

| **Title:** | **The right to equality and non-discrimination for persons with disabilities** |
| --- | --- |
| **Country:** | **Uruguay** |
| **Duration (max. 36 months):** | **30 months** |
| **Total Budget:** | **USD 385.000 plus USD 15.000 inception fund** |
| **Participating UN Organizations:** | **UNFPA, UN Women and WHO (implementing agencies); UNESCO and UNICEF (associated) and Office of the RC (partner).** |

# Executive summary

Max 250 words.

The current project aims to address recommendations made by two committees -Committee on the Elimination of Discrimination against Women (CEDAW) and Committee on the Rights of Persons with Disabilities (CRPD) - to Uruguay in 2016, that pointed to the existence of multiple and intersectional discrimination, and called for the State to guarantee the right to equality and non-discrimination for persons with disabilities.

Despite much progress in formal equality, discriminatory treatment and barriers persist, and these impede the recognition and the full and equal enjoyment of human rights of persons with disabilities, in breach of Article 5 of the CRPD.

Through an extensive consultation process with state institutions and Civil Society Organizations (CSOs)[[1]](#footnote-1), three key priority areas for intervention were identified that will have an impact on the elimination of discriminatory barriers faced by persons with disabilities. The general aim of this Project is to address these barriers through a multi-actor, intersectional and interagency approach and the design, implementation and evaluation of policies that shape change and have a transformative effect on the current cultural and institutional context.

The Project will address three main areas:

1. *Access to health care:* Work will be carried out with healthcare staff and with CSOs to achieve universal access to health care services by persons with disabilities, in particular sexual and reproductive health;
2. *Violence:* The project will address and raise awareness about violence experienced by persons with disabilities, especially focusing on access to gender based violence care services by women with disabilities. .
3. *Information Systems*: The systematization of existing information will be coordinated, with the purpose of being able to better identify the population facing such barriers (who, where and how) and in particular, conduct in-depth studies on specific topics of the Project (access to sexual health and prevalence of violence);

The implementation UNPRPD Fund will have a direct impact on the elimination of these discriminatory barriers. The interaction with relevant stakeholders will generate major breakthroughs in institutional coordination, the joint design and execution of public policies and empowered social actors with greater resources to advance towards implementation of the CRPD.

# 1. Background and rationale

## 1.1. Challenges and opportunities to be addressed by the project.

The most recent Census conducted in Uruguay (2011) reveals that close to 16% of the population has some type of disability, and that 60% of those living with disabilities are women. Women also present higher absolute percentages regarding all categories of permanent disabilities (mild, moderate and severe).[[2]](#footnote-2)

Uruguay has shown its commitment to human rights, and specifically to the rights of persons with disabilities. Recent legislative advances in this field are: the establishment in 2007 of the Programa Nacional de Discapacidad /Mides through Law 18.172; the ratification in 2008 of the UN Convention on the Rights of Persons with Disabilities- CRPD (Law 18.418) and of its Optional Protocol in 2011 (Law 18.776); the adoption of Law 18.651 on the Integral Protection of Persons with Disabilities in 2010, as well a Law on affirmative actions for inclusion of persons with disabilities in private sector employment, currently undergoing parliamentary approval.

Nevertheless, there is still a need for qualitative progress to remove key barriers that reproduce cultural and institutional discriminatory practices. Human Rights mechanisms have underscored that persons with disabilities experience major obstacles to access health services, particularly in rural areas and the lack of properly trained health personnel to provide inclusive health care. CRPD and CEDAW recommended further efforts and measures to ensure the prevention and protection of all persons with disabilities, particularly women and girls, from violence and abuse and to ensure the proper recovery of victims in suitable environments. In order to support the qualitative progress to remove key barriers, it is important to tackle down existent critical data gaps and lack of information.

**The project will address the following key challenges:**

1. Existing barriers to health care services, including sexual and reproductive health services (CRPD #53/54- SDG#3.7, 3.8, 5.6): The Ministry of Health, as governing body of the population’s health, defined care to disability as one of the 15 critical issues to be prioritized within the framework of the National Health Objectives and it is specifically mentioned among the aims for their strategic goals. Thirty percent (30%) of the population are estimated to use Public Health Care services. This population is generally the most vulnerable, and it is spread throughout the national territory. The project will work together with civil society to generate manuals and to train health care staff in the implementation thereof in the biggest public hospitals of the country.
2. The absence of policies and strategies to prevent and sanction violence against persons with disabilities, especially women and girls (CRPD #15/16; CEDAW #41/42- SDG# 5.1,5.2 and 5.5): Current records kept by the National Disability Program of the Ministry of Social Development (PRONADIS), which has a professional mechanism who provide advice and/or care to persons with disabilities in situations of violence, indicate the need to study and characterize the type of violence suffered by these people. It is worth pointing out that 73% of complaints are filed by women with disabilities. The project will play a key role in the visibility of gender-based discrimination and violence suffered by women and men with disabilities; it will contribute to the full acknowledgment and enforceability of their human rights; and it will improve the Uruguayan State’s response in the generation of information for and access to violence care services by women with disabilities.
3. The absence of comprehensive and disaggregated data regarding persons with disability and the need for gender and age perspectives (CRPD #63/64; CEDAW #41/42- SDG# 17.18): The Project will coordinate the harmonization of existing sources of information for the generation and management of strategic information about persons with disabilities that allows improving the efficiency of public policy actions. The main sources of information on this matter are: The Social Security Administration (- BPS), the Social Area Integrated Information System (SIIAS[[3]](#footnote-3)) of the Ministry of Social Development (MIDES) and census and surveys of the National Statistical Institute (INE).

