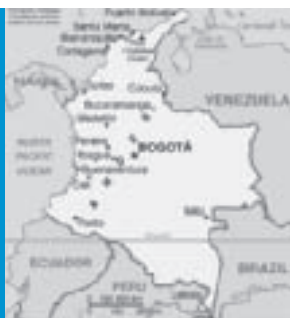


# Colombia



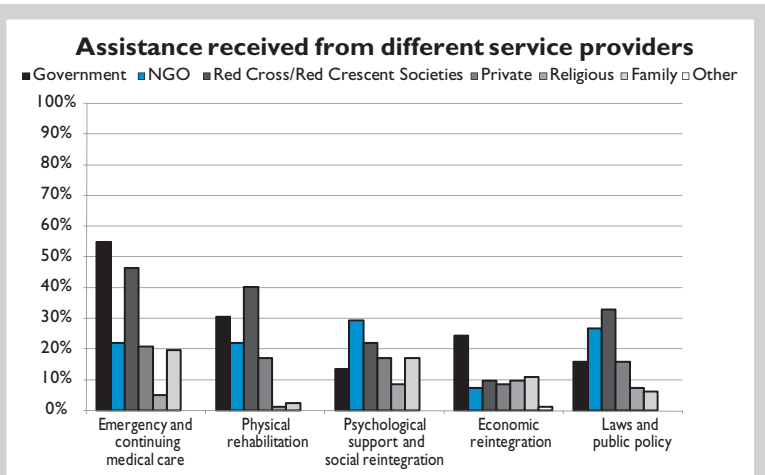
## Country indicators

- **Conflict period and mine/ERW use:** Since 1990, mines, improvised explosive devices and other explosive ordnance have been used, mostly by non-state armed groups. Military bases are also mined.<sup>1</sup>
- **Estimated contamination:** The extent of the contamination is unknown and ever-changing due to the ongoing use of devices.<sup>2</sup>
- **Human development index:** 75<sup>th</sup> of 179 countries, medium human development (compared to 73<sup>rd</sup> of 177 in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$4,660 – 104<sup>th</sup> of 210 countries/areas (compared to US\$2,115 in 2004).<sup>4</sup>
- **Unemployment rate:** 11.8 % (compared to 13.6% in 2004).<sup>5</sup>
- **External resources for healthcare as a percentage of total expenditure:** 0% (compared to 0.1% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** 20 per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Signed the Convention on 30 March 2007, but not its Optional Protocol.<sup>8</sup>
- **Budget spent on disability:** Unknown; for 2009-2019, the Ministry of Social Protection foresaw some US\$80,000 (155.110 million Colombian pesos, COP) to assist 1,682 civilian survivors. This equals US\$47.5 per person over 10 years, but authorities estimated that they would only be able to identify 420 survivors. An additional US\$135,000 (COP258.194 million) was allocated to psychosocial and economic support to 2,799 military and civilian survivors for the same period.<sup>9</sup>
- **Measures of poverty and development:** Colombia has faced years of internal conflict all over the country, which overwhelmingly affects the rural populations. Nearly half of the population lives below the poverty line, most of whom are in rural areas. There are great inequalities in society; underemployment and narcotics trafficking are significant problems.<sup>10</sup>

## VA country summary

Total mine/ERW casualties since 1990: At least 7,785			
Year	Total	Killed	Injured
2004	879	201	678
2005	1,128	281	847
2006	1,172	229	943
2007	904	196	708
2008	768	154	614
<b>Grand total</b>	<b>4,851</b>	<b>1,061</b>	<b>3,790</b>

