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Atención a las Víctimas de Minas Anti-personales Afectadas por el Conflicto en Colombia

### *Landmine Activities for Victims of the Conflict in Colombia*

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### **QUARTERLY PERFORMANCE REPORT APRIL 1, 2010 – JUNE 30, 2010**

Submitted by implementing agency:

MERCY CORPS

USAID/Colombia

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#### **Program Summary**

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**Grant Amount:** \$3,799,935

**Program Period:** Aug. 28, 2008 – Aug. 27, 2011

**Geographic Coverage:** 22 departments total of which six priority departments include Antioquia, Norte Santander, Nariño, Caquetá, Cauca, Meta

**Number of Beneficiaries:** 600 landmine survivors, 60,890 total including indirect beneficiaries and others including PWDs

**Partner Organizations:** Main Partner - Campaña Colombiana Contra Minas (CCCM); Other Partners and Cooperation Organizations - International Committee of the Red Cross; Corporación Paz y Democracia; Hospital Universitario de Nariño; Hospital Maria Inmaculada; Servicio Nacional de Aprendizaje (SENA); Universidad Don Bosco (El Salvador)

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## **Executive Summary & Key Achievements**

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This quarter Mercy Corps and CCCM served nearly 8,000 vulnerable Colombians through the implementation of integrated rehabilitation, socio-economic integration and public policy advocacy activities. The Program team provided orientation on rights, integrated medical assistance and psychosocial support to landmine survivor families, 46 new survivors and comprehensive follow-up assistance<sup>1</sup> to an additional 42 survivors from past quarters. Key progress made between April – June 2010 towards Program Objectives and Results are summarized below.

Among the major achievements of this quarter is the completion of infrastructure construction for the Rehabilitation center at the Hospital María Inmaculada in Florencia, Caquetá. Equally important is the equipping of all the medical equipment required for the operation of the Center as well as staff training on their use.

Mercy Corps purchased and installed a hydraulic patient lift for the hydrotherapy area of the Rehabilitation Center of the Hospital Universitario Departamental de Nariño, which will enable the full use of this area for the treatment of patients, including landmine survivors in rehabilitation.

Regarding the improvement of department capacity for the care and assistance of landmines and other armed conflict survivors, MC signed an agreement with the International Committee of the Red Cross, for the training of orthopedic surgeons on relevant treatment techniques. As a result of this activity, 86 health care professionals from 19 departments across Colombia were trained in four events. This quarter MC and CCCM led assessments to evaluate the social work services in all referral hospitals in the six priority departments. Findings have already enabled both the Program and partnering hospitals to identify social services gaps and challenges for the assistance of landmine and other armed conflict victims. Continuing with Program efforts to improve the coverage and quality of P&O services, MC completed the documentation process for candidates selected to participate in the online P&O training.

Socioeconomic re-integration activities were significant this quarter highlighted by a disbursement of seed capital for 19 landmine survivor participants from the departments of Antioquia, Santander and Cauca. Moreover, 169 survivors were identified who have not yet supported by other programs of related projects.

Lastly, continuing progress made during the previous quarter, The MC and CCCM team supported the Department Committees for Mine Action in Antioquia, Cauca, and Nariño for the development of their action plans and monitoring mechanisms.

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<sup>1</sup> Follow – up support was provided for legal processes and document filing to facilitate survivor access to humanitarian aid and reparations from Fosyga, arrangement of medical appointments and orientation regarding how to access non-rehabilitation humanitarian and medical services.

## Acronyms

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Acción Social	Social Action Program of the Presidency of the Republic of Colombia
ACIN	Asociación de Cabildos Indígenas del Norte del Cauca
CCCM	Colombian Campaign Against Mines (Campaña Colombiana Contra Minas)
CIREC	Centro Integral de Rehabilitación de Colombia
COP	Colombian Pesos
EPAO	Escuela Popular de Artes y Oficios
ERW	Explosive Remnants of War
FARC	Revolutionary Armed Forces of Colombia
FOSYGA	Social Solidarity Guarantee Fund
GOC	Government of Colombia
HUDN	University Hospital of Nariño
IASC	Inter-Agency Standing Committee
ICBF	Colombian Family Welfare Institute
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IMMAP	Information Management for Mine Action Programs
IMSMA	Information Management System for Mine Action
ISPO	International Society for Prosthetics and Orthotics
MC	Mercy Corps
MRE	Mine Risk Education
NIMWG	National Information Management Working Group
OAS	Organization of American States
NGO	Non-Governmental Organization
OAS	Organization for American States
PAICMA	Presidential Program for Integrated Action against Antipersonnel Mines
P&O	Prosthetic and Orthotic
PWD	Persons with Disabilities
SENA	National Learning Service
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UXO	Unexploded Ordinance

## 1. Progress Towards Indicators

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### 1.1. Leahy Fund Indicators for this quarter

Indicator	2009 Cumul.	Achievements Q3 FY'10	Cumulative 2010	2009-2010 Cumul.
Number of persons trained	420	146	292	712
Number of persons served	4.225	1.460	4.315	8.540
Number of institutions strengthened	0	5	30	30

### 1.2. US Mission Indicators for this Quarter

Indicator	Performance Indicators	LoP Goal	Achievements Q3FY'10	Cumulative	% of Adjusted LoP
1. Vulnerable persons benefited	Number of direct beneficiaries of activities who are living under the line of poverty	17.160	1.524	7.095	41%
2. Socio-Economic reintegration	Number of jobs created, strengthened	370	0	196	53%
3. Health	Number of persons who access health and rehabilitation services through the Program's activities	38.209	1.524	11.771	31%
4. Public Policy	Number of persons who participate and/or are directly benefited from institutional strengthening activities of the Program.	720	120	455	63%

Performance Indicators	LoP Goal	2010 (AWP target)	2009 Cumul.	Q3 FY'10	Q3(AWP Target)	Q3 AWP Goal %	Cumul. 2010	2010 / AWP target %	2009-2010 Cumul.	% Cumul./LoP Adj
<b>1. Vulnerable persons benefited</b>	<b>17.160</b>	<b>5.592</b>	<b>2.724</b>	<b>1.524</b>	<b>4.243</b>	<b>35,9%</b>	<b>4.371</b>	<b>78,2%</b>	<b>7.095</b>	<b>41,3%</b>
IDPs benefitted	-	0	0	32	0	n.a	209	n.a	209	n.a
Landmine survivors benefitted	600	164	350	16	0	n.a	320	195,1%	670	111,7%
Other persons with disabilities	16.560	5.428	2.374	1.508	4.243	35,5%	4.051	74,6%	6.425	38,8%
Afro-Colombians assisted	18	8	18	0	0	n.a	0	0,0%	18	100,0%
Indigenous assisted	18	8	18	0	0	n.a	7	87,5%	25	138,9%
<b>2. Socio-Economic reintegration</b>	<b>370</b>	<b>208</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>n.a</b>	<b>121</b>	<b>58,2%</b>	<b>196</b>	<b>53,0%</b>
Jobs created	175	88	25	0	0	n.a	105	119,3%	130	74,3%
Jobs strengthened	195	120	50	0	0	n.a	16	13,3%	66	33,8%
Beneficiaries graduating from vocational training	33	15	0	0	0	n.a	0	0,0%	0	0,0%
Beneficiaries with access to education	85	32	21	0	0	n.a	0	0,0%	21	24,7%
<b>3. Health</b>	<b>38.209</b>	<b>14.464</b>	<b>9.124</b>	<b>1.524</b>	<b>4.243</b>	<b>35,9%</b>	<b>2.647</b>	<b>18,3%</b>	<b>11.771</b>	<b>30,8%</b>
Beneficiaries with access to health care	534	200	150	16	0	n.a	85	42,5%	235	44,0%
Beneficiaries with access to rehabilitation services (survivors + family members+ other persons with disabilities)	38.209	14.464	9.124	1.524	4.243	35,9%	2.647	18,3%	11.771	30,8%
<b>4. Public Policy</b>	<b>720</b>	<b>240</b>	<b>240</b>	<b>120</b>	<b>0</b>	<b>n.a</b>	<b>215</b>	<b>89,6%</b>	<b>455</b>	<b>63,2%</b>
Persons benefited from institutional strengthening	720	240	240	120	0	n.a	215	89,6%	455	63,2%
<b>5. Other Indicators</b>										
Private sector funds leveraged (US \$000) *(1)	-	-	-	0	0	n.a	108	n.a	108	n.a
Public Sector funds leveraged (US \$000)	-	-	-	0	0	n.a	0	n.a	0	n.a