This Project provides the opportunity to bring national agendas and plans of action into line with HRs mechanisms’ recommendations, as well as with the 2030 Agenda and this, in turn, will result in the integration and appropriation of these standards in Government practices. On the other hand, it will allow having a structured and regular dialogue with organizations representing persons with disabilities on measures which affect their daily lives, since the Project provides for a governance body integrated by persons with disabilities themselves, so that their rights and specific needs are at the heart of discussions.

## 1.2. Proposal development process

Uruguay has been a UN “Delivering as One” country since 2008. As a result, UN agencies, funds and programmes have much experience in working together with a variety of relevant national institutions and organizations to coordinate joint responses to social challenges. As with other joined-up initiatives, the UNCT has developed a set of instruments to consult and generate synergies amongst different partners.

Since the opening of the Fund, agencies and all counterparts were convened and they showed great interest in the proposal. All of them are a substantial part of the process of implementation of recommendations of the CEDAW and CRPD Committees, as well as of national strategies to comply with the 2030 agenda.[[4]](#footnote-4) The NGOs Alliance was a key CSO ally because it ensures actions are focused and have a real and tangible impact on the lives of persons with disabilities.

This Project provides a convenient and timely opportunity to generate dialogue and coordinate greater impact actions. On the other hand, the presence of the National HRs Advisor[[5]](#footnote-5) in the Office of the RC made the process and HRs mainstreaming easier, especially in terms of the mainstreaming of the paradigmatic approach of the CRPD throughout the entire process.

Since the first phase of the Fund in 2016, the group of more than 9 institutions (including partners and agencies) has met on a regular basis to agree on and outline common strategies. These are based on the Government’s strategic lines to implement recommendations received and to comply with SDGs. Key values include the programmatic coordination and prioritization of issues recommended by CSOs of persons with disabilities, which have allowed adjusting matters to achieve greater impact, both in terms of people and geographically; as well as the mainstreaming of the HRs paradigm. An example of this is the development of actions, in the form of pilot initiatives, which will allow the implementation of instruments that, once assessed, can be replicated at a greater scale.

# 2. Project approach

## 2.1. Focus of the project – “What is the project about?”

The project aims to address the multiple and intersectional discriminations that persons with disabilities face and the right to equality and non-discrimination for persons with disabilities The levers prioritized in the project which will create and enabling environment for systemic change will be:

PARTNERSHIP: A stable collaborative multi-stakeholder alliance is created among various State institutions and CSOs to carry out actions and pilot projects to advance three key areas where obstacles are perpetuating discriminatory practices vis a vis persons with disabilities.

CAPACITY: Actors develop their capacity to harmonize information systems already working in other social areas; to engage in health service accommodation to ensure that persons with disabilities enjoy their right to health; and that the response system in place for gender violence is capable of successfully dealing with cases of women and girls with disabilities who suffer violence.

### Theory of change of the intervention – “How will the project produce positive change?”

See annex: table of TOC

The advancement in *e the fulfilment of* **the right to equality and non-discrimination for persons with disabilities** will focus on:

a) Access to non-discriminatory and quality health services:[[6]](#footnote-6)

The Project will contribute to strengthen State and civil society capacities to achieve universal access by persons with disabilities to comprehensive and quality health care, in a more inclusive manner and free from any discrimination. The Ministry of Public Health, governing body of the population’s health, defined care to disability as one of the 15 critical issues to be prioritized within the framework of the National Health Objectives.[[7]](#footnote-7) The MIDES and the State Health Services Administration (ASSE), main public health effector, developed, together with civil society, a Manual of Good Practices for Health Care and Treatment of Persons with Disabilities[[8]](#footnote-8), based on the paradigm of rights and the social model of disability.

If the capacities of primary level health care teams (RAP – ASSE, local governments through health, social policies and/or gender divisions) are strengthened at a national level and trained in good practices in health care for persons with disabilities; if the capacities of teenagers and young persons with disabilities are strengthened to undertake advocacy and creative participation in the promotion of rights and universal access to sexual and reproductive health; if the experience of primary level care services to deaf people is systematized to the approach of disability at different scales; and if capacities of civil society are strengthened for advocacy on and dissemination of the Convention of the Rights of Persons with Disabilities (CRPD) at a national level; then State capacities will be strengthened to offer comprehensive health care to persons with disabilities without discrimination.

b) Protection against violence[[9]](#footnote-9)

The Project is expected to contribute to the visibility of the situation of discrimination and gender-based violence suffered by persons with disabilities, to contribute to the full acknowledgment and enforceability of their human rights, as well as to the improvement of the Uruguayan State’s response in the generation of information for and access to violence care services by persons with disabilities, in particular women and girls. Currently, PRONADIS has a professional mechanism that guides, provides advice and/or care to persons with disabilities in violence situations, and 73% of complaints received are filed by women.

If guidelines and protocols used by the inter-institutional response systems for gender-based violence for the provision of inclusive services for women are harmonized and updated in accordance with international standards.; if teams of the inter-institutional response systems for gender-based violence are sensitized and trained to provide inclusive services to women with disabilities; if (communications materials and tools on prevention and services information that are fully accessible to women with disabilities are produced and disseminated; and if civil society organizations of persons with disabilities are empowered to advocate and collaborate with public institutions to promote social norms, attitudes and behaviors that help prevent violence; then capacities of the inter-institutional response system for gender-based violence are strengthened to work towards inclusive intervention models; and women with disabilities are empowered to prevent violent situations and to access services; because the underlying obstacles that women with disabilities face in accessing inter-institutional response services to gender-based violence are addressed, and evidence shows that follow-up, sensitization and monitoring are necessary to ensure that the legislative framework is implemented in services.

c) Availability of accurate and timely information:

The Project will contribute to the articulation of information generated by State institutions which allows identifying and characterizing the access of persons with disabilities to their rights; and it is expected that this will reveal specificities which will guide the development and increase the efficiency of public policies regarding the population with disabilities.