- **Estimated number of mine/ERW survivors:** Unknown, but at least 5,815.<sup>11</sup>
- **VA coordinating body/focal point:** The Presidential Program for Integrated Action against Antipersonnel Mines (Programa Presidencial para la Acción Integral Contra Minas Antipersonal, PAICMA) acted as VA coordinator, but its role was mainly limited to planning and curtailed by internal reorganizations and a lack of continuity.
- **VA plan:** None; but VA is included in mine action strategies and the main program benefiting survivors is the ruta de atención (route of assistance), a legal framework specifying assistance ranging from first aid to economic reintegration provided to conflict victims.
- **VA profile:** Access to services in Colombia throughout 2005-2009 was hindered by ongoing and fast-moving conflict, curtailing government, NGO and international organizations' service provision. Colombia had sufficient capacity and infrastructure to manage VA/disability services, but not in all parts of the country and capacity varied due to conflict. NGOs and international organizations increased their activities throughout 2005-2009 to fill significant gaps in VA/disability service provision. While the number of annual casualties increased constantly from 2005 to 2008, most **recorded** casualties were military. Military casualties received comprehensive medical and rehabilitation assistance through army facilities. However, services depended on rank and status in the army and often social and economic reintegration assistance was lacking. Pensions also varied. Civilian casualties mostly occurring in remote rural areas received much less attention. Many civilian survivors were poor and dependent on support from assistance funds to cover their "integral rehabilitation" under the ruta de atención, but they were still not well aware of their rights in 2009. Procedures to obtain assistance were complex, not all necessary services or supplies were included, and application and assistance periods were limited in time (and reduced further between 2005 and 2009). Delays in payments to survivors and reimbursements



to service providers were further obstacles. Survivors frequently need NGO or ICRC facilitation to access services. While the medical system overall has sufficient capacity, in rural areas first aid and the level of medical care were variable throughout the period under review. Complex medical care and physical rehabilitation were only available in major cities. Even if treatment costs were covered, transport costs and movement restrictions were serious obstacles. NGOs and the ICRC need to provide and/or facilitate physical rehabilitation

for most civilian survivors. In principle, psychosocial support is covered by assistance funds, but in reality it is very limited and mostly carried out by NGOs or disabled people’s organizations (DPO). Vocational and economic reintegration opportunities exist but are not adapted to the needs of survivors or are small-scale and carried out by NGOs. Complex legal frameworks relative to disability and assistance exist in Colombia. Their complexity prevents survivors (and other conflict victims) from knowing their rights and hinders effective implementation. Efforts to simplify some assistance provisions have, in reality, resulted in even less access to services. A lack of government coordination on issues relating to disability and conflict victims, as well as increased decentralization also hampered implementation.