Women beneficiaries	2.768	1.003	592	526	0	n.a	1.095	109,2%	1.687	61,0%
Men beneficiaries	10.397	170	10.071	910	0	n.a	3.188	1875,1%	13.259	127,5%
Children beneficiaries	2.768	1.003	592	380	0	n.a	522	52,1%	1.114	40,3%
People trained	1.890	630	420	146	295	49,5%	292	46,3%	712	37,7%

\*(1) TRM: 1,850

### 1.3. Program Indicators for this Quarter

Indicator	Description of Indicator	LoP Goal	Achievements Q3 FY'10	Cumulative 2009-2010	% of Adjusted LoP
1	Number of persons from mine/armed conflict affected communities that increase their capacity as first responders to mines/UXO and other ERW related emergencies.	630	0	198	31%
2	Number of landmine survivors, people with disabilities, and other victims of armed conflict who access rehabilitation services at the two new rehabilitation centers established in Caquetá and Nariño.	38.209	1.594	11.841	31%
3	Number of health care staff employed by the Hospital Maria Inmaculada and Hospital Universitario de Nariño rehabilitation centers that have been trained in specific needs of beneficiaries and that provide assistance.	30	3	30	100%
4	Number of Colombian P&O technicians trained and certified as Cat II technicians by ISPO.	30	0	0	0%
5	SENA has the technical capacity and suitable methodologies to train new P&O technicians that comply with International quality standards by ISPO.	3	0	3	100%
6	Number of socioeconomic working groups established and coordinating activities in order to strengthen socioeconomic initiatives with landmine survivors.	6	0	4	67%
7	Number of landmine survivors and their families that access income generation initiatives that improve their quality of life.	300	11	43	14%
8	Number of Departmental Committees for Integrated Mine Action that have defined work plans and information flowcharts for integrated assistance to landmine survivors and advocacy related to mine action public policies.	6	0	4	67%
9	Number of health care providers that improve management practices thereby increasing access to health care and rehabilitation services to landmine survivors, victims of armed conflict and other people with disabilities.	6	1	5	83%

## 2. Progress Towards Objectives

Program Objectives are outlined below with progress made between April 1<sup>st</sup> and June 30<sup>th</sup>, 2010 by Result and Activity.

**Objective 1:** Landmine survivors, victims of armed conflict and other persons with disabilities in the departments of Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander have better quality and access to rehabilitation services by the end of the Program (Sept. 2011)

### Result 1.1 220 leaders from landmine and conflict-affected communities in Nariño (110 beneficiaries) and Norte de Santander (110 beneficiaries) have increased capacity as emergency first responders.

**Activity 1.1.1.** *Improve capacity to respond to emergencies caused by landmines, IE's, UXO's and other explosive remnants of war, through participatory First Aid workshops with mine/armed conflict affected communities in the Nariño and Norte de Santander departments.*

As reported in the previous period, due to the Presidential elections security conditions deteriorated in rural areas of the priority departments for this activity. The security restrictions for activities in rural areas continue in effect.

Several activities were implemented in Nariño and Norte de Santander in order to maintain contacts and agreements reached with health authorities and departmental governments in past quarters. Thanks to this effort, government and health institutions in both departments committed financial and logistical resources and support that will facilitate their greater involvement and monitoring impacts of the First Aid workshops and new capacity created. A description of activities implemented in both departments follows:

#### Main tasks & results this quarter:

DEPT	TASK	RESULT
Nariño	a. Meeting with Nariño Government Secretariat to define logistical and financial details of the First Aid community-level workshops. (04/30/2010)	<p>The Nariño Government Secretariat and Departmental Peace Chancellor agreed to participate in all of the planned workshop with an active role in the following activities:</p> <ol style="list-style-type: none"> <li>1. Identification of participants at community level, together with the departmental Health Institute.</li> <li>2. Call for participants.</li> <li>3. Financial cooperation up to US\$ 2,700 for logistics, including transportation of participants, meals, accommodations and workshop facilities, depending on levels of need.</li> </ol> <p>This commitment is important given the high logistical costs for the Colombian Pacific Coast. Moreover, the Government Secretariat will follow-up on workshop impacts through their networks at community level.</p>
	b. Meeting held with the Emergency Control and Regulation Center of Nariño – CRUE representatives to define profiles for selection and strategies on contacting First Aid workshop participants, as well as	<p>The Emergency Control and Regulation Center of Nariño – CRUE staff will actively cooperate with MC and CCCM to implement the following activities:</p> <ol style="list-style-type: none"> <li>i. Coordinate with municipal hospitals to provide suitable</li> </ol>

	logistical capacity of health institutions at the municipal level. (30/04/2010)	facilities to hold the workshops
	c.	ii. Define select workshop participants at local level.iii. Identify potential workshop participants and enable their participation together with the Government Secretariat of Nariño.
Norte de Santander	a. Meeting held with Norte de Santander's Health Institute to define aspects logistic and financial aspects of the First Aid Workshops at a community level. (3/06/2010)	Norte de Santander Health Institute will help with the following activities: i. Provide suitable facilities fo hold the Workshops in each of the selected municipalities. ii. Select multipliers and participants at local levels. iii. Identify potential workshop participants and enable their participation together with the Government Secretariat of Santander.

**Result 1.2 Departments of Nariño and Caquetá have Rehabilitation centers that provide integral, efficient and high-quality services to landmine Survivors, victims of armed conflict and other persons with disabilities.**

Integrated Asistance to New Civilian Landmine Victims  
1 April - 30 June 2010

Department	Girls under 18	Boys under 18	Adult Women	Adult Men	Total	Indigenous	Afrocolombian	Farmers	Other	Injured	Death
Antioquia				2	2			2			
Cauca				3	3	1		2			
Caquetá				3	3			1			
Nariño			1	2	3	1		2			
N. de Santander				0	0			0			
Meta	2	4	10	19	35			37			
<b>Total</b>					46						

**Activity 1.2.1.** *Finalize the adaptation and equipment process at the Hospital Universitario Departamental de Nariño – HUDN, with safety and quality criteria, with emphasis on the hydrotherapy and proprioception areas.*

Following the recommendations made by the USAID mission in August of 2009, Mercy Corps finished the last stage of equipment of the Nariño Rehabilitation Center, with the delivery and installation of the hydraulic patient lift for the hydrotherapy area and handrails in the bathrooms.

Additionally , according to the recommendations outlined in the assessments done by the engineering firm Lloreda Pineda & Associates, this same firm was contracted to developed the designs and install the most suitable and cost-effective system, which will be implemented no later than September, 2010.

Lastly, unfortunately the HUDN reported the damage to two pieces of rehabilitation equipment purchased and installed in the Rehabilitation Center by the Program. Both items were repaired under the existing guarantees and returned to the Center for use.

