



El Salvador

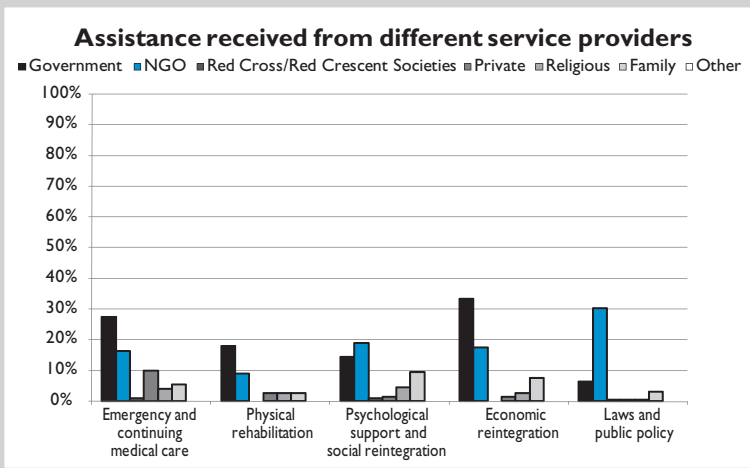
Country indicators

- **Conflict period and mine/ERW use:** The Salvadoran military and opposition forces used mines and ERW throughout the civil war between 1980 and 1992. Gangs reportedly use improvised explosive devices.¹
- **Estimated contamination:** El Salvador has been mine-free since 1994, but minor ERW contamination remains.²
- **Human development index:** 103rd of 179 countries, medium human development, (compared to 103rd of 177 in 2004).³⁴
- **Gross national income (Atlas method):** US\$3,480 – 119th of 210 countries/areas (compared to US\$2,333 in 2004).⁵
- **Unemployment rate:** 6.3% official rate, but high underemployment (compared to 6.5% in 2004).⁶
- **External resources for healthcare as percentage of total expenditure:** 3.1% (compared to 1.7% in 2004).⁷
- **Number of healthcare professionals:** 20 per 10,000 population.⁸
- **UNCRC status:** Ratified both the Convention and its Optional Protocol on 14 December 2007.⁹
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** El Salvador is one of the 10 poorest countries in Latin America. The economic growth it has experienced since the early 2000s has been spurred, to a large extent, by remittances from family members abroad and not by long-term investments. More than 40% of the population lives on less than US\$2 per day. El Salvador also faces frequent natural disasters and high levels of societal violence. Immediately after the civil war, El Salvador received considerable international assistance for the peace process, but this support has decreased since.¹⁰

VA country summary

Total estimated mine/ERW casualties since 1980: Unknown			
Year	Total	Killed	Injured
2004	0	0	0
2005	4	2	2
2006	6	1	5
2007	4	0	4
2008	14	2	12
Grand total	28	5	23

- **Estimated number of mine/ERW survivors:** 3,158; the most recent mine casualty happened in 1994.¹¹
- **VA coordinating body/focal point:** The National Council for Integrated Attention for Persons with Disabilities (Consejo Nacional de Atención Integral a las Personas con Discapacidad, CONAIPD) is the central government body coordinating VA and UNCRPD. It includes organizations of persons with disabilities, though some complain their inclusion is limited and that CONAIPD lacks the authority to compel ministries to act.
- **VA plan:** In 2007, VA objectives and plan were developed to implement the 2005-2009 Nairobi Action Plan. The Plan of Action for compliance with the UNCRPD entered into force in May 2008.¹²
- **VA profile:** While El Salvador has been an active participant at Mine Ban Treaty meetings, only modest progress has been made in improving services for civilian survivors. There have been greater improvements for former military survivors. Often, those advances were achieved through the broader disability framework and usually financed with national resources. However, insufficient national resources are allocated to disability issues. Decentralization of the national health system, which started in 2003, aimed to increase access to medical services in rural areas, but mobile units face fuel shortages and health centers are basic. Access to specialized services in major cities remains challenging for civilian survivors. In major cities, there is a variety of physical rehabilitation services, but their centralized locations are problematic for those not receiving transportation or accommodation support. In 2008, the government reported that only two facilities provided services to survivors and that one of them was open to military survivors only.¹³ There were also complaints regarding the poor quality of devices. Between 2005 and 2009, community-based rehabilitation (CBR) spread to 64 municipalities “in extreme poverty” to connect persons with disabilities to a range of rehabilitation and reintegration services. A national policy on



