3rd report on the Progress of the Millennium Development Goals El Salvador

WORKING TOGETHER TOWARDS SUSTAINABLE DEVELOPMENT

UNITED NATIONS
EL SALVADOR

3rd **Report** on the Progress of the Millennium Development Goals El Salvador

2014
Government of El Salvador
United Nations System in El Salvador
El Salvador

EXECUTIVE COMMITTEE

Dr. Alexander Segovia
Technical Secretary of the Presidency

Licda. Leslie Quiñonez
Technical Undersecretary of the Presidency

Lic. Jaime Miranda
Minister of Foreign Relations

Dra. María Isabel Rodríguez
Minister of Health

Dr. Hato Hasbún
Minister of Education

Lic. Herman Rosa Chávez
Minister of the Environment and

Natural Resources

Lic. Armando Flores
Minister of the Economy

Sr. Humberto Centeno
Minister of Labor and Social Security

Technical and financial support has been provided by the United Nations System in El Salvador and financial support by the World Bank.

TECHNICAL WORKING TEAM

This document was created with the participation of persons who work day after day in various MDGs institutions and who provided their technical support, time and effort for the collection of information and for the preparation, review, and validation of this document.

Technical Secretariat of the Presidency
Irma Yolanda Núñez, Juan Francisco Meléndez, Jeimy Campos, Nadia Carranza, Guadalupe Cortez, Ivonne Argueta, Rebeca Sánchez.

Ministry of Foreign Relations
Karla Lemus, Alejandra Castillo, Julio Flores, José María Mejía.

Ministry of Education
Fernando Guerrero, Carla Martínez

Ministry of Health
Manuel Beza y Miguel Linares

Ministry of the Environmente
Sonia Baires y Giovanni Molina

Ministry of Labor and Social Security
Lesly Cervellón y Nora López

General Bureau of Statistics and Census
Samuel Hernández, David Morán, Francisco Munguía, Dany Erick Medrano

National Institute of Youth
Aída Funes

Salvadoran Institute for the Development of Women
María Elena Alvarado Ayala y Janine Osorio Cerna

National Council for Children and Adolescents
Alejandro José Arce

National Association of Aqueducts and Sewerage
Mauricio Hernández Solórzano y Emerson A. Cáceres

Social Investment Fund for Local Development
Mauricio Sandoval

Annex 2 lists the personnel belonging to various institutions that participated in workshops for the consultation and review of the report.

Index

Foreword

Fulfilling the commitments assumed for the Millennium Development Goals (MDGs) is a priority for El Salvador in that they are in perfect harmony with our own socially oriented policies.

We know that it is possible to achieve the MDGs by implementing public, economic, and social policies to promote the inclusion of all citizens, men and women, in the development process, especially the most vulnerable sectors, for which we have worked hard during these past years.

The model of economic growth with social inclusion implemented by this government emphasizes, among other aspects, strengthening personal and social capabilities, facilitating access to basic public goods, promoting the reconstruction of the social fabric and the creation of job opportunities.

In this respect, eliminating poverty and hunger, achieving universal elementary education, and improving the health of hthe population, among other MDGs, are at the core of the National Five-Year Plan we are promoting in El Salvador.

The efforts toward eradicating poverty primarily require investments in education, sanitation, supply of drinking water, fair housing, food, and restructuring the infrastructure for rapidly growing populations.

Therefore, social investments in the past years have been an important foundation to make substantial improvements in all the Millennium Development Goals during the years to come and to accelerate compliance with the 2015 goals. Social spending increased from 1.89994 billion in 2004 to 3.37970 billion in 2011 (social

investments rose from 738.98 million in 2008 to 121065 billion in 2013 - presentation of the 2013 social balance).

We can hereby affirm that this government has once again taken up the mandate of the Constitution by which every human being should mark the beginning and the end of all State actions, and therefore, the State has the obligation to ensure that the inhabitants of the Republic can enjoy liberty, health, culture, economic welfare and social justice.

At the same time we believe that social policies help achieve development through justice, solidarity and equity in the distribution of the benefits of national development, in such a way that it focuses on the human being, his/her family and his/her needs in various adverse and marginalizing situations. However, laying the foundations of this new public policy approach has involved major government efforts, and we are convinced that the social protection programs we have put in place will help transform the realities causing inequality.

We have already fulfilled some MDGs; however, most are still ongoing and are likely to be met by 2015 if we persevere in our coordinated and sustained efforts, while other targets will continue to be a priority in the social agenda after 2015.

This report shows that important progress had been made in the social sphere; however we hope it also reflects other challenges for our government which will demand sustained and ongoing efforts for the next ten to twenty years.

Furthermore, we need to generate awareness, interest and support for the development of public policies for social protection and to sustain these efforts over time.

This will help us transition beyond the Five-Year Programs toward State policies and programs.

The foundations have been laid and we are moving in the right direction. There is still a long road ahead however.

Mauricio Funes
President of the Republic

Introduction

In the year 2000, the governments of 189 countries signed the Millennium Declaration, which established eight fundamental goals to significantly improve the development of their countries and peoples. This was important because it was the first global commitment by countries to address poverty as the single most important obstacle for development. To date it represents the commitment of nations to allocate economic and technical resources for the fulfillment of the Millennium Development Goals (MDGs) by 2015.

El Salvador is a signatory of this Declaration and is engaged in the promotion and respect of human rights, peace, democracy, economic development, regional integration, cooperation for development, dialogue and relations with all the countries in the world[1]. These commitments require the efforts of the State, in conjunction with the international community, to reach the goals of the Declaration and of other international treaties and conventions.

Eleven years after signing the Millennium Declaration, in 1988 the Salvadoran government also ratified the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which recognizes many rights related to the MDGs.

El Salvador also initiated efforts to incorporate the spirit of the Declaration of the Millennium into its social policies, and is therefore in the process of consolidating and institutionalizing the actions and programs of these policies with a focus on human rights and on the people, promoting social protection and a sustainable economic and social development.

1/ Government of El Salvador. Five-Year Development Plan, 2010 -2014.

This process involves the creation of conceptual, legal, and institutional frameworks, and the implementation of follow-up, monitoring and evaluation mechanisms to help make decisions, to allow a constant assessment of the progress made through such actions and social programs, and to determine whether the social goals have been reached and which challenges still need to be met.

Along these lines, the Technical Secretariat of the Presidency (STP) in conjunction with the Ministry of Foreign Relations (RREE) and the United Nations Development Program (UNDP) developed a mechanism for the evaluation of the progress made towards the MDGs in El Salvador by 2012 and established a standardized methodology for the country. Most importantly, this helped make a technical assessment of the actions and programs which contributed to said progress, as well as an analysis of the challenges ahead to achieve the goals by 2015

The authorities of the institutions directly or indirectly involved in the achievement of the MDGs created a technical group to update the indicators and prepare this report.

The figures used for each indicator are the latest official available data. In the case of indicators with data which, for various reasons, have not been updated in recent years, institutional indicators were identified to show trends, although fulfillment of goals may not necessarily be assessed. This is how the first draft of the report was prepared. It was later reviewed by technical personnel of various government institutions and the agencies of the United Nations System in El Salvador (UNS).

More than twelve years have passed since the signing of the commitment towards the MDGs, therefore, it is necessary to identify the progress made in the policies and strategies and determine the challenges ahead, to get feedback and decide how to overcome them. In this respect, this report is not only about statistics, it is also about the pending challenges to be overcome by the State in order to achieve the welfare of all its inhabitants.

This report analyzes the international and national situation in economic, social and environmental terms to determine whether the circumstances contributed positively or negatively to fulfilling the MDGs in the country. It also describes the evolution of the indicators and some of the policies, as well as the pending challenges for each MDG.

It shows the perception of some interest groups with regard to the progress of the MDGs, as well as certain aspects of the post-2015 agenda. Finally, the report addresses the general challenges in the area of public polices, with an emphasis on those that may contribute to the optimum and sustained development of the programs and projects in process.

These considerations are significant in view of the upcoming change of government in the country to determine what policies need to be continued and what issues should be focused on, providing the human and financial resources for the achievement of the 2015 goals and other priorities of the development agenda.

This report also underscores the need to transcend from government policies and programs to State programs and policies, given that achieving sustainable transformations require a long-term vision of development.

01/
INTERNATIONAL CONTEXT AND PROGRESS TOWARD THE MILLENNIUM DEVELOPMENT GOALS

Globally, the economies of many developed countries have been going through a process of deterioration and recession since 2007. In less developed countries, especially those with dollarized dependent economies, this recession has been longer and more profound.

The international financial crisis of 2008-2009, which began in the United States, affected El Salvador due to its economic dependence on that country, causing a drastic reduction of income and affecting production and employment resulting in the most serious situation since war times.

Between 2010 and 2011, the rise of the international food and oil prices and the byproducts thereof struck another blow, which resulted in an increase in domestic inflation with a negative impact on the cost of living and the production costs of companies.

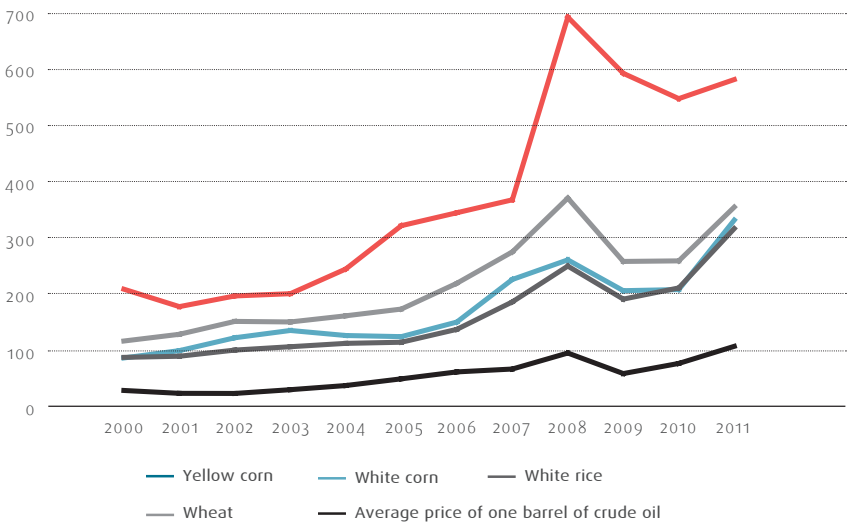
During 2012 and 2013, the global conditions of the coffee market affected the international price of coffee, which has continued to decline, damaging the employment and the income of the rural population associated with this sector[2].

The global economy ties the wealth of nations, companies and individuals to shifting capital flows and chains of production, affecting consumption at a local and national level, especially in countries with lower development levels and specialization to face competition. This in turn results in the marginalization of various sectors of the population, territories and nations widening the gap between the rich and the poor and causing migrations, degradation of the environment, malnutrition and greater problems of governability due to these increasing demands.

2/ Technical Secretariat of the Presidency. Camino del Cambio en El Salvador. Legados de cuatro años de gestión. El Salvador, 2013

EVOLUTION OF INTERNATIONAL PRICES OF FOOD AND BARRELS OF OIL (DOLLARS/TON AND AVERAGE PRICES)

CHART NO. 1



SOURCE: TECHNICAL SECRETARIAT OF THE PRESIDENCY. CAMINO DEL CAMBIO. EL SALVADOR, 2012

Considering the international context described hereinabove, the prevailing economic order is not fully sustainable, as has been shown by repeated and prolonged local regional and hemispheric crises, the impact of which are maximized in this increasingly interconnected and interdependent world, where what affects some countries eventually affects the rest of humanity.

1.1 OFFICIAL DEVELOPMENT ASSISTANCE: THE COMMITMENT OF MORE DEVELOPED COUNTRIES TO SUPPORT POORER COUNTRIES

Various efforts have been made in the international arena to achieve the MDGs. The commitment of the more developed nations is embodied in MDG 8: "To promote a world alliance for development". This means providing funds for donations to poor or less developed countries to improve trade relations and give access to

basic services, such as health, education and sanitation.

The United States is one of the countries working in this direction. In 2004, it created the Millennium Challenge Corporation (MCC), an independent agency responsible for channeling resources to nations to overcome poverty and improve certain key areas associated with the MDGs. This agency and the Government of El Salvador signed an agreement for 461 million dollars that was executed between 2007 and 2012[3].

The European Union meanwhile, also has a specific line of work toward the achievement of the MDGs. Since 2000, Luxemburg has signed bilateral cooperation agreements to provide Official Development Assistance (ODA) for at least 0.7% of its National Gross Income, El Salvador being one of the beneficiaries.

During the same period, some specific strategies were designed for the UNS to provide support to countries to achieve the MDGs. One of them is the Millennium Project Secretariat Team, proposed by the then Secretary General of the United Nations, Kofi Annan, to conduct economic and social research and to provide technical support to UNS member countries.

Since 2009, Secretary Ban Ki-Moon has promoted the strategy called MDG Acceleration Framework to help countries identify specific targets, limitations, bottlenecks and solutions. This became an action plan. The process also helps identify the members of UNS institutions that are better qualified to assist in carrying out such actions. In 2010, these efforts started in ten countries in various regions of the world.

The Fund for the Achievement of the MDGs of Spain funded three joint programs in the country, which were executed by various agencies of the United Nations System in cooperation with the government.

3/ Government of El Salvador. Technical Secretariat of the Presidency. External Cooperation Unit. 2012.

02/
NATIONAL CONTEXT: THE ECONOMIC AND SOCIAL SITUATION IN THE COUNTRY

In 1992, an armed conflict ended in El Salvador after more than a decade resulting in approximately 75,000 deaths and more than 8,000 forced disappearances. The peace agreements signed by the parties in conflict failed to fully address the issues related to becoming an inclusive country, establishing certain conditions so that the whole population could enjoy, without discrimination, their economic, social and cultural rights such as appropriate food, health, quality education, work and fair housing.

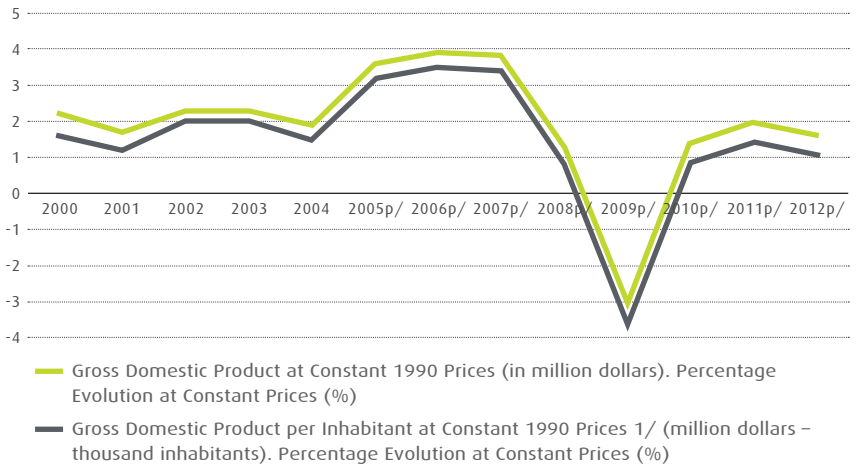
During the past ten years, El Salvador has not achieved sustained growth; on the contrary, it was negative (-3.5%) until 2009, particularly in the wholesale and retail businesses (-5.2%) and the manufacturing industry (-3.4%). In 2010, the country began an incipient recovery, growing 1.4% and 1.6% in 2012, as shown in Chart No. 2.

The average inflation rate was 3.6% during the decade, with a rising trend from 2005 and reaching its peak in 2008 (5.5%). However, in 2009 inflation dropped 0.2%. Together with the lack of growth this confirmed an economic recession in the country.

There was also an increase in open unemployment, which went from 5.5% in 2008 to 7.1% in 2009 with the manufacturing sector reporting the larger number of dismissals. Due to the drop in the economic activity, the income of the public sector decreased from 18.2% to 17% of GDP and the tax burden decreased from 14.6% to 14% of GDP, limiting the availability of funds for social investments.

The lack of investments in agriculture and industry during past decades caused the economy to focus on the service and trade sectors, where productivity and the conditions to incorporate technology and innovation are more limited. This had various consequences; one of them was food shortages. In 2008 and 2009, there was a shortage of beans and corn, increasing the cost of the basic food basket and consequently of poverty measured by income.

EVOLUTION OF ANNUAL REAL GDP GROWTH AND PER CAPITA REAL GDP, 2000-2013 CHART NO. 2:



SOURCE: STATISTICS OF THE CENTRAL RESERVE BANK, 2013.

All these conditions contributed to high levels of emigration, particularly of the economically active population and young people. In the '80s, migrants were adults between the ages of 25 and 45, while today the demographic profile of migrants is between the ages of 18 and 25.

Four years ago, the present government began the process of changing these conditions. It did so in spite of an extremely adverse external context caused by the deepest world crisis experienced by capitalism in its globalization phase. Therefore, the government understood from the beginning that the main historic task of the first left-wing government was not, as some suggest, "to make a revolution", but to initiate a sound structural and institutional transformation process to help lay the foundations for future governments to continue working toward change[4].

4/ Technical Secretariat of the Presidency. Camino del Cambio. El Salvador, 2012.

2.1 NATURAL DISASTERS

During past decades, the protection of natural resources did receive the necessary attention or resources, increasing vulnerability in the country. Many families live in high-risk areas fraught with disasters such as floods, draughts, and others intensified by climate change which have increased losses and damages.

This vulnerability has been apparent on multiple occasions; the most recent was storm Ida of November, 2009, the damages of which amounted to 314.8 million dollars; storm Agatha of May, 2010, with losses of 112.1 million dollars, and Tropical Depression 12E, which in October, 2011 caused damages of 902.4 million dollars (4% of GDP). Thanks to the warnings and successful management of these emergencies, the number of human lives lost has been considerably reduced.

The impact has been most notable in the agricultural, housing and basic social infrastructure sectors, such as schools, healthcare centers, as well as damaged connectivity. This context makes it imperative to allocate resources of the State to overcoming emergencies and reducing vulnerabilities; as a consequence, certain social matters were re-prioritized lower down the agenda and budgetary distribution.

In this unfavorable national and international context for the progress of the MDGs, the government of El Salvador has made significant efforts in the last four years to promote a new vision for its social policy in the country and a new approach to encourage, monitor and guarantee the respect of human rights in the population.

The present administration has taken up pending responsibilities and has initiated a process to generate crucial changes in the country in the long term4. One important decision was to increase public investments in a sustained manner, going from less than one million dollars in 2004 to more than 3 million in 2011, as shown in Chart No. 3 and by sector in Chart No. 4.

It remains necessary to articulate these investments and ensure greater efficiency; however, this is a first step towards the transformation of the State as a guarantor of the welfare of the population.

The Government of El Salvador is committed to the MDGs and has incorporated them into the strategic goals of the 2010-2014 Five-Year Plan: “Have a healthy, educated and productive population with the skills and capabilities to fully develop their potential and become the main foundation of our development”. With this in

EL SALVADOR, PUBLIC SOCIAL INVESTMENTS 2004-2011 CHART NO. 3

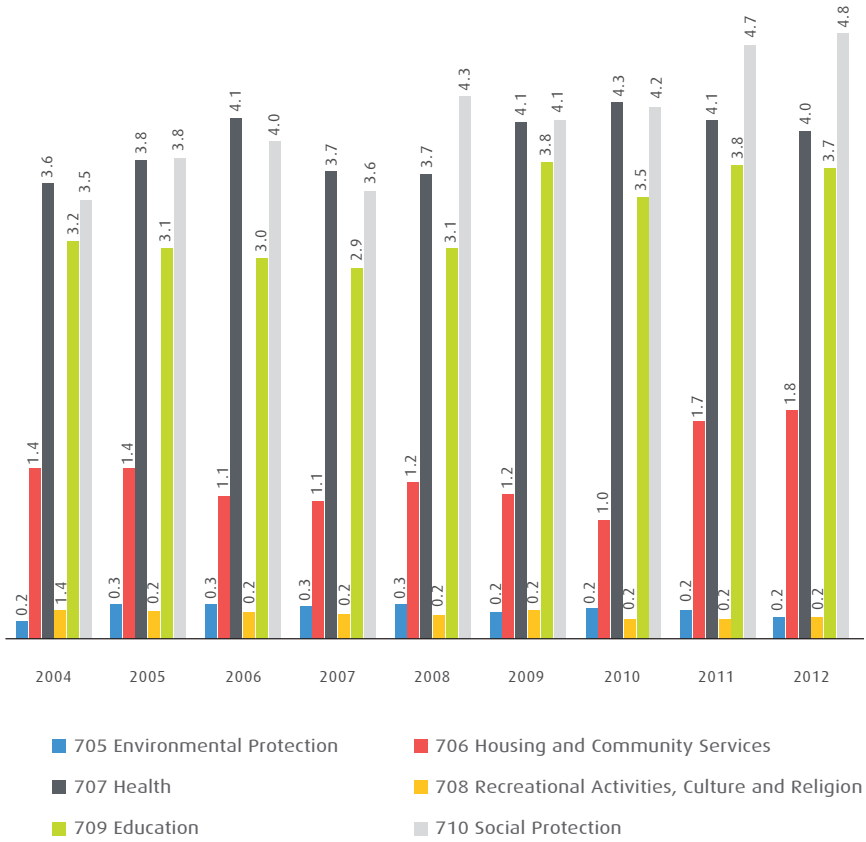
SOURCE: PUBLIC POLICIES EVALUATION UNIT/STP. PRELIMINARY FIGURES.

mind, the Government of the Republic promised to increase investments in health, education, occupational training, and food and nutrition safety, promoting knowledge and innovation and reducing inequality and gender discrimination, by mainstreaming a focus on gender and developing a socially inclusive assistance policy"[5], as well as implementing policies to guarantee the right of girls and women to a life free from violence. MDGs.

This is the first step towards redirecting investments to development, to create coordinated social and economic plans, and to take the qualitative leap to transition from government policies and programs State policies and programs. In the long-term, this will lead to the transformation and eradication of social and economic inequality and to sustainable development in the country.

5/ Main Strategic Challenges for Year 2024. Five-Year Development Plan, 2010 – 2014. Page 48.

SOCIAL PUBLIC SPENDING, BY FUNCTIONAL SECTORS (AS % OF THE GDP) GRÁFICO 4



SOURCE: Public Policies Evaluation Unit/STP. Preliminary Figures

03/
EVOLUTION OF THE MILLENNIUM DEVELOPMENT GOALS INDICATORS IN EL SALVADOR

3.1 UNDERSTANDING THE REPORT

The data presented in this section was collected by a group of researchers representing each participating institution associated with various areas and disciplines. Each one of them made a thorough review of the indicators collecting the most reliable available information, and when they could not find the same source as in previous years, they included a similar indicator to view trends and progress, regardless of whether or not the target was reached. Additionally, they conducted a self-critical analysis about the programs and policies contributing to the progress towards targets and pending challenges.

During past years, all institutions made great efforts to improve their information systems and collect sufficient data to make decisions. However, they are still at an incipient stage, they need to improve the collection processes and especially to invest more resources in the systems to analyze and manage the knowledge generated by this information.

This effort has reduced the sub-registration of some data. The Ministry of Health (MINSAL), for example, has improved the methods of diagnosis and active case searches, as well as the monitoring mechanisms by Community Health Teams. This has caused some indicators to increase, which does not necessarily mean that the situation is getting worse; rather it more accurately reflects what is happening in the country.

In addition, in some cases the indicators published in the 2009 report were not the official indicators established to monitor the MDGs, causing the data published in some reports to vary. To overcome this difficulty in the future, in parallel to this report, we are creating a document about the calculation methodology and the most reliable sources for the collection of data with the aim of performing standardized monitoring of the MDGs indicators.

Another aspect of the report is the breakdown of the data by gender, geographic areas (urban and rural), and age groups for the purpose of identifying populations that are more susceptible to marginalization and which by means of targeted interventions, may help improve the indicator at the national level.

We have included in each MDG those policies and programs which contributed to their progress. Although there is not an exact measurement of their direct contribution to the indicators, we made a qualitative selection of the policies and programs targeted at the participating population which fall within each indicator. We hope that, in the future, the programs and actions contributing to the achievement of the MDGs and other key social indicators are taken into consideration for monitoring and planning activities at the national level.

3.2 PROGRESS AND ACTIONS TOWARD THE MDGs

MDG 1: Eradicate extreme poverty and hunger

Indicators related to poverty and hunger improved between 2001-2007 (Table 1, Annex1). However, as a result of the 2008 world economic crisis, the population living in poverty increased drastically by six percentage points between 2007 and 2008, reaching 46.4%. After a slight recovery of the Salvadoran economy, we observe a decrease with some fluctuations in the proportion of households living in poverty in 2012, which fall to 40.7%.

