alteration and sex

Permanent alteration	Female	%	Male	%	No information	Overall total	%
Movement of the body, hands, arms, legs	303.129	50.5%	291.399	49.7%	734	595.262	50.1%
Cardiorespiratory system and defenses	178.931	29.8%	128.395	21.9%	347	307.673	25.9%
Genital and reproductive system	44.300	7.4%	46.010	7.8%	117	90.427	7.6%
Nervous system	254.626	42.5%	252.083	43.0%	716	507.425	42.7%
Digestion, metabolism, hormones	96.352	16.1%	64.826	11.1%	191	161.369	13.6%
Skin	27.883	4.6%	22.148	3.8%	47	50.078	4.2%
Voice and speech	100.342	16.7%	123.604	21.1%	374	224.320	18.9%
Other sense organs (smell, touch and taste)	19.124	3.2%	19.161	3.3%	49	38.334	3.2%
Ears	102.888	17.2%	105.484	18.0%	284	208.656	17.6%
Eyes	237.510	39.6%	206.183	35.2%	512	444.205	37.4%
None	16	0.0%	22	0.0%		38	0.0%
Overall total	599.696	100.0%	586.349	100.0%	331	1.187.617	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 6 - Persons registered with disabilities disaggregated by type of disability and sex

Type of disability	Female	Male	No information	Overall total	%
Not Reported	390.650	342.842	812	734.304	61.8%
Mobility	76.692	87.204	221	164.117	13.8%
Mental Cognitive	36.060	45.775	201	82.036	6.9%
Multiple	30.313	32.085	101	62.499	5.3%
Sensory Visual	19.265	23.715	54	43.034	3.6%
Sensory Hearing	13.829	15.841	56	29.726	2.5%
Systemic	10.003	10.481	36	20.520	1.7%
Mental Psychosocial	8.801	11.317	33	20.151	1.7%
Voice and Speech	6.310	7.909	31	14.250	1.2%

Name Unknown	6.017	7.360	20	13.397	1.1%
Sensory Taste-Smell-Touch	606	794	1	1.401	0.1%
Skin, Nails and Hair	697	665	3	1.365	0.1%
Dwarfism	453	361	3	817	0.1%
Overall Total	599.696	586.349	1.572	1.187.617	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 7 – Persons registered with disabilities disaggregated by origin of disability and sex

Origin of disability	Female	Male	No information	Overall total	%
Not reported	215.554	184.249	584	400.387	33.7%
General illness	189.171	146.785	402	336.358	28.3%
Accident	43.458	90.017	136	133.611	11.3%
Genetic, hereditary disorder	64.966	52.180	151	117.297	9.9%
Health conditions	27.928	32.095	97	60.120	5.1%
Other causes	20.118	18.371	45	38.534	3.2%
Complications during labor	16.244	18.915	69	35.228	3.0%
Victim of violence	4.619	14.451	23	19.093	1.6%
Professional illness	5.867	8.485	19	14.371	1.2%
Difficulties in the provision of health services	5.930	6.144	20	12.094	1.0%
Consumption of psychoactive substance	1.390	5.327	9	6.726	0.6%
Armed conflict	955	5.168	5	6.128	0.5%
Self-inflicted injury	2.298	2.669	5	4.972	0.4%
Natural disaster	500	651	4	1.155	0.1%
Overall total	599.696	586.349	1.572	1.187.617	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Data for children and adolescents with disabilities

Table 8 - National report for children and adolescents with disabilities in the administrative process of reestablishing rights

Type of care	Total	%
No information	3,476	30.2%
Family Type – Supervisory Home	1,985	17.3%
Institutional Type - Boarding	1,738	15.1%
Family Type – Foster Home	1,448	12.6%
Family Type – Family of origin or extended family	1,095	9.5%
Institutional Type - Day	603	5.2%
Other measures	353	3.1%
Institutional Type – Semi-residential	243	2.1%
Institutional Type – Emergency center	169	1.5%
Support intervention	100	0.9%
To be defined	71	0.6%
Police, administrative or judicial actions	51	0.4%
Family Type – Temporary Shelter	50	0.4%
Reprimand with compulsory attendance at educational course	49	0.4%
Adoption	32	0.3%
Institutional Type – Care Home	19	0.2%
Family Type – Friend's Home	17	0.1%
Total	11,499	100%

Source: ICBF, Mission Information System (SIM), November 30, 2015

Date for accessibility

Table 9 - Social barriers identified by persons registered with disabilities disaggregated by sex

Sidewalk	Total Females	%	Total Males	%	Overall total	%
No	416.896	69.7%	427.453	73.1%	844.349	71.3%
Yes	181.538	30.3%	157.653	26.9%	339.191	28.7%
Overall total	598.434	100.0%	585.106	100.0%	1.183.540	100.0%
Street	Total Females	%	Total Males	%	Overall total	%
No	311.339	52.0%	329.917	56.4%	641.256	54.2%
Yes	287.095	48.0%	255.189	43.6%	542.284	45.8%
Overall total	598.434	100.0%	585.106	100.0%	1.183.540	100.0%
Health center	Total Females	%	Total Males	%	Overall total	%
No	487.831	81.5%	485.414	83.0%	973.245	82.2%
Yes	110.603	18.5%	99.692	17.0%	210.295	17.8%
Overall total	598.434	100.0%	585.106	100.0%	1.183.540	100.0%
Education center	Total Females	%	Total Males	%	Overall total	%
No	513.541	85.8%	495.390	84.7%	1.008.931	85.2%
Yes	84.893	14.2%	89.716	15.3%	174.609	14.8%
Overall total	598.434	100.0%	585.106	100.0%	1.183.540	100.0%
Workplace	Total Females	%	Total Males	%	Overall total	%
No	500.440	83.6%	468.040	80.0%	968.480	81.8%
Yes	97.994	16.4%	117.066	20.0%	215.060	18.2%
Overall total	598.434	100.0%	585.106	100.0%	1.183.540	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Data for victims of the armed conflict with disabilities

Table 10 - Evolution of the percentage of registration for persons with disabilities who are victims of the armed conflict

Year	% of victims registered with disabilities
1995	2.5%
1996	1.9%
1997	1.6%
1998	1.7%
1999	1.6%
2000	1.4%
2001	1.6%
2002	1.7%
2003	1.7%
2004	2.0%
2005	2.0%

Table 10 - Evolution of the percentage of registration for persons with disabilities who are victims of the armed conflict

Year	% of victims registered with disabilities
2006	2.2%
2007	2.2%
2008	2.1%
2009	2.2%
2010	2.3%
2011	2.4%
2012	4.7%
2013	4.0%
2014	4.5%
2015	4.4%

Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016

Table 11 - Percentage of victims of the armed conflict registered with disabilities disaggregated by sex

Year of declaration	Sex	% of victims with disabilities
1995	Male	55.6%
	Female	44.4%
1996	Male	48.6%
	Female	50.0%
1997	Male	55.9%
	Female	43.3%
1998	Male	55.6%
	Female	40.7%

Table 11 - Percentage of victims of the armed conflict registered with disabilities disaggregated by sex