## VA progress on the ground

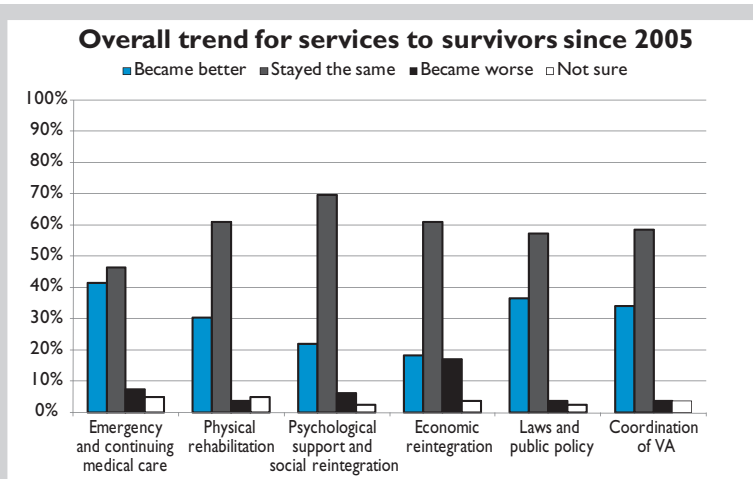
### Respondent profile

By July 2009, 82 survivors between 16 and 62 years old responded to a questionnaire about VA/disability progress in Colombia since 2005: 76 men, five women, and one boy. None of the respondents reported being part of the military, but 23 did not answer that question. Some 62% of respondents were heads of households and 20% owned property. Just 33% of survivors had started secondary education or higher and 9% had not received any formal education. More than half of the survivors (57%) lived in villages with limited services; 13% each lived in remote areas without services and in large cities with a variety of services. Before the incident, 6% of respondents were unemployed and nearly half (45%) were farmers. After the incident, 30% of respondents were unemployed and just 15% remained farmers (most farmers became unemployed). Respondents came from Meta, Antioquia, Cauca, Santander, Norte de Santander, Bolivar, Caquetá, Putumayo, and Sucre. While most recorded casualties in Colombia are military, this profile corresponds to the profile of civilian casualties who are mostly men, usually farmers in rural areas.

### General findings

Overall, the majority of survivors thought that the situation had remained similar to that in 2005, but for each type of service a significant percentage of respondents saw overall progress, particularly for medical care. Least progress was perceived on economic reintegration. Some 37% of survivors believed that they received more services in 2009 than in 2005 and 41% of respondents thought that services were now better. Practitioners, overall, agreed with survivors, but were markedly more positive about developments in physical rehabilitation. While female participation was too limited for accurate extrapolation, 77% of respondents felt that services for female survivors were “equal” to those available to male survivors and 6% said services for women were “absent”. Women did not answer more negatively. The largest group of respondents (35%) did not know if services for children were adapted to their age and 24% said this was “never” the case.

The vast majority of survivors (84%) had been surveyed by NGOs or government in the past five years. However, 54% had never had the opportunity to explain their needs to the government. More than half of survivors (54%) found that survey activity resulted in receiving more information about services; 24% said also receiving more services as a result; but just 17% said that it had also resulted in fewer problems with bureaucracy.



This result reflects the reality that efforts are being made to improve casualty data collection and that particularly NGOs try to identify more civilian survivors. But it also clearly shows one of the main problems in Colombia's service provision to mine/ERW survivors (and other conflict victims). To receive free assistance (under the *ruta de atención*), all survivors need to speak to their local authorities and

receive the necessary papers to certify that they are conflict victims. Many survivors were not aware of these procedures or afraid to register. Local authorities often lacked capacity or did not prioritize this activity. Bureaucratic procedures were also complicated and inefficient, and survivors had to complete them within a certain amount of time (up to 12 months) to be able to get benefits. Payments were slow and coverage inadequate. NGOs often needed to accompany survivors to guide them through the process. In 2008, Handicap International (HI) and the ICRC developed training modules for authorities, NGOs and survivors to raise awareness about the process, as several studies showed that almost no survivors had received information on their rights before.<sup>12</sup> The mine action program developed a directory of services and a guide to receiving assistance already in 2005, but acknowledged in 2009 that the process to receive treatment remained problematic.<sup>13</sup> PAICMA held irregular meetings with survivors in 2006-2008 (two in 2008),<sup>14</sup> to understand the needs of survivors better, but these remained "one-off" meetings and cannot be considered to be a systematic assessment.

### Emergency and continuing medical care

Nearly half of respondents (46%) said that, overall, healthcare had remained the same since 2005 and 41% thought it had improved. Some 40% found that survivors only "sometimes" received the medical care they needed; 12% each responded "always" and "never". Those living in large cities or in the capital responded slightly differently but in villages the split between "never" and "always" remained even. The area where survivors noted most progress was better-trained staff (49%) and the availability of first aid (48%). The areas of least progress were the increased number of health centers (26%), sufficiently equipped and supplied centers (30%), improved infrastructure (34%), or services closer to home (37%). Among practitioners, 62% found services had remained the same. They saw very few areas of progress and the least progress was found in the increased number of health centers (10%) and in the availability of medication, equipment and supplies (17%). Most practitioners thought that the government maintained its efforts (38%), but a significant group (31%) believed that the government "had done nothing" in the five years.

