

EL SALVADOR: Social Protection project
P088642
Social Assessment

A social assessment was carried out as an inter-institutional effort. It included (a) a desk review of existing relevant information, including data on indigenous peoples; and (b) a country-wide Participatory Rural Assessment executed by a local multi-disciplinary team accompanied by FISDL, MOH, and MOE evaluation staff, with technical assistance of the World Bank. The latter included informed consultations (focus groups and interviews) with current and potential stakeholders and beneficiaries, as well as direct observation. A sample of twenty-one communities was selected for the assessment within the 32 ‘severe extreme poor’ municipalities in 19 municipalities of 9 departments covering all three country regions (East, Central, and West). It included 8 indigenous¹ communities² and 16 communities where the AIN program is being implemented. The evaluation assessed (a) the adequacy of the project design in terms of the mechanisms proposed to include the poorest and more isolated population, (b) stakeholders and beneficiaries’ perceptions on access and utilization of services in education, health (nutrition) and civil registry, (c) the opportunities (or lack of) presently offered to the more isolated communities to part-take of the benefits of services, and (d) the existing mechanisms of social control to ensure every child has access to a school and has updated health records, and all adults have access to PHC.

The results of the assessment were analyzed in light of the Red Solidaria Program. Conclusions and recommendations were drawn to improve the project design and ensure project program ownership and social control by stakeholders and beneficiaries. To that end, a ‘Social Participation, Inclusion and Gender Plan’ was proposed to ensure the inclusion of the target groups, particularly vulnerable population (children 0-5 and in primary school, isolated families, Indigenous peoples, single parent-families, orphans, etc.). Moreover, an Indigenous Peoples Plan was proposed to ensure that inclusion mechanisms are in place for a successful operation, as outlined by the Operational Policy 4.10 on Indigenous Peoples which recommends “broad community support to the project by the affected Indigenous Peoples” (OP 4.10, paragraph 11).

Some socio-economic characterization of the 100 poorest municipalities

The total universe for intervention under the project is 790,367 inhabitants. It includes 34,645 households or 175,000 people classified as severe extreme poor, and 126,362 households or 615,300 people within the high poverty category. According to the Poverty Map, the average number of people per household is highest for the severe extreme poor (5.05) compared with the low poverty municipalities which have 4.12 people per household. Population density is considerably lower for the severe extreme poor (106 inhab/Km) compared to the 574 inhab/Km for the low poverty areas, which makes rendering of services more difficult for the severe extreme poor. Extreme poverty is concentrated mostly in dispersed rural areas, where access to

¹ For purposes of the OP 4.10, the term “Indigenous Peoples” is used in a generic sense to refer to a distinct, vulnerable, social and cultural group possessing the following characteristics in varying degrees: (a) self-identification as members of a distinct indigenous cultural group and recognition of this identity by others; (b) collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories; (c) customary cultural, economic, social and political institutions that are separate from those of the dominant society and culture; and (d) an indigenous language, often different from the official language of the country or region. (OP 4.10, paragraph 4)

² An indigenous community is a community (region, department, municipality, canton, aldea, caserío, neighborhood) large or small, integrated by indigenous peoples.

services and opportunities for human capital formation is more limited. Extreme or high poverty conditions also expand to their municipal capitals considered as urban by definition.

The “Poverty Assessment. Strengthening Social Policy” (World Bank, 2004) indicates that since 2000 total poverty in El Salvador has declined slower than in the previous decade, while extreme poverty has barely changed. About half of Salvadorians living in rural areas are poor, a quarter of those live in mere subsistence, while 28.5 percent of the urban population is poor and only 9 percent is extremely poor.

In the last decade, access to basic services has improved particularly for urban areas, i.e. access to safe water, sanitary installations, and electricity. There has also been a reduction in isolation of poor, rural households. Despite progress, half of the poorest households still lack access to safe water, primarily in rural areas, 20 percent of poorest households lack adequate sanitation facilities with the consequent impact on family and environmental health, and about 40 percent lack access to electricity. Although access to roads has improved, average distances to paved roads are still 80-90 percent higher among the extreme poor than the non-poor in rural areas, whereas average distances to the nearest market are roughly one-third higher among the extreme poor than the non-poor (Poverty Assessment, 2004). Although geographic access is essential, cultural access to services and opportunities is equally important in the design of the proposed project.