If a process is carried out to systematize and analyze existing data about persons with disabilities with the participation of State Institutions and CSOs, which results in an articulation which allows complementing data from different sources available for analysis and a single mapping at a national level, with a gender and age perspective; if a study specifically focused on the conditions of universal access to sexual and reproductive health services by teenagers and young women with disabilities is conducted; and if capacities of CSOs of persons with disabilities are strengthened to implement participation mechanisms at a national level, then State capacities will be strengthened to carry out the inter-institutional harmonization of existing information, and characteristics and needs of persons with disabilities will be integrated to the production of more efficient public policies.

## 2.2. Other programmatic considerations

### Table 1.

#### 1. Mix of targeting and mainstreaming

*How will the proposed project mix targeting and mainstreaming strategies in order to generate structural transformation?*

The Project’s components are focused on three key recommendations identified by the CRPD Committee and the CEDAW Committee, which were prioritized by UN agencies in Uruguay and government authorities, in agreement with civil society. These components are essential to eliminate barriers that prevent persons with disabilities from living a life without discrimination: access to health, and in particular sexual and reproductive health,[[10]](#footnote-10) in close coordination with the elimination of forms of violence[[11]](#footnote-11) suffered by women and girls with disabilities; all of this based on the access to relevant information arising from the harmonization of the information system coordinated between several State institutions. Operations will be focused on information systems, seeking the harmonization thereof, to obtain data that evidence the situation of persons with disabilities and thus adjust public policies and care systems aiming at comprehensiveness in the access to quality and non-discriminatory health care and prevention services, improving the efficacy of the response to women with disabilities who suffer violence.

The development of these components results in the establishment of different sectorial objectives that will be the pillars of an integrating strategy leading to policies that guarantee the rights of persons with disabilities.

#### 2. Scalability

How will the project create the conditions for scalability of results and successful approaches tested through project activities?

One of the main scalability factors of the Project is the institutional structure existing in the country. Uruguay has a strong State present throughout the territory. The right to health and awareness-raising on violence-free life have been areas of interinstitutional work, where coordination between different State institutions is key. There are inter-institutional mechanisms (commissions) that strongly participate in these areas and which have participation by civil society organizations (both local and grassroots organizations and nation-wide organizations). The aim is to work on the following, through this institutional structure:

***Health*:**

* The strengthening of capacities of groups involved (primary level care/ young people and teenagers with disabilities/ Civil Society Organizations) will result in replication mechanisms that ensure scalability of results. The systematization of achievements of comprehensive primary care services to deaf persons is precisely aimed at generating the basis for the approach to disability at different scales.
* Strengthen the knowledge and skills of health professionals of primary level care services (supply), as well as developing the capacities of civil society organizations for demanding the enforceability of rights of persons with disabilities anywhere in the country (demand). The Project is based on successful experiences that offer a solid base for scaling-up to a national level, based on the articulation of public, academic and civil society actors. Actions proposed tend to impact on the quality of care in an inclusive manner and without any type of discrimination, covering promotion of health, prevention, care, treatment of conditions, and rehabilitation of the person.
* Based on the Manual of Good Practices[[12]](#footnote-12) for the treatment and care of persons with disabilities, define guidelines of good practices for health care for persons with disabilities at a national level. As a starting point for these guidelines and taking into account positive experiences in the use of Information and Communication Technologies (ICTs) in health, the Project is expected to achieve the training of health care staff to obtain an adequate implementation thereof, avoiding barriers that prevent full enjoyment of the right to health by persons with disabilities[[13]](#footnote-13) throughout the Primary Level Care Network of the State Health Services Administration in the Metropolitan area.[[14]](#footnote-14)
* The use of new technologies allows access to information. An example of this is the “¡Decímelo a mí!” initiative. Within the framework of this project, we intend to extend this type of tools to all teenagers and young persons with disabilities throughout the country. New communication tools may also be used for the dissemination of rights to and appropriation thereof by all persons with disabilities (CRPD) at a national level.[[15]](#footnote-15)

***Violence:***

* The aim is to sensitize and train gender-based violence response systems to ensure quality services for women with disabilities, integrating the disability perspective. In order to achieve this, two representatives will be chosen for each mechanism, who will then transfer information to team members of the mechanism they belong to. With this scalability system, a total of 51 currently existing mechanisms will reached, integrated as follows:
* 23 care services for women in situations of gender-based violence
* 18 territorial articulation mechanisms (Dispositivo de Articulación Territorial - DAT),
* 1 territorial team for Montevideo;
* 1 care service for women in situations of trafficking for sexual exploitation purposes;
* 1 short-term shelter for women whose life is at risk due to domestic violence situations;
* 1 temporary accommodation solutions program for women in the process of leaving domestic violence situations
* 6 care services for men subject to measures imposing the use of monitoring and tracking technologies (ankle bracelets) in life-threatening situations of domestic violence.

***Information:***

The systematization of existing data and the definition of a mechanism for articulation between official sources will promote the adoption of criteria which allow compatibility and complementarity of information as an input for policies. The participation of the National Statistical Institute (entity governing the monitoring of implementation of SDGs) will drive the adoption of these criteria, favoring the extension of the initiative to all areas of the National Statistical System.

#### 3. Sustainability

How does the project intend to create the conditions for the long-term sustainability of the project results?

The Project is considered to have conditions for sustainability, since it is in line with the national strategic goals established by the Government in areas of work; not only does it reaffirm them, it contributes to incorporate and mainstream the HRs perspective and in particular principles and contents of the CRPD.