psychosocial support does not exist. Throughout 2005-2009, activities remained unsystematic and mostly carried out by NGOs or veterans' organizations. Since 1999, economic reintegration for survivors has been taking place on a limited scale. While some programs have been established since that time, economic opportunities remain extremely limited for survivors due to high general unemployment, non-enforcement of employment quotas, a lack of access to basic education and the relatively "old" age of survivors. El Salvador has ratified the

UNCRPD and has disability legislation, but reform of other relevant legislation regulating protection of war victims has been incomplete since 2005, and persons with disabilities protested the non-enforcement of legislation and pension suspensions several times in 2005-2009. Plans made in 2005 to consolidate data on survivors and services have not been achieved, although data does exist at various organizations. It is therefore impossible to say how many survivors have received assistance.¹⁴

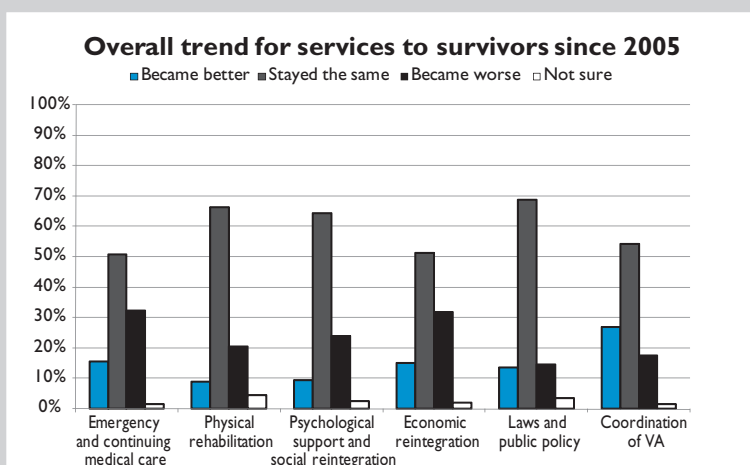
VA progress on the ground

Respondent profile

By July 2009, 201 mine/ERW survivors had responded to a questionnaire about VA progress in El Salvador since 2005: 192 men, eight women and one girl; 87% were between the ages of 35 and 50. Some 89% were heads of households and 48% owned property. A majority of these survivors (62%) live in rural areas with limited or no services and 35% live in the capital or another large city.¹⁵ Just 12% had completed secondary education or beyond (including vocational training) and 10% had never received any formal education. Of those responding, some 16% were unemployed at the time of the survey, as compared to 6% before the incident.¹⁶ Of those surveyed, 90% said their income was insufficient. This matches the profile of survivors in this country, nearly all of whom are men. Most experienced their incident as soldiers or, to a lesser extent, as civilians during the conflict in the 1980s, usually living in rural communities affected by the conflict.¹⁷

General findings

Despite noting some positive developments, the vast majority of respondents felt the overall situation of VA had stayed the same or gotten worse since 2005. Just 20% felt they now receive more services and 19% felt they receive better services compared to 2005. The most positive results were seen in the promotion of survivors' rights. While female participation in the survey was too limited for accurate extrapolation, 52% of respondents felt services for female survivors were "equal" to those available to men; 28% thought they were completely "absent". The nine female survivors did not respond more negatively than the men. Nearly half (47%) found services for child survivors were "never" adapted to their age level.¹⁸



While 35% of respondents had been surveyed by the government or NGOs at least once since 2005, the majority (58%) had never been surveyed.¹⁹ Survey activity produced few concrete results: 47% reported receiving a pension more easily; 41% felt listened to; 23% thought they had received more information about services; and 14% said they had received more services as a result. These findings correspond with the fact that comprehensive figures for military survivors are the only ones available. Most NGOs working with war-affected individuals said there were many more mine/ERW survivors than those registered and that a comprehensive assessment was needed.²⁰ Since 2005, El Salvador has been saying it will update and verify existing statistics, but as of August 2009 this has not happened.

