



# Peru

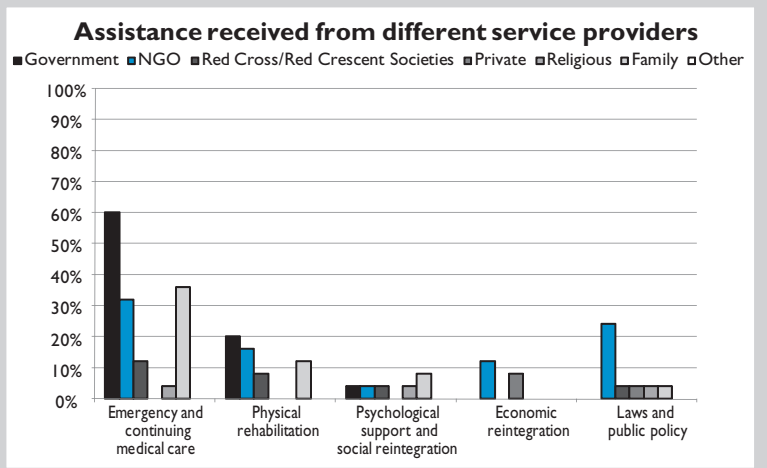
## Country indicators

- **Conflict period and mine/ERW use:** The government used mines in the 1980s to protect infrastructure against guerrilla attacks, from 1993-1996 around prisons and police anti-drug bases, and in 1995 along the border during the conflict with Ecuador.<sup>1</sup>
- **Estimated contamination:** In 2009, minefields still remained around three prisons, three police bases, and along the border with Ecuador (334,667m<sup>2</sup>); at least 500 communities are at risk near mine-contaminated electricity pylons.<sup>2</sup>
- **Human development index:** 79<sup>th</sup> of 179 countries, medium human development (compared to 85<sup>th</sup> of 177 in 2004).<sup>3</sup>
- **Gross national income (Atlas method):** US\$3,990 – 111<sup>th</sup> of 210 countries/areas (compared to US\$2,451 in 2004).<sup>4</sup>
- **Unemployment rate:** 8.4% in metropolitan Lima and widespread underemployment (compared to 13.4% and widespread underemployment in 2004).<sup>5</sup>
- **External resources for healthcare as percentage of total expenditure:** 1.6% (compared to 1.4% in 2004).<sup>6</sup>
- **Number of healthcare professionals:** 19 per 10,000 population.<sup>7</sup>
- **UNCRPD status:** Ratified both the Convention and its Optional Protocol on 30 January 2008.<sup>8</sup>
- **Budget spent on disability:** Unknown.
- **Measures of poverty and development:** Much of Peru's recent economic development has been centered in the capital Lima, while the interior of the country has remained impoverished. Some 30% of the population lives on less than US\$2 per day and 53% live below the national poverty level.<sup>9</sup>

## VA country summary

Total mine/ERW casualties since 1980: Unknown – at least 426			
Year	Total	Killed	Injured
2004	0	0	0
2005	9	4	5
2006	13	5	8
2007	48	5	43
2008	8	5	3
<b>Grand total</b>	<b>78</b>	<b>19</b>	<b>59</b>