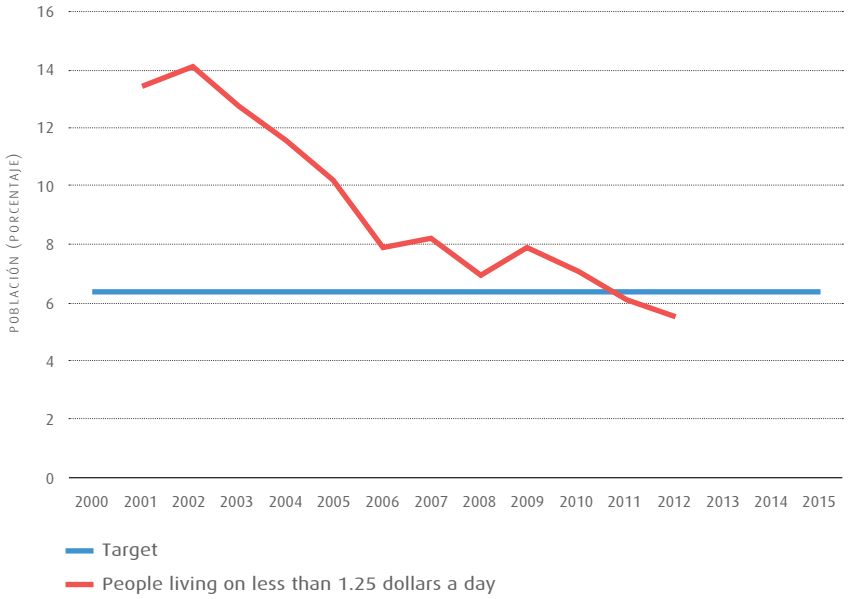
The indicator of the number of people living on less than 1.25 dollars per day showed that in 2001 the percentage was 13.4 %, while in 2012 it was 5.5 %. The target for 2015 is 6.3%, and therefore, the target established for this indicator has already been reached, as shown in Chart No. 5.

However, we should not overlook the effects of the food and financial crises since they affected the economic structure of the country, and therefore, people in conditions of vulnerability. The indicator of the percentage of population below the national poverty line showed a slight improvement in 2011; however, in 2012 it declined by more than 5 percentage points. Rural areas continue to have a higher percentage of poverty in comparison with urban areas, as shown in Chart No. 6.

It should be noted that measuring poverty by income based on the cost of the Basic Food Basket (BFB) makes the information susceptible to changes in national

PROPORTION OF PEOPLE LIVING ON LESS THAN 1.25 DOLLARS A DAY, IN TERMS OF PURCHASING POWER PARITY

CHART NO. 5:

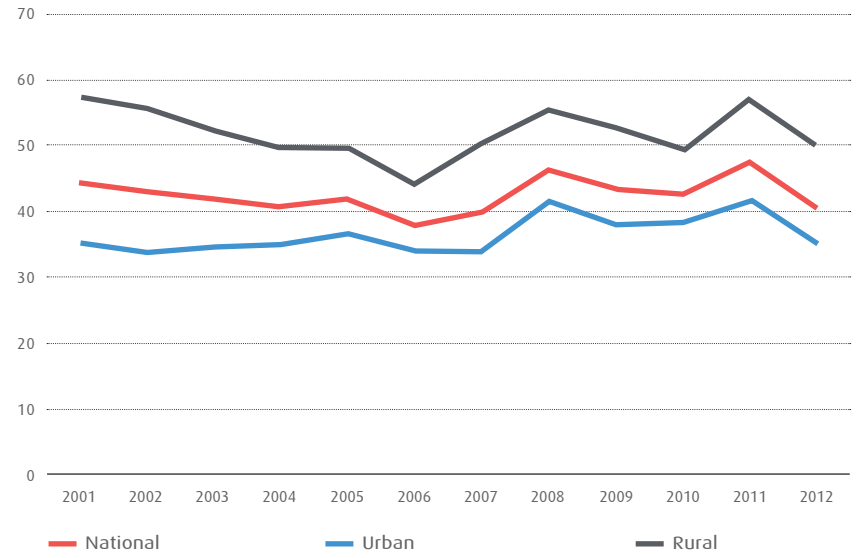


SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM DIGESTYC, EHPM 2000-2012.

and international food prices, while this does not necessarily mean that there are changes in structural poverty. Chart 1, Annex 1, shows the poverty indicators disaggregated by age and sex in greater detail.

With regard to the reduction of extreme poverty in El Salvador, the goal for 2015 was 14.1%, which we reached in 2004 with a 12.4 % reduction at the national level. However, it underscores the fact that the greater reduction took place in households living in extreme poverty in rural areas, which in 1991, the baseline year for the ODM, was 28.2%, and in 2012 fell to 13.6%. This means that some social protection programs, such as the rural solidarity communities and integrated senior citizen program, which target the people living in extreme poverty, may be having some positive results. However, rural areas still are above the national average and urban areas, as shown in Chart No. 7.

PROPORTION OF PEOPLE WHOSE INCOME IS BELOW THE NATIONAL POVERTY LINE. CHART NO. 6



SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM DIGESTYC. 2000-2012.

Chart No. 8 shows that income distribution measured by the Gini ratio experienced a sustained reduction during the past three years. This means that there is less inequality in the country and that we are better than the average in Latin America of 0.50. This demonstrates that social investments and the programs may have helped reduce the gap of inequality among people.

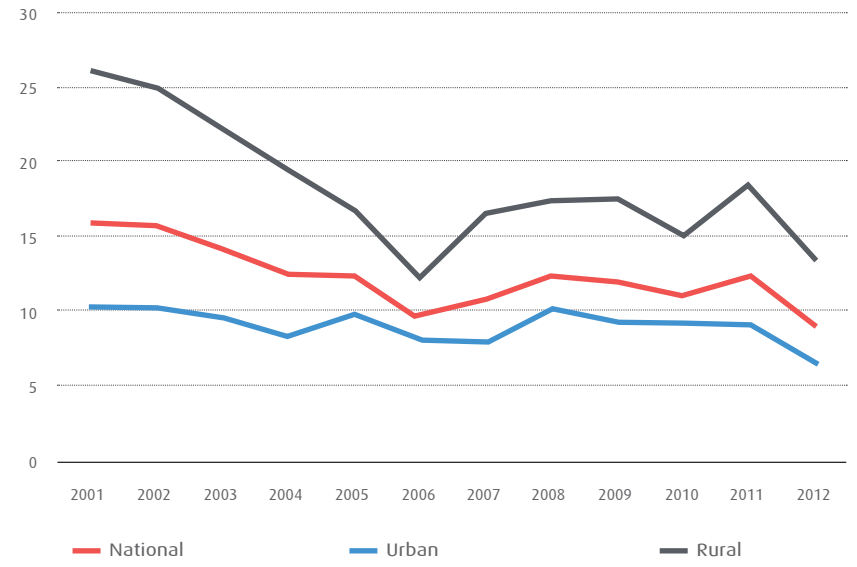
GOAL 1.B: Achieve full and productive employment and decent work for all, including women and young people

One of the indicators for this goal is the employment rate. This has not shown a significant increase; instead it reflects pronounced drops in periods of crisis, with a more serious situation in rural areas, and particularly for women for which the rate is almost thirty percentage points below that of men.

A matter of concern is that the growth rate of the GDP per person employed in 2001 was 0.4, and although it increased in 2004-2007, it fell -4.3 in 2008, with a

PROPORTION OF HOUSEHOLDS LIVING IN EXTREME POVERTY

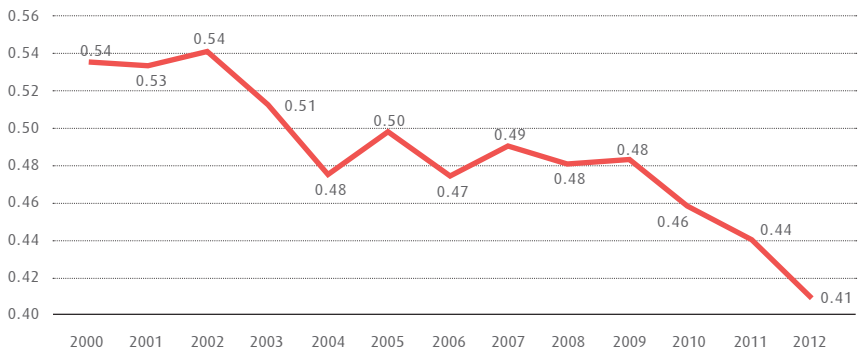
CHART NO. 7



SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM DIGESTYC. 2001-2012.

SHARE OF POOREST QUINTILE IN NATIONAL CONSUMPTION

CHART NO. 8



SOURCE: MINISTRY OF THE ECONOMY, 2013.

slight recovery in 2010. In 2012 it was 0.3, still below 2001, showing that the growth in productivity was not reflected in a higher income for working people; however, in times of crisis, they are the ones who suffer the most from the drop in their purchasing power. This calls for a reflection about worthwhile wages and the lack of formal employment in the country.

The indicator of the proportion of employed people who are self-employed or in a family business has increased in 2012, and this situation is worse in rural areas, in particular for men, as shown in Chart No. 9.

The employment to working-age population ratio increased a little between 2001 and 2012, going from 60.4% to 62.9%, and being lower for women, who have less access to gainful employment (49.3%). For greater detail and disaggregation, see Table No. 2, Annex 1.

Another important indicator included in the MDGs, which is closely related to the conditions of poverty of the population, is the nutritional condition of boys and girls under age 5, using the low-weight-for-age indicator, which reflects the general living conditions in which they grow and develop.

The indicator "Prevalence of underweight boys and girls under-five years of age" in 2008 was 8.6%. Table No. 1 shows that girls and boys in rural areas are the most affected individuals. The reduction trend is too slow to reach the goal in 2015, because it has declined an average of only 1.5 percentage points every 5 years. For 2012 there is still no updated information provided by MINSAL.

EVOLUTION OF THE INDICATOR TO HALVE HUNGER BY TWO THIRDS — TABLE NO. 1

INDICATOR	1991	1998	2002		2008	GOAL FOR 2015
INDICATORS		1991	2003	2008	2015	2015
% OF CHILDREN UNDER AGE 5 WHO ARE UNDERWEIGHT (FOR THEIR AGE, USING NCHS REFERENCE POPULATION	11.2	11.8	10.3	8.6	5.6	Unlikely
	URBAN	9.1	8.7	6.9	6.8	4.5
	RURAL	14	14	13.2	10.2	7.0

SOURCE: SURVEYS ON FAMILY HEALTH. FESAL, 1992, 1998, 2003, AND 2008

Main policies, programs and actions carried out to achieve the MDGs

The progress made in poverty indicators is the result of various social policies focused on fighting poverty.

One of the main documents of the present administration about the 2010-2014 Five-Year Plan describes the policies, programs and actions for this period. The Universal Social Protection System (SPSU) was created in this document.

Before launching the Five-Year Plan, during the first 18 months in office, the government started to implement the Global Anti-Crisis Plan including various actions carried out in coordination with different ministries. The Plan represented a swift, innovative and forceful response to the international economic and financial crisis. The main objective was to protect the population in a state of extreme poverty and vulnerability from the negative impacts of the crisis and start the development of the SPSU, taking advantage of the momentum to create inclusive State economic and social policies. Implementation of this Plan helped prevent deterioration of MDG indicators in the midst of the economic crisis experienced by the country in 2009, in particular those indicators associated with poverty, health and education.

Free healthcare services, for example, helped increase access for marginalized persons. Free uniforms, shoes, and the extension of the healthcare and school food program to urban areas were important to ensure the permanence of students in the school system and to make social transfers in kind to the households in a state of vulnerability.

The SPSU brought about a conceptual change to the approach of social policies in El Salvador and includes programs targeted at 100 rural municipalities in a state of extreme poverty and 25 municipalities with major urban slums, seeking to improve social indicators associated with health and education, and to assist people who have traditionally been marginalized, such as senior citizens, the young and others. The SPSU also helps reinstate fundamental human rights and reduce the gap of inequality in the country.

Currently, the programs and policies are:

1) Free uniforms, shoes, school supplies, and school food available at the Ministry of Education;

2) Our Senior Rights (Nuestros Mayores Derechos);

3) City Women (Ciudad Mujer);
4) Rural and Urban Solidarity Communities;
5) Temporary Income Support Program (PATI);
6) Family Agriculture Plan (PAF);
7) Health Reform;
8) Access to housing (A House for Everyone and A Floor and A Roof Programs);
9) Basic social infrastructure, and
10) Comprehensive care in early childhood.

The Rural Solidarity Communities Program (which started in 2005 as Solidarity Network, or Red Solidaria) has continued to make disbursements of money under the condition of fulfilling the commitments in the areas of health and education, and has modified and incorporated new components to strengthen the implementation and monitoring processes. This program has assisted 100 municipalities in states of extreme poverty in rural areas, and since 2009 it has incorporated 25 urban municipalities as shown in ANNEX 3.

Meanwhile, other measures were implemented to improve the economic conditions of the population, that have also contributed to reaching MDG 1, such as: the Real Estate Securities Fund, aimed at guaranteeing access to social housing, agricultural packages distributed among small producers, ownership titles of land, the Temporary Income Support Program (PATI), extending the Rural Solidarity Communities Program to 100 municipalities in situations of extreme severe and acute poverty, and granting universal basic pensions to adult elderly persons in 32 municipalities in situations of extreme severe poverty (50 dollars per month) starting in November of 2009. Currently, 29,085 senior citizens are already participating in this plan in 75 municipalities in situations of extreme poverty.

The PATI has the main purpose of protecting short-term income and improving access to employment for the population living in areas of crisis and in the worst conditions of poverty, vulnerability and marginalization from urban areas in the country. This plan prioritizes participation of women who are household heads and young people, who are in the most acutely precarious situations. The PATI is a temporary social protection tool. Over this period, 48.8 million was invested *in income protection, especially of women and young people. A total of 69,600 people have participated and 1,620 community projects were carried out in 37 municipalities until December, 2013.*

The Ministry of Agriculture and Livestock (MAG) implemented the "Agriculture and Rural Entrepreneurship Plan for Food and Nutrition Security 2011-2014 (PAF)", which was created upon acknowledging two main aspects: the strategic importance of the agricultural sector as one of the main sources of economic growth, wealth accumulation and poverty reduction, especially in rural areas where most of the population of the country is concentrated, and that the national production units are family businesses which may be grouped into two categories: subsistence family farming and commercial family farming. While the former provides food for the basic family basket and is essential for the food and nutritional security of the country, the latter produces goods to respond to market demands, and to supply industries and the agricultural export sector. As of December of 2013, 128.3 million had been invested and 536,000 people had been involved..

The Agricultural Package Program involved the distribution of 1,502,320 packages of seeds and fertilizers too grow basic grain, helping improve food safety in rural families and increase food production at the national level.

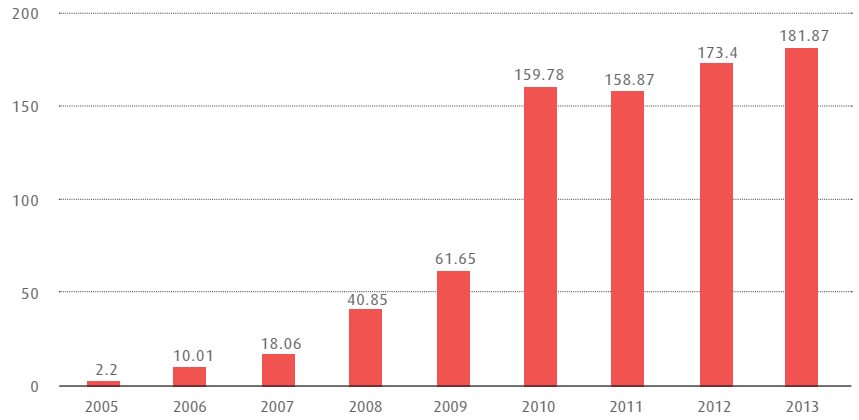
In coordination with the Agrarian Development Bank (BFA), 27,000 new loans were granted in the amount of US$29 million for the growth of basic grain (corn, beans, sorghum and rice), vegetables and fruit at a special subsidized annual interest rate of 4%, with an insurance coverage of up to 100% in case of loss due to environmental events.

On the other hand, the Salvadoran Institute for the Advancement of Women (ISDEMU) promotes various programs to prevent discriminatory practices in the labor market: skills-building for poor women; protection of labor rights in situations of higher vulnerability (pregnancy or breast feeding, etc.); promotion and support of economic ventures for women, and creation of business or cooperative networks which are lead and promoted by women.

The Government's commitment with the MDGs is reflected in the increase in investments in social protection, going from 2.2 million in 2005 to 181.87 million in 2013; the largest investment in social protection in the history of El Salvador, as shown in Chart No. 10.

In 2009, the Technical Secretariat of the Presidency proposed the creation of the National Council for Food and Nutrition Security (CONASAN) and its Inter-Institutional Technical Committee (COTSAN), approved by an executive order on October 16, 2009. Its creation marked the beginning of the National Policy of

INVESTMENTS IN SOCIAL PROTECTION (IN MILLIONS) CHART NO. 10



SOURCE: PUBLIC POLICIES EVALUATION UNIT/STP. PRELIMINARY FIGURES

Food and Nutrition Security (SAN). In addition, a bill called SAN was proposed for the purpose of organizing and articulating the efforts towards the goals aimed at nutrition and poverty eradication, mainly in rural areas. The Policy became official in May, 2011 and the bill which was submitted to Congress in June, 2013 is currently under consideration.

In addition, over the last decade, the Ministry of Health implemented some successful interventions to improve nutrition and health in children, such as the promotion of exclusive breastfeeding by mother for girls and boys under 6 months of age, the distribution of fortified food according to nutritional needs and culture, encouraging attendance and continuity of infant and pre-natal controls, and adopting appropriate food practices during pregnancy, lactation and at the beginning of supplementary feeding. In this respect, in 2003, voluntary personnel in rural communities started to implement the strategy of Comprehensive Care in Community Nutrition showing that it is possible to improve the nutritional condition in the short-term by targeting groups which are highly vulnerable to malnutrition, such as women during pregnancy and boys and girls during the first two years of age (the 1000 day window).

Pending issues and emerging challenges

This MDG represents one of the major challenges for the country at the macroeconomic level because it is urgent to design an economic development strategy enabling sustained rates of development. At the microeconomic level, this MDG helps overcome the economic, social and cultural disadvantages of the population living in poverty.

Since the present government promotes a focus on human rights in its social policies, an important challenge is to incorporate new ways of measuring poverty to identify its multiple dimensions and manifestations, other than measuring income, which does not identify other problems. It is also necessary to identify the most affected groups by analyzing disaggregated data such as gender, age, and geographic area.

In spite of the multiple strategies implemented in the nutrition area, many have encountered various difficulties and therefore, the indicators have not shown much progress. In this respect, it is necessary to achieve better coordination of the interventions and to strengthen the educational strategies which have given positive results in the past, and to implement a national policy that addresses the problems of nutrition deficiencies and improper eating habits, such as the obesity epidemic (59.6% of women between 15 and 49 years of age were overweight or obese in 2008) and the chronic illnesses currently affecting the country. It has been demonstrated that by focusing on education, nutrition and health as comprehensive packages associated with poverty help obtain better results towards achieving the MDGs.

It is also essential to establish a legal framework that guarantees food security and the human right to have access to adequate food of the Salvadoran people.

Another challenge is to identify and promote economic development strategies that favor dignified employment for the productive population, in particular to ensure from the private sector that the benefits of productivity are shared with the workers, both men and women, so that growth may benefit all.

MDG 2: Achieve universal elementary education

This second MDG aims at achieving universal elementary education and is measured by the following indicators: net coverage rate in elementary education (net enrollment rate), proportion of students completing 6th grade, and literacy rate of 15 through 24 year olds, as a strategy to overcoming poverty in developing countries.

The net coverage rate in elementary education is the ratio of the number of children of official school age in elementary school to the number of children of official school age in the population. We can observe a significant progress of 7.7 This is one of the indicators affected by the update of the 2007 Population Census and its projections. Although the net ratio has decreased in recent years, it does not necessarily reflect a real decrease in enrollment. For more details about this MDG indicator, see Table 4, Annex 1.

NET COVERAGE RATE IN ELEMENTARY EDUCATION, YEARS 2000 - 2011. TABLE NO 2

Rate	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
National	86.0	87.3	88.8	90.6	93.4	93.9	94.8	95.0	95.3	95.0	94.8	93.7	93.1
Male	85.2	86.6	88.1	90.0	92.7	93.1	94.2	94.3	94.6	94.5	94.6	93.6	92.9
Female	85.9	87.6	89.3	91.1	94.0	94.6	95.5	95.7	96.0	95.5	94.9	93.9	93.1

SOURCE: MINISTRY OF EDUCATION. SCHOOL CENSUS 2000-2012
DIGESTYC, POPULATION PROJECTIONS FROM THE 2007 POPULATION AND HOUSING CENSUS.

We note that 99.4% of the population between ages 7 and 12 are in the education system; however, these students are not always in the level corresponding to their age, and therefore El Salvador's main challenge is to lower the over-age caused by desertion and repetition. Table 5, Annex 1, provides details of this situation by grade.

We observe that 6.8% of the students were overage when they began first grade in 2011. This condition worsens over time. In 6th grade, the percentage of overage students was 11.5% in the same year. These students are the most likely to become potential dropouts from the education system. Additionally, as shown in Table 6, Annex 1, repetition did not have a constant behavior over the years; however, there is a declining trend.

The Survival Rate at 6th grade, which means completion of elementary education, increased significantly. In 2012, it was 84.0%, and 82.0% of the boys and 86.3% of the girls completed sixth grade. It is worth noting that rural areas represented the lowest percentage of completion at 77.1%, as shown in Chart 12.

First grade has the highest number of repeating students in the education system. This initial situation may affect children in the future; repetition leads to

NET ENROLLMENT RATE IN ELEMENTARY AND SECONDARY EDUCATION. TOTAL FOR THE COUNTRY

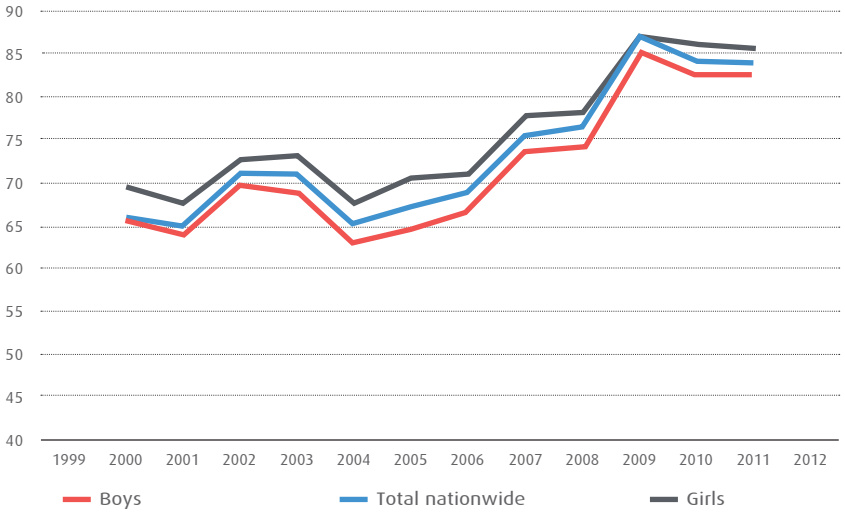
TABLE NO. 3

EDUCATION LEVELS	2007	2008	2009	2010	2011	2012
Elementary (1st through 6th grade)						
Net rate	95.0	95.3	95.0	94.8	93.7	93.1
Female	95.7	96.0	95.5	94.9	93.9	93.1
Male	94.3	94.6	94.5	94.6	93.6	92.9
Secondary (7th through High School)						
Net rate	54.4	55.1	56.4	59.1	61.6	63.8
Female	55.2	55.9	57.2	59.8	62.1	64.4
Male	53.7	54.3	55.7	58.4	61.0	63.2

SOURCES: MINED, 2011 SCHOOL CENSUS, DIGESTYC, POPULATION PROJECTIONS FROM THE 2007 POPULATION AND HOUSING CENSUS

PROPORTION OF ELEMENTARY SCHOOL STUDENTS WHO ENROLL IN FIRST GRADE AND REACH THE LAST GRADE OF ELEMENTARY SCHOOL. TOTAL IN THE COUNTRY AND BY GENDER

CHART NO. 12



%	%
AÑO	year
TOTAL PAÍS	total nationwide
NIÑOS	boys
NIÑAS	girls

SOURCE: MINISTRY OF EDUCATION.

overage and this affects net rates significantly. However, this is not only about figures, but also about the quality of education and the continuation of girls and boys in the system.

One important strategy to avoid both repetition and school desertion is to increase coverage of pre-school and kindergarten education, currently one of the major challenges of the national education system, since pre-schooling hardly covers 3% and initial education only 1.8% of children. In addition, investment levels are still low and a significant increase would be necessary to achieve universal education in early childhood.

Another important aspect affecting the permanence of children and youth in the education system is that a great part of the student population between ages 5 and 17 works. This situation has slightly improved over the years, as illustrated in Chart No.13, which shows that in 2011, 6.2% of the boys and 2.8% of the girls worked. It is important to note that although the male population most frequently state they work, it does not mean that girls and young women do not do so in equal or greater measure. This may be explained by the fact that reproductive or non-wage labor is not recognized as such.

Another indicator of interest is the literacy rate among the population between ages 15 and 24. The MINED, through its literacy program for youth and adults, works to decrease illiteracy at the national level by means of an attention by municipality strategy, which made it possible to make progress in terms of territory, with a direct impact on the evolution of data, as illustrated in Chart No. 15.

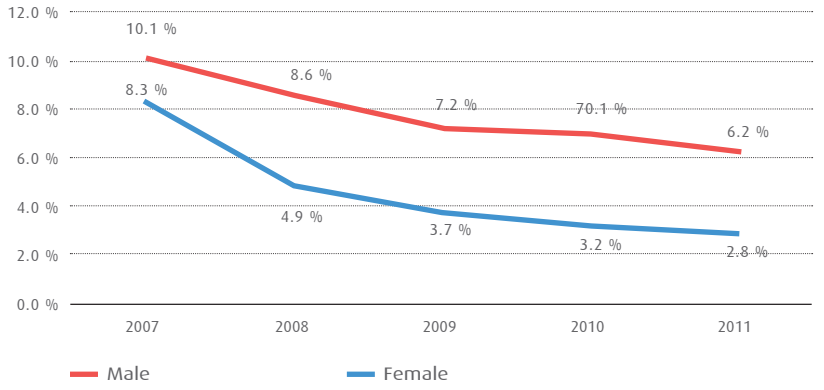
This indicator shows an improvement of 3.6 percentage points in global terms. Although there are no big differences in the figures between men and women, the latter present a larger proportion of literacy, and there are indeed gaps between rural and urban areas. For more information, see Table 4, Annex 1.