Primary tasks and activities implemented during this period include:

DEPT	TASK	RESULT
Nariño	<p><b>Purchase and Installation of Hydraulic Patient Lift for Hydrotherapy Area.</b>            Between April 15-30, MC Rehabilitation Coordinator and the Nariño Rehabilitation Center staff identified needs for the Hydraulic Patient Lift purchase.</p> <p>Between May 2 and 14, Mercy Corps identified potential suppliers and executed the tender process to guarantee installation, maintenance and warranty requirements.            The Patient Lift was purchased from <i>Ortopédicos Futuro</i> on May 26th. The supplier delivered, assembled and installed the lift at the Rehabilitation Center in Pasto on June 8th. It is now fully functional.</p>	<p>The Hydraulic Patient Lift was purchased and installed in the hydrotherapy area of the Rehabilitation Center and was in use by June 2010.</p>
	<p><b>Repair of damaged equipment</b>            On April 6, 2010 the HUDN informed MC of damage to the Vibro-Massager and ultrasound equipment.            Between April 12-26, the Hospital identified the cause of damage (incorrect use by physiotherapists working at the Center).            On May 4, the damaged equipment was sent to Bogotá for repair, was ready on June 17, and back in operation on June 24, 2010.</p>	<ul style="list-style-type: none"> <li>✓ Causes of damages where identified.</li> <li>✓ Equipment was sent to Bogotá for repair and sent back to Pasto for use fully operational.</li> </ul>

**Activity 1.2.2.** *Building and equipment of the Rehabilitation Center at Hospital María Inmaculada - HMI of Florencia, Caquetá.*

The Rehabilitation Center at the María Inmaculada Hospital of Florencia became fully operational on June 11, with the completion of the infrastructure construction and renovation and the purchase and installation of rehabilitation equipment. The 19 days that the Center was operational this period, staff provided assistance to approximately 22 users<sup>2</sup>.

Now that the infrastructure construction and renovation activities are complete, they will be inspected to comply with current regulations for health infrastructure and according to the needs of Rehabilitation Center users.

By April 20, all rehabilitation equipment was successfully installed in the appropriate areas of the Rehabilitation Center. The process was supervised and monitored by MC and the CCCM team and the Rehabilitation and Caqueta department Coordinators. All equipment was officially handed over to the Rehabilitation Center after executing a function check and basic training for the Rehabilitation staff. However, a final intensive training on equipment use will be held in July.

<sup>2</sup> Full information is in process of compilation and will be included in the next quarterly report.



**Photo 1** Hospital María Inmaculada Physiotherapist team receive hands-on training for the proper use and maintenance of new equipment. *Mercy Corps/Angelina Castro, 2010*



**Photo 2** Hospital María Inmaculada Physiotherapist team receiving presentation on the proper use and maintenance of the new equipment. *Mercy Corps/Angelina Castro, 2010*

**Main tasks & results this quarter:**

DEPT	TASK	RESULT
	<p><b><i>Technical Inspection of HMI Rehabilitation Center Facilities regarding compliance with current health infrastructure norms</i></b></p>	
	<p>The first technical inspection was held on April 7th. The results of the visit highlighted the need for finishing minor electrical installation and construction in the hydrotherapy area, signage and evacuation routes and general security.</p>	<p>Specific recommendations were made to Hospital and contractor personnel based on current regulations. A timeline and work plan were drafted to make the required changes.</p>
	<p>A second inspection visit was held on April 21st. The inspectors checked progress. The rehabilitation and HMI team including maintenance personnel, drafted a timetable for completing the required changes needed, in particular installation of a shower in the hydrotherapy area, pediatric bathroom adjustments and safety rails in the pool.</p>	<p>Required changes were completed as of May 26, which enabled the delivery of rehabilitation equipment.</p>
	<p><b><i>Delivery of rehabilitation equipment</i></b></p>	
	<p>All rehabilitation equipment acquired for the María Inmaculada Hospital Rehabilitation Center was delivered and installed between May 10<sup>th</sup> and June 10<sup>th</sup>.</p>	
	<p>The delivery and installation process included the technical inspection of each item, and functionality tests by engineers from the supplier firm (Fisiomédica).</p>	<p>All of the 71 items listed in the Waiver approved by USAID in February 2010 were handed over to the Hospital María Inmaculada. The process included the installation of the water heating system and treatment plant for the hydrotherapy area and the soundproof cabin for specialized hearing examinations.</p>

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### ***Inauguration of Rehabilitation Centre of the María Inmaculada Hospital in Florencia, Caquetá***

The public inauguration event for the Rehabilitation Center was scheduled for June the 12<sup>th</sup> with the US Embassy and Ambassador, but was cancelled due to a flood disaster in Florencia.

The inauguration event had to be cancelled. However, a group of survivors invited to participate in the event from municipalities in Caqueta arrived before the announcement of the cancellation. The group stayed in Florencia and attended medical appointments at the Hospital and rehabilitation center.

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**Photo 3.** HMI Physiotherapist using the new equipment for PT. *Mercy Corps/Ghotlman Galicia*



**Photo 4.** Patients utilizing rehabilitation equipment in the HMI Rehabilitation Center in June. *Mercy Corps /Ghotlman Castilla*

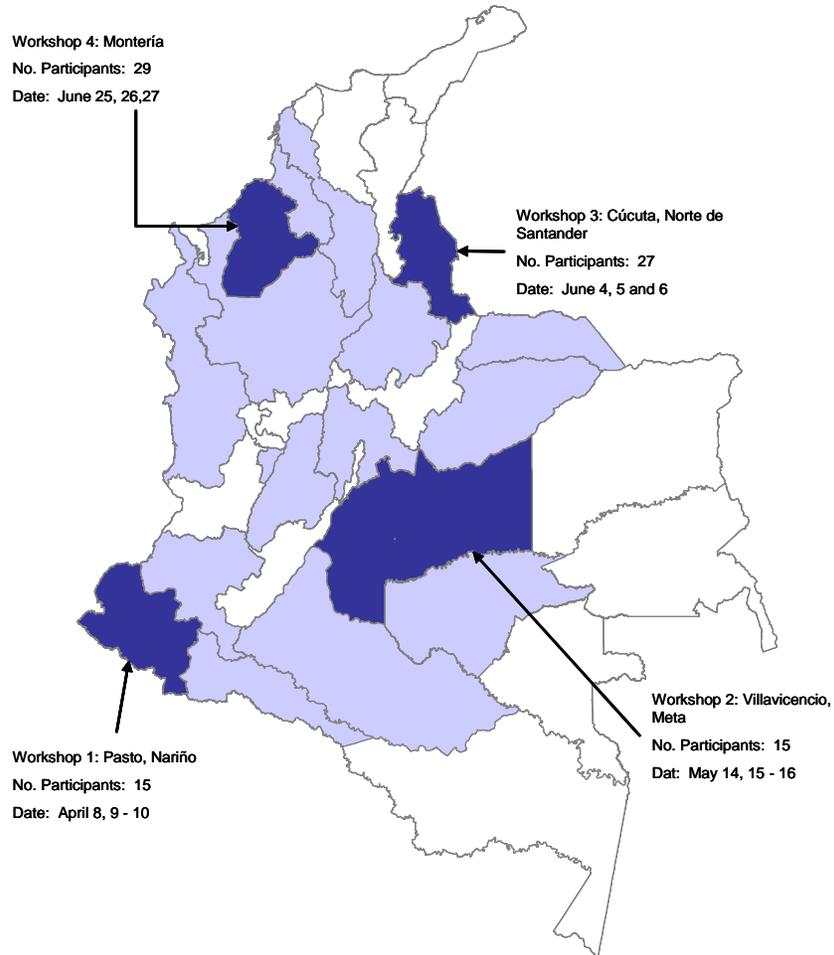
**Activity 1.2.3.** *Update medical knowledge for handling trauma generated by explosives and integrated rehabilitation of victims of mines and other armed conflict-related causes. Training of orthopedic surgeons and physiotherapists of HMI and HUDN.*

Following the recommendations made by USAID, MC established a cooperative agreement with the International Committee of the Red Cross for training orthopedic surgeons from the departments the most victims affected by trauma related to explosive devices and other manifestations of armed conflict (see Annex 1 - Letter of Understanding). The activities under the agreement also take into account training of physiotherapists for treatment of lower limb amputees, including the translation of a specialized manual published by the ICRC into Spanish.