- **Estimated number of mine/ERW survivors:** At least 373.<sup>10</sup>
- **VA coordinating body/focal point:** Contraminas is the coordinating body for VA, but lacks the authority to compel other government entities to act. The Institute for National Rehabilitation (Instituto Especializado de Rehabilitación, INR) is responsible for disability policy and the VA focal point and focuses on physical rehabilitation.
- **VA plan:** None; some general objectives were included in the 2008-2019 mine action plan and there has been a national disability strategy since 2003, but it lacks funds.<sup>11</sup>
- **VA profile:** Between 2005 and 2009, Peru made little progress in VA, and this was recognized as such by the government in February 2009: “The government knows it must emphasize its efforts to improve the planning and implementation of victim assistance.”<sup>12</sup> Most services are provided by national organizations; there is a state insurance mechanism for poor people, but this does not cover many services needed by survivors and most persons with disabilities do not have insurance. While services for military survivors are adequate and better than services for civilians, even military survivors sometimes face bureaucratic obstacles. Civilian survivors have to rely on facilitation by the ICRC or the Organization of American States (OAS) to obtain assistance. Survivors are treated within the general healthcare system, which is adequate in Lima, where nearly all public healthcare staff (90%), rehabilitation and psychosocial services are located. In rural areas, where most survivors live, there was no capacity for continuing medical care, prosthetic and orthotic devices, or community-based mental health and social services throughout 2005-2009. The one orthopedic center in the country (Lima) lacked staff with internationally recognized credentials and was hampered by limited supplies and old equipment. Rehabilitation and psychosocial services are not always free of charge and there is a lack of awareness of the need for psychological assistance. Only one survivor organization exists to provide peer support and its capacity is limited. Few survivors have access to economic reintegration programs or government pensions. Since 2008,



survivors have been able to apply for government compensation, but they were only informed of this right in 2009. Disability legislation exists but is not enforced due to funding gaps, particularly with respect to employment quotas.<sup>13</sup>

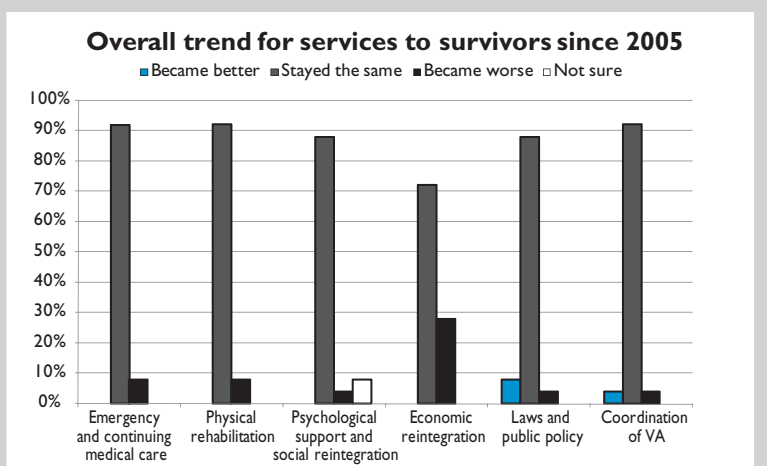
## VA progress on the ground

### Respondent profile

By July 2009, 25 survivors had responded to a questionnaire about VA progress in Peru since 2005: 24 were male and one was female. All were between 16 and 52 years old, with 64% aged between 35 and 50. Some 76% were heads of households and 28% owned property. Most (68%) of the respondents lived in the capital and 32% lived in rural areas with limited or no services. Nearly all (84%) had completed secondary education or higher. Some 76% were unemployed at the time of the survey, as compared to just 24% before the incident. Incomes are said to be insufficient for 80%, while 20% reported sufficient income. Casualty data confirms that most survivors in Peru are men who were injured prior to 1999, often military personnel. Due to the difficulties in reaching the remote areas where most survivors live, this particular sample over-represents survivors from Lima. As the casualty data indicates, more than 40% of registered survivors live outside the capital.<sup>14</sup>

### General findings

Most respondents felt that all services had remained the same over the last five years. No respondents felt they were receiving either more or better services. While the survey sample and female participation is too limited for accurate extrapolation, 84% of respondents felt services for female survivors were “equal” to those available to men, while 16% felt they were “absent”. Some 36% felt services for child survivors were “mostly” adapted to their age level; 40% found this only “sometimes” to be the case; and 24% believed it was “never” or “almost never” the case.