Emergency and continuing medical care

Over half of all respondents (51%) felt healthcare for survivors had stayed the same since 2005 and 32% felt it had gotten worse. Some 54% felt survivors “never” or “almost never” received the medical care they needed and said it was not a government priority. Just 16% thought survivors “always” or “mostly” received the services they needed. Respondents noted progress in terms of access, but not in quality. Some 39% said physical access had improved, 34% found it easier to access to healthcare closer to home (34%), and 32% found it easier to obtain referrals. Access closer to home was observed more by respondents in cities (48% compared to 25% in rural areas). Some also noted increased emergency transportation (29%) and first aid workers (24%). Just 15% of respondents saw quality improvements, better trained staff (14%), or increased availability of medication (8%). Practitioners confirmed the views of survivors and also noted the most progress had been made in physical access.

These results confirm that decentralization efforts by the government to bring healthcare to rural areas have had some effect. However, the effects of these efforts have been diminished by the fact that most facilities outside of major cities only provide basic assistance and lack infrastructure and staff. Mobile units experience fuel and road network challenges. Complex procedures can only be carried out in the major cities and are not always free of charge. The lack of accommodation for family members accompanying survivors seeking services is also a problem.²¹ While some survivors agreed with the government’s reports, which claim it can handle any kind of emergency, this is likely because they themselves did not actually need this type of assistance. Reports exist to contradict the government’s statement, such as the fact that the evacuation of four children injured in 2008 to an appropriate facility took more than five hours because of a lack of emergency transport, bad roads, and a lack of necessary equipment at the nearest health center.²²

Physical rehabilitation

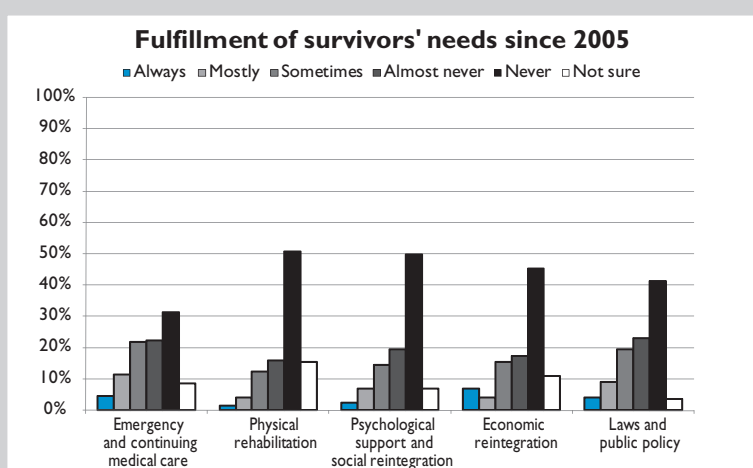
Some 66% of respondents felt rehabilitation services had remained the same since 2005. One-fifth saw deterioration, but this increased to 24% when only respondents from rural areas were considered. More than half (51%) said survivors “never” received the physical rehabilitation they needed; just 5% said it was “always” or “mostly” received. When looking at specific progress indicators, proximity and quality of services were the areas where least progress was felt. Just 13% thought there were more centers in their area, while 15% said they could get services closer to home or that there were more mobile workshops to carry out repairs. Less than 20% also said the quality of physical therapy or mobility devices had improved (17% and 19% respectively). Practitioners’ responses were split, but those working with both military and civilian survivors felt services largely remained the same. Those working with military survivors saw more improvement, particularly in the quality of devices and staff capacity.

As one government representative explained, El Salvador has sufficient physical rehabilitation capacity, but lacks the financial resources to ensure survivors benefit from it. There are several physical rehabilitation centers and most are private. Just two public rehabilitation centers assist survivors; one of them is open to military only. Between 2005 and 2009, it was reported that waiting periods were long and devices of poor quality.

