



# PERUVIAN NATIONAL CONFEDERATION OF PEOPLE WITH DISABILITIES CONFENADIP ALTERNATIVE REPORT



**On the Compliance with the Convention on the Rights of Persons with Disabilities submitted by the PERUVIAN NATIONAL CONFEDERATION OF PERSONS WITH DISABILITIES (CONFENADIP)**

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## INTRODUCTION

The entry into force of the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol, ratified by the Peruvian State in December 2007 by means of Legislative Order (Resolución Legislativa) 29127 and Executive Order (Decreto Supremo) 073-2007-RE, paved the way for its real implementation and compliance, as well as the ardent desire for the opportunity to engage in participation and monitoring by persons with disabilities (PWDs) and their organisations throughout the world, and specifically in Peru.

Two years after the entry into force of the CRPD, the Peruvian State has provided the United Nations Monitoring Committee with its official report on the measures adopted to comply with the obligations set forth in the Convention.

Persons with disabilities and their existing organisations are aided by the right to submit alternative reports to the Committee on such matters, and to propose the measures required for a better compliance with the CRPD.

Making use of this right, the Peruvian National Confederation of Persons with Disabilities (CONFENADIP) hereby submits to the Convention Monitoring Committee this Alternative Report (AR) containing the perspective of persons with disabilities in Peru regarding the real and effective exercise of our rights as recognised in the CRPD.

This Report contains considerations on the general framework for the promotion and protection of human rights, and specifically the rights of persons with disabilities, as well as the application of the specific mandates of the CRPD in Peru.

Given that this is the first alternative report on the compliance with the Convention in Peru, we took on the challenge of drafting it with the conviction that pointing out problems and proposing solutions, from the perspective of the compliance with our rights, is the primary responsibility of the Peruvian State, with the direct participation of and in close consultation with persons with disabilities and their organisations, as established in Articles 4 and 33 of the Convention.

From this point on, we will work to disseminate this report, seeking commitments to the compliance with the mandate of the CRPD from the authorities of the national, regional and local governments, looking for support and involving more and more people with disabilities and their families, human rights organisations in the country, NGOs working to promote sustainable and concerted development, as well as the different collectives of excluded sectors without disabilities.

## METHODOLOGY FOR THE DRAFTING OF THIS REPORT

The methodology used for the drafting of this report was carefully structured to ensure the greatest participation possible to people with disabilities from Lima, the capital, as well as the rest of the country, from both urban and rural zones. For its drafting, primary research instruments were used (e.g. the application of questionnaires and surveys), validated by the parties involved; as well as secondary instruments (e.g. the review of national laws, the review of the Official Report of the Peruvian State on compliance with the CRPD, official documents on activities performed and interviews with officials, representatives of NGOs and human rights organisms in the country). This process included the holding of workshops, both in Lima and the rest of



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the country, in order to disseminate the contents of the Convention and validate the questionnaires prepared; the nationwide dissemination of the questionnaire for persons with disabilities through the existing networks

for its application; the systematisation thereof and the holding of in-depth interviews to supplement the information received; as well as the holding of a national workshop to present the Report prepared in the National Assembly of the CONFENADIP, together with other invited organisations for persons with disabilities.

## THE NATIONAL LEGAL FRAMEWORK FOR THE PROMOTION AND PROTECTION OF HUMAN RIGHTS, SPECIFICALLY WITH REGARD TO THE RIGHTS OF PERSONS WITH DISABILITIES

Below are the main criticisms we believe to be relevant to the reading of the Official Report submitted by the Peruvian State to the United Nations and the Committee on the rights of persons with disabilities:

- The Official Report was prepared without the timely, effective and representative consultation of organisations for persons with disabilities.
- The National Human Rights Plan for 2006-2010 is not mentioned in the national legal framework submitted by the Official Report, nor was it taken into account when formulating the public policies related to PWDs. This Plan was approved by the Peruvian State by Supreme Executive Order (Decreto Supremo) 017-2005-JUS, dated December 10, 2005, after an extensive drafting process that took into consideration the Directives of the UN Office of the High Commissioner for Human Rights, as well as the obligations formally assumed by Peru in the framework of the international system for the protection and promotion of human rights.<sup>1</sup>
- This omission is highlighted because said regulation not only forms part of the national legal system for the protection of human rights in Peru, but it also includes a specific chapter on the rights of persons with disabilities, the legal formality of which is thus deprived of effective content.
- The Official Report states:
  - (i) “[...] Specific plans are implemented within the scheduled activities of public entities, impacting their cross-cutting nature and the adoption of verifiable budget commitments. Thus we have the Equal Opportunities Act, Plan against Violence against Women, Action Plan for Children and Adolescents, Plan for Senior Citizens, National Family Support Plan, Equality Opportunities Plan for Persons with Disabilities, among others, all currently in force and defined for follow-up during a time horizon of five years. The monitoring thereof is entrusted to the corresponding ministries, pursuant to their competencies ...” p. 25.
  - (ii) “...The Ministry of Women’s Issues and Social Development is the ministry that guides public policies on matters of gender equity, protection, and social development of vulnerable populations suffering from exclusion, guaranteeing

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<sup>1</sup> The validity of the NHRP has been extended by the current government of Peru until December 2011.



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the exercise of their rights in order to broaden their opportunities, improve their quality of life and promote their personal and social realisation.”

- (iii) The programmes it manages include the Cooperation Fund for Social Development (FONCODES) (for the period between July 2006 and February 2010, FONCODES reported an investment of S/. 56,353,860, or approximately US\$19,499,000, prioritising investment in social infrastructure projects (49%) and capacity-building projects (51%). The National Wawa Wasi Programme (PNWW), which directly benefits children under the age of four who require care and protection because their parents work or are looking for work and do not have an adult person who can take care of them or guarantee their comprehensive care...”

However, according to the “Report on the Application of the International Convention on the Rights of Children and Adolescents in Peru”<sup>2</sup> submitted in 2005 to the Committee on Child Rights by the National Initiative Group (GIN), of all the social programmes mentioned, only one – the Wawa Wasi Programme<sup>3</sup> – included 882 children with disabilities, out of a total of 40,000 children attended through said programme.

- None of the Action Plans corresponding to the social programmes mentioned in the official report includes specific indicators for attention to persons with disabilities, much less any reference to the budgets assigned for the compliance therewith. The foregoing is unsurprising, since the lack of *results* or *impact* indicators linked to the population with disabilities is notorious in government plans related to the different public policies directed at the population in general, or the population living in conditions of poverty in particular.
- There is also no consistent statistical information regarding disabilities in Peru that allow for the establishment of *baselines* that could be used to formulate policies and measure the advances made in achieving goals and indicators of progress, impact and results related thereto.

