



## Convention on the Rights of Persons with Disabilities

Distr.: General  
16 June 2016  
English  
Original: Spanish  
English and Spanish only

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### Committee on the Rights of Persons with Disabilities

#### Sixteenth session

15 August-2 September 2016

Item 5 of the provisional agenda

**Consideration of reports submitted by States parties  
under article 35 of the Convention**

### List of issues in relation to the initial report of Colombia

#### Addendum

### Replies of Colombia to the list of issues\*,\*\*

[Date received: 2 June 2016]

#### A. Purpose and general obligations (arts. 1 to 4)

##### Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/COL/Q/1)

1. As a part of the constitutional corpus, the Convention has the same force of law as constitutional standards. Thus, on ratifying the Convention, the State of Colombia undertook to reform any laws, standards or policies that might discriminate against persons with disabilities.

2. Article 21 of Statutory Act No. 1618 of 2013 stipulated that amendments and reforms to judicial interdiction must be proposed and implemented in order to develop a system conducive to the exercise of legal capacity and assisted decision-making by persons with disabilities. This requirement applies to the reform of Act No. 1306 of 2009, which contains a number of paragraphs contrary to the provisions of the Convention.

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\* The present document is being issued without formal editing.

\*\* Annexes can be consulted in the files of the secretariat.



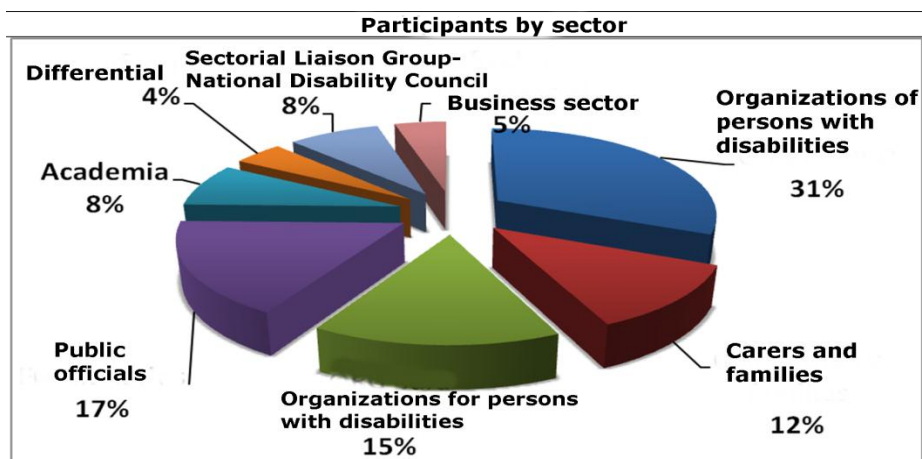
3. In order to abolish derogatory language regarding persons with disabilities, the Constitutional Court issued ruling C-458 of 2015<sup>1</sup> declaring such expressions to be invalid within the Colombian legislative framework. Furthermore, the National Disability Council issued communication 003 of 2014 on compliance with national and international provisions on the rights of persons with disabilities, calling on all sectors to promote inclusive language and to refrain from any form of discrimination against persons with disabilities. Government bodies have also implemented communication strategies for public officials that are designed to remove derogatory language relating to disability.

#### Reply to the issues raised in paragraph 2 of the list of issues

4. The National Public Policy on Disability and Social Inclusion (PPDIS) is the result of a participative and collective building process involving persons with disabilities, their families and carers (personal assistants), representatives of social organizations of and for persons with disabilities working to safeguard their rights and public officials at the municipal, district, departmental and national levels, as can be seen from the following chart:

Chart 1

#### Participants in the public disability policy-building process by sector



Source: Ministry of Health and Social Security, Office for Social Promotion 2013.

5. The policy-building process was split into four phases: (i) The institutional assessment of the National Policy on Disability, put forward by the National Planning Department in 2011; (ii) The preparatory phase in 2012; (iii) The input-collection phase, 2012-2013; and, (iv) The document-formulation phase, 2013-2014, finally resulting in National Economic and Social Policy Council document No. 166 of 2013 and the public policy framework document, with their corresponding action plans.

6. The National Public Policy on Disability and Social Inclusion is made up of five strategic areas and 17 action lines, as presented below:

<sup>1</sup> Constitutional Court. Ruling C-458 of 2015. Available at: <http://www.corteconstitucional.gov.co/RELATORIA/2015/C-458-15.htm>.

Table 1  
**Strategic areas and action lines**

<i>Strategic area</i>	<i>Action line</i>
Area 1. Transformation of public elements	Line 1.1. Public Management
	Line 1.2. Information Management
	Line 1.3. Standards-Development Management
Area 2. Judicial Guarantees	Line 2.1. Access to justice
	Line 2.2. Equal recognition before the law as a person
Area 3. Participation in political and public life	Line 3.1. Exercise of citizenship
	Line 3.2. Strengthening of associations
Area 4. Capacity-building	Line 4.1. Education
	Line 4.2. Health
	Line 4.3. Habilitation/rehabilitation
	Line 4.4. Inclusion with regard to employment and productivity
	Line 4.5. Tourism
	Line 4.6. Leisure, physical activities, physical education and sport
	Line 4.7. Culture
	Line 4.8. Social Security
Area 5. Recognition of diversity	Line 5.1. Equality and non-discrimination
	Line 5.2. Accessibility/universal design

**Reply to the issues raised in paragraph 3 of the list of issues**

7. The Register for the location and characterization of persons with disabilities is based on the following national and international norms and standards:

(a) The International Classification of Functioning, Disability and Health, which makes it possible to (i) establish a common language for communication between health professionals, public-policy designers and persons with disabilities; and, (ii) compare data drawn from different countries, disciplines and services for persons with disabilities;

(b) The Convention on the Rights of Persons with Disabilities, incorporated into domestic legislation through Act No. 1346 of 2009. The Register for the location and characterization of persons with disabilities uses the definitions of “disability” and “persons with disabilities” set out in the Convention on the Rights of Persons with Disabilities;

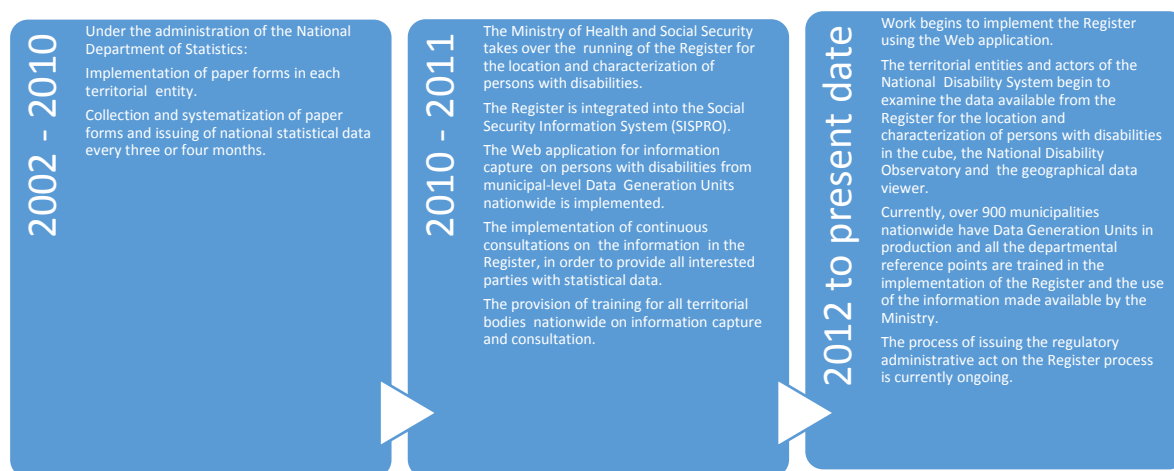
(c) Statutory Act No. 1618 of 2013, setting out the responsibilities of public bodies at all territorial levels, relating to (i) the implementation of mechanisms for updating the Register for the location and characterization of persons with disabilities and (ii) the inclusion in plans for the Register’s implementation of actions to strengthen the instrument

and to incorporate the disability factor into the other existing social-protection systems and their administrative registers.

