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CAMPAÑA COLOMBIANA
CONTRA MINAS

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

Integral Assistance for Landmine Victims Affected by Armed Conflict in Colombia

Final Report

2008 - 2013



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Landmine Activities for Victims of the Conflict in Colombia

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Program Summary

Grant Amount: \$4,312,910

Program Period: Aug. 28, 2008 – December 31, 2013

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 PWDs

Partner Organizations: Servicio Nacional de Aprendizaje (SENA); Universidad Don Bosco (El Salvador)

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EXECUTIVE SUMMARY

On August 28, 2008, Mercy Corps and its Colombian partner, CCCM (Campaña Colombiana Contra Minas) were awarded RFA 515-08-006, with the objective of providing integrated assistance to landmine survivors in Colombia. The Program focused on generating capacity for integral assistance to landmine victims in six of the most affected departments of the country (Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander).

The Program, “Land Mine Activities for Victims of the Conflict in Colombia,” had a total budget of US\$ \$5,312,910 of which US\$4,312,910 was contributed by USAID. Mercy Corps implemented the program through strategic partnerships and alliances with entities focused on the well-being of landmine victims and people with disabilities (PWD). Partners included CCCM, Corporación Paz y Democracia, SENA (Servicio Nacional de Aprendizaje), the Universidad Don Bosco (in El Salvador), Hospital Universitario de Nariño (in Pasto) and Hospital María Inmaculada (in Florencia, Caquetá). For the success of its activities, Mercy Corps and CCCM built alliances with the ICRC (International Committee of the Red Cross), PAICMA (Programa Presidencial para la Acción Integral Contra Minas Antipersonales – Presidential Program for Integral Mine Action), the Ministry of Health and Social Protection and the Departmental Governments of Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander. These relationships were central for achieving program objectives and ambitious goals. Through these partnerships, Mercy Corps defined a strategy to strengthen landmine survivors and their families as “change agents” in their communities.

The strategy was built around three strategic lines:

- Integral Rehabilitation to Landmine Victims
- Socioeconomic Inclusion of Landmine Survivors
- Public Policies for the Integral Assistance to Landmine Victims

The results obtained through the activities of the Program exceeded all expectations and set new directions and forms of action for comprehensive and effective care of the victims of the armed conflict in Colombia.

Through the design, implementation and constant evaluation of innovative and collaborative methodologies, Mercy Corps was able to reach 194,613 people in 35 municipalities. The following is a summary of the main results obtained throughout five years of implementation.

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.

RESULT 1.1. : 630 leaders from landmine and conflict-affected communities have increased capacity as emergency first respondents.

Through 22 workshops implemented in 122 communities from 92 municipalities, Mercy Corps and its partners trained 687 community leaders, increasing their capacity to respond to complex emergencies caused by armed conflict. Mercy Corps designed a methodology based on the active participation of local health authorities and other governmental entities that ensured the participation of relevant actors from the communities most affected by armed conflict. The workshops were adapted to local contexts and cultural determinants, without sacrificing quality or contents.

RESULT 1.2.: The departments of Nariño y Caquetá have Rehabilitation Centers that provide integral, efficient and high quality services to landmine survivors, victims of armed conflict and other persons with disabilities.

Mercy Corps partnered with the Hospital Universitario Departamental de Nariño, in Pasto, and the Hospital María Inmaculada in Florencia, Caquetá, to establish two rehabilitation centers, devoted to the integral assistance of war victims and other PWDs. Both centers were built with the Hospital's own resources and equipped by Mercy Corps with resources from USAID. Throughout its nearly five years of operation, both centers have provided assistance to 192,163 persons from the departments of Nariño, Putumayo, Cauca, Caquetá, Huila and Meta.

Understanding that quality assistance is based on suitable and capable professional care, Mercy Corps supported the training of 86 orthopedic surgeons and 30 professionals from the Pasto and Florencia Rehabilitation Centers. The knowledge acquired by these professionals has positively impacted the quality of the assistance, and has supported the decentralization of surgical services to intermediate cities in the country

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

After successfully completing a rigorous training program run by the Don Bosco University of San Salvador and the National Apprenticeship Service - SENA of Colombia, 22 prosthetists/orthotists from 12 cities graduated as technologists in prosthetics and orthotics. Throughout the three years of distance learning, the trained prosthetists and orthotists improved the quality of assistive technology, the internal management processes of their laboratories, and the service to their clients.

7,834 persons with various pathologies requiring adaptation of orthotic and/or prosthetic devices received quality assistance by prosthetists who graduated from the program, and 112 people with disabilities received orthotic and prosthetic devices after kindly serving as clients/models in support to the process of onsite evaluations.

Three certified prosthetists/orthotists trained at the University of Don Bosco have been directly linked to SENA as the first Colombian instructors at the school of Prosthetics and Orthotics. Today

they are providing training to 75 students who are enrolled at the SENA Program. SENA's School of Prosthetics and Orthotics is the only training program in Colombia that complies with international standards and has the technical support of the German International Development Cooperation - GIZ and the International Committee of the Red Cross.

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.

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.

A total of 37 entities between state institutions, NGOs, International Organizations and Faith-based organizations participated in meetings for over 36 months, developing joint field missions, baseline studies, and cooperative analysis that supported the definition of workplans and activities oriented to the inclusion of survivors.

Another achievement was the construction of a methodology for the development of income generation solutions, based on a value chain approach focused on the needs and skills of people and not on the functional deficits of PWDs or the productive projects. This methodology was used to guide the construction of income-generation initiatives flow charts in organizations such as the Nariño's Governor's office, the Mayor of Medellín, Fundación Mi Sangre, the Colombian Campaign against Mines and Mercy Corps.

RESULT 2.2. 200 landmine survivors and their families access income generation initiatives that improve their quality of life.

The program supported 203 income generation initiatives benefiting 812 people in 29 municipalities of the program's priority departments. Through a thorough methodology that included occupational assessments of participants, evaluation and training on basic literacy and math skills and the development of family investment plans, Mercy Corps and its partner, the Colombian Campaign Against Mines, provided a solid foundation for successful and sustainable income generation initiatives. Today 182 families still enjoy their business units and all of them consider that this activity has gone beyond generating income and has given them a new perspective for their social inclusion.

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.

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.

The most important achievements of the program in terms of public policy focused on the definition of departmental action plans as a tool for the operationalization of the public policy on mine action. Thanks to the efforts of Mercy Corps and CCCM, all departments defined multi-year integral plans that included indicators and monitoring mechanisms for each component.

Integral assistance routes, as well as Emergency Regulation Routes were designed in the departments of Cauca, Nariño, Norte de Santander and Caquetá, and information sharing mechanisms were implemented in all departments, except for Antioquia.

Strategic Objective

To improve physical mobility and quality of life for landmine survivors for effective reintegration into society.

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.

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.

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.

RESULT 1.1.

630 leaders from landmine and conflict-affected communities have increased capacity as emergency first respondents.

RESULT 2.1.

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

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.

RESULT 1.2.

The departments of Nariño y Caquetá have Rehabilitation centers that provide integral, efficient and high quality services to landmine survivors, victims of armed conflict and other persons with disabilities.

RESULT 2.2.

200 landmine survivors and their families access income generation initiatives that improve their quality of life.

RESULT 1.3.

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



HEALTH AND REHABILITATION

For War Victims in Colombia

THEORY OF CHANGE

Generating and strengthening local capacity for integral rehabilitation will improve the quality, availability and accessibility to such services and therefore will improve the quality of life of victims of armed conflict and other persons with disabilities.

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RESULT 1.3.

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

Activity 1.1.1. Improve capacity to respond to emergencies caused by landmines, Improvised Explosive Artifacts, Unexploded Ordnance and other explosive remnants of war, through participatory First Aid Workshops with mine/armed conflict affected communities.

Activity 1.2.1. Adapt and equip one Physical Medicine and Rehabilitation Unit in the department of Caquetá.

Activity 1.2.2. Adapt and equip one Physical Medicine and Rehabilitation Unit in the department of Nariño.

Activity 1.2.3. Update the medical knowledge for handling trauma generated by explosives and integrated rehabilitation of victims of mines and other armed conflict – related causes, through training of orthopedic surgeons and physiotherapists.

Activity 1.3.1. Training of 30 prosthetics and orthotics technicians from the conflict-affected zones, through on-line distance courses.

Activity 1.3.2. Support the Prosthetics and Orthotics Technology Program of the National Apprentices' Service – SENA, through the training of three (3) prosthetists/orthotists certified by the International Society of Prosthetists and Orthotists – ISPO in Category I (2 P&Os) and Category II (1 P&O)

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RESULT 1.1. : 630 leaders from landmine and conflict-affected communities have increased capacity as emergency first respondents.

One of the biggest challenges for the comprehensive assistance of people affected by armed conflict in Colombia is the lack of capacity of the Health System to provide efficient and effective pre-hospital care in a timely manner. Communities affected by mines are usually scattered and far from urban centers. These communities often lack basic services such as electricity, water or roads. Security is precarious and the only state presence is usually represented by teachers or police. In many communities, law, justice and access to services is regulated by armed illegal actors. Moreover, health services are usually nonexistent, and the closest hospital can be hours, or even days away. Despite the efforts of the government of Colombia to improve the efficient response of health institutions and workers towards the rapid assistance of war victims, it is still an unachievable paradigm in the short to medium term.. Jorge Pino a farmer from Cauca, shared his story, that gives voice to the tragedy of thousands of landmine survivors:

I used to leave the house every day at 5:30 am, walking down the same path to get from town to the farm... I really did not see anything unusual that day. Suddenly everything became as dark as night and there was a terrible whistle in my ears that would not let me hear anything...It was around 6:45 in the morning... I can tell because I was half way ... I do not know how much time passed, but when I was finally able to see something, I realized I was missing my left leg... I was by myself, alone, and there was no one to pick me up, to help me ... neighbors heard the explosion, they said, and came to my rescue... they wanted to help but did not know what to do, and neither did I . Doña Elisa improvised a hammock with sticks and some sheets and so I went down to the health center, but no one was there because doctors are too afraid to come out here. A friend called Popayan, but nothing happenedThe fact is that I had to wait for three hours for a car to come this far... ambulances do not come out here because roads are difficult and dangerous ... I thought I was going to die...I was very, very thirsty, and my neighbors argued because some of them wanted to give me something to drink and others said it was dangerous.... when I got to the Hospital of El Tambo, the doctor cleaned me and sent me to Popayán...I am not sure how my wife found out where I was, since I was all alone when they took me to the hospital

In order to address the situation that people like Jorge Pino face, Mercy Corps and its partners, the Colombian Campaign Against Mines and Peace and Democracy Corporation, developed a program to train leaders of the communities affected by armed conflict in the departments Caquetá, Cauca, Meta, Nariño and Norte de Santander, to provide appropriate knowledge regarding first aid care, rescue and evacuation mechanisms, and community preparedness planning.

Activity 1.1.1. Improve capacity to respond to emergencies caused by landmines, Improvised Explosive Artifacts, Unexploded Ordnance and other explosive remnants of war, through participatory First Aid Workshops with mine/armed conflict affected communities.

Methodology

Mercy Corps designed a methodology based on the active participation of local health authorities and other governmental entities. The program encompassed the following phases:

1. *Selection of beneficiary communities:* Understanding the number of communities that could benefit from this activity is quite high, four criteria were proposed for an accurate selection:
 - a. Prevalence of landmine/armed conflict related accidents during the past three years.
 - b. Availability/non-availability of health infrastructure and personnel in the area.
 - c. Security risks for participants and facilitators.
 - d. Local authorities monitoring capacity for the replication of trainings.
2. *Call for participants:* Local authorities of the five targeted departments, together with Mercy Corps, defined a basic criteria for the call and selection of participants:
 - a. To be a recognized community member of an area affected by armed conflict.
 - b. Prior knowledge of basic first aid in order to allow rapid absorption of concepts and practices.
 - c. Ability to replicate knowledge and concepts acquired during the workshops.
3. *Training:* Three day-long workshops were designed to alternate theory sessions with practical activities. Starting from a basic curricula that complies with the standards from the Ministry of Health, the following components were included in the workshops:
 - a. Participatory identification of local capacities for the initial assistance of complex emergencies.
 - b. Participatory identification of assistance and evacuation routes for victims of landmines and other war related injuries.
 - c. Rescue and evacuation techniques
 - d. Basic first aid for war related wounds – What to do and what not to do.
 - e. Simulations of landmine accidents - evaluation of practices, attitudes and knowledge.
 - f. Participatory evaluation of the simulation results.

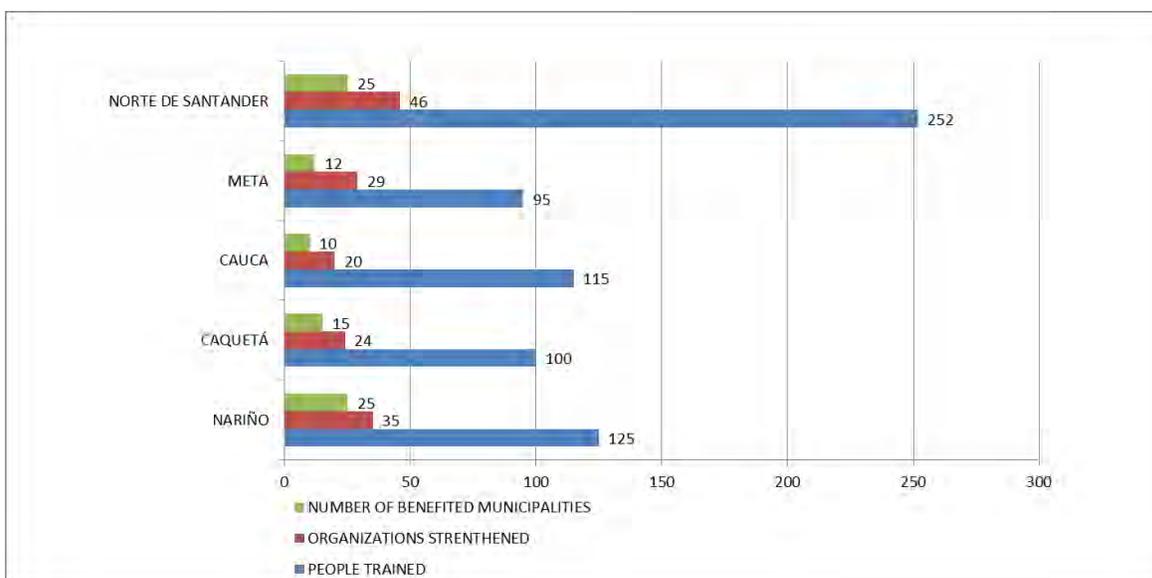


Photo 41. Community First Aid Workshop in Ocaña, Norte de Santander, October 2011. Diana Roa/Mercy Corps

- g. Re-design of local evacuation routes and assistance to victims of explosive devices.
4. *Follow-up:* Mercy Corps shared the results of the workshops with municipal and departmental authorities, and it was agreed that Health Secretariats in each department would be in charge of replicating at least three workshops in affected communities.

Achievements

Through 22 workshops implemented in 122 communities from 92 municipalities, Mercy Corps and its partners trained 687 community leaders, increasing their capacity to respond to complex emergencies caused by armed conflict. 162 organizations, including Community Action Boards, Indigenous Councils, *Guardias Indígenas*¹, Afro-colombian Community Councils, Peasant Associations and Community Groups, were strengthened through training processes and participatory planning, which resulted in visible benefits for communities.



Graph 1. Beneficiaries of Community First Aid Workshops. Source: Mercy Corps Monitoring and Evaluation System.

And while figures above speak to the impact, it is only through the voice of beneficiaries that it is possible to envision the real effect of these workshops. Leonardo Escué, an indigenous community leader from Toribío, shared his testimony about the impact of the Community First Aid Workshops that Mercy Corps developed in June 2011:

We are used to war, bad things happen here all the time. The community is in peaceful resistance, but armed actors do not care and continue to attack us We have to see horrible things, like the massacre of Gargantillas, or the bomb in

¹ The Indigenous Guard is a peaceful resistance mechanism developed mainly by the Nasa and Guambiano ethnic groups in the department of Cauca. Their main principle is to protect their territory against the threats posed by armed conflict, megaprojects threatening environmental sustainability and acculturation processes. The guards are devoid of weaponry and are comprised of men, women, elders and children that gather around interests and skills according to their age and role in the community.

the market of the other day² When we attended the first course with Mercy Corps³ I was very skeptical ... you know those things are useful but you are not clear when you will use them ... then in July, when the chiva exploded, that's when we put into practice what they had taught us. We made lists of wounded, gave them first aid, and transported them carefully, using tables from restaurants and doors, instead of the hammocks we used before. When the ambulances arrived we had already made lists of the injured people, we had their identification documents and we notified their families.... These courses are very good, so we ask that you repeat them often...

Challenges

One of the most complex challenges in this type of activity has been following up with later activities. The accessibility, security and isolation of the beneficiary communities make it hard to propose and implement efficient monitoring schemes. The conditions of vulnerability regarding armed conflict also make it so that many of the beneficiaries of this type of training become a target for illegal armed groups, given their knowledge.

Another important challenge was guaranteeing security for participants, as many of the beneficiary communities are in conflict zones. To mitigate this risk, Mercy Corps made the decision to gather people at safe venues in departmental capitals, which increased the costs of activities.

RESULT 1.2.: The departments of Nariño y Caquetá have Rehabilitation Centers that provide integral, efficient and high quality services to landmine survivors, victims of armed conflict and other persons with disabilities.

Colombia is a middle income country, where the living standards of people in large cities allow them to meet all their needs regarding health, education, and communication, among many others. Colombia, however, is also one of the most unequal countries in the world, with the uneven distribution of wealth particularly affecting rural populations. This is especially evident in the case of victims of armed conflict. Rural victims are denied the possibility of dignified, appropriate and timely care. The victims, seeking such assistance, often are forced into displacement, thus adding another vulnerability to their already precarious condition. The testimony of Lady Rodriguez, a young survivor of the Department of Caquetá, illustrates this situation:

I came back from the farm where we worked and I went ahead to make some coffee for the others, then I heard an explosion and I do not remember

² On 9 July 2011, during a market day, the community of Toribío was attacked using a traditional bus – *chiva* – loaded with explosives. Two indigenous persons died and 74 more were severely injured.

³ A First Workshop on community first aid was implemented in Toribío on 12 June 2011.

anything else until I woke up without my leg, at the María Inmaculada Hospital in Florencia. My mom says it took forever for me to get to the hospital, because we were so far Doctors performed surgery and amputated my leg and then I had to be alone in the hospital for almost a month, because my mom had to take care of my brothers, only Francisney⁴ came frequently to talk to me and give me hope... doctors told me that I need to go to rehabilitation, and some gentlemen of the Red Cross took me to Bogotá. I lived there for about two months, but I had a hard time. I was very sad and depressed, I was felling alone and I did not recognize myself. I looked in the mirror and only saw a thin woman, full of scars and without a leg ... You try to walk and do what the doctors tell you, but it is very hard.... That was three years ago ... I am very thankful for my prosthesis, but it is now starting to show the signs of time. The foot is broken because I walk a lot, but there is nothing I can do now, I'll have to wait for the Red Cross to be able to assist m

The barriers faced by war victims and other persons with disabilities (PWDs) from the lack of adequate resources and appropriate services have generated adverse systems that despite their good intentions, prevent citizens from exercising their rights and prevent them from developing in an autonomous way. Victims of landmines are usually assisted at local hospitals for their Emergency Interventions, but shortly after, receive assistance from the Red Cross, CIREC and the Pastoral Social, that in good faith transfer survivors to hospitals in Cali, Medellín, Bogotá or Cúcuta, under the assumption that only in those cities they would get quality rehabilitation, including prosthetic services. This system generates negative impacts in the short and long terms. In the short term, victims are forced to leave their families and communities for long periods of time. Their psychosocial health is not considered as a crucial factor for recovery. In the long term, these patients are removed from the Social Security System, which makes it difficult to access public health services. This process perpetuates the dependence of victims on charity, rather than empowering them to exercise their rights as citizens and fails to ensure that the state is fulfilling their mandate to address the needs of war victims.

In response to this situation, Mercy Corps partnered with the María Inmaculada Hospital in the city of Florencia, in the department of Caquetá, and the Department of Nariño University Hospital (HUDN), in the city of Pasto, in order to build local capacity for integral rehabilitation of PWDs and especially victims of armed conflict.

Activity 1.2.1. Adapt and equip one Physical Medicine and Rehabilitation Unit in the department of Caquetá.

Activity 1.2.2. Adapt and equip one Physical Medicine and Rehabilitation Unit in the department of Nariño.

⁴ Francisney Chau is a landmine survivor from Caquetá, member of the Colombian Campaign Against Landmines and facilitator of the Program activities in Caquetá.

Mercy Corps, The Colombian Campaign Against Mines, the María Inmaculada Hospital of Florencia, Caquetá, and the HUDN signed a cooperation agreement which established the basis for the construction, adaptation and equipment of the Physical Medicine & Rehabilitation Units in these cities that assist 20% of mine victims and other victims of armed conflict in the country. The primary purpose of this activity was to improve local capacity to provide rehabilitation services by bringing services closer to the victims in order to prevent uprooting and abandonment of rehabilitation processes and to promote psychosocial support to victims through the participation of family in cultural networks.

From the very early stages of the Program, the project found strong political, financial and technical support from the local authorities, victims of armed conflict, and organizations of PWDs. Governors of the departments of Caquetá and Nariño pledged financial and human resources to support this effort. The Rehabilitation Centers of Pasto and Florencia were built with public financial resources, observing measures of efficiency and transparency in investment. In order to match the financial contribution made by USAID through the Program for the Assistance of victims of Armed Conflict in Colombia, hospitals committed to the acquisition and retention of all personnel required to operate in the areas of rehabilitation and as well as to the care and maintenance of equipment delivered by the program.

Methodology

1. **Initial Baseline:** At the beginning of the process, Mercy Corps met with clinical and administrative teams in both hospitals, in order to assess the current capacity for the provision of services, taking into account the following aspects:

Rehabilitation Services Personnel	Caquetá	Nariño
Physical Therapy (PT)	3	9
Occupational Therapy (OT)	1	1
Physiatrist	0	1
Speech therapist (ST)	0	1
Nurses	2	3
Nursing Assistants	1	2
Administrative staff	0	0

- a. **Staff dedicated to rehabilitation services:** the purpose of this activity was to identify what kind and how many professionals were available in each hospital. Chart 1 shows the results of the assessments. Both teams considered that the number of professionals dedicated to rehabilitation was insufficient compared to the needs.
- b. **Local requirements for rehabilitation assistance:** the hospital teams, together with Mercy Corps analyzed the records of rehabilitation referrals and services provided, as well as the most common pathologies requiring such services.
- c. **Assessment of equipment:** the teams evaluated the amount, technical condition and technological relevance of the equipment available at each hospital. The conclusion was that the available machines were obsolete and insufficient for the local needs.

Chart 1. Rehabilitation staff at the María Inmaculada and HUDN Hospitals. March 2009.

2. **Adaptation of Infrastructure:** Once each hospital developed and shared baselines regarding rehabilitation services, they performed a review of the needs and availability of space for adaptation of appropriate infrastructure for the provision of services. Hospitals defined accessible spaces that could house appropriate areas for hydrotherapy, mechanotherapy, respiratory therapy, speech therapy and audiometry booths. The HUDN allocated 450M² and conditioned a separate area for ophthalmic services. In Caquetá, the María Inmaculada Hospital conditioned 270m² of their internal garden and built a comfortable facility that houses a stimulation room, appropriate areas for hydrotherapy, mechanotherapy, respiratory therapy, speech therapy and audiometry booths.



Photo 5. Landmine Survivor from La Montañita during a therapy session at the María Inmaculada's Rehabilitation Center. March 2011. Angelina Castro/Mercy Corps

Procurement of equipment: In line with USAID's Rules and Regulations, Mercy Corps developed a fully compliant procurement process that was widely disseminated through national newspapers. Equipment purchased by Mercy Corps was lent to each hospital and afterwards donated to them, after verifying their relevant use and care.

3. **Staff Training:** Upon receipt of the equipment, 24 clinical and 6 technical hospital staff were trained in its use and maintenance. Additionally, cooperation agreements were generated with the following institutions, in order to improve the capacity of the Rehabilitation Centers' human talent:
- International Committee of the Red Cross:* through this agreement 3 therapists from each hospital were trained in rehabilitation techniques for lower limb amputees. The course lasted three weeks, with follow-up visits by the ICRC team to each Rehabilitation Center. All clinical staff working in both hospitals was included in the trainings, in order to guarantee homogeneous knowledge and equal levels of quality assistance.
 - Ministry of Health and Hospital Universitario del Valle:* Five members of each rehabilitation center, including physiotherapists, social workers, and occupational therapists, participated in a Disability and Social Inclusion course. The course lasted two weeks and were certified by the Ministry of Health.
 - Colombian Association of Ophthalmology and University of el Rosario:* An ophthalmologist from the HUDN participated in a four-week course for the evaluation and care of patients with ocular trauma due to laceration. The purpose of the course was to learn how to perform ocular ultrasounds and to diagnose and treat patients with trauma, in order to improve their opportunities to preserve their vision.

4. **Design and pilot intra-hospital routes for the care of victims of armed conflict:** While it is important to emphasize that the Rehabilitation Centers of Pasto and Florencia were established to provide assistance to all PWDs who require it, it was important to understand that conflict victims with disabilities face a number of specific requirements that must be met in every moment of attention. To this effect, Mercy Corps and the Social Work units of both hospitals designed intra-hospital routes and protocols, contemplating phases ranging from emergency room admission, surgery, hospitalization, rehabilitation, and post-hospital control. Among the most significant changes to the management of patients victims of armed conflict are:
- a. Identification of local support networks for victims of armed conflict by the Social Work units.
 - b. Design of specific information packages for patients victims of armed conflict.
 - c. Referral of all victims of explosive devices to ophthalmology and otolaryngology services.
 - d. Referral of all amputated patients to nutrition and psychology services.
 - e. Design of interdisciplinary plans for the management of functional rehabilitation of victims of armed conflict with physical and/or sensory disabilities.

Achievements

The establishment of the Pasto and Florencia rehabilitation centers is one of the most significant achievements of the Program. The Centers represent a real opportunity to strengthen local capacity for the provision of accessible, appropriate and timely services for PWDs, as they significantly reduce the barriers of access to such services. Porfidio Andrade, a farmer from Samaniego, Nariño, shares what it means to have a rehabilitation center in Pasto:

When my accident happened, I had to go to Cali for rehabilitation I was away from my child and my wife for days and days... it's really nice to have this Center here in Pasto. If I have to come for an appointment I can be here in two hours and I save a lot of time and money.... It is also much cheaper than paying for buses or transportation and since I know people here I can stay at a friend's house if I have to... The center is very nice, with a lot of technology, and the doctors and physical therapists are very friendly

The positive impacts of the new Rehabilitation Centers are evident: over the life of the Program, more than 180,000 people have benefited from the services in both rehabilitation centers. Of these, 842 people were victims of landmines or other explosive devices, who were admitted through emergency services or through regular medical checkups.

Both hospitals have implemented differentiated assistance routes for victims of war, and have established agreements with prosthetics and orthotics laboratories for the provision of such services.

After four and three years of their respective openings⁵, both centers are fully operational and self-sustaining through income generated by the services they provide. This is a clear example of sustainability and efficiency that demonstrates the existence of local capacity to provide services to vulnerable populations from the perspective of citizenship and human rights. It is a success story that can be replicated in other areas of the country with the expectation of similar results.

Challenges

The challenges for the development of this activity can be categorized into two levels: 1) Logistics and infrastructure, 2) Health system barriers for timely assistance.

Logistically, the dependence on the times and operation of the hospitals for the construction of infrastructure caused delays. However, with close coordination and adaptation of plan, these were surpassed.

Although Mercy Corps and the Hospitals of Florencia and Pasto made significant efforts to train their administrative and medical staff, as well as to design specific processes for the care of war victims, barriers for the efficient management of patients and the provision of quality and sustainable assistance persist. For example, most of the civilian victims of armed conflict in the departments of Nariño and Caquetá are vulnerable people who are subscribed to health services through subsidized systems. In this line, most hospitals provide emergency care to comply with the law, but avoid going beyond the surgical procedures in order to avoid incurring charges that might not be recovered. In many cases, debts from the specific funds in charge of paying the health assistance provided to war victims reached 36 months before being recovered. Mercy Corps worked closely with the administrative areas of hospitals, but obstacles in the National Health System, such as the short budgetary limits for the assistance of vulnerable populations and the lack of integration of mental health services, require deep reforms that go beyond the capacity of Mercy Corps.

Activity 1.2.3. Update the medical knowledge for handling trauma generated by explosives and integrated rehabilitation of victims of mines and other armed conflict and related causes, through training of orthopedic surgeons and physiotherapists.

For amputees, successful rehabilitation process starts from good surgery. The expertise and professionalism of surgeons is crucial for victims and other amputees. A well-modeled stump, for example, is key for an efficient adaptation to prosthesis and thus is crucial for guaranteeing regaining functionality.

