

Nicaragua



Country indicators

- **Conflict period and mine/ERW use:** Nicaragua is contaminated by mines and ERW as a result of armed conflict; the Nicaraguan National Guard used mines in 1978-1979 and the Nicaraguan Army and opposition forces used them from 1981 to 1989.¹
- **Estimated contamination:** As of 19 May 2009, 10 minefields remain in two departments and affect an estimated 17,500 people.²
- **Human development index:** 120th of 179, medium human development (compared to 118th of 177 in 2004).³
- **Gross national income (Atlas method):** US\$1,080 – 161st of 210 countries/areas (compared to US\$791 in 2004).⁴
- **Unemployment rate:** 3.9% official rate, but additional underemployment of 46.5% (compared to 22% official unemployment in 2004).⁵
- **External resources for healthcare as percentage of total expenditure:** 9.3% (compared to 11.5% in 2004).⁶
- **Number of healthcare professionals:** 15 per 10,000 population.⁷
- **UNCRPD status:** Ratified the Convention on 7 December 2007 but not its Optional Protocol, which was signed on 21 October 2008.⁸
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Nicaragua is a moderately poor country with the second-lowest per capita income in the Western Hemisphere. Unemployment and underemployment are widespread. Nearly 50% of the population lives below the national poverty line and 80% lives on less than US\$2 per day. Nicaragua is dependent on foreign aid, but levels of foreign aid have decreased since their peak during the implementation of the peace process in the 1990s. Recent economic growth has also led some donors to discontinue aid.

VA country summary

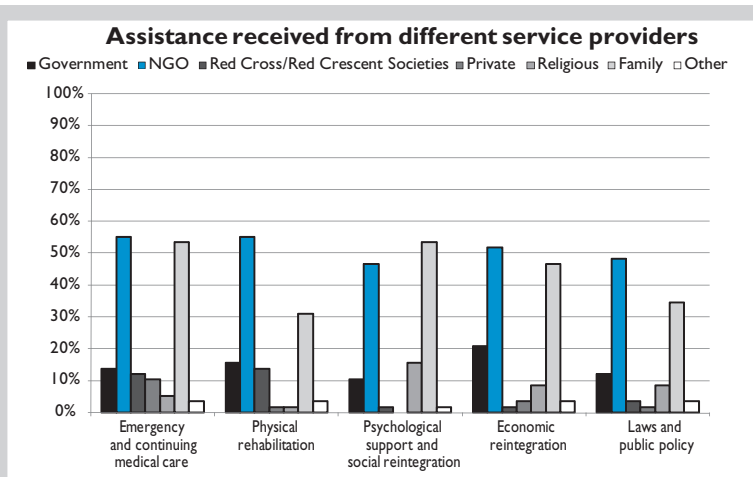
Total mine/ERW casualties since 1980: At least 1,236			
Year	Total	Killed	Injured
2004	7	1	6
2005	15	4	11
2006	7	2	5
2007	15	1	14
2008	3	0	3
Grand total	47	8	39

- **Estimated number of mine/ERW survivors:** 1,145.⁹
- **VA coordinating body/focal point:** The National Demining Commission (NDC) is the coordinating body and the Ministry of Health (MoH) the focal point. The NDC coordinates VA-specific activities and mobilizes resources, but is fairly inactive. The VA focal point position at the MoH was vacant from the end of 2007 until 2009 and thus inactive. VA is only one of the focal point's many responsibilities.
- **VA plan:** None; there is no national disability plan either, but the National Plan on Physical Rehabilitation was under development as of March 2009.
- **VA profile:** Between 2005 and 2009, VA could not be considered a government priority. The Organization of American States (OAS) provides services with international funding (1,107 of 1,145 registered survivors received rehabilitation services and 450 also received socio-economic reintegration). Nicaragua made limited progress towards the development of a sustainable VA national capacity and was still almost completely dependent on OAS services in 2009. Without a full subsidy from the OAS, access to all services remained out of reach for the vast majority of survivors because of the location and cost of services. However, as a lower middle-income country, Nicaragua needs to operate on its own capacity due to a decrease in donor interest. Some progress has been made in improving healthcare and physical rehabilitation for the benefit of the whole population. However, most services remain centralized in the capital and lack qualified staff. Psychological support and social reintegration services are available at physical rehabilitation and vocational training centers but do not exist as a stand-alone service. Through its network, the National Training Institute (NTI) increased its capacity to work with disabled students, but survivors still face challenges in accessing employment opportunities. In light of an expected further decline in international support, the long-term sustainability of VA/disability services is questionable as of August 2009.¹⁰