8. The following chart sets out the methodology for the implementation of the Register for the location and characterization of persons with disabilities:

Chart 2

**Methodology for the implementation of the Register for the location and characterization of persons with disabilities**



## B. Specific rights

### Reply to the issues raised in paragraph 4 of the list of issues

9. In order to combat and prevent discrimination on grounds of disability, Colombia has further developed its normative framework by issuing Statutory Act No. 1618 of 2013, Act No. 1752 of 2015 and National Economic and Social Policy Council document No. 166 of 2013 on the adoption of the National Public Policy on Disability and Social Inclusion, which provides for the cross-cutting area of Recognition of diversity.

10. The national Government, working with civil society and international cooperation partners, has implemented a number of communication strategies designed to promote a change in mindsets. The IN Caucus was set up within the National Congress to promote legislative initiatives consistent with that aim and guidelines and lines for the implementation of reasonable accommodation have been adopted, including the Guide for Public Bodies on Inclusive Service and Care, which can be consulted at: <https://colaboracion.dnp.gov.co/CDT/Programa%20Nacional%20del%20Servicio%20al%20Ciudadano/Guia%20Servicio%20y%20Atenci%C3%B3n%20Incluyente.pdf>.

11. Refusal to agree to certain reasonable accommodations may be deemed to be a form of discrimination punishable under Act No. 1752 of 2015, which ensures equality for persons with disabilities by providing for two offences: acts of discrimination and bullying. Refusal to make reasonable accommodation may constitute such an offence on the condition that it can be proved before a criminal court, after due legal process has been exhausted, to be malicious, unlawful and culpable. Not all refusals to make reasonable accommodation result in the corresponding conduct being deemed unlawful or indeed to

the imposition of criminal sanctions, such an approach being the last resort and not always the best way to combat discrimination.

12. However, in addition to Act No. 1752 of 2015, in Colombia, since 1992, discrimination against persons with disabilities has also been tackled through the application for *tutela* (legal protection), the recognized channel for protecting the right to equality, and the corresponding prohibition of discrimination. Under this judicial procedure, the judge hearing the application for *tutela* may issue rulings ordering a halt to discrimination or the implementation of reasonable accommodation in order to avoid discrimination.

#### **Reply to the issues raised in paragraph 5 of the list of issues**

13. The National Public Policy on Gender Equality for Women (National Economic and Social Policy Council document 161 of 2013), which involves 33 national bodies, concern Colombian women from all social groups and sectors. The policy covers women (girls, adolescents, young women and adults) from urban, rural or poor areas, members of the Afro-Colombian, Black, Raizal, Palenquera, indigenous, *campesino* (agricultural worker) or Roma communities, of diverse sexual orientation and in situations of particular vulnerability, such as women with disabilities and victims of various forms of violence.

14. The Advisory Council for Women's Equality, the body which oversees human rights issues affecting women at the national level, was involved in providing technical assistance at the territorial level, incorporating the gender perspective into disability programmes in order to strengthen forums for the participation of women with disabilities, widen coverage of technical assistance and promote the registration of women with disabilities in the Register for the location and characterization of persons with disabilities, within the framework of National Economic and Social Policy Council document 166 of 2013.

#### **Reply to the issues raised in paragraph 6 of the list of issues**

15. The Colombian Family Welfare Institute has launched a project entitled "Actions to preserve and restore the comprehensive exercise of the rights of children and the family", establishing a number of forms of intervention for persons with disabilities: support interventions, outpatient care, semi inpatient care, the family based support system model, Colombian Family Welfare Institute-run foster homes, NGO-run foster homes, inpatient care, inpatient care for persons with psychosocial intellectual disabilities-foster homes for children and adolescents with disabilities in situations of enforced displacement — Decree 006 of 2009.

16. The family based support system model is implemented through provision of psychological and financial support, enabling networks based on family or other close ties to take joint responsibility for comprehensive protection. This approach is suitable where the family can prove that it is in a position to take in, care for and provide affection to children and adolescents with disabilities, in which case the family can take responsibility for the comprehensive development of the child or adolescent in question, with the institutional support and coordination of the public service network.

17. As a part of this approach, the Family Strengthening and Support Units programme has been set up, focusing on, providing guidance to and strengthening families with children or adolescents with disabilities at the following levels:

- (a) Individual: strengthening of personal processes for parents and carers, focusing on self-esteem and social and occupational skills;
- (b) Family: strengthening of factors that foster bonding and the building of family ties;

(c) Community: setting up networks, identifying forums for the exercise of citizenship and actions designed to encourage participation.

18. According to Social and Financial Aims figures for the period up to December 2015, 7,535 children and adolescents with disabilities and their families have benefited from the family-based support system model.

19. In response to the risk of neglect and to encourage family reintegration of children and adolescents with disabilities living in residential homes, the Colombian Family Welfare Institute has set up a care model that involves three phases: (i) Identification, diagnosis and reception; (ii) Intervention and forward planning; and, (iii) Preparation for departure, involving actions focusing on support networks based on family or other close ties. After a diagnosis of the family situation and of the risks and conflicts generated by admission residential care, a workplan is drawn up involving family support, guidance and strengthening so as to prepare the child and the family for release from the residential care system.

20. Additional information on this issue and on the guidelines listed below may be found at: <http://www.icbf.gov.co/portal/page/portal/PortalICBF/macroprocesos/misionales/restablecimiento/>:

- Technical guideline on the care model for children and adolescents, whose rights have been ignored, threatened or undermined. Resolution 1519 of 2016.
- Technical guideline on approaches to care for children and adolescents, whose rights have been ignored, threatened or undermined. Resolution 1520 of 2016.
- Technical guideline on care for children, adolescents and persons aged over 18 years with disabilities, whose rights have been ignored, threatened or undermined. Resolution 1516 of 2016.

#### **Reply to the issues raised in paragraph 7 of the list of issues**

21. Follow-up to the plan for the regulation and implementation of Statutory Act No. 1618 of 2013 is provided by the Intersectoral Model, which is coordinated by the Ministry of Health and Social Security and is designed to guarantee that persons with disabilities can fully exercise their rights as contained in articles 14 on “Access and accessibility” and 15 on “The right to transport”. The Model is available at: <https://www.minsalud.gov.co/proteccionsocial/promocion-social/Discapacidad/Paginas/politica-publica.aspx>.