Main policies, programs and actions carried out to achieve the MDGs

For this purpose, and with the aim of maintaining the school age population in the education system, the Ministry of Education promotes the Free Education Program, which includes school meals (School Feeding and Healthcare Program, or PASE). Additionally, it is implementing a quality monitoring system based on technical assistance and self-evaluation to achieve efficiency in education. This

PERCENTAGE OF STUDENTS WHO WORK IN THE PUBLIC SYSTEM

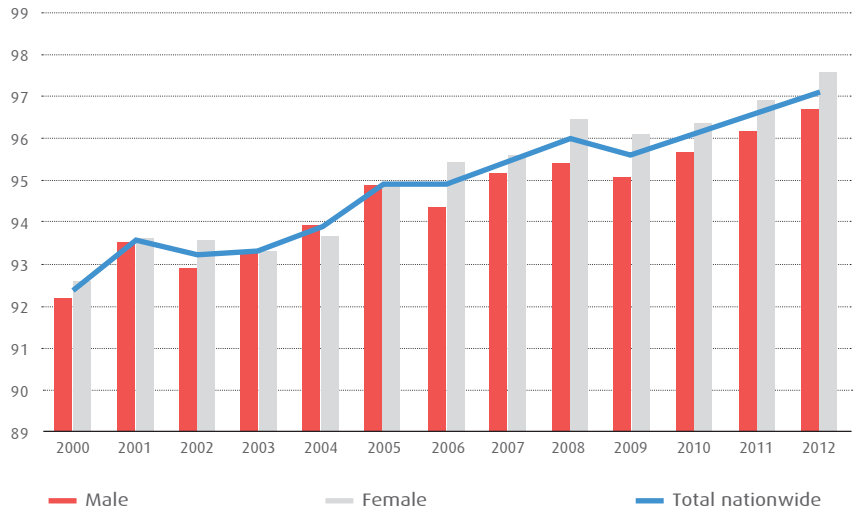
CHART NO. 13



SOURCE: MINED. SCHOOL CENSUS FOR EACH YEAR AND IGESTYC, POPULATION PROJECTIONS FROM THE 2007 POPULATION AND HOUSING CENSUS.

LITERACY OF PERSONS BETWEEN AGES 15 - 24. TOTAL IN THE COUNTRY, BY GENDER.

CHART NO 15



SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM DIGESTYC.

system may be associated with the indicator of completion of sixth grade. At the same time, the Ministry promotes a policy of inclusive education covering over-age students.

With regard to the literacy and permanence of young and adult people, it is successfully developing the National Literacy Program with funds from the national budget that is executed in coordination with non-governmental organizations, churches and municipalities.

The Social Protection Program called Rural Solidarity Communities, which started in 2005, also reinforces assistance of pre-school and elementary levels, since school assistance is a commitment dependent on money transfers.

The PASE, which has been extended to urban areas, contributes to the permanence of students and prevents school drop-outs.

In 2011, the national project entitled "Eliminating of Child Labor in El Salvador through Economic Empowerment and Social Inclusion" was designed to assist the student population identified as working children. The project was coordinated with the International Labor Organization (ILO) and has been implemented by the MINED since 2012.

The MINED has been promoting the integral development of students, encouraging programs that improve the quality of education, such as dignity for teachers, the program for the development of teaching professionals, initial and continuing education, and through plans for the updating and specialization of teaching, methodology, and pedagogy.

As part of the inter-sector coordination that MINSAL representatives have been working on for several years, they have generated greater awareness about the importance of assisting schools, especially in rural communities, where one of their main tasks is to promote education for girls and boys as early as possible.

Pending issues and emerging challenges

The new measures aimed at mitigating supplementary education costs of families (PASE and school packages) have helped improve access to education. Nevertheless, it is important to invest in other key components to improve the quality of education, such as hiring teachers, purchasing teaching materials and books, building classrooms, as well as increasing the educational offer for kindergarten, elementary, middle, high school and higher technical education. It is

also necessary to provide funds for inclusive education activities, to implement flexible strategies in special education, and to create conditions for the inclusion of people with disabilities.

Management, execution and investments need to be efficient and effective to achieve a new strategic vision. The educational community has to be aligned with the new educational model of inclusive full time schools by developing new attitudes and learning experiences to achieve the integral development of boys, girls, and adolescents.

A major challenge is to achieve an inclusive education system, free from gender discrimination and stereotypes and open to diversity, because these problems are the foundation of the patriarchal system shaping the way people think and behave; therefore, we have to commit to an ongoing, continuous task of changing cultural patterns from the beginning of the training of teachers.

MDG 3: Promote gender equality and empower women

The country has made steady progress towards equality between men and women, achieving international commitments, among them MDG 3.

As stated in the campaign for the MDGs, "societies in which women do not enjoy the same rights as men will never reach sustainable development".

The target for MDG 3 is to eliminate gender disparity in elementary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

This target includes indicators such as equality of access to education at all levels, literacy and economic autonomy measured in terms of wage employment in the non-agricultural sector and participation of women in executive positions.

Gender parity in access to education can be measured by the indicator "ratio of girls to boys in elementary, secondary and higher education" applied to the education level under analysis. This indicator shows the girls' net school enrolment ratio in relation to the boys' net enrolment ratio.

With respect to the gender parity target for the enrolment of girls in elementary school, the ratio went from 100.7 girls per 100 boys in 1991, to 100.3 enrolled girls per 100 boys in 2012, confirming that the Salvadoran State reached the target, even before 2005. This same trend was seen in secondary and higher education.

Moreover, the data reflect a higher presence of women in relation to men in the education system, with an increasing trend as they advance through the education levels.

Chart No. 14 illustrates the gender ratio in the different education levels and Table 7 of Annex 1 provides details of all indicators for this MDG.

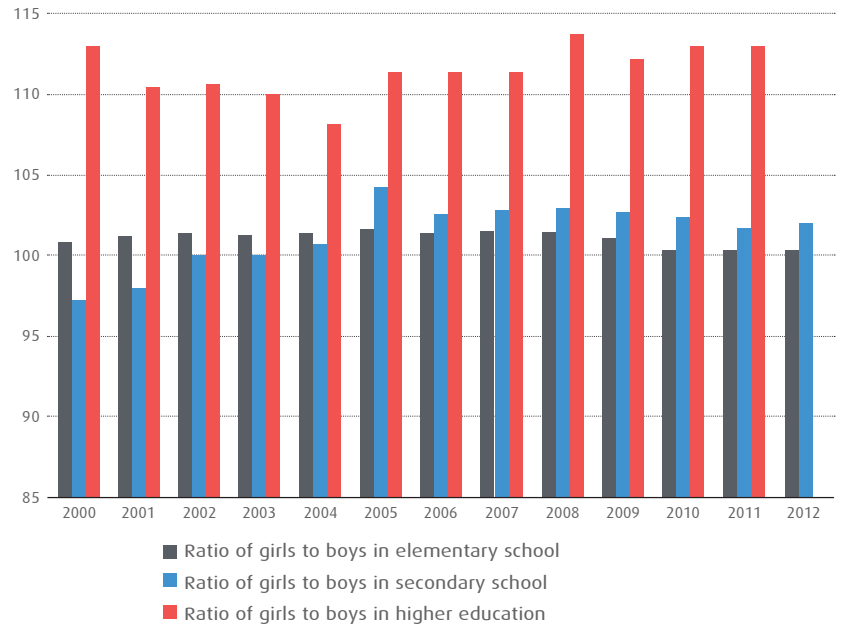
The data reflect a larger presence of women in relation to men in the education system, and as we move up the education levels, the presence of women in relation to men is even higher.

This ratio is not the same as the Literacy Rate.

Table 6, Annex 1, provides details of the differences in each education level and the data are consistent with lack of gender disparities over the years.

RATIO OF GIRLS TO BOYS IN ELEMENTARY, SECONDARY AND HIGHER EDUCATION (%)

CHART NO. 14



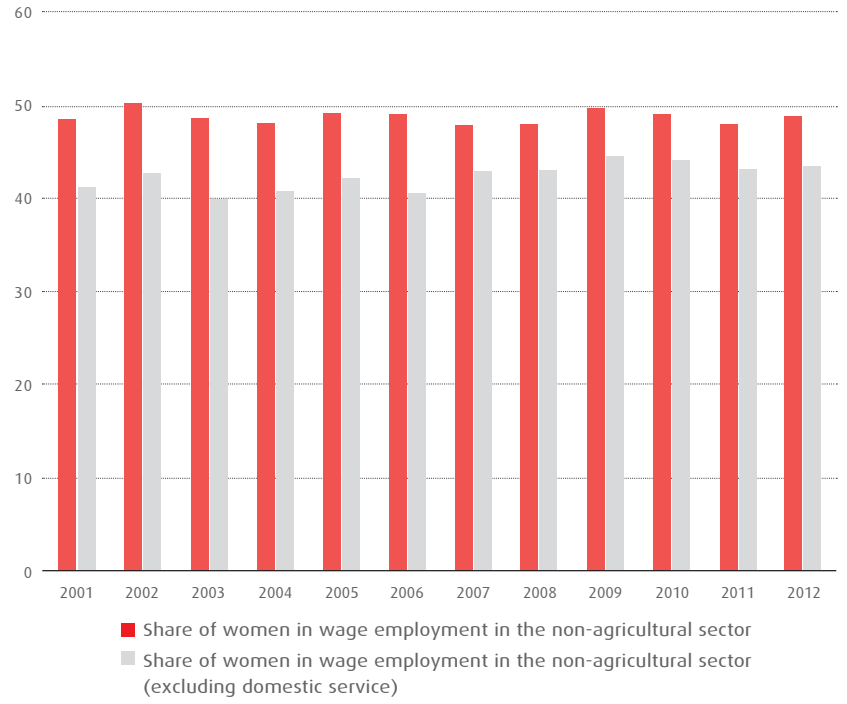
SOURCE: MINED.

Share of women in wage employment in the non-agricultural sector

The trend of the participation of women in the labor market seeking economic independence has been relatively stable, 45.8% in 1991, 45.5% in 2007, and 46.2% in 2012. However, it continues to be low in comparison with the desired target.

Excluding domestic employment or services, the figures decreased from 45.7% to 43.6% in 2012; showing that a large proportion of women were employed in this activity. In domestic service, the indicator shows a slight increasing trend, as illustrated in Chart No. 16; however, the country still needs to do some work to improve the employment situation of women, considering that women make up 53% of the population in El Salvador. For more details see Table No. 8, Annex 1.

SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE NON-AGRICULTURAL SECTOR — CHART NO. 16



SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM DIGESTYC.

Proportion of seats held by women in national parliament

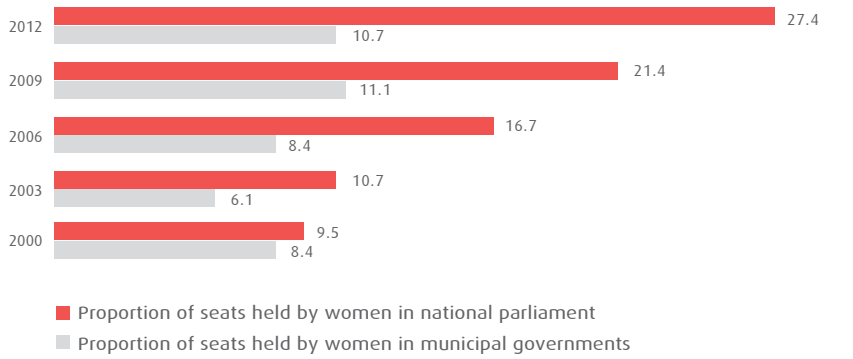
In El Salvador, the share of women in national or local public institutions is low, as illustrated in Table No. 3. The same situation takes place in Parliament, where it went from 15.5% during 1997-2000 to 27.4% during 2012-2015, the largest number of women representatives in the history of the country; however, it is still not enough to reach the parity target of representation in parliament established in MDG 3. For the trend of this indicator see Chart No.17.

The share of women working as woman mayors followed a similar trend, since only 28 of 262 municipalities were headed by women (10.7%) during the period 2012-2015. In spite of the acknowledgement of women in the political arena and among political parties, their presence in elected positions is still low due to various social and cultural factors, which limit the progress of women in executive positions.

Although this is not one of the MDG indicators, we included the share of women in cabinet positions (ministers, vice-ministers, secretaries and agencies), because it is also an indicator of the equality of opportunities. We found that during the period 2009-2014[6], out of 84 positions only 15 were held by women, representing 17.9%, while in previous periods it was 15.9% for 1999-2004 and 26.6% for 2004-2009.

PROPORCIÓN DE ESCAÑOS OCUPADOS POR MUJERES EN LOS PARLAMENTOS NACIONALES Y GOBIERNOS MUNICIPALES

GRÁFICO 17



FUENTE: SUPREME ELECTORAL COURT

6/ Secretariat of Communications. Presidency of El Salvador. 2012.

Moreover, the country made progress at the local level with the reforms of the Municipal Code, which included a new competency for local governments regarding the "promotion and development of programs and activities aimed at strengthening gender parity" (Article 4 Competency, January 29, 2006 and January, 2008). The code establishes responsibilities for municipalities to achieve parity between men and women, such as institutionalizing municipal policies toward gender equality, creating municipal units for women and issuing ordinances and other regulations that promote participation of women in community organizations. This progress was possible due to the contributions made by women and feminist organizations.

Main policies, programs and actions towards achieving MDG 3

The Salvadoran Institute for the Development of Women (ISDEMU) is the main institution responsible for leading, supervising, promoting, articulating and monitoring the efforts to comply with national and international regulations on the human rights of women, equality and gender parity.

It is worth noting the progress made in national legislation regarding gender equality with the adoption and enactment of the Comprehensive Special Law for a Life Free from Violence, which is the result of fulfilling the obligation of El Salvador as a Party to the Inter-American Convention to Prevent, Sanction and Eradicate Violence against Women, known as the Convention of Belem do Pará; and the Law for Equality, Equity and Eradication of Discrimination against Women.

In compliance with this law, the government created the National Policy of Women 2011-2014 and the National Plan of Equality and Equity for Salvadoran Women, while the gender approach and other tools have been incorporated into institutional policies to promote gender equality.

Although the political participation of women still needs to be increased, the country recently reformed the Electoral Code to establish a quota that will ensure the participation of women in the different branches of government.

Furthermore, this government administration has opened and maintained various instances for the participation of citizens and organized civil society, while women's organizations have played an important role in the formulation of public policies.

Similarly, El Salvador has created and implemented important policies, programs and actions to promote the principle of equality and the empowerment of women (MDG 3), such as the following:

a. The Comprehensive Assistance Program for a Life Free from Violence was implemented in 1997.
b. The City Women's Program of 2011, aims at protecting the rights of Salvadoran women through differentiated and specialized services such as sexual and reproductive health, comprehensive care in cases of gender violence, economic empowerment and promotion of rights, and education of nearby communities. In addition, childcare services are provided for the children under age 12 of women who use the services of the City Women's Program. Eighteen state institutions participate in its implementation, and since December of 2013, it has provided comprehensive care to 315,000 women in 4 care centers nationwide[7] with an investment of 35.6 million dollars.

In addition to policies and programs, the government has established mechanisms to address gender equality issues and promote the empowerment of women in the different agencies of government, such as the creation of gender units with the task of diminishing inequalities in each intervention of the Salvadoran State.

Pending issues and emerging challenges

One of the challenges is to implement strategies to mainstream the equality of gender approach in government activities and to advance towards the eradication of patriarchal cultural patterns.

Among the priorities for the country are to eradicate violence against women, and to incorporate this goal into public policies and actions aimed at promoting and strengthening the independence of women from the economic, physical and decision-making point of view. It is necessary to carry out a curricular reform of the national education system focusing on human rights, gender equality and comprehensive sexual education, and to mainstream the principle of equality of gender and the respect of human rights into the contents of higher and technical education, which shall also be included in the teachers' curricula.

It is also necessary to generate government mechanisms that allow incorporation of women into the labor market in fair working conditions, with wage equality, and no vertical or horizontal segmentation at work.

7/ Source: http://inclusionsocial.presidencia.gob.sv/

Another challenge is to develop public policies that promote a more fair distribution of work and improve the access and permanence of women in the education system and the labor market.

MDG 4: Millennium Development Goal 4: Reduce child mortality under-five years of age

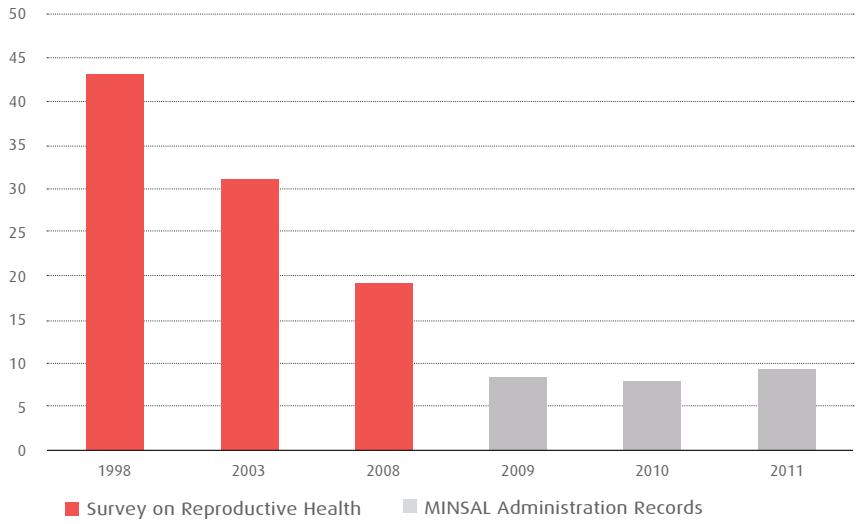
Many health indicators (MDGs 4, 5, and 6) were taken from the National Survey on Family Health (FESAL); however, the data used to indicate progress toward MDGs 4, 5, and 6 are from year 2008, because the most recent update of the Survey was in the process of collecting data at the time this report was prepared.

The target of MDG 4 is to reduce under-five mortality by two thirds. This has gone from 52 deaths per one thousand live births in the five-year period 1992-1998 to 19 per one thousand live births in the five-year period 2003-2008, according to FESAL (1998-2003 and 2003-2008). Therefore, if this trend continues, as shown in Chart 18, El Salvador could achieve MDG 4 by 2015. To do so, the country should reduce by 10.5 percentage points the 2008 figure. Breaking down the data by geographic areas reveals that while urban areas have already reached the target, rural areas need to take action immediately. For more details about MDG 4 indicators, see Table 9, Annex 1.

The under-five mortality rate was also slightly higher in boys than in girls and was more frequent in rural than in urban areas, as shown in Table 8, Annex 1. However, during the 1998-2008 period, in spite of the low performance of the economy in the country, this indicator showed the highest reduction, going from 50 per one thousand live births in 1998, to 22 per one thousand in 2008, significantly reducing the gap with urban areas. This is much more evident in the child mortality indicator, which in the five-year period 1998-2003 had equal urban and rural rates of 24 per one thousand live births. During this period, the MINSAL implemented a child mortality prevention strategy and the Integrated Care of Childhood Prevalent Illnesses (AIEPI) and sent health workers to rural areas.

One factor affecting the probability of death in girls and boys under five years of age is the education level of the mother. When they have not studied at all, it is 4.7 times higher than when they have been in school for 10 years or more. Finally, poverty also has an impact on the mortality rate in the following manner: in the lowest welfare quintile, it is 4.8 times higher than in the highest welfare quintile,

TREND OF UNDER-FIVE MORTALITY RATE EL SALVADOR GRÁFICO 18



FUENTE: COMPILED BY AUTHORS BASED ON THE NATIONAL SURVEY ON FAMILY HEALTH, FESAL, 1993, 1998, 2002/2003, 2008, AND MINSAL ADMINISTRATION RECORDS.

as illustrated in Chart No. 19, which presents the characteristics of the families that need to be overcome to reach this target.

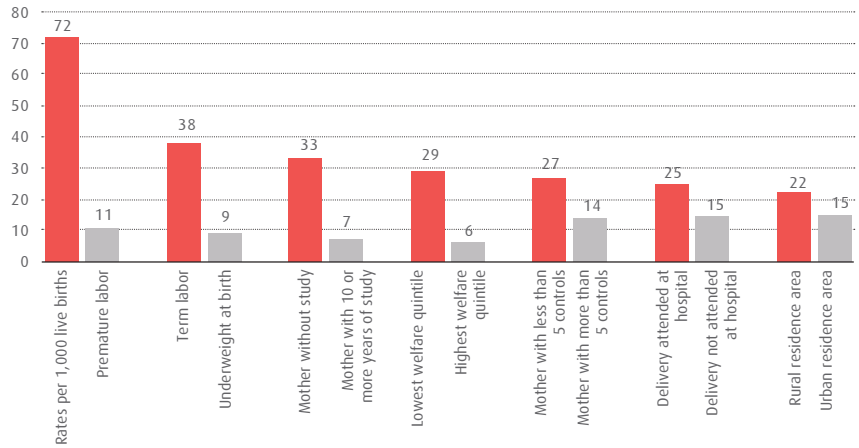
In the specific case of child mortality, when we analyze the reduction per area of residence, we find that it is slightly higher in urban areas (67%) than in rural areas (62%), showing that in the latter some actions were taken to contribute to equality of health. For more details, see Table No. 8, Annex 1.

Infant mortality is sub-divided into neonatal and post-neonatal mortality. In recent years, the former has represented a little more than 60% of all children deaths, and their main causes have remained constant over time: 1) diseases originated in the perinatal period, such as perinatal prematurity and asphyxia, 2) congenital malformations (mainly cardiac and digestive), and 3) septicemia (generalized infection). On the other hand, post-neonatal mortality has been caused by: 1) congenital malformations, mainly related to the digestive and circulatory systems, 2) diarrhea and other intestinal infections, 3) pneumonia, and 4) malnutrition.

According to the 2012 MINSAL statistics, 44% of hospital deaths of boys and girls under five are due to perinatal diseases, mainly associated with prematurity in

UNDER-FIVE MORTALITY RATE BY SELECTED CHARACTERISTICS EL SALVADOR, 2003-2008

CHART NO. 19



SOURCE: NATIONAL SURVEY ON FAMILY HEALTH, FESAL, 2008.

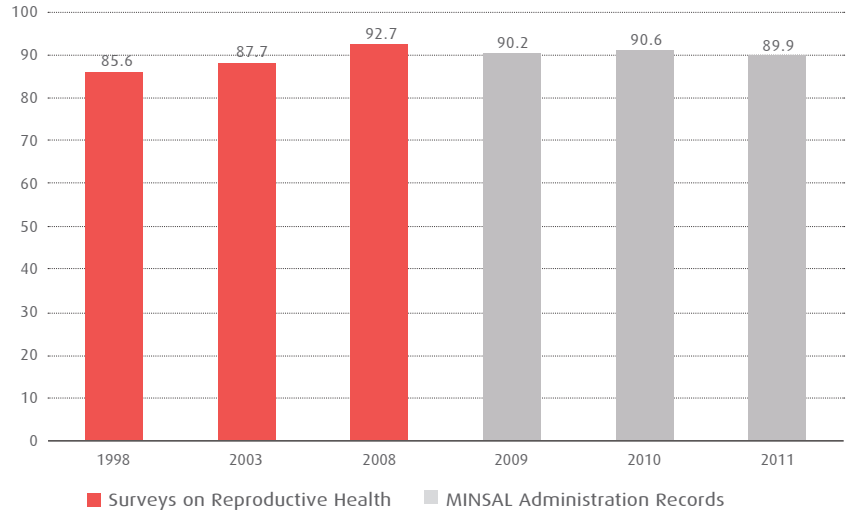
more than 50%, asphyxia in more than 30%, and bacterial sepsis in 17%. In second place are congenital malformations with 25%, among which cardiac malformations are the most important demanding specialized services from the time of birth. Many of these deaths could be prevented with more pre-conception care and the provision of high quality sexual and reproductive health services.

With regard to the vaccination coverage against measles, extending the national vaccination scheme to 16 different biological products had a strong impact in the prevention of deaths caused by immune-preventable diseases in general, and in particular to death due to pneumonia, which until recently was the main cause of death at post-neonatal age. Vaccination coverage is quite similar in rural and urban areas, and for boys and girls, as illustrated in Table 8, Annex 1.

Vaccination against measles has taken place in El Salvador for many years, and is currently administered by means of the triple viral vaccine (MMR, measles, mumps, and rubella) to one-year-old boys and girls. According to the results of the last population and health surveys in the Central American region, El Salvador presents the highest percentage of coverage (92.7%, according to FESAL 2008), even higher than Costa Rica (89.5% according to Basic Health Indicators in Costa Rica).

PROPORTION OF ONE YEAR OLDS IMMUNIZED AGAINST MEASLES FROM DIFFERENT SOURCES OF INFORMATION

CHART NO.20



SOURCE: COMPILED BY AUTHORS BASED ON THE NATIONAL SURVEY ON FAMILY HEALTH, FESAL, 1993, 1998, 2002/2003, 2008, AND MINSAL ADMINISTRATION RECORDS.

