

DISABILITY AND CIVIL AND POLITICAL RIGHTS IN COLOMBIA

Saldarriaga-Concha Alternative Report on the Human Rights of Persons with
Disabilities to the UN Human Rights Committee¹

¹ This Alternative Report is an extract of the Alternative Report “Disability and Social Inclusion in Colombia” addressed to the CRPD Committee. It was written by Lucas Correa-Montoya and Marta Castro-Martínez. [Click here](#) for the complete versión.

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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
ICCPR	International Covenant on Civil and Political Rights
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
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

Introduction

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%.² **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).**³

The Colombian State signed the International Covenant on Civil and Political Rights (ICCPR) in 1966 and effectively accessed it in 1969. 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).⁴ 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.

Colombia has made important progress in reforming various laws and policies contrary to the ICCPR and 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.

² World Bank Data, Colombia. <http://data.worldbank.org/country/colombia>

³ 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.

⁴ The CRPD was approved by the Congress of the Republic through Law 1346 of 2009, its constitutionality was declared by the Constitutional Court through Judgment 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 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 both in the ICCPR and 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.**

This report provides a technical evaluation of the level of advancement in implementing some articles of the ICCPR and the CRPD 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 articles to be subjected to analysis at this time are:

- Art. 3 Equality.
- Arts. 6 and 7 Right to life and the prohibition of torture.
- Arts. 16 and 26 Right to equal protection of the law and legal capacity.
- Art. 24 Right of the child.
- Art. 25 Participation in political and public life.

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.

The Saldarriaga-Concha Foundation (FSC) Alternative Report seeks to inform the UN Human Rights Committee (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 International Covenant on Civil and Political Rights (ICCPR) 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.

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 ICCPR and 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 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%.⁵

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 state.⁶ 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

⁵ World Bank Data, Colombia. <http://data.worldbank.org/country/colombia>

⁶ The CRPD was approved by the Congress of the Republic through Law 1346 of 2009, its constitutionality was declared by the Constitutional Court through Judgment 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 constitutional block⁷ 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 of 2013, which enjoys statutory⁸ 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.

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),⁹ 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),¹⁰ currently managed by the Ministry of Health and Social Protection (MSPS), which provides a specific record of disabilities with limited national coverage.

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

⁷ Cf. Constitution of 1991, art. 93.

⁸ 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.

⁹ The Colombian government is planning the next general population census, which is expected to be developed during the second half of 2016.

¹⁰ 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.

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,¹¹ approximately 13% of people over 60 years have some form of permanent limitation.¹² 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, 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 years.¹³ **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.**

¹¹ 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

¹² 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>

¹³ 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

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).¹⁴ 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).¹⁵

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.**

We call for

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

¹⁴ 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.

¹⁵ Ibid.

economic surveys,¹⁶ 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.

Part I.

Article 3 on Equality of men and women to the enjoyment of all civil and political rights and article 16 on the prohibition of 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 jurisprudence¹⁷ the concept of discrimination against persons with disabilities as presented by the Inter-American Convention on the Elimination of All Forms of Discrimination,¹⁸ which is consistent with Article 2 of the CRPD and article 3 of the ICCPR. 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**

¹⁶ 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.

¹⁷ 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.

¹⁸ Inter-American Convention on the Elimination of All Forms of Discrimination, art. 1, para. 2.

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.¹⁹

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 account those with different types of disabilities in order to achieve their social inclusion and fully guarantee the exercise of their rights."²⁰

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 discrimination²¹ and harassment motivated for reasons of discrimination²² 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

¹⁹ This rule has been reiterated since Judgment T-288 of 1995, see, among others: Judgment C-156 of 2004, Judgment C-401 of 2003.

²⁰ 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.

²¹ 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.

²² 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.

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.

We call for

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.

Part III.

Articles 6 and 7 Right to life and the prohibition of torture and other inhuman, cruel and degrading treatment (ICCPR and the Colombian armed conflict)

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.²³ 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.²⁴

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

²³ National Center of Historical Memory (CNMH). (2013). Report ¡Basta ya! Colombia: memorias de guerra y dignidad. Bogotá: National Press.

²⁴ Ibid.

activities such as drug trafficking, mining and energy exploitation and large agribusiness projects.²⁵ 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.²⁶

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.²⁷ The population has been hit by a variety of victimizing events,²⁸ of which forced displacement is the most prevalent, and it is estimated that more than 6.6 million people have been affected.²⁹**

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.
- 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.

²⁵ 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).

²⁶ Ibid.

²⁷ National Information Network (RNI), <http://rni.unidadvictimas.gov.co/>

²⁸ 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.

²⁹ National Information Network, Unit for Victims, <http://rni.unidadvictimas.gov.co/> accessed February 1, 2016.

- 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).**

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.³⁰

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,³¹ Colombia is, after Afghanistan, the second country in the world with the highest number of victims for such attacks.

³⁰ Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement, Order 006 of 2009.

³¹ 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).

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.³²

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 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”**.³³ 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**

³² Ibid.