22. The actions promoting accessibility in the field of transport are based on Decree 1660 of 2003 “regulating accessibility of modes of transport for the general population and in particular for persons with disabilities”, an administrative measure which is currently being overhauled to bring it into line with the country’s current requirements.

23. To date, the Ministry of Transport and its various bodies have enacted 13 regulatory administrative provisions of Act No. 1618 of 2013, which deal with the accessibility component of transport.

24. In accordance with article 8 of the Convention on the Rights of Persons with Disabilities, Act No. 1618 and with National Economic and Social Policy Council document 166 of 2013, the Ministry of Transport has developed its “Operation Conquest” strategy, intended for its officials and associated transport sector bodies, in order to raise awareness of disability, inclusive environments, accessibility, safety and universal design. “Operation Conquest” encourages officials to carry out inclusive actions designed to guarantee the full exercise of the right to mobility and transport. To date, 368 public servants have been trained and the strategy is gradually being implemented at the regional level, with 292 persons having received training.

25. As to access to information and communications, the Ministry of Information and Communications Technologies has launched a project entitled “ConverTIC”, involving the free distribution of JAWS and MAGic software nationwide. To date, over 166,000 licences have been issued and more than 3,200 persons have been trained, including teachers, educators, webmasters and persons with disabilities. Additional information is available at: <http://micrositios.mintic.gov.co/convertic/>.

26. With guidance from the National Institute for Blind Persons, the Special Administrative Unit for Support Organizations has developed Braille-format tools and audio material, for the purpose of publicizing its institutional services and ensuring effective interaction with persons with sensory disabilities.

27. The National Training Service has also implemented reasonable accommodations relating to access for persons with disabilities to its range of programmes and services and has provided the following: (i) 6,000 JAWS software licences, in order to provide greater coverage and better training opportunities for persons with visual impairments; (ii) 21 regional offices equipped with technology resources for blind and visually impaired persons (Braille printers, scanners, recording machines, screen magnification systems, Fine Reader software, USB sticks, etc.), in order to facilitate the training of visually impaired persons; (iii) Colombian Sign Language interpreters trained to facilitate communication between instructors and learners with hearing impairments; (iv) Dedicated professionals specializing in this field, as a part of an initiative to strengthen the Public Employment Agencies of the National Training Service; (v) A toolkit for the advancement of and outreach to persons with disabilities; (vi) 1,229 administrative officials and instructors trained in pedagogical approaches and strategies and the use of accessible technology for persons with disabilities.

28. The Ministry of Information and Communications Technologies has set up an Inclusive Comprehensive Care Module for Persons with Disabilities, to be implemented within public-service departments. The various ministries and their associated bodies have incorporated the provisions of Colombian Technical Standards 4144-Accessibility for persons to the physical environment, buildings, urban and rural spaces, symbols and signs and 6047-Accessibility to the physical environment.

29. The National Institute for Blind Persons has provided advice on dissemination, verification and support relating to the process of registration, application for licences, downloading, configuration and use of screen readers under the Country Licence Project for the JAWS and MAGic, Balabolka, Mekanta, DAISY Player and Palabras y Cuentas applications; accessibility of web pages and hardware (Braille printers, Reading Edge, Braille keyboards) for persons with visual impairments and/or their relatives, students, educational institutions, libraries, official Internet points (Vive Digital), local offices of the Ministry of Education, national public and private bodies; the design and implementation of mobile application programmes relating to issues such as the sitting of examinations and access to geographical and health sector information; training and monitoring of the work of 128 trainers, who provide support for the administration of *Saber* school examinations and the definition of guidelines for the implementation of the “ABC of Accessibility” accessibility standards and/or technical norms.

30. The National Institute for Blind Persons (INCI) has a number of applications that foster accessibility with regard to information and communications for persons with visual impairments; INCI Radio deals with issues of inclusive education, health, inclusive employment, culture, civic participation and technology during its round-the-clock broadcasts and has 10,950 listeners both in Colombia and abroad; Biblioteca Virtual (Virtual Library), is an online forum set up to provide access to audio books, texts and other forms of digital content that are available through mobile devices or online, or that can be downloaded from an archive of 1,260 titles; Imprenta Nacional (the national printing corporation) produces accessible documents for persons with visual impairments in large

print, Braille, quick response code, thermoform and signage formats for public and private enterprises, mainly for use in educational institutions and public libraries; Tienda INCI (INCI Shop) provides specialized products and aides for day-to-day use by blind and visually impaired persons, facilitating access to information and independent activity.

**Reply to the issues raised in paragraph 8 of the list of issues**

31. The Government of Colombia has set up the Comprehensive Victim Care and Reparation Unit, whose information and registration system for victims of armed conflict is capable of processing variables linked to disability identification and recognition of extreme vulnerability of victims of armed conflict with disabilities.

32. With regard to protection and prevention, the Comprehensive Victim Care and Reparation Unit has prepared a territorial implementation guide for contingency plans, a technical tool which sets out procedures, actions and strategies, providing financial, human and physical resources to tackle risk scenarios, covering 60 per cent of the national territory (626 municipalities) and taking into account the specificities and needs of persons with disabilities. The Victimization Risk Index strategy has been put in place, to support the implementation of preventive actions to ensure that persons are not revictimized, in the light of the National Plan for Comprehensive Victim Care and Reparation.

33. With regard to comprehensive victim care, assistance and reparation, a comprehensive approach is taken to dealing with victims with disabilities, with the aim of caring for persons on the basis of their specificities and needs in a more timely manner. This comprehensive approach is based on the principles of differentiated focus set out in article 13 of Act No. 1448 of 2011, which provides for the prioritization of and accommodations for persons with disabilities as a part of reparation, rehabilitation, compensation and recompense measures, which include mechanisms for emotional recovery and comprehensive rehabilitation.

34. In its role as a liaison mechanism for cross-cutting issues, the Operational Model with a Differentiated Gender Perspective sets out affirmative operational actions responding to gender-related needs, with resources for comprehensive assistance and reparation for women victims of offences against sexual freedom and integrity in connection with the armed conflict, promoting the human rights of women as a part of collective reparation measures and fostering the influence of women leaders in participatory scenarios, also taking into account the status of women with disabilities in respect of prevention, protection, care and comprehensive assistance and reparation.

35. As a part of a strategic alliance formed between the International Organization for Migration (IOM) and the Directorate for Comprehensive Action against Anti-personnel Mines, a number of protocols and strategies have been prepared and implemented relating to the implementation of the Guide to comprehensive care for children and adolescents victims of anti-personnel mines and unexploded munitions. Children and adolescents who are direct or indirect victims of anti-personnel mines and unexploded munitions, their relatives, communities and municipal authorities are involved in the implementation of the Guide, as part of efforts to encourage the generation, dissemination, use and adoption of knowledge relating to victim assistance, through practices and specific forms of action arising from the duties and resources of the actors concerned. The process centres on participation, social inclusion, a psychosocial perspective and reparation.

**Reply to the issues raised in paragraph 9 of the list of issues**

36. The Ministry of Justice and Law and the Office of the President of the Republic spearhead an expert panel that is preparing a bill on the issue and that is made up of the Office of the Counsel General, the Office of the Ombudsman, the Comprehensive Victim



Care and Reparation Unit, the University of the Andes, the Colombian Family Welfare Institute and the Externado University of Colombia, among other bodies. A preliminary draft text has been drawn up and is being disseminated for consultation and feedback, prior to submission to the Congress of the Republic.