Since the National Survey on Family Health, which is the source of the basic indicator, had not been carried out yet, we used the data of MINSAL Administration Records to create Chart 20, which shows that coverage is maintained at approximately 90%, even not including the boys and girls who are treated in other institutions and the private sector.

The Pan American Health Organization conducted a study in November, 2011 through an institution unrelated to MINSAL, finding that all the vaccines under investigation, except for the vaccine against the rotavirus, had coverage above 94% and some up to 98% of boys and girls, who had completed the full vaccination scheme. In recent years, cases of tuberculosis, meningitis, measles, rubella, or congenital rubella syndromes have not been reported and the eradication of poliomyelitis has been continued.

Programs and actions to reduce mortality in children under age five by two thirds

Progress in this indicator reflects the implementation of some special actions in recent years, such as better quality prenatal controls of the fetus and newborn, implementation of comprehensive care for girls and boys, focused on children under two, and stronger obstetric peri-neonatal practices that have improved the quality of care for at risk fetuses.

The UNDP documented a while ago, that some possible causes were the implementation of family and community oriented health strategies, targeted to highly socially vulnerable groups mainly in rural areas. Said strategies were based on the analysis of the risks which affect health and nutrition, and were implemented by health workers who had been trained to provide various primary care services, such as family planning, immunizations, nutritional assistance to children and pregnant women, breastfeeding, and the Integrated Care of Childhood Prevalent Illnesses (AIEPI), using the appropriate technology and scientific knowledge at a low cost[8].

Other aspects with an impact on this improvement are the reinforcement of obstetric and neonatal emergency care 24 hours a day, hiring specialized personnel in all hospitals and in some high quality healthcare centers, as well the provision of basic elements for the assistance of deliveries. The country also improved asymptomatic bacteriuria (based in urine culture), one of the main causes of prematurity which leads to child mortality, and we have reinstated the "Mother Kangaroo" method in the care of premature babies. Three banks of mother's milk were opened (at the Maternity Hospital, at the Regional Santa Ana Hospital and the Regional San Miguel Hospital) out of a projection of 5 for 2014.

The country passed the Law for the Promotion and Protection of Breastfeeding Mothers in June, 2013, which if properly regulated, will encourage breastfeeding, which is essential for the reduction of child mortality. In addition, we have encouraged coordination with social protection policies to provide special treatment to pregnant and puerperal women.

8/ Informe sobre el desarrollo humano 2003, Desafíos y opciones en tiempos globalización pág. 70. Programa de las Naciones Unidas para el Desarrollo (PNUD). 1a. ed. San Salvador, El Salvador, PNUD, 2003.

Pending issues and emerging challenges

The largest part (80%) of deaths in boys and girls under five years old takes place before they are one year old and more than 60% of child deaths occur during the first 28 days of life. This is why, in order to reduce the number of deaths, the most important interventions should be targeted at the most preventable causes of neonatal mortality: prematurity, low weight at birth, perinatal asphyxia and sepsis.

It is important to find sustainable mechanisms and provide specialized prenatal care for the detection and timely treatment of sexual transmitted infections, arterial hypertension, diabetes, and other chronic diseases, behavior changes, and higher risks of premature births, among other reproductive risks. Moreover, the country should reinforce the comprehensive care of boys and girls below two years of age, focusing on children under two, and intensify obstetric and neonatal emergency care 24 hours a day.

Another challenge is to ensure that personnel specialized in Pediatrics and Neonatology provide the essential care of newborns and neonatal reanimation, as well as, specialized care to premature babies with infections and/or respiratory distress syndrome in all 28 maternity hospitals nationwide.

The MINSAL and other healthcare providers, both of primary care and hospital services, must improve the supervision of personnel in order to improve: 1) services related to sexual and reproductive health starting at pre-conception care; 2) counseling and timely delivery of birth control methods to prevent undesired high risk pregnancies; and 3) the quality of prenatal controls focused on the health of the fetus and the mother.

The country should also work to prevent mother-fetus complications, such as prematurity and maternal sepsis, by means of a close supervision of the community for the detection of early signs of risk. Additionally, it must promote and defend the proper implementation of the Law for the Support, Promotion, and Protection of Breastfeeding Mothers, as well as coordinate it with the national legislation and policies to achieve food and nutritional security and potentiate adequate nutrition, especially during the first two years in the lives of boys and girls. Other related measures are the promotion of exclusive breastfeeding mothers during the first six months of life, with an emphasis on premature or low weight newborns, the support of existing human milk banks, and the creation of new banks upon an assessment of the situation.

Finally, an important challenge remains to guarantee the quality of healthcare services, at all levels, and the effective operation of referrals and returns among various levels of care, especially for the most vulnerable populations. El Salvador should give priority to those community based programs providing comprehensive articulated guidance to families.

MDG 5: Improve maternal health

There has been a major methodological change in the measurement of maternal mortality in El Salvador. Before 2005, the country used the "living sisters method" ("el método de las hermanas vivas") in FESAL's surveys for the 1988-1993, 1993-1998, and 1998-2003 periods, which showed maternal mortality ratios (MMR) of 158, 120 and 173 per 100,000 live births, respectively. The 2003 data triggered a warning about an apparent decrease in the achievement of said indicator, but the institution responsible for conducting the survey acknowledged that there were methodological limitations, and indicated that the sample to calculate the indicator was too small.

For this reason, in June, 2005 MINSAL, with the support of international cooperation, initiated an investigation to establish a baseline for maternal mortality in the country and correct the methodological deficiencies presented by previous calculations. This made it possible to conduct a thorough investigation of the death records of women in child-bearing ages between 10 and 49, which were available in 262 municipalities in the country, regardless of the place and cause of death, and provided they fell under the definition of maternal death. This investigation was completed with home visits to the families of the deceased (verbal autopsies) by the supervising committees of maternal and perinatal mortality of the regional health offices. They analyzed each case to develop action plans with specific interventions to prevent the occurrence of new cases[9].

The new methodology, known as prospective RAMOS (Reproductive Age Mortality Survey), made it possible to calculate a maternal mortality ratio of 71.2 per 100 thousand live births for the period between June, 2005 and May, 2006. In order to

9/ Ministerio de Salud Pública y Asistencia Social. Informe final de línea de base: Línea de base de mortalidad materna en El Salvador junio 2005- mayo 2006. El Salvador. 2007. (http://www.salud.gob.sv/archivos/pdf/documento_LBMM/CONTENIDO_PARTE4.pdf).

determine the baseline to monitor progress toward MDG 5, the MINSAL calculated for year 1990 an MMR of 211 x 100,000 live births[10], based on hospital data of maternal deaths between 1983–1986 and the level of under-recorded cases found in the Maternal Mortality Baseline of 2005[11].

That is why the target for 2015, based on the MMR calculated in said study, was 52.8 per 100,000 live births. Since then, the evolution of the MMR has been monitored by means of a more reliable monitoring system, investigating each case which included verbal autopsies from family members. The system is audited by the National Maternal Mortality Audit Committee (CNVMM) and ultimately issues a final report on each case determining basic cause of death, critical link[12], type of death, care delay and prevention level.

Maternal Mortality Situation

Based on the above, we can state that in recent years maternal mortality in El Salvador has been considerably reduced: it went from a MMR of 211 per 100,000 live births in 1990 to 42.3 in 2012, and the trend is to continue below the target for 2015. However, a considerable proportion of deaths can be prevented, and therefore it is worthwhile to join efforts and make the investments to improve the installed capacity of maternity services, the timely provision of safe blood, as well as the supervision of health employees to ensure a continuing improvement of their technical skills. Chart 21 shows a reduction trend in the indicator with the new methodology since 2005.

Non-hospital maternal mortality, in particular, has been occurring with decreasing frequency. Healthcare representatives and more recently, Family Health Community Teams (Ecos-F) successfully managed to implement the Birth Plan strategy, mainly in rural communities, with the primary purpose of encouraging women and their families to take any necessary steps to give birth at the hospital. This has

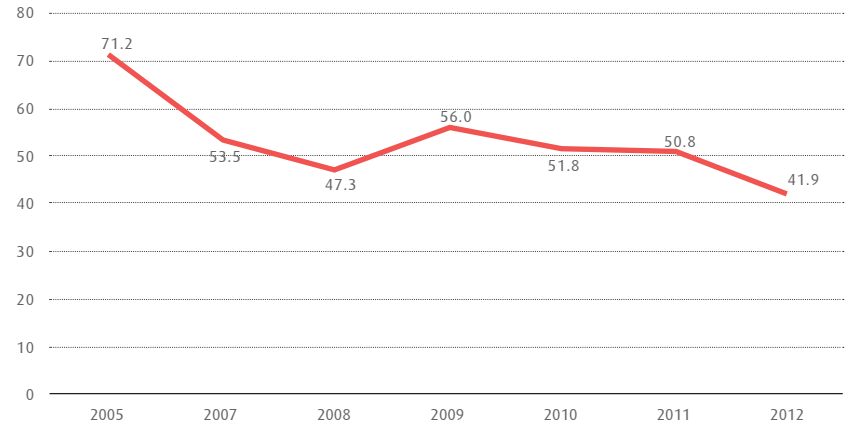
10/ The figure of 211 x 100,000 live births found with the new method, is within the trust interval (with a trust interval of 95%) for the results of MMR found in the 1993 FESAL survey, with a low limit of 91 x 100,000 live births, and a high limit of 223 x 100,000 live births.

11/ Ministerio de Salud. Informe de Labores 2011-2012. El Salvador, 2013. (http://www.salud.gob.sv/servicios/descargas/documentos/Documentaci%C3%B3n-Institucional/Memorias-de-Labores/Memoria-de-Labores-2011-2012/.

12/ Places where error limits the prevention of death in complicated patients.

MATERNAL MORTALITY PER 100,000 LIVE BIRTHS

CHART NO. 20



SOURCE: MINISTRY OF HEALTH NATIONAL MATERNAL MORTALITY AUDIT SYSTEM.

made it possible today for more than 90% of births to take place in hospitals, mainly belonging to the public network and the Salvadoran Institute of Social Insurance (ISSS).

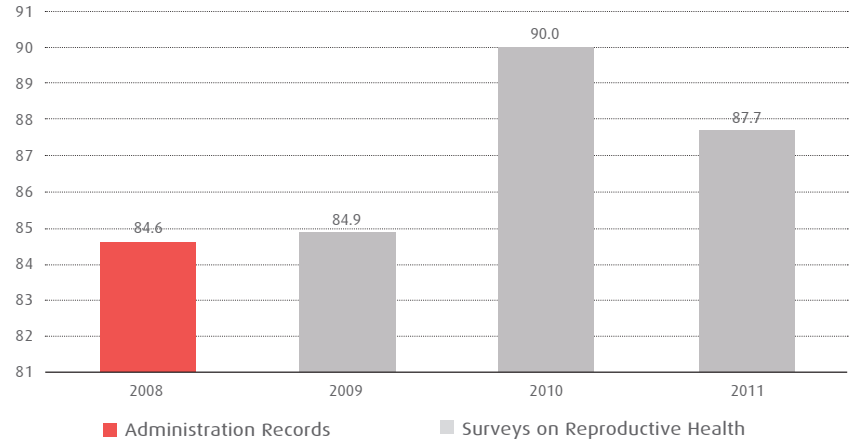
According to findings of the Maternal Mortality Audit System (SVMM), in 2012, 45% of maternal deaths were directly caused by hemorrhages (postpartum and ectopic pregnancies), infections and hypertension during pregnancy. Maternal deaths due to indirect causes represented 55%, mainly due to self-inflicted poisoning, especially in adolescents, and due to chronic non-communicable diseases (such as, cancer, heart disease, diabetes, etc.) and AIDS.

The indirect causes of maternal death associated with chronic diseases and other reproductive risks show the need to strengthen preconception care, family planning, and quality prenatal care. Suicide is a major cause of maternal death mainly affecting adolescent women, and therefore it is necessary to investigate whether pregnancies at this age are the result of acts of violence or incest.

In El Salvador, all types of abortion are penalized, including therapeutic and ethical abortion. This criminal legislation hinders the care of many pregnant women whose lives are at risk.

PROPORTION OF BIRTHS ATTENDED BY QUALIFIED MEDICAL PERSONNEL ACCORDING TO VARIOUS SOURCES. TOTAL NATIONWIDE

CHART NO. 21



SOURCE: COMPILED BY AUTHORS BASED ON DATA FROM MINSAL.

The second indicator of this target for MDG 5 is the proportion of births attended by specialized medical personnel. In El Salvador, all births at the hospital are presumed to be attended by qualified personnel, although not necessarily by specialists.

This indicator, according to data from FESAL, went from 51% in the MDGs baseline year (1991) to 84.5% in 2008, which is the last available data from this source. Since 2009, this indicator has been calculated using MINSAL Administration Records, which in 2011 reached 87.7%, as shown in chart No. 21, and is close to reaching the 100% target for 2015.

Other indicators for this target are antenatal coverage (at least one visit and at least four visits). The first indicator increased steadily, going from 68.7% in 1991 to 94% in 2008, according to FESAL surveys on family health. In 2008, the gap between rural areas (92.2%) and urban areas (95.9%) was almost closed, after being 10.5 percentage points apart, on average, during the nineties, as illustrated in Table 9, Annex 1.

To complete the analysis of this indicator it is necessary to take into account the time of the first prenatal visit to the doctor. This is important in many ways, for

example, to determine whether the woman attended the number of prenatal visits recommended throughout her pregnancy, and whether risks can be detected at an early stage. In 1991, half the women were registered in the first 12 weeks of pregnancy, in 2008, the approximate proportion was 8 out of 10. This and other elements associated with the organization and optimization of the resources in healthcare, made it possible for the percentage of women with at least 4 prenatal visits to go from 58.9% in 1991, to 78.3% in 2008, although maintaining the 10 percentage point gap between rural and urban areas, which has persisted since the beginning of the nineties.

The efforts made in the poorest rural municipalities in the country and some urban slums by establishing the Family Health Community Teams, as well as incorporating more medical centers, should help improve these indicators substantially by 2015 and reach the target.

One of the actions contributing the most to reach MDG 5 is family planning, which also helps reduce mortality and child and maternal malnutrition significantly, mainly when pregnancies are spread out. The indicator selected to monitor this contribution is the contraceptive prevalence rate.

The promotion of contraceptives in family planning has been one of the most successful interventions in the field of health, and has been one of the activities to receive the most funds from international cooperation. At the national level, 5 out of 10 women between ages 15 and 44 who were married or had a partner (53.3%) used some method of family planning in 1991. In 2008, 7 out of 10 were using one, with a prevalence of 72.5%. In the past 10 years, greater progress has been made in rural areas with a substantial increase in the prevalence of contraceptives, as illustrated in Chart No. 23.

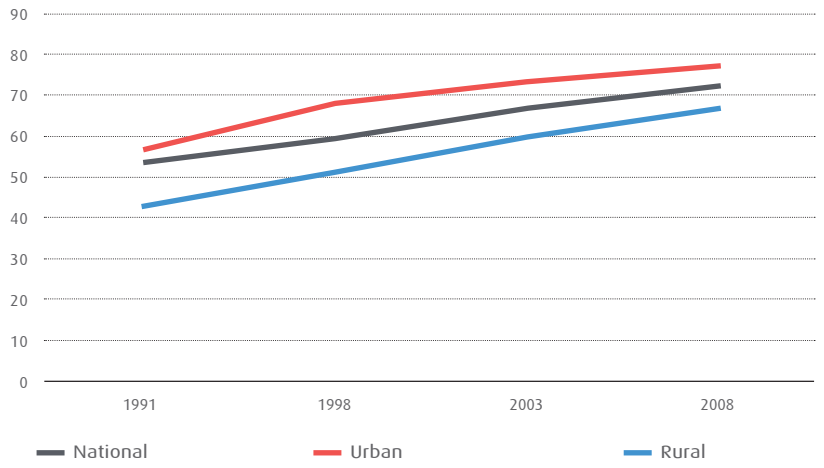
As expected, the most direct result of the increase in the use of contraceptives has been the substantial reduction of fertility. The global fertility rate from 2003 to 2008 varied in rural areas by 6.6 percentage points and in urban areas by 4.1 points. Chart 24 shows that currently women in rural areas have, on average, only one more child born live than women in urban areas (3.0 against 2.1).

The global fertility rate at the national level was reduced from 3.83 children per woman in 1991 to 2.5 in 2008, and the specific fertility rate in women between ages 15 a 19 fell from 124 births per 1,000 women in childbearing age in 1991 to 89 in 2008.

According to the information available in the databases of MINSAL, the largest supplier of sexual and reproductive health services in the country, the percentage

TREND IN THE PREVALENCE OF THE USE OF FAMILY PLANNING METHODS IN WOMEN BETWEEN AGES 15 AND 44 WHO WERE MARRIED OR HAD A PARTNER AT SOME POINT IN THEIR LIVES

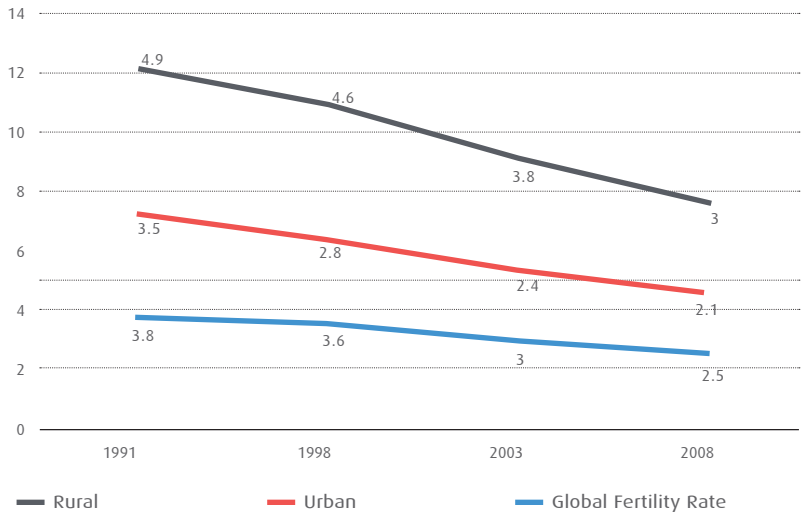
CHART NO. 23



SOURCE: : NATIONAL SURVEY ON FAMILY HEALTH, FESAL 1993, 1998, 2002/2003, 2008

FERTILITY RATE IN WOMEN BETWEEN AGES 15 AND 49 EL SALVADOR

CHART NO. 24



SOURCE: : NATIONAL SURVEY ON FAMILY HEALTH, FESAL 1993, 1998, 2003, AND 2008

of pregnant women between ages 10 and 19 in 2012 fell to 32% in comparison with the data found in 2010, which was 36% of the total pregnant women registered in MINSAL's public healthcare services network. However, in spite of the declining trend of this percentage, it is still too high, and therefore, pregnancy in adolescents continues to be a priority due to the number of maternal deaths, particularly in this group.

To reach the target of 86 births per 1,000 Women in Childbearing Age (MEF) at ages between 15 and 19 in 2015, an effort to decrease it by 3.4% is necessary in relation to the latest result of 2008. However, reaching this target is difficult for various reasons, such as socio-cultural and economic factors, proper supply of contraceptive methods in health services, and violence against girls and women.

Moreover, the percentage of unsatisfied needs regarding family planning fell from 9.2% in 1991 to 3.4% in 2008. This indicator explores those women who, although they are sexually active, do not use contraceptive methods and report not having fertility problems, being pregnant, and not wishing to become pregnant at the time of the survey. This segment of the population at childbearing age between 15 and 44 who participated in the survey should receive better and more counseling, and have access to family planning methods according to their needs.

Programs and actions toward achieving MDG 5

One of the elements contributing to the achievement of sustained improvement is the policy of free services at healthcare centers implemented since 2009.

MINSAL and other institutions providing healthcare and hospital services have reinforced their supervision of the operating personnel in order to improve: 1) sexual and reproductive health services starting at pre-conception care; 2) counseling and timely supply of contraceptive methods to prevent undesired pregnancies at high reproductive risk; 3) active search of pregnant women, including by monitoring the date of last menstruation to increase early registration; 4) the quality of prenatal controls focusing on the health of the fetus and the mother; 5) the obstetric skills to make a timely diagnoses of ectopic pregnancy and effectively treat any resulting complications, and 6) the creation of new dispensaries, a key element of the new model of healthcare.

Medical personnel have also been trained to prevent the complications of pregnancy which put mother and child at risk, and to implement a close supervision of the community, the mothers and their families for the early detection of warning signs.

The country has implemented the policy that all births must be attended in the hospital, and has started to provide attention by specialists and sufficient nurses, anesthesiologists and biochemists, as well as the supply of safe blood 24 hours a day, 365 days a year.

The government has implemented a strategy for expectant mothers by which pregnant women who live far away from the hospital may receive accommodation when they are approaching the delivery date.

Pending issues and emerging challenges

Many deaths, both of mothers and children, can be avoided by means of adequate family planning, appropriate prenatal controls, the proper use of steroids for the prevention of complications due to prematurely born babies, and magnesium sulfate and folic acid in the first level of attention. The challenge does not demand major investments, but it does require the commitment of the personnel to providing efficient health, logistic and administrative services.

An important task is the prevention and treatment of sexual violence against women, girls and adolescents, because in many cases this causes undesired pregnancies affecting the health of mother and child. In this sense, it is important to strictly follow the protocols for the attention of women who are victims of rape to ensure that they are provided emergency contraceptives to avoid pregnancies caused by rape.

It is also necessary to find sustainable mechanisms to provide specialized prenatal care for the detection and timely treatment of sexually transmitted infections, arterial hypertension, diabetes, and other chronic diseases.

The country should promote and find mechanisms to implement the Sexual and Reproductive Policy and address at the highest level of technical coordination among sectors (the Inter-Sector Health Commission) the issues of maternal mortality and pregnancy in adolescents due to their multi-cause nature, to define sustainable solutions to said problem and promote a social dialogue so that the State can meet the responsibility of regulating conflicting situations between the lives of mother and child.

Another important challenge is to empower and educate women, their families and the community to live a healthy life, decide and control birth conception, and make timely decisions with regard to the use of contraceptives, prenatal, birth and

puerperal services, as well as to promote men's responsibility with human reproduction through the correct use of the condom and vasectomy.

Achieving useful coverage and access to family planning for all women who are willing to engage in contraceptive practices is one of the challenges recently faced by El Salvador and other countries of the region due to the difficulties related to the provision of contraceptives. Additionally, it is important to support community distribution strategies of contraceptives and guarantee their delivery in all comprehensive and integrated health care services networks (RIISS)[13] and the provision of permanent contraceptive methods in hospitals.

MDG 6: Millennium Development Goal 6: Combat HIV/AIDS, malaria and other serious diseases

One of the targets for this goal is to have halted and begun to reverse the spread of HIV/AIDS.

The 2012 report of the Joint United Nations Program on HIV/AIDS about this world epidemic states that globally the figure of new infections continues to fall, with a 20% reduction in the number of persons who were infected with HIV in 2011 in relation to 2001.

In El Salvador, the trend was similar in the same period: 2,012 new cases were detected in 2001, dropping to 1,703 in 2011, which means a 15.4% reduction. In addition, sexual transmission was predominant in persons of the age group between 20 and 39.

This situation leads us to believe that one of the most important actions to stop the transmission of this disease is the use of condoms in all coital-sexual intercourse. For more details about MDG 6 indicators, see Table 11, Annex 1.

With regard to the indicator "Condom use during last high-risk sex", the 2008 National Survey on Family Health (FESAL) showed that at the national level only 8% of the women interviewed had used a condom in their last sexual intercourse,

13/ The Comprehensive and Integrated Healthcare Services Network is an important component of the Integral Health Reform by which care is articulated depending on the level of complexity of the disease, contributes to efficient services and improves the quality of care.

although highlighting the fact that approximately 40% identified it as a protection measure. In terms of geographic distribution, urban areas almost doubled (9.9%) rural areas (5.5%). If we break them down by age group, women between 35 and 49 accounted for the lowest percentage, 4.7%, followed by the 25 to 34 age group, with 8.7%. The highest percentage corresponded to the 15-24 age group, with 11.6%. Single and separated women represented the highest percentage of use, 28% and 16%, respectively.

UNAIDS, in a technical document entitled "Construction of Core Indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS", states that the indicator "Percentage of young people aged 15 - 24 who are living with HIV" (one of the most important to measure progress toward MDG 6 and the targets relating to HIV/AIDS) must be constructed with data from persons between ages 15-24 attending antenatal clinics who were subject to the test, to know their serologic state with regard to HIV, in view of the complexity to obtain it by other means. The data for 2012 is a prevalence of 0.09%, considering that reactive pregnant women were 54 in 2011, out of a total of 62,967 persons (ages 15-24). This prevalence is 3 times higher than the prevalence reported before of 0.03% in 2010, which should be an indication to redirect the efforts toward this population group[14], as illustrated in Chart No. 25.

Thanks to the universal access of pregnant women to the testing and treatment for HIV positive pregnant women, there has been an impact on the reduction of vertical transmission: 9.7% of newborns were born from infected mothers with HIV in 2010, falling to 8.7% in 2011.