VA progress on the ground

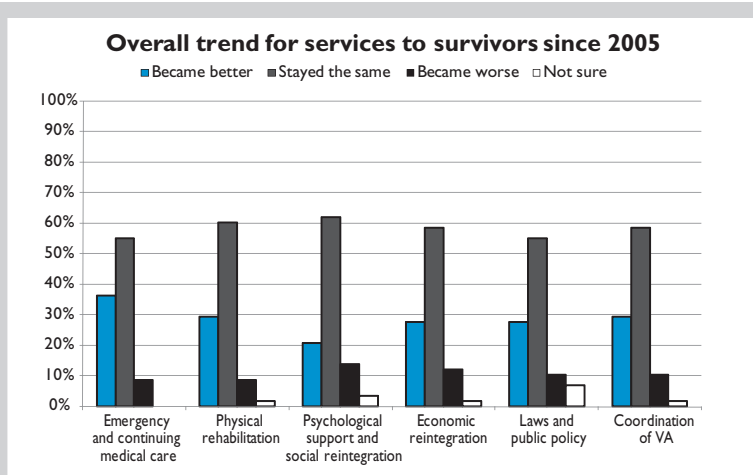
Respondent profile

By July 2009, 58 survivors had responded to a questionnaire on VA progress in Nicaragua: 50 men and eight women. Respondents were between 24 and 64 years old with 66% between the ages of 35 and 50. Some 71% were heads of households and 25% owned property. A majority of survivors (52%) lived in rural areas with limited or no services and 48% lived in the capital or another large city. Just 38% had completed secondary education or beyond (including vocational training) and 10% had received no formal education. Some 31% were unemployed at the time of the survey, as compared to just 14% before the incident. Of those surveyed, 77% said their income was insufficient. This profile corresponds to the casualty profile extrapolated from data: 90% of survivors are men, most of whom were injured during the 1980s conflict, and who often have limited education and economic opportunities.¹¹



General findings

The majority of respondents felt that, overall, services had remained the same since 2005, but they did note advances in specific areas. The greatest improvement was seen in the area of healthcare, and the least improvement was seen in psychological support and social reintegration. Respondents living in urban areas were usually more positive than those from rural areas. Some 55% of respondents felt that services for female survivors were equal to those available to men, but 19% thought they were completely absent. Women responded more negatively than men, as 50% said services were absent or much worse. Just 7% of people thought services for child survivors were always adapted to their age level.



three-quarters of the survivors (74%) said they had never had the opportunity to explain their needs to government representatives.

Emergency and continuing medical care

Approximately 36% of respondents noticed that healthcare had improved overall since 2005. Nearly 40% of respondents noticed that survivors “never” or “almost never” received the medical care they needed; 41% noticed they “sometimes” received the medical care needed; while just two people thought needed care was “always” received.

However, a majority of respondents saw improvements in some specific areas, such as emergency assistance: 64% felt there were more first aid workers and 62% saw an increase in emergency transport. Also evaluated positively were the increased proximity of health centers (by 65% of people), the number of facilities (55%), and the affordability of services (60%). Areas of greatest dissatisfaction were staff capacity, where 41% of people saw improvements, and the availability of medicines and supplies, which 41% and 28% respectively found improved.

These results correspond with government efforts to increase healthcare access through free medical care for all in 2007.¹² It also confirms government reports on upgrades to two regional hospitals near to where many survivors live, improved emergency care, and improved evacuations in mine-affected areas. In 2009, MoH officials also reported an increase in the number of medical professionals being trained. Survivors could not have noticed the impact yet, as this development started in 2007 and training was still ongoing.