37. The panel has identified and compiled case law rulings issued by the Constitutional Court, the Supreme Court of Justice, the Council of State and the Inter-American Court of Human Rights relating to the legal capacity of persons with disabilities, as well as those regulatory provisions in force which might be affected by legal reforms. Furthermore, the panel is working to design and develop a communications strategy to promote society-wide recognition of the legal capacity of persons with disabilities.

38. In accordance with instruction No. 12 of Constitutional Court order 173 of 2014, the Comprehensive Victim Care and Reparation Unit has developed actions promoting: the following recognition of the legal capacity of persons with disabilities; training and certification relating to disability and legal capacity, for officials of the Unit and of bodies of the National System for Comprehensive Victim Care and Reparation, with the aim of introducing accommodations into internal procedures and averting recourse to the preliminary procedure for revoking legal capacity; access to compensation and forms of assistance and reparation; the preparation of an assisted decision-making protocol, designed to render operational processes involving decision-making by victims with cognitive and/or intellectual disabilities.

39. The protocol provides for a support-assessment instrument, which represents a significant step forward with regard to disability-rating scales and related issues. A final version of the instrument is now available, together with a user guide, which is currently being tested by a number of bodies responsible for caring for persons with cognitive and/or intellectual disabilities.

#### **Reply to the issues raised in paragraph 10 of the list of issues**

40. The Disability Training Programme for Judicial officials and provision of educational materials for university faculties of law, the Colombian Family Welfare Institute, the Office of Notaries and Registries, the Rodrigo Lara Bonilla Judicial Training College, the Office of the Counsel General, the Ministry of Labour, the Office of the Ombudsman and the Association of Colombian Notaries, among others. The material can be consulted online at [www.minjusticia.gov.co](http://www.minjusticia.gov.co).

41. Training programme for judges, judicial officials and notaries: the Ministry of Justice and Law, the Rodrigo Lara Bonilla Judicial Training College and the Association of Colombian Notaries jointly signed the Declarations on Cooperation to recognize and uphold the rights of persons with disabilities.

42. Training for the legislative development units of the Congress of the Republic, designed to provide technical input and transmit knowledge, allowing teams responsible for analysing and preparing bills to carry out their work from the perspective of the Convention on the Rights of Persons with Disabilities.

43. The Ministry of Justice and Law has set up the University Network for the Recognition and Defence of the Rights of Persons with Disabilities, to enable it to make available tools for updating knowledge and delivering training on disability, in order to encourage the appropriation, promotion and defence of the rights of persons with disabilities. The Network helps to strengthen and promote disability related research, work and experiences.

44. The University Network for the Recognition and Defence of the Rights of Persons with Disabilities has successfully campaigned for the incorporation of the issue of the rights

of persons with disabilities into induction programmes for 4,667 faculty of law students, trained 2,537 persons, launched 10 sociolegal research projects, assisted 175 persons with disabilities and set up the First Regional Forum on the Rights of Persons with Disabilities, which was attended by some 450 persons. For additional information, see: [www.minjusticia.gov.co/Reddiscapacidad](http://www.minjusticia.gov.co/Reddiscapacidad).

45. Guide to assisting persons with disabilities seeking access to justice. The Guide was the outcome of intersectoral cooperation involving representatives of organizations of persons with disabilities and was designed to provide judicial officials with tools enabling persons with disabilities to fully enjoy their rights and to provide them, their families and support networks with due attention within the justice system. The Guide is available at: <https://www.minjusticia.gov.co/Portals/0/Ministerio/Rundis/Publicaciones/versi%C3%B3n%20final%20diagramado.pdf>.

#### **Reply to the issues raised in paragraph 11 of the list of issues**

46. The Ministry of Health and Social Security has no data on persons with disabilities, in particular intellectual or psychosocial disabilities, who have been placed without their consent in psychiatric institutions or foster care.

47. Placement in an institution is carried out within the context of short-term, specific treatments provided by the General Health and Social Security system. Not all forms of treatment and health care for persons with disabilities involve placement in an institution. Preference is given to home or community-based care.

48. According to the 2015 National Mental Health Survey, over the past year, access to health care, was available to between 88.5 and 94 per cent of persons with a mental disorder.

49. Act No. 1616 of 2013 provides for the rights of persons in the field of mental health, including the right to receive comprehensive integrated and humane care from mental health-care specialists and services. In this regard, reference is also made to the provisions of Act No. 1306 of 2009 (currently being reviewed) on informed consent when representing a third party in a process of revocation of legal capacity.

50. The National Mental Health Policy and the National Public Policy on Disability and Social Inclusion both stipulate that no psychiatric treatment or measure shall be carried out without the free and informed consent of the individual concerned, in particular in the case of persons with disabilities.

51. As to children and adolescents under the protection of the Colombian Family Welfare Institute, no provision is made for them to be placed in psychiatric institutions. In cases where, subject to verification of the rights of the child or adolescent with disabilities, the administrative authority determines that the family cannot guarantee their rights and that removal from the family environment is necessary, steps are taken to re-establish their rights and to place them in a supportive, nurturing environment not based on family or other close ties, such as a foster family or a residential home.

52. The “Technical guideline on care for children, adolescents and persons aged over 18 years with disabilities, whose rights have been ignored, threatened or undermined” establishes that children and adolescents whose rights are in the process of being re-established have the right to be heard and to have their opinions taken into account. Thus, the restitution of rights takes precedence over the consent of the person or his or her family.

#### **Reply to the issues raised in paragraph 12 of the list of issues**

53. The aim of the programme for the protection of persons declared not criminally responsible on account of a mental disorder or psychological immaturity is to ensure the

provision of comprehensive integrated care and the adjustment to wider society, the world of work and family life of the person declared not criminally responsible (who, at the time of committing an offence, was incapable of understanding its unlawful nature or of making a decision on the basis of such an understanding, owing to psychological immaturity, mental disorder, sociocultural diversity or some similar state. Article 33 of the Criminal Code).

54. In order for capacity to understand or to make rational decisions to be voided, the mental disorder or psychological immaturity must be concomitant with the act classified as an offence. Where concomitance can be demonstrated, the sentence-enforcement judge orders that a precautionary measure consisting of the restriction of the right to liberty be taken, in order to ensure the readjustment of the person declared not criminally responsible to life in wider society and facilitate his or her education and rehabilitation. The measure is implemented through placement in an appropriate psychiatric establishment or clinic or observation or treatment unit, for a determined period of time.

55. The Interagency Committee for the Assessment of Persons Declared Not Criminally Responsible and the sentence-enforcement judge are responsible for assessing the specialized care centres, forms of therapeutic intervention or alternatives to treatment and security conditions provided by the various public and private entities duly registered with the health authorities for persons subject to security measures with regard to placement, treatment, rehabilitation and reintegration into the family and wider society.

56. The programme is present in 13 administrative areas and covers a total of 1,457 persons over the age of 18 years having been declared not criminally responsible as at April 2016, 89.57 per cent of whom are men and 10.43 per cent women.