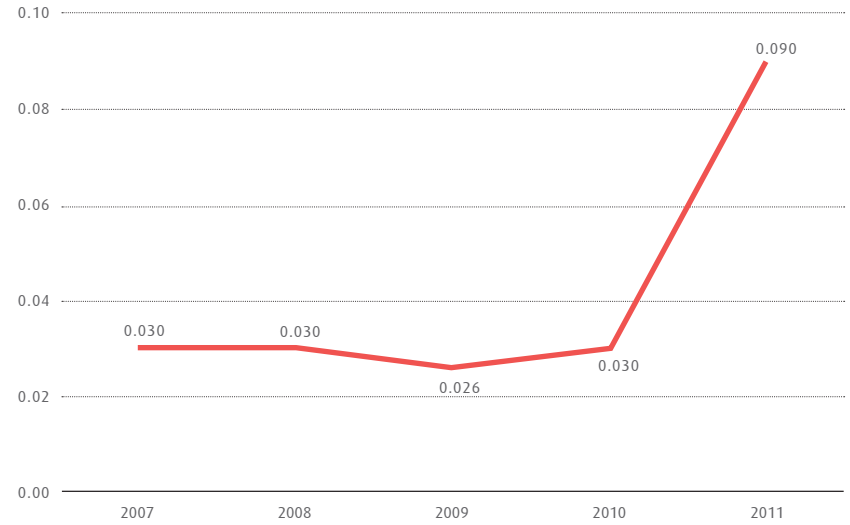
The target of achieving universal access to the treatment of HIV/AIDS could not be compared because in 2011 UNAIDS, considering the difficulties encountered in many countries to measure the indicator "Percentage of HIV population with access to anti-retrovirals"[15], made a projection and estimation of the HIV population in the Americas to be used as denominator. Therefore, the data obtained, which was 65% coverage, cannot be compared to previous years. In addition it has the

14/ Source: National Report on Progress to Combat AIDS. Monitoring the Political Declaration on HIV in 2011, page 34, paragraph 1.6

15/ According to the document Directrices, Desarrollo de indicadores básicos para el Seguimiento de la Declaración Política sobre HIV/AIDS de 2011, this indicator is named: Percentage of eligible adults and children who currently receive anti-retroviral therapy.

HIV/AIDS PREVALENCE IN PEOPLE AGED BETWEEN 15-24. TOTAL NATIONWIDE

CHART NO. 25



SOURCE: UNIQUE SYSTEM FOR THE MONITORING, EVALUATION AND EPIDEMIOLOGICAL SURVEILLANCE FOR HIV-AIDS (SUMEVE)

limitation of being the result of an estimate which may be over-dimensioning "the cases of eligible adults and children", and should be treated with care. This data will serve as the baseline to monitor the indicator in the future.

Another target for this MDG is to halt and reverse the incidence of serious illnesses such as malaria, Chagas, diarrhea, and others.

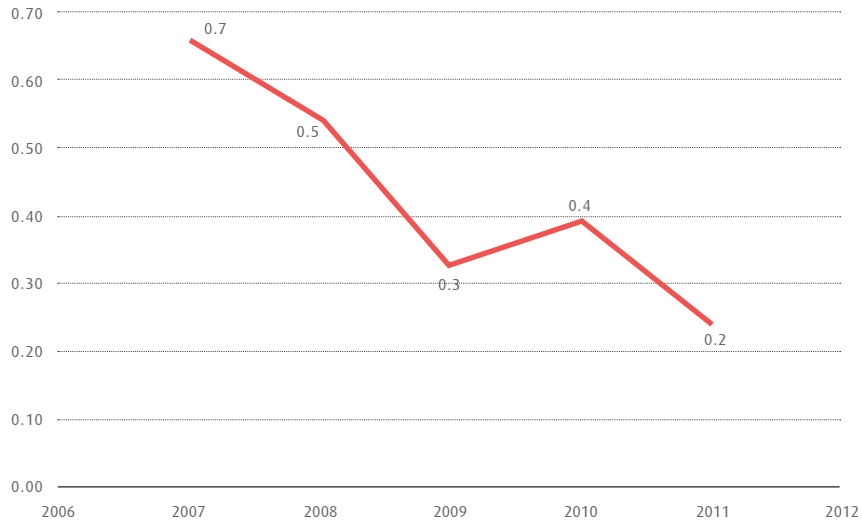
The incidence of death rates associated with malaria calculated per 100,000 inhabitants, which is the indicator for this target, has experienced a significant reduction against the baseline of 1990, falling from 190 cases to 0.2 cases in 2011, as shown in Chart No. 26. This makes El Salvador a country with a low incidence and in the process of eliminating malaria.

In absolute figures, during the last two decades we have seen a systematic reduction of cases with this illness from a little more than 10,000 in 1990, to 15 confirmed in 2011, 7 of which were imported from neighboring countries, because human movements along shared corridors pose serious challenges to the monitoring and especially the control of malaria.

In spite of these achievements, we should remember that "statistical models suggest that global warming will accelerate the propagation of diseases transmitted by mosquitoes and will extend its geographic distribution[16], and identify, in particular, an increase of malaria as a possible effect of climate change[17]".

On the other hand, the specific mortality cases for malaria, calculated per 100,000 inhabitants, have remained zero since 2008.

INCIDENCE RATES OF MALARIA PER 100,000 INHABITANTS. EL SALVADOR, 1990-2011 — CHART NO 25



SOURCE: STATISTICS OF THE MINISTRY OF HEALTH MINSAL, 1990 AND 2007 THROUGH 2011.

16/ G. Zhou, N. Minakawa, A. K. Githeko, G. Yan, "Climate variability and malaria epidemics in the highlands of East Africa", Trends in Parasitology, 21 (2005) pp. 54 a 56.

17/ Intergovernmental Panel on Climate Change, Climate Change 2001: Impacts, Adaptations and Vulnerability. Contribution of Working Group II to the Third Assessment Report of the Intergovernmental Panel on Climate Change, 2001.

Indicador: Tasas de incidencia, prevalencia y mortalidad asociadas a la tuberculosis

Tuberculosis continues to be one of the main public health problems in El Salvador and in the world, in spite of the efforts made to control it in recent decades. In 1990, a total of 2,367 cases were diagnosed in all its forms with an incidence rate of 45.7 per 100,000 inhabitants, however, in 2011 it fell to 31.5 per 100,000 inhabitants, achieving the goal to reduce it, as illustrated in Chart No. 4.

From 2007 until 2011, there has been a reduction of TB/HIV co-infections, going from 12.4% in 2007, to 10.2% in 2011. In addition, the country extended availability and access to HIV tests to all patients with tuberculosis in the country.

With regard to the third indicator used to measure achievement toward this goal, "percentage of cases treated and cured with DOTS (TAES)", apart from year 2009 when it fell to 88.8%, from 2007 until today it has persisted above 90%.

INDICATORS OF THE TARGET TO REDUCE TUBERCULOSIS AND ITS EVOLUTION — TABLE NO. 4

INDICATOR	1991	2007	2008	2009	2010	2011	2015 GOAL
Incidence of Tuberculosis (cases per 100,000 inhabitants)	45.7	27.3	28.1	27.4	27.5	30.3	Reduce
Prevalence of Tuberculosis (cases per 100,000 inhabitants)	45.7	29.0	28.0	27.4	28.5	31.5	Reduce
Specific Mortality for Tuberculosis (cases per 100,000 inhabitants)	N.D.	0.8	0.5	0.6	0.7	0.6	Reduce
% of cases treated and cured with DOTS	N.D.	91.2	91.3	88.8	91.4		>90

SOURCE: TUBERCULOSIS CONTROL PROGRAM STATISTICS OF THE NATIONAL PROGRAM FOR THE PREVENTION AND CONTROL OF TUBERCULOSIS, 2007-2011. IT INCLUDES DATA FROM MINSAL AND ISSS.

Other major diseases in El Salvador

The ease with which Acute Respiratory Diseases (ARDs) are transmitted and the little or absence of knowledge on how to prevent them, cause these diseases to have the highest incidence in El Salvador and the main reason for visits to the hospital in the past five years.

This high incidence is associated with air pollution due to a high concentration of dust, solid particles and pollution generated by vehicles, industry, the burning of crops and fires, which mostly affect urban areas.

The limit of the Air Quality Standard is 65 micrograms per cubic meter for the finest or smallest particles. Measurements conducted in urban areas in our country have shown values of up to 93 micrograms per cubic meter, that is, a concentration which damages health. Therefore, persons with respiratory diseases such as asthma, children and elderly people should avoid exertions in the open air.

In rural areas, the burning of land, a destructive method in preparation for sowing, secondary roads and dusty roads without maintenance, as well as the lack of resources for combustion other than firewood (in 51% of households, according to FESAL 2998) are some of the causes of air pollution; although probably they do not reach alarming thresholds as in San Salvador metropolitan area.

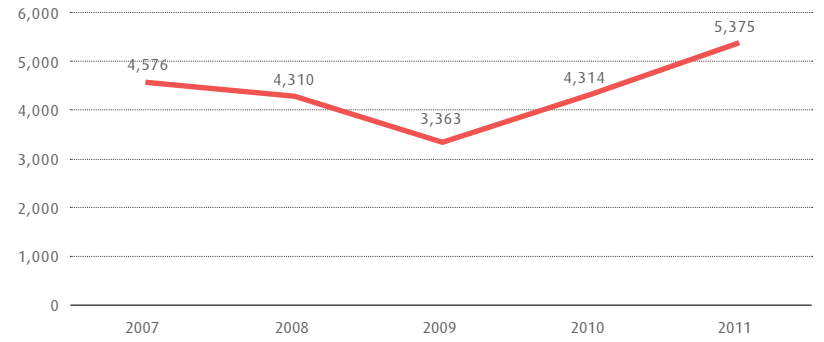
Overcrowding is also an important factor for the transmission of acute respiratory infections, and is associated with the social determinants of health. At the national level, 16.7% of Salvadoran households are overcrowded: 24.4% in rural areas and 10.5% in urban areas; 44.2 of the households belonging to the lowest welfare quintile and less than 1% of the households with the highest welfare quintile.

The 40% rise in the demand of health services resulted in an increase in the records of cases with respiratory infections and pneumonia since 2009. This does not necessarily mean a higher incidence, rather an increase in the coverage of people attended to in the health care system. Nonetheless, the improvement in the quality of care is expected to help maintain the decrease in the next years, hoping to reach the target by 2015. Chart No. 27 shows the trend in this indicator.

Indicador: Reduction of diarrheal diseases

These diseases affect all people, but in particular boys and girls under 5 years of age due to dehydration, among whom it is one of the main causes of death. These diseases present a situation similar to that of acute respiratory infections. Since 2010, the data are documented in the National Epidemiological Surveillance System (VIGEPES), which receives contributions from all actors in the National Health System (SNS). This system, as well as the introduction of the Family Health Community Teams into areas where there was very little or no health coverage and free services, generated an apparent growth in the number of cases which has persisted in the past 3 years, as shown in Chart No. 28.

INCIDENCE OF ACUTE DIARRHEA PER 100,000 INHABITANTS (NUMBER OF CASES) CHART NO. 28



SOURCE: NATIONAL EPIDEMIOLOGICAL SURVEILLANCE SYSTEM (VIGEPES) 2007-2011.

The fight against Chagas disease.

Historically we have monitored the presence of the vectors of this disease. In 1995, MINSAL's Vector Control Program reported the infestation by Triatoma dimidiata of up to 47% homes in some of the 14 departments in the country. In 2009, the seroprevalence for the Chagas disease in blood donators was 1.93%. Most of the chronic Chagas cases are diagnosed in this way, because this disease, once it is inside the human body has a silent behavior. Strengthening the program has contributed to the identification of more cases in recent years and to more preventive work and therefore, we expect a declining trend, as illustrated in Chart No. 29.

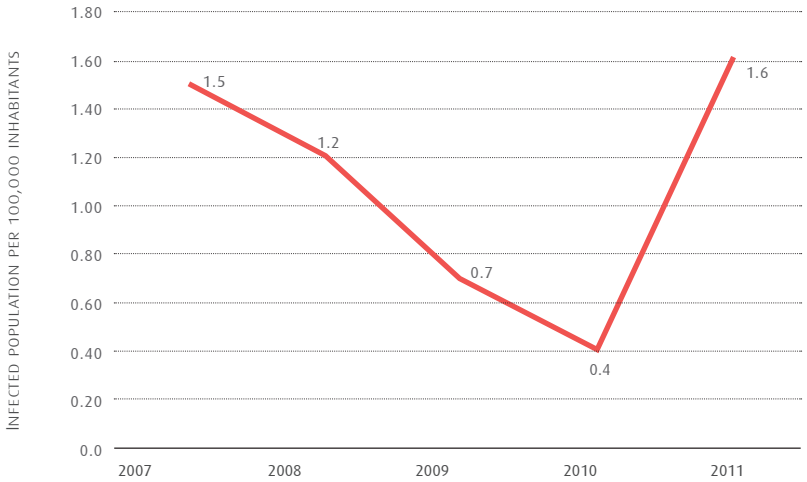
Programs and actions to reduce HIV/AIDS transmission:

The achievements in this field are due to the integrated work of non-governmental organizations and government agencies, to the efforts in promotion and education activities, and in particular, to mass media campaigns and the improved strategies of the new healthcare model under the health reform initiated by MINSAL.

Thanks to timely anti-retroviral treatment, made possible through decentralization and provision of the therapy, complications and deaths had a declining trend. By 2011, mortality was 274 persons compared to 2008, for example, with 340 deaths due to HIV/AIDS.

TREND OF THE INCIDENCE RATE OF CHAGAS DISEASE IN THE SALVADORAN POPULATION ACUTE CASES PER 100,000 INHABITANTS.

CHART NO 28



SOURCE: NATIONAL EPIDEMIOLOGICAL SURVEILLANCE SYSTEM (VIGEPES) 2007-2011.

Additionally, pregnant women had universal access to the test and treatment.

The media campaign initiated by the MINSAL offering free tests on the last Friday of June created awareness about the importance of the early detection of HIV.

In the context of this report we recognize that some progress has also been made in the lesbian, gay, bisexual and transgender (LGBT) community in the exercise of their rights, in particular with regard to work, education and health. In his sense, one of the main advances has been Presidential Executive Order No. 56 issued on May, 2010, prohibiting all forms of discrimination in the public administration due to gender and/or sexual orientation, which has also contributed to improved care for HIV/AIDS.

Programs and actions to reduce malaria

El Salvador has significantly reduced malaria by developing a strategy based on the monitoring of persons with fever and by implementing epidemiological fences around each detected case.

Additionally, the country has implemented and strengthened entomological monitoring and the precise and timely diagnosis of malaria cases to contain transmis-

sion of the parasite, and has updated the legislation and on-the-job training of laboratory and medical personnel.

The country has also implemented the Malaria Control Program, which includes fumigations, the treatment of stagnant water, and prophylactic medication delivered by anti-malaria workers to help reduce the abundance of vectors and human-vector contact.

Programs and actions to reduce acute respiratory infections

El Salvador has implemented the strategy of school filters for the prevention of outbreaks of acute respiratory infections in conjunction with the MINED, and is considering extending it to the productive sector, such as businesses and companies. It has also intensified the smoke-free housing/environment campaign, particularly in compliance with the Law for the Control of Tobacco of 2011.

The incorporation into the national vaccination schedule of the anti-pneumococcal vaccine for vulnerable groups (boys and girls below 5 and senior citizens) has also provided important progress in the management of acute respiratory infections. Moreover, the country has maintained a permanent vaccination campaign against the seasonal flu for children under 1 and senior citizens.

Programs and actions to reduce diarrhea:

The main actions in the fight against this disease are to maintain the national vaccination schedule against the rotavirus and the standard clinical and community treatment, by means of the AIEPI strategy in girls and boys under 5, as well as to emphasize the distribution of oral rehydration salts. Another important practice is continuing education about hygiene and hand washing, which is reinforced by Family Health Community Teams and healthcare centers.

Programs and actions to reduce tuberculosis:

Since the introduction into the country of the Strictly Supervised Short Treatment (SSST) in 1991, this treatment is administered by nurses' offices in healthcare centers and by health workers in rural communities and precarious urban settlements. The SSST has been implemented in 100% of the network institutions of the Ministry of Health, the Salvadoran Institute of Social Security (ISSS),

Penal Institutions (CP), the Military Sanitation Command (COSAM), the Salvadoran Institute of Magisterial Welfare (ISBM), and NGOs,. This helped improve the administration of the treatment and the registration of cases, including start and end of treatment. In the most vulnerable municipalities, there is a program and workers who are devoted full time to the control of this disease.

Additionally, the funding of the World Fund Project has made it possible to hire qualified personnel for the integral care of TB-HIV co-infection, and make tests for HIV screening for all cases of tuberculosis. Moreover, collaboration in activities regarding TB/HIV co-infection contributed to the early detection and treatment with anti-retrovirals in HIV positive patients. Therefore, mortality had an almost 50% reduction with the introduction of anti-retroviral therapy (ART) and early detection.

Policies and actions to reduce Chagas disease

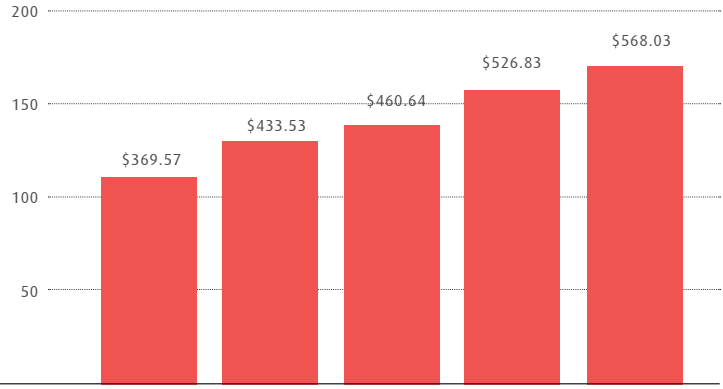
Following are some of the most important actions that helped eliminate the Chagas vector in the country: 1) Elimination of dwellings made of thatch in the country. The last Population and Housing Census of 2007 only reported 2,394 (0.5% of the total) dwellings with roofs made of thatch. 2) The use of insecticides with residual action against malaria in coastal areas and inland valleys where the vector was predominant.

Another important aspect was an improvement in the quality of the screening of blood donors, with the participation of all the blood banks in the country.

Overall, an important element in the implementation of health strategies, which has significantly contributed to improve the services and to achieve the MDGs, has been an increase in investments in recent years, mainly since 2009, as illustrated in Chart No. 30.

The ongoing increases in the health budget are consistent with the decreasing trends in maternal and child mortality and with the deadliness of serious diseases; nonetheless, incidence and prevalence of the diseases are determined by the conditions of living of the population, their culture, and their behavior toward the environment and health. Social investments during the past 4 years have been an important starting point to accomplish substantial improvements toward the achievement of all Millennium Development Goals over the next years and to accelerate fulfillment of the 2015 goals.

SOCIAL INVESTMENT IN HEALTH (MILLION $) CHART NO. 30



	2007	2008	2009	2010	2011	2012
% IN RELATION TO GDP	1.80 %	1.90 %	2.20 %	2.30 %	2.40 %	2.40 %

SOURCE: MINSAL. AMENDED BUDGET (PENDING) 2007-2012

Pending issues and emerging challenges

Some of the main challenges identified to reduce propagation of HIV/AIDS are: to maintain and intensify local interventions in order to decrease the rate of mother-to-child transmission of the virus, to address the epidemic by all sectors, to maximize inter-agency coordination and engage other service providers (ISSS, Penal Institutions, etc.), and to promote activities by sending key messages through media campaigns. These campaigns should be based on a communications plan to change behaviors related to HIV-AIDS and Sexually Transmitted Infections (STI). It should be aimed at the population in general, but should be mostly targeted on the most vulnerable groups, and focused on prevention and control activities of non-schooled young people, pregnant women (zero mother-to-child transmission) and high-risk population in which the epidemic is concentrated.

Additionally, it is necessary to reach the highest level of political and technical coordination between the MINED and MINSAL, to meet the international commitment of working jointly and in coordination toward the progressive integration of sexual education into the health and education systems (Mexican Ministry Agreement)

Another aspect that needs to be strengthened is the implementation of the existing Sexually Transmitted Infection Control Programs (VICITS), and to promote and support the establishment of new programs to care for at-risk groups after an assessment of the situation.

It is necessary to decentralize the treatment of people living with HIV who are treated with anti-retrovirals and encourage their commitment.

The most important challenge regarding malaria is to stratify the places and endemic areas according to the risk and intensity of the transmission for the purpose of defining and prioritizing the target populations and designing the type and intensity of the interventions against malaria according to the determinants of risk.

With regard to acute respiratory infections, an important challenge is to re-launch and strengthen the strategy of installing attention units for acute respiratory community infections in rural areas and precarious urban settlements, emphasizing the role of health workers, community volunteers, and mainly of families, and engaging organized society toward the prevention and control of these diseases within the AIEPI strategy[18].

Moreover, to reduce the incidence of this disease, we should work in coordination with other areas, such as the housing department, to improve the homes and reduce smoke inside.

Vaccination against the rotavirus in boys and girls less than 1 year old has helped reduce the severity of diarrhea due to rotavirus. Deficient conditions in basic sanitation, access to safe water and education are determinants increasing vulnerability. This is why this indicator is associated with MDG 7, and particularly with the indicator about access to safe water for one hundred per cent of the population, which is still a national challenge.

In addition, the percentage of houses with appropriate disposal of garbage is another environmental determinant, which is important for the control of diarrhea. At a national level, 56% of households have garbage collection services, varying from 85% in urban areas to 21% in rural areas, where the predominant methods of disposal are burning of garbage and the practice of dumping it in the yard, square, street or empty lots.

18/ Integrated Care of Prevalent Childhood Diseases

A strategy that needs to be re-launched and strengthened is the implementation of community oral rehydration units in rural areas and urban slums, emphasizing the role of health workers and community voluntary personnel, and mainly families, involving organized society in the challenge to prevent and control diarrhea and the distribution of rehydration salts among families.

The teaching and promotion of appropriate hygiene practices is an important challenge in a population with low levels of education.

One of the major difficulties for the control of tuberculosis is the diminishing defenses in the body because of chronic diseases such as HIV/AIDS or diabetes, and overcrowded households, which is a significant social determinant.

Mass media campaigns should be maintained and strengthened to promote free preventive and curative services to control tuberculosis and to emphasize epidemiological monitoring and the active search and treatment of cases which shall be closely supervised by health workers and other health employees.

To decrease the incidence of the Chagas disease it is necessary to strengthen the actions to control the vector, mainly to find the triatoma dimidiata; to identify acute chronic cases and spray homes, in coordination with the municipal agencies responsible for basic sanitation, mainly in high-risk areas.

Another important aspect is to guarantee provision of the supplies and lab tests required for the Trypanosoma cruzi serological exam and to register them in the prenatal control history. It is necessary to develop a program for the attention of Chagas patients that would help reinforce and systematize the etiological treatment of the people infected with Trypanosoma cruzi for the benefit of infected boys and girls, from donors confirmed positive, and from patients with chronic infections.

Main challenges toward health goals

In order to reduce maternal and child mortality, as well as malnutrition it is essential to continue to improve the quality of pre-conception care and family planning. Obstetric practices that are focused on the mother and child during pregnancy, labor, postpartum period, and neonatal period, especially during the first seven days after delivery and ongoing quality care during the different stages of life must be a priority for health services.

The integration of the epidemiological and risk approaches, as well as the social determinants of health in the analysis of the different stages of life is essential to formulate policies, projects and actions based on evidence for the achievement of the MDGs within the healthcare arena.

A national health plan is needed to provide clear goals and targets for the country and the effective coordination of sector and inter-sector financial resources focused on the MDGs, avoiding duplication and fragmentation in the healthcare system.

An emerging problem is obesity and a sedentary life style, which cause serious long-term problems, representing high costs for the health system and society, and affecting social welfare.

The Ministry of Health has also warned that the availability of qualified human resources (gynecologists, obstetricians, pediatricians, neonatologists, anesthesiologists) must be guaranteed, as well as ambulances, equipment, supplies, medication, blood, etc. which are necessary to fully address obstetric peri-neonatal emergencies.

The care of children usually reaches the treatment stage; however, MINSAL has enormous potential in the area of prevention and is the only institution providing care for children under 3 years of age. Mortality in ages 1 through 5 is associated with feeding, lack of vaccinations and no prevention of illnesses which later get worse. To solve these problems it is also necessary to provide more resources to reach more families and groups in condition of vulnerability.

Another important aspect is to increase funding for family planning and extend coverage and points of distribution. This strategy is aimed at reducing maternal mortality in the medium and long term. Moreover, men should be encouraged to get involved through the promotion of vasectomy clinics.

An important challenge for all the MDG indicators is to coordinate work between sectors, because these diseases are associated with the living conditions of the population and are affected by the structural causes of poverty: malnutrition, housing conditions, and access to basic services, such as water, bathrooms, among others. As long as these conditions do not improve for the population, they will continue to be the fundamental determinants for the control and management of diseases, and therefore it is important to identify the mechanisms for the long-term coordination among sectors and transition beyond one government administration to create State policies and programs.

In contrast, other diseases are associated with life styles and environmental conditions, such as chronic non-communicable diseases that also generate major costs for the health system and affect the productivity of people and the development of the country, mainly because, from the epidemiological point of view, they have a greater impact on the population in conditions of poverty.

During 2012, chronic non-communicable diseases (CNCDs) accounted for approximately 43% of the deaths occurring in the public hospital network of El Salvador. The main CNCDs recognized at a global level are diabetes, chronic respiratory disease, cardiovascular disease, cancer, and kidney disease, which are caused by common risk factors: unhealthy feeding, lack of exercise, use of tobacco, excessive consumption of alcohol and contact with toxic agro-industrial agents.