Physical rehabilitation

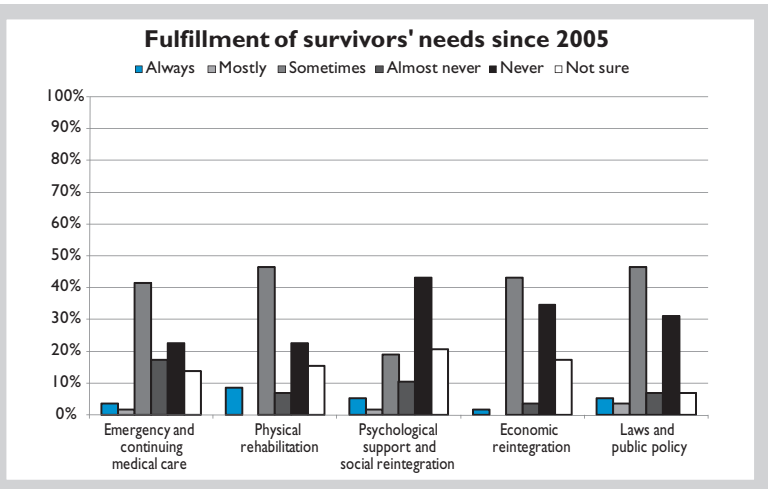
Most survivors (60%) believed physical rehabilitation services had remained the same since 2005, but 9% found they had actually deteriorated. Of those interviewed, 47% thought that survivors “sometimes” get the physical rehabilitation they need. However, 22% found such services were “never” received. When looking at specific areas of progress, 50% believed it was easier to get referrals and that the rehabilitation teams had become more complete. Few respondents saw positive changes in the number or proximity of rehabilitation centers (36%) and the availability of mobile clinics (7%); but 57% noted improvements in transport. Only a few (18%) noticed increased availability of different types of mobility devices or improved device quality (22%). Practitioners working in the physical rehabilitation sector saw an overall improvement, particularly concerning affordability and improved physical access. However, they acknowledged access is limited due to a lack of trained professionals.

The continued centralization of rehabilitation services is key to the survivors’ responses, as just one (of four) centers is located outside of the capital, Managua, even though most survivors live in rural areas. The ICRC Special Fund for the Disabled (SFD) also identified centralization as a major obstacle.¹³ Because the OAS acknowledged that few survivors from rural areas could independently pay for transport to and lodging at the centers, it included these services in its VA program, resulting in a more positive evaluation of this component. In 2009, the MoH announced plans to open two new rehabilitation centers based on information as to where survivors live. The government said taking over transport and accommodation costs from the OAS would not be sustainable, because then it would have to do this for all persons with disabilities.¹⁴ While additional professionals are being trained and funds were increased in 2008, Nicaragua faces a continuous battle against brain drain, as salary scales are higher in neighboring countries. These measures would have been too recent for survivors to notice impact.

Psychological support and social reintegration

Just 20% of respondents noticed improvements in psychosocial support and social integration over the last five years; 14% thought services had deteriorated. Some 43% said survivors “never” received the psychosocial assistance they needed and 62% asserted it was not a government priority. However, 66% of respondents felt more empowered; 67% felt more involved in community activities; and 60% reported they were no longer considered a “charity case.” Of the 58 respondents, 30 reported the creation of peer support groups, which helps explain these positive results. Areas of least progress were the quality of services (34%) and better-trained staff (29%).

As mentioned, the peer support networks, mostly developed by small local organizations, have had a major impact on the positive evaluation of psychosocial services when available. Since 2007, the government has also bestowed increased recognition to those disabled



during the war, which may have helped to elevate their status among the general public. Whereas in 2005 psychological assistance was only available at one center in the capital, by 2008 it was provided at all physical rehabilitation centers and through the NTI. However, such centralized services impact survivors much less than decentralized services would.

Economic reintegration

More than half of those surveyed (58%) felt economic reintegration efforts had remained the same since 2005, and 12% said they had gotten worse. Some 43% said survivors only “sometimes” received the economic reintegration opportunities they needed. The greatest improvements were seen in decreased discrimination (69%), increases in pensions (62%), and increased educational opportunities (52%). A resounding 95% of respondents agreed with the statement that “Unemployment was so high that survivors were the last to be chosen for a job” and few found that employment opportunities had increased (33%). A similar percentage (34%) found training increasingly met market needs, job placement had improved, and employment quotas were better enforced. Just over half thought there was more government support for economic reintegration activities.

Those who felt improvement were likely among the 40% of registered survivors who received OAS support for training and small business establishment. Results also showed that reduced discrimination and more education did not automatically translate into employment, meaning that many survivors seeing improvement in these areas would not necessarily have felt a significant change in their economic situation. While pensions for disabled ex-combatants reportedly increased by as much as 300% since 2007,¹⁵ they remained insufficient and most civilian survivors did not qualify for a pension at all. The capacity of the NTI to provide vocational training was strengthened in 2008 with OAS support but, in 2009, the government acknowledged that “a large majority of mine survivors remain unemployed.”¹⁶

Laws and public policy

Nearly half of all respondents believed the rights of survivors were only “sometimes” respected and 55% of respondents believed their rights situation had remained unchanged since 2005. However, a significant majority noted positive change in specific areas: more awareness among the general public about disability (71%); decreased discrimination (67%); less use of negative terms (69%); and increased access to information about their rights (65%). At the implementation level, 72% felt survivors and their organizations were more involved in the monitoring of disability policy; 64% believed that they were more involved in VA service provision; and 62% believed legislation and policies were increasingly enforced. Practitioner responses confirmed policy advancements, particularly inclusion of survivors in policy-making, greater access to information, and more general awareness.