#### **Reply to the issues raised in paragraph 13 of the list of issues**

57. Colombia incorporates the provisions of several international treaties ratified and directly incorporated into the country's national legislation under the Constitution of 1991. The Colombian Criminal Code criminalizes torture (Act No. 599 of 2000, art. 178) and reflects the provisions of international law, although it broadens the definition of the crime, insofar as private individuals can be tried for crimes of torture, without the active or passive involvement of agents of the State.

58. There is no specific monitoring mechanism for the prevention of torture, but there are inter-institutional commissions on combating trafficking in persons, the prevention of torture in the context of the armed conflict, sexual violence and other degrading acts. These commissions are headed by government entities, with the participation of monitoring agencies, NGOs, representatives of civil society and persons with disabilities.

#### **Reply to the issues raised in paragraph 14 of the list of issues**

59. The national Government adopted Act No. 1257 of 2008, which covers actions on awareness-raising, prevention and punishment of forms of violence and discrimination against women. Article 20 guarantees that the necessary means will be in place for comprehensive and adequate access to information on the rights of and resources for women with disabilities. It provides for care and protection measures for women victims of violence and their children.

60. Act No. 985 of 2005 adopts measures to combat trafficking in persons and for the care and protection of victims of sexual exploitation, labour exploitation, forced begging, marital servitude and organ harvesting. Consolidated Regulatory Decree No. 1066 of 2015 of the Ministry of the Interior states that the Ministry of Health and Social Security and/or Territorial Health Secretariats will coordinate with the relevant entities to provide the

necessary mechanisms to ensure that persons with disabilities understand the information for victims of trafficking in persons.

61. The reasonable accommodation needed to ensure accessibility for women with disabilities and their children is considered in the guidelines for the implementation of measures of protection for women victims of violence.

#### **Reply to the issues raised in paragraph 15 of the list of issues**

62. There is no information on the sterilization of persons with disabilities without their consent. Sterilization has been performed following psychiatric assessment; when the person is unable to sign the authorization, an action to deprive the person of legal capacity must be brought, to enable the appointed guardian to authorize the procedure. This action is provided for under existing legislation (Act No. 1412 of 2010, art. 6; Act No. 1306 of 2009 and the Civil Code), currently being amended.

63. The 10-Year Public Health Plan promotes the sexual and reproductive rights of persons with disabilities; however, there are already court orders and Constitutional Court judgments such as judgment C-182 of 2016, which refers to the right to reproductive autonomy of all persons and recognizes applicable international standards. It provides for an exception in the case of persons with “severe and profound dementia” who have been deprived of their legal capacity.

64. The Constitutional Court has reinforced the preconception that sterilization is of benefit to persons with disabilities, and in judgment C-131 of 2014, which has been decried by international organizations, it has even held that sterilizing persons with disabilities is a means of promoting responsible parenthood.

65. To prohibit psychiatric treatment and procedures to which free and informed consent has not been given, Colombia is making progress towards formulating its National Mental Health Policy, which takes into account the findings of the recent national mental health survey. The Policy sets out the health intervention strategies of the General Health and Social Security System in the home and community environments, and in all cases it mandates that any mental health procedures be performed with the free and informed consent of the person to undergo them, which will require the implementation of article 21 of Statutory Act No. 1618 of 2013, currently under way.

#### **Reply to the issues raised in paragraph 16 of the list of issues**

66. The Ministry of Health and Social Security, the Colombian Family Welfare Institute and the National Training Service developed the curricula for the training course in basic care for persons with functional dependency. The course objective is to train the providers of personal care and assistance.

67. The Ministry of Health and Social Security has begun the process of developing the Care Subsystem, which seeks to promote the autonomy, independence and social inclusion of persons with disabilities and is linked to the goal of the Presidential Plan for the Social Inclusion of Persons with Disabilities to promote the independent living model. It brings together different sectors to coordinate available resources, so that persons with disabilities may exercise their rights within the framework of the National Public Policy for Disability and Social Inclusion.

68. The Ministry of Defence, with the assistance of the Korea International Cooperation Agency, is building a comprehensive, inclusive rehabilitation centre, where there will be programmes on family, social and labour inclusion.

69. Cross-cutting commitments to inclusion in the community and to the promotion of living independently are being made. As part of the Information and Communications

Technology and Disability Initiative, the Ministry of Information and Communications Technologies has the “Movies for All” project, which uses information and communication technologies to enable more than 40,000 people to enjoy the movies through audio description, Colombian sign language, applications and devices, thereby benefiting the population with visual, hearing and cognitive disabilities. More information at: <http://www.mintic.gov.co/portal/vivedigital/612/w3-propertyvalue-7036.html>.

70. In coordination with the country’s regional entrepreneurship networks, the Ministry of Trade, Industry and Tourism and the Ministry of Labour have set up an intersectoral bureau to assist the sustainable business ventures of persons with disabilities with calls for tender or economic projects.

71. A project to strengthen associations of victims of anti-personnel mines and unexploded ordnance as a participatory mechanism for inclusion has been launched within the framework of an agreement, signed by Colombia and the European Union, to step up efforts to take action against anti-personnel mines.

72. Cross-cutting strategies such as community-based rehabilitation, psychosocial intervention, systems of family support and strategies to change attitudes toward disability help consolidate the increasing social inclusion, autonomy and independence of persons with disabilities.

#### **Reply to the issues raised in paragraph 17 of the list of issues**

73. Under Act No. 1361 of 2009, Colombia has adopted a national public policy to support and strengthen families that recognizes the diverse types of family — in terms of gender, ethnicity, age and/or disability — to be found in the country.

74. The policy document draws on the Council of State’s understanding of the family as “a social structure formed through a process that creates blood ties or ties of affinity among its members. Accordingly, while a family may develop as a natural phenomenon resulting from the free will of two people, it is clear that demonstrations of unity, fraternity, support, affection and love fashion the institution and make it cohesive.”

75. It recognizes the collective rights of families and their capacity as agents of development and social transformation. Three key areas for the development of strategies and programmes for families are set out: (i) citizenship and participation (to ensure access to goods and services); (ii) democratic coexistence in the family (strengthening family relations); and (iii) development of policy, institutional coordination and knowledge management.

76. The National Policy on Sexuality and Sexual and Reproductive Rights calls for sexual rights and reproductive rights — as guaranteed and as exercised — to be considered independently, without disregarding their many connections, and for the materialization of those rights to be facilitated in two ways through the social determinants of health model: (1) analysing and identifying the factors that determine them and (2) specifying the operations that help overcome inequities, situations requiring advancement strategies, alliances and the design of intersectoral plans that, in a comprehensive management approach, break the vicious circle perpetuating these inequities and failure to safeguard rights.

77. The Policy, along with such instruments as Act No. 1753 of 2015 (National Development Plan 2014-2018), Decision No. 1841 of 2013 (10-Year Public Health Plan 2012-2021), Statutory Act No. 1751 of 2015 on Health and Decision No. 518 of 2015 on the Collective Action Plan, has facilitated the development of a comprehensive health-care policy (Decision No. 429 of 2016 on the Comprehensive Health-Care Policy), whose aim is

to identify the forms of care required by people in Colombia, tailored to their local environment and degree of vulnerability.