The National Council of Persons with Disabilities (CONADIS) and the Special Commission on Disabilities of the Congress of the Republic (CODIS) have presented proposals on the matter. However, they have not been heard by the governmental instances with the power to approve them. Although the Ministry of Economy and Finance ordered the creation of a *programme classifier* in February 2010 to help distinguish between those investments related to issues of disability made by the different sectors of the three levels of government<sup>4</sup> (non-existent up to that point, which made it impossible to determine and supervise the investments made by the government in the matter of disabilities), this advance is relatively insignificant considering that the correlative budget allocations have not been made, indispensable to support the compliance with the mandates of the CRPD and its corresponding supervision.

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<sup>2</sup>See <http://www.gin.org.pe/infonu-35pp.htm>

<sup>3</sup> Public programme that provides daytime care services for children living in poverty whose parents work outside the home.

<sup>4</sup> Local governments, regional governments and institutions of the central government.



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## APPLICATION OF THE SPECIFIC MANDATES OF THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

### Definition of Persons with Disabilities - Article 1

### Definitions Given - Article 2

### General Principles - Article 3

- Law 27050 (the General Persons with Disabilities Act or LGPD) has not been adapted to reflect the contents of the CRPD<sup>5</sup>. Heavily based on a medical rather than social perspective, Section 2 of the LGPD offers a definition of individual persons with disabilities that reads as follows:

“A person with disabilities is anyone who has one or more deficiencies evidenced by the significant loss of one or more physical, mental or sensorial functions that involve the diminishment or absence of the ability to carry out an activity within the forms or margins considered normal, limiting him or her in the performance of a role, function or exercise of activities and opportunities to participate equally in society.”

- Likewise, the LGPD omits any reference to the definitions contained in Article 2 of the Convention, which are essential in instruments aimed at promoting full accessibility and social inclusion for PWDs. Moreover, the law ignores the General Principles which serve as a framework for the contents of the CRPD, making it difficult, if not impossible, to draft plans and public policies based on the principles set forth in the Convention.

### General Obligations - Article 4

### Adoption of Legislative, Administrative and Other Relevant Measures to Enforce the Rights Recognised in the CRPD

- Peru has taken a major step forward by approving Law 29524, which recognises deafblindness as a single disability and sign language, dactylology and Braille as official communication systems, without affecting the freedom of choice of persons with disabilities. The Law establishes that public and private entities and institutions that provide public or customer attention services shall give deaf-blind persons, at no cost and in a progressive manner, an interpreter guide service, when so required. It is estimated that this law will benefit the approximately 15,000 deaf-blind persons in the country.
- However, despite constituting an advance in the recognition of their rights to adapted communication, groups of deaf-blind persons have complained that they were not consulted in the drafting of the law in question, and they lack effective support for the exercise of other basic rights inherent to their dignity, such as the right to employment, health, sports or culture.

### Non-Compliance with Articles 4 and 33

- By Supreme Executive Order (Decreto Supremo) 080-2008-PCM, published on December 4, 2008, the Peruvian Government created a Permanent Multi-Sectorial Commission (CMP) responsible for proposing measures for the implementation of the Convention. This Commission is made up of representatives of the Executive Branch and the Congress of the Republic, without the presence of organisations of persons with disabilities, despite the fact that such presence is required by the Convention in its Articles 4 and 33.

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<sup>5</sup> See Annex 1





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- The CONFENADIP and other groups of persons with disabilities have filed a legal action for the failure to comply with this mandate of the Convention. To date, however, no favourable ruling has been obtained, and no representatives of persons with disabilities have been incorporated into the CMP. In this regard, the Ombudsman's Office has sent a report to the UN Office of the High Commissioner for Human Rights confirming that the Peruvian State has not implemented the measures necessary to achieve the participation of persons with disabilities in the stages of planning, performance and monitoring of the compliance with the Convention.<sup>6</sup>

## Equality and Non-Discrimination - Article 5

- The principle of Equality and Non-Discrimination toward persons with disabilities is not expressly considered in Peruvian law, or in the preparation of social policies or the approval of budgets which specifically address the need to ensure equality of opportunities.
- The absence of indicators on disabilities in the government's social development plans, as well as the corresponding budgets, emphasises the lack of attention. It should be noted, however, that some progress has been made with regard to the corresponding laws, wherein certain acts impeding the implementation of the General Persons with Disabilities Act have been classified as "misdemeanours," as is the case with Law 29392, approved in December 2008.<sup>7</sup> But this one has not been implemented yet.
- Likewise, in the public budget laws for fiscal years 2009 and 2010, two sections were approved authorising local and regional governments to earmark budget resources for the issue of disabilities.<sup>8</sup> However, there is a lack of information, due to the non-existence of a monitoring and/or accountability system, regarding the goals met with these measures.

## Women with Disabilities - Article 6

- There are no specific regulations, nor have any actions been taken by the Peruvian State to ensure the protection of their rights and promotion of their development.
- Law 27050 contains no indications regarding special attention for women with disabilities, despite the situation of greater exclusion and discrimination suffered by this social group.
- Approximately 30% of women with disabilities are heads of household and the sole source of income therein. The majority of them have been abandoned by their partners, and left with the economic burden of supporting the children. They have no State-sponsored alternatives that help them insert themselves into the labour and production market. The majority of women who work are employed in small businesses, particularly service providers, engaged in menial tasks that are undervalued and poorly paid, normally without access to social security.
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<sup>6</sup> The Report of the Ombudsman's Office mentioned is attached hereto as an Annex.

<sup>7</sup> Attached as an Annex. See also <http://www.scribd.com/doc/21423967/LEY-29392>.

<sup>8</sup> This is the case with the authorisation to allocate 0.5% of their budgets to the improvement or provision of accessibility to the urban infrastructure of cities, as well as town halls, to the service of all citizens, and especially to persons with disabilities and senior citizens. Authorisation was also given for the monthly expense of up to one Tax Unit (UIT) for the opening and start-up of the municipal and regional offices for attention to persons with disabilities. (Official Report, p. 52)



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- Women with disabilities also have more difficulties than men with disabilities in exercising their right to political and citizen participation, being deprived of this right, generally speaking, by the men with disabilities themselves. Their situation is further characterised by economic limitations; a prevailing lack of accessibility and the persistence of traditional and cultural concepts and practices that restrict the political participation of women with disabilities.