Illiteracy. The gap between the urban and rural poor, and between men and women is also illustrated by the illiteracy rates. In 2004, the national average illiteracy rate for people 10 years old and older was 15.5 percent, but it was 30 percent for rural areas, as compared to 6.4 percent for Metropolitan San Salvador and 9.6 percent for urban areas. The national average illiteracy rate for women is 17.7 percent compared to 13 percent for men, but in urban areas it is 12.1 percent for women compared to 6.7 percent for men. The departments with the highest illiteracy rates are Morazán and La Unión in the Eastern region and Cuscatlán in the Central region holding both indigenous and non-indigenous peoples.

Health. It is estimated that 1.5 million people nation-wide have no access to basic PHC. Maternal mortality in rural areas is high (172/100,000, FESAL 2003), but it is estimated to be much higher in rural areas where only half of child deliveries get professional assistance.

Sanitation. Close to 60 percent of rural households do not have running water (EHPM 2003). The extreme poor households dedicate on average 14 percent of their time to fetching water (FUSADES, 2004). More than half of rural households live on dirt floors and more than 60 percent burn the solid waste in situ (DIGESTYC, 2004).

Education. Some 45 percent of heads of households suffering of extreme poverty have less than third grade of schooling, which deem them as functionally incompetent to join the workforce. Moreover, the inter-generational poverty circle can not be broken, as extreme poverty is most acute in households where the head of the household has between first and third grade.

Nutrition. Approximately 20 percent of children 0-5 years old suffer from stunting and low weight. This tends to increase in indigenous communities, i.e. Nahuizalco (FESAL 2003).

Civil Registry. It is estimated that 20-25 percent of people in isolated rural areas lack identity cards and/or birth certificates, which limits their ability to access services.

Remittances from overseas. While 24 percent of families in the 100 poorest municipalities receive remittances, 16.5 percent of families in municipalities with IP do.

Demographic profile of El Salvador

The total population of El Salvador according to the National Household Survey 2004 (Encuesta de Hogares de Propósitos Múltiples, EHPM) is 6,874,926. Approximately 60 percent reside in urban areas. The Salvadoran population is young. Some 61.7 percent of the population is 30 years old and younger, and only 9.5 percent are 60 years old and older. Female population is more numerous (52.2 percent) than male (47.8 percent) population. Approximately 10 percent of the total population in El Salvador migrated in the last decade from rural areas of the 16 departments to urban centers, particularly to the metropolitan area of San Salvador, in search of jobs and services.

Box 1: Indigenous Population in El Salvador

It is difficult to know the exact number of indigenous peoples in El Salvador, because (a) official data is not disaggregated by ethnicity, (b) except for few locations, indigenous, *mestizos/ladinos* cohabitate in 13 out of the 14 departments, (c) there is continuous migration overseas and to urban areas. Dispersion and lack of cohesion may have contributed to a quick process of de-culturation and assimilation to the mainstream ladino culture.

According to the National Salvadoran Indigenous Coordination Council (CCNIS) and CONCULTURA (National Council for Art and Culture at MOE), approximately 600,000 or 10 percent of Salvadorian peoples are indigenous. The experience of the present assessment which included 8 “indigenous communities” was that only approximately 27 percent of inhabitants of those communities self-identify as indigenous, and 73 percent as *mestizos/ladinos*. **In light of those findings, the evaluation team flags the need of a CENSUS to define the number, location and needs of Indigenous Peoples. If the findings of the present assessment are realistic, the actual number of indigenous could be roughly estimated between 150,000 and 200,000 (approximately 2.5 percent of the total population of El Salvador).**

Indigenous Peoples (IP) of El Salvador

Legal Framework

The present Salvadoran Constitution makes no specific provisions for the rights of Indigenous Peoples, or for their ability to participate in decisions affecting their lands, culture, traditions, or the allocation of natural resources. Also, El Salvador does not have official records of the indigenous population. That is why RED SOLIDARIA considers important to visualize the vulnerable population –children, women, handicapped and indigenous people. The census is the instrument used to identify this population and some of their needs within the poorest communities that RED SOLIDARIA is going to attend.

Salvadoran Indigenous People are descendants of the Pupils, a nomadic tribe of the Nahua of Central Mexico, the Mesoamerican Lenca and the South-American Chibcha. From the beginning

of the Spanish conquest in El Salvador, the Indigenous and the Spaniards lived in the same areas. Racial mixing known as ‘*mestizaje*’ began in the XVI century. With the development of the indigo plantations in the early XVII century, many indigenous villages were destroyed, and many were forced to farm and work on these plantations.