Year of declaration	Sex	% of victims with disabilities
1999	Male	53.7%
	Female	44.7%
2000	Male	50.7%
	Female	47.6%
2001	Male	49.7%
	Female	48.8%
2002	Male	48.7%
	Female	49.8%
2003	Male	48.8%
	Female	50.1%
2004	Male	50.7%
	Female	48.2%
2005	Male	51.1%
	Female	47.5%
2006	Male	51.9%
	Female	47.1%
2007	Male	50.7%
	Female	48.4%
2008	Male	48.8%
	Female	49.5%
2009	Male	49.4%
	Female	49.2%
2010	Male	50.7%
	Female	48.1%
2011	Male	52.3%
	Female	46.9%

Table 11 - Percentage of victims of the armed conflict registered with disabilities disaggregated by sex

Year of declaration	Female	% of victims with disabilities
2012	Male	51.5%
	Female	47.2%
2013	Male	51.2%
	Female	47.4%
2014	Male	54.0%
	Female	44.8%
2015	Male	54.3%
	Female	44.5%

Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
1995		9	
	between 18 and 28	1	11.1%
	between 29 and 60	5	55.6%
	between 61 and 100	1	11.1%
	ND	2	22.2%
1996		74	
	between 12 and 17	4	5.4%
	between 6 and 11	1	1.4%
	between 18 and 28	11	14.9%
	between 29 and 60	33	44.6%
	between 61 and 100	21	28.4%
	ND	4	5.4%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
		263	
1997	between 0 and 5	2	0.8%
	between 6 and 11	4	1.5%
	between 12 and 17	10	3.8%
	between 18 and 28	34	12.9%
	between 29 and 60	126	47.9%
	between 61 and 100	74	28.1%
	ND	13	4.9%
		1.077	
1998	between 0 and 5	7	0.6%
	between 6 and 11	19	1.8%
	between 12 and 17	55	5.1%
	between 18 and 28	162	15.0%
	between 29 and 60	445	41.3%
	between 61 and 100	293	27.2%
	ND	96	8.9%
		833	
1999	between 0 and 5	6	0.7%
	between 6 and 11	17	2.0%
	between 12 and 17	36	4.3%
	between 18 and 28	95	11.4%
	between 29 and 60	387	46.5%
	between 61 and 100	223	26.8%
	ND	69	8.3%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2000		4.645	
	between 0 and 5	25	0.5%
	between 6 and 11	83	1.8%
	between 12 and 17	232	5.0%
	between 18 and 28	499	10.7%
	between 29 and 60	1.921	41.4%
	between 61 and 100	1.485	32.0%
	ND	400	8.6%
2001		7.193	
	between 0 and 5	54	0.8%
	between 6 and 11	120	1.7%
	between 12 and 17	343	4.8%
	between 18 and 28	777	10.8%
	between 29 and 60	3.061	42.6%
	between 61 and 100	2.605	36.2%
	ND	233	3.2%
2002		9.477	
	between 0 and 5	61	0.6%
	between 6 and 11	153	1.6%
	between 12 and 17	470	5.0%
	between 18 and 28	1.036	10.9%
	between 29 and 60	4.067	42.9%
	between 61 and 100	3.533	37.3%
	ND	157	1.7%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2003		5.227	
	between 0 and 5	25	0.5%
	between 6 and 11	95	1.8%
	between 12 and 17	293	5.6%
	between 18 and 28	611	11.7%
	between 29 and 60	2.290	43.8%
	between 61 and 100	1.831	35.0%
	ND	82	1.6%
2004		5.768	
	between 0 and 5	29	0.5%
	between 6 and 11	109	1.9%
	between 12 and 17	357	6.2%
	between 18 and 28	733	12.7%
	between 29 and 60	2.587	44.9%
	between 61 and 100	1.888	32.7%
	ND	65	1.1%
2005		7.040	
	between 0 and 5	41	0.6%
	between 6 and 11	135	1.9%
	between 12 and 17	463	6.6%
	between 18 and 28	1.018	14.5%
	between 29 and 60	3.020	42.9%
	between 61 and 100	2.218	31.5%
	ND	145	2.1%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2006		8.463	
	between 0 and 5	55	0.6%
	between 6 and 11	237	2.8%
	between 12 and 17	668	7.9%
	between 18 and 28	1.393	16.5%
	between 29 and 60	3.583	42.3%
	between 61 and 100	2.367	28.0%
	ND	160	1.9%
2007		10.318	
	between 0 and 5	49	0.5%
	between 6 and 11	369	3.6%
	between 12 and 17	859	8.3%
	between 18 and 28	1.726	16.7%
	between 29 and 60	4.264	41.3%
	between 61 and 100	2.721	26.4%
	ND	330	3.2%
2008		19.230	
	between 0 and 5	121	0.6%
	between 6 and 11	421	2.2%
	between 12 and 17	1.002	5.2%
	between 18 and 28	2.219	11.5%
	between 29 and 60	9.049	47.1%
	between 61 and 100	6.201	32.2%
	ND	217	1.1%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2009		14.589	
	between 0 and 5	80	0.5%
	between 6 and 11	382	2.6%
	between 12 and 17	791	5.4%
	between 18 and 28	1.725	11.8%
	between 29 and 60	6.662	45.7%
	between 61 and 100	4.848	33.2%
	ND	101	0.7%
2010		11.056	
	between 0 and 5	75	0.7%
	between 6 and 11	349	3.2%
	between 12 and 17	614	5.6%
	between 18 and 28	1.351	12.2%
	between 29 and 60	5.018	45.4%
	between 61 and 100	3.611	32.7%
	ND	38	0.3%
2011		11.470	
	between 0 and 5	155	1.4%
	between 6 and 11	819	7.1%
	between 12 and 17	1.000	8.7%
	between 18 and 28	1.819	15.9%
	between 29 and 60	4.733	41.3%
	between 61 and 100	2.894	25.2%
	ND	50	0.4%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2012		33.185	
	between 0 and 5	419	1.3%
	between 6 and 11	1.531	4.6%
	between 12 and 17	1.900	5.7%
	between 18 and 28	4.162	12.5%
	between 29 and 60	15.448	46.6%
	between 61 and 100	9.181	27.7%
	ND	544	1.6%
2013		34.993	
	between 0 and 5	637	1.8%
	between 6 and 11	1.662	4.7%
	between 12 and 17	1.975	5.6%
	between 18 and 28	4.550	13.0%
	between 29 and 60	16.217	46.3%
	between 61 and 100	9.506	27.2%
	ND	446	1.3%
2014		39.567	
	between 0 and 5	958	2.4%
	between 6 and 11	1.889	4.8%
	between 12 and 17	2.184	5.5%
	between 18 and 28	5.174	13.1%
	between 29 and 60	18.680	47.2%
	between 61 and 100	10.174	25.7%
	ND	508	1.3%

Table 12 - Percentage of victims of the armed conflict registered with disabilities disaggregated by age and year of declaration

Year of declaration	Age range	Victims with disabilities	%
2015		16.098	
	between 0 and 5	448	2.8%
	between 6 and 11	787	4.9%
	between 12 and 17	910	5.7%
	between 18 and 28	2.012	12.5%
	between 29 and 60	7.732	48.0%
	between 61 and 100	4.066	25.3%
	ND	143	0.9%

Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016

Table 13 - Percentage of victims of the armed conflict registered with disabilities disaggregated by victimizing act during the period 2011-2015