In terms of **access to health**: The Project will create conditions for sustainability by incorporating to health services recommendations by health authorities regarding good practices for health care for persons with disabilities, which may initially be used by decentralized health teams of the Primary Care Network of ASSE for the metropolitan area,[[16]](#footnote-16) establishing links with the corresponding benchmark public hospitals, and the experience may then be extended to health services throughout the country.

The development of training courses will allow extending health staff training in good practices for health care for persons with disabilities to the entire country. The basis for the approach to disability at different scales will be generated.

The capacities of teenagers and young persons with disabilities, as well as of civil society organizations, will be strengthened for advocacy on and dissemination of the CRPD at a national level, by implementing innovative communication tools for the inclusion of persons with disabilities.

The improvement of access to health care by persons with disabilities is included among the 15 critical issues prioritized by health authorities within the framework of the National Health Objectives and it is specifically mentioned among the goals for their strategic aims, which contributes to guaranteeing sustainability of actions and mechanisms installed by the project through the appropriation thereof by the national counterparts involved.

In terms of **response to violence**: The Project will create conditions for sustainability by drafting and incorporating new regulations, guidelines and/or protocols to be used by teams of services of the interinstitutional response system for gender-based violence, for the provision of inclusive services for women with disabilities. This new framework is aimed at ensuring the existence of quality services for women with disabilities and defining the follow-up of compliance thereof, from PRONADIS.

On the other hand, the project will produce communications materials and tools that include information about the prevention of violence towards women with disabilities, as well as a guide of services available, which is fully accessible to women with disabilities. These materials, together with the strengthened capacities of organizations of persons with disabilities, will allow improving the influence and follow-up of compliance of inclusive services for women with disabilities. Finally, a systematic participation by PRONADIS in the National Advisory Council for the Fight against Domestic Violence is expected, allowing for the incorporation of the disability perspective to the issue of violence against women and girls in Uruguay.

In terms of **availability of information**: Coordinated institutions that have prioritized this need with the leading agency of the National Statistical System, will aim to establish protocols and mechanisms required for the creation of a new information architecture, under the supervision of civil society organizations.

### Table 1.1

**Risk Management Strategy (please describe the risk management strategy using the table below)**

| ***Type of risk\****  ***(contextual***  ***programmatic, institutional)*** | ***Risk*** | ***Likelihood (L, M, H)*** | ***Impact on result*** | ***Mitigation strategies*** | ***Risk treatment owners*** |
| --- | --- | --- | --- | --- | --- |
| Access to information | Limited cooperation by some of the institutions that have information available. | Low | Lack of some relevant data. | Efforts to reach a work agreement at the highest level. |  |
| Programmatic | Technical discrepancies in the conceptualization of disability | Low | Different approaches in health teams | Training based on the rights approach integrating various disabilities. |  |
| Programmatic | Equal rights are not translated into practice.  Capacities and knowledge acquired are not translated into transforming actions | Low | Few services are able to comprehensively approach disability. | Efforts will be made to get health authorities and PRONADIS to establish control mechanisms on compliance with protocols, as well as to continue with the training of health care staff[[17]](#footnote-17) and to follow-up on the dissemination of rights of persons with disabilities. |  |
| Institutional | Health and/or violence response teams are overburdened to participate in trainings and/or knowledge acquired is then not translated into practice. | Low | Disparity in the care of persons with disabilities. | Efforts to reach an agreement with the Chair of ASSE and the interinstitutional response system for gender-based violence. |  |
| Institutional | Lack of understanding by health and services staff about the fact that the lack of reasonable adjustments in services constitutes discrimination on the basis of disability. | Low | Little predisposition to make changes if problems are not recognized. | Staff will be sensitized about barriers to access to health care and care in response to violence and persons with disabilities will be empowered in their rights to health and to live a violence-free life. |  |

\* Please specify here the type of risk and refer to the following definitions:

Contextual: risk of state failure, return to conflict, development failure, humanitarian crisis; factors over which external actors have limited control.

Programmatic: risk of failure to achieve the aims and objectives; risk of causing harm through engagements.

Institutional: risk to the donor agency, security, fiduciary failure, reputational loss, domestic political damage etc.

## 2.2. Result chain of the intervention

*Based on the information in the previous section, provide a concise formulation of the project objectives (expected impact, intended outcomes and outputs) utilizing the table format provided below.*

### Table 2. Expected impact

**Impact:**

What rights will be advanced? For whom?

The right to health and to live free from violence of persons with disabilities in particular young women with disabilities are advanced.

### Table 3. Expected outcomes

| **Outcome 1: Health**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| The health system’s capacities are strengthened to offer quality comprehensive health care to persons with disabilities. | *CAP* |
| **Outputs formulation** | **Type \*\***  (Only for capacity outcomes) |
| 1.1 Trainings delivered to National public primary health care teams on good practices in health care for persons with disabilities. | *KNO* |
| 1.2 The experience of the comprehensive health care service for deaf persons is systematized to generate the basis for the national scale approach to other disabilities. | *HUM* |
| 1.3 Local groups of young persons with disabilities trained to participate in and advocate for the promotion of sexual and reproductive rights and universal access to health. | *NET* |
| 1.4 Civil society organizations of persons with disabilities trained to advocate for and disseminate the Convention on the Rights of Persons with Disabilities (CRPD), in particular the right to health. | *NET* |

| **Outcome 2: Violence**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| Capacities of the inter-institutional response system for gender-based violence are strengthened to work towards inclusive intervention models; and women with disabilities are empowered to prevent violent situations and to access services. | CAP |
| **Outputs formulation** | **Type \*\***  (Only for capacity outcomes) |
| 1. Technical support to ensure guidelines and protocols used by the inter-institutional response systems for gender-based violence for the provision of inclusive services for women are harmonized and updated in accordance with international standards provided. | *PRO* |
| 2. Teams of the inter-institutional response systems for gender-based violence are sensitized and trained to provide inclusive services for women with disabilities. | *KNO* |
| 3. Communications materials and tools on prevention and services information that are fully accessible to women with disabilities are produced and disseminated. | *TOO* |
| 4. Civil society organizations of persons with disabilities are empowered to advocate and collaborate with public institutions to promote social norms, attitudes and behaviors that help preventing gender-based violence. | *NET* |