While urban centers had sufficient medical capacity and well-trained staff, medical care in rural areas was variable and many health centers lacked supplies and equipment, as evidenced by the answers above. Survivor responses are likely influenced by whether their region was calm or in conflict and by the ease with which services could be reached as a

result. In 2008-2009, the government acknowledged that emergency capacities remained insufficient.<sup>15</sup> Emergency response times depended on the area of the incident and the security situation in the region; in not all regions emergency transport existed. Through the National Development Plan measures were taken to improve the capacity to adequately address rural emergencies and some training was provided to rural health staff. Further training was scheduled. But more importantly, the Colombian Red Cross and ICRC provided emergency services, supplies and first aid training to rural health providers, as well as transportation and referral throughout 2005-2009. They often had access to areas where the government was not able to work. Several other NGOs have also included emergency response in their activities and assisted some communities in developing their emergency plans.<sup>16</sup> Healthcare providers and facilities had to face threats and looting, and referrals were not made systematically. The government acknowledged this in 2009, as well as the unaffordable cost for continued medical care.<sup>17</sup> Military casualties receive faster, better and comprehensive medical treatment for free.

The more negative response by practitioners might be related to the fact that many rural health centers had to be supported by non-governmental partners. The frequent delays in government reimbursements to service providers, which hampered services and even resulted in occasional temporary closures, will also have influenced responses.<sup>18</sup>

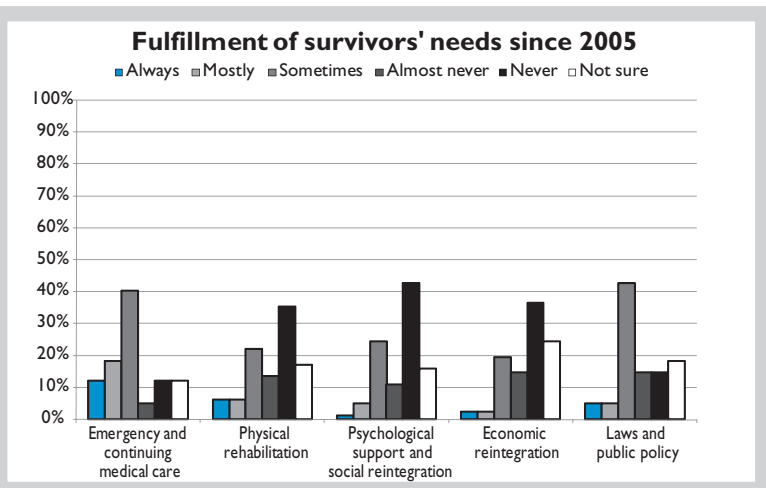
### **Physical rehabilitation**

Some 61% of respondents felt that, overall, physical rehabilitation services had remained the same since 2005 and 30% saw improvement. However, the largest group of people (35%) thought that survivors “never” received the physical rehabilitation they needed and an additional 13% thought this was “almost never” the case. Most improvement was seen in the quality of mobility devices (35% agreed) and in better-trained staff (34%). All other progress indicators scored well below 30%. Just 18% thought it was easier to get free repairs; 16% found that services were available closer to home; 12% thought that transport and accommodation were included more often; and 10% felt that there were more mobile rehabilitation units. Practitioners had a different view, as 55% saw improvement and 34% thought that the physical rehabilitation situation had remained the same. Areas of most progress were: more trained staff (76% thought so), teams with more complete skills (69%) and improved infrastructure and quality of mobility devices and physical therapy (66%). Least progress was seen in inclusion of transport (21% saw progress) and free repairs (28%). With the exception of staff training and infrastructure, practitioners felt that, at best, the government had maintained its efforts.