These positive responses on inclusion are surprising, because survivors have not been included in developing national VA priorities or in monitoring VA implementation. One practitioner offered a possible explanation by noting that this increased awareness and inclusion is related to persons with disabilities in general. This is in line with the greater government focus on broader disability issues, rather than on VA.¹⁷ The government

reported regularly on progress made within the UNCRPD framework and the strengthening of the national disability law. The government's honoring of those disabled during the war has likely had a positive impact as well. Nevertheless, the national disabled people's organization and the National Ombudsman for Disability Rights continued to report widespread discrimination in 2008.

When asked to respond to preliminary findings, a government representative felt mine survivors had received significant attention over the five-year period, especially compared to other persons with disabilities. However, it was acknowledged that Nicaragua had gotten a late start in taking concrete steps due to a lack of international support and a lack of interest (mostly) by the previous government. More significant steps were taken in 2007-2008. However, given that 93% of respondents felt the government did not have the political will to address their needs, it was clear these developments were too recent and needed to be continued.

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	YES	YES	NO	NO
2007	NO	YES	YES	YES	NO
2008	NO	NO	NO	NO	NO
2009	NO	NO	N/A	NO	NO

Nicaragua was actively involved in VA in the run-up to the First Review Conference in 2004 and during the ensuing year, when it was one of the co-chairs for the Standing Committee on Victim Assistance and Socio-Economic Reintegration.¹⁸ It played a crucial role in the promotion of the tools guiding 26 countries with significant numbers of survivors and the greatest responsibility to act in fulfilling their commitment to the 2005-2009 Nairobi Action Plan.

This involvement has not been sustained, nor has it resulted in significant achievements for VA in Nicaragua. NGO representatives felt Nicaragua had failed to develop a sustainable national VA capacity because of its dependency on the services provided by the OAS. A MoH representative claimed the ministry was prepared take over responsibility for the OAS services, but had to identify ways to make them sustainable for the government through decentralization. The positive impressions on the ground were mostly the result of improvements in the broader health and disability sectors, from which survivors have benefited.

Within the Mine Ban Treaty process, Nicaragua presented its VA objectives in 2005 and revised them in 2007. A restructuring within the MoH in 2007 eliminated the position of the VA focal point and much of the work on developing a VA process, including the revised objectives themselves, was lost as a result. As of August 2009, Nicaragua's objectives remained incomplete, largely non-SMART, and not integrated into other frameworks. Half of the objectives related to developing strategies in 2006. The other half related to strengthening national capacities in anticipation of OAS funding ending in 2009.¹⁹ No objectives were related to the implementation of actual activities. In 2009, Nicaragua still did not have a national plan specific to VA or even a general disability plan, and progress towards less dependence on the OAS was slow.

Nicaragua did not include survivors, persons with disabilities, or other representatives from civil society in developing its priorities. The National Demining Commission's (NDC) VA sub-commission, which includes survivor and NGO representatives, met infrequently from 2005-2009, and just once between 2007 and August 2009. The government used these few meetings to disseminate information, not for consultation on VA priorities or planning.

A MoH representative said the government had been tracking VA progress but was not directly linking this progress to the 2005-2009 objectives. Therefore, Nicaragua's efforts to share information about its progress and challenges were limited, especially after 2007. Previous statements mainly provided statistics and information on the challenges faced by the country in general, rather than progress updates on its own stated objectives.

It seems that general measures positively affecting survivors may have started precisely when reporting stopped. Some credit the new administration, which is "more inclined to address social issues"²⁰ for concrete steps to make healthcare free and to increase the budget for physical rehabilitation services. These steps will benefit survivors and other persons with disabilities more than the 2005-2009 objectives.

In 2004, the government declared that providing socio-economic reintegration assistance to survivors was a "social and moral obligation," but said it did not have sufficient funds and needed support from the international community.²¹ Nevertheless, the government did not reflect this as a priority area in its objectives or address it in broader programming.

The MoH believed that Nicaragua's (limited) involvement in the so-called VA26 process had helped the country to better organize its response to disability in general and had generated some additional international assistance through the OAS and the ICRC-SFD. However, expectations of access to additional international resources for the development of national capacity to complement the OAS program, as expressed by the NDC, did not materialize. In short, improvements have come about despite this lack of additional support and, for the most part, also in spite of a lack of political commitment to the Nairobi Action Plan.