There are currently three main indigenous groups in El Salvador, as follows:

The Nahua/Pipiles, presently the most numerous. They originally migrated from Central Mexico approximately in 900 AD (Tolteca Chichimeca Culture). They reside in the departments of Ahuachapán, Santa Ana, Sonsonate, La Libertad, San Salvador, Cuscatlán, La Paz, Chalatenango, San Vicente. Their language “*Nahuat*” is the only indigenous language spoken in El Salvador by approximately 200 families. Under the Departmental Directorate of Education and with the support of CONCULTURA and CCNIS, a program for the ‘Revitalization of Nahuat-Pipil language’, has been promoted in five schools in Izalco and Nahuizalco, department of Sonsonate. A series of texts and materials have been developed in Nahuat, as the initial step towards a sought intercultural bilingual education program.

The Lenca, of Mesoamerican descent, reside in the Eastern departments of Usulután, San Miguel, Morazán and La Unión. Although their language ‘*Potón Lenca*’ is practically extinct (only few people speak it), few texts have been published in Potón Lenca with the support of the Lenca of Guatajiagua Community Association “ACOLGUA” with the purpose of promoting and protecting the language and culture.

The Cacaopera (Kakawira) community resides in the department of Morazán. In few schools, the communities have taken advantage of the standard school Institutional Project (PIC) of the MOE to organize community rehabilitation programs of the language ‘Ulwa’, by having the few speakers or ‘*caciques*’ (elders) teach the community.

Few **Chorti** live in the department of Ahuachapán, near Guatemala.

Mapping of Indigenous Peoples and Poverty

The first step into the inclusion of the indigenous peoples is to map the geographic location of municipalities where these vulnerable groups live, with the 100 poorest municipalities. Table 1 shows that out of the 66 municipalities identified by the Indigenous Profile and CCNIS as the municipalities with higher presence of indigenous peoples, only 26 (cursive bold) are among the 100 poorest in the country. The other 40 communities may be embedded in other municipalities.

Table A.10.1: Municipal Location of Indigenous Peoples in El Salvador.

Department	Municipalities
Western Region	
Ahuachapan	Concepción de Ataco, Sn Francisco Menéndez, <i>Sn Pedro Puxtla, Tacuba</i> y Apaneca.
Sonsonate	Sonsonate city, <i>Caluco, Cuisnahuat</i> , Izalco, Juayúa, Nahuizalco, Nahuilingo, Salcoatitán, Sn Antonio del Monte, Sn Julián, <i>Sta Catarina Mazahuat, Sta Isabel Isuatán, Sto Domingo de Guzmán</i> and Zonzacate.
Santa Ana	Texistepeque and Chalchuapa.
Central Region	
La Libertad	<i>Jicalapa, Chiltiupán</i> , Huizúcar, Jayaque, <i>Teotepeque</i> , Tepecoyo y Talnique.
San Salvador	Panchimalco, Rosario de Mora y Santiago Texacuangos, Sn Antonio Abad, Tonacatepeque.
Cuscatlán	Cojutepeque, Sn Pedro Perulapán, <i>Sta Cruz Analquito, Monte Sn Juan, Tanancingo</i>

	and Sta Cruz Michapa.
La Paz	<i>Sn Antonio Mazahuat</i> , Sn Pedro Mazahuat, Sn Francisco Chinameca, Sn Juan Nonualco, Zacatecoluca, <i>Sn Pedro Nonualco</i> , Santiago Nonualco, <i>Sn Juan Tepezontes</i> , <i>Sn Miguel Tepezontes</i> , y cantons of <i>Santa María Ostuma</i> .
Sn Vicente	<i>Apastepeque</i> and San Sebastián.
Chalatenango	Tejutla, y Nueva Concepción.
Usulután	Jiquilisco (cantones Salinas, El Potrero y Puerto Los Avalos), Ereguayquín, <i>Ozatlán and Tecapán</i> .
Eastern Region	
San Miguel	Lolotique and Moncagua (cantón El Jocotal).
Morazán	<i>Cacaopera, Chilanga, Guatajiagua, San Simón, Sensembra</i> .
La Unión	Conchagua y Yucuaquín.
TOTAL	25 indigenous communities included in poorest 32 municipalities.