## Children with Disabilities - Article 7

- The Code on Children and Adolescents approved by Law 27337, dated June 21, 2000, recognises certain rights of children with disabilities. These include the need to create rehabilitation programmes for their physical and mental recovery, offering them specialised attention; access to specialised education and training; access to special education aimed at their integration into the regular educational system and the learning of manual activities. However, this law does not acknowledge other rights mentioned in the CRPD, such as the right to freely express their opinion on all matters that affect them, under equal conditions with other children.
- In Peru, there are no public programmes on other aspects crucial to their development, such as sports, access to culture, an effective and real inclusive education, or special education in the case of children with severe disabilities.
- In 2010, a report on the "Situation of Indigenous Children in Peru" was published, presented by UNICEF and the National Institute for Information and Statistics (INEI). Although this report does not include specific data on children with disabilities, it reveals the general state of severe neglect by the Peruvian State of indigenous children. According to data taken by the report from the 2007 National Census, nationwide, 11% of young people between the ages of 18 and 20 do not have a National Identity Document (DNI); this figure is even higher among indigenous youths in the Amazon region, where more than 30% lack this document which plays a fundamental role in the exercise of an active citizenship.

Predictably, the majority of undocumented indigenous youth suffer from disabilities due to a lack of care and the marginality in which they live. In terms of education, the situation is even worse: only 32% of the indigenous child population between the ages of 3 and 5 attend an educational centre, compared to 55% of non-indigenous children.

- Among its Recommendations, the abovementioned "Report on the Application of the International Convention on the Rights of Children and Adolescents in Peru" stresses the need to "guarantee the unrestricted application of the rights and protective measures for children and adolescents exposed to situations of risk, such as child and adolescent labourers, children living in the streets, children affected by political and intra-family violence, *children with a disability*, and juvenile offenders, due to the fact that there are no sustained programmes with adequate budgets."

## Awareness-Raising - Article 8

- The State has disseminated the CRPD, but has allotted very insufficient budget resources for such purpose. For example, the Special Commission on Disabilities of the Congress of the Republic has published approximately 1,550 printed copies in text and 500 in Braille, and the CONADIS has published approximately 5,000 copies in text. This effort is clearly insufficient, considering the total number of persons with disabilities living in Peru: more than three million, according to the 2007 National Census.





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- The Peruvian Congress has held one public hearing in Lima, and 14 elsewhere in the country, in order to provide training on the contents of the Convention and apply questionnaires in regard thereto, which have included the participation of approximately 1,500 persons with disabilities and their family members. However, no campaign has been performed for the dissemination of the CRPD and information to fight stereotypes, prejudices and discriminatory practices against persons with disabilities in other social scenarios, schools or mass media, not even the national media outlets – radio, television and print – controlled by the Peruvian State.

## **Accessibility – Article 9**

## **Personal Mobility – Article 20**

## **Freedom of Expression and Opinion, and Access to Information – Article 21**

- The National Building Code contains Standard A.120 “Accessibility for Persons with Disabilities,” which collects the provisions established in NTE A.060 and NTE U.190. This technical regulation establishes conditions and technical design specifications for the elaboration of drafts and performance of building works and for the adaptation of existing buildings, where possible, in order to make them accessible to persons with disabilities. The Regulations also establish the non-compliance with this Standard as a punishable infraction, in accordance with the provisions of Law 27920 on Infractions and Sanctions for Failure to Comply with Accessibility Standards.
- Law 27920 establishes that the municipalities are the entities responsible for applying the sanctions established, earmarking the amounts collected from the application of the fines exclusively for municipal projects or programmes for social, labour and educational support in favour of persons with disabilities, as well as programmes that ensure the compliance with these standards of accessibility. The CONADIS is the body responsible for monitoring the compliance with the Law and promptly informing the corresponding municipality of the commission of infractions within its jurisdiction.

However, Law 29392 on infractions and sanctions for the failure to comply with some articles of the General Persons with Disabilities Act establishes that it is the Ministry of Women’s Affairs and Social Development (MIMDES) that is responsible for enforcing the sanctions provided for by law, rather than municipal authorities, which makes such enforcement difficult nationwide. Law 29392 also states that the revenues collected from fines shall be allocated to the CONADIS exclusively for the promotion of the rights of persons with disabilities nationwide. However, the best approach would be for the municipalities to apply the fines, with the monitoring falling jointly on the municipalities and the MIMDES-CONADIS.

There are several reasons for this: It is necessary to decentralise the functions of the federal government. Additionally, it is necessary to strengthen the functions and resources of the Municipal Offices for Protection, Promotion and Organization of Persons with Disabilities (known as OMAPEDs), which are found in every town in the country, unlike the offices of the CONADIS. The revenues collected from the fines for failure to comply with the standards on accessibility can economically support the development of their functions.

- Simultaneously to the issuing of the abovementioned accessibility standards, the Technical Committee for the Standardisation of Accessibility to the Physical Environment has been established under the responsibility of the National Institute for Free Competition and the Defence of Intellectual Property (INDECOPI). This Committee is made up by various institutions from the public and private sectors, and is responsible for drafting new technical accessibility standards for persons with disabilities in buildings and urban planning, using international standards as a reference. It has been assigned with the task of



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- establishing the minimum universal design requirements to be complied with by environments, equipment and means of transportation so that they are apt to be used by persons with disabilities without difficulties or obstacles when performing their individual or collective activities. This activity is related to the acquisition of ISO approval for buildings, but again DPOs are not requested their advise.

However, there is a lack of information regarding the compliance with the regulatory provisions on budgets for 2008 and 2009 on the use of the 0.5% of the budget of each municipality for the performance of works, repairs or modifications aimed at improving or providing accessibility to urban infrastructure. Likewise, the State's adoption of measures for the elimination of obstacles and barriers to public transportation and communication and information services, which are vital to facilitate the access to employment for persons with disabilities, is still pending.

It should also be noted that even though there is a budget provision that authorises regional and local governments to use up to one (1) Tax Unit (UIT) per month to finance the operating expenses, plans, programmes and services which the OMAPEDs and Regional Offices for Attention to Persons with Disabilities (OREDIS) are legally obligated to provide, this is often used as a justification to prevent said municipalities and local governments from allocating sums exceeding the very limited value of one UIT (S/. 3,600 or US\$1,200) per year for such purpose. Despite this laws and its sanction are still not implemented.