Unfortunately, El Salvador still does not have prevalence studies for these types of diseases, or about other risk factors and other determinants. The increase of these diseases duplicates the load for the health system: on one hand, there is no funding to prevent and treat them because medium and low income countries generally do not have the necessary resources, and on the other hand, because donor countries do not consider them essential to cooperation and do not focus on local priorities.

MDG 7: Millennium Development Goal 7: Ensure environmental sustainability

Although at present environmental issues enjoy greater recognition by the State, the deterioration shown by the indicators has been so significant that we must coordinate our actions and get the support of the entire population in order to halt environmental degradation. The disorganized occupation of land has made the situation worse and generated greater risks of natural disasters and environmental sanitation problems. The Germanwatch Report[19] , on the Global Climate Risk Index 2009, ranked the country in first place for having the highest risk of climate change.

19/ The Germanwatch organization has established a global climate risk index, which analyzes the impact on countries of events such as storms, floods, and droughts. Based on the absolute number of deaths, the number of deaths per 100,000 inhabitants, total losses in dollar terms, and losses in proportion to GDP, the index establishes a ranking of 177 countries.

MONITORING MDG 7 INDICATORS: ENSURE ENVIRONMENTAL SUSTAINABILITY

INDICATORS
Proportion of land area covered by forest (1)
CO2 emissions (total, per capita and per $1 GDP in TM) (2)
Consumption of ozone-depleting substances TM (3)
Proportion of terrestrial and marine areas protected (4)
Proportion of species threatened with extinction (5)
Proportion of fish stocks within safe biological limits(7)

SOURCE: MINISTRY OF THE ENVIRONMENT AND NATURAL RESOURCES

Based on a World Bank analysis of the ecosystem maps of 1998 and 2008 created by the Ministry of the Environment and Natural Recourses, it was preliminarily determined that during that period a total of 44,000 hectares (ha) of forests were lost, with an annual deforestation rate of 1.5%, the most affected category being well-drained "Tropical evergreen broad-leaved lowland forest".

Among the conclusions, it was established that in general this loss was due to a change in the utilization of land, from forests to annual crops and pastures. The same report also found that over the period between 2008 and 2011, 1,331 ha of forests were also lost, although the annual deforestation rate dropped significantly to 0.17%. These changes resulted in the loss of natural ecosystems to make way for annual crops.

Moreover, the study showed that in the period between 1998 and 2008, 91 ha of mangrove swamps were lost to make way for shrimp catchers, although salt forests are protected and are part of the RAMSAR[20] sites, and in the period between 2008 and 2011, it detected a loss of 32 ha.

All these elements affected the MDGs indicators, as shown in Table 5. The proportion of land area covered by forests decreased from 18.6 in 1996 to 12.8 in 2010, this being the last available information. There is no data about previous years due to a

20/ The Convention on Wetlands (Ramsar, Irán, 1971), called the "Ramsar Convention", is an international treaty establishing the commitment of the member parties to maintain the ecological characteristics of the Wetlands of International Importance and to plan the "rational use" or sustainable utilization of all the wetlands found in their territories.

TABLE 5

1970	1991	1996	2000	2005	2006	2007	2008	2009	2010	2011	2012	GOAL 2015
4.9	N.D.	18.6	15.8			N.D.	N.D.	N.D.	12.8			Increase
	1.60			2.1	2.08	2.55	2.41	2.42	2.42	2.42		Reduce
	423					34.70	N.D.	421.5	201.5	483.8		Reduce
	0.34	0.08				1.78	2.06	2.19	2.35	2.41	2.42	Increase
	4.00					6.20	N.D.	10.10	10.10	10.30	10.30	Reduce
	N.D.					N.D.	N.D.	7.40	5.58	N.D.	N.D	

change in the measuring and classification methodology, which changed considerably between 1990 and 2000.

The indicator for the emissions of carbon dioxide only decreased in the period between 2007 and 2008; however, since then the indicator has remained stable. The main emissions come from the energy sector, transportation and power generation, then from the use of chemical fertilizers for crops, the emission of CO2 in ranching activities, sifting cultivation, and the increase of non-conservative monocultivation. For greater detail about the indicators, see Table 14, Annex 1.

Indicator about consumption of ozone depleting substances (ODS)[21]

The ODS are inert non-toxic and easily liquefiable chemical products used in cooling systems, air conditioning and thermal isolation. It is mainly present in foam or solvents and aerosol propellers, extinction agents and fumigants. The global target is to reduce consumption of ODS, and therefore, there are

21/ Among greenhouse effect gases, carbon dioxide (CO2) is the main gas emitted by human activities and is produced by the burning of fuel for energy production (petroleum, natural gas, and coal); it is also a byproduct of some chemical processes, such as cement manufacturing. Methane (CH4) is emitted in the production and transportation of fissile fuels, the decomposition of waste, and in farming processes such as ranching. It represents 9% of the production of greenhouse gases by human beings; nitrous oxide (N20) is produced in farming and industrial activities, especially the manufacturing and use of fertilizers, as well as the burning of fossil

schedules for their reduction and gradual elimination. With regard to Chlorofluorocarbons (CFCs), the country established a baseline reduction of 309 metric tons for the average consumption in 1999, and the elimination deadline was January 1, 2010.

The target for the total elimination of CFCs in the country was reached in year 2008; however, monitoring and control activities have been maintained. Table 14, Annex 1, presents the annual data of CFCs imports and consumption. Moreover, in 2000 the consumption of carbon tetrachloride and methyl chloroform was eliminated, reaching the target of elimination of consumption of these ODS.

The data about ODS imports and consumption reveals that the country reached the annual elimination target in compliance with the Montreal Protocol.

An indicator showing progress in the last three years is the increase in the proportion of terrestrial and marine protected areas, which was 1.78 in 2007 and was doubled to 2.42 in 2012. This substantial increase took place after the legal declaration of Los Cobanos Natural Protected Area Complex, pursuant to Executive Order No. 22 of September 4, 2007, Published in Official Gazette No. 29, Book No. 378 of February 12, 2008.

With regard to the indicator about the proportion of hydrological resources used, we only have data for years 2009 and 2010, and the percentages are 7.40 and 5.58 respectively. It is necessary to improve the sources of information for this indicator and the agency responsible for monitoring it.

Main policies, programs and actions toward the MDGs

Environmental concerns in the country require a complex coordination of actions in various sectors, a change of the energy matrix in productive activities, which are currently dependent on fossil fuels, and the commitment of society as a whole.

One of the most important initiatives to increase the proportion of land areas covered by forests is the Ecosystem and Landscapes Restoration Program (PREP), under the new National Policy on the Environment approved by the Council of Ministers on May 30, 2012.

---

fuels. It accounts for 5% of the greenhouse gases generated by human beings. Fluoride gases, such as CHC HCFC, are portent gases which are produced in various industrial activities and in aerosols. Very small amounts can cause major damage to the environment because these gases do not exist in nature.

This is a framework program which intends to reorient many of the existing and future projects and efforts of the MARN in a major effort to promote social, productive, institutional, and financial adaptation. The PREP also makes efforts to transform conditions of vulnerability thorough the restoration of the main landscapes and ecosystems in the country, which will also help mitigate and adjust to climate change, as well as allow to meet various international commitments, such as the fight against desertification and draughts, and particularly the Strategic Plan for Biodiversity of the Convention on Biological Diversity.

The main components of the program are:

a. To promote a change in farming practices so that they are oriented toward the sustainability of landscapes and the land, using existing human and social capital.
b. To restore and preserve critical ecosystems (mangrove swamps, gallery forests, and wetlands).
c. To promote works of green infrastructure in conjunction with grey infrastructure to balance the use of waterproof materials.
d. To promote "a new way of acting" through the joint planning and implementation of the central government (ministries and autonomous agencies), local governments, and other local actors.

With regard to greenhouse gas emissions (GHGEs), as of this date El Salvador does not have any reduction commitments. However, the country has designed a National Greenhouse Gas Inventory System (SINGEI) to improve the assessment and registration of GHGE emissions at the national level for all reported sectors: energy, industrial processes, farming, land use, change in the utilization of land and forestry, and wastes.

With regard to the indicator about consumption of ozone depleting substances, in compliance with Article 47 of the Environmental Law, the MARN prepared a National Plan for the Protection of the Ozone Layer, which includes the following programs:

a. Industrial reconversion for the technological substitution of ozone depleting substances in the manufacturing of refrigeration devices;

b. Strengthening of technical skills and training in the use of technologies for the recovery and recycling of ozone depleting substances in cooling and air conditioning workshops;
c. Strengthening the technical skills and training of Customs personnel for the control and identification of ozone depleting substances;
d. Education to raise awareness in the population about the need to protect the ozone layer; and
e. Legal instruments for the regulation of imports and consumption of ozone depleting substances.

Moreover, the country is carrying out an ODS Elimination Plan, approved in the 22nd Meeting of the Multilateral Fund Executive Committee in May, 1997, which created the Ozone Protection Office.

Moreover, The Cooling Management Plan, (PMR) (1998-2003) consumption in 2005 was reduced by 50%, and in 2010 the country eliminated imports of CFCs completely.

To increase the proportion of land and marine areas protected, the country executed environmental projects under the Initiative for the Americas Fund (FIAES).

To improve the indicator about the number of species threatened with extinction, the country is carrying out the following strategic action: to promote substantive participation efforts of other state actors and citizens toward an efficient environmental and territorial governance, as well as the National Program for the Conservation of Marine Turtles.

To improve the proportion of renewable hydrological resources for human use the country made a global investment of $5.89 million with funds from Spanish Cooperation on various activities associated with hydrologic planning at the national level and the creation of a National Plan for Integrated Water Management.

The Ministry of Agriculture and Livestock (MAG) is very involved in environmental issues because the country is suffering from the consequences of climate change. Many activities in agriculture, ranching and the improper use of toxic agricultural chemicals also contributed to the deterioration of the environment in recent decades.

The main contributions of the MAG toward MDG 7 are: the training of 860 families in forestry production; the creation of a draft for the Irrigation and Drainage

Act, aimed at using water resources for irrigation purposes; the initiation of the National Irrigation Water Management Information System (SINGAR), and the implementation of the Agriculture Irrigation Policy. Additionally, under the Family Agriculture Program, the country has promoted practices and actions for the conservation of soil and water.

Another important progress has been the development of the Mitigation and Adaptation Strategies for Global Change for the farming, forestry, and fishing sectors; as well as the reactivation of fishing infrastructure in Bajo Lempa, which was affected by Tropical Depressions IDA and 12E.

Target 7C: By 2015 halve, the proportion of people without sustainable access to safe drinking water and basic sanitation

With regard to this target, another set of indicators was included to improve water and sanitation.

The National Water Supply and Sewerage Administration (ANDA) made investments in the infrastructure of drinking water and sanitation, extensions and improvements in existing networks and provision of service, which contributed to the gradual extension of coverage of drinking water and sanitation.

Table 6 presents the data from the Multi-Purpose Households Survey about the population with access to improved water sources and sanitation during the period between 2001 and 2011.

At the national level, the indicator about the proportion of population using an improved source of drinking water has been achieved, reporting 91.1% in 2011, while the 2015 target was 80.5%; however, in rural areas the percentage is still 80.9%[22]. The indicator about households with access to improved drinking water sources by residential connections was 72% in 2011, while the target for 2015 was 71.1%, showing that it had already been reached. However, El Salvador wants all families to have access to drinking water by residential connection, and therefore the country continues to pursue this goal, in particular in rural areas where only 52.6%[23] of the population has a residential connection.

22/ Source: General Bureau of Statistics and Census, DIGESTYC. Multi-Purpose Household Survey, 2011.

23/ Idem.

INDICATORS OF MDG 7C

INDICATORS
Proportion of population using an improved drinking water source
Proportion of population using an improved sanitation facility
Proportion of population using an improved drinking water source with residential water connection
Proportion of population using an improved sanitation facility (toilet to sewage pipe, septic well and private bathroom)

SOURCE: DIGESTYC. EHPM 2001, 2003, 2005, 2007, 2009, AND 2011

With regard to the percentage of households with improved sanitation, the target for 2015 is 89%, while for 2011 it had already was 96.2%; however, access to improved sanitation with a residential water connection (houses with a toilet, septic well, or private bathroom) reached 80.2% in 2011, and in rural areas only 64.8%. Progress over time has been very important and the indicators for this target have been accomplished; however, there is still room for improvement both in rural areas and in urban precarious settlements.

On the other hand, regarding MDG 6 we found a significant increase in diarrheic disease, which shows that it is necessary to improve the quality of water and healthy hygiene practices and habits to supplement water and sanitation infrastructure projects.

In terms of investments, the National Administration of Aqueducts and Sewerage (ANDA) develops and executes small, medium and large scale projects to extend coverage both of drinking water and sanitation. To that effect, during the period between 2007 and 2011, the ANDA made investments for approximately $117.27 mil-

ANNUAL INVESTMENT PER AQUEDUCT AND SEWERAGE, 2007-2011 PERIOD AND 1991 BASELINE (IN THOUSANDS OF DOLLARS) TABLE 7

ANNUAL INVESTMENT PER ACCESS SOURCE	1991	2007	2008	2009	2010	2011	TOTAL
Aqueducts	12,561.9	28,163.4	32,649.1	15,164.1	2,956.6	32,579.5	111,512.7
Sewage	3,909.0	893.5	2,023.1	580.1	717.0	1,545.2	5,758.9
Totals	16,470.9	29,056.9	34,672.2	15,744.2	3,673.6	34,124.7	117,271.6

SOURCE: : STATISTICAL BULLETIN 1991, 2007, 2008, 2009, 2010, AND 2011 NATIONAL ADMINISTRATION OF AQUEDUCTS AND SEWERAGE (ANDA).

TABLE 6

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	GOAL 2015
85.8	86.6	86.1	84.6	84.4	84.9	86.8	87.8	90.2	90.0	91.1	80.5
92.0	92.4	91.8	93.0	90.2	90.9	92.0	95.1	95.4	95.9	96.2	89.0
63.1	62.3	62.2	60.1	62.0	64.1	67.9	69.8	70.9	70.7	72.0	71.1
86.9	86.9	84.9	86.5	87.0	84.8	83.8	82.5	81.0	80.4	80.2	

lion (See Table No.7) through the execution of investment programs and projects within the ordinary 2007-2011 budget, and thanks to the help of various international cooperation agencies and national entities that worked in coordination with that agency. In this period, investments in aqueducts for drinking water amounted to $111.51 million and for sewerage to $5.76 million.

In the case of water and sewerage, the Social Investment Fund for Local Development (FISDL) has also continued to invest to extend drinking water connection services in conjunction with ANDA. However, it is necessary to increase investments on residential water connections in the neediest areas, especially in remote rural areas.

In the case of the population living in precarious urban settlements, the Technical Secretariat of the Presidency assists them through the Rural Solidarity Communities Program, under the responsibility of FISDL. These settlements have been identified in the Urban Poverty and Social Marginalization Map.

Moreover, the country increased investments for the water supply in rural areas. An agreement was entered between the FISDL and ANDA to achieve better coordination and reach more homes. In addition, the former maintains a program to improve connectivity in rural areas and the latter is making investments under the Urban Solidarity Communities Program according with the Urban Poverty and Social Marginalization Map.

Challenges

The high cost of collecting georeferenced information is a major limitation for establishing a mechanism that would help systematize information about land use, periodically assess the areas covered by the different types of forests existing in

the country, and achieve coordination with other sectors that are responsible for the distribution of land for various purposes.

The emission of greenhouse gases involves practically all the activities carried out in the country. Only joining efforts will lead to a decrease of the emissions. Under the current development concept, this reduction in the emissions is ideal, because the "Business as Usual" (BAU) practice is still in effect, in spite of causing high GHGE emission levels. Therefore, to meet the reduction schedules, it is necessary to adjust the regulatory framework about imports and consumption of ozone depleting substances.

It is important to coordinate actions with other participating agencies to exchange information and facilitate access to the information available about hydrological resources, as well as to find common interests and needs among the different actors in each sub-sector and develop effective inter-agency arrangements.

Considering the new national situation and the international commitments assumed by the country, it is necessary to have an appropriate and updated legal framework to help a accelerate the transfer of government land, which could potentially be declared Natural Protected Areas; to coordinate the National Council of National Protected Areas with the Local Advisory Committees (COAL); and to encourage the approval of the Regulations of the Wildlife Protection Act and the Protected Natural Areas Act.

It is also necessary to find new financial resources and a trust fund to continue the activities for the rehabilitation of the wildlife in danger due to violations of the legislation, including the installation and maintenance of rescue centers.

With regard to water and sanitation, two fundamental elements have been identified, first to achieve quality, which means, potable water on a regular basis, and secondly to educate people and eradicate inadequate hygiene and sanitation practices. It is a major and urgent challenge to pass legislation protecting water as a human right essential for life. Moreover, constitutional reform is needed to guarantee water as a human right and provide it with constitutional protection.

MDG 8: To promote a world alliance for development

This goal is about how developed countries may help other countries achieve the other seven MDGs by providing more assistance, better access to markets, and

debt relief. This implies making available to less developed nations the funds of the Official Development Assistance (ODA) in the form of donations to improve the standard of living of the beneficiaries by giving them access to basic services such as health, education, water and sanitation. This goal will also help establish equal trade relations among the nations and promote the introduction of products in the international market.

In El Salvador, ODA approximately accounts for 28% of social expenses and a significant portion of the government public investment program. These international cooperation resources, which supplement national efforts, make it necessary to create agreements and commitments involving all national actors to improve the quality and efficiency of cooperation for development in the country.

In 2009, the government created the Department of Cooperation for Development (VMCD) inside the Ministry of Foreign Relations, a specialized agency not only designed to manage cooperation, but also to organize and channel it towards implementing a new approach, in accordance with the current global architecture of ODA, and through the coordination of the government, Partners for Development (PFD) and civil society.

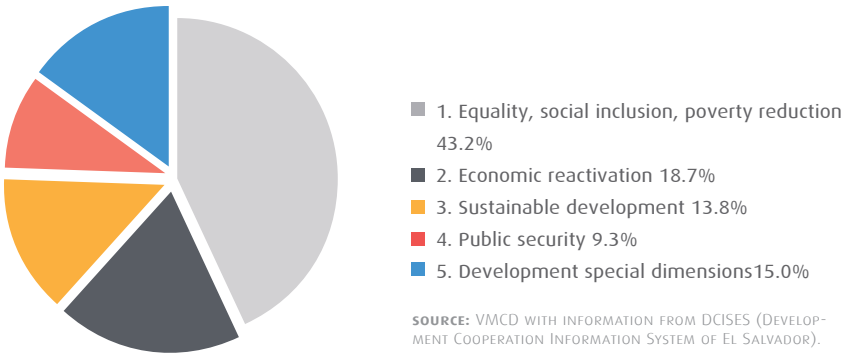
Additionally, in the period between 2009 and 2013, and in compliance with the Declaration of Paris, the VMCD worked on the preparation and implementation of the National Efficiency Agenda as follows: it entered into agreements with GOES, PFD, and organizations of civil society to create an assistance efficiency agenda for El Salvador. It conducted the first Survey on Efficiency of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD-DAC); it launched the National Efficiency Plan in El Salvador, establishing a South-South Cooperation Performance Framework; it defined a Decentralized Cooperation Strategy and a Regional Cooperation Strategy; and it adopted the "United in Action" initiative of the United Nations System (Delivering as One - DaO).

In this respect, after the support expressed on March 11, 2012 of the United Nations Development Group for Latin America and the Caribbean, the GOES and the UNS have worked together to define which model to implement in the country and the main steps to achieve success. El Salvador is the 36th DaO country in the world and the 1st DaO country in Latin America to become a self-starter.

In addition, the amount of cooperation promised, since June, 2009 until January, 2013 represents 15.3% of the social investment of the Government. Such re-

sources will be allocated to the economic and social programs and projects under the Five-Year Development Pan 2010-2014 (PQD), as illustrated in Chart 24. In effect, international cooperation is mainly aimed at the priorities of the PQD, focusing on the importance of reducing social and economic inequalities by protecting people's rights and aligning them with the areas and sectors defined by the government as priorities, as shown in Chart No. 31.

CONSOLIDATED COOPERATION PER AREA OF THE FIVE-YEAR DEVELOPMENT PLAN 2009-2013 CHART NO. 30

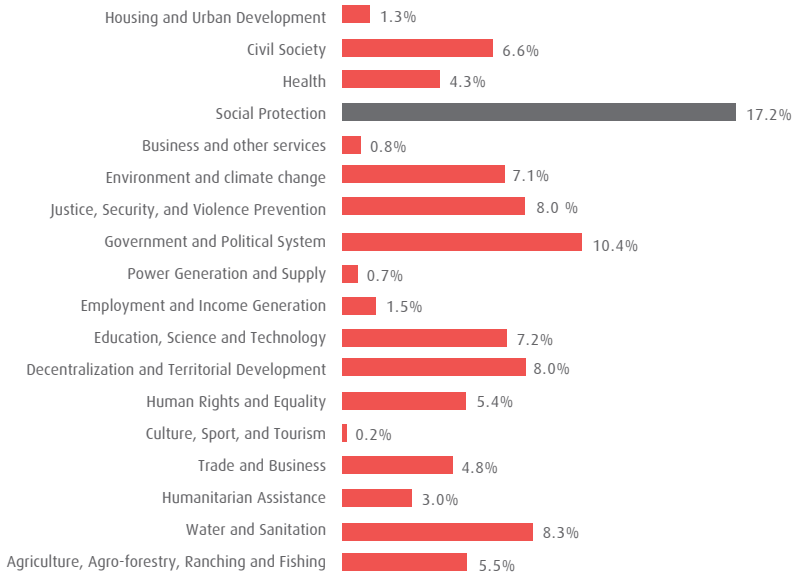


SOURCE: VMCD WITH INFORMATION FROM DCISES (DEVELOPMENT COOPERATION INFORMATION SYSTEM OF EL SALVADOR).

In terms of sectors benefited by the cooperation referred to in the paragraphs above, social protection is the most supported, having received 210.78 million dollars, accounting for 17% of the cooperation, as illustrated in Chart No. 32.

In addition to the notable progress made in terms of the efficiency of assistance, the country showed a significant increase in South-South cooperation, making it necessary to establish a framework which would make it possible to organize it and align it with the strategic areas defined in their PQD. Moreover, and in compliance with the principles of this type of cooperation, mainly regarding horizontality and reciprocity, El Salvador launched a South-South Cooperation Catalogue for the PFD describing the main experiences and good practices acquired by the national agencies when facing the development challenges. The government wants to have a dual role in the dynamics of international cooperation.

CONSOLIDATED COOPERATION 2009-2013 PER SECTOR CHART NO. 32



SOURCE: VMCD WITH INFORMATION FROM DCISES (DEVELOPMENT COOPERATION INFORMATION SYSTEM OF EL SALVADOR).

Furthermore, the VMCD established mechanisms to ensure transparency, rendered the accounts in July, 2010, August, 2011, and January, 2012, and launched the Development Cooperation Information System of El Salvador (DCISES) in February, 2011.

In spite of the successful management of the cooperation for development by the current administration in the country, and due to the emergence of new intervention areas, the VMCD has noticed that various PFD have withdrawn or decreased significantly their cooperation for El Salvador. This is directly associated with the classification of El Salvador as a Medium Income Country (MIC).

Since 2005, the World Bank and the Organization for Economic Cooperation and Development (OECE) has been working to create the PRM concept to organize and improve the cooperation for development. However, the classification criteria based on per capita income is not sufficient to measure the diverse realities of

countries. In the case of El Salvador, some important aspects are not taken into consideration, such as inequality in income distribution, high vulnerability against natural disasters and international financial crises, high dependence on foreign economies, and high population density in an environmentally depleted country.

Thanks to the efforts of the VMCD between June, 2009 and January, 2013, the government of El Salvador has received 1,185.64 million dollars from cooperation for development pledged by various PFD. 58% is from bilateral cooperation and the remaining 42% from multilateral sources.

04/
PERCEPTION OF THE PEOPLE ABOUT THE MDGS AND POST-2015 AGENDA

It is important to reach the MDGs by 2015; however they do not end there. They represent minimum survival conditions and each country must continue to improve in order to provide wellness and a decent life to all by identifying new challenges and new needs.

The Government of El Salvador, in coordination with the United Nations System (UNS), has engaged in a consultation process with various social groups of the population to gather input for a new national and international development agenda to lend continuity to the MDGs.

Many of these interviews were conducted among people who have been traditionally marginalized from the public debate and development process in general: vulnerable territories and communities, women, young people, sexually diverse individuals, handicapped people, and indigenous peoples.

In total, over 4,500 people participated in the interviews. To ensure participation of all individuals, 109 workshops were organized with 187 facilitators who were trained by the UNDP, UNFPA and UN-WOMEN, in conjunction with different government agencies, such as the Technical Secretariat of the Presidency (STP), the Vice-minister of Cooperation for Development (VMCD), the National Institute of Youth (INJUVE), the Salvadoran Institute for the Development of Women (ISDEMU), and the National Council for the Comprehensive Care of Disabled Persons (CONAIPD), and the Secretariat of Culture.

The workshops at the local level were organized by 129 agencies, such as the Social Initiative for Democracy, the Institute for Women's Research, the Social Investment Fund for Local Development (FISDL), the Inter-Sector Pro Youth Coordination Point in El Salvador (CIPJES), the National Youth Platform (PLANJES), the Latin American and Caribbean Youth Network, local governments, the Association of Disabled Persons of the East, the Association of Deaf People of the West, the House of Culture for the Blind, and many others.