Sources: Mapping of Indigenous Profile and Poverty Map of El Salvador.

Bold-cursive letters: Indigenous municipalities included in the 100 poorest municipalities.

Indigenous Organizations.

The two largest indigenous organizations in El Salvador are the Center for Cultural Affairs (CONCULTURA) which is the only public organization overseeing Indigenous Affairs in the public sector (Ministry of Education), and the National Indigenous Salvadorian Coordinating Council (CCNIS) which is the national umbrella organization representing at least 11 of the 18 existing indigenous organizations³. The CCNIS has grassroots organizations at the community level, which are powerful stakeholders influencing the behavior of indigenous peoples to either cooperate or to not cooperate with incoming programs.

Traditional organizations in the communities are important intermediaries to convey messages and disseminate information. The hard-to-reach families that are culturally-isolated typically look up to their indigenous leaders for guidance and approval. For this reason, the mobilization approach for entering indigenous communities should be culturally sensitive and respectful of the existing social stratification. There are three social groups: (a) The Elders (*'ancianos'*) conform the *Council of Elders*, which is the most respected traditional institution; (b) the "*Alcaldía del Común*" (ej. Izalco), an institution particular to El Salvador, where the mayor and *regidores* form the *Municipal Indigenous Council*, responsible for legal issues, nomination of *Cofrados*, control of the religious calendar and the finances of the *Cofradía*; and (c) the social networks of traditional promoters, midwives and traditional healers (*sobadores*). An element of discrepancy among indigenous organizations is that of 'authenticity'.

General Results of the Social Assessment in 21 rural communities

Indigenous Invisibility. Identity crisis is an issue inside indigenous communities. Four (Cuisnahuat, Santo Domingo de Guzmán, Guaymango and Guatajiagua) out of the eight 'indigenous' communities selected openly admitted their indigenous identity. In the other four, some people came forward and disclosed their indigenous heritage but others refused to do so,

³ Some members of CCNIS are the Association of Indigenous Agrarian Workers (ADTAIS), National Association of Indigenous of El Salvador (ASNAIS), Indigenous Salvadorian Autochthonous Movement (MAIS), National Indigenous Nahuat-Pipil Association (ANINPI), National Association of Salvadorian Indigenous (ANIS), National Association of Holy Indigenous Land (ANITSA), Indigenous Kakaopera Community UKARTZUCULGA (GUARRIMA), the Institute for the Revitalization of Indigenous Ancestral Tradition (RAIS), Indigenous Salvadorian Autochthonous Movement (MAIS).

even within the same family. Being indigenous is perceived by some as a sign of 'poverty', 'ignorance' and 'backwardness'.

Poverty conditions. The main reason given for not accessing services (education, health, civil registry) is the cost spent in the process to obtain the services. People are aware that the CCT will not solve poverty problems, but that it will enable them to access the services mentioned above.

Social Risk of CCT and sustainability when funds are exhausted. As coverage of CCT is universal in the 32 extreme poor municipalities, leaders acknowledge that the biggest risk is for present law-abiding parents who send kids to school and keep health controls. A weaning strategy is needed for all parents when funds are exhausted.

Comparison of socio-economic conditions for IP and non-IP within communities assessed. Many poverty conditions tend to be similar for IP and non-IP as described below. The biggest discrepancies in the experience of poverty appear to be in the manner in which services are rendered; (some indigenous and non-indigenous people interviewed for this Assessment indicated that they felt indigenous people are often discriminated against).

The assessment found that the indicators with the biggest differences between IP and non-IP are the following:

- (a) Number of people per household (13 people for indigenous and 6 for non-indigenous);
- (b) Illiteracy for children <12 years old (78 percent for IP and 43 percent for non-IP)
- (c) Land tenure: 60 percent of IP interviewed live on communal lands, 35 percent rent, and 5 percent own land, while 95 percent of non-IP live on their own and 5 percent rent land;
- (d) Materials of houses: for IP 80 percent of roofs made of zinc, plastic, cardboard and 20 percent tile; for non-IP, 85 percent tile and 15 percent zinc. But, for both groups, walls are mostly made of *bahareque* (adobe), and 100 percent dirt floors.