| **Outcome 3: Information**  What structural shifts will be achieved? |  |
| --- | --- |
| **Outcome formulation** | **Type of lever\*** |
| State capacities are strengthened to achieve inter-institutional harmonization for the generation and management of strategic information about persons with disabilities | *CAP* |
| **Outputs Information** | **Type \*\***  (Only for capacity outcomes) |
| 3.1 Data about persons with disabilities from different public institutions are harmonized to produce a single national mapping, with gender and age perspective. | *KNO* |
| 3.2 A study on the state of access to sexual and reproductive health services for young persons with disabilities is elaborated. | *KNO* |
| 3.3 Exploratory study on violence situations among persons with disabilities and barriers preventing their access to response services is elaborated. | *KNO* |
| 3.4 Civil society organizations of persons with disabilities are strengthened to build a national participatory mechanism for producing and sharing information. | *NET* |

# 3. Elements of project design

Recommendations made by the CRPD and CEDAW Committees to the Uruguayan State in 2016 provided a route map in terms of the main priorities to be addressed in order to make progress in the elimination of barriers that generate discrimination against persons with disabilities.

This project will be inserted in the existing institutional scheme and will work on the mainstreaming of principles of the CRPD through concrete actions, designed with organizations of persons with disabilities, to achieve a direct and effective impact. Actions are expected to generate, on one hand, changes in the mode of action of institutions and, on the other hand, a greater sensitization of staff in charge.

Firstly, through this project, concrete actions will be carried out that will directly contribute to the strengthening of organizations of persons with disabilities; they will see themselves reflected by participating in the development of care protocols, as well as by collaborating in the process of sensitization of health staff by taking part in training courses, sharing of experiences or difficulties faced in terms of access to health. Teenagers and young persons with disabilities will participate creatively in the promotion of rights and universal access to sexual and reproductive health, and civil society may work on the dissemination and raising awareness on the enforceability of rights of persons with disabilities by using appropriate and accessible communication tools.[[18]](#footnote-18)

Moreover, the Project will contribute to the empowering of women and girls with disabilities through the development and elaboration of communication materials and tools that include information about the prevention of violence against women with disabilities, as well as a guide of services available, that is fully accessible to women with disabilities. In particular, when preparing these materials, the use of easy-to-read wording, simple language, as well as the use of formats accessible to people with visual and hearing impairment will be taken into account. Work will also be carried out from organizations of persons with disabilities to raise awareness among persons with disabilities and train them about their rights, boosting their self-esteem and empowering them as a mechanism to prevent situations of violence, also including relatives of persons with disabilities.

## Full and effective participation of persons with disabilities.

Activities in this project will be led by agencies in charge of their implementation. In addition, throughout the project, there will be permanent coordination among all agencies (executing and participating agencies), as well as institutions taking part in the various activities, to ensure that it is being carried out in a connected and integrated manner, and the impact and accuracy of actions taken can be evaluated along the way.

People with disabilities are expected to participate actively, through organized groups, in all components of this project, giving their opinion and evaluating the direct impact of actions, as well as advocating for and promoting their rights and influence.

Organizations of persons with disabilities, including young people, will directly participate in the definition of needs, the implementation and follow-up of activities related to the generation of information and to the promotion of accessible health services, free from any discrimination.

Main partnership activities include:

* Training workshops for 20/25 young leaders or replicators with disabilities.
* 19 cycles of activities for the promotion of health and rights in schools and organizations with persons with disabilities at a national level.
* Development and publication of IEC (information, education and communication) materials in accessible formats (audio, simplified language, USL) using technology.
* Development of an application with information about rights and details about modes of access and social inclusion available in Uruguay.
* 19 cycles of activities for the promotion of rights of persons with disabilities with groups and organizations of persons with disabilities and with relevant local actors. In terms of access to health, the following activities are proposed:
* Preparation of protocols that allow optimizing good practices in health care for persons with disabilities, including regulations about accessibility, guidelines that allow identifying the following in health services: physical barriers, information, communication and behavioral barriers; enabling health care staff to acquire knowledge and skills to guarantee the right to health of persons with disabilities.  
  For such purpose: a responsible group will be established with the participation of representatives from the Ministry of Health, ASSE, BPS, Ministry of Social Development, and representatives from civil society, PAHO and UNFPA. All documents will be subject to processes of participatory discussion and review (health care staff and users) and afterwards compliance with the protocol will be evaluated and analyzed, to guarantee its usefulness.
* Responsible health care staff training for the implementation of protocols: The Project proposes the design and planning of an on-line training course with tutorships, aimed at primary health care staff (RAP-ASSE, local governments) at a national level. The course’s objectives, content, techniques, materials shall be defined, as well as responsibilities, tutors’ training, development and maintenance of the technological platform infrastructure. In addition, during the courses, experiences of comprehensive primary care services for persons with disabilities can be shared, in such way that said experiences provide the basis for the approach to disability at different scales. The course would be carried out with a first cohort of primary care professionals from RAP-ASSE in Montevideo and then extended to a second cohort throughout the country.
* As for activities with teenagers and young persons with disabilities throughout the country, the project proposes the use of communicational dissemination tools that allow creative participation in the preparation of information materials about rights and sexual and reproductive health.