Almost all (88%) of the respondents had been surveyed by NGOs or the government at least once since 2005. They felt this survey activity led to more information about services (60%); fewer problems with bureaucracy (56%) and felt listened to (56%). Nearly half (48%) had received at least one opportunity to explain their needs to government representatives. This would correspond to the fact that impact surveys and a pilot needs assessment in Lima have been undertaken (albeit incompletely - the needs assessment only visited 20

people). Other information acquired during impact studies focusing on demining and casualties have not been reported for several years.<sup>15</sup>

### **Emergency and continuing medical care**

Almost all respondents (92%) felt that, overall, the healthcare situation had remained unchanged since 2005 and 8% felt the situation had worsened. Most respondents (60%) felt survivors only “sometimes” received the medical care they needed; 12% said this was “never” or “almost never” the case; 12% said it was “mostly” the case and 16% were not sure. Moreover, 96% of respondents did not believe healthcare for survivors was a government priority; the 4% who believe it is a government priority live in Lima. Areas of some progress, according to a small group of respondents, were the capacity to carry out complex medical procedures (8%) and access to services closer to home (4%). Respondents’ comments highlighted problems, such as antiquated equipment, long waiting lists, high costs, lack of capacity for emergency and ongoing medical care, poor maintenance of existing facilities, a shortage of trained professionals, and unaffordable medicines. One survivor living in a village with limited services said: “In my area, there is just one medical center, run by a nurse, and it is completely inadequate.”

Some of these responses contrast with the government reports of 2005 and 2008, which claim adequate capacity and a “vast experience in amputation surgery and the care of traumatic injuries.”<sup>16</sup> However, the survivors’ responses can be explained by the fact that access to healthcare was extremely limited in rural areas and unaffordable for many all over the country from 2005-2009. Despite special health programs for poor and vulnerable people, only 38% of persons with disabilities are covered by insurance.<sup>17</sup> Although emergency care is free, response remains heavily dependent on the location of incidents and can take up to 24 hours. One survivor reported being completely unable to access any medical care whatsoever over the last five years. The government recognizes the limited availability of medicines and equipment and reported on its investments into modern equipment in 2008-2009.<sup>18</sup> This would have been too recent for survivors to notice.

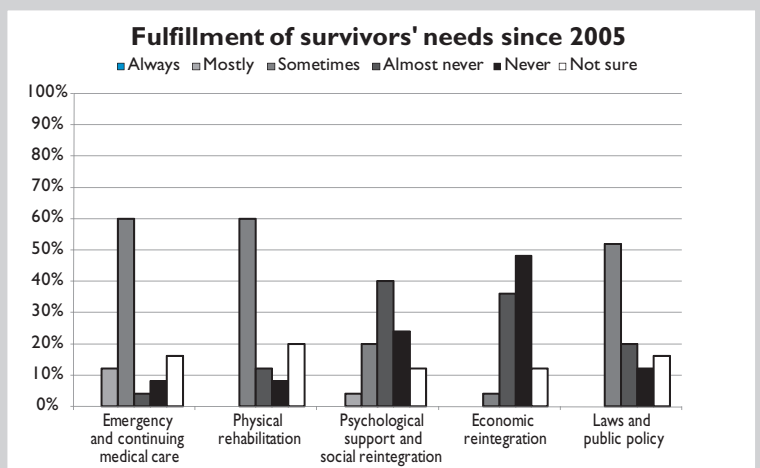
### **Physical rehabilitation**

As with medical care, 92% of respondents felt physical rehabilitation had remained the same and 8% felt a deterioration since 2005. While 60% felt survivors “sometimes” received the physical rehabilitation they needed, 20% found this “never” or “almost never” to be the case (20% were unsure). Again, responses on specific progress indicators were overwhelmingly negative, with a consensus on the statement that it is not easier to get services closer to home, quality has not improved, and assistance is not more affordable. Survivors’ comments related mostly to the fact that there is just one orthopedic center (the INR) where the waiting lists are long. Some survivors with amputations said they had never received physical rehabilitation or follow-up care since receiving their first prosthesis immediately after their incident, which in some cases occurred as long ago as 17 years.