Victimizing act	Number of persons	% in relation to the same victimizing act
Displacement	107.702	
With disability	17.289	16.1%
Without disability	90.413	
Threat	44.433	
With disability	5.874	13.2%
Without disability	38.559	
Homicide	14.567	
With disability	1.236	8.5%
Without disability	13.331	
Terrorist Act	10.339	
With disability	1.787	17.3%
Without disability	8.552	

Table 13 - Percentage of victims of the armed conflict registered with disabilities disaggregated by victimizing act during the period 2011-2015

Victimizing act	Number of persons	% in relation to the same victimizing act
Loss of Personal Property	9.234	
With disability	1.671	18.1%
Without disability	7.563	
Forced Disappearance	2.133	
With disability	114	5.3%
Without disability	2.019	
Antipersonnel Mines	1.587	
With disability	649	40.9%
Without disability	938	
Crimes against Sexual Integrity	1.523	
With disability	177	11.6%
Without disability	1.346	

Tabla 13 - Porcentaje de víctimas del conflicto armado con discapacidad registradas desagregado por hecho victimizante sucedido en el periodo 2011-2015

Victimizing act	Number of persons	% in relation to the same victimizing act
Kidnapping	1.507	
With disability	103	6.8%
Without disability	1.404	
Torture	495	
With disability	87	17.6%
Without disability	408	

Tabla 13 - Porcentaje de víctimas del conflicto armado con discapacidad registradas desagregado por hecho victimizante sucedido en el periodo 2011-2015

Victimizing act	Number of persons	% in relation to the same victimizing act
Recruitment of Children and Adolescents	471	
With disability	45	9.6%
Without disability	426	
Abandonment or Dispossession of Land	67	
With disability	3	4.5%
Without disability	64	

Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016

Data for independent living and inclusion in the community

Table 14 - Females registered with disabilities disaggregated by age and living arrangements

Living arrangements	0 to 18 years	%	19 to 26 years	%	27 to 44 years	%	45 to 59 years	%	60 or more	%	Total	%
Accompanied	49.619	99.3%	44.148	99.0%	88.506	98.0%	111.299	96.1%	272.574	91.2%	566.150	94.4%
Alone	329	0.7%	451	1.0%	1.767	2.0%	4.555	3.9%	26.261	8.8%	33.363	5.6%
Overall total	49.948	100.0%	44.599	100.0%	90.273	100.0%	115.854	100.0%	298.835	100.0%	599.513	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 15 - Males registered with disabilities disaggregated by age and living arrangements

Living arrangements	0 to 18 years	%	19 to 26 years	%	27 to 44 years	%	45 to 59 years	%	60 or more	%	Total Men	%
Accompanied	70.150	99.3%	57.050	98.7%	102.468	95.7%	98.397	91.5%	214.734	88.3%	542.803	92.6%
Alone	513	0.7%	769	1.3%	4.652	4.3%	9.100	8.5%	28.324	11.7%	43.358	7.4%
Overall total	70.663	100.0%	57.819	100.0%	107.120	100.0%	107.497	100.0%	243.058	100.0%	586.161	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Data for inclusive education for persons with disabilities

Table 16 - Total enrollment disaggregated by level of education

Level of education	2014			2015		
	Public	Contracted	Private	Public	Contracted	Private
Kindergarten and prekindergarten	29.712	578	173.223	39.244	266	179.944
Transition	551.125	68.013	133.428	537.174	54.332	146.161
Primary	3.362.890	404.613	641.069	3.335.224	374.601	692.815
Secondary	2.485.039	213.759	425.165	2.479.807	202.784	448.778
Middle and normal	828.339	64.120	179.646	829.373	61.298	188.010
Adult	441.887	205.004	133.413	502.692	146.317	162.583
Total	7.698.992	956.087	1.685.944	7.723.514	839.598	1.818.291

Source: Ministry of Education, Integrated Enrollment System, consolidated in 2014 and April-November 2015

Table 17 - Enrollment of persons with disabilities disaggregated by level of education

Level of education	2014			2015		
	Public	Contracted	Private	Public	Contracted	Private
Kindergarten and prekindergarten	92	27	596	146	0	590
Transition	3.806	706	708	4.658	812	886
Primary	71.271	5.149	5.118	79.363	5.163	5.994
Secondary	41.369	3.076	3.595	45.744	2.468	4.496
Middle and normal	9.274	529	1.480	10.127	598	1.609
Adult	6.251	1.445	1.538	7.652	1.384	2.038
Total	132.063	10.932	13.035	147.690	10.425	15.613

Source: Ministry of Education, Integrated Enrollment System, consolidated in 2014 and April-November 2015

Table 18 - Percentage of enrollment for persons with disabilities disaggregated by level of education

Level of education	2014			2015		
	Public	Contracted	Private	Public	Contracted	Private
Kindergarten and prekindergarten	0.31%	4.67%	0.34%	0.37%	0.00%	0.33%
Transition	0.69%	1.04%	0.53%	0.87%	1.49%	0.61%
Primary	2.12%	1.27%	0.80%	2.38%	1.38%	0.87%
Secondary	1.66%	1.44%	0.85%	1.84%	1.22%	1.00%
Middle and normal	1.12%	0.83%	0.82%	1.22%	0.98%	0.86%
Adult	1.41%	0.70%	1.15%	1.52%	0.95%	1.25%
Total	1.72%	1.14%	0.77%	1.91%	1.24%	0.86%

Source: Ministry of Education, Integrated Enrollment System, consolidated in 2014 and April-November 2015

Table 19 - Percentage of enrollment for students with disabilities disaggregated by department

2014		2015	
Percentage of students with disabilities by department	Average	Percentage of students with disabilities by department	Average
Risaralda	3.63%	Risaralda	3.60%
Caldas	3.37%	Caldas	2.91%
Quindío	2.45%	Quindío	2.55%
Antioquia	1.73%	Antioquia	2.02%
Nariño	1.60%	Boyacá	1.99%
Bolívar	1.57%	Bogotá D.C.	1.73%
Cauca	1.46%	Nariño	1.71%
Bogotá D.C.	1.46%	Casanare	1.59%
Boyacá	1.43%	Bolívar	1.58%
Meta	1.36%	Meta	1.41%
Santander	1.19%	Cauca	1.40%

Table 19 - Percentage of enrollment for students with disabilities disaggregated by department

2014		2015	
Percentage of students with disabilities by department	Average	Percentage of students with disabilities by department	Average
Valle del Cauca	1.12%	Santander	1.32%
Chocó	1.03%	Valle del Cauca	1.30%
Atlántico	1.02%	Atlántico	1.23%
Cundinamarca	1.02%	Cundinamarca	1.08%
Córdoba	0.97%	Tolima	0.98%
Tolima	0.92%	Putumayo	0.95%
Casanare	0.91%	Guainía	0.94%
Norte de Santander	0.77%	Norte de Santander	0.93%
Putumayo	0.73%	Córdoba	0.81%
Caquetá	0.65%	Caquetá	0.80%
Guainía	0.65%	Chocó	0.80%

Table 19 - Percentage of enrollment for students with disabilities disaggregated by department

	2014		2015
Magdalena	0.63%	Magdalena	0.70%
Cesar	0.62%	Sucre	0.66%
Huila	0.61%	Cesar	0.66%
Guaviare	0.58%	Guaviare	0.64%
Guajira	0.49%	Huila	0.64%
Arauca	0.48%	Guajira	0.45%