The methodology was discussed and modified by a working team representing the groups participating in the interviews at the local and national levels, and the government agencies. They made a diagnosis by means of focal groups and in-depth interviews, focusing on their main concerns, and then they defined 6 priority issues for the next global development agenda and 4 implementation strategies for each one of them for the purpose of creating a vision according with the slogan "the country we want".

4.1 MAIN RESULTS: PERCEPTION OF THE PEOPLE ABOUT THE PROGRESS TOWARD THE MDGS AND THE PERFORMANCE OF THE GOVERNMENT

During the consultation workshops with the traditionally marginalized population, the exchanges started with a debate about the framework of the MDGs in general and the progress made in the country. After a quick description of the MDGs, the interviewers tried to find out about the perception of the people regarding their strengths and weaknesses, and took note of the reactions to the progress made.

The interviews of young people were organized with the National Institute of Youth (INJUVE) with the participation of 2201 young people (out of 4,500 participants in total) of 7 sub-sectors: territorial networks, university students, young people living in high risk areas, church groups, adolescents, indigenous people, mothers who are heads of households, and sexual diversity.

As explained hereinabove, a significant majority of participants stated that some inclusion efforts, such as the Law of Youth, created with the participation of 300 young people, represented an improvement; however, implementation needed to be reinforced.

Overall, the young people being interviewed felt they were not being listened to and that they live in a world that does not prioritize them. The indivisibility of youth issues (marginalization of children, present in MDG 2 and 4) is proof of this, as mentioned by all the participants in this sector.

MDG 1

In the first place, the participants believe that the indicators about MDG 1 need to be updated. One dollar or 1.25 dollars does not seem sufficient to meet the basic needs of a person, due to the high prices of the basic basket, and therefore, the threshold of extreme poverty should be much higher.

Many responses in the debates about the MDGs and the progress made to achieve them, propose focusing on the global development framework on poverty as a cause and not as a result. *"If we want to eradicate poverty"*, stated emphatically a young man from the Italia district, *"we must kill its roots, which means the causes, such as unemployment, for example".* Everyone interviewed considered that the biggest cause of poverty is unemployment and under-employment, in particular low wages.

According to the participants, the government must promote the employment of traditionally marginalized populations through active policies. In addition, wages are too low to guarantee a decent life. Some of them stated that if wages go up but the prices of essential products (basic basket) are not regulated, it will not be possible to guarantee food security for the poorest families. The most significant obstacles to unemployment are perceived as associated to the quality of education and discrimination. They feel that the government must guarantee equality of financial opportunities and social cohesion.

On the other hand, the precarious modernization and diversification of agricultural production is seen as one of the major causes of food insecurity, and disabled people believe that malnutrition is one of the causes of disability.

For the representatives of the indigenous peoples, gaining access to land by the return of municipal land or through collective management, would mean getting out of poverty and guarantying food security, which, according to them, also needs to respect the indigenous vision of the world and mother land through the use of organic compost and indigenous seeds, for example.

The young people emphasized difficulties to find employment, particularly for the first time, to achieve financial independence and get out of poverty. Other restrictions for this group are the lack of occupational orientation, discrimination on the part of companies and the poor quality of professional training. Another key challenge is having no guarantee of a decent wage. With regard to hunger there is not much feedback among young people and is not perceived as a key problem, nonetheless food security is indeed present in their proposals.

MDG 2

Access to elementary education for boys and girls with disabilities and for young people with diverse sexual orientations is an important problem because they do not receive special attention, and are discriminated by students and teachers. In many school centers, for example, there is no access for students with physical disabilities.

In rural areas, the lack of pre-school education and ignorance among the parents about the comparative advantage of having their children in school are restrictions to the full participation of boys and girls in elementary education.

Safety in schools is indicated as a restriction for the appropriate schooling of boys and girls. Nevertheless, the quality of education is mentioned most frequently when making a quick diagnosis of the situation.

The people interviewed pay more attention to secondary and higher education. They also emphasize the lack of access to public education and the near-obligation to attend private high schools and universities, which are more interested in the number of students enrolled than in the quality of education they provide.

Additionally, numerous women explain that even though the percentage of girls in the education system is higher (and the number of students that graduate, according to some) the boys to girls ratio in schools is unequal, and the education provided is sexist.

Indigenous peoples, meanwhile, complained about the loss of ancestral values and of native culture, and that the Nahuatl language is not used in teaching as central issues of concern, calling it a lack of inter-cultural education.

Young people consider that access to and quality of higher public education is too weak; however, they hope the government can improve the situation.

MDG 3

It is considered incongruent for a country with a low income average and significant progress in some MDGs to have not made improvements to the situation of women. Mainly problems such as violence, scant access to executive positions, especially to public positions, and little financial independence, are obstacles to the

development of the female population and of the country in general. The Group of Parliamentary Women indicated that although there were new openings for the participation of women, they were not executive positions.

A great number of people reported to have suffered discrimination in their personal or professional lives. Disabled women complained about being subject to two forms of discrimination, by gender and by disability and not having any special protection whatsoever. In this sector, deaf women, for example, suffer almost systematically from sexual harassment in the work environment. Women senior citizens, who were financially dependent on their partners all their lives, do not receive a pension if they separate, get divorced or become widows.

Rural women reported suffering from discrimination and family problems, which are worse in rural than in urban areas, and having more difficulty to gain access to the ownership of property, whether land or housing.

The distribution of roles in the family and violence are issues usually reported in particular by young people. In general, MDG 3 arouses a lot of interest and generates debates not only among young women, but also among all the people interviewed. Unlike other groups, there were no contradictions among young people between women and men with regard to the gender approach. The most highlighted concern was the lack of participation of women in political life and of their financial independence.

MDG 4

In addition to child malnutrition and maternal health, the absence of sexual education due to social taboos and pregnancy in adolescents, are issues reported by most people. On the other hand, family planning, as perceived by the persons interviewed, did not improve in spite of the figures.

With regard to MDG 4 and 5, reducing child mortality and improving maternal health, young people did not seem to object the progress made in El Salvador; however, many highlighted concerns about child abuse, and particularly about sexual and reproductive health.

On the other hand, regarding maternal health in general, mental health and psychological care were sub-issues of concern for most interviewed people.

MDG 5

Mothers who are heads of households, the most vulnerable in terms of maternal health, emphasized lack of access to prenatal care, due to lack of interest or ignorance in the mothers and their families about the importance of the controls, as well as lack of family planning. Many interviewed women reported little special care and the low quality of care for women as their key concerns regarding maternal health.

Most of the women interviewed identified adolescent pregnancies as a priority concern in the country due to lack of information about family planning methods and the absence of sexual education for girls.

Mothers who are heads of households indicated that there was no health care for adolescents aged between thirteen and seventeen and the lack of centers specialized in health and community care according to the psycho-social conditions of communities.

The representatives of indigenous peoples proposed reinforcing articulation between ancestral and orthodox medicine for the care of pregnant women in indigenous communities.

MDG 6

HIV/AIDS and other diseases such as malaria and tuberculosis were reported as important issues in only a few diagnosis made by the people participating in the interviews. Young people believed that in spite of the efforts made to arouse awareness, people do not know enough about HIV-AIDS. In general, the population is not quite concerned about the issues related to HIV and other diseases included in the MDGs. Only the representatives of LGBT communities, one of the 6 sectors interviewed, were more responsive to the problem; however, they did not want their community to the stigmatized as vulnerable to HIV/AIDS.

With regard to health in general, people reported that there was almost no promotion of healthy habits and prevention of diseases, as well as the poor quality of the attention provided in healthcare centers and hospitals. The main issue unanimously identified by all the sectors interviewed was having no access to medications.

The insufficient care for mental health and psychological counseling are sub-issues of concern for a significant number of people.

MDG 7

Most people perceived pollution and the clearing of trees as the main environmental problems. Only the rural population, in particular farmers, is more aware of the importance of risk management and the adjustment to climate change.

Lack of awareness of the population and the poor management of solid and liquid wastes were reported by all sectors as a central problem. On the other hand, they believe that the government does not impose enough sanctions to the companies and persons who contaminate the environment. Young people and women stated that they would like to participate and intensify efforts to protect the environment.

Young people associated the problem of environmental sustainability, almost exclusively, with the pollution of rivers and water sources, mainly by industries and with the clearing of trees.

Indigenous people highlighted the protection of mother earth as a priority concern. They considered pollution and the poor quality of water as the main environmental issues. In general, they complained about neglect of the indigenous vision of the world. They denounced that depletion for economic reasons was the cause of the deterioration of the environment.

In general, the people interviewed did not have a clear understanding of the role of the State in the protection of natural resources, water management and the recovery of ecosystems.

4.2 SUMMARY OF FINDINGS

The first important and alarming finding was the total ignorance of the MDGs by the population. Less than 1% of the persons interviewed know about the Millennium Development Goals. However, after hearing a brief description at the beginning of each workshop, people became more interested in this global development strategy, which has been implemented since 2000.

Furthermore, most of the representatives of marginalized populations reported that the efforts made towards the achievement of the MDGs did not help reduce inequalities in gaining access to services and opportunities. In spite of the fact that in average some segments of the population significantly benefited from their implementation, the people interviewed did not indicate major changes in their everyday life and opportunities for growth.

With respect to the performance of the government, people emphasized the need to reinforce work among sectors in the central government, at all levels, and the active participation of local governments to achieve the MDGs. On the other hand, people strongly demanded civil society and territorial divisions to be included in the monitoring activities by implementing similar mechanisms to the ones used during the interviews. Although there was an improvement in this regard, these efforts need to be reinforced.

It is also worth noting that a wide variety of people representing the population participated with enthusiasm in the drafting of a proposal for the post-2015 agenda. In total, more than 4,500 people in the whole country, with a special emphasis on marginalized populations and on isolated or vulnerable territories, defined a vision for the country for after 2015 and the priorities and strategies for a better world. Various segments of society became involved in the next development goals, treated them as their own and participated actively to promote them and achieve the new targets hand in hand with the government.

05/
GENERAL CHALLENGES TOWARD THE MDGS

During the past four years, the country has worked on a national commitment to generate a different dynamic among government agencies and design public policies focused on human rights and on the implementation of successful experiences in areas such as health, environment, social protection, sanitation, and employment.

In spite of having accomplished many significant goals during this period, the Salvadoran government has just begun to establish new foundations for development, and therefore many challenges still lie ahead to establish a fairer society, in compliance with both national and international regulations.

To such effect, the country should recognize or constitutionally expand economic, social and cultural rights, as the case may be, laying the legal and moral foundations for democracy. This means fully reinforcing current legal guarantees and the corresponding responsibility of the government to ensure these rights are satisfactorily enjoyed.

It remains a challenge to create the necessary institutions to protect the human rights of the population and transcend the policies and programs of one government administration into long-term State programs and policies and to implement permanent assessment systems to ensure investments are made in cost-effective programs.

All policies, whatever the area may be, must be formulated with an interdisciplinary vision, focused on the respect of human rights and ensuring feasibility, that is providing the technical, financial and human resources necessary for their effective implementation. The Salvadoran government, regardless of the international situation, must use the resources available in a reasonable and diligent manner.

In El Salvador, the government has been talking about a "fiscal agreement" aimed at improving and increasing tax revenues, and consequently the resources available for the government. However, we still need to create more taxes oriented to

funding direct investments in education, health, food, and nutrition, as well as increasing revenue by imposing aggressive penalties on tax evasion and avoidance.

A pending challenge is to implement a national planning system that allows coordination among sectors and social programs, which are essential to improve the MDG indicators and achieve successful public administration. This strategy should help improve programs and interventions, reduce costs and avoid redundancy of actions and resources. Coordination among sectors should strengthen management by results and the transformation of institutional activism at a low cost. Currently, the interrelation of policies, plans, programs, and projects is still not clear in various areas. Efforts and resources are scattered and are not focused at obtaining specific results.

It is important to establish multi-year plans and budgets in order to have a better idea of how public funds will be spent in the long term. This would make their implementation easier, although it would involve more work in planning and budget calculation.

Important steps have been taken to provide basic services, mainly health and education, to all persons, especially those in conditions of vulnerability. The challenge is to achieve quality services, because the infrastructure and operational and human resources are still quite limited. This should be the focus of social investments in the near future.

Another challenge is to continue to reduce inequality between urban and rural areas, and between men and women in different indicators, such as literacy rates, education, average income and wage, migration levels, under-employment, etc. This shows that some households still have few opportunities for economic and social development, especially those headed by women. This indicates that it is necessary to implement a new legal framework promoting equality and gender equity, as well as to support the programs initiated in favor of women by the current administration.

The country needs better information systems that allow the monitoring and assessment of public policies in order to make appropriate decisions. However, deficiencies persist in this area, making it difficult to design strategies and actions aimed at closing gaps, identifying critical sectors and preventing interventions which otherwise could have an impact on the indicators.

Moreover, the country should promote economic growth and quality employment by encouraging productive investments, implementing the institutional reform of the farming sector and executing agricultural programs for the benefit of small

producers and family agriculture. The implementation of strategies to provide technical, financial and institutional support to micro, small and medium-sized companies, cooperatives, individual and women producers, which generate the largest number of jobs in the country are important to improve the achievement of MDG 1 and affect other goals as well.

It is important to implement and institutionalize the Universal Social Protection System under a specific social policy, and the reforms in health and education, as well as new reforms to strengthen governability, democracy and the social state based on the rule of law.

To encourage and reach a national consensus regarding the content, scope and implementation of a security policy and the fight against crime and drug trafficking is another important challenge because these issues affect many other development indicators.

A major task for all MDGs and for the social policy in general is to include non-governmental organizations and academia in the management of public social issues.

5.1 MONITORING THE MDGs

An appropriate monitoring and supervision system will help assess compliance with the MDGs within the stipulated deadlines.

The implementation of a monitoring and supervision system for the MDGs (M&S-MDGs) has the purpose of establishing an inter-agency group. The system will also provide assessment and measuring tools to government officials, employees responsible for development programs and other users who have to evaluate the programs and actions at the central and local levels, and to carry out the human development policies more effectively.

5.2 COMMITMENTS AND ORGANIZATION

a) Political and technical commitment.

This is an essential component to reach the Millennium Development Goals and the social targets of the government.

A technical supervisory committee, which shall act in coordination with the Executive Committee, will be created to periodically assess and define the most difficult targets.

The Technical Secretariat of the Presidency or the agency responsible for national planning will coordinate the social and economic policies of the country and of the technical and executive committees to ensure that the ministries focus their actions and resources on the achievement of the MDGs.

In the same way, actions shall be coordinated with the Secretariat of Territorial Development and Decentralization, because municipal governments and some local agencies, such as non-governmental organizations, should get involved in the accomplishment of the MDGs.

The 2010-2014 Five-Year Development Plan establishes the guidelines and the social goals for the country, which will be taken into account by the ministries in the preparation of their plans; therefore, it is necessary to identify better mechanisms for the coordination and implementation among agencies and areas.

Once making a clear political commitment with specific Millennium Development Goals, the country must plan and design the implementation of policies, programs or projects. In addition, it is also necessary to engage in technical and political discussions to decide on the scope of the measures.

The monitoring and supervision of the MDGs will include three mechanisms: by sector, by territory, and among sectors. These three instances will have the following purposes:

- Engage resources and initiate programs and projects toward the MDGs.
- Strengthen the commitment and political will to join efforts toward the MDGs.
- Strengthen transparency (through assessments, accounting, and reports) in the implementation of programs and projects toward the MDGs.

The monitoring and supervision system is crucial to show the impact and results in the priority targets. This component should be well-organized by the Technical Secretariat of the Presidency, and must be coordinated with the ministries and agencies involved in the development and implementation of programs and projects.

The MDG indicators and the follow-up goals in the social and economic areas must be included in a national statistics system to allow the regular and systematic assessment of the indicators.

One of the tasks of the technical committee is to prepare a manual on the methodology for the calculation of social indicators, including the MDGs, which could be used to define, develop and coordinate reliable information mechanisms for the decision making process.

The Executive Committee will be coordinated by the Technical Secretariat of the Presidency and will be composed by regular and substituting members belonging to the

Ministry of Agriculture, Ministry of Education, Ministry of Health, DIGESTYC, ISDEMU, CONNA, MRREE, and MTPS.

The Technical Committee will be composed by the Director of Planning and the Director of Institutional Statistics and by each agency participating of the Executive Committee.

The Technical Committee will meet at least once every three months and the Executive Committee will convene every six months or whenever required.

FINAL CONSIDERATIONS

In general, the MDGs have been adjusted to the social conditions of the country; however, under a new development agenda it will be necessary to determine which will be more important objectives for the country.

The results of the post-2015 survey showed that the population still needs to gain awareness about the MDGs. The reports must include publication, analysis, and discussions with key actors and the population.

It is thus urgent to create or recreate the spaces for the participation of civil society, reach broad social consensus around the protection of human rights and change the development model.

Budgets for the implementation of public policies are limited. Therefore, it is necessary to strike a balance between economic interest groups and political interest groups to have an impact on social determinants such as education and income, which are associated with the achievement of the MDGs. International experience has revealed the importance of generating domestic resources, because public funds will ensure the financial sustainability necessary to achieve the MDGs.

Some lessons learned from other countries teach us that success in the MDGs was possible due to the "national commitment" of governments that implemented planning strategies and new policies with a clear orientation towards the poor. These efforts contributed to a solid cross-sectional progress toward the Millennium Development Goals.

Time has passed and we are close to the deadline for the achievement of the MDGs, therefore, not only do we have to accelerate the efforts to reach them, but also it is time to think of what to do in the future to improve results, confront challenges and identify new concerns to achieve sustainable inclusive development.

SOURCE DOCUMENTS

1. Arteaga Basurto, Carlos, Solís San Vicente, Silvia. La Política Social en la Transición. Universidad Autónoma de México. Escuela Nacional de Trabajo Social. México, 2001.
2. Comisión Económica para América Latina y el Caribe, Estudio económico de América Latina y el Caribe 2009-2010. El Salvador, Naciones Unidas, Santiago, September of 2010.
3. Comisión Económica para América Latina y el Caribe, La actual crisis financiera internacional y sus efectos en América Latina y el Caribe, Naciones Unidas, Santiago, January of 2009.
4. Dirección General de Estadísticas y Censos. DIGESTYC. Multi-Purpose Household Survey, 2001, 2002, 2003, 2004, 2005, 2005, 2007, 2008, 2009, 2010, 2011.El Salvador
5. Government of El Salvador, El Salvador, Second Country Report. Sin excusas... Alcancemos los objetivos de desarrollo del Milenio en el 2015. Bases para el cumplimiento, San Salvador, 2009.
6. Gobierno de El Salvador, El Salvador. Primer informe de país. Avance de los objetivos del milenio, San Salvador, 2004.
7. Gobierno de El Salvador, Plan Quinquenal de Desarrollo 2010-2014, 1.ª edición, Secretaría Técnica de la Presidencia, San Salvador, 2010.
8. Ministerio de Educación, Invertir más en educación: ¿Cuánto cuesta cumplir los compromisos pendientes?, Ministerio de Educación, San Salvador, 2009.
9. Ministerio de Medio Ambiente y Recursos Naturales. Política Nacional de Medio Ambiente. El Salvador, 2012
10. Naciones Unidas. Grupo de Tareas sobre el desfase en el logro de los objetivos de desarrollo del Milenio, Objetivo de Desarrollo del Milenio 8. La alianza mundial para el desarrollo, en una coyuntura crítica, Naciones Unidas, New York, 2010

11. Organización de las Naciones Unidas para la Alimentación y la Agricultura, El estado de los mercados de productos básicos agrícolas, 2009.

12. Organización de las Naciones Unidas para la Alimentación y la Agricultura, El estado de la inseguridad alimentaria en el mundo. Crisis económica: repercusiones y enseñanzas extraídas, Rome, 2009.

13. Peña, Daniel, Análisis de Series Temporales, Alianza Editorial, Madrid, 2005.

14. Pérez, César, Modelos Econométricos con SPSS, Garceta Grupo Editorial, Madrid, 2009. "Trayectorias hacia el cumplimiento de los objetivos de desarrollo del Milenio en El Salvador", Cuadernos sobre Desarrollo Humano, n.° 6, Programa de Naciones Unidas para el Desarrollo, May, San Salvador, 2007.

15. PNUD. What Will It Take to Achieve the Millennium Development Goals? – An International Assessment, United Nations Development Program, New York, 2010.

16. Robert Alfredo Euscátegui Pachón, Stella Pino Salamanca, Hacia una reforma de gestión por resultados en el salvador: Propuesta metodológica y aplicación de un presupuesto por Resultados en el Ministerio de Educación de El Salvador, San Salvador, 2007.

17. Superintendencia General de Electricidad y Telecomunicaciones, Boletín estadístico de telecomunicaciones, 2009.

18. The Path to Achieving the Millennium Development Goals: A Synthesis of MDG evidence from around the world, United Nations Development Program, New York, 2010.

19. Unlocking progress: MDG acceleration on the road to 2015. Lessons from the MDG Acceleration Framework pilot countries, United Nations Development Program, New York, 2010.

20. Urquiza, Isabel. El Desarrollo Local en el Contexto Internacional. Monografía. Cuba. http://www.monografias.com/trabajos33/desarrollo-local/desarrollo-local.shtml#analisis . Consulted on April 3, 2013.

ANNEXES

ANNEX 1

ALL INDICATORS SHOULD BE DISAGGREGATED BY SEX AND URBAN/ RURAL AS FAR AS POSSIBLE

INDICATORS OF MDG 1, ERADICATE EXTREME POVERTY AND HUNGER, TARGET 1.A.

TARGET 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than 1.25 dollars a day	**DISAGGREGATION**	**BASELINE**
INDICATORS	**DATE**	**1991**
1.1.A. Proportion of population below $1 (PPP) per day. National Line	Total nationwide	12.7
1.1.B. Proportion of population below the national poverty line	Total nationwide	
	Urban	
	Rural	
1.1.C. Proportion of population in extreme poverty	Total nationwide	
	Urban	
	Rural	
1.1.D. Proportion of population below the national poverty line	Total país	
	Urban	
	Rural	
1.1.E. Proportion of households in extreme poverty	Total país	28.2
	Urban	
	Rural	
1.2 Poverty gap ratio	Total país	26.6
	Urban	
	Rural	
1.3 Share of poorest quintile in national consumption	Total país	

TABLE 1

PERIOD 2000-2012												GOAL
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
13.4	14.1	12.8	11.6	10.2	8.0	8.2	7.0	7.9	7.1	6.2	5.5	6.3
44.4	42.9	41.9	40.7	41.9	38.0	40.0	46.4	43.5	42.5	47.5	40.7	
35.3	34.0	34.6	34.9	36.7	34.0	33.8	41.5	38.1	38.2	41.7	35.1	
57.2	55.8	52.5	49.4	49.7	44.0	50.4	55.4	52.6	49.6	57.2	50.0	
19.3	19.2	17.2	15.1	16.0	12.6	13.0	15.4	14.8	14.1	15.5	11.3	
11.9	12.2	11.1	10.1	12.0	10.0	8.7	12.1	11.1	11.3	11.3	7.9	
30.0	29.1	25.9	22.6	21.9	16.6	20.1	21.4	21.3	18.8	22.4	17.0	
38.8	36.8	36.1	34.4	35.1	30.7	34.5	39.9	37.7	36.5	40.5	34.5	
31.2	29.5	30.0	29.0	31.0	27.9	29.6	35.7	33.3	33.0	35.4	29.9	
51.6	49.1	46.2	43.5	41.9	35.4	44.0	49.0	46.4	43.2	50.2	43.3	
16.1	15.8	14.4	12.5	12.4	9.6	10.9	12.4	10.2	11.2	12.2	8.9	14.1
10.2	10.3	9.7	8.3	9.8	8.1	7.9	10.0	9.2	9.1	8.9	6.5	
26.1	25.0	22.2	19.6	17.0	12.3	16.6	17.5	17.5	15.1	18.4	13.6	
17.0	16.7	15.7	14.6	13.8	11.4	13.1	14.9	14.3	13.7	15.0	12.0	Red.
12.0	11.9	11.7	11.1	11.5	10.0	10.7	12.7	12.0	11.8	12.3	9.8	
25.6	24.8	22.3	20.5	17.9	13.9	17.9	19.5	19.0	17.2	20.0	16.2	
2.9	2.8	3.1	3.6	3.9	4.6	3.8	4.2	4.2	4.5	5.0	4.9	

INDICATORS OF MDG 1, ERADICATE EXTREME POVERTY AND HUNGER, TARGET 1.B.

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	**Disaggregation**	**Base-line**
Indicators		**1991**
1.4 Growth rate of GDP per person employed	Total nationwide	61.1
1.5 Employment-to-population ratio (ages 16-65)	Total nationwide	
	Urban	
	Rural	
	Male	
	Female	
1.6 Proportion of employed people living below $1.25 (PPP) per day	Total nationwide	2A
	Urban	
	Rural	
	Male	
	Femenino	
1.7 Proportion of own account and contributing family workers in total employment	Total nationwide	33.4
	Urban	
	Rural	
	Male	
	Female	

Source: DYGESTIC.