In 2005, Peru stated that, “The fundamental limitation [in physical rehabilitation] is that the production of prostheses and orthotics can only be done in the capital, meaning access and costs are issues.”<sup>19</sup> Indeed, one center providing mobility devices for children in Lima closed in 2008. Although Peru reported that the INR provides comprehensive services,<sup>20</sup> the ICRC reported quality and productivity concerns in 2009.<sup>21</sup> Some physical rehabilitation is available in regional hospitals, but no efforts have been made to decentralize orthopedic services or to improve the quality of physical rehabilitation. Military personnel receive separate services.<sup>22</sup>

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

Nearly all respondents (88%) felt psychological support and social reintegration services had remained unchanged since 2005 and 4% felt a decline (8% did not respond). Some 64% said survivors “never” or “almost never” receive the psychosocial services needed; 24% said “mostly” or “sometimes” (the remainder was not sure). Just 4% saw more services, better-quality services, more staff training, the creation of peer support groups, or psychological services being considered as important as other services. No survivors felt empowered or involved in community activities. In their comments, survivors either said they did not know where to access psychosocial services or that they were too far away.



In 2005, Peru recognized that psychological support and social integration services were available through the country's only orthopedic center, that the services are not free, and that "there is no financial support available to assist civilian mine survivors to face issues of post traumatic stress."<sup>23</sup> Despite a government report in 2009 that some survivors have obtained free access to these services,<sup>24</sup> they are still located too far away from survivors. No community-based social activities exist, the capacity of the only survivor

organization (AVISCAM) to conduct activities decreased due to management changes in 2008, and there is a general lack of awareness of the need for this kind of service.

### Economic reintegration

The least positive results were reported in the area of economic reintegration, as 28% of respondents said the situation had deteriorated since 2005 (72% observed no change). Additionally, 84% believed survivors "never" or "almost never" received the economic reintegration services they need; 4% said they "sometimes" received such services; and 12% were not sure. All respondents felt unemployment was so high that survivors were the last to be chosen for jobs and that economic reintegration was not a government priority. No positive advances were seen in any area. In their comments, survivors highlighted the fact that they do not receive job training and face discrimination. They also noted insufficient enforcement of employment quotas, a generally worsening labor market, and no government efforts to create job opportunities.

In 2005, Peru sought to link survivors to existing economic reintegration programs by 2006.<sup>25</sup> Since then, Peru has only reported on its collaboration with the survivor organization in the area of involving survivors in demining and risk-education programs. The respondents, many of whom are AVISCAM members, reported receiving "occasional" work this way, but none have found permanent employment. The INR is also supposed to provide economic reintegration activities with financial help from NGOs,<sup>26</sup> but it is unknown if any survivors have benefited from this. The National Council for the Integration of Persons with Disabilities (CONADIS) is responsible for general disability issues and underwent restructuring in 2007-2008, which slowed down its activities. In Lima, CONADIS also runs the only training center focused on persons with disabilities, but this was closed from 2002 to 2007 and experienced funding shortfalls in 2008. There was no funding to implement the national disability strategy.

### Laws and public policy

Some 88% of survivors felt their rights situation has remained the same since 2005; 8% saw improvement and 4% saw a decline. More than half of all respondents (52%) felt survivors' rights were "sometimes" respected; 32% said this was "never" or "almost never" the case and 16% were unsure. One-fifth of respondents believe laws and policies benefiting survivors were increasingly enforced, or that they and their organizations were more involved in disability monitoring and have a seat in government. Also, 16% felt survivors were more involved in VA activities. However, none of the respondents felt discrimination had decreased or that awareness about the rights of survivors and other persons with disabilities had increased.

While survivors were aware of increased legislative efforts, such as improvements in legislation and development of the disability strategy, they noted a general lack of enforcement. According to one survivor, "there is a lot of interest in helping persons with disabilities, what there is not enough of is money." While Peru has had a national disability strategy since 2003 (Plan of Equality of Opportunities for Persons with Disabilities) and has ratified the UNCRPD, it also acknowledged that

enforcement and implementation of equal rights is inadequate due to insufficient funds and legal difficulties.<sup>27</sup>

When asked to respond to preliminary findings, a government official agreed with the survivors, stating that VA had been “the Achilles’ heel of mine action.” The representative added that the government knew it had to improve its efforts to strengthen VA planning and implementation, but that these efforts were hampered because many survivors lived in remote locations, making them difficult to reach. The representative also noted that some survivors had refused help.<sup>28</sup>