Table 19 - Percentage of enrollment for students with disabilities disaggregated by department

	2014		2015
Sucre	0.47%	San Andrés y Providencia	0.39%
Amazonas	0.42%	Vichada	0.37%
San Andrés y Providencia	0.38%	Vaupés	0.37%
Vaupés	0.36%	Arauca	0.34%
Vichada	0.34%	Amazonas	0.21%

Source: Ministry of Education, Integrated Enrollment System, consolidated in 2014 and April-November 2015

Table 20 - School-age females with disabilities in attendance at an educational establishment disaggregated by age group

In attendance?	1 to 5 years	%	6 to 9 years	%	10 to 14 years	%	15 to 18 years	%	19 to 26 years	%	Total females	%
No	1.605	75.3%	3.826	48.0%	6.014	36.7%	7.125	36.6%	22.442	50.6%	41.012	45.42%
Yes	526	24.7%	4.150	52.0%	10.375	63.3%	12.349	63.4%	21.875	49.4%	49.275	54.58%
Overall total	2.131	100.0%	7.976	100.0%	16.389	100.0%	19.474	100.0%	44.317	100.0%	90.287	100.00%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 21 - School-age males with disabilities in attendance at an educational establishment disaggregated by age group

In attendance?	1 to 5 years	%	6 to 9 years	%	10 to 14 years	%	15 to 18 years	%	19 to 26 years	%	Total males	%
No	2.103	72.3%	5.389	45.7%	8.619	36.0%	9.970	37.4%	30.879	53.8%	56.960	46.4%
Yes	804	27.7%	6.405	54.3%	15.304	64.0%	16.689	62.6%	26.548	46.2%	65.750	53.6%
Overall total	2.907	100.0%	11.794	100.0%	23.923	100.0%	26.659	100.0%	57.427	100.0%	122.710	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 22 - Types of educational institutions that persons registered with disabilities have access to disaggregated by sex

Type of EI	Total females	%	Total males	%
No information	45.706	48.3%	63.238	49.2%
Public	41.809	44.2%	55.446	43.1%
Private	7.092	7.5%	9.817	7.6%
Overall total	94.607	100.0%	128.501	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 23 - Reasons why persons with disabilities of school age do not attend educational institutions disaggregated by sex

Reasons for not attending	Total females	%	Total males	%	Overall total	%
No information	52.328	56.2%	69.771	55.2%	122.099	55.6%
Because of their disability	25.873	27.8%	35.929	28.4%	61.802	28.2%
Other reason	4.951	5.3%	6.650	5.3%	11.601	5.3%
High educational costs or lack of money	3.396	3.6%	4.138	3.3%	7.534	3.4%
Already finished or not considered to be of school age	2.709	2.9%	3.583	2.8%	6.292	2.9%
Does not like or is not interested in studying	800	0.9%	1.911	1.5%	2.711	1.2%
No school nearby	925	1.0%	1.137	0.9%	2.062	0.9%
Must work	478	0.5%	1.078	0.9%	1.556	0.7%
No spaces available	472	0.5%	736	0.6%	1.208	0.6%
Lack of time	540	0.6%	495	0.4%	1.035	0.5%
Family does not wish them to study	338	0.4%	420	0.3%	758	0.3%
Failed the entrance exam	166	0.2%	247	0.2%	413	0.2%
Failed a year or was expelled	98	0.1%	278	0.2%	376	0.2%
Overall total	93.074	100.0%	126.373	100.0%	219.447	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 24 - Desire and motivation of females with disabilities to continue studying disaggregated by sex and age

Will continue studying?	0 to 26 years	%	27 to 44 years	%	45 to 59 years	%	60 years or more	%	Total females	%
No	16.673	18.9%	26.914	30.5%	50.420	44.5%	211.826	73.0%	305.833	52.8%
Yes	71.568	81.1%	61.195	69.5%	62.800	55.5%	78.360	27.0%	273.923	47.2%
Overall total	88.241	100.0%	88.109	100.0%	113.220	100.0%	290.186	100.0%	579.756	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 25 - Desire and motivation of males with disabilities to continue studying disaggregated by sex and age

Will continue studying?	0 to 26 years	%	27 to 44 years	%	45 to 59 years	%	60 or years	%	Total males	%
No	23.236	19.4%	33.998	32.5%	48.227	45.9%	167.419	71.0%	272.880	48.2%
Yes	96.833	80.6%	70.664	67.5%	56.907	54.1%	68.327	29.0%	292.731	51.8%
Overall total	120.069	100.0%	104.662	100.0%	105.134	100.0%	235.746	100.0%	565.611	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 26 - Last approved grade for females registered with disabilities

From 15 to 18 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 15 to 18 years
3.983	14.009	6.020	50	27	1	14.358	38.448
10.4%	36.4%	15.7%	0.1%	0.1%	0.0%	37.3%	100.0%
From 19 to 26 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 19 to 26 years
4.643	25.684	24.803	1.364	851	18	31.422	88.785
5.2%	28.9%	27.9%	1.5%	1.0%	0.0%	35.4%	100.0%

Table 26 - Last approved grade for females registered with disabilities

From 27 to 44 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 27 to 44 years
4.365	51.982	49.567	6.665	5.149	589	60.608	178.925
2.4%	29.1%	27.7%	3.7%	2.9%	0.3%	33.9%	100.0%
From 45 to 59 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 45 to 59 years
4.450	106.259	60.177	6.206	4.913	1.474	57.288	240.767
1.8%	44.1%	25.0%	2.6%	2.0%	0.6%	23.8%	100.0%
60 and over							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total for 60 and over
16.872	370.351	67.131	7.310	5.916	1.576	260.220	729.376
2.3%	50.8%	9.2%	1.0%	0.8%	0.2%	35.7%	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 27 - Last approved grade for males registered with disabilities

From 15 to 18 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 15 to 18 years
5.276	19.285	7.361	52	45	6	20.178	52.203
10%	37%	14%	0%	0%	0%	39%	100%
From 19 to 26 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 19 to 26 years
6.419	34.859	28.524	1.471	780	25	43.223	115.301
5.6%	30.2%	24.7%	1.3%	0.7%	0.0%	37.5%	100.0%
From 27 to 44 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 27 to 44 years
5.540	60.901	56.652	6.091	5.032	518	72.064	206.798
2.7%	29.4%	27.4%	2.9%	2.4%	0.3%	34.8%	100.0%

Table 27 - Last approved grade for males registered with disabilities

From 45 to 59 years							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total from 45 to 59 years
4.015	88.431	49.837	4.849	5.161	1.053	56.143	209.489
1.9%	42.2%	23.8%	2.3%	2.5%	0.5%	26.8%	100.0%
60 and over							
1 - Preschool	2 - Basic primary	3 - Basic secondary	4 - Technical or technological	5 - University	6 - Postgraduate	7 - None	Total for 60 and over
14.282	284.987	53.560	5.433	7.919	1.790	194.892	562.863
2.5%	50.6%	9.5%	1.0%	1.4%	0.3%	34.6%	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 28 - Resource Allocation to local authorities by CONPES 178 of 2015 for students with disabilities