Conclusions

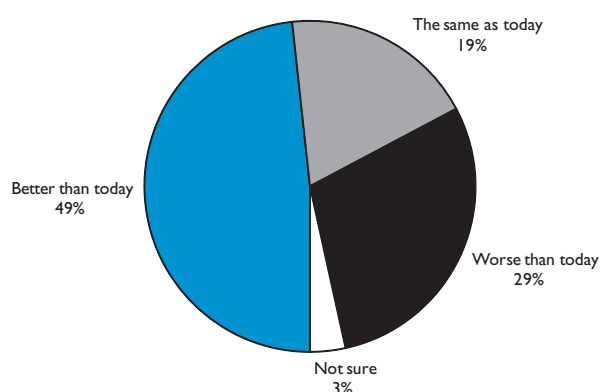
- Progress was either linked to the OAS program, which is not sustainable for the government to take over, or to broader developments started by a more socially-oriented administration.
- Despite being a priority area for survivors, the least progress was noted in improving employment/income-generating opportunities and access to psychological support.
- Survivors and practitioners signaled the need for more qualified staff and better retention mechanisms to improve the quality of assistance in healthcare, physical rehabilitation, and psychological support.
- Given the low (and declining) number of new casualties, and the lack of attention to VA even as there is general progress in the disability sector, a specialized VA framework might not be an efficient use of resources.
- The channeling of VA funding through the OAS, while efficient, has not fostered a sense of ownership within the government, especially not in direct service provision.

Suggestions for the way forward

When asked about how they saw their situation five years from now, 29% of respondents thought it would get worse, 19% thought it would remain the same and 49% thought it would be better (3% did not answer). To assist in a better future, the following suggestions may be taken into account:

- Ensure greater synergy with UNCRPD implementation plans, including the development of a national disability plan inclusive of the rights and needs of survivors rather than distinct VA plans.

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



- Investigate options for the cost-effective, sustainable decentralization of services, as transportation/accommodation is not affordable for survivors and its cost is not sustainable for the government.
- Increase involvement of survivors and other persons with disabilities in the development, implementation and monitoring of disability policy, awareness raising, and direct representation in government.



Juan Ramon Lopez (left) drawing a map on his palm of a path to a minefield.

© Mike Kendellen

In their own words...

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

- Make assistance accessible.
- Continue OAS (foreign) assistance.
- More and improved prosthetics.
- Support for housing and education.
- Greater NGO/government coordination.
- Medical attention.
- Help persons with disabilities.
- Pensions.
- Professional training.

In their own words...

If countries really cared about survivors they would:

- Treat all survivors equally.
- Donate prosthetics and medicine.
- Provide economic support and training.
- Guarantee support for health care.
- Support prosthetic production.
- Support us psychologically and through group support.
- End wars.
- Increase professional staff for survivors' services.
- Give us jobs.

In their own words...

Survivors described themselves as: independent, entrepreneurial, neglected, abandoned, generous, useful for society, helpful, cheerful, joyful, shy, honest, fine, kind, optimistic, needy because of the disability, hardworking, humble, persevering, capable and strong, tolerant, friendly, responsible.

In his own words: the life experience of Juan Ramon Lopez

In 1979, Juan Ramon Lopez was recruited to join the Contras (the opposition to the Sandinista government in the 1980s). In Honduras, Argentinean trainers taught him how to lay landmines. He was a commander for the Contras known as "Sammy 7" because of the speed at which he ran around and dodged minefields.

When the war ended in the early 1990s, Nicaragua's economy was in a shambles and jobs were scarce. Mines and fighting had damaged the coffee industry, a mainstay of the national economy prior to the war. To restart the coffee business, farmers in Nueva Segovia Department offered jobs to people only if they first cleared mines from the farms. Juan Ramon Lopez accepted these conditions. From 1993 to 1997, he cleared 3,053 mines on six farms with nothing more than an old detector given to him on credit by the coffee farmer. He had two accidents resulting in below-the-knee amputations, but went back to clearance each time. Juan only stopped when the Nicaraguan demining program starting working in the area.

Juan now works as a carpenter but remains involved in demining by serving as an unofficial advisor to the military and has provided information about suspected mined areas along the Honduran border.

Juan has received physical rehabilitation in Managua through the OAS. In March 2009, he received a new prosthetic left foot. The OAS paid for the new foot and the NDC paid for transportation and lodging. As a father of three young children with a low paying job, he did not have the means to travel several hours by bus to Managua for rehabilitation.