## VA process achievements

Year	Form J with VA	ISC VA statement	MSP VA statement	VA expert	Survivor on delegation
2005	YES	YES	YES	YES	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

Since 2005, Peru has made very limited progress in improving the lives of landmine/ERW survivors. This is clear from survivor responses and also the fact that services remain centralized, limited, and often unlinked to broader health, development and disability frameworks. Potential reinforcements in the disability rights area also remain largely unimplemented and thus do not benefit from Peru’s implementation of the Nairobi Action Plan as one of the 26 countries with the greatest number of survivors, the greatest responsibility to act, but also the greatest needs and expectations for assistance.

One government representative stated that one aim of becoming part of the so-called VA26 was to raise the profile of VA and to apply pressure internally. While some initiatives have been started in 2009, the representative added that work remains to be done. Survivor respondents also noted a lack of political will. The second aim of joining the informal VA process was to secure increased international technical and financial assistance. This has remained limited to OAS support to provide “prosthetics and that’s it” and has overlooked survivors’ ongoing needs, according to the representative.

In 2005, Peru developed some objectives for 2005-2006 as part of its commitment to the Nairobi Action Plan. It has not revised them since and no plans to achieve the objectives have been made. That said, all but one objective is related to the development of strategies, directories and databases. Most of these objectives had a 2006 deadline which elapsed without significant progress being reported. Some objectives were repeated with delayed 2008-2009 deadlines in the 2008-2019 mine action strategy, but also remained mostly unachieved.

The objective to create “a strategy to provide direct and appropriate assistance for all registered mine survivors” had a 2009 deadline. This objective is not due to be fulfilled before the end of 2009, which means effective VA implementation and the subsequent improvement of survivors’ lives remains problematic. One of the prerequisites for the development of the strategy was better data on survivors, which was still lacking as of August 2009, despite some small-scale attempts. This situation was further exacerbated by the lack of funds in the disability sector and the subsequent lack of progress under the national disability strategy. The disability strategy was developed by CONADIS with participation from persons with disabilities; a multi-sector commission was created in 2009 to ensure the involvement of all relevant stakeholders in implementation and monitoring.

The only objective which implies that some activities must be carried out is the objective of working with survivor groups in order to facilitate access to psychosocial support services.

As seen from the survivor responses above, this objective remains unfulfilled. Furthermore, it completely stalled in 2008 because management changes at AVISCAM reduced that organization's capacity to assist and lobby for the rights of survivors. AVISCAM also reported that cooperation with the authorities on VA had been impossible in 2008.<sup>29</sup>

Ineffective coordination also appears to have been an obstacle to VA progress. The mine action center, Contraminas, was responsible for coordinating VA through its inter-ministerial permanent committee, created in 2006, which met very infrequently. Only in 2009 was the committee expanded to include civil society representatives and started to meet more regularly. However, Contraminas does not have a mandate to direct ministries or to assist ERW survivors. It created a dedicated staff position for VA only in April 2009. In May 2009, an international organization (the Polus Center) was engaged to build national VA capacity.<sup>30</sup> The VA focal point (INR) mainly concentrated on physical rehabilitation; links to CONADIS, which is in charge of general disability issues, appear to be infrequent.

Survivors were invited to participate in meetings, but reported that their presence was “just a formality” and that their input was not considered. This is reflected in survivor responses: 88% did not know who was in charge of VA coordination and 92% saw no improved VA coordination. No respondents thought survivors were involved in planning and 92% did not think their needs were taken into account while developing VA priorities.

Peru has reported on VA at every Mine Ban Treaty-related meeting. Its updates often repeat information from previous years or lack information on activities, except for INR activities (usually about survivors assisted through the OAS). None of the survivor respondents felt well-informed about VA achievements.

The steps Peru started to take in 2009 seem to have come very late in the process as a result of a lack of political will and international assistance. It also is too early to assess whether the 2009 efforts will be sustained.