The survivor responses confirm that throughout 2005-2009 physical rehabilitation services were only available in major cities. While the existing services generally were of an adequate standard, distances, transport and accommodation costs were severe obstacles for survivors. These two costs were not included in the *ruta de atención* package and NGOs did not cover costs systematically. Mobile rehabilitation units barely existed (for security reasons) and repairs were not always free of charge. The terms for replacements were extended in 2007, which might become problematic in the future, but has not been noticed yet. The sufficient quality of services throughout probably explains why most survivors saw little change compared to practitioners. Especially those practitioners involved in the four-year capacity-building project to improve comprehensive rehabilitation services in cooperation with local authorities, university hospitals, service providers and rural health promoters, launched in May 2008, would have experienced improvement.<sup>19</sup> Military survivors receive comprehensive physical rehabilitation through army centers, but long waits and a lack of follow-up have been reported.<sup>20</sup>

### **Psychological support and social reintegration**

Nearly 70% of survivors thought that psychological and social support services had remained the same since 2005 and 43% thought that survivors “never” received those services. Just 6% of respondents thought that the needed psychosocial support services



were “always” or “mostly” received. Half of survivors noted the most progress in their own empowerment and 41% said they were more involved in community activities. However, just 23% thought that survivors were seen as “charity cases” less often. Other areas with little progress were: the creation of peer support groups (24% saw improvement), the availability of services closer to home (16%), and increased government support (20%). Practitioners agreed with survivors as 66% thought the situation remained the same. They saw least awareness

in psychosocial services being equal to other services and in the inclusion of survivors in service provision.

These responses confirm that psychosocial support services are very limited to non-existent, even though survivors are entitled to them under the *ruta de atención*. The government recognized that efforts were insufficient and that the government bodies responsible did not provide the needed services.<sup>21</sup> Limited assistance was provided by NGOs and some community-based programs to support survivor organizations and DPOs. But programs were small-scale, not systematic and often struggled with capacity and funding. In 2008-2009, the government acknowledged the problem and under a European Commission-funded project, all implementers (government and NGO) were supposed to include psychosocial support.<sup>22</sup> As project implementation only started in mid to late 2008, survivors would not have seen much change. Services for military survivors are available but not extensive and are dependent on the status of the soldier (professional or conscript).<sup>23</sup>

### Economic reintegration

Some 61% of respondents thought that economic reintegration opportunities had stayed the same since 2005; 17% saw a deterioration. Also, 37% of respondents thought that survivors “never” received the economic reintegration assistance they needed and 15% said this was “almost never” the case. Just 5% thought that economic reintegration was “mostly” or “always” received. Almost all respondents (94%) believed that unemployment was so high that survivors were the last to be chosen for a job. Responses to specific progress indicators were overwhelmingly negative. The areas where the largest number of survivors saw progress were increased educational opportunities (29%) and increased disability awareness among teachers (24%). Around 20% found that they had better access to vocational training programs either specifically for survivors or general ones. Responses about employment were much more negative. Just 7% thought that employment opportunities and job placement services for survivors had increased; 6% saw pension improvements; and 5% thought that job quotas were enforced or that it was easier to get a bank loan. Some 62% of practitioners also did not see change in economic reintegration and 10% saw a decline. Very low percentages of practitioners (10% or less) also saw improved job placement, employment opportunities or enforcement of quotas. Practitioners were more negative than survivors on the availability of vocational training and how it met market demands (10% saw improvement).

These responses confirm reports throughout 2005-2009 that economic reintegration opportunities for survivors were lacking severely, something the government also acknowledged. PAICMA added that no self-sustainable capacity-building activities for survivors existed and that a government body responsible for employment inclusion of persons with disabilities in the private sector was lacking.<sup>24</sup> NGOs carried out most of

the activities, but their projects were usually small-scale. Vocational training was available at the government's National Learning Institute and free of charge for persons with disabilities, but it often required a prior education level that most survivors did not have. Most civilian survivors were lowly educated farmers who could often also not return to farming. In 2006, it was reported that just 7% of persons with disabilities in Bogotá had access to education.<sup>25</sup> Some categories of persons with disabilities received disability pensions, but most survivors only received a one-time compensation if they applied on time and could manage the bureaucracy.<sup>26</sup> The military is not able to provide sufficient pensions or economic reintegration to all its members and many soldiers need to turn to charities or civilian services.<sup>27</sup>