78. It is designed to respect persons with disabilities' autonomous exercise of their reproductive rights, while giving full consideration to human dignity, affirmative liberty and the effective enjoyment of rights. This process is taking place in conjunction with changes to the rules on legal capacity, so that measures depriving a person of such capacity are supplanted by assisted decision-making measures and existing measures do not apply to highly personal goals such as founding a family or retaining fertility.

#### **Reply to the issues raised in paragraph 18 of the list of issues**

79. Act No. 115 of 1994, the General Education Act of Colombia, established that educational institutions which at the time of the Act, provided education exclusively to persons with disabilities would continue to provide it, while adapting as institutions and addressing the demand for academic and social integration and developing the support required to provide comprehensive care; the process was to take no more than six (6) years. For this reason, Colombia does not practise segregated care and the report on the enrolment of students with disabilities concerns educational institutions that provide formal education and are attended both by children with disabilities and non-disabled children. Enrolment figures for such institutions over the past five years are provided below:

<i>Year</i>	<i>No. of students enrolled</i>
2012	115 112
2013	120 63
2014	137 539
2015	144 368
2016	147 839

*Source:* Ministry of National Education — SIMAT (Integrated Enrolment System). May 2016.

80. Deaf children who use Colombian sign language in preschool and primary school attend separate classes in standard educational institutions since this is the established care practice at those educational levels. This approach is designed to enable these children to develop their communication skills in their first language. While studying for the Baccalaureate (grades 6 to 11), deaf pupils participate in classes with hearing pupils and are assisted by sign-language interpreters.

81. In exceptional cases in which a lack of appropriate support and conditions hinders the provision of care in schools and classrooms where non-disabled children and young people study, deaf children may attend private institutions where different comprehensive programmes from those of the formal education system, including health-oriented services, are offered. This situation has been reviewed by the Constitutional Court, which has decided that inclusive education is the preferred option for the care of persons with disabilities, while accepting that, in exceptional circumstances, the service may be provided in exclusive classrooms/care centres, subject to an evaluation that confirms the suitability of the practice.

82. The Ministry promotes inclusive education by issuing or updating educational policies, standards and guidelines; by providing local units with technical support that they can appropriate; by training teachers in the area of inclusive education; by providing citizens with information and guidance on current policy in this area; by allocating financial resources to the care of children, young people and adults with disabilities; and by monitoring this care, among other measures. These activities are carried out at various levels of the education service in coordination with the National Institute for the Blind and

the National Institute for the Deaf, in the cases of care for persons with visual disabilities and hearing impairments, respectively.

83. Where educational support is concerned, the Ministry of Education and Communications Technologies, under the umbrella of the Convertic project, promotes digital literacy among persons with visual impairments to enable them to use and master new technologies. For further information, see <http://micrositios.mintic.gov.co/convertic/>.

#### **Reply to the issues raised in paragraph 19 of the list of issues**

84. Resolution 2003 of 2014, which defines the procedures and conditions governing the registration of providers and the setting up of health services, establishes binding standards related to infrastructure, care in land- and water-based mobile units and home care, ensuring accessibility for persons with disabilities as defined in Colombian law. These standards must be adhered to at all levels of care and in all services, including those providing sexual and reproductive health care and care provided under HIV/AIDS programmes.

85. The Ministry of Health and Social Security has issued Circular 010 of 2015, which calls upon all stakeholders in the General Health and Social Security System to ensure that persons with disabilities receive comprehensive health care; it includes recommendations and mechanisms related to physical access and access to communications.

86. Through Resolution 518 of 2015, which concerns public health management, screening tests for HIV and counselling centres are made available, gradually incorporating reasonable accommodations required for the care of persons with disabilities. The following items are being considered: (i) the scope of the community-based rehabilitation strategy; (ii) counselling centres for persons with HIV and the channelling of vulnerable persons into social and health services; (iii) counselling centres for families and those who care for persons with disabilities or persons suffering from psychosocial problems and mental problems or disorders. These centres are places that enhance individual and collective abilities and skills in the areas of self-care, harm reduction and social inclusion.

87. The Ministry of Defence has issued a “policy on sexual and reproductive rights, equality, gender-based violence, and sexual and reproductive health, with an emphasis on HIV”. Its aims include improving access to comprehensive prevention and care services in sexual and reproductive health for persons with disabilities who are participants in and beneficiaries of the armed forces and national police health subsystem.

88. The Ministry has also trained professionals in mastering concepts used in the comprehensive approach to the sexual and reproductive health of members of the armed forces with disabilities within the framework of human rights.

#### **Reply to the issues raised in paragraph 20 of the list of issues**

89. The Ministry of Labour is developing a strategy to raise awareness of disability and employment policy among entrepreneurs and other social stakeholders and to train them in this policy in order better to include persons with disabilities in the labour market. Against this background, 55 business forums and workshops were held in 31 departmental capitals, attracting 2,308 participants, including 1,382 entrepreneurs.

90. In order to remove regulatory barriers that prevent persons with disabilities from entering the labour market, regulations are being drawn up to increase the number of persons with disabilities in employment, the percentage of persons with disabilities working in the public sector, and job stability. In publicizing and amending the regulatory process, organizations run by and for persons with disabilities as well as associations, employers,

regional bodies, trade union organizations, legal experts, representatives of the high courts and representatives of the National Disability System were brought together.

91. Decree 2852/2013 regulates the Public Employment Service (SPE) and creates the network of Public Employment Service operators managed by the Special Administrative Unit of the Public Employment Service (UAESP). The actions that it carries out include creating specialized units and making reasonable accommodations for persons with disabilities who are seeking employment, providing vocational guidance, and referring individuals to training and assessment programmes on actions to improve employability. Employers are informed of the opportunities and benefits of recruiting persons with disabilities and the selection of applicants who match the required profiles is supported.

92. The inclusive employment model aimed at persons with disabilities as part of the Productivity Pact programme has proposed a care route for persons with disabilities which allows employment centres to provide such persons with specialized care so that they may access job offers available through the Public Employment Service.

93. On the basis of this experience, and with support from the Inter-American Development Bank, a project has been developed to train and prepare officials at the UAESP and some employment centres to ensure that persons with disabilities are given suitable and accessible guidance. The goal of the project is to train 400 staff at 100 care centres across the country.

94. Four job centres have been equipped with accessible technology and infrastructure, public servants have been trained in Colombian sign language and in caring for persons with disabilities, and persons with disabilities have been recruited in order to streamline the channelling and design of accessible communication materials as a pilot strategy to ensure that proper care is provided.

95. SENA (the National Training Service) offers and carries out comprehensive vocational training activities for Colombians, developing their ability to engage in productive activities. In addition, it manages care mechanisms and strategies for the benefit of people with disabilities in order to improve their levels of employment and employability. In order to improve the competencies and skills of persons with disabilities to match their interests and expectations and the local labour market, they may attend a training programme leading to a qualification or a complementary training programme. In 2013, SENA provided training to 23,049 persons with physical disabilities, hearing impairments, visual impairments and mental disabilities; to 30,700 such persons in 2014; and to 30,274 such persons in 2015. To guarantee the provision of inclusive education and to facilitate the training process, SENA ensures that reasonable accommodations are made for apprentices in accordance with their needs. This process has benefited from technical advice provided by the National Institute for the Blind and the National Institute for the Deaf.