The 2008 review of CONAIPD's VA sub-committee, organized to analyze progress on the country's 2005-2009 VA objectives, added that the high cost of materials to produce mobility devices is another obstacle.²³ In 2008, El Salvador reported some progress in developing the minimum quality standards planned since 2005, but said they had not yet been approved. No progress was reported on agreements with other rehabilitation centers to allow survivor access.

Psychological support and social reintegration

Most respondents (64%) felt that, overall, psychological support and social reintegration services had remained the same since 2005; 24% felt services were worse. Half believed survivors "never" received the psychosocial support services needed and another 20% found this "almost never" to be the case. Just 12% said there was increased government support for psychosocial services. When looking at specific progress indicators, positive results were noted, particularly in the survivors' own attitudes: 72% felt empowered; 68% are more involved in community activities; and 58% are more involved in psychosocial support activities for other survivors. Much less progress was perceived in society's attitudes: 12% thought there was more awareness about the importance of psychosocial support, while only 14% felt such support was considered equally important to other services. More importantly, just 26% believed survivors were no longer considered to be "charity cases"; 35% felt there was less stigma associated with seeking psychosocial support. No noticeable improvements were seen in the proximity, quality or quantity of services, better trained staff or more staff (all reported by 25% of respondents or fewer).



These positive results regarding the survivors' personal situations can be attributed to the fact that many respondents belong to a peer support network developed by a national NGO (Red de Sobrevivientes y Personas con Discapacidades, Network of Survivors and Persons with Disabilities, RSPD). The military provides some services to its staff and the government is continuing to expand the CBR network. However, the vast majority of services for civilians with disabilities are provided by NGOs who neither have a national policy to guide their

activities nor the means to support them. In 2008, the government still focused mostly on awareness raising among the general population and health and social sector workers and had yet to develop guidelines.²⁴ This explains the negative perceptions of the quality and quantity of services.

Economic reintegration

Nearly one-third (32%) of survivors believed opportunities for economic reintegration deteriorated since 2005; 51% thought the situation had remained the same. Most respondents (63%) felt survivors "never" or "almost never" received the economic reintegration assistance they needed. Nearly all (92%) also believed unemployment was so high that survivors were the last to be chosen for a job. The most positive result, by far, was that 55% of respondents noted an increase in pensions, and indeed these pensions were increased by 20% for all "war victims" (including civilian and military survivors) in January 2009. In all other areas, the perceptions of progress were lower: 37% said discrimination in education and employment had decreased and 31% saw an increase in economic opportunities. Fewer than 25% saw improvement in access to education, vocational training, employment opportunities, bank credit, improved enforcement of employment quotas or the affordability of training opportunities.

Since 2005, El Salvador has expressed its concern over the lack of economic reintegration opportunities available to survivors and has called for external support.²⁵ As of May 2009, one government representative interviewed for this report had seen no increase in this support. The 2008 VA review reported that economic reintegration programs had benefited few survivors and “a minimal percentage of survivors had been employed.”²⁶ Employment quotas are not enforced, other efforts are limited; and awareness is lacking. It was further noted that the average age of survivors (40 or older) is an obstacle since employers prefer to hire younger people. Many survivors also complained that discrimination and inaccessible education facilities exacerbate their already low educational levels. The poor economic climate and high rates of underemployment are also disadvantageous.

Laws and public policy

Most people (69%) felt protection of their rights had remained the same since 2005, while 13% saw improvement. Some 64% felt survivors “never” or “almost” never obtained their rights. Nevertheless, respondents were positive about several specific progress indicators. They said laws and policies benefiting survivors are being increasingly enforced (65%) and that survivors are more involved in disability rights monitoring (55%). Nearly half also thought there was more public awareness of survivors’ rights (48%) and of the rights of persons with disabilities (47%). Some 44% received more information about their rights and 43% perceived that negative terms about persons with disabilities were used less often. However, 63% did not actually feel less discriminated against and 68% did not feel they had easier access to legal action when their rights were violated. Practitioners believed the government has done more to promote disability rights but less to include the needs of survivors into disability legislation or to reduce discrimination against survivors.