## Situations of Risk and Humanitarian Emergencies - Article 11

- Peru lacks public policies for prevention and attention to persons with disabilities in situations of natural disasters, despite the fact that the country is located in a zone with a history of seismic activity, geographically forming part of the so-called *Pacific Ring of Fire*, and thus with high seismic potential.
- No awareness is raised regarding persons with disabilities in the earthquake drills occasionally carried out to educate the population in case of earthquakes.

## Equal Recognition before the Law - Article 12

- The Peruvian Civil Code denies the ability to exercise their civil rights to deaf-mute, blind-deaf and blind-mute persons who are unable to express their will beyond reasonable doubt, as well as to mentally handicapped persons and those suffering from mental deterioration. It likewise establishes that the following persons may not marry:

“Those who suffer chronically from mental illness, even if they have lucid intervals; and deaf-mute, blind-deaf and blind-mute persons who are unable to express their will beyond a reasonable doubt.”<sup>9</sup>

The Law 29737 has modified the General Public Health Act, allowing unwilling hospitalization of People with psychosocial disability, without establish the terms of this situation. Leaving the terms in a regulation which was not approved until now, this situation is against the CRPD (Art. 12, Equal Recognition before the Law and 17, Protecting the Integrity of the Person).

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<sup>9</sup> See Annex 2.



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## Access to Justice – Article 13

- In Peru, pertinent treatment is not given to persons with disabilities with regard to their access to justice, the speediness of the proceedings in which they are involved, or the necessary training of judges and penitentiary personnel in attending to them. Adapted languages are not used in judicial proceedings.

## Liberty and Security of the Person – Article 14

## Freedom from Torture or Cruel, Inhuman or Degrading Treatment or Punishment – Article 15

## Freedom from Exploitation, Violence and Abuse – Article 16

## Protecting the Integrity of the Person – Article 17

## Liberty of Movement and Nationality – Article 18

- The provisions set forth in Articles 14 through 18 are especially related to the treatment of persons with psychosocial and intellectual disabilities. In Peru, such persons face a major challenge in terms of the recognition and full exercise of their civil rights. In 2004, the Ombudsman's Office carried out an auditing action aimed at determining the situation of persons with psychosocial disabilities held in mental health establishments, the results of which were published in Ombudsman's Report 102.<sup>10</sup> It found that mental health services in Peru primarily reflect an intramural care or ultra-institutionalised model, i.e. a model that focuses on caring for mental illness in isolation from socio-environmental surroundings. Due to its medical—as opposed to social—approach, this model is contrary to the rights approach for persons with psychosocial disabilities, especially because it attempts to rehabilitate them by isolating said persons from their family and community environment.
- To complicate matters even further, the Peruvian State lacks the political will to provide alternative outpatient resources inserted into the community, which serve as a basis on which to implement the community rehabilitation model.
- The audit performed by the Ombudsman's Office between May and December 2004 on six establishments of the Ministry of Health (MINSA) and two of the State Social Security Entity (ESSALUD) determined the existence of the following problems:
  - a) The lack of consent of the patients to their commitment and the inexistence of hospitalisation forms. Some establishments didn't even have hospitalisation forms that could be used by family members.
  - b) Lack of verification of the existence of a caretaker at the moment of commitment.
  - c) Lack of a review board for commitment orders.
- With regard to the right to dignified treatment, the same report of the Ombudsman's Office observed that the facilities of three of the six establishments of MINSA audited ( Hipólito Unanue Hospital, Víctor Larco Herrera Hospital and the Iquitos Mental Readaptation Centre (CREMI)) were extremely deficient and poorly maintained.
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<sup>10</sup> See <http://www.defensoria.gob.pe/inform-defensoriales.php>



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- To the foregoing are added other problems detected by the Ombudsman's Office in the same report: a considerable number of committed patients whose identities were unknown lacked a National Identity Document (DNI) and were subject to irregular check-ups.
- With regard to the personnel in charge of the services after two in the afternoon (afternoon and night shifts), they are generally understaffed. At the time of audit by the Ombudsman's Office, only the Honorio Delgado-Hideyo Noguchi Institute, Erminio Valdizán and Rebagliati Hospitals and the Acute Rehabilitation Unit at Larco Herrera Hospital had enough nurse aids to cover their service needs.
- In general, the care protocols in force only provide for the need to request informed consent *from the family members of the patients* (not the patients themselves), but even this standard is not complied with. Furthermore, it is rare that the patients' right to receive information and give their own consent is considered. No mention is made to the need to respect their privacy and admit any requests that may be made to submit medical decisions to a second opinion, among other rights. None of the hospitals that use electroconvulsive therapy (ECT) carry out this procedure with anaesthesiologists and muscle relaxants, aside from exceptional cases, above all in the case of the elderly or persons with risk of endocranial fractures and/or haemorrhage. Of the six establishments where ECT is performed, only the Honorio Delgado-Hideyo Noguchi Institute and the Valdizán Hospital have modern equipment fitted out with mechanisms for controlling the intensity and time of the discharges of alternating current, and controlling its electroencephalographic effects. The other hospitals carry out this therapy with equipment over 20 years old, in some cases even "homemade," which result in higher probabilities of failures in the procedure and adverse effects in the patients.
- In relation to respect for the right to privacy, the Ombudsman's Office found that in Honorio Delgado Hospital, the nursing staff remains present during visits by family members. According to the healthcare personnel, this is meant to help determine the type of relationship that exists between the patients and their family. After the visit, they explain to the family members how to act in order to relate to the patients, and inform them of the reasons for which the patients adopt certain behaviours.
- In terms of the patients' possibility of maintaining private communication through correspondence services, the Ombudsman's Office found that in none of the hospitals audited are the patients allowed to send letters.
- For their part, Mental Disability Rights International (MDRI) and the Pro Human Rights Association (APRODEH) performed an investigation from October 2002 to February 2003 on the mental health situation in Peru, finding various severe violations of the human rights of persons with psychosocial disabilities. These include the existence of inhuman and degrading treatment inside the respective institutions; the proliferation of situations of discrimination in the provision of social and health services; the failure to obtain informed consent; and violations of the right to community integration, among others.  
  
This investigation states that families can play an important role in achieving community integration. However, without adequate services and support, families may be unable to facilitate the real community integration of relatives with disabilities.
- It should also be noted with regard to this matter that Dr. Paul Hunt, United Nations Special Rapporteur on the Right to the Highest Attainable Standard of Health, stated in reference to mental health in Peru that there are major disparities between the official goals and the national and international obligations in



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matters of human rights, on one hand, and the reality of the health services provided to the people with psychosocial disability, on the other.