96. SENA works with public employment agencies (APEs) in the country's main cities whose purpose is to arrange job placements between employers and job seekers in the shortest possible time.

97. The Department for Social Prosperity is implementing an employment pilot project for persons with disabilities. Initially, it is committed to employing 40 persons with disabilities and to arranging internship agreements for 20 other persons with disabilities. On the basis of its results, a programme will be developed that will progressively extend to cover every region in the country.

98. According to the population census of 2005 and population projections for 2015, 52.3 per cent of the 3,051,217 persons with disabilities in Colombia are of working age. According to the Register for the Location and Characterization of Persons with Disabilities (RLCPD), (i) 17.06 per cent of the working-age population are in work; (ii) 10.8 per cent of



women and 23.7 per cent of men are working (table 1); (iii) employment rates were highest among persons with physical and visual disabilities (table 2), and (iv) the largest number of persons with disabilities in work were in Bogota D.C., Antioquia, Valle del Cauca and Santander (table 3).

Table 1  
Persons with disabilities in employment by gender

<i>Persons with disabilities in employment by gender</i>			<i>Percentage of persons with disabilities in employment by gender</i>		
<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
60 119	124 506	<b>184 809</b>	10.80 %	23.70 %	<b>17.06 %</b>

Source 1. Ministry of Health and Social Security, the RLCPD, as of: 31 December 2015.

Table 2  
Persons with disabilities in employment by disability type

<i>Total number of persons with disabilities in employment by disability type</i>	<i>Movement of the body, hands, arms, legs</i>	<i>The cardio-respiratory and immune defences</i>	<i>The genito-reproductive system</i>	<i>The nervous system</i>	<i>Digestion, metabolism, hormones</i>	<i>Skin</i>	<i>The voice and speech</i>	<i>Smell, touch and taste</i>	<i>Ears</i>	<i>Eyes</i>	<i>Grand total</i>
Working	72 998	37 863	9 233	42 164	22 649	6 057	13 903	3 909	23 426	60 994	<b>153 977</b>
Undertaking subsistence activities	16 242	7 524	2 211	11 680	3 748	1 294	4 767	809	6 204	12 049	<b>30 832</b>
Total number of persons with disabilities in employment by type of disability	89 240	45 387	11 444	53 844	26 397	7 351	18 670	4 718	29 630	73 043	<b>184 809</b>
Percentage of persons with disabilities in employment by type of disability	48 %	25 %	6 %	29 %	14 %	4 %	10 %	3 %	16 %	40 %	

Source 1.

Table 3  
Persons with disabilities in employment by geographic location

<i>Department</i>	<i>Total number of persons with disabilities in employment</i>	<i>Total number of persons with disabilities*</i>	<i>Percentage of persons with disabilities in employment by geographic area</i>
Antioquia	19 762	158 674	12.45 %
Atlantic	2 984	33 390	8.94 %
Bogota, D.C.	36 616	242 774	15.08 %

<i>Department</i>	<i>Total number of persons with disabilities in employment</i>	<i>Total number of persons with disabilities*</i>	<i>Percentage of persons with disabilities in employment by geographic area</i>
Bolívar	5 437	50 428	10.78 %
Boyacá	6 466	41 656	15.52 %
Caldas	3 243	23 262	13.94 %
Caquetá	2 476	12 352	20.05 %
Cauca	5 698	29 713	19.18 %
Cesar	4 971	31 127	15.97 %
Córdoba	3 618	34 365	10.53 %
Cundinamarca	6 561	42 960	15.27 %
Chocó	698	3 859	18.09 %
Huila	6 838	44 818	15.26 %
La Guajira	2 446	13 346	18.33 %
Magdalena	6 447	35 454	18.18 %
Meta	2 633	20 422	12.89 %
Nariño	10 948	56 857	19.26 %
Norte de Santander	5 302	30 741	17.25 %
Quindío	1 779	16 903	10.52 %
Risaralda	4 647	27 350	16.99 %
Santander	12 848	76 523	16.79 %
Sucre	3 693	31 057	11.89 %
Tolima	5 743	40 921	14.03 %
Valle del Cauca	14 613	98 897	14.78 %
Arauca	1 014	6 854	14.79 %
Casanare	2 809	13 453	20.88 %
Putumayo	2 739	12 061	22.71 %
The Archipelago of San Andrés, Providencia and Santa Catalina	195	1 386	14.07 %
Amazonas	658	2 451	26.85 %
Guainía	91	439	20.73 %
Guaviare	338	1 803	18.75 %
Vaupés	78	316	24.68 %
Vichada	109	672	16.22 %
<b>Grand total</b>	<b>184 809</b>	<b>1 083 495</b>	<b>17.06 %</b>

*Source 1.*

99. Employers must provide suitable tools and raw materials for the work to be carried out to enable persons with disabilities to perform their jobs properly. In order to determine any necessary reasonable adaptations and accommodations, the employer may request the assistance of the Workplace Risk Administrator to which he or she is affiliated.

100. The Ministry of Labour adopted the Occupational Safety and Health Management System through Decree 1443 of 2014.<sup>2</sup> In order to implement it, the Ministry conducts education campaigns throughout the country, training employers with the aim of (i) preventing occupational injuries and diseases and (ii) promoting and protecting the safety and health of workers. In 2015, these campaigns benefited over 20,500 participants through 74 education campaigns carried out in 56 cities in the 32 departments.

**Reply to the issues raised in paragraph 21 of the list of issues**

101. Between 2003 and the time of writing in 2016, the Ministry of Housing, Cities and Territories, operating through FONVIVIENDA, allocated family housing subsidies in kind to 7,691 persons with disabilities

102. Currently, the institutional service that attends to the most vulnerable sector of the population with housing needs is the free-housing programme. The family housing subsidy is preferentially allocated to displaced persons or those affected by extreme poverty or natural disasters. Priority is given to women heads of households, persons with disabilities, the elderly, and ethnic groups.

103. Households containing persons with disabilities are prioritized through the application form. The subsidies awarded depend on demand and on the fulfilment of certain requirements, such as belonging to the poorest sectors of society; they are identified by (SISBEN) (the Social Programme Beneficiary Selection System), targeted by the United Network in accordance with the guidelines of the Department for Social Prosperity, and are not home owners (Act 1537 of 2012).<sup>3</sup>

104. The Single Regulatory Decree for the Housing Sector (1077 of 2015) governs applications from persons with disabilities and prioritizes applicants seeking access to the housing programme and, in multi-household housing units, the allocation of ground floors, thereby satisfying the required accessibility conditions.

105. In addition to the programmes for the poorest members of society, the “Housing for Savers” and “My House Now” programmes, which are open to persons with disabilities, were launched to give Colombians a greater opportunity to acquire decent housing. The National Government subsidizes the down payment on their property and the interest on the loan that they take out with the bank of their choice.

**Reply to the issues raised in paragraph 22 of the list of issues**

106. Forty-six per cent of persons with disabilities, as registered in April 2016, participate in State social welfare programmes. The attached document contains information, disaggregated by geographic location, ethnicity and age, on persons with disabilities targeted by the United Network and identified as level I (poverty and extreme poverty) by SISBEN.

107. The Department for Social Prosperity, which heads the Social Inclusion and Reconciliation Sector, has implemented social welfare and protection strategies and programmes to eradicate poverty that include persons with disabilities.