## Conclusions

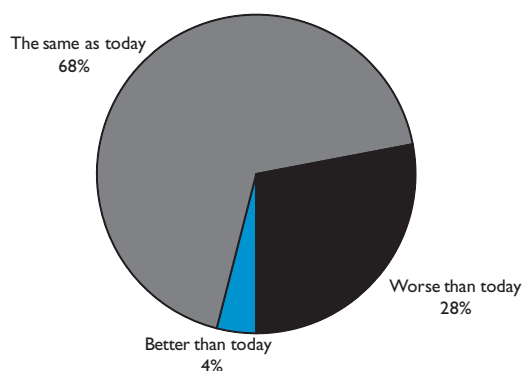
- While many survivors lived in remote areas, almost all services remained located in the capital and no efforts to decentralize services have been made.
- Even though most survey respondents belonged to the survivor organization and were therefore better-connected to services, they have received little psychosocial or economic reintegration support.
- The disability framework has been strengthened but not sufficiently enforced.
- Peru's implementation of the Nairobi Action Plan has been hampered by a lack of action-oriented objectives and plans, as well as a lack of political will and resources.
- There was a clear lack of a body with the mandate and capacity to coordinate VA, as well as insufficient synergies with the disability sector or interaction with civil society.

## Suggestions for the way forward

When asked about how they saw their situation in five years, 68% of survivors thought it would remain the same; 28% thought their situation would be worse; and just 4% thought it would be better than today. To assist in a better future the following suggestions may be taken into account:

- Decentralize medical and rehabilitation services by creating or strengthening capacity at existing facilities and by creating mobile units.
- Provide transport and accommodation free of charge for survivors who need to receive treatment in the capital.
- Strengthen disabled people's and survivors' organizations and allocate resources to their activities.
- Support the development of peer-to-peer support networks.
- Expand economic reintegration programs for persons with disabilities and make existing programs inclusive of persons with disabilities.
- Systematically include survivors in VA and disability planning and monitoring.
- Create greater synergies with the body responsible for disability issues.

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



- Given the low number of survivors and the low profile of VA, explore transferring VA responsibility to the disability committee implementing and monitoring the national disability strategy.
- Allocate adequate resources to the implementation of the disability strategy.



Carlos Estrada (right) interviewing a survivor in Sapallanga-Huancayo for this report

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### In their own words...

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

- Increasing state support to survivors.
- Focusing on survivors' economic reintegration.
- Increasing capacity to provide specialized medical care.
- Receiving assistance from outside Peru for specialized medical care.
- Giving us what is our due.
- Creating opportunities to work and improving medical assistance.
- Enforcing laws.
- Providing survivors with more information about their rights and about services.
- Raising awareness within the government.
- Giving survivors professional training and an opportunity to work.
- Providing survivors with a pension.

### In their own words...

If countries really cared about survivors they would:

- Develop comprehensive assistance programs.
- Increase funds to provide compensation to survivors.
- Raise awareness among employers of the need to employ survivors.
- Provide sufficient funding to give survivors the help they deserve.
- Scrutinize how the government is using international aid.
- Provide the necessary national budget.
- Better monitor the needs of survivors.
- Develop social programs to help survivors.
- Provide information to survivors outside of Lima.

### In their own words...

Survivors described themselves as: hardworking, persevering, victim, survivor, accident victim, activist, forward-looking...

## In her own words: the life experience of Huigua Diaz Domingo

After completing high school, Huigua Diaz Domingo started working for the Peruvian National Police. As a police deminer, she had her first mine accident in 1992, which damaged her eyesight and cost her two fingers. However, she did not stop demining. Her second accident in 1995 resulted in an above-the-knee amputation. Since that time she has been unemployed.

Huigua described the medical care at the police hospital in Lima as "very bad." She does not believe medical care has improved since then, adding that access to care is "very complicated." She has not received any support from the government during the last five years. She has only received peer support, rights information and crutches from the survivor organization. Her family of four depends entirely on her husband's income, which she says is not sufficient.