These results seem contradictory at first, but they confirm the fact that El Salvador’s main efforts were in awareness raising and strengthening legislation. For example, the country expanded the mandate of the main body responsible for assistance to war victims, but these reforms remain incomplete. However, pensions were increased as a concrete result of this reform, probably contributing to the sense that legislation for survivors was better-enforced. The ratification of the UNCRPD has not yet led to increased implementation of activities or allocation of resources, but it did help raise awareness of the issue in the government. These results also correlate with the November 2008 review, which noted there had been awareness-raising campaigns about disability rights but that exclusion and discrimination persisted throughout society.²⁷

When asked how they would respond if survivors in El Salvador were to say their situation had remained the same, one government representative said this would be surprising. The representative felt that, given government efforts to improve services, survivors must either not be aware of their rights or not taking advantage of the available opportunities. The representative added this might be due to depression related to their disability.

VA process achievements

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

Note: El Salvador last submitted an Article 7 transparency report in August 2006.

In December 2004, a Salvadoran government official said VA would be El Salvador’s “greatest challenge in meeting its commitment to the Ottawa Convention” and that it lacked “sustainable, long-term, victim assistance programs.”²⁸ Throughout 2005-2009, El Salvador made VA progress dependent on international support and repeated this fact at

several international meetings. Increased funding was one of El Salvador's main reasons for becoming part of the group of 26 countries with responsibility for the greatest number of survivors, as well as the greatest needs and expectations for assistance. However, a government representative also acknowledged there was a "huge difference" between El Salvador and some of the other members of the so-called VA26, as El Salvador does have reasonable national technical and financial capacity. International funds have not been forthcoming and nearly all VA funding is national. Practitioners felt the government could have done more to raise funds from the international community.

El Salvador presented its reasonably SMART objectives in 2005. Between 2005 and mid-2007, civil society representatives noted they had not been consulted in the VA process.²⁹ CONAIPD only organized its first stakeholder workshop to review the objectives and develop a plan (presented in November 2007) in June 2007. During the process the objectives became less ambitious and often less specific, especially in the area of economic integration. Timeframes were extended from 2005-2007 to 2009 and targets for the number of beneficiaries to be reached were removed altogether. Most of these objectives had not been achieved as of August 2009.

Many objectives concern reaching agreements, developing training manuals/strategies, seeking financial support, and strengthening coordination. Although one government representative felt increased government coordination was the greatest benefit of the VA26 process for El Salvador, that same person mentioned in May 2009 that "strengthening institutional and inter-sectoral coordination" was also one of the most important challenges.³⁰

CONAIPD, the general coordination body for disability issues, has integrated VA into its mandate since 2005 (it performed VA coordination even before then) and established a VA sub-committee in 2006.³¹ However, the existence of this elaborate disability coordination structure has not led to any significant progress, as the independent government body CONAIPD is not an implementing agency, nor does it have the mandate to direct government ministries. Because of increased stakeholder involvement since mid-2007, there is a general perception among practitioners that coordination among government ministries and the NGO sector has improved. Practitioners also noted an increased awareness of VA. However, survivors did not see these improvements. Just 27% said coordination of VA had improved, 23% thought the government coordinated better with NGOs, and 20% thought survivors or their families were involved in coordination. Just over half knew who was responsible for VA/disability coordination.

It has also been reported since 2004 that insufficient resources have been allocated to disability. There is a lack of political will to address the issue of VA/disability.³² In May 2009, El Salvador noted that one of its main challenges would be to convince the new administration "of the importance of assistance to victims and persons with disabilities in general."³³ Nevertheless, practitioners felt national ownership and commitment towards VA had increased since 2005; they noted greater political will, a greater sense of national responsibility, and some increases in national funding. Survivors, again, did not agree: only 24% thought the government allocated more funds and 94% thought the government lacked political will, most likely because they had not seen the direct benefits of this commitment. Additionally, 79% felt their needs were not taken into account when deciding VA priorities.

El Salvador favors a mainstreaming approach for VA and has joined several international disability frameworks. One government representative thought these legal frameworks were important tools to apply pressure on various ministries to act, particularly the UNCRPD. The representative also said the UNCRPD was the most comprehensive framework and would serve government planning better than the Mine Ban Treaty or other frameworks. Therefore, the implementation of the UNCRPD has become an area of greater focus.