The agreement with the ICRC enabled the training of 86 health care staff including general practitioners, surgeons, orthopedic surgeons, nurses and physiotherapists who each participated in an intensive three-day workshop. A total of 38 institutions in 31 cities from 19 departments heavily affected by armed conflict participated resulting in new knowledge transfer for proper treatment of conflict victims. Workshop topics included the following:

- ✓ Ballistics
- ✓ Assessment of conflict and landmine-related traumas
- ✓ Primary and secondary evaluation
- ✓ Theory of Limb Trauma
- ✓ Damage control surgery
- ✓ Thoraco-abdominal and vascular surgery
- ✓ Theory and techniques of amputation
- ✓ Rehabilitation of amputees
- ✓ Surgery - amputations with myodesis
- ✓ Triage exercises

The workshops were facilitated and supervised by professional staff of the Center for Emergency Medicine Studies - CEMU, affiliated to with the National University. It was also attended by members of the ICRC, which facilitated the active participation of participants as ICRC staff were able to share “real-life” experience working with conflict trauma in the field in Colombia with the medical staff.



**Photo 5.** Workshop for health personnel. Montería, 24, 25 and 26 June 2010.



**Photo 6.** Workshop for health care personnel. Cúcuta, 4, 5 and 6 June 2010.

## Nature of the agreements

Based on the experience organizing these four workshops, Mercy Corps and ICRC have reached an agreement to coordinate the logistical preparations for future workshops:

### ICRC Responsibilities

- ✓ Contact participants
- ✓ Identify and select training facilities
- ✓ Select and hire trainers according to quality standards
- ✓ Visibility and public relations

### Mercy Corps Responsibilities

- ✓ Enable participation of selected medical personal by providing logistical and funding support, for transportation, meals and accommodations.

In order to ensure that the workshops are organized and have sufficient participation in following quarters, MC and ICRC identified problems faced regarding doctor attendance for the first two workshops in Pasto and Villavicencio. The low participation (40% below estimates) was due to various factors, including:

1. The invitations were sent directly to the hospitals director and not addressed personally to the specialists, which limited the level of motivation.
2. In three cases, workshops coincided with national holidays, which discouraged participation.
3. Additional follow-up after first confirmations were needed to remind participants and motivate them to participate.

In order to resolve the participation issue, the MC team and CCCM departmental Coordinators worked together to identify solutions, which included the following strategies:

1. Identification and direct contact with surgeons who provide care for mine victims and / or other conflict trauma (as opposed to written invitations addressed to hospital management).
2. Confirmations must be done both personally or by telephone with each of the participants initially, one week before the event as well as the day before they are scheduled to travel to the workshop..

Lastly, it is worth emphasizing that activity success required significant efforts to build a trusting and collaborative relationship between MC and the ICRC. Due to the ICRC's mandate and requirements for neutrality and independence, their staff stated that the organization is not accustomed to coordinating directly with other organizations. This could be problematic for the MC – ICRC collaborative agreement in the future. MC will work carefully with this relationship to ensure that the coordination can continue while adhering to MC and ICRC respective mandates.

**Activity 1.2.4.** *Strengthen the social work area capacity at HMI and HUDN, in order to improve support to landmine survivors.*

Activities during this period allowed for a better understanding of how the social work areas function in priority hospitals in the Program priority departments.

MC and CCCM teams during assessments have clearly observed the lack of coordinated and integral assistance conflict victims in terms of social work. Additionally in many cases social workers only use a clinical approach that lack holistic treatment.

During the reporting period, MC and CCCM implemented a participatory assessment that identified several key elements that prevent for the proper coordination of social work assistance for more integrated patient treatment:

- a. Except for Hospital San Vicente de Paul and Hospital Departamental del Meta, the social work are should be integrated into the Comprehensive Care Systems User – SIAU<sup>3</sup>.
- b. At Hospitals Universitario Departamental de Nariño (HUDN), María Inmaculada de Florencia, Caquetá (HMI), San José and Susana López de Valencia in Popayán, Cauca and Erasmo Meoz of Cucuta, the patient requests services from the social work area. To date, none of the survivors treated in these hospitals over the past 18 months have received assistance from the social work area. Only the Hospital Departamental de Villavicencio (HDV) and San Vicente de Paul have adapted strategies to proactively contact landmine survivors as soon as they are admitted into the hospital emergency rooms.
- c. The number of hospital social work personnel is very limited. SIAU’s report between 3 and 5 social workers serve an average of *900 patients daily*. An exception is the San Vicente de Paul Hospital in Medellin, where there are 16 social work professionals and seven assistants.
- d. Social workers from all four hospitals (identified in point b) perform functions mostly related to administration, billing and audits instead of direct patient assistance. A clear example of this is the considerable staff time required to identify and classify patients according to registration in the Social Security System and the subsequent billing processes for services rendered.
- e. The professionals assigned to the SIAU are not aware landmine survivors and other victims of armed conflict, therefore, they are ill-prepared to refer conflict victim patients to the most appropriate kinds of assistance.

Regarding the analysis of capabilities of the referral hospitals to assist victims of armed conflict, the MC and CCCM team identified a set of variables to identify current capacity, challenges, gaps and needs to transform and strengthen social work areas to better: a) human resources – number of staff and level of training; b) knowledge of the rules and rights of victims of conflict; c) understanding and interaction with support networks for landmine and / or armed conflict victims and d) willingness and motivation. All of the Program departmental Coordinators made at least three personal visits and met survivors, social workers and relevant areas at the hospitals that ideally are involved with victim assistance. Following is a table with the analysis that the MC and CCCM staff will review with the relevant hospital personnel during the next quarter:

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<sup>3</sup> SIAU is the acronym that stands for Clients Assistance and Information System. It is a tool designed by the Colombian Ministry of Social Protection to improve the delivery of health services by compiling and analyzing user information to ensure Hospital compliance duties and patient rights.

VARIABLE	DEFINITION	Antioquia Hospital San Vicente de Paul	Caquetá Hospital María Inmaculada	Cauca Hospital Susana López de Valencia	Meta Hospital Departamental de Villavicencio	Nariño Hospital Universitario Departamental de Nariño	Norte de Santander Hospital Erasmo Meoz
<b>Human Resource Capacity</b>	No. of professional and / or assistants that work exclusively (or at least half-time) on social work activities	16 professionals 7 assistants	1 Professional 2 assistants	3 professionals 2 assistants	4 professionals 6 assistants	4 professionals 2 assistants	7 professionals 4 assistants
<b>Knowledge of rules and rights of victims of conflict/access to care and assistance</b>	Ability to name and conceptualize norms and regulations. Reference is made solely to access to health services - emergency, rehabilitation, technical aids, etc.	4 professionals generally know the norms and use them in their work.	The staff assigned to social work vaguely know the norms but have no ability to apply them in their work	Social work staff know the norms but have no ability to apply them in their work	2 professionals generally know the norms and use them in their work.	Social work staff generally know the norms but have no ability to apply them in their work	Social work staff know the norms but have no ability to apply them to their work
<b>Knowledge of the rules and rights of victims of conflict/access to care and assistance</b>	Ability to name and demonstrate understanding of the norms for conflict victims. Need for protection services - certification, registration, housing, support, programs for women and children, etc.	4 social work professionals generally know the norms and use them in their work.	Social work staff do not know the norms and have no ability to apply them in their work.	Social work staff do not know the norms and have no ability to apply them in their work.	2 social work professionals know some of norms and use it in the context of their work.	Social work staff do not know the norms and have no ability to apply them in their work.	Social work staff do not know the norms and have no ability to apply them in their work.
<b>Knowledge of support networks for assistance to survivors of armed conflict</b>	Ability to name the government and NGOs that implement programs, projects and / or activities designed to mitigate the impact of mines and / or armed conflict on civilians, with	4 social work professionals generally know names, contacts and capabilities of support networks for victims.	Social work staff do not know of any support networks. They do not have contacts or specific procedures for contacting organizations or	Social work staff know some organizations that implement activities, projects or programs on mine action but have no procedures to contact them in case of need.	Social work staff know some organizations that implement activities, projects or programs on mine action but have no procedures to contact them in case of need.	Social work staff know some organizations that implement activities, projects or programs on mine action but have no specific procedures to contact them in case of need.	Social work staff do not know any support networks. They do not have contacts or procedures for contacting organizations or

	emphasis on health and safety.		individuals that can support survivors who enter the hospital.				individuals that can support survivors who enter the hospital.
<b>Effective interaction with support networks integrated assistance to armed conflict survivors.</b>	Identification of activities designed and developed to improve the situation of victims of armed conflict and ensure access to integrated assistance.	The social work area has a system to notify the local support network when landmines and conflict patients are admitted at the respective emergency room.	Social work staff do not implement joint activities with support networks	Social work staff do not implement joint activities with support networks	The social work area has a system to notify the local support network when landmines and conflict patients are admitted at the respective emergency room.	Social work staff do not develop joint activities with support networks.	Social work staff do not develop joint activities with support networks