This type of communicational tools may also be used by civil society for advocacy on and dissemination of right to health of persons with disabilities at a national level, with the support from health authorities. A communications agency will be hired to carry out activities related to the planning, design and implementation of an accessible communicational dissemination space, with support tools that facilitate access to different types of disabilities, such as videos in sign language to offer information to deaf persons and audio contents with information for blind persons and that makes access easier for visually impaired persons that use screen readers. Activities proposed guarantee inclusion and facilitate persons with disabilities access to health, and they support the national strategy of comprehensive care for persons with disabilities.

Regarding violence, planned activities for the sensitization and training of services teams, as well as the production of communication materials, will be carried out in consultation and with the active participation of persons with disabilities.

For such purpose, capacities of organizations of persons with disabilities are expected to be strengthened, to improve their influence and collaboration with public institutions throughout the process. In particular, the Project proposes doing this through a grant to the Alliance of organizations of persons with disabilities.

*In addressing the above points, please elaborate as appropriate on how the heterogeneity of the various disability groups, and their experience of multiple and compound discrimination, will be taken into account throughout the project cycle.*

## Accessibility

*Please outline briefly main actions that will be undertaken during the project planning and implementation to ensure that accessibility is fully realized noting also how persons with disabilities and their organizations will be involved in this process.*

Concrete actions guaranteeing full accessibility that directly contributes to the strengthening of organizations of persons with disabilities include their participation (through their representatives) in the preparation of care and accessibility protocols, or guidelines for health services responsible for health care for persons with disabilities and services of the inter-institutional response system for gender-based violence, for the provision of inclusive services to women with disabilities, as well as their participation in the process of sensitization of health care staff through their involvement in training courses, sharing their experiences or difficulties in relation to access to health care.

The study on conditions of universal access by teenagers and young women with disabilities to sexual and reproductive health services will support the achievement of creative participation of teenagers and young persons with disabilities from all over the country and their peers and families in the promotion of rights and sexual and reproductive health and access to services. In turn, through the development and implementation of appropriate and accessible national-level communicational tools that allow the dissemination of rights of persons with disabilities, the capacities of organized civil society will be strengthened to implement mechanisms for collaboration with public institutions, to promote regulations, participation and work at national level, as well as to promote social behavior that favors the prevention of gender-based violence.

# 4. Partnership-building potential

This project involves key State institutions and the biggest civil society Alliance working on the rights of persons with disabilities. These institutions, each one of them from their corresponding roles, have been involved in the submission of reports to the Treaty bodies committees.[[19]](#footnote-19) This represents a fundamental comparative advantage: we have the various perspectives and a base line which allow us to start with already existing capacities in public policy and citizenship, building up on this and making further progress. Work will be carried out with other State institutions which are the ones that have specific mandates on issues related to health, violence and access to information. These institutions are called “leading institutions”, but it is worth pointing out that they are part of larger platforms (inter-institutional work groups) that allow for policies and actions to be executed in a coordinated manner. For instance, in the area of violence, work will be carried out jointly with the response system existing in the country[[20]](#footnote-20), using their consolidated knowledge and resources to achieve inclusion and visibility of care to girls and women with disabilities. In terms of health, the project will work with the scheme of the public health system (ASSE) mentioned above. As for access to information, work will be carried out in close coordination with SIIAS, an interinstitutional initiative made up of 16 public bodies that provide information to the system and use it.

The Project is a significant lever to articulate existing inter-institutional platforms in different sectors in order to mainstream the CRPD principles into practices and actions at the various levels of the State.

# 5. Long-term UN engagement in the area of disability

The Project will have a trigger effect, not only in terms of the implementation of recommendations of CEDAW and CRPD Committees, but also in terms of its contribution to compliance with development agendas, such as the 2030 Agenda. The enjoyment of a fulfilling life and access to development by persons with disabilities contributes to the SDGs guiding principle “leave no-one behind”, and for Uruguay this is very important since it is strongly committed to the realization of SDGs of the new sustainable development agenda. Without a doubt, the mainstreaming of the CRPD principles, the translation of recommendations of treaty bodies into concrete actions to advance rights of persons with disabilities and the joint action of UN agencies and partners from the State and CSOs will only be the starting point for the incorporation of this population as the center of programs and actions developed by the system.

In addition, due to the country’s characteristics, the Uruguay UNCT has strategic connections at a regional level to disseminate and share good practices and pilot experiences. The same characteristic operates in the country’s international cooperation; together with the United Nations, it has transferred to other countries good practices and experiences on several matters.

# 6. Management arrangements

Uruguay has been a UN “Delivering as One” country since 2008. As a result, UN agencies, funds and programmes have much experience in working together, managing and administrating joint projects with a variety of relevant national institutions and organizations. As with other joined-up initiatives, the UNCT will maximize synergies, facilitate common learning and keep costs to a minimum.

The agencies participating in this Fund would be: WHO-PAHO, UN Women and UNFPA (implementers); UNESCO and UNICEF (associates); and the Office of the Resident Coordinator (partner). The Project will be managed as per the existing UN System managerial and administrative mechanisms established with AUCI and will count on a Project Management Committee as the main governance body, where all participating agencies and the Office of the RC, national partners (government institutions and NGOs) are represented. It will: ensure compliance with the work plan and schedule; establish the supervising mechanisms, follow-up activities; and be the convener and liaison between the agencies and partners of the project.

**Table 4. Implementation arrangements**

| **Outcome number** | **UNPRPD Focal Point** | **Implementing agencies** | **Other partners** |
| --- | --- | --- | --- |
| 1 | Giovanni Escalante PAHO/WHO | PAHO/UNFPA/UN WOMEN | MSP\_ASSE-INE-BPS-UDELAR-MIDES-ALIANZA de Organizaciones |
| 2 | Magdalena Furtado UN Women | PAHO/WHO/UNFPA/UN Women | MIDES (INMUJERES y PRONADIS)-CNCLVD ALIANZA de Organizaciones |
| 3 | Juan José Calvo UNFPA | PAHO/UNFPA/UN Women | MSP\_ASSE-INE-BPS-UDELAR-MIDES-ALIANZA de Organizaciones |

# 7. Knowledge Management

A number of strategies and instruments will be used for KM in order to capitalize new practices. Firstly, information collected (through different means) will be used to design processes and activities proposed. Thereby, it will be ensured that all areas of the project receive feedback on the various components. Results will be jointly analyzed to learn from mistakes or deviations from initial expectations and thus incorporate variables or effects that were not taken into account. Knowledge and best practices will be systematized. Innovation and knowledge creation initiatives will be promoted.

# 8. Inception Activities

Inception activities will include meetings and workshops with key actors from the different organizations involved in the field and in the project, both from government and civil society, in order to discuss in depth the common human rights approach and set up the basis for planning.

These meetings will work as knowledge leveling activities, about basic aspects of the CRPD, its guiding principles and the paradigm it promotes. In addition, lines of work for each component, the theory of change and main activities proposed will be presented during these meetings, to receive contributions for improvements and to validate them in common agreement.

A Schedule for actions will also be prepared, and indicators for follow-up and monitoring will be defined. These previous meetings will be taken into account to invite experts (names to be determined) to share information, trends and lessons learned from initiatives implemented for each component, so as to start with the project in the best conditions possible.

# 9. Budget

**Table 5. Project Budget**

| **Category** | **Item** | **Unit Cost** | **No units** | **Total cost** | **Request from UNPRPD Fund** | **UNPRPD POs cost-sharing** | **Other partners cost-sharing** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff and Personnel Costs** | consultants | N/A**[[21]](#footnote-21)** | 12 | 121.801 | 75.800 |  | 46000 (WHO, UNFPA, INE) |
|  | trainers for workshops | N/A | 1 | 15.000 | 10.000 |  | 5000 (UNFPA) |
|  | technical staff | N/A | 1 | 189.000 | 0 |  | 164000 (PRONADIS, Inmujeres, UN Women) |
| **subtotal staff& contracts** |  |  |  | **325.801** | **85.800** |  |  |
| **Supplies, commodities and materials** | supplies | N/A |  | 13.300 | 12.300 |  | 1000 (MIDES and UN Women) |
| **subtotal supplies etc** |  |  |  | **13.300** | **12.300** |  |  |
| **Equipment vehicles, furniture depreciation** | Office space and meeting rooms | 1134 | 3 | 3.400 | 300 |  | 3100 (MIDES and UN Women) |
|  | computers | 2400 | 3 | 7.200 | 4.700 |  | 2500 (Pronadis) |
| **subtotal equip, etc** |  |  |  | **10.600** | **5.000** |  |  |
| **Contractual Services** | **developing of courses and toolboxes** |  | **10** | **53.100** | **53.100** |  |  |
|  | **Facilitation services** | N/A | 65 | 88.600 | 69.600 |  | 19000 (ASSE) |
|  | **Difussion Campaign and toolboxes** |  | **16** | **70.000** | **70.000** |  |  |
| **subtotal CS** |  |  |  | **211.700** | **192.700** |  |  |
| **Travel** | **travel within the provinces througout the country (various activities)** | 289 | 76 | 22.008 | 15.000 |  | 7000 (Pronadis) |
| **subtotal travel** |  |  |  | **22.008** | **15.000** |  |  |
| **Transfers and grants** | Grant for strengthening CSOs (youth, women and other organizations) | 45.000 |  | 45.000 | 45.000 |  |  |
| **Subtotal transfer** |  |  |  | **45.000** | **45.000** |  |  |
| **General Operating expenses** | Inception activities | 5.000 | 3 | 15.000 | 15.000 |  |  |
|  | Operating office expenses | 13.590 | 1 | 13.590 | 1.590 |  | 12000 (WHO) |
|  | Administrative expenses | 1.400 | 1 | 1.400 | 1.400 |  |  |
| **subtotal GOE** |  |  |  | **29.990** | **17.990** |  |  |
| **Subtotal** |  |  |  |  | 373.790 |  |  |
| **Indirect costs (7%)** |  |  |  |  | 26.165 |  |  |
| **Total** |  |  |  | **658.399** | **399.955** |  |  |

**Table 6. Detailed Costs**

| **Category** | **Activity (please describe)** | **Total cost** |
| --- | --- | --- |
| Inception activities | Meetings and workshops with experts and national counterparts for planning by area of the Project: health, violence and Access to data. | 15000 |
| Monitoring and Evaluation Costs | External consultantship for final evaluation of the Project. | 9000 |
| Direct impact on empowerment of women and girls with disabilities | Grant and transfer to CSO empowerment on the prevention of violence and use of the response services to violence.  Capacity building of healthcare team and response services to violence to mainstream inclusivity and CRPD principles. | 10000  65700 |
|  | Grant to groups of young persons with disabilities, Women and men to empower them fulfilling their sexual and reproductive rights. | 15000 |
| Direct Impact on DPOs’ capacity | Grant to DPO’s for ownership of CRPD principles and promote substantive participation into consultation processes/fora.  Grant to DPO’Sforownership and advancement of a life free of violence; and advocacy to implement measures to combat violence amongst persons with disabilities.  Systematization of the work experience with groups of deaf youngsters. | 10000  10000  12000 |
| Accessibility costs | Universal Access and inclusive material on the rights of persons with disabilities focusing on prevention and Access to Violence response and sexual and reproductive rights services. | 35000 |

1. The State partners of the project are: *Banco de Previsión Social- BPS (*Uruguay’s Social Security body); *PRONADIS/MIDES (*The National Disability Programme); ); INMUJERES/MIDES (The National Women’s Institute); *Ministerio de Salud Pública MSP(*(National Health Ministry); and the *Agencia Uruguaya de Cooperación Internacional (*Uruguayan Agency for International Cooperation- AUCI). Our main civil society partner is the *Alianza de Organizaciones por los Derechos de las Personas con Discapacidad del Uruguay (*Uruguayan Alliance of Organizations for the Rights of Persons with Disabilities which represents the views of more than 20 NGOs and has developed innovative actions in the proposed field). Other relevant institutions consulted were and *Instituto Nacional de Estadística INE (*National Statistical Institute) and other existing articulation mechanisms, such as the multi-institutional coordination for education and disabilities. [↑](#footnote-ref-1)
2. The first census that reflected basic disability variables. [↑](#footnote-ref-2)
3. This system compiles more than 3.2 million monthly records of people receiving at least one benefit from the State. It was created in 2008 as an inter-institutional initiative with the participation of 16 public bodies that provide information to the system and use it. It currently has information about 4.2 million people, including foreign and deceased persons. In September, it was awarded with the 2015 Inter-American Price for Innovation on Effective Public Management. This was the third edition of this award granted by the Organization of American States (OAS). The SIIAS stood out among a total of 218 applications submitted by public institutions of 16 OAS member countries. [↑](#footnote-ref-3)
4. Most institutions taking part in the program are part of the National Mechanisms for Reporting and Follow-up (NMRF) set by Uruguay in 2016, which reports through an online project SIMORE (https://simore.mrree.gub.uy/buscador/home/) [↑](#footnote-ref-4)
5. Nationally funded by a UN agency co-sharing. [↑](#footnote-ref-5)
6. States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. (…) d) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care; (…)States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services. (United Nations Convention on the Rights of Persons with Disabilities (art.25 and 26). [↑](#footnote-ref-6)
7. http://www.msp.gub.uy/noticia/presentaci%C3%B3n-de-objetivos-sanitarios-nacionales-2020 [↑](#footnote-ref-7)
8. http://afiliaciones.asse.com.uy/documents/20181/0/Libro+de+ASSE+interactivo/ca70be40-a245-40ae-9740-3ede7901b242 [↑](#footnote-ref-8)
9. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. (United Nations Convention on the Rights of Persons with Disabilities (art 6) [↑](#footnote-ref-9)
10. Recommendations 53 and 54 of CRPD [↑](#footnote-ref-10)
11. Recommendations 15 and 16 of CRPD; Recommendations 41 and 42 of CEDAW. 2016 [↑](#footnote-ref-11)
12. *Manual of Good Practices for the treatment and care of persons with disabilities* of the Ministry of Social Development, aimed at people who carry out customer care tasks both in the public and private sector. [↑](#footnote-ref-12)
13. The State Health Services Administration (ASSE) has a Distance Learning Platform. [↑](#footnote-ref-13)
14. The Metropolitan Primary Care Network is an ASSE primary care executing unit that provides care to 340,000 users in Montevideo and the Metropolitan area, through 14 Primary Care Centers and 112 polyclinics and where inter-disciplinary and complex primary care activities are carried out; fertile ground for the acquisition, transfer and improvement of knowledge, and for research in health, playing a key role in the training of Health Human Resources. ASSE is the only comprehensive provider present in every department of the country. Primary care consists of more than 800 points of care throughout the country, including rural health posts, practices, polyclinics and health centers, while secondary and tertiary care are provided in 44 hospitals. It has around 1,300,000 users throughout the country (30% of the population) and together with *Hospital de Clínicas* (Hospital of the State University) it is the main practice field for the training of all technical and auxiliary professionals in the area of health trained in our country. Each year more than 7000 students of health-related courses carry out activities in these services. [↑](#footnote-ref-14)
15. According to the census carried out in 2011: Total Population in Uruguay: 3,250,000 inhabitants, of which 17.01 % declared having at least one disability, which amounts to 517,771 people (1 every 6 people). Of such people, 70.5% declared having a mild disability, 25% a moderate disability and 4.5% a severe disability (23,433 people). [↑](#footnote-ref-15)
16. See previous Note. Given its quality and extension, this Network is the best-positioned actor to integrate and reproduce practices in a sustainable manner. [↑](#footnote-ref-16)
17. In year 2017, the Ministry of Public Health signed an agreement with the National Employment and Professional Training Institute (INEFOP), to train 70,000 medical and non-medical workers of the Health System to improve the quality of care of services through on-line tutoring. [↑](#footnote-ref-17)
18. According to the International Convention on the Rights of Persons with Disabilities (CPRD), “Communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology. [↑](#footnote-ref-18)
19. Inmujeres led the drafting of the country report to CEDAW, while PRONADIS led the submission of the country report to the CRPD. The Alliance was the coalition that submitted the alternative report to the CRPD in 2016. [↑](#footnote-ref-19)
20. This is possible because there is currently the political will to conduct this coordinated work in Uruguay, since the recently launched national plan “2016-2019 Action Plan for a Life Free from Gender-Based Violence” incorporated for the first time the issue of disability as an inter-sectorial approach, showing the importance of generating comprehensive responses to address this issue. Political will is also reflected in the preliminary bill on violence against women, which is currently in parliament. This bill has 103 articles and is an opportunity to make progress, since article 33 explicitly refers to guidelines for policies on this matter in case of disabilities. http://www.inmujeres.gub.uy/innovaportal/file/58504/1/plan\_de\_accion\_2016-2019\_.pdf The plan was supported by UN Women and PAHO/WHO and tries to provide an inter-institutional response to consolidate the national policy for the prevention, treatment, sanction and reparation of gender-based violence. [↑](#footnote-ref-20)
21. There is not a single unit price. [↑](#footnote-ref-21)