Certified territorial entity	Total disability allocation	%
Antioquia	\$ 3.609'771.135.50	8.9%
Medellín	\$ 2.605'626.814.88	6.4%
Bogotá D.C.	\$ 2.330'125.751.99	5.7%
Manizales	\$ 1.652'479.749.69	4.1%
Pereira	\$ 1.363'364.969.74	3.4%
Valle	\$ 1.186'404.061.78	2.9%
Nariño	\$ 1.160'138.568.98	2.9%
Cauca	\$ 1.128'237.583.94	2.8%
Bolívar	\$ 1.120'831.240.66	2.8%
Boyacá	\$ 1.021'978.248.45	2.5%
Cundinamarca	\$ 1.009'769.691.48	2.5%
Quindío	\$ 1.001'783.016.76	2.5%
Santander	\$ 926'492.326.93	2.3%

Table 28 - Resource Allocation to local authorities by CONPES 178 of 2015 for students with disabilities

Certified territorial entity	Total disability allocation	%
Risaralda	\$ 884'362.401.71	2.2%
Tolima	\$ 835'192.724.76	2.1%
Caldas	\$ 786'538.390.22	1.9%
Córdoba	\$ 786'190.180.82	1.9%
Armenia	\$ 709'799.227.72	1.7%
Chocó	\$ 694'552.205.30	1.7%
Atlántico	\$ 694'043.957.02	1.7%
Pasto	\$ 647'472.581.87	1.6%
Cartagena	\$ 639'259.412.23	1.6%
Cali	\$ 559'121.252.14	1.4%
Norte de Santander	\$ 552'894.441.32	1.4%
Magdalena	\$ 516'223.343.11	1.3%
Cesar	\$ 496'638.317.16	1.2%

Table 28 - Resource Allocation to local authorities by CONPES 178 of 2015 for students with disabilities

Certified territorial entity	Total disability allocation	%
Putumayo	\$ 451'195.098.19	1.1%
Cúcuta	\$ 439'685.720.95	1.1%
Cartago	\$ 410'602.537.41	1.0%
Huila	\$ 403'556.693.79	1.0%
Sucre	\$ 396'931.609.74	1.0%
Villavicencio	\$ 392'944.187.68	1.0%
Dosquebradas	\$ 391'437.004.67	1.0%
Meta	\$ 377'168.018.20	0.9%
Piedecuesta	\$ 351'590.698.06	0.9%
Tuluá	\$ 348'326.149.51	0.9%
Casanare	\$ 322'595.749.06	0.8%
Bello	\$ 306'221.551.42	0.8%
Popayán	\$ 305'043.060.30	0.8%
Itagüí	\$ 290'559.645.13	0.7%
Malambo	\$ 255'284.062.83	0.6%
Valledupar	\$ 245'620.121.03	0.6%
Bucaramanga	\$ 241'979.803.90	0.6%
Ibagué	\$ 235'747.060.26	0.6%
Neiva	\$ 233'928.933.51	0.6%
Santa Marta	\$ 233'559.998.33	0.6%
Barrancabermeja	\$ 225'726.244.83	0.6%
Ipiales	\$ 218'612.708.98	0.5%
Montería	\$ 216'607.360.22	0.5%
Envigado	\$ 216'272.113.09	0.5%
Barranquilla	\$ 203'562.657.90	0.5%
Apartadó	\$ 201'458.937.92	0.5%

Table 28 - Resource Allocation to local authorities by CONPES 178 of 2015 for students with disabilities

Entidad Territorial Certificada	Total asignación discapacidad	%
Yopal	\$ 183'096.006.19	0.5%
Soledad	\$ 181'036.364.33	0.4%
Duitama	\$ 177'345.549.38	0.4%
Quibdó	\$ 172'532.295.90	0.4%
Arauca	\$ 158'708.539.54	0.4%
Tunja	\$ 156'616.609.58	0.4%
Lorica	\$ 155'737.033.99	0.4%
Caquetá	\$ 153'387.427.25	0.4%
Florencia	\$ 152'587.867.47	0.4%
Soacha	\$ 135'647.952.51	0.3%
Magangué	\$ 125'483.452.83	0.3%
Sincelejo	\$ 118'210.574.12	0.3%
Rionegro	\$ 107'205.156.88	0.3%
Ciénaga	\$ 106'917.119.41	0.3%
Buenaventura	\$ 105'861.619.66	0.3%
Fusagasugá	\$ 105'851.427.90	0.3%
La Guajira	\$ 103'887.666.95	0.3%
Girón	\$ 97'707.488.69	0.2%
Sabaneta	\$ 94'447.668.27	0.2%
Riohacha	\$ 90'931.278.58	0.2%
Palmira	\$ 88'601.603.78	0.2%
Guaviare	\$ 84'756.643.37	0.2%
Floridablanca	\$ 84'660.805.91	0.2%
Turbo	\$ 69'580.269.67	0.2%
Yumbo	\$ 65'439.678.73	0.2%
Sogamoso	\$ 64'490.024.64	0.2%

Table 28 - Resource Allocation to local authorities by CONPES 178 of 2015 for students with disabilities

Certified territorial entity	Total disability allocation	%
Chía	\$ 60'254.838.64	0.1%
Guainía	\$ 59'115.676.76	0.1%
Amazonas	\$ 53'875.185.01	0.1%
Tumaco	\$ 50'220.994.48	0.1%
Buga	\$ 49'612.277.59	0.1%
Mosquera	\$ 49'192.294.58	0.1%
Sahagún	\$ 48'894.583.43	0.1%
Maicao	\$ 43'439.907.16	0.1%
Pitalito	\$ 41'118.263.92	0.1%
Facatativá	\$ 40'396.048.20	0.1%
Vichada	\$ 35'340.202.73	0.1%
Jamundí	\$ 29'080.553.56	0.1%
Vaupés	\$ 27'988.488.01	0.1%
Girardot	\$ 26'085.239.74	0.1%
Zipaquirá	\$ 24'884.367.92	0.1%
San Andrés	\$ 19'593.587.93	0.0%
Uribea	\$ 12'003.069.62	0.0%
Total	\$ 40.635'329.958.22	100.0%

Source: Ministry of National Education, resource allocation CONPES 178 of 2015

Table 29 – Active special education programs

Institution Name	Institution State	Sector	Program State	Program Name	Academic Level	Training Level
Universidad Pedagógica Nacional	Active	Official	Active	Degree in Education with an emphasis on Special Education	Undergraduate	University
Universidad Pedagógica Nacional	Active	Official	Active	Specialization in Special Education with an emphasis on Augmentative and Alternative Communication	Undergraduate	Specialization
Universidad Pedagógica Nacional	Active	Official	Active	Specialization in Special Education with an emphasis on Augmentative and Alternative Communication	Undergraduate	Specialization
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad del Atlántico	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de Pamplona	Active	Official	Active	Specialization in Education: Special Education and Social Inclusion	Undergraduate	Specialization
Universidad de Antioquia	Active	Official	Active	Degree in Special Education	Undergraduate	University
Universidad de San Buenaventura	Active	Private	Active	Master's in Special Education – area of Developmental Delay and/ or area of Learning Difficulties	Undergraduate	Master's
Universidad Manuela Beltrán-Umb-	Active	Private	Active	Degree in Special Education	Undergraduate	University
Fundación Universitaria Los Libertadores	Active	Private	Active	Degree in Special Education	Undergraduate	University
Fundación Universitaria Juan de Castellanos	Active	Private	Active	Degree in Special Education	Undergraduate	University
Corporación Universitaria Iberoamericana	Active	Private	Active	Degree in Special Education	Undergraduate	University
Corporación Universitaria Iberoamericana	Active	Private	Active	Degree in Special Education	Undergraduate	University
Universidad Manuela Beltrán-Umb-	Active	Private	Active	Degree in Special Education	Undergraduate	University