However, other indicators are the same or similar for both groups (IP and non-IP):

- The reported monthly wages for both groups is US\$15 to \$20 per family;
- They are mostly subsistence farmers/peasants renting land for farming 3-6 months/year;
- They have no access to credit for fertilizer or seeds because they have no collateral;
- The traditional source of income from harvesting coffee and sugar cane, where all men/boys in working-age (10 yrs old and up) used to participate is diminished, as either farms have closed or wages are too low. Many male informants report their efforts (for 5-10 years) to save enough to pay the '*coyote*' to be able to migrate to the USA;
- The traditional division of labor is changing, however, men/boys continue to work mostly in agriculture, women/girls do mostly housework and look after siblings;
- The wage-winner is usually the man, but women decide priorities of expenditures and usually administrate wages;
- The houses of both groups interviewed have one room only;
- Neither group has potable water. Fetching water is responsibility of women and children; 80 percent of IP catch water at the ground source, and 20 percent from river or public fountain; 35 percent of non-IP catch water at ground source, 45 percent from river and 20 percent from public fountain;
- Sanitation. 70 percent of both groups have non-washable latrines, but most children do not use them;
- Trash removal does not exist. 92 percent of IP bury trash; 87 percent of non-IP burn it;

- Electricity. Only about 9 percent of both groups have energy. Most people use candles/torches;
- Communications. Between 40-50 percent of both groups have radios; 13 percent of indigenous and 30 percent of non-indigenous have TV.

Education Services. Most schools visited appeared to have little, if any, excess capacity. At the same time, while school principals did not know how many children do not attend primary school, it was estimated that only 77 percent of school-age children in assessed communities actually attend. Efforts are made by schools to control attendance of those registered by donating school materials to poor students, or through school assemblies and home visits. Most schools are multi-grade with two teachers (pre-K to sixth grade). Most primary schools are within walking distance, but middle and upper schools are 11 Km away on average, or 3 ½ hrs walking. Although primary school is free, parents said to spend US\$35 per child per year for shoes, backpack, school supplies, etc.

The reasons cited for not sending children to school were: (a) poverty (41%), (b) parents' lack of responsibility (24%), (c) parents' demand of children's time to work in farm or home (16%), (d) lack of shoes (8%), (e) risks when walking to school i.e. crossing rivers, gangs (5%), (f) frustration for lack of Middle school in community (4%); (g) illness, physical condition (3%). In all the assessed communities, it is the mother who is responsible for children's education. Teachers' attendance is a problem when teachers live in another community. Adult illiteracy is high for both indigenous and non-indigenous (75% for women and 50% for men).

The main organizations exercising social control for students and teachers' attendance are the Community Education Association (ACE) in EDUCO Schools, and the Education Development Council (CDE) in traditional schools. Both organizations have legal personality and administrative funds for the school.

Basic Health Services. In each municipal capital there exists a Health Unit of the MOH. The average distance from the assessed communities is 11 Km or 3½ hrs walking, or 30 minutes by car. Consultation is free, but a "voluntary donation" is enforced, which deters people from going to health units. However, the total cost of a common visit is calculated at \$19.25 on average (transportation is \$1.25, Acetaminophen and antibiotics is \$10.00, lab work \$8.00). Local food stores also sell medication. The average distance to a hospital is 16 Km at \$20 by car. Transportation of a patient in a hammock by foot takes several hours. The pillars of rural health seem to be the community-based network of health Promoters, midwives, AIN volunteers (*consejeros voluntarios*) "sobadores", and traditional healers. Health NGOs are uncommon.

Reasons given by parents for not taking children to health provider for regular check-ups are: (a) poverty (40%) because they do not have means for transportation, medication, exams; (b) health units have no medication (15%); (c) parents' irresponsibility (11%); (d) no means to pay the voluntary donation (10%); (e) distance; (f) health units only assist one child per visit (7%); (g) afraid of fever after shots (4%); (h) lack of childcare for children left at home (4%).

The main causes of morbidity in children and pregnant women. In children: Acute respiratory infections or ARI (37%); Diarrheic infection and vomit (31%); fever (10%); dengue (6%); dermatologic (5%). In pregnant and breastfeeding women: tension, headache, anguish (18%); vaginitis (17%); anemia, malnutrition (13%); cervical cancer (12%); gastritis, colitis (8%); URI (7%); random fever (7%); diarrheic infection (5%); heart disease (4%); urinary track infections (3%).

