
Mainstreaming disability in the governmental programs addressing violence against women in Uruguay

➔ **By Ministry for Social Development— Gender Unit of the Disability Program (PRONADIS— MIDES_{1,2})**



Topic area: Education and mainstreaming disability in governmental programs addressing violence against women.

Background

Prior to this intervention there were governmental programs aimed at women victims of gender-based violence, including legal aid and security measures. However, when the programs received information or a complaint regarding women or girls with disabilities, the institutions had no response and many women with disabilities received no support.

This practice was initiated due to a local inter-institutional initiative [Inter-American Institute on Disability and Inclusive Development (IID)] in response to demands from civil society regarding the need to improve sexual and reproductive health services for women and girls with disabilities. The focus of the demands centred on the lack of response and measures to support women and girls with disabilities who were subjected to violence. Bearing in mind these demands, an agreement was reached to design a research study about the following intersections: women with disabilities, access to sexual and

reproductive health services, and the exercise of these human rights. UN Women agreed to finance the study and it was designed with the support of the University Republica, the Disability Secretariat, and civil society representatives. That study was published and disseminated, and led to several main outcomes:

- A guide for sexual and reproductive rights of persons with disabilities (with involvement from the Pan American Health Organization, the Health Ministry, and the Ministry for Social Development) that was distributed as support material to all medical practitioners in all health centers nationwide;
- Accessible brochures about sexual and reproductive rights of women with disabilities;
- Academic events on this topic that involved the academic units of gynecology, nurse schools, and executive chief officers for public policies on health. During these academic events, the need for awareness raising and for capacity building was evident, and thus the program “Sweeping barriers”, (Barriendo barreras) in the modality of seminars was designed and implemented.

What happened?

The program “Sweeping Barriers”, as a capacity building program that was implemented through seminars, was divided in two sectors: one aimed at civil society and the other one aimed at staff from health sector, both were implemented at local level. The seminars for DPOs and civil society organizations included the rights of persons with disabilities emphasizing in sexual and reproductive rights and the right to have a life free of gender-based violence. The civil society organizations were consulted to promote the direct participation of women and girls with disabilities. The seminars aimed at health professionals and Ministry staff, included topics such as the social model of disability, the legal framework protecting the rights of persons with disabilities, violence against persons

with disabilities, the proposed modifications of protocols to assist persons with disabilities who are victims of violence. A strategic alliance with the Health Services' State Management was developed, and these seminars were organized with the coordination of the local MIDES offices. Under the scope of the Convention on the Rights of Persons with Disabilities (CRPD), this action has the double effect of making visible the issue of the rights of women with disabilities, facilitating their gender identification and the multiple oppressions to which they are exposed, and at the same time this action has the effect of questioning the hegemonic medical model with its vertical and polarizing vision, forcing it to move into the intersectional multi-dimensional perspective of human rights. This practice has also generated rights awareness in persons with disabilities, promoting the exercise of their human rights; and within the health sector it generates capacity for timely and adequate care of the specific demands of this population.

What worked?

Support for and facilitation of the organization of the first national seminar on gender, disability and violence was provided by the Spanish expert Dr. Isabel Caballero, and she continues to serve as advisor to the practice. A key factor that can be replicated is the alliance between governmental institutions and DPOs, especially organizations that represent women with disabilities. A very positive aspect of this practice was that the main official responsible for promoting this practice is a woman with a disability herself, showing a strong commitment and passion to advance these issues.

The guide to sexual and reproductive rights of persons with disabilities is a very good educational and awareness raising material, aimed at a wide scope of actors, including women and men with disabilities, medical practitioners, educators, social workers, and others. It would be important to disseminate it widely.

The head of the health services administration (Dr. Silvia Melgar) was instrumental in making this practice a success, directed guidelines to the Social Development Ministry and all programs relating to prevention and elimination of violence against women, in order to be collaborative with the gender unit to organize and develop the seminars to train staff on disability rights and sexual and reproductive rights of women and girls with disabilities. As examples of her leadership, during her time in office, abortion was legalized and machines distributing condoms were placed in all public institutions.

What changed?

- The program (with more funding and human resources) was adopted as part of the structure of the Ministry for Social Development.
- After raising awareness among public officials and staff of these programs, measures have been adopted to provide these supports to women and girls with disabilities who are victims of gender-based violence (GBV), including legal aid and perimetral security measures.
- Medical practitioners nationwide have demanded training on issues relating to the specific needs of women with disabilities, and thus awareness about the topic has been raised.
- Forms that people use to receive social benefits now take into account gender, and now include questions about sexual and reproductive health as well as GBV. The data gathered from these forms are analyzed through a gender lens.
- An initiative to track gender and disability-based violence was taken, for the first time, as a line of action by the Women's Institute (IMujeres/MIDES, also within the Ministry for Social Development).
- There is an interest in eliminating barriers in health services. In some premises, accessible toilets have been built, ramps have been placed to facilitate access, accessible parking areas have been

designated, and other adaptations have been undertaken.

- A guide has been published on sexual and reproductive rights of persons with disabilities, with a gender focus. It is compulsory reading for university students pursuing careers in medicine, nursing and gynecology.
- Once data on gender-based violence began to be collected, women and girls with disabilities who were legally incapacitated and also were victims of violence started being assisted with no need for their legal representative to speak for them. Although this practice did not challenge denial of legal capacity, this change in practice is an advancement in the protection against gender-based violence.
- The first organization of women with disabilities with a rights perspective was created “Association of Uruguayan women with disabilities in diversity” (Asociación de mujeres uruguayas con discapacidad en la diversidad). It was constituted by the women with disabilities who participated in the study. Their main goals are aimed at the empowerment of their members, training in topics such as self-esteem, gender and disability, gender identities and violence.

Even though this practice has been considered as good because it has been promoted by a governmental institution, the “practice holders” have expressed their concern that with a change in the government, their work and efforts could be interrupted. Funding for the program “Sweeping Barriers” could be cut, so there needs to be an effort to ensure that it is fully institutionalized.

While some barriers have been eliminated as per above section on what changes, a policy to eliminate barriers in health services has not been developed.

For more information, please contact Maria Antonia Irazabal Quintero at: psirazabal@gmail.com

What did we learn?

The difficulties faced in the implementation of this practice are related to scarce economic and human resources. The Gender Unit, for instance, has only two staff members, one of them is a full time official while the other one is hired only half time. This limits the scope of their efforts, although the program “Sweeping Barriers” has been implemented at the national level, this has taken a few years and there is still a challenge to include all staff into the trainings.