## Main tasks & results this quarter Activity 1.2.4:

DEPT	TASK	RESULT
Antioquia	<p>Identify health care providers who assist landmine victims in Antioquia and level of capacity.</p> <p>3 visits to Hospital San Vicente de Paul and 4 visits to Hospital Pablo Tobón Uribe.</p>	<p>The assessment made evident that the strongest health providers for landmine and conflict victims are Hospital Pablo Tobon Uribe Hospital - HPTU, which serves 30% of victims, and the Hospital San Vicente de Paul - HSVP, which is the largest provider, serving 70% of victims with traumas caused by explosive devices.</p> <p>The second tier Hospital of Caucasia, is the health institution that provides first stabilization services to a large number of landmine victims in the sub-region of Bajo Cauca. Unfortunately, distance, as well as security conditions did not allow the MC and CCCM teams to perform visits or interviews during this period.</p>
Caquetá	<p>Identify health care providers who assist landmine victims in Caquetá and level of capacity.</p> <p>3 visits to Hospital María Inmaculada in Florencia and 2 visits to Clínica Medilaser</p>	<p>The Hospital María Inmaculada of Florencia is the sole provider of health services to civilian survivors of landmines / armed conflict. It discovered that the Medilaser Clinic does not provide services to civilians in violation of patients' rights and health care legislation.</p> <p>There are no other institutions that assist victims in Caquetá thus some survivors are taken to Huila for treatment, depending on the area where the accident occurs.</p>
Cauca	<p>Identify health care providers who assist landmine victims in Cauca and level of capacity.</p> <p>3 visits to Hospital Susana López de Valencia 1 visit to Hospital San José</p>	<p>Hospital San José is the referral hospital for patients affected by trauma from landmines/other explosive devices. It is clear the Center's is overstretched, not only in terms of human, economic and technical care, but also due to limited knowledge of the rights of patients affected by armed conflict.</p> <p>Even though Hospital Susana López de Valencia is second tier institution, it has a high level of human capacity and knowledge to assist victims. In this regard, the Hospital has the support of the Departmental Health Institute and is becoming the focal point for the referral and treatment of mine victims and other conflict victims.</p>

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<b>Meta</b>	<p>Identify health care providers who assist landmine victims in Meta and level of capacity.</p> <p>5 visits to Hospital Departamental de Villavicencio, in Meta.</p>	<p>Hospital Departamental de Villavicencio is the referral institution for emergency and complex treatment of victims of armed conflict. However, due to the weak capacity for emergency care, some survivors are referred to Bogotá for treatment. Likewise, all patients are referred to Bogotá for their rehabilitation procedures and outpatient services.</p>
	<b>Nariño</b>	<p>Identify health care providers who assist landmine victims in Nariño and level of capacity.</p> <p>4 visits to Hospital Universitario Departamental de Nariño 2 visits to Hospital Infantil Los Angeles</p> <p>2 visits to Fundación Hospitalaria San José</p>

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of Nariño (Network support).

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Norte de Santander

Identification of health care providers who assist landmine victims in Norte de Santander and level of capacity.

3 visits to Hospital Universitario Erasmo Meoz  
1 visit to Hospital Emiro Quintero of Ocaña  
1 visit to Hospital San Juan de Dios in Pamplona.

The referral hospital for Norte de Santander is the Erasmo Meoz Hospital. Ocaña and Pamplona hospitals also provide sporadic assistance. The Erasmo Meoz Hospital has the capacity to provide all services for landmine survivors and other trauma victims. Through links with other public and private care providers, such as the Cardio-Neuro Muscular Rehabilitation Center of Norte de Santander, all patient needs can be met without traveling outside the department. Despite this advantage, many survivors are still transferred to other cities such as Bogotá or Bucaramanga, given the limited subsidized care.

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### Result 1.3. Increased national capacity to provide quality prosthetic and orthotic services, according to international standards.

**Activity 1.3.1.** *Training of 30 P&O technicians from the departments of Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander through on-line distance courses.*

Activities this period focused on acquiring relevant application documentation from P&O technicians from the six priority departments selected to participate in the online courses. The MC team also dedicated time to preparing the cost extension for the online P&O training activity.

Significant progress was made compiling application documents; however, it was difficult to find qualified candidates. Many of the P&O technicians lack relevant work experience and have low levels of formal education. Mercy Corps was forced to turn down the nomination of eight technicians as they did not have a high school diploma and/or the required labor certifications documenting minimum of five years work experience. Currently the Don Bosco University is reviewing the applications of qualified candidates.

On a positive note, MC made headway re-establishing relations with the SENA after completion of construction of the training lab. The SENA representatives have agreed to provide access to their facilities for the P&O distance learning students. (Annex 2. List of selected P&O technicians)

**Activity 1.3.2.** *Support the SENA program “P&O Technology” through the training of three (3) ISPO certified technicians (one Cat II and two Cat I).*

The three students enrolled in the P&O technology and professional program are continuing their studies and advancing well. Their grades are satisfactory, and thanks to constant monitoring and follow-up with both the University and the students, it has been possible to closely monitor their performance.

There have been challenges this period related to housing for the three students as the UDB decided to close the student housing facilities where the students were accommodated. UDB provided the students with off-campus housing as an alternative. The students were unhappy with this decision because:

1. The off-campus housing is in a neighborhood considered to be one of the most dangerous in San Salvador, due to the presence of gangs and criminal groups.
2. There are no basic services in the area including restaurants, shopping malls and supermarkets. To access these services students must cross dangerous neighborhoods in which access is impossible after 6 pm due to insecurity.
3. The off-campus housing is nearly double the cost of their previous accommodations.

When Mercy Corps was informed of adverse situation, it was decided that the best solution was to allow the three students to choose their housing, taking into account other options offered by UDB that are within the budget.

In relation to academic performance, the students received the following grades according to courses taken:

Program		Curriculum	Average Score
ISPO Category I (B.S.)		<ul style="list-style-type: none"> <li>✓ Clinical Practice II</li> <li>✓ Physics</li> <li>✓ Introduction to the practical applications of software</li> <li>✓ Research Methods and Techniques</li> <li>✓ Principles of Business Analysis and Economic Evaluation</li> </ul>	7.8

		<ul style="list-style-type: none"> <li>✓ Clinical Practice II</li> <li>✓ Physics</li> <li>✓ Introduction to the practical applications of software</li> <li>✓ Research Methods and Techniques</li> <li>✓ Principles of Business Analysis and Economic Evaluation</li> </ul>	8.1.
<b>ISPO Category II (Technologist)</b>		<ul style="list-style-type: none"> <li>✓ Biomechanics II</li> <li>✓ Technical Mathematics</li> <li>✓ Orthopedic Pathology I</li> <li>✓ Practice in Prosthetics and Orthotics III</li> </ul>	8.1

**Objective 2** Landmine survivors and their families in the departments of Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander have socio-economic integration alternatives according to their community context and capacities by the end of the Program (September 2011).

**Result 2.1. Departmental Committees for Integral Mine Action in Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander have increased capacity to coordinate and manage socio-economic integration initiatives for landmine survivors.**

*Activity 2.1.1 Establish and/or strength socioeconomic integration Working Groups at departmental level, in the Framework of the six (6) departmental Committees for Mine Action.*

In order to continue strengthening existing capacities at departmental level for the effective socio-economic integration of landmine survivors, Mercy Corps and the CCCM continued to support socio-economic integration Working Groups in the departments of Antioquia, Cauca, Nariño and Norte de Santander. While efforts in these four departments have been sustained and are already showing results, the departments of Caquetá and Meta continue to be a challenge, given the lack of political will and low priority of landmine issues with key actors.