TABLE NO. 2

PERIOD 2000-2012												GOAL
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
0.4	3.9	0.3	3.5	5.8	3.3	26.3	-4.2	-2.9	1.3	1.3	0.3	
60.4	59.6	61.2	60.3	60.2	61.2	61.8	62.7	61.5	61.6	61.9	62.9	Incr.
62.2	61.8	63.8	62.7	62.4	63.6	64.1	64.9	63.6	64.1	63.3	64.4	
57.3	56.0	57.0	56.2	56.3	57.3	57.4	58.2	57.5	57.1	59.4	60.1	
77.3	75.3	76.4	76.2	76.3	77.1	78.0	79.2	77.2	77.7	77.7	78.6	
46.0	46.6	48.3	46.6	46.9	48.4	48.5	49.1	48.4	48.1	48.4	49.3	
3.0	3.2	2.8	2.4	2.1	1.8	1.6	1.6	1.9	1.7	1.6	1.4	
0.9	1.1	1.1	1.1	0.9	0.9	0.5	0.6	0.6	0.6	0.4	0.5	
6.0	6.2	5.3	4.5	3.9	3.1	3.4	3.5	4.0	3.6	3.4	3.0	
5.0	5.1	4.5	3.9	3.2	2.7	2.5	2.6	3.1	2.8	2.5	2.3	
1.3	1.5	1.3	1.1	1.1	0.9	0.8	0.7	0.8	0.7	0.7	0.6	
36.3	38.0	35.4	34.7	37.2	33.8	35.1	36.2	38.3	37.7	37.9	37.5	Red.
31.2	33.0	31.2	32.7	34.2	30.4	30.8	32.3	34.3	34.0	33.9	33.6	
45.2	47.0	43.2	38.3	42.9	40.1	44.2	44.8	46.6	45.2	45.8	45.3	
30.2	31.8	28.8	27.6	30.7	26.8	28.2	29.6	32.6	31.6	32.4	32.1	
45.1	46.5	44.5	44.8	46.1	43.0	44.3	45.2	45.9	46.0	45.7	45.1	

INDICATORS OF MDG 1, ERADICATE EXTREME POVERTY AND HUNGER, TARGET 1.C.

TABLE 3

TARGET 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	DISAGGREGATION	BASELINE	PERIOD 2000-2012		GOAL	ACHIEVE
INDICATORS		1991	2003	2008	2015	2015
1.8 Prevalence of underweight children under-five years of age	Total nationwide	11.2	10.3	8.6	5.6	Unlikely
	Urban	9.1	6.9	6.8		
	Rural	14	13.2	10.2		

SOURCE: FESAL.

INDICATORS OF MDG 2, ACHIEVE UNIVERSAL ELEMENTARY EDUCATION ,TARGET 2.A.

TARGET 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of elementary schooling	**DISAGGREGATION**	**BASELINE**
INDICATORS		**1991**
2.1.A. Net enrolment ratio in elementary education	Total nationwide	75.5
	Urban	
	Rural	
2.1.B. Net enrolment ratio in secondary education	Total nationwide	
	Urbano	
	Rural	
2.2 Proportion of pupils starting grade 1 who reach last grade of elementary schooling	Total nationwide	
	Urban	
	Rural	
	Male	
	Female	
2.3 Literacy rate of 15-24 year-olds	Total nationwide	85.2
	Urban	
	Rural	
	Male	
	Female	

PERCENTAGE OF REPEATING STUDENTS PER GRADE AND LEVEL BY YEAR TABLE 5

LEVEL/GRADE	2005	2006	2007	2008	2009	2010	2011
BASIC 1ST CYCLE	8.5 %	9.8 %	9.1 %	8.0 %	6.8 %	7.6 %	7.6 %
First Grade	13.8 %	15.6 %	14.7 %	13.0 %	11.2 %	12.5 %	12.5 %
Second Grade	5.6 %	6.8 %	6.7 %	6.0 %	5.0 %	5.7 %	5.8 %
Third Grade	4.4 %	5.4 %	5.2 %	4.5 %	3.9 %	4.5 %	4.4 %
BASIC 2nd CYCLE	3.6 %	4.6 %	4.7 %	4.1 %	3.6 %	3.9 %	4.0 %
Fourth Grade	4.1 %	5.3 %	5.4 %	4.6 %	4.1 %	4.6 %	4.7 %
Fifth Grade	3.5 %	4.4 %	4.5 %	3.9 %	3.4 %	3.6 %	3.9 %
Sixth Grade	3.3 %	4.2 %	4.1 %	3.6 %	3.2 %	3.4 %	3.5 %

SOURCE: MINED, SCHOOL CENSUS 2011

TABLE 4

PERIOD 2000-2012												GOAL
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
87.3	88.8	90.6	93.4	93.9	94.8	95.0	95.3	95.0	94.8	93.7	93.1	100.0
86.6	88.1	90.0	92.7	93.1	94.2	94.3	94.6	94.5	94.6	93.6	92.9	
87.6	89.3	91.1	94.0	94.6	95.5	95.7	96.0	95.5	94.9	93.9	93.1	
45.3	50.5	52.4	53.7	54.4	54.6	54.4	55.1	56.4	59.1	61.6	63.8	Inc.
45.7	50.5	52.4	53.5	52.6	53.9	53.7	54.3	55.7	58.4	61.0	63.2	
44.8	50.5	52.4	53.9	54.8	55.3	55.2	55.9	57.2	59.8	62.1	64.4	
64.9	71.1	71.1	65.2	67.1	68.8	75.4	76.4	86.5	84.0	83.9	ND	100.0
76.0	87.1	86.5	93.2	86.2	80.0	87.1	86.2	90.9	93.1	92.9	ND	
57.7	61.2	60.8	48.9	54.5	59.7	67.4	68.7	83.1	77.4	77.2	ND	
63.9	69.6	68.8	63.1	64.4	66.6	73.5	74.3	85.0	82.4	82.3	ND	
67.5	72.7	73.1	67.6	70.5	71.1	77.8	78.2	87.0	86.1	85.6	ND	
93.6	93.3	93.3	93.8	94.9	95.0	95.4	96.0	95.6	96.0	96.5	97.1	100.0
97.1	96.7	97.4	96.7	97.4	97.2	97.5	98.0	97.9	97.9	98.2	98.3	
88.6	88.5	87.6	89.9	91.4	91.8	92.2	92.6	92.1	93.0	94.0	95.4	
93.5	92.9	93.3	94.0	94.9	94.9	95.2	95.4	95.1	95.7	96.2	96.7	
93.6	93.6	93.4	93.7	94.9	95.5	95.6	96.5	96.1	96.4	96.9	97.6	

OVER-AGE RATE PER GRADE BY YEAR, 2009-2011

TABLE 6

GRADE	2009	2010	2011
First grade	7.9 %	8.7 %	6.8 %
Second grade	10.1 %	9.8 %	9.5 %
Third grade	10.8 %	10.9 %	10.1 %
Fourth grade	11.9 %	11.6 %	11.1 %
Fifth grade	12.3 %	12.2 %	11.3 %
Sixth grade	11.7 %	12.1 %	11.5 %

SOURCE: MINED, SCHOOL CENSUS 2011

INDICATORS OF MDG 3, PROMOTE GENDER EQUALITY AND EMPOWER WOMEN, TARGET 3.A.

Target 3.A: Eliminate gender disparity in elementary and secondary education, preferably by 2005, and in all levels of education no later than 2015	**Disaggregation**	**Baseline**
Indicators		**1991**
3.1.1. Ratios of girls to boys in elementary education	Total nationwide	100.7
	Urban	
	Rural	
3.1.2. Ratios of girls to boys in secondary education	Total nationwide	
	Urban	
	Rural	
3.1.3. Ratios of girls to boys in tertiary education	Total nationwide	
	Urban	
	Rural	
3.2.A. Share of women in wage employment in the non-agricultural sector	Total nationwide	45.8
	Urban	
	Rural	
3.2.B. Share of women in wage employment in the non-agricultural sector (excluding domestic service)	Total nationwide	
	Urban	
	Rural	
3.3.A. Proportion of seats held by women in national parliament	Total nationwide	9
3.3.B. Proportion of seats held by women in municipal governments	Total nationwide	

Source: DYGESTIC.

TABLE 7

PERIOD 2000-2012													GOAL
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
100.8	101.2	101.4	101.2	101.4	101.6	101.4	101.5	101.5	101.1	100.3	100.3	100.3	100.0
97.28	98.0	100.0	100.0	100.7	104.2	102.6	102.8	102.9	102.7	102.4	101.8	102.0	100.0
	113.0	110.4	110.6	109.9	108.2	111.3	111.4	111.4	113.7	112.2	113.0	N.D.	100.0
	48.6	50.2	48.7	48.2	49.1	49.3	47.9	48.1	49.8	49.1	48.1	48.9	50.0
	48.4	50.2	49.1	48.9	49.2	49.9	48.0	48.2	49.6	49.2	47.9	48.7	
	49.1	50.2	47.5	46.2	49.0	47.6	47.8	47.9	50.6	48.7	48.8	49.3	
	41.3	42.8	40.1	40.8	42.2	40.7	43.1	43.2	44.7	44.2	43.2	43.6	
	41.5	43.0	40.3	41.6	42.9	41.4	43.7	43.7	44.9	44.8	43.6	44.1	
	40.6	42.3	39.6	38.4	40.3	38.8	40.9	41.2	43.6	41.8	41.6	41.6	
9.5			10.7			16.7			21.4			27.4	50.0
8.4			6.1			8.4			11.1			10.7	

INDICATORS OF MDG 4, REDUCE UNDER-FIVE CHILD MORTALITY ,TARGET 4.A.

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	**Disaggregation**
INDICATORS	
4.1.A. Under-five mortality rate (Surveys on Reproductive Health)	Total nationwide
	Urban
	Rural
	Boys
	Girls
4.1.B. Under-five mortality rate (MINSAL Administration Records)	Total nationwide
4.2.A. Infant mortality rate (Surveys on Reproductive Health)	Total nationwide
	Urban
	Rural
	Boys
	Girls
4.2.B. Infant mortality rate (MINSAL Administration Records)	Total nationwide
4.3.A. Proportion of 1 year-old children immunized against measles (Surveys on Reproductive Health)	Total nationwide
	Urban
	Rural
	Boys
	Girls
4.3.B. Proportion of 1 year-old children immunized against measles (MINSAL Administration Records)	Total nationwide

SOURCE: DIGESTYC.

INDICATORS OF MDG 5, IMPROVE MATERNAL HEALTH,TARGET 5.A

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	**Disaggregation**
INDICATORS	
5.1.A. Maternal mortality ratio (Surveys on Reproductive Health)	Total nationwide
5.1.B. Maternal mortality ratio (MINSAL Administration Records)	Total nationwide
5.2.A. Proportion of births attended by skilled health personnel (Surveys on Reproductive Health)	Total nationwide
5.2.B. Proportion of births attended by skilled health personnel (MINSAL Administration Records)	Total nationwide

TABLE 8

BASELINE			PERIOD 2000-2012				GOAL
1991	2003	2008	2009	2010	2011	2012	2015
52	31.0	19.0					17.0
46	31.0	15.0					15.0
58	30.0	22.0					18.0
N.D.	33.0	N.D.					18.0
N.D.	27.0	N.D.					16.0
			8.4	7.9	9.3		
41	24.0	16.0					14.0
35	24.0	13.0					12.0
44	24.0	18.0					15.0
N.D.	26.0	N.D.					15.0
N.D.	22.0	N.D.					13.0
			7.1	6.9	7.9		
82.1	87.2	92.7					100.0
80.6	87.7	92.5					
78.5	87.7	92.7					
N.D.	89.1	93.0					
N.D.	86.1	92.0					
			90.2	90.6	89.9		

TABLE 9

BASE-LINE	PERIOD 2000-2012						GOAL	PROGRESS TOWARD GOAL
1991	2007	2008	2009	2010	2011	2012	2015	
211								
	53.5	47.3	56.0	51.8	50.8	42.3	52.8	Likely
51		84.6					100.0	Likely
			84.9	90.0	87.7			

PRENATAL ENROLMENT PER GEOGRAPHIC AREA

TABLE 10

PRENATAL ENROLMENT	LÍNEA BASAL 1991	1998	2003	2008	GOAL FOR 2015
Total nationwide	68.7	76	86	94	100
Urban	70.7	82.5	90.6	95.9	
Rural	61.2	71	82.1	92.2	
Variation		10.6 %	13.2 %	9.3 %	6.4 %

FUENTE: NATIONAL SURVEY ON FAMILY HEALTH, FESAL 1993, 1998, 2002/2003, 2008.

INDICATORS OF MDG 5, IMPROVE MATERNAL HEALTH ,TARGET 5.B.

META 5.B Lograr, para el año 2015, el acceso universal a la salud reproductiva	DISAGGREGATION
INDICATORS	
5.3 Contraceptive prevalence rate	Total nationwide
5.4.A. Birth rate in women 15-24 (Surveys on Reproductive Health)	Total nationwide
5.4.B. Birth rate in women 15-24 (MINSAL Administration Records)	Total nationwide
5.5.A. Antenatal care coverage (at least one visit)	Total nationwide
5.5.B.1 Antenatal care coverage (at least one visit (MINSAL Administration Records	Total nationwide
5.5.A. Antenatal care coverage (at least four visits)	Total nationwide
5.5.B.2 Antenatal care coverage (at least four visits (MINSAL Administration Records)	Total nationwide
5.6 Unmet need for family planning	Total nationwide

SOURCE: FESAL Y MINSAL.

TABLE 11

BASELINE		PERIOD 2000-2012					GOAL	PROGRESS TOWARD GOAL
1991	2007	2008	2009	2010	2011	2012	2015	
53.3		72.5					80.0	Likely
		89.0						
			66.0	63.0	65.0			Likely
68.7		94.0					100.0	
			81.1	76.6	79.9			Likely
50		78.3					100.0	
			71.0	72.2	75.1			Likely
9.2		3.4					Reduce	

INDICATORS OF MDG 6, TARGET 6.A. AND 6B.

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	**Disaggregation**
INDICATORS	
6.1.A. HIV prevalence among population aged 15-24 years (Health Reproductive Surveys)	Total nationwide
6.1.A. HIV prevalence among population aged 15-24 years (MINSAL Administration Records)	Total nationwide
6.1.B. Percentage of positive cases on HIV National Testing Day	Total nationwide
6.2 Condom use at last high-risk sex	Total nationwide
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	Total nationwide
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	**Disaggregation**
Indicator 6.4 Proportion of population with advanced HIV infection with access to anti-retroviral drugs	Total nationwide

INDICATORS OF MDG 6, COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES,TARGET 6.C.

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	**Disaggregation**
INDICATORS	
6.5 Incidence rate of acute diarrhea	Total nationwide
6.6.A. Incidence rate of malaria	Total nationwide
6.6.B. Mortality rate of malaria	Total nationwide
6.7 Incidence rate of acute respiratory disease	Total nationwide
6.8 Incidence rate of pneumonia	Total nationwide
6.9.A. Incidence rate of tuberculosis (per 100,000 inhabitants)	Total nationwide
6.9.B. Prevalence rate of tuberculosis (per 100,000 inhabitants)	Total nationwide
6.9.C. Death rate of tuberculosis (per 100,000 inhabitants)	Total nationwide
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	Total nationwide
6.11. Incidence rate of Chagas disease (per 100,000 inhabitants)	Total nationwide

SOURCE: MINISTRY OF HEALTH .

TABLE 12

BASELINE	PERIOD 2000-2012						GOAL	PROGRESS TOWARD GOAL
1991	2007	2008	2009	2010	2011	2012	2015	
0.01							Halt	Unlikely
	0.030	0.030	0.026	0.030	0.090			
—	—	8.0					+	
—	—	24.2					100.0	

BASELINE				GOAL	PROGRESS TOWARD GOAL
—		79.6	64.8	100.0	Unlikely

TABLE 13

BASELINE	PERIOD 2000-2012						PROGRESS TOWARD GOAL
1991	2007	2008	2009	2010	2011	2012	
	0.7	0.5	0.3	0.4	0.2		Reduce
	0.020	0.0	0.0	0.0	0.0		Reduce
							Reduce
							Reduce
—	27.3	28.1	27.4	27.5	30.3		Reduce
45.7	29.0	28.0	27.4	28.5	34.5		
—	0.8	0.5	0.6	0.7	0.6		Reducir
—	91.2	91.3	88.8	91.4			90 and over
—	1.5	1.2	0.7	0.4	1.6		Reduce

INDICATORS OF MDG 1, ENSURE ENVIRONMENTAL SUSTAINABILITY, TARGET 7.A AND 7.B

Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	**Disaggregation**	**Base-line**
INDICATORS		**1991**
7.1 Proportion of land area covered by forest	Total nationwide	-
7.2 CO2 emissions, total, per capita and per $1 GDP (PPP)	Total nationwide	1.6
7.3 Consumption of ozone-depleting substances	Total nationwide	423
7.4 Proportion of fish stocks within safe biological limits	Total nationwide	28.2
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	**Disaggregation**	**Base-line**
Indicators		
7.6 Proportion of terrestrial and marine areas protected	Total país	0.34
7.7 Proportion of species threatened with extinction	Total país	4

SOURCE: MINISTERIO DE MEDIO AMBIENTE Y RECURSOS NATURALES. MARN. REGISTROS INSTITUCIONALES.

IMPORT OF MATERIALS DEPLETING THE OZONE LAYER

TABLE 15

YEAR	CFS S(METRIC TONS)	YEAR	CF S(METRIC TONS)
1999	109.5	2006	64.43
2000	100.03	2007	34.73
2001	117.82	2008	0.00
2002	103.53	2009	0
2003	98.91	2010	0
2004	76.4	2011	0
2005	119.26		

SOURCE: MARN

TABLE 14

				PERIOD 2000-2012						GOAL	PROGRESS TOWARD GOAL
	2000	2005	2006	2007	2008	2009	2010	2011	2012	2015	
	15.8						12.8			Aum.	
		2.10	2.08	2.55	2.41	2.42	2.42	2.42		Red.	Unlikely
				34.7		421.5	201.5	483.8		Red.	Unlikely
	-					7.40	5.58				
				PERIOD 2000-2012						GOAL	PROGRESS TOWARD GOAL
				1.78	2.06	2.19	2.35	2.41	2.42	Incr.	
				6.20		10.10	10.10	10.30	10.30	Red.	

INDICATORS OF MDG 7, ENSURE ENVIRONMENTAL SUSTAINABILITY, TARGET 7.C AND 7.D

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	**Disaggregation**	**Base-line**
Indicators		**1991**
7.8.A. Proportion of population using an improved drinking water source (Form 1 - well)	Total nationwide	63.3
	Urban	
	Rural	
7.8.B. Proportion of population using an improved drinking water source (Form 2 – without well)	Total nationwide	
	Urban	
	Rural	
7.8.C. Proportion of population using an improved drinking water source (Residential connection and common source)	Total nationwide	42.2
	Urban	
	Rural	
7.9.A. Proportion of population using an improved sanitation facility (private and common)	Total nationwide	76.7
	Urban	
	Rural	
7.9.B. Proportion of population using an improved sanitation facility (toilet to sewage pipe, septic well, and private bathroom)	Total nationwide	72.9
	Urban	
	Rural	
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	**Disaggregation**	**Base-line**
7.10 Proportion of urban population living in slums	Total urban	28.2

I INDICATORS OF MDG 8, . DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT ,TARGET 8.F

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	**Disaggre-gation**	**Base-line**
Indicators		**1991**
8.14 Fixed-telephone subscriptions per 100 inhabitants		75.5
8.15 Mobile-cellular subscriptions per 100 inhabitants		
8.16 Internet users per 100 inhabitants		28.2

TABLE 16

PERIOD 2000-2012												GOAL	PROGRESS TOWARD GOAL
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015	
85.8	86.6	86.1	84.6	84.4	84.9	86.8	85.3	88.1	88.7	90.3	91.2	80.5	Accomplished
95.5	96.1	93.3	93.3	93.6	93.7	94.4	93.6	96.0	95.9	97.0	97.1		
72.1	72.8	75.7	71.8	70.6	71.8	74.3	69.9	74.6	76.6	79.3	81.5		
73.8	73.8	74.1	72.9	73.2	74.1	77.3	77.6	80.6	81.3	82.3	84.2		
91.5	92.0	89.7	90.2	90.3	90.4	90.7	89.6	92.0	92.1	92.4	93.4		
48.6	47.6	51.3	47.2	47.6	49.7	54.9	55.5	61.1	63.2	65.5	68.9		
63.1	62.3	62.2	60.1	62.0	64.1	67.9	69.8	70.9	71.3	72.6	74.9	71.1	Accomplished
82.3	82.5	79.7	77.9	79.7	80.8	81.6	82.5	83.2	83.2	83.8	85.5		
35.6	33.2	36.8	33.7	35.7	39.1	45.0	46.4	49.9	51.5	54.1	57.0		
92.0	92.4	91.8	93.0	90.2	90.9	92.0	95.1	95.4	95.9	96.2	96.2	89.0	Accomplished
97.7	98.4	98.3	98.5	96.7	96.5	97.3	98.9	99.2	99.3	99.4	99.6		
83.9	83.8	82.3	84.9	80.5	82.5	83.0	88.1	88.9	90.2	90.9	90.6		
86.9	86.9	84.9	86.5	87.0	84.8	83.8	82.5	81.0	80.4	80.2	81.4		
90.7	91.8	90.5	91.7	92.6	91.9	92.1	90.4	90.0	89.3	89.5	90.5		
81.5	79.9	76.8	78.9	78.7	74.2	69.8	67.8	65.6	65.7	64.8	66.2		
PERIOD 2000-2012												GOAL	
49.3	47.3	48.4	47.2	45.5	46.2	45.3	44.4	43.6	42.1	41.5	41.6		

TABLE 17

PERIOD 2000-2012													GOAL
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
10.5	10.9	11.1	12.5	14.7	16.1	17.1	17.7	17.6	17.9	15.9			
13	14	15	19	30	40	102	102	113	123	127			
		1.6	1.9	1.8	2.1	1.6	1.6	2.1	2.4	2.4			

ANNEX 2

PERSONNEL INVOLVED IN THE CONSULTATION WORKSHOPS AND THE FINAL REVIEW OF THE REPORT

TECHNICAL SECRETARIAT OF THE PRESIDENCY
Ana Landa
Claudia Gonzales
Nidia Rodríguez
Clotilde Santamaría
Esmeralda Posada
Gina Navas de Hernández

MINISTRY OF FOREIGN RELATIONS
Eduardo Colindres
Sara Miranda
Miguel Salazar

MINISTRY OF EDUCATION
Rene Molina
Xenia de Tamayo
Corina González

MINISTRY OF HEALTH
Carlos Meléndez
Sofía Villalta
Ricardo López
Esmeralda de Ramírez
Mario Sorto
Lorena de Mira

MINISTRY OF THE ENVIRONMENT
Doris Calderón
Victor Cuchilla
Nestor Herrera
Carlos Figueroa
Sol María Muñoz

GENERAL BUREAU OF STATISTICS AND CENSUS
Francisco Munguía

NATIONAL INSTITUTE OF YOUTH
Aida Funes

ISDEMU
María Elena Alvarado
Janine Osorio

NATIONAL COUNCIL FOR CHILDREN AND ADOLESCENTS
Carolina Manzano

SOCIAL INVESTMENT FUND FOR LOCAL DEVELOPMENT
Carina de Carrillo
Gil E. Pérez

MINISTRY OF LABOR AND SOCIAL SECURITY
José Luis Anaya

MINISTRY OF AGRICULTURE AND LIVESTOCK
Luis Salazar

ANNEX 3

MATRIX OF STRATEGIC CHALLENGES AND PRIORITY AREAS BASED ON THE FIVE-YEAR PLAN

ODM	STRATEGIC CHALLENGES	PRIORITY AREAS
MILLENNIUM DEVELOPMENT GOAL 1: Eradicate extreme poverty and hunger	• Have a healthy educated productive population with the skills and capabilities to fully develop their potential and become the main foundation of our development. • Build a fair, inclusive and tolerant society with gender equality and respect for the rights of all the population and mainly the groups in conditions of vulnerability.	• Significant and verifiable reduction of poverty, economic and gender inequality, and social marginalization. • Economic reactivation, including reconversion and modernization of the agricultural and industrial sectors, and massive generation of teaching positions. • Creation of the foundations for a model of growth and comprehensive development, increase and strengthen businesses, and regeneration of the productive fabric.
MILLENNIUM DEVELOPMENT GOAL 2: Achieve universal elementary education	• Have a healthy educated and productive population with the skills and capabilities to fully develop their potential and become the main foundation of our development.	• Significant and verifiable reduction of poverty, economic and gender inequality, and social marginalization.
MILLENNIUM DEVELOPMENT GOAL 3: Promote gender equality and empower women	• Build a fair, inclusive and tolerant society with gender equality and respect for the rights of all the population and mainly the groups in conditions of vulnerability.	• Significant and verifiable reduction of poverty, economic and gender inequality, and social marginalization. • Effective prevention and fight against crime, delinquency and social and gender violence.

ODM	STRATEGIC CHALLENGES	PRIORITY AREAS
MILLENNIUM DEVELOPMENT GOAL 4: Reduce under five mortality rate **MILLENNIUM DEVELOPMENT GOAL 5:** Improve maternal health **MILLENNIUM DEVELOPMENT GOAL 6:** Combat HIV/ AIDS, malaria, and other diseases	• Have a healthy educated and productive population with the skills and capabilities to fully develop their potential and become the main foundation of our development. • Build a fair, inclusive and tolerant society with gender equality and respect for the rights of all the population and mainly the groups in conditions of vulnerability.	• Significant and verifiable reduction of poverty, economic and gender inequality, and social marginalization.
MILLENNIUM DEVELOPMENT GOAL 7: Ensure environmental sustainability	• Reverse environmental degradation and turn El Salvador into an exemplary country, with less vulnerability against natural disasters and human activities.	• Efficient management with a long-term vision, reconstruction of the infrastructure, and recovery of the production and social fabric damaged by storm Ida, as well as by other natural disasters and human activities.