Source: Ministry of Education, National Information System of Higher Education (SNIES), January 25, 2016

Health data for persons with disabilities

Table 30 - Persons registered with disabilities attended to by the Health System between 2011 and 2015

Regime	2015		2014		2013		2012		2011		Average 2011-2015
	Attended to	%	Attended to	%	Attended to	%	Attended to	%	Attended to	%	
Contributory	111.228	31%	208.604	34%	197.526	38%	205.644	40%	198.084	39%	37%
Subsidized	243.395	68%	399.575	65%	319.498	62%	300.250	59%	313.047	61%	63%
Private	848	0%	1.904	0%	2.259	0%	1.891	0%	1.761	0%	0%
Total	355.471	100%	610.083	100%	519.283	100%	507.785	100%	512.892	100%	100%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Table 31 - Persons registered with disabilities attended to in health care between 2011 and 2015

Regime	2015		2014		2013		2012		2011		Average 2011-2015
	# Attended to	%	# Attended to	%	# Attended to	%	# Attended to	%	# Attended to	%	
Contributory	905.440	27%	3.253.394	26%	3.276.800	35%	4.451.915	41%	4.046.255	41%	34%
Subsidized	2.465.903	73%	9.244.549	74%	6.106.358	65%	6.484.520	59%	5.689.788	58%	66%
Private	13.796	0%	34.911	0%	17.454	0%	30.224	0%	27.329	0%	0%
Total	3.385.139	100%	12.532.854	100%	9.400.612	100%	10.966.659	100%	9.763.372	100%	100%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Table 32 - Early diagnosis of disability disaggregated by the sex of the person registered

Early diagnosis of disability	Total females	%	Total males	%	Overall total	%
No	187.828	31.6%	190.140	32.7%	377.968	32.1%
Yes	407.406	68.4%	391.854	67.3%	799.260	67.9%
Overall total	595.234	100.0%	581.994	100.0%	1.177.228	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 33 - Guidance received by persons with disabilities disaggregated by the sex of the person registered

Guidance received	Total females	%	Total males	%	Overall total	%
No	287.663	48.4%	300.999	51.8%	588.662	50.1%
Yes	306.229	51.6%	279.859	48.2%	586.089	49.9%
Overall total	593.892	100.0%	580.858	100.0%	1.174.751	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 34 - Persons registered with disabilities served by the Health System disaggregated by year attended to

Year	Attended to	# instances of attention provided	Average instances of attention per person
2009	409.957	6.454.145	15.7
2010	478.965	7.813.032	16.3
2011	524.825	10.985.786	20.9
2012	525.986	11.830.779	22.5
2013	535.837	10.015.864	18.7
2014	600.672	12.928.705	21.5
2015	355.200	3.498.173	9.8

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Table 35 – Persons registered with disabilities served by the Health System between 2011 and 2015 disaggregated by type of event

Type of event	2015		2014		2013		2012		2011		Average 2011-2015
	Attended to	%	Attended to	%	Attended to	%	Attended to	%	Attended to	%	
Medical consultation	320.621	55%	558.866	49%	491.498	51%	478.623	49%	473.502	48%	50%
Procedure	214.587	37%	431.756	38%	339.283	36%	386.684	39%	391.290	40%	38%
Emergency	29.965	5%	90.878	8%	73.908	8%	68.537	7%	64.282	7%	7%
Hospitalized	22.266	4%	62.023	5%	49.978	5%	49.797	5%	49.962	5%	5%
Total	587.439	100%	1.143.523	100%	954.667	100%	983.641	100%	979.036	100%	100%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Table 36 – Instances of health attention for persons registered with disabilities between 2011 and 2015 disaggregated by type of event

Type of event	2015		2014		2013		2012		2011		Average 2011-2015
	# instances of attention	%	# instances of attention	%	# instances of attention	%	# instances of attention	%	# instances of attention	%	
Medical consultation	1.063.747	30%	4.230.732	33%	3.545.116	35%	3.665.832	31%	3.406.979	31%	32%
Procedure	2.356.583	67%	8.412.912	65%	6.245.104	62%	7.948.061	67%	7.381.657	67%	66%
Emergency	43.391	1%	168.715	1%	137.991	1%	128.842	1%	108.908	1%	1%
Hospitalized	34.452	1%	116.346	1%	87.653	1%	88.044	1%	88.242	1%	1%
Total	3.498.173	100%	12.928.705	100%	10.015.864	100%	11.830.779	100%	10.985.786	100%	100%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Table 37 - Geographic location of instances of health care provided to persons registered with disabilities

Geographic location of provider	Persons attended to - RIPS	%	Instances of attention - RIPS	%
Bogotá D.C.	230.142	21.0%	18.707.463	29.8%
Antioquia	143.042	13.0%	8.399.594	13.4%
Valle del Cauca	87.117	7.9%	6.464.807	10.3%
Santander	65.465	6.0%	3.568.848	5.7%
Nariño	48.820	4.5%	4.112.805	6.5%
Atlántico	44.669	4.1%	1.316.630	2.1%
Cundinamarca	44.221	4.0%	1.727.638	2.8%
Boyacá	40.488	3.7%	2.162.618	3.4%
Bolívar	38.472	3.5%	1.666.035	2.7%
Huila	37.811	3.4%	2.217.266	3.5%
Tolima	32.021	2.9%	1.034.266	1.6%
Magdalena	28.180	2.6%	1.140.189	1.8%
Cauca	27.821	2.5%	1.321.841	2.1%
Cesar	25.612	2.3%	1.082.746	1.7%

Table 37 - Geographic location of instances of health care provided to persons registered with disabilities

Geographic location of provider	Persons attended to - RIPS	%	Instances of attention - RIPS	%
Risaralda	24.957	2.3%	1.069.459	1.7%
Norte de Santander	23.810	2.2%	798.708	1.3%
Sucre	22.474	2.0%	1.082.073	1.7%
Caldas	18.827	1.7%	827.941	1.3%
Meta	18.646	1.7%	563.321	0.9%
Quindío	15.099	1.4%	671.280	1.1%
Caquetá	10.285	0.9%	460.494	0.7%
La Guajira	9.689	0.9%	413.728	0.7%
Putumayo	9.030	0.8%	389.322	0.6%
Casanare	7.540	0.7%	188.592	0.3%
Arauca	6.799	0.6%	268.958	0.4%
Chocó	2.100	0.2%	35.555	0.1%
Guaviare	1.586	0.1%	52.866	0.1%
San Andrés y Providencia	1.435	0.1%	18.754	0.0%

Table 37 - Geographic location of instances of health care provided to persons registered with disabilities

Geographic location of provider	Persons attended to - RIPS	%	Instances of attention - RIPS	%
Amazonas	1.296	0.1%	27.177	0.0%
Vichada	467	0.0%	7.480	0.0%
Guainía	287	0.0%	6.059	0.0%
Vaupés	132	0.0%	1.371	0.0%
Total	1.096.746	100.0%	62.817.006	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities and Register for the Provision of Health care Services. As of August 30, 2015