**Main tasks & results this quarter:**

DEPT	TASK	RESULT
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**Antioquia**

**Three monthly meetings held for of the Socioeconomic Integration Working Group.**

The Working Group finished its action plan, which will act as a road map for the next two years.

Three monthly meetings were held in Medellin with the participation of 12 organizations

Participant organizations included:

Meetings took place on April 30, May 28 and June 25.

1. Government Secretariat of the Antioquia Governor's Office
2. Presidential Program for Integral Mine Action - PAICMA
3. Productivity Secretariat of the Antioquia Governor's Office
4. Antioquia's Landmine Survivors Association
5. SENA
6. Acción Social
7. Handicap Internacional
8. CCCM
9. Corporación Paz y Democracia
10. CIREC
11. Fundación Mi Sangre
12. Mercy Corps

Primary efforts this period were focused on maintaining the momentum of previous progress through regular information sharing and analysis exercises related to survivor SEI.

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Cauca

**Two monthly meetings held of the Socioeconomic Integration Working Group.**

Two monthly meetings with the participation of 10 organizations were held in Medellin.

Meetings took place on may 27 and June 25.

In agreement with the Cauca's Governor's Office, Mercy Corps and the CCCM re-activated the Departmental Committee for Mine Action The socio-economic Integration Working Group has met twice this period, with the participation of Nine organizations.

The reactivation of the Working group has allowed information sharing an analysis, as well as sharing of methodologies and findings of each organization in the field related to SEI.

Participant organizations included:

1. Presidential Program for Integral Mine Action - PAICMA
2. Government Secretariat of the Cauca Governor's Office
3. Cauca's landmine survivors' association
4. SENA
5. Acción Social
6. Fundación Tierra de Paz
7. CCCM
8. Universidad del Cauca
9. CIREC
10. Mercy Corps

The WG has started the design of a two-year action plan that will be finished during the next quarter.

The WG also consolidated a database of beneficiaries of SEI activities, with the aim of avoiding duplication of efforts and the optimization of resources and aid.

<b>Nariño</b>	<p>On June 30, the Department Committee for Integral Mine Action convened the third meeting of the SEI Group.</p>	<p>Mercy Corps and the CCCM presented the results of their work so far, promoted the idea of information-sharing regarding beneficiaries, challenges and needs for the continued assistance to survivors.</p> <p>Participant organizations included:</p> <ol style="list-style-type: none"> <li>1. Presidential Program for Integral Mine Action - PAICMA</li> <li>2. Government Secretariat of the Nariño Governor's Office</li> <li>3. SENA</li> <li>4. Acción Social</li> <li>5. ICBF</li> <li>6. CCCM</li> <li>7. CIREC</li> <li>8. Mercy Corps</li> <li>9. Pastoral Social</li> </ol> <p>Oxfam GB</p>
<b>Norte de Santander</b>	<p>On June 23 the Departmental Committee for Integral Mine Action convened the first meeting of the SEI Group.</p>	<p>Mercy Corps and the CCCM presented the results of their work so far, promoted the idea of information-sharing regarding beneficiaries, challenges and needs for the continued assistance to survivors.</p> <p>Participant organizations included:</p> <ol style="list-style-type: none"> <li>1. Government Secretariat of the Norte de Santander Governor's Office</li> <li>2. Association of Landmine victims of Norte de Santander</li> <li>3. SENA</li> <li>4. Acción Social</li> <li>5. CCCM</li> <li>6. Handicap International</li> <li>7. Mercy Corps</li> </ol>

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**Result 2.2. 130 landmine survivors and their families access income generation initiatives that improve their quality of life.**

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**Activity 2.2.1.** *To promote the access of 130 landmine survivors and their families to income generation initiatives.*

**Financial support to productive activities:**

As previously reported, after the process of socio-economic assessment of 50 initiatives supported by the CCCM in 2007, 32 survivors were selected to implement activities to strengthen or restructure their income generation initiatives.

Once the training and business development with the 32 survivors was completed, this quarter MC and the CCCM distributed seed capital to 19 survivors in Antioquia (6), Cauca ( 9) and Santander (4). It should be noted that in eight cases the delivery of seed capital was postponed due to security, relocation of beneficiaries or concerns manifested by the beneficiaries and trainers regarding the viability of their initially-proposed income generation projects. Moreover, the continuous follow-up with beneficiaries during training and business plan development allowed MC and the CCCM to take into account that five beneficiaries previously approved for seed capital did not meet the minimum criteria required for a proper management of resources. Therefore, MC and the CCCM make the decision not to provide seed capital to the following landmine survivors for the present time:

Seed capital beneficiaries participated in 15 hours of intensive entrepreneurship training with the SENA, aimed at strengthening knowledge acquired during the past three years. After the completion of training, business plan design and price quotes from equipment providers, MC and the CCCM disbursed the seed capital, ranging between \$950USD and \$1,425USD. Thanks to the cooperation and trust with the USAID Mission, Mercy Corps was permitted to disburse the seed capital in cash, through wire transfers to each survivor, instead of providing in kind contributions. Seed capital in this manner facilitated:

1. Time and financial resources savings due to the reduction of costs and time needed for logistics and administrative processes.
2. Integration of beneficiaries into local financial systems, through the opening of accounts for their personal and small business resource management.
3. Generation of commercial relations between the beneficiaries and the equipment vendors through during acquisition of price quotes, commercial visits and markets analysis.
4. Boosting of local economies through the circulation of cash and goods.
5. Awareness-raising of local private enterprise around the problems related to disability.

Today, MC and CCCM have disbursed \$19,556USD (\$ 36,178,750 COP) in seed capital. Beneficiary small enterprises are broken down into the following types Commerce and Trade 42.1% (small shops for miscellaneous goods and stationary), cattle-raising and animal husbandry 42.1% (cows, fish and pig-raising) Agriculture 10.5%, and small manufacturing 5.3%.

The following table provides detail on beneficiaries, their projects, and seed capital disbursed during this quarter:

Nº	DEPT	INICIATIVE	AMOUNT IN US\$	AMOUNT IN COP\$
1	Antioquia	Miscellaneous shop	1,425.00	2,636,250.00
2	Antioquia	Fish production	950.00	1,757,500.00
3	Antioquia	Cattle raising	950.00	1,757,500.00
4	Antioquia	Restaurant	950.00	1,757,500.00
5	Antioquia	Miscellaneous shop	950.00	1,757,500.00
6	Antioquia	Pigs raising	1,250.00	2,312,500.00
7	Cauca	Stationary shop	950.00	1,757,500.00
8	Cauca	Miscellaneous shop	1,200.00	2,220,000.00
9	Cauca	Agriculture	950.00	1,757,500.00
10	Cauca	Fashion shop	950.00	1,757,500.00
11	Cauca	Miscellaneous shop	950.00	1,757,500.00
12	Cauca	Cattle raising	1,000.00	1,850,000.00
13	Cauca	Cattle raising	950.00	1,757,500.00
14	Cauca	Miscellaneous shop	1,081.00	2,000,000.00
15	Cauca	Cattle raising	950.00	1,757,500.00
16	Santander	Cattle raising	1,200.00	2,220,000.00
17	Santander	Taylor shop	950.00	1,757,500.00
18	Santander	Cattle raising	950.00	1,757,500.00
19	Santander	Agriculture	1,000.00	1,850,000.00
			<b>19,556.00</b>	<b>36,178,750.00</b>



**Photo 7.** Program beneficiary completing documentation to receive seed capital. Mercy Corps – CCCM/ Antioquia, Juan Pablo Escobar, May 2010.



**Photo 8.** Program beneficiary buying goods at local warehouse for his miscellaneous shop. Mercy Corps – CCCM/ Antioquia, Juan Pablo Escobar, May 2010.