### Laws and public policy

More than half of respondents (57%) thought that the protection of the rights of survivors had remained at the same level since 2005 and 37% saw improvement. Some 43% thought that the rights of survivors were “sometimes” respected. Most progress was seen in the availability of information about rights (56%) and in information about services (49%). Less progress was seen in the inclusion of the rights of survivors in disability legislation (34% saw improvement) and in decreased discrimination and use of negative terms about persons with disabilities (35% each). Among practitioners, 45% thought that the rights of survivors had stayed unchanged and 41% saw improvement. Most progress was seen in the development of relevant legislation, enforcement of legislation and information about rights.

Disability legislation and complex frameworks regulating assistance provision for survivors (and other victims of conflict or vulnerable groups) exist. The regulations and procedures are complex (see above). In 2007, progress was made in mainstreaming the two main regulations relevant to mine/ERW survivors into one decree.<sup>28</sup> The new decree (Decree 3990) extends provisions to include more services (mostly medical care and rehabilitation needs for children), and more authorities were allowed to carry out the administrative procedure to speed up the process. However, both PAICMA and operators noted that the actual implementation of the decree encountered problems from the beginning.<sup>29</sup> The first negative effects were also visible as of 2009, such as less time to complete the complex bureaucracy both for applicants and authorities (after which claims are rejected), stricter definitions, and more documentary proof required. There also was a continued lack of awareness among services providers. The fact that both survivors and practitioners saw improvement in the rights situation is most likely due to the effect of efforts to raise awareness about their rights among survivors and subsequent improved access to services. PAICMA provided information sessions to local authorities (particularly after the 2007 elections) and service providers. It also tried to follow up with recent casualties to inform them about their rights, but with varying success.<sup>30</sup> NGOs and the ICRC also increased their awareness-raising activities (see above).

Due to the preparations for the Second Review Conference in Cartagena in November-December 2009, and frequent staff changes for VA, PAICMA was not able to provide a response to preliminary survey findings.

## VA process achievements

Year	Form J with VA	ISC VA statement	MSPVA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	NO	NO
2006	YES	YES	YES	YES	NO
2007	YES	YES	YES	YES	NO
2008	YES	YES	YES	YES	NO
2009	YES	YES	N/A	YES	NO

Between 2005 and 2009, Colombia does not appear to have made significant progress in VA. PAICMA achievements were mostly limited to awareness raising and some capacity building. Actual assistance was, as prior to 2005, carried out by other mechanisms and significant gaps remained to be filled by NGOs. Planning was also often limited to coordination and data collection/dissemination. Changes to the lives of survivors usually originated from developments in the security situation, whether local authorities prioritized assistance, the efficiency of assistance funds and NGO activities. Nearly all survivors (90%) said that the government lacked the political will to improve VA.

As one of the 26 countries with the greatest numbers of survivors and, therefore, the greatest responsibility, but also the greatest needs and expectations for assistance, Colombia presented incomplete objectives in 2005. Two related to casualty data collection, one to reducing casualties and providing healthcare and one to develop a VA strategy. The objectives have not been updated since and none of the objectives were specific or time-bound, which was acknowledged by PAICMA.

Survivors were one group included in broader programs for conflict victims and their assistance was foreseen under the legal framework of *ruta de atención*. This framework has existed since 1997 and in 2007 was presented as the “Integral Route for Mine/UXO Victims” – the VA strategy. Under each phase of the route, basic information is provided about the type of assistance, the service providers and claims agencies. The timeframes within which someone can receive assistance are specified by law.

The use of an existing strategy to benefit survivors was effective planning. But known gaps in the framework (lack of awareness among service providers and survivors, payment and reimbursement delays, difficult bureaucracy and gaps in services) as evidenced above, were not addressed sufficiently. Efforts remained mostly limited to legal adjustments, with potentially negative impact, and to awareness raising.