The main causes of mortality in children and pregnant women. In children: ARI (15%); diarrheic infection (15%); malnutrition (5%); genetic (3%); typhoid fever (2%); dengue (2%). In pregnant and breastfeeding women: cervical cancer (10%); heart disease (9%); cholera (3%); diabetes mellitus (3%); leukemia (2%); URI (2%); malnutrition (1%); stomach cancer (1%); hemorrhage (1%).

Traditional treatment of common diseases in children. Traditionally, it is believed that there are three reasons for child illness: bad energy “*mal de ojo*”, food poisoning “*empacho*”, or parasites. The social assessment report describes at length the traditional preventive and curative practices of these illnesses by ethno-therapists. While some of them may be harmless and treated with widely accepted natural medicine, i.e. chamomile, rubbing with animal fat, cereal porridge, other cures may be harmful particularly for newborn babies, i.e. the manual raising of the ‘*mollera*’ through the mouth in infants. Training the traditional network to promote good practices and discourage questionable ones is important.

Traditional treatment of pregnant women. The midwife network identifies and provides pre- and post-natal care. The assessment report describes the traditional health care model which includes good practices such as the community-based support for women, as well as more questionable ones such as rubbing the abdomen of the mother on the 7th month, or repositioning the baby during the 8th month. Training midwives to promote good practices and discourage questionable practices is important.

The AIN Program. From the 25 communities of the sample, 16 communities implementing AIN were selected. Except for one community (Guatajiagua) parents did not know about AIN, as the program was introduced six months ago, and they are in the planning stages for selecting (by the community) and training volunteers. In Guatajiagua, the volunteers were trained for 5 days to identify signs of malnutrition, educate parents on nutrition issues. They did a diagnosis and risk map of the community. Volunteers are monitored by the Municipal AIN Coordinator and health promoter (*promotor de Salud*) and/or the local health team. Children <2 yrs old are weighed every month, and community assemblies are carried out every six months.

Perceptions with regard to quality of health services in MOH Units. Interviewees evaluated health units and doctors on average as ‘good’ but some ‘bad’, while promoters received consistently a ‘very good’ and nurses a ‘so so’. In some municipalities doctors and nurses are accused of mistreating patients, refusing to treat or delaying treatment of indigenous patients till the end of the day. Overall, the health-seeking behavior of the extreme poor indicate that, faced with illness, self-medication with traditional medicine or a combination of pharmaceutical and herbal medicine is the first step. If that does not work, they look for the health promoter or midwife. If their advice does not work, they approach the health unit.

Civil Registry. The general perception is that civil registry in assessed communities has improved over the years. The father is usually responsible for obtaining birth certificates for newborn babies. However, reality shows that 25.8 percent of homes are headed by women because they are single or their husbands are overseas. Many women interviewed don’t feel the need to obtain a DUI, as their husbands do all the family transactions. The municipality does not have a record of orphan children. Reasons why people don’t have birth certificates and ID (DUI) form a vicious circle.

The average cost to obtain a DUI is calculated at US\$20.00 which includes: transportation, compensation for one-day wages, and payment for filling out the form. Other costs may include

an up-dated, renewed or modified birth certificate (US\$10.30), the presence of parents or witnesses, or law suits (US\$70.00 to US\$700).

The main reasons for not obtaining birth certificates for both indigenous and non-indigenous are: (a) poverty (33%); although the service is free of charge a fine of \$2.86 is applied after 15 days of date of birth, plus transportation (\$1.25) and inability to afford time-off from work; (b) poor planning on the part of the father (32%); (c) parents do not have DUI to be able to register (13%); (d) privacy, single adolescent mothers (5%); (e) don't want to pay fine of \$2.86, or extension of birth certificate \$1.20; (f) distance (5%); (g) father's alcoholism (4%); (h) unawareness (4%).