Data for habilitation and rehabilitation

Table 38 - Assistance for persons registered with disabilities in rehabilitation services disaggregated by sex

Assistance in rehabilitation services	Total females	%	Total males	%	Total	%
No	249.023	52.7%	258.859	58.7%	507.882	55.6%
Yes	223.194	47.3%	182.407	41.3%	405.601	44.4%
Overall total	472.217	100.0%	441.266	100.0%	913.483	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 39 - Reasons why persons with disabilities do not receive rehabilitation disaggregated by sex

Reasons for not receiving rehabilitation	Total females	%	Total males	%	Overall total	%
No information	314.156	52.4%	281.337	48.0%	595.493	50.2%
Lack of money	134.520	22.4%	141.180	24.1%	275.700	23.2%
Don't know	56.469	9.4%	57.354	9.8%	113.823	9.6%
Rehabilitation now finished	23.656	3.9%	28.113	4.8%	51.769	4.4%
Not authorized by insurer	23.106	3.9%	26.290	4.5%	49.396	4.2%
Center of attention is far away	16.457	2.7%	17.577	3.0%	34.034	2.9%
Believes it is not needed at the moment	13.299	2.2%	15.095	2.6%	28.394	2.4%
Doesn't like it	11.196	1.9%	13.298	2.3%	24.494	2.1%
No one to take them	6.764	1.1%	5.997	1.0%	12.761	1.1%
Overall total	599.623	100.0%	586.241	100.0%	1.185.864	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 40 - Source of payment for rehabilitation services disaggregated by the sex of persons with disabilities

Who pays for the rehabilitation	Total females	%	Total males	%	Overall total	%
No information	371.147	61.9%	397.375	67.8%	768.522	64.8%
General health system	177.306	29.6%	140.289	23.9%	317.595	26.8%
The family	23.778	4.0%	19.646	3.4%	43.424	3.7%
Other	10.960	1.8%	14.188	2.4%	25.148	2.1%
Personal	10.422	1.7%	8.544	1.5%	18.966	1.6%
Undefined	2.209	0.4%	2.078	0.4%	4.287	0.4%
Employer	2.053	0.3%	1.919	0.3%	3.972	0.3%
An NGO	1.748	0.3%	2.202	0.4%	3.950	0.3%
Overall total	599.623	100.0%	586.241	100.0%	1.185.864	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Data for the work and employment of persons with disabilities

Table 41 - Principal activity developed by women with disabilities of working age disaggregated by age group						
Activity during the last 6 months	15 to 18 years	19 to 26 years	27 to 44 years	45 to 59 years	Total females	%
Household chores	835	5.850	29.555	44.982	81.222	30.0%
With a permanent disability for work, without pension	2.219	7.826	21.575	27.824	59.444	22.0%
Working	109	1.171	12.537	19.919	33.736	12.5%
Studying	7.527	18.820	5.908	910	33.165	12.3%
Other activity	2.940	6.402	9.624	9.120	28.086	10.4%
Looking for work	162	1.073	6.268	5.579	13.082	4.8%
No information	5.611	2.787	2.050	2.077	12.525	4.6%
Performing subsistence activities	132	459	1.557	2.146	4.294	1.6%
With a permanent disability for work, with pension	62	185	853	2.147	3.247	1.2%
Pensioner-retired	3	11	143	674	831	0.3%
Receiving rent	5	16	207	482	710	0.3%
Not applicable	15	5	9	7	36	0.0%
Overall total	19.620	44.605	90.286	115.867	270.378	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 42 - Principal activity developed by women with disabilities over 60 years of age		
Activity during the last 6 months	60 years or more	%
With a permanent disability for work, without pension	107.759	36.1%
Household chores	106.792	35.7%
Other activity	26.626	8.9%
Working	16.353	5.5%
With a permanent disability for work, with pension	14.181	4.7%

Table 42 - Principal activity developed by women with disabilities over 60 years of age

Activity during the last 6 months	60 years or more	%
Pensioner-retired	8.070	2.7%
No information	7.039	2.4%
Performing subsistence activities	5.338	1.8%
Looking for work	3.384	1.1%
Receiving rent	2.697	0.9%
Studying	612	0.2%
Not applicable	12	0.0%
Overall total	298.863	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 43 - Principal activity carried out by men with disabilities of working age disaggregated by age group

Activity during the last 6 months	15 to 18 years	19 to 26 years	27 to 44 years	45 to 59 years	Total males	%
With a permanent disability for work, without pension	3.048	11.826	31.825	32.816	79.515	26.6%
Working	299	3.426	26.080	34.025	63.830	21.3%
Other activity	4.317	9.754	15.158	11.856	41.085	13.7%
Studying	10.174	22.520	6.469	769	39.932	13.3%
Looking for work	225	1.985	10.754	9.382	22.346	7.5%
Household chores	695	3.125	7.979	7.045	18.844	6.3%
No information	7.756	3.795	2.302	1.914	15.767	5.3%
Performing subsistence activities	236	1.035	3.789	4.557	9.617	3.2%
With a permanent disability for work, with pension	86	306	2.183	3.762	6.337	2.1%
Pensioner-retired	5	27	423	1.050	1.505	0.5%
Receiving rent	4	21	161	331	517	0.2%
Not applicable	27	10	11	7	55	0.0%
Overall total	26.872	57.830	107.134	107.514	299.350	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 44 - Principal activity developed by men with disabilities over 60 years of age

Activity during the last 6 months	60 years or more	%
With a permanent disability for work, without pension	104.880	43.1%
Working	39.064	16.1%
Other activity	28.075	11.5%
Household chores	17.620	7.2%
With a permanent disability for work, with pension	16.140	6.6%
Performing subsistence activities	11.035	4.5%
Pensioner-retired	9.080	3.7%
Looking for work	8.871	3.6%
No information	5.589	2.3%
Receiving rent	2.187	0.9%
Studying	540	0.2%
Not applicable	11	0.0%
Overall total	243.092	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 45 - Range of earnings for women registered with disabilities disaggregated by age group

Income range	15 to 18 years	19 to 26 years	27 to 44 years	45 to 59 years	60 or over	Total females	%
Without income	17.624	37.797	63.473	74.652	198.740	392.286	72.8%
Less than \$500.000	794	3.876	19.283	31.410	73.795	129.158	24.0%
From \$500.001 to 1'000.000	37	251	1.850	3.197	8.002	13.337	2.5%
From \$1'000.001 to 1'500.000	3	13	259	454	997	1.726	0.3%
From \$1'500.001 to 2'000.000	1	4	119	281	436	841	0.2%
From \$2'000.001 to 2'500.000	1	5	64	140	177	387	0.1%
Over \$2'500.001	3	6	127	280	499	915	0.2%
Overall total	18.463	41.952	85.175	110.414	282.646	538.650	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 46 - Range of earnings for men registered with disabilities disaggregated by age group