**Photo 9.** Program beneficiary at his new shop. Mercy Corps – CCCM/ Antioquia, Ángela Sanabria, May 2010.

### Identification of survivors and their socio-economic situation:

Mercy Corps and the CCCM began the identification and evaluation process for 169 survivors in five departments, through the application of SEI baseline surveys. The aim of this process is to select beneficiaries to start socioeconomic integration initiatives in following quarters. Mercy Corps and CCCM defined minimum criteria for the selection process:

1. That the survivor has not not received received support from other similar programs as to not duplicate efforts. These criteria take into account exceptional situations such as a) forced displacement after the reception of benefits from other sources, b) worsening of the survivor's economic situation due to new situations of vulnerability (other family members discontinue financial support, death of a family member).
2. Cluster survivors in a geographic area to optimize time, management and financial resources for implementation and follow-up on initiatives. Coordinators were encouraged to identify survivors in areas that have not yet been covered by other projects.
3. Political will and concrete support from local and department authorities for successful socioeconomic integration of landmine survivors.

The identification process started in Antioquia, Meta, Nariño and Norte de Santander had to be postponed in Caquetá and Cauca due to insecurity in areas outside of Popayán and Florencia.

**Objective 3:** Department Committees for Integrated Mine Action Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander have mechanisms to promote and facilitate landmine survivor access to integrated assistance by the end of the Program.

Please see annex 4 for full information on survivors and ISE

**Result 3.1. Department Committees for Integrated Mine Action information management mechanisms are strengthened and support decision-making and planning processes for integrated assistance to landmine survivors.**

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**Activity 3.1.1** Support the formulation of Department Mine Action Committee work plans and information management flowcharts.

Due to the Congressional and Presidential elections this period, government activities in all departments was focused on winning political support, rather than other public policy issues such as survivor assistance. Therefore, very little was achieved in terms of formulation and follow-up on work plans and information management flow charts. Nonetheless, several activities were implemented Cauca, Nariño and Antioquia.

**Main tasks & results for this quarter include:**

DEPT	TASK	RESULT
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<b>Cauca</b>	Victim's Assistance Action Plan design and implementation	The Cauca Departmental Committee for Mine Action finished the VA action Plan on May 25. The plan was presented to members of the Committee and will be operative for the next two years.
<b>Nariño</b>	Design of Monitoring System for Nariño's victims' Assistance Action Plan.	With Support of MC and the CCCM, the Departmental Mine action Committee started the design of indicators and monitoring mechanisms. A first draft was ready by May 19 and was reviewed by Committee members on June10.
<b>Antioquia</b>	Design of Monitoring System for Nariño's victims' Assistance Action Plan.	Mercy Corps gathered with the Mine Action Unit of the Government Secretariat of Antioquia on May 17, 2010, to identify needs in order to properly monitor the department Action Plan progress. A second meeting took place on June 2, to analyze current indicators and methods of information collection and organization.

Finally, Mercy Corps and the CCCM participated of the two meetings convened by the Presidential Program for Integral Mine Action on Victim's Assistance. These meetings enable coordination among victims assistance actors and government institutions such as the Ministry of Social Protection, FOSYGA, Acción Social and others. Notable results include:

1. The group convened 39 organizations representing the full array of rights and assistance provided by government and non-governmental organizations.
2. The group identified seven goals that align with its vision:

<b>Goals</b>	<b>Thematic Areas</b>
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<ul style="list-style-type: none"> <li>✓ Development of technical guidelines for the care and assistance of survivors (health, rehabilitation, psychosocial care, economic integration, etc.)</li> <li>✓ Information sharing</li> <li>✓ Coordination</li> <li>✓ Design of the national action plan for victims' assistance</li> <li>✓ Design of impact indicators - Monitoring and Evaluation</li> <li>Empowerment of landmine survivors</li> <li>✓ Active interaction between departments and national-level institutions.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health</li> <li>✓ Rehabilitation</li> <li>✓ Socio-economic Integration</li> <li>✓ Psychosocial support</li> <li>✓ Access to justice and reparation</li> </ul>
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### 3. Monitoring & Evaluation Activities

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Monitoring and evaluation activities were focused in three main areas this period:

1. Development of monitoring and evaluation tools, including:
  - a. Departmental monitoring plans (see annex for sample monitoring plan)
  - b. Formats for data gathering at field visits (see annexes)
  - c. Database for information collection, organization and analysis.
  
2. Training of department Coordinators on the use and submission of monitoring and evaluation tools. This was done through a participatory orientation that was held in two phases. The first phase was a participatory meeting in Bogota (15-18 June) in which Department Coordinators from the six departments, MC and CCCM team reviewed each department work plan and quarterly projections. The second phase included field visits to each department Coordinator to identify their needs regarding the better use of M&E formats and resolve challenges they face for information gathering and systematization..

3. Finally, key stakeholders with landmine assistance were visited to review how information is being gathered and to trouble-shoot and resolve problems. Mercy Corps Monitoring and Evaluation Specialist visited The HUDN and HMI to verify the inclusion of variables in the clinic reports that are important for measuring Program indicators in relation to rehabilitation assistance at the Centers..

**1. Annexes**

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**Annex 1. Agreement signed between ICRC and Mercy Corps**

**Annex 2. List of identified P&O technicians to participate in the online distance courses with UDB**

No.		BASELINE SURVEY	COPY OF ID	DIPLOMAS	GRADUATION LETTER	MOTIVATION LETTER	AUTHORIZATION	WORK EXPERIENCE	SEMINARS AND OTHERS	CASES			
											CASES	No. OF ANNEXES	PHOTOGRAPHS
1		1	1	1	1	1	1	5	9	1	1	3	4
											2	5	2
											3	5	3
2		1	1	1	1	1	1	6	N	1	1	1	N
											2	1	1
											3	1	1
											4	1	2
											5	9	N
3		1	1	1	1	1	N	3	N	3	1	1	2
											2	1	2
											3	1	2
4		1	1	1	N	1	1	1	N	N	1	2	2
											2	3	2
											3	2	2
											4	N	11
5		1	1	1	N	1	1	1	N	N	1	3	2
											2	3	2
											3	2	2
											4	2	11
6		1	1	1	1	1	1	3	N	N	1	3	N
											2	2	N
											3	3	N
											1	1	1
											2	1	1

No.	BASELINE SURVEY	COPY OF ID	DIPLOMAS	GRADUATION LETTER	MOTIVATION LETTER	AUTHORIZATION	WORK EXPERIENCE	SEMINARS AND OTHERS	CASES	CASES	No. OF ANNEXES	PHOTOGRAPHS
8	1	1	2	2	1	1	1	32	N	1	4	2
											5	3
											3	8
											8	8
9	1	1	3	1	1	1	N	13	1	1	2	4
										2	3	
										3	2	3
										4	2	3
10	1	1	1	1	1	N	3	N	2			5
										1	3	
										2	3	
										3	3	
11	1	1	1	1	1	3	1	N	N	1	2	1
										2	3	1
										3	3	1
										4	3	1
										5	3	2
12	1	1	1	0	1	1	2	N	N	1	5	
										2	8	
										3	11	
13	N	1	2	1	1	1	1	16	N	1	1	
										2	1	
										3	1	

No.		BASELINE SURVEY	COPY OF ID	DIPLOMAS	GRADUATION LETTER	MOTIVATION LETTER	AUTHORIZATION	WORK EXPERIENCE	SEMINARS AND OTHERS	CASES	CASES		PHOTOGRAPHS	No.
												No. OF ANNEXES		
14		1	1	1	N	1	N	2	2	1	1	1	1	
											2	1	1	
											3	1	1	
											4		12	
											5			
											6	3		
15		N	1	N	1	1	1	2	6	N	1	3		
											2	2		
											3	2		
16		N	1	1	N	1	1	1	5	N	1	2		
											2	1		
											3	2		
17		N	1	1	1	1	0	1	1	2	1	4	4	
											2	5		
											3	2		
18		N	1	1	1	1	1	2	N	N	1	1	1	
											2	1	1	
											3	1		
											4	1	1	
19		1	1	1	1	1	0	4	5	1	1	1	1	
											2	1	1	
											3	2	5	
											4	5	1	
											5	6	1	
20		1	1	1	1	1	6	0	8	1	1	4	3	
											2	4	3	
											3	4		