³³ Colombian Constitutional Court, Special Monitoring Chamber for Decision T-025 of 2004 on forced displacement, Order 173 of 2014.

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 of humanitarian aid,³⁴ 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 standards³⁵ and Law 1448 of 2011, Colombia has the obligation to rehabilitate victims within the framework of full reparation. For victims with disabilities rehabilitation is a human right enshrined in the CRPD³⁶ 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

³⁴ 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."

³⁵ 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.

³⁶ Cf. CDPD, art. 26.

of people. **Although Law 1448 of 2011, Article 136³⁷ 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.**

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.

³⁷ 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."

Article 12 Right to Liberty and Freedom of Movement

The Colombian state and local governments have advanced timidly in guaranteeing the right to liberty and freedom of movement of persons with disabilities, which is closely related to right to accessibility (art. 9 of the CRPD). Currently persons with disabilities' changes to live independently and to enjoy their freedom of movement are highly restricted. 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.³⁸ 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.³⁹ 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 offered by society.⁴⁰ 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 campaign,⁴¹ 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

³⁸ Law 1618 of 2013, art. 2, para. 5.

³⁹ Cf. Ibid., art. 2, para. 5 (b).

⁴⁰ Cf. Ibid., art. 2, para. 5 (a) a.

⁴¹ Campaign by the Saldarriaga-Concha Foundation invites society to build an inclusive society
<http://enmodoin.com/>

and private nature for persons with disabilities.⁴² 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.
- 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.⁴³

⁴² Cf. Law 1618 of 2013, art. 2, para. 5 (c), literal c.

⁴³ 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).

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,⁴⁴ 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 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.⁴⁵

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**

⁴⁴ Cf. District representation, Report of the District Ombudsman, SITP backs persons with disabilities, 2014.

⁴⁵ Cf. "Un milagro desde Marrakech para Colombia", Luisa Fernanda Guzmán, Karisma, Foundation Colombia.

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.

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.

Article 16 Right to 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. **The sustraction of the legal capacity on the basis of disability, besides a discrimination, is a violation of the right to equal recognition before the law.**

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 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 both in the CRPD and the ICCPR are accepted, such as sterilization without consent for women with disabilities who have been declared judicially interdict.⁴⁶ 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.

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.

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.

⁴⁶ Cf. Colombian Constitutional Court, Decision C-131 of 2014.

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 24 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.⁴⁷ 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

⁴⁷ Approved by Law 12 of 1991.

obligations regarding health care, habilitation, rehabilitation and education, among others.⁴⁸

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 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",⁴⁹ 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.
- 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

⁴⁸ Law 1098 of 2006, "Whereby the Code for Children and Adolescents is issued," art. 36.

⁴⁹ Cf. Strategy "from Zero to Forever", www.deceroasiempre.gov.co

(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.

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 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 Law⁵⁰. 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.

⁵⁰ Cf. Law 1757 of 2015.

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 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.

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.

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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 1 - 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 %	1.187.6 17	100.00 %
<i>Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015</i>						

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%
<i>Source: DANE, 2005 Census</i>	

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%	291.39 9	49.7%	734	595.262	50.1%
Cardiorespiratory system and defenses	178.931	29.8%	128.39 5	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%	252.08 3	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%	123.60 4	21.1%	374	224.320	18.9%
Other sense organs (smell,	19.124	3.2%	19.161	3.3%	49	38.334	3.2%

touch and taste)							
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	189.17	146.785	402	336.358	28.3%

	1				
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%
<i>Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015</i>					

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%
<i>Source: ICBF, Mission Information System (SIM), November 30, 2015</i>		

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%
Total general	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%
Total general	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%
Total general	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%
<i>Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015</i>						

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%
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%
<i>Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016</i>	

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%
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%
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

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%
1997		263	
	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%
1998		1,077	
	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%
1999		833	
	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%
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%
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%
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%
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%
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%
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	
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	
Kidnapping	1.507	
With disability	103	6.8%
Without disability	1.404	
Torture	495	
With disability	87	17.6%
Without disability	408	
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	
<i>Source: Unique Register of Victims, Unit for Attention and Reparation of Victims, February 4, 2016</i>		

Data for the participation of persons with disabilities

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%
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%
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%
Risaralda	1	14	13	93%
San Andrés and 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%
<i>Source: Ministry of Health and Social Protection, Office of Social Promotion, February 18, 2015</i>				

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
Quindío	8.0
Tolima	7.9
Vaupés	7.8
Caquetá	7.7
Norte de Santander	7.4

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
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
<i>Source: DANE, 2005 Census</i>	

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
2010	54.522
2011	29.397
2012	52.623
2013	110.002
2014	147.790

2015	136.358
Overall total	1.200.587
<i>Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of October 30, 2015</i>	

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%
Amazonas	1.272	1.119	3	2.394	0.2%
No information	1.059	1.221	5	2.285	0.2%
Guaviare	635	792		1.427	0.1%
San Andrés, Providencia and 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%
<i>Source: Ministry of Health and Social Protection. Registry for the Location and Characterization of Persons with Disabilities. As of August 30, 2015</i>					

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