Income range	15 to 18 years	19 to 26 years	27 to 44 years	45 to 59 years	60 or over	Total males	%
Without income	24.191	47.570	65.075	54.966	134.741	326.543	63.6%
Less than \$500.000	1.151	6.068	30.598	39.903	81.641	159.361	31.1%
From \$500.001 to 1'000.000	61	485	4.464	5.698	10.409	21.117	4.1%
From \$1'000.001 to 1'500.000	3	38	562	820	1.487	2.910	0.6%
From \$1'500.001 to 2'000.000	2	10	231	387	714	1.344	0.3%
From \$2'000.001 to 2'500.000		5	112	160	247	524	0.1%
Over \$2'500.001	4	8	196	418	753	1.379	0.3%
Overall total	25.412	54.184	101.238	102.352	229.992	513.178	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Data for the participation of persons with disabilities

Table 47 – Departmental, district, municipal and local committees in Colombia

Department/ District	Departmental Committee Functioning	Total municipalities and localities in the territorial entity	Total municipal or local committees functioning	%
Amazonas	1	2	2	100%
Antioquia	1	125	110	88%
Arauca	1	7	7	100%
Atlántico	1	22	15	68%
Barranquilla	0	-	-	-
Bogotá D.C.	1	20	19	95%
Bolívar	1	45	34	76%
Boyacá	1	122	112	92%

Table 47 – Departmental, district, municipal and local committees in Colombia

Department/ District	Departmental Committee Functioning	Total municipalities and localities in the territorial entity	Total municipal or local committees functioning	%
Caldas	1	27	24	89%
Caquetá	1	16	10	63%
Cartagena	0	3	0	0%
Casanare	1	19	15	79%
Cauca	1	42	25	60%
Cesar	1	25	18	72%
Chocó	1	30	2	7%
Córdoba	0	30	1	3%

Table 47 – Departmental, district, municipal and local committees in Colombia

Department/District	Departmental Committee Functioning	Total municipalities and localities in the territorial entity	Total municipal or local committees functioning	%
Cundinamarca	1	116	50	43%
Guainía	1	1	0	0%
Guaviare	1	4	0	0%
Huila	1	37	32	86%
La Guajira	1	15	14	93%
Magdalena	0	29	0	0%
Meta	1	30	17	57%
Nariño	1	64	50	78%
Norte de Santander	0	40	0	0%
Putumayo	0	13	0	0%
Quindío	1	12	11	92%

Table 47 – Departmental, district, municipal and local committees in Colombia

Department/District	Departmental Committee Functioning	Total municipalities and localities in the territorial entity	Total municipal or local committees functioning	%
Risaralda	1	14	13	93%
San Andrés y Providencia	0	2	0	0%
Santa Marta	1	-	-	-
Santander	1	87	13	15%
Sucre	1	26	11	42%
Tolima	1	47	47	100%
Valle del cauca	0	42	0	0%
Vaupés	1	3	3	100%
Vichada	1	4	0	0%

Source: Ministry of Health and Social Protection, Office of Social Promotion, February 18, 2015

Data for the registration of persons with disabilities

Table 48 – Percentage of persons with disabilities in the 2005 Census disaggregated by department

Department	% of population with disabilities
Cauca	9.7
Nariño	9.3
Boyacá	8.8
Huila	8.7
Putumayo	8.1

Table 48 – Percentage of persons with disabilities in the 2005 Census disaggregated by department

Department	% of population with disabilities
Quindío	8.0
Tolima	7.9
Vaupés	7.8
Caquetá	7.7
Norte de Santander	7.4

Table 48 – Percentage of persons with disabilities in the 2005 Census disaggregated by department

Department	% of population with disabilities
Caldas	7.0
Cundinamarca	6.9
Risaralda	6.9
Chocó	6.8
Santander	6.8
Arauca	6.7
Valle del Cauca	6.7
Casanare	6.2
Antioquia	6.1
Cesar	6.0
Meta	5.8
San Andrés	5.8
Bolívar	5.6

Table 48 – Percentage of persons with disabilities in the 2005 Census disaggregated by department

Department	% of population with disabilities
Magdalena	5.6
Vichada	5.6
Córdoba	5.4
Sucre	5.4
Guainía	5.4
Atlántico	5.1
Bogotá D.C.	5.0
Guaviare	4.9
Amazonas	4.1
Guajira	3.8
National average	6.4

Source: DANE, 2005 Census

Table 49 - Registration of persons with disabilities in the RLCPD disaggregated by year

Year	Persons registered with disabilities
2002	5.488
2003	25.804
2004	51.267
2005	144.311
2006	176.195
2007	109.058
2008	78.228
2009	79.544

Table 49 - Registration of persons with disabilities in the RLCPD disaggregated by year

Year	Persons registered with disabilities
2010	54.522
2011	29.397
2012	52.623
2013	110.002
2014	147.790
2015	136.358
Overall total	1.200.587

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of October 30, 2015

Table 50 - Persons registered with disabilities disaggregated by geographic location and sex

Department	Females	Males	No information	Overall total	%
Bogotá D.C.	132.072	101.961	291	234.324	19.7%
Antioquia	71.682	80.855	139	152.676	12.9%
Valle del Cauca	50.038	47.021	161	97.220	8.2%
Santander	35.942	34.877	95	70.914	6.0%
Nariño	30.129	26.821	88	57.038	4.8%
Bolívar	22.064	21.189	73	43.326	3.6%
Cundinamarca	20.607	22.653	50	43.310	3.6%
Huila	19.778	22.199	70	42.047	3.5%
Boyacá	20.368	20.698	39	41.105	3.5%
Tolima	19.120	20.828	57	40.005	3.4%
Magdalena	17.972	16.069	30	34.071	2.9%
Cauca	14.548	16.369	46	30.963	2.6%
Córdoba	13.870	16.925	55	30.850	2.6%
Atlántico	14.802	15.578	58	30.438	2.6%
Sucre	15.199	15.024	28	30.251	2.5%
Cesar	14.622	15.526	39	30.187	2.5%
Norte de Santander	14.463	14.962	38	29.463	2.5%
Risaralda	12.766	11.267	32	24.065	2.0%
Caldas	10.369	12.102	32	22.503	1.9%
Meta	8.403	10.167	19	18.589	1.6%
Quindío	7.538	8.323	26	15.887	1.3%
Casanare	6.047	7.118	15	13.180	1.1%
La Guajira	6.659	5.853	21	12.533	1.1%
Putumayo	5.647	6.219	19	11.885	1.0%
Caquetá	5.500	6.122	12	11.634	1.0%
Arauca	3.160	3.593	9	6.762	0.6%
Chocó	2.050	1.551	11	3.612	0.3%

Table 50 - Persons registered with disabilities disaggregated by geographic location and sex

Departamento	Mujeres	Hombres	Sin información	Total general	%
Amazonas	1.272	1.119	3	2.394	0.2%
Sin información	1.059	1.221	5	2.285	0.2%
Guaviare	635	792		1.427	0.1%
San Andrés, Providencia y Santa Catalina	756	581	4	1.341	0.1%
Vichada	262	380	5	647	0.1%
Guainía	172	232	1	405	0.0%
Vaupés	125	154	1	280	0.0%
Overall total	599.696	586.349	3.144	1.187.617	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015

Table 51 – Ethnicity of persons registered with disabilities

Ethnicity	Persons with disabilities	%
Other	811.538	67.6%
None	260.871	21.7%
Afro-Colombian	82.388	6.9%
Indigenous	33.610	2.8%
Undefined	8.192	0.7%
Raizal	2.037	0.2%
Palenquero	1.029	0.1%
Roma (Gypsy)	922	0.1%
Total	1.200.587	100.0%

Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015