- The Special Rapporteur also observed that the provision of mental health services is highly centralised, so that they are inaccessible for a large part of the population, provided mostly in large psychiatric institutions, which denies to people with psychosocial disability their right to be treated and cared for in the community in which they live, as well as to live and work there, to the extent possible.
- The Special Rapporteur also expressed concern over the vulnerability of the users of the psychiatric services, particularly those committed to large psychiatric hospitals, in view of the violation of various human rights during their care. He visited the Víctor Larco Herrera Hospital and witnessed some of these problems. Likewise, he was provided with information on practices and conditions in other institutions that are seemingly contrary to the right to health and other human rights.

## **Right to Live Independently and Be Included in the Community - Article 19**

- The existing healthcare services for persons with disabilities are insufficient, which results in exclusion in access to these services. The services are institutionalised, with an individual, medical approach, as opposed to the modern social approach and the promotion of social inclusion.
- No community programmes are designed for the personalised, in-home care that will allow persons with disabilities to be included in their communities. They are simply made invisible within their own communities. Their participation in concerted local development is not promoted.

## **Education - Article 24**

- In the last National Population Census in 2007, it was not possible to register the characteristics of the population with disabilities because the investigation performed was centred on “households” and not persons. To find more relevant information on access to education by persons with disabilities, even with some reservations, it is necessary to examine the 2005 and 2006 Continuous National Census of the National Institute for Information and Statistics (INEI).

This survey calculates that the population with some type of disability in 2005 was 8.4% of the whole population- which is 2'343,398 - In Lima, the prevalence of disability was 11.7% and in Callao around 8,5%. And the Census of 2006 showed that the population with disability made up of 2,523,034 persons, which represents 8.9% of the total population. According to the same survey, there are 325,471 school-age children and adolescents with disabilities.

- According to the data provided by the Ministry of Education, only 42,132 persons with disabilities are enrolled in the different modalities and levels of the national educational system. This means that at least 87.1% of school-age children and adolescents with disabilities remain outside the educational system.
- Furthermore, the number of students with disabilities enrolled in the different levels of special education is even higher than that of students included in the other modalities of the system. In other words, the inclusive education strategy is not working in Peru.
- In 2007, the Ombudsman's Office audited 82 regular public primary educational institutes in all the departments of the country. The purpose of this audit was to evaluate the implementation of the inclusive educational policy for children with disabilities, designed by the Ministry of Education, to determine the level of compliance by the Peruvian State with the obligations related to guaranteeing their right to





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inclusive education in regular public schools. Based on the investigation performed, the Ombudsman's Office presented Ombudsman's Report 127<sup>11</sup>, remarking on the nearly non-existent progress of the pilot plan for inclusive education and proposing recommendations for its implementation.

- In the 2010 National Budget, no figure was included for inclusive education activities, while only S/. 2,104,648 was allocated for special education schools, representing barely 0.05% of the total budget of the Ministry of Education, which comes to S/. 4,111,262,739.
- This lack of investment in the education of children with disabilities serves as a concrete example of their exclusion from the educational system.

## Health - Article 25

- There is a lack of infrastructure and equipment in rehabilitation services. Effectively, the great majority of rehabilitation services are based out of hospitals. Of the 485 hospitals in the country, only 75 have rehabilitation services, of which 38 are run by the Ministry of Health, 26 belong to ESSALUD and 7 to the Health Units of the Armed Forces and Peruvian Police Force. Similarly, out of all the hospitals in the country, only 10 have mention health services.
- Of the 75 hospitals with rehabilitation services, 45 are located in Lima, the capital of Peru, with 30 spread throughout the rest of the country. Disability care services are completely non-existent in rural zones of the rest of the country.
- With regard to care received through Comprehensive Health Insurance (SIS), an insurance system for persons with low income, Supreme Executive Order (Decreto Supremo) 004-2007-SA established that the coverage of this insurance includes only the detection of and recovery from acute visual disorders and blindness in children (only related to strabismus and cataracts); and surgical attention and rehabilitation procedures only in first-class health facilities. The maximum annual limit per person is S/. 12,000.
- The law in questions establishes, in its chapter on "Specific Exclusions" from care, injuries typical of persons with disabilities such as cerebral palsy and other paralytic syndromes; the side effects of traumatism, poisoning and other consequences of external causes; self-inflicted injuries (very typical in psychosocial disabilities).

The most concerning of all is that rehabilitation may be reduced to zero as a consequence of two laws subsequently issued by the Ministry of Health and ESSALUD. Ministerial Resolution 616-2003-SA/DM omits rehabilitative medicine as a line entity within the organisational structure of health establishments, while Resolution of the Executive President's Office 258-PE-EsSalud-2003 eliminates the Assistant Management of Professional Rehabilitation from the Regulations on the Organisation and Functions of the ESSALUD Service Division.

- The consequence of this deficit of rehabilitation services in Peru is that only 5% of persons with disabilities receive specialised attention.
- Persons with disabilities also suffer from limited access to biomechanical aids, since no aid banks have been implemented in Peru despite the existence of laws creating them since 2004.

<sup>11</sup> See <http://www.defensoria.gob.pe/video-informes.php?ar=4088>





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- No epidemiological surveillance system for disabilities has been designed or implemented, either, which could be used to monitor changes in the structure of disabilities and deficiencies.
- No preventive programmes are developed. In Peru, there are 25,000 companies obliged to pay Supplementary Occupational Hazard Insurance (SCTR), but only 6,000 actually do so. Most notable among the 19,000 companies that fail to comply with this requirement are those of the electricity and construction sectors.
- Healthcare and rehabilitation services are institutionalised. Community care in rural and marginal urban zones is not promoted.
- With regard to mental health, there is a severe problem regarding access to medications for the treatment of psychiatric disorders, due to their high costs and the chronic nature of the treatment. These factors are added to the situation of poverty in which these persons often live, due to their disabled condition and social and labour marginalisation. The average cost of atypical antipsychotics is more than double to triple the basic salary in Peru, while the costs of the generic medications are approximately US\$12 a month. The difference between atypical and generic medications is due in large part to an import tax of 18%, in addition to government tariffs, which make up 20-30% of the overall cost of medications by the time they make it to the user. The quality of psychotropic medications also varies widely. A psychiatrist in one of the hospitals of Social Security, Dr. José Cabrejos, commented that there are various brands of Fluoxetine, but that these vary drastically with regard to cost and their effectiveness. He explained that he had to prescribe three or four times the quantity of the most inexpensive medicine to achieve the same level of effectiveness as the most expensive brands. The most economic medications also have more pronounced side effects that weaken the patient, and for which other medicines must be prescribed. As a result, there is only a small difference between the final cost of the atypical medications and that of the least expensive generic medications. Additionally, the Ministry of Health has not included mental disorders under the coverage of Comprehensive Health Insurance.
- The Congress of the Republic approved Law 28588, dated July 21, 2005, which gives priority to the implementation of the mental health component in the Comprehensive Health Insurance (SIS) system. However, Supreme Executive Order (Decreto Supremo) 004-2007-SA, which establishes the *Prioritised List of Health Procedures Mandatorily Applicable to All Establishments that Receive Funding from the SIS*, dated March 17, 2007, states with regard to mental health that only the "Detection of Mental Health Problems" shall be covered. As noted above, the mental health services in Peru are primarily based on an intramural or ultra-institutionalised care model which is contrary to the focus on the rights of persons with psychosocial disabilities.
- One of the causes of the abovementioned problems is budget limitations. According to the information available on the Ministry of Health website, the 2010 budget allocation for the care of persons with disabilities represents 3.8% of the overall budget. Another cause is the lack of a healthcare rights focus.