The main reasons for not obtaining DUI for both indigenous and non-indigenous are: (a) poverty (34%); (b) distance to Department capital where DUI center operates is between 3-4 hours by bus which requires leaving home at 3:00 or 4:00 am or sleeping in the city (14%); (c) unawareness of importance of DUI (12%); (d) do not have birth certificate (12%); (e) expensive multiple visits to DUI center (8%); (f) physical reasons i.e. scars, finger missing (7%); (g) orthographic errors, names arbitrarily changed by the municipal secretary because indigenous names may be prohibited; corrections require a law suit (5%); (h) registrations disappeared in fires during the conflict (4%); (i) religious reasons, i.e. the bar code is believed to be "sign of the devil" (*marca de la bestia*, 666)

Recommendations

Participation, Inclusion and Gender. In order to ensure participation of all community members, non-indigenous as well as indigenous, consistent with the plans of the Red Solidaria, the assessment highlighted the importance of carrying out a protocol for the insertion into the communities. A first and important step would be an Education, Information and Dissemination campaign (workshops, media) at the departmental, municipal and community levels, where municipal and community authorities, local associations, CBOs, local indigenous organizations, school councils, community health networks, etc. learn about the opportunities to participate/benefit from the programs. This could be integrated as part of the Communication Strategy being developed under the Red Solidaria. As a result, the organizations knowledgeable of the programs would be able to participate more efficiently in the Committees formed by the Red Solidaria. Moreover, an important network of civil society would be formed to exercise social control, aim at transparency, and ensure programs reach all those intended.

For the Conditional Cash Transfer Component

1. As part of the Communications Strategy of the Red Solidaria, develop a Module on "Interculture and Indigenous Peoples of El Salvador" which includes an IEC strategy.
2. As part of the Communications Strategy of the Red Solidaria, carry out workshops for the central and regional level staff and local authorities working on Red Solidaria programs, to introduce them into Intercultural Issues and dealing with poor and isolated communities.
3. The NGOs hired to implement the CCT should enjoy a credible reputation in the assigned municipalities. They should be identified as RED SOLIDARIA not as NGOs.
4. Although the mothers will administrate the funds, both father and mother should sign the contract, to encourage 'responsible fatherhood'. Single fathers or mothers may be supported by a grandparent or someone else.

5. In municipalities where local people's participation is a particular concern, representation of Community Organization (ADESCO, ACE, CDE, or other association) should participate in both the Municipal and Community committee to ensure they are able to effectively encourage and support full participation of eligible families in the RED SOLIDARIA.

For the Expansion of Provision of Basic Health and Nutrition Services

1. The evaluation recommends keeping activities that entail family expenses to access services at a minimum. To that end, bring services closer to the community, such as AIN and itinerant health teams.

2. The SIBASIs should be more involved with AIN.

3. Although AIN volunteers identify malnutrition risk, communities recommend a stronger link between AIN and health services that manage risk.

4. Within the Participation scheme proposed, it is recommended to consider existing community-based health organization in the selection process to support the community association which will accompany the NGO hired by RED SOLIDARIA

5. Improve the quality and quantity of the supply of services and medication in health units, to justify long walks (3 to 4 hours) with children. Norm attention to assist mothers coming from far away 'first', and assist all the children, not just one per family.

6. As part of the Communications Strategy of the Red Solidaria, carry out an Anthropological Study of Knowledge, Attitudes and Practices in Health and Nutrition in Indigenous Communities, to help understand current practices, identify and promote good practices.

7. As part of the Communications Strategy of the Red Solidaria, elaborate a training Module on "Intercultural Health and Nutrition" for Health Staff (MDs, nurses, auxiliaries, promoters) and the local community health network (AIN volunteers, midwives, healers).

For the Strengthening of Legal Access to Services through Expanding the Civil Registry

1. Carry out an information, education and communication strategy through the media (only 50% have radios) and community leaders to promote the right to and usefulness of birth certificates and ID cards.

2. Extend for free both birth certificates and DUI to people in the 100 extreme poor municipalities of the Red Solidaria; and avoid any transactions which may entail costs, as most people will not be willing to spend money to register.

3. Launch the DUI mobile team. Bring registry service to people to avoid mobilization expenses.

4. Provide sensitivity training to National Registry Offices (RNPN) in all Departments and establish clear set of rules to avoid prejudice and exclusion of citizens for physical handicaps (lacking a finger, scarred finger), for dislike of indigenous name or last name. Also, birth certificates should not require up-dating.

5. It is recommended that the RED SOLIDARIA create links with local indigenous organizations to assist the NGO in the identification of those who lack birth certificate or DUI. The elders, in particular, can best be persuaded by their indigenous leaders.