22		0	1	1	1	1	0	0	0	2	1	5		N	
											2	4		N	
											3	4		N	
23		0	1	1	1	1	0	1	1	2	1	4		N	
											2	3		N	
											3	2		N	
24		1	1	1	0	1	1	2	1	0	1	1		N	
											2	2		N	
											3	3		N	
											4			N	
25		1	1	1	0	0	1	3	7	1	1	1		2	
											2	1		1	
											3	1		1	
26		1	1	1	1	1	0	1	33	0	1	1		1	
											2	1		1	
											3	1		2	
											4	1		1	
														1	
															N
															N
															N

No.	BASELINE SURVEY	COPY OF ID	DIPLOMAS	GRADUATION LETTER	MOTIVATION LETTER	AUTHORIZATION	WORK EXPERIENCE	SEMINARS AND OTHERS	CASES	CASES	No. OF ANNEXES	PHOTOGRAPHS
27	1	1	0	0	1	0	0	17				1
												N
												N
												N
28	0	1	1	0	1	1	2	0	1	0	0	N
										1	0	N
										1	0	N
										1	1	N
29	0	1	1	0	1	1	0	2	2	1	0	N
										1	0	N
										1	0	N
										1	0	N
30	0	1	1	1	1	0	2	0	0	1	1	N
										2	1	N
										3	1	N

**Annex 3. List of Socio-Economic Integration Initiative beneficiaries who received seed capital during this reporting period.**

No.	MUNICIPALITY	DEPARTMENT
1	Caucasia	Antioquia
2	Caucasia	Antioquia
3	Caucasia	Antioquia
4	Montebello	Antioquia
5	Montebello	Antioquia
6	Montebello	Antioquia
7	Montebello	Antioquia
8	Montebello	Antioquia
9	Turbo	Antioquia
10	Turbo	Antioquia
11	Turbo	Antioquia
12	Turbo	Antioquia
13	Turbo	Antioquia
14	Villavicencio	Meta
15	Villavicencio	Meta
16	Villavicencio	Meta
17	Villavicencio	Meta
18	Pto López	Meta
19	Pto López	Meta
20	Villavicencio	Meta
21	Villavicencio	Meta
22	Villavicencio	Meta
23	Villavicencio	Meta
24	Vista Hermosa	Meta
25	Vista Hermosa	Meta
26	Vista Hermosa	Meta
27	Vista Hermosa	Meta
28	Vista Hermosa	Meta
29	Vista Hermosa	Meta
30	Granada	Meta

No.	MUNICIPALITY	DEPARTMENT
31	Granada	Meta
32	Granada	Meta
33	Granada	Meta
34	Granada	Meta
35	Granada	Meta
36	Granada	Meta
37	Granada	Meta
38	Granada	Meta
39	Granada	Meta
40	Granada	Meta
41	Los Andes	Nariño
42	Los Andes	Nariño
43	Los Andes	Nariño
44	Los Andes	Nariño
45	Los Andes	Nariño
46	Los Andes	Nariño
47	Los Andes	Nariño
48	Los Andes	Nariño
49	Los Andes	Nariño
50	Los Andes	Nariño
51	Los Andes	Nariño
52	Los Andes	Nariño
53	Los Andes	Nariño
54	Los Andes	Nariño
55	Pasto	Nariño
56	Samaniego	Nariño
57	Samaniego	Nariño
58	Samaniego	Nariño
59	Samaniego	Nariño
60	Samaniego	Nariño
61	Samaniego	Nariño
62	Samaniego	Nariño
63	Samaniego	Nariño
64	Samaniego	Nariño
65	Samaniego	Nariño
66	Samaniego	Nariño
67	Samaniego	Nariño
68	Samaniego	Nariño
69	Samaniego	Nariño
70	Samaniego	Nariño
71	Santa Cruz	Nariño

No.	MUNICIPALITY	DEPARTMENT
72	Santa Cruz	Nariño
73	Cúcuta	Norte de Santander
74	Cúcuta	Norte de Santander
75	Cúcuta	Norte de Santander
76	Cúcuta	Norte de Santander
77	Cúcuta	Norte de Santander
78	Cúcuta	Norte de Santander
79	Cúcuta	Norte de Santander
80	Cúcuta	Norte de Santander
81	Cúcuta	Norte de Santander
82	Cúcuta	Norte de Santander
83	Cúcuta	Norte de Santander
84	El Zulia	Norte de Santander
85	Cúcuta	Norte de Santander
86	Cúcuta	Norte de Santander
87	Cúcuta	Norte de Santander
88	Cúcuta	Norte de Santander
89	Cúcuta	Norte de Santander
90	Cúcuta	Norte de Santander
91	Cúcuta	Norte de Santander

Annex 4. Example of Department Work Plan

**INDICADORES GENERALES**

**DEPARTAMENTO**

**PERIODO REPORTADO:**

**FECHA DE ESTE REPORTE:**

**META  
JULIO DE 2010**

dd/mm/año

INDICADOR	INDICADORES GENERALES	Unidades	Meta departamento	Acumulado Mes Anterior	Ejecutado Mes Actual	Acumulado Presente Mes	% Ejecutado a la Fecha	Proyección Próximo Mes
	<b>Personas beneficiadas Directamente (Acompañamiento)</b>							
10	Desplazados	No.	4	9		9	225.0%	
11	Sobrevivientes de Minas Antipersonal	No.	80	150		150	187.5%	
13	Afro-colombianos	No.	10	10		10	100.0%	
14	Indígenas	No.	10	10		10	100.0%	
24	Hombres	No.	1,386	450		450	32.5%	
25	Mujeres	No.	369	60		60	16.3%	
	<b>Personas beneficiadas Indirectamente (Asistencia)</b>							
21	Personas beneficiadas con el fortalecimiento institucional	No.	120	50		50	41.7%	
17	Beneficiarios con formación profesional	No.	3	1		1	33.3%	
18	Beneficiarios con acceso a la educación	No.	12	0		0	0.0%	
19	Beneficiarios con acceso a la atención de salud	No.	64	60		60	93.8%	
	<b>Integración Socio-Economica</b>							
6	Mesas de integración socioeconómicas conformadas	No.	1	0		0	0.0%	
7	Sobrevivientes de minas y sus familias que acceden a iniciativas de generacion de ingresos [que mejoran su condición de vida]	No.	40	0		0	0.0%	
	<b>Generación de Empleos</b>							
15	Nuevos Empleos creados	No.	40	0		0	0.0%	
16	Empleos fortalecidos	No.	25	0		0	0.0%	
	<b>Apalancamiento</b>							
22	Fondos del sector privado de apalancamiento	COP\$ (000)	5,000	0		0	0.0%	
23	Los fondos públicos del Sector de apalancamiento	COP\$ (000)	5,000	0		0	0.0%	
	<b>Fortalecimiento Institucional</b>							
8	Planes de trabajo existente al nivel del comités departamentales de Acción contra Minas Proveedores de salud que mejoran su gestion para incrementar el acceso a la atencion y la rehabilitación integral de los sobrevivientes de las MAP, MUSE y REG y otras personas en situación de discapacidad.	No	1	0		0	0.0%	
9		No	1	0		0	0.0%	
28	Instituciones fortalecidas	No	10	5		5	50.0%	
	<b>Formación</b>							
1	Personas capacitados como primeros respondientes ante emergencias.	No.	110	0		0	0.0%	
3	Especialistas empleados por los centros de rehabilitación, que han sido formados	No.	4	0		0	0.0%	
4	Técnicos colombianos/as de P&O certificados por ISPO en Categoría 2.	No.	3	0		0	0.0%	
26	Personas capacitadas	No.	305	70		70	23.0%	
27	Personas Servidas	No.	3,050	891		891	29.2%	