Planning and awareness raising appear to be the roles PAICMA has limited itself to throughout 2005-2009. The Program for Mine Accident Prevention and Victim Assistance was originally launched in 2001 (before increased conflict and casualties starting in 2002) in response to the lack of adequate assistance to survivors, but service provision remained unchanged under the *ruta de atención*. Since 2001, the VA programs have operated in much the same way. With PAICMA (or its predecessors) aiming to carry out baseline studies about the needs of survivors and developing new plans to coordinate assistance, while doing much less to really address the gaps in the assistance framework it depends on completely.<sup>31</sup>

Throughout, the challenges and gaps have been acknowledged, including in the National Strategy for Integral Action against Antipersonnel Mines 2009-2019. The plan’s specific objectives are: opportune and complete access for survivors to necessary services for integral rehabilitation and socio-economic inclusion; integrated services provided by government and NGOs with reference to survivors; and for the assistance route including psychosocial and socio-economic reintegration to be completely developed and implemented. However, the proposed activities to achieve this are, again, limited to improving data collection and dissemination, raising awareness, stimulating capacity building and developing plans.<sup>32</sup> On 18-21 August 2009, PAICMA has scheduled an international seminar to promote a shared vision of VA in Colombia, review challenges, and establish the 2009-2019 plan as the guiding framework.<sup>33</sup>

PAICMA is also in charge of coordinating and monitoring VA. Its main partners would be the Ministry of Social Protection and its payment funds, under whose mandate most services under the *ruta de atención* fall, and NGOs. However, the *ruta de atención* is inadequately linked to other disability programs existing at the same ministry. Survivors

are often not eligible for these other disability programs because they do not fit the criteria and because they are supposed to receive complete assistance under the *ruta de atención*. Since 2001, the aim has been to include VA in plans of departmental authorities and their mine action committees if they existed. However, success was dependent throughout on the interest of the local authorities in VA, their capacity, continuity in the leadership, and other competing interests. Coordination with NGOs was said to be unsystematic for most of 2005-2009 and NGOs noted that they were not systematically involved in strategic planning. PAICMA coordination capacity was hampered by internal reorganizations (lasting until July 2008)<sup>34</sup> and a lack of continuity and/or capacity in the VA coordinating position.

Survivors appeared to confirm the lack of coordination progress. While 45% said they knew who was in charge of VA coordination congruent with awareness-raising efforts, fewer (34%) saw improved coordination since 2005 and just 16% thought that survivors were included in coordination. Some 23% thought there was better coordination with the disability sector and 22% believed that the needs of survivors were taken into account when developing VA priorities. One-fifth thought that survivors were included in the development of VA plans and just 10% thought they received regular information about VA achievements. Among practitioners, 31% thought that survivors were more included in planning and 34% thought that survivors' needs were taken into account while planning. While many practitioners started to see improved coordination between government and NGOs (since mid-2008), most (69%) did not think it had resulted in fewer gaps in services.

# Conclusions

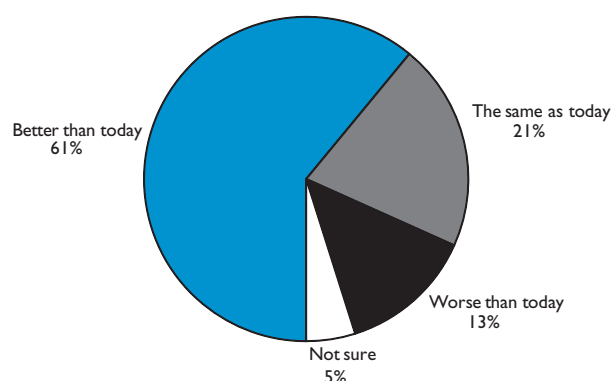
- Colombia has a program that, in principle, should provide comprehensive assistance to survivors and other conflict victims, but in practice many gaps remained unsolved in 2005-2009.
- Both service providers and survivors were impacted by the lack of resources, complex bureaucracy, and limitations of payments by assistance funds.
- Many service gaps needed to be filled by non-governmental operators.
- PAICMA's role was limited to awareness raising and planning, but its plans did not address real service provision challenges.
- PAICMA does not appear to have made use of the tools put at the disposal of the 26 countries with the responsibility for the greatest numbers of survivors by the co-chairs of the Standing Committee on Victim Assistance and Socio-Economic Reintegration to improve existing assistance frameworks for survivors and conflict victims.
- The needs of survivors were assessed unsystematically and survivors were not included in planning, implementation or monitoring of assistance.
- The complex legal framework and modifications to it have had a negative impact on service provision.