SOCIAL INCLUSION AND GENDER PLAN

Gender Strategy

1. Given that the burden of children's health and education rests on women, it's recommended that both spouses share all responsibilities of Red Solidaria. Fatherhood responsibilities should thus be emphasized.
2. It is agreed that women should be the recipients of the CCT funds, however, the spouse should be encouraged to be present.
3. Although traditionally the father is responsible for obtaining birth certificates, women should be encouraged to learn about the process and be sure to get her own DUI.
4. To enable women to attend training sessions, the Local Community-based Association should be encouraged to arrange childcare by a volunteer, for children 0 to 5 years old, while the mother participates in training.
5. Training of municipal staff on gender issues will enable to apply a gender focus to all activities.
6. All activities to nominate people should have a gender focus to include both men and women.

INDIGENOUS PEOPLES PLAN

The World Bank Operational Policy 4.10 calls for informed consultations and the inclusion of indigenous peoples from the initial phases of project design, through implementation and project monitoring. To that end, the social assessment included consultations with indigenous leaders, stakeholders and indigenous families to ensure their participation in a culturally adequate manner. Consistent with the OP 4.10 an Indigenous Peoples Plan as described below has been agreed with the GOES and will be included in the Operational Manual.

COMPONENT 1: Conditional Cash Transfers

1.1 It is recommended that the census to be carried out for Red Solidaria's beneficiary registry include some questions to identify indigenous population, as the following:

- Do you consider yourself indigenous? Yes No If the answer is YES, what group do you belong to? _____
- Do you speak an indigenous language at home? Yes No If the answer is YES, what language? _____
- Are you a member of a local indigenous organization? Yes No If the answer is YES, what organization to you belong to? _____

1.2 As part of the Communications Strategy of the Red Solidaria, develop a Module on "Interculture and Indigenous Peoples of El Salvador".

1.3 Training on “Inter-culture and Indigenous Peoples of El Salvador” to be taught to different levels of stakeholders of Red Solidaria (operational staff, NGOs, inter-institutional coordinators) at the central, departmental and local levels.

COMPONENT 2: Expanding Provision of Basic Health and Nutrition Services

2.1 As part of the Communications strategy of the Red Solidaria, carry out an Anthropological Study of Knowledge, Attitudes and Practices in Health and Nutrition in Indigenous Communities, to help understand current practices, identify and promote good practices.

2.2 Also, as part of the Communications strategy of the Red Solidaria, elaborate a training Module on “Intercultural Health and Nutrition” for Health Staff (MDs, nurses, auxiliaries, promoters) and the local community health network (AIN volunteers, midwives, healers).

2.3 Training workshops on Intercultural Health (and AIN-C) for health staff of Health Units in 35 municipalities with indigenous peoples. The workshops are taught to the local community network that includes MDs, nurses, promotores, community health agents, *sobadores*, midwives. Some topics are:

- Indigenous Cosmology of Health
- Utilization of traditional medicine and common treatments
- Integration of traditional health agents in the public/private health systems

COMPONENT 3: Strengthening Legal Access to Services through Expanding the Civil Registry

3.1. Sensitivity training for all National Registry Offices of 35 municipalities with indigenous peoples, so that they treat indigenous peoples with respect, and they accept indigenous names and last names as requested.

3.2 Issue birth certificates and DUI free of charge, for all indigenous children and eligible adults in their own communities, through the DUIMOBILE.

FISDL : Fondo de Inversión Social para el Desarrollo Local
MOH / MSPAS : Ministerio de Salud Pública y Asistencia Social
MOE / MINED : Ministerio de Educación
AIN : Programa de Atención Integral a la Niñez
FESAL : Encuesta Nacional de Salud Familiar
EHPM : Encuesta de Hogares y Propósitos Múltiples
FUSADES : Fundación Salvadoreña para el Desarrollo
DIGESTYC : Dirección General de Estadística y Censo
CCNIS : Consejo Coordinador Nacional Indígena Salvadoreño
CONCULTURA : Consejo Nacional para la Cultura y las Artes
ACOLGUA : Asociación Comunitaria Lenca de Guatajiagua
CCT / TMC : Transferencias Monetarias Condicionadas
ACE : Asociación Comunal para la Educación
CDE : Consejos Directivos Escolares
EDUCO : Educación con Participación Ciudadana
ARI / ERA : Enfermedades Respiratorias Agudas
DUI : Documento Único de Identidad
ADESCO : Asociación de Desarrollo Comunitario
SIBASI : Sistema Básico de Salud Integral
RNPN : Registro Nacional de Personas Naturales