108. The “More Families in Action” programme makes cash transfers to targeted families, subject to health checks for children up to 7 years of age and school attendance in the case of children and adolescents (from 5 to 18 years of age). Resolution 3438 of 2014 provides

<sup>2</sup> Now Decree 1072 of 2015, book 2, part 2, title 4, chapter 6.

<sup>3</sup> The United Network is a comprehensive and coordinated National Intervention Strategy which seeks to improve the living conditions of the families with which it works; to build up social and human capital; and, consequently, to reduce levels of poverty and extreme poverty in the country.

that children and adolescents with disabilities who are members of a participating family are exempt from the limit of three beneficiaries per family.

109. Joint external circular 015 of 2015 was issued to increase the participation of children and young persons with disabilities in the “More Families in Action” programme through the updating of the Register for the Location and Characterization of Persons with Disabilities. In 2015, this action began by identifying 4,510 children and had identified a total of 8,834 children when the sixth payment was made. It is still under way.

110. The National Agency for the Eradication of Extreme Poverty, which has merged with the Department for Social Prosperity, designed a differential monitoring model for United Network to support households containing members with disabilities. Additionally, it drew up the social joint management guide for differential monitoring and built up local services intended to enhance rights and social inclusion programmes. In 2015, 50,005 households to which persons with disabilities belong took part.

111. SISBEN is the official targeting tool for classifying and counting potential beneficiaries of welfare programmes in a swift, objective, consistent and fair manner.

112. Disability is one of the variables related to vulnerability in households included in the SISBEN model. This status reduces the score of the person or family concerned, increasing the likelihood of household members being classed as potential beneficiaries of welfare programmes offered by the State.

113. Through the activities carried out by the Directorate for Comprehensive Action against Anti-personnel Mines, in coordination with the Ministry of Agriculture, the Agrarian Bank, and the Comprehensive Victim Support and Reparation Unit, 86 families of victims of anti-personnel mines and unexploded ordnance, located in 13 departments in Colombia, will receive a subsidy for rural social housing containing all the necessary accessibility features.

#### **Reply to the issues raised in paragraph 23 of the list of issues**

114. The National Civil Registry Office prepares Braille voting cards to ensure that persons with disabilities can take part in elections. Persons with disabilities are also allowed to enter the polling station with a companion, when required.

115. In order to identify and analyse the barriers that prevent persons with disabilities from voting, being endorsed by a party and applying and registering as candidates for political campaigns and being elected, a technical committee has been set up; it comprises the National Electoral Commission, the National Civil Registry Office, political parties, national disability counsellors, and federations and networks of organizations of persons with disabilities. The purpose of the committee is to modify the electoral process and ensure that persons with disabilities can participate in it.

116. This analysis has led to the adoption of an improvement plan for the implementation of changes and safeguards required to ensure that persons with disabilities can participate in political and public life. It has ensured that some national disability counsellors representing institutions and civil society have played a part in defining electronic voting and improving accessibility.

117. Persons with disabilities have the right to elect and be elected to public office. They have been elected as mayors, governors, members of Congress, legislators and councillors. They also participate in cultural councils, the National Panel on Participation, national and departmental panels of victims, various bodies of the National Disability System, social policy councils and regional planning councils, among other bodies.

## C. Special obligations

### Reply to the issues raised in paragraph 24 of the list of issues

118. Colombia, through the National Statistics Department, and in collaboration with the Sectoral Liaison Group, a technical body of the National Disability System whose members include persons with disabilities, has drawn up the key questions on disability to be included in the census questionnaire for the eighteenth national population and the seventh housing census, to be conducted in the country shortly. It also presented the final draft of the questions to the National Council on Disability in order to obtain its feedback.

119. Drawing on the experience of the statistics office of the European Union (EUROSTAT), it included a module in the labour market survey (the major integrated household survey) to determine the number of people with disabilities aged between 15 and 65. The module consists of 13 questions to determine what difficulties persons with disabilities face in carrying out their work (if they are employed) or whether they need help to perform any particular task (if they are unemployed or inactive).

120. In order to harmonize public information systems and records, including the registry of victims and the National Observatory on Disability, inter-sectoral meetings have been held to determine the variables used in each of the information systems so that persons with disabilities are identified and information supplementing RLCPD is included.

121. Efforts have been made to ensure that information from different State sources and RLCPD is compatible. Four hubs exist which exchange information from various sources, including Affiliation, Health Care, Social Welfare and Victims, with RLCPD. These hubs provide information to the National Observatory on Disability.

122. A scheme was developed to train instructors in the International Classification of Functioning, Disability and Health, endorsed by WHO for the standardization of language and variables related to disabilities in different public information systems.

### Reply to the issues raised in paragraph 25 of the list of issues

123. The national set of indicators developed to monitor compliance with the Sustainable Development Goals includes disaggregation by persons with disabilities. This enables persons with disabilities to be included in the implementation of the 2030 Agenda and makes more information available so that better public-policy decisions can be taken.

124. The Technical Committee of the High Level Inter-Agency Commission for the implementation of the 2030 Agenda at the national level provides for the participation of civil society.

### Reply to the issues raised in paragraph 26 of the list of issues

125. The independent mechanism for the promotion, protection and monitoring of the effective exercise of the rights of persons with disabilities comprises the Office of the Counsel General of the Nation and its local offices;<sup>4</sup> the Office of the Ombudsperson and its regional and local offices; the Office of the Comptroller-General of the Republic; and organizations of persons with disabilities at the national and local level.

126. The Office of the Counsel General has conducted activities to monitor the implementation of Act No. 1618 of 2013, the National Public Policy on Disability and Social Inclusion and the management of the National Disability System. It has issued

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<sup>4</sup> Established in Colombia in article 30 of Act No. 1618 of 2013.

circulars and directives urging the implementation of the provisions governing the management of disability throughout the country.

127. The Office of the Ombudsperson carries out monitoring and checks and defines protection measures related to equal treatment, the non-violation of rights and the elimination of barriers to access. In conjunction with the Department of Social Inclusion of the Secretary for Access to Rights and Equity of the Organization of American States, training was conducted on the legal personality and access to justice of persons with disabilities, attracting 290 face-to-face participants and 70 virtual participants.

128. The Office of the Comptroller-General monitors the fiscal management and results achieved by the use of the domestic public funds set aside to safeguard the rights of persons with disabilities. It has incorporated the monitoring and fiscal control of the National Public Policy on Disability and Social Inclusion into the guidelines for the 2016 fiscal control and monitoring plan as a cross-cutting theme. In 2014, it submitted a report to the Congress of the Republic on the fiscal control of funds intended for persons with disabilities and took steps to promote participatory fiscal control, increasing its interaction with persons with disabilities in civil society and local public bodies.

129. With regard to coordination among bodies, inter-institutional working groups have been held on its regulation, involving organizations of disabled persons at the national and local levels, disseminating information at the local level, and defining resources and implementation procedures. Where inter-institutional coordination is concerned, it has participated in meetings of bodies belonging to the National Disability System.

130. In order to forge links between organizations of disabled persons at the national and local levels, different proposals have been discussed that take into account previous experience of establishing links between national disability counsellors and contributions from civil society organizations.

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