## Suggestions for the way forward

When asked about their expectations for their situation in the next five years, 61% of survivors felt that it would be better than today; 21% thought it would be the same; and 13% thought it would be worse. To assist in a better future ahead the following suggestions may be taken into account:

- Develop concrete and time-bound actions, beyond awareness raising, to address gaps in the ruta de atención.
- Until gaps in the ruta de atención are addressed, develop additional programs to lessen the impact of these gaps, particularly for economic reintegration.
- Suspend or lengthen time limits in which assistance can be applied for and consider reviewing legal frameworks again, in part to address new challenges caused by recent adjustments.
- Increase resources to assistance funds and hasten payments to services providers and survivors alike.

### What do you think your situation will be like in five years?



- Reconsider PAICMA's VA coordination role beyond awareness raising and develop greater synergies with other programs for persons with disabilities.
- Equalize assistance to military and civilian survivors.



*Eli Martinez walking - Eli Martinez at work*  
© Gaël Turine/VU, for Handicap International



## In his own words: the life experience of Eli Martinez

Eli Martinez was 28 and working in a gold mine in the Piemonte region when he had his mine incident in 2002. The riches in the soil attracted both paramilitary and guerrilla forces and was a scene of conflict. As he did so many times each day, Eli threw a stone he had examined for gold on a pile, but the stone landed on a mine, which exploded. Eli remembers, “I thought I had lost a leg, because I had heard that this is what generally happens.”

Eli was rowed across the river by his fellow workers and it took 1.5 hours to reach the health center. There he realized that shrapnel had damaged his eyes and injured his arm and hand. The staff at the health center decided they could not treat his eyes and that he needed to go to the university hospital in Medellín, hundreds of kilometers away. By the time Eli got there it was too late; his eyes had to be removed.

Eli went back to live with his mother and it was tough for both of them. Eli likes working, saying, “I like being busy and I have always worked.” So he thought he had lost everything. But gradually he started to learn everything all over again, how to identify sounds around him, how to move around his house... and he started to help his mother in her crafts shop. In 2008, an NGO paid for him to take courses at a center for the visually impaired. Eli learned how to walk with a cane, to read and write in Braille and to count using an abacus. He adds, “I can already write, but reading is more difficult.” But at least there are prospects for a better future.

### In their own words...

The main priority for VA in the next five years is:

- Housing benefits.
- Creation of job opportunities for survivors to enable them to become self-sufficient.
- Creation of job opportunities for survivors' families because they are victims too.
- Provision of comprehensive support as stipulated in established standards.
- Ensuring that rights have no time limits.
- For the government to show more concern for us.
- Taking more account of the needs of widows.
- Respect and deliver survivor rights.
- Healthcare.
- Providing employment.
- Economic, employment and housing support.

### In their own words...

If countries really cared about survivors they would:

- Expand coverage of existing services to remote areas of the country.
- Make authorities and officials show more concern.
- Ensure that laws are comprehensive and fair.
- Ensure that laws are enforced.
- Help us talk to the government to get our rights.
- Help us more because our government does not.
- Make the government enforce the rules.
- Provide education, employment and housing for the disabled.
- Help us to keep working.
- Raise awareness that survivors have rights.

### In their own words...

Survivors described themselves as: uneasy, responsible, strong, fighters, good, survivors, soldiers, cheerful, unsure, shy, and reserved.