Conclusions

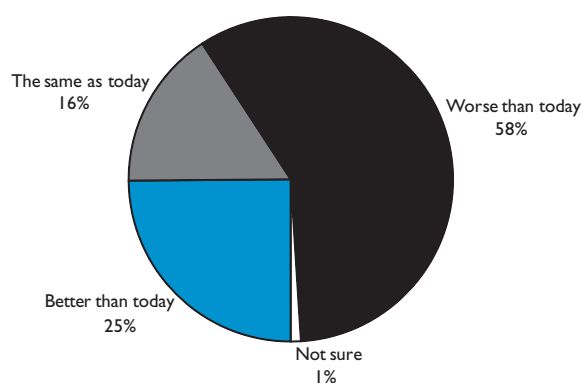
- Little progress has been made in improving the lives of survivors and other persons with disabilities.
- Services remained too centralized despite government initiatives.
- The least progress has been made on economic reintegration activities, and future prospects are not positive due to the aging survivor population and a lack of systematic service provision, both for persons with disabilities and in general.
- Survivor participation in peer support networks, provided by NGOs, has contributed to their sense of empowerment and involvement.
- Sophisticated disability coordination mechanisms exist, but they have neither the mandate nor the means to enforce better implementation of existing legislation.
- Despite some improvements in coordination with civil society, survivors have been insufficiently involved in policy development and monitoring. Priorities were not perceived to be based on their needs.

Suggestions for the way forward

When asked about how they saw their situation in five years, 16% of survivors thought it would remain the same; 58% thought their situation would be worse; and 25% thought it would be better than today.³⁴ To assist in a better future the following suggestions may be taken into account:

- Create education and employment opportunities for persons with disabilities and make existing programs inclusive for survivors and other persons with disabilities.
- Strengthen the CBR network, improve the capacity of rural health facilities, and investigate ways to cost-effectively decentralize some physical rehabilitation services.

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



- Support transportation and economic access to private-sector physical rehabilitation.
- Generate greater synergy between VA objectives and UNCRPD implementation.
- Give CONAIPD a mandate to direct other government bodies and allocate sufficient budget for implementation of disability activities.



Conducting the survivor survey
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In their own words...

Survivors described themselves as: perseverant, satisfied, friendly, fighters, contributors, serious, entrepreneurial, responsible, workers, optimistic, active, leaders, quiet, dynamic, charismatic, depressed, worried, sociable, resourceful, successful, students, needy, sick...

In their own words...

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

- Increasing pensions.
- Housing, health and economic assistance.
- Economic opportunities.
- Improving laws.
- Improving survivors' economic situations and providing their children scholarships.
- More rehabilitation programs.
- Improving healthcare conditions to also include follow-up care.
- Helping us to not feel abandoned and unsupported.
- Informing us about government plans.
- Improving our quality of life.
- Access to economic reintegration.

In their own words...

If countries really cared about survivors they would:

- Enforce the laws.
- Provide services and pay attention to them.
- Include them in deciding about laws.
- Demand that the government provides better assistance, education and employment.
- Have hospitals for survivors.
- Help survivors have a productive life.
- Collaborate more with NGOs for our well-being.
- Implement the Convention on the Rights of Persons with Disabilities
- Provide more support from other countries.
- Work more closely with survivors in all economic, social and cultural programs.
- Listen to survivors.
- Do a new formal survey of survivors.

In his own words: the life experience of Dimas Gonzalez

In June 1985, Dimas Gonzalez stepped on a landmine. He was just 13 but already a combatant, fighting for the guerilla army. Aside from emergency medical care, nine years would pass before Dimas received a prosthetic limb and a pension as part of the peace process measures. He also received a scholarship to finish high school and to start electrical engineering at university. However, he was unable to complete his degree because the university was too inaccessible and he needed to work to support his family.

Dimas feels lucky to have found work, since he feels there are few job opportunities for survivors. In 2005, he became an outreach worker for RSPD in San Salvador, where he enjoys helping other survivors improve the quality of their lives. Dimas does not think the government has done enough to help survivors – he says free healthcare is a priority, but also feels all survivors deserve comprehensive care to address their needs.