## Work and Employment - Article 27

- Despite the existence of a legal framework aimed at promoting and protecting the right of persons with disabilities to gain employment under adequate and dignified conditions, the reality of the situation is far from putting these legislative advances into practice. The violation of laws that benefit PWDs does not seem to be due to the existence of limitations in the laws, but rather flaws in the approach for their



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implementation, which is reflected, for example, in the fact that the policies for labour promotion of persons with disabilities do not account for even 1% of the labour group.

- A study prepared in 2010 by the Trust for the Americas Foundation on the labour situation of persons with disabilities in Peru found that there is still much to do in order to guarantee that public policies ensure, in practice and not only in the laws, that all persons with disabilities may effectively enforce their right to work and make a living in an open, inclusive and accessible job market and labour environment, as established by Article 27 of the Convention on the Rights of Persons with Disabilities.
- There are serious barriers of physical accessibility and mobility—especially in the area of transportation, but also in the labour establishments themselves—that limit the free circulation of persons with disabilities, and thus severely restrict their opportunities of gaining access to job positions and labour opportunities which they might otherwise perfectly take advantage of.
- In addition to the foregoing, there is no seriously structured and coordinated policy inside and outside the government that systematically includes activities for the promotion of employment and the generation of revenues for PWDs through other alternatives such as various types of businesses; the design of policies for cooperation and communication aimed at raising awareness among the private sector for the inclusion of PWDs in the workforce; or which provide for the consistent elimination of barriers to accessibility in the physical environment or public transportation that would allow for the mobilisation of PWDs to and from their workplaces. State entities do not comply with the legal obligation of including 3% of persons with disabilities in their employment payrolls, which does not put them in an adequate position to encourage private business owners to do the same.

## **Adequate Standard of Living and Social Protection - Article 28**

- Persons with disabilities suffer from poverty and a lack of opportunities to a greater degree than the average population in Peru. Discretionary pensions are not granted to persons with severe disabilities living in extreme poverty.

## **Participation in Political and Public Life - Article 29**

- There is no support for the creation and strengthening of organisations for persons with disabilities and their international, regional and national participation.
- Persons with disabilities do not have substantial possibilities to organise themselves more formally. When they are able to do so, it is thanks to the support of private social projects.

## **Participation in Cultural Life, Recreation, Leisure and Sport - Article 30**

- Systematic and sustained activities for the cultural promotion among groups of persons with disabilities are not implemented by the State.
- Although disabled persons are legally entitled to a discount of 50% on tickets to public spectacles organised by State entities, there is no accessibility to museums and national monuments, nor are cultural creativity or sporting activities promoted among PWDs.
- Only very recently has it been made an infraction to fail to recognise athletes with disabilities who achieve success in the Olympics or international competitions in their respective disciplines in the same manner as



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other winning athletes without disabilities are recognised by the Peruvian Institute of Sports (IPD) and the Peruvian Olympic Committee (COP). Previously, such athletes received no recognition, nor were they awarded for their sporting achievements.

- In the last years, the Peruvian Institute of Sports (IPD) has been closed only program for people with disabilities – eliminated its budget and organizational structure-, breaking the law 28036 (Law on Sport Development and Promotion).

## Statistics and Data Collection – Article 31

- The lack of reliable statistics is a reflection of the low priority that the State places on the construction of the measurement instruments necessary for drawing up development policies for the sector. To date, the most comprehensive statistical information on disabilities in the country is that gathered by the population census performed in 1993. In this census, 1.3% of the population admitted to having some type of disability. However, this figure should be considered alongside the fact that the INR (National Rehabilitation Institute) – with the OMS sponsorship and the INE- performed a similar study that same year in which it found that 31.28% of the total population suffered from some type of disability. The same study revealed that 13.08% of the population has a severed disability; this one was ratified with complementary studies hold in 1998 and 2001. Following this result we can affirm that at least 4,160,000 have a disability in Peru.
- Twelve years later, in 2005, the Continuous National Census (ENCO) performed by the National Institute of Information and Statistics (INEI) found that 8.4% of the total population as of that date – or 2,343,398 persons – suffered from a disability. In Lima, persons with disabilities accounted for 11.7% of the population, while in El Callao this figure was 8.5%.
- According to the latest census performed in 2007, there are a total of 735,334 households with at least one physically or mentally disabled person, representing 10.9% of all Peruvian families. However, this claim should be qualified by the fact that this census did not include questions that would help determine figures based on the number of persons, but rather based on numbers of families. According to this statistical information, processed using REDATAM, it has been determined that there are a total of 3,208,309 persons with one or more disabilities living in Peru, which accounts for 11.86% of the country's total population.

## International Cooperation – Article 32

- The execution of international technical cooperation resources by the Peruvian International Cooperation Agency (APCI) in 2005 came to US\$584 million. However, the allocation of resources for development projects in the sector of persons with disabilities was not mentioned in the agency's reports. In the data available on the International Technical Cooperation Plan for 2009, it may be observed that the agency defined its cooperation priorities as Institutionalization (31%); Competitiveness (31%); Human Development (19%); and Human Security (19%), for a total of S/. 49,622,875,826.00 based on which it is impossible to clearly establish how much was earmarked for PWDs. This holds true for the figures available for the entire decade.



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## CONCLUSIONS

- This alternative report on the compliance with the CRPD in Peru is aimed at achieving the recognition and full exercise of the rights of persons with disabilities in the country, seeking to reaffirm advances, reorient working methodologies for the design of public policies and point out the poor practices that persist in Peru, despite the ratification of the Convention and its Optional Protocol.
- The validity of the Convention and its ratification by the Peruvian State deepened the awareness of rights and the will to demand and guarantee that they be complied with in organisations for persons with disabilities. At the same time, it has posed a challenge to the government to transform a sum of scattered activities “to the benefit” of the population with disabilities into public policies and programmes aimed at their comprehensive development and effective social inclusion. It is, thus, essential to overcome the poor practices of discrimination, lack of respect for their dignity, and the inequality of opportunities that still exist in Peru.
- One of the most important provisions of the Convention is the participation of persons with disabilities themselves, along with their organisations, in the drafting and application of legislation and policies for enforcing the Convention and the corresponding monitoring of the compliance therewith. The Peruvian State has failed to comply with this mandate by not inviting us to participate in the Ad-Hoc Commission created, or in the preparation of its official report, despite the demands voiced by the organisations and organised civil society.
- The implementation of the methodological instruments necessary for the creation, execution and evaluation of the advances of the Convention is still pending. There is no complete statistical data on the population with disabilities that allows for their design, nor have the explicit budget allocations been made that are required to enforce each and every one of the rights established in the Convention.
- The official report of the Peruvian State submitted on the progress registered in our country for the implementation of the Convention is disorganised, lacking in inter-institutional coordination, and contains no concrete information regarding the budget execution performed for the compliance with the Convention.
- For this reason, we hereby submit to the UN Secretary General and the Committee on the Rights of Persons with Disabilities our recommendations for ensuring a better compliance with the Convention by the Peruvian State.

## RECOMMENDATIONS

### General Recommendations

1. Formally institute a permanent independent mechanism responsible for promoting and supervising the application of the Convention, with the participation of the organisations most representative of persons



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with disabilities nationwide, under the supervision of the Ombudsman's Office<sup>12</sup>, with the support of the Peruvian National Human Rights Coordinator (CNDDHH).<sup>13</sup>

2. Take the necessary measures to permit the immediate participation of persons with disabilities and their organisations in the Permanent Multi-Sectorial Commission (CMP) responsible for the monitoring and proposal of measures for the implementation of the UN Convention on the Rights of Persons with Disabilities.
3. Ensure the approval of the proposal for the new Persons with Disabilities Act (LGPD) drafted and submitted to the Congress of the Republic with the support of tens of thousands of signatures through a citizen legislative initiative<sup>14</sup> to reconcile it with the mandates of the Convention.<sup>15</sup>
4. Review and reconcile with the mandates of the Convention the rest of the national legislation and plans and programmes related to persons with disabilities: labour, health, social security and housing laws, regional and local standards, the Code on Children and Adolescents and the Plan for Equal Opportunities between Men and Women, among others.
5. Perform a Census of persons with disabilities that enables an adequate design of public policies and the drafting of baselines on the situation of health, education and access to employment of persons with disabilities, among other aspects, based on which it will be possible to define goals and measure the advances of the compliance with the Convention.
6. Draft a Strategic Plan for the compliance with the Convention, in harmony with the National Human Rights Plan (PNDH), which contains both specific and cross-cutting activities, indicators and the corresponding budget allocations, with a gender approach and special emphasis on attention to children and adolescents with disabilities.
7. Instruct the Peruvian International Cooperation Agency (APCI) to place priority on attention to persons with disabilities in the International Technical Cooperation plans, raising awareness through periodic reports and transparent practices regarding the destination of the funds raised through this source, as well

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<sup>12</sup> The Ombudsman's Office is an autonomous constitutional body created by the Constitution of 1993 (Sections 161 et seq.). Its mission is to protect the basic constitutional rights of persons and the community, supervise the compliance with the duties of public administration, and the provision of public services to citizens.

<sup>13</sup> The National Human Rights Coordinator (CNDDHH) is a group of civil society institutions that work for the defence, promotion, education and dissemination of human rights in Peru. The CNDDHH has been operating continually since 1985, and has gained national and international recognition, becoming a reference point for demonstrating that work in a coalition makes it easier to place problems and proposed solutions with regard to human rights on the public agenda. It also has Special Consultative Status before the UN Economic and Social Council (ECOSOC), and is accredited to participate in the activities of the Organisation of American States (OAS). The National Confederation of Persons with Disabilities (CONFENADIP) has been a member of the CNDDHH since 2010.

<sup>14</sup> In accordance with Section 107 of the Peruvian Constitution, citizens may exercise the right to legislative initiative through a procedure regulated by Law 26300 (the Citizen Participation Act).

<sup>15</sup> The bill submitted and pending debate and approval in the Congress proposes the harmonisation of the laws in force in accordance with the mandates contained in the CRPD, for which purpose it proposes the amendment of a broad group of laws related to PWDs, such as the Civil Code, the General Health Act, the General Education Act, the University Act, the Radio and TV Act, and the Labour Productivity and Competitiveness Act, among others. It also includes various articles related to the duty of Non-Discrimination.





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as ensuring that international cooperation, including international development programmes, are inclusive and accessible for persons with disabilities.

8. Implement the recommendation of the UN Secretary General made in the General Assembly held on July 27, 2009, for "Realising the Millennium Development Goals for persons with disabilities through the application of the World Programme of Action for Persons with Disabilities and the Convention on the Rights of Persons with Disabilities."
9. Carry out campaigns for the mass dissemination of the Convention through public and private communication media (radio, print, TV, etc.). In the case of private media, coordinated dissemination strategies should be emphasised. Considering the multicultural and plurilingual nature of the Peruvian population, the CRPD should be disseminated in Quechua, Aymara and the other languages corresponding to the group of indigenous nationalities living in the Amazon region of Peru.
10. Train officials from the three Branches of the State (Executive, Legislative and Judicial) regarding the mandates of the Convention.

## Specific Recommendations

11. Design, with the participation of organisations for persons with disabilities, focalised strategies aimed at reversing the main violations of the right to life of persons with disabilities that are directly associated with their low quality of life, or those related to the prevalence of cultural practices that expose persons with disabilities – even newborns – to the arbitrary deprivation of their lives.
12. Amend Section 119 of the Criminal Code so that eugenic abortion does not carry a lighter penalty in Peru than other types of abortion.
13. Adopt measures to eradicate barriers that limit the registration of persons with disabilities in the voter registry, preventing them from exercising their right to vote. Furthermore, provide for a comprehensive strategy of measures that allow for PWDs to gain access to voting centres (including arriving at such centres, entering them and at the voting booths); prepare Braille voter rolls and cards for blind persons; establish mechanisms facilitating communication with persons with hearing disabilities; carry out voter education campaigns so that persons with disabilities exercise their right to vote; and allow access to the voting chamber of a trusted individual who accompanies persons with ankylosed fingers, disability in the upper part of their bodies or quadriplegics, to assist them in casting their vote.
14. Place more emphasis on the problem of gender-based violence against women with disabilities in national strategies for the fight against gender-based violence, guaranteeing their access to services and/or programmes for recovery, rehabilitation and social reintegration, in case they are victims of violence.
15. Adopt measures aimed at protecting women and men with disability of forced sterilisation.
16. Implement support measures that allow parents with disabilities to adequately perform their responsibilities in the raising of their children, as well as preventing any child from being separated from his or her parents as a result of a disability, whether on the part of the child or one or both parents.





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17. Amend Law 29392 on infractions and sanctions for the failure to comply with certain sections of the General Persons with Disabilities Act (Law 27050), making municipalities responsible for the application of the sanctions, and delegating to the Ministry of Women's Affairs and Social Development (MIMDES) and the National Council for the Integration of Persons with Disabilities (CONADIS) the tasks of supervision; while also strengthening the functions and resources of the Municipal Offices for Protection, Promotion and Organization to Persons with Disabilities (OMAPEDs), allocating to them for the development of their functions those revenues collected from fines for inaccessibility established in Law 29392.
18. Establish standards for the compliance of municipalities with the submission of reports on the use of the 0.5% of their budgets earmarked by law for the performance of works, repair or modifications aimed at improving or providing accessibility to urban infrastructure.
19. Take the relevant measures to effectively comply with the laws on the incorporation of access options on the websites of public entities, universities and other private organisations that provide services via Internet, so that persons with visual disabilities, senior citizens and, in general, all persons may gain access to the information contained on the websites of such institutions, without any limitation whatsoever.
20. Legislate and take measures so that all health campaigns (for the prevention of HIV/AIDS, STDs, dengue, malaria, etc.) are accessible to persons with disabilities, in accordance with the provisions established in Section 25 of the CRPD.
21. Amend the Civil Code in order to adequately guarantee the exercise of civil rights by deaf-mute, blind-deaf and blind-mute persons, as well as other persons affected by an intellectual or mental/psychosocial disability to put an end to the current injury to their dignity and the discriminatory treatment to which they are subject.
22. Implement all reasonable adjustments required to the administration of justice—including the use of adapted languages such as sign language or adapted communication for persons with intellectual disabilities, etc.—as well as preferential treatment and the measures necessary to speed up proceedings to which persons with disabilities are party.
23. Provide for the availability of alternative outpatient resources, allocated with the corresponding budgets and inserted into the community, to act as a base for the implementation of the community rehabilitation model for persons with psychosocial disabilities. The communitisation process of the services shall be accompanied by a redesign of currently existing services, so that they not only meet the standards established by the CRPD—including the provision thereof with the prior informed consent of persons with mental/psychosocial disabilities, as set forth in Articles 17 and 25 of the Convention—but also prevent all deprivation of liberty based on disabilities, as provided for in Article 14 of the Convention.
24. In order to prevent cases of exploitation, violence and abuse to the detriment of persons with disabilities, it is necessary to ensure that all services and programmes in the service of such persons are supervised by an independent organism, made up of the Ombudsman's Office and national human rights entities. Among other aspects, said organism shall be responsible for constantly safeguarding the exercise of the rights of persons with psychosocial disabilities committed to hospital centres; providing, when applicable, for the release of those persons who are kept in such institutions in violation of the guarantees recognised to such effect in the CRPD. Likewise the law 29737, which allow the unwilling hospitalization of people with psychosocial disability without the adequate regulation, should be repealed. This situation violates the



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rights of people against their rights of equal recognition before the law and protecting their physical and mental integrity in equal than the other people.

25. Create rehabilitation programmes based in the community (CBR) in the different marginal urban and rural zones of the country, with the participation of persons with disabilities in the implementation and evaluation thereof.
26. Apply budgetary resources and the creation of skills, including the training of health personnel on the contents of the CRPD, in order to effectively comply with the right to healthcare of persons with disabilities, ensuring that hospitals and health centres are fully accessible to persons with disabilities, and that such persons are adequately informed and attended therein; as well as guaranteeing that all hospitals have rehabilitation services for the different types of disabilities and adequate mental healthcare, as well as accessible sexual and reproductive health services.
27. Implement decentralised, low-cost biomechanical aid banks that help ensure that all persons with disabilities, and particularly those with low incomes or residents in rural and marginal urban zones of the country, have personal mobility with the greatest independence possible.
28. Allocate sufficient budget resources to achieve advances in the process for scholastic inclusion of children and adolescents with disabilities. The priority aspects to be taken into account in this regard shall be the promotion of the right to inclusive education of all children and adolescents with disabilities; technical training and raising of awareness among regular and special education teachers, particularly with regard to the treatment of students with disabilities and teaching procedures, as well as the relevant adaptation of school curricula; the development of vocational training for youths with disabilities, in accordance with their capacities, skills and the job market demand; as well as providing physical and communicative accessibility and to the students.
29. Ensure the effective compliance with the coverage of 3% of the payroll of State institutions for persons with disabilities.
30. Create labour insertion programmes and promote productive projects in favour of PWDs.
31. Remove barriers that prevent or limit the accessibility of those persons with disabilities to their physical environment, transportation, information and communications, including information and communications systems and technologies, and other services and facilities open to the public or of public use, both in urban and rural zones. To this effect, a systematic plan for the identification and elimination of such obstacles and barriers shall be implemented.
32. Establish a non-contributory pension in favour of persons with severe disabilities living in extreme poverty.
33. Order the CONADIS to create support mechanisms for the creation and strengthening of organisations for persons with disabilities and ensure their full participation on a national, regional and local level.



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34. Guarantee the full accessibility of persons with disabilities to all facilities of a cultural and/or athletic nature, especially all those which receive public funds, which shall be fitted out according to accessibility plans.
35. Guarantee the dissemination by the State of this Alternative Report on the Compliance with the Convention, as well as holding national, regional and local informational meetings and workshops on the progress made.
36. Amend the Law 28094 (Law on Political Parties), in order the Political Parties include People with Disabilities in their steering committee and keep a percentage of participation for PWD as a candidates in local, regional and national levels.

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## ANNEXES

ANNEX 1: Text of Law 27050 – the General Persons with Disabilities Act

ANNEX 2: Section of the Peruvian Civil Code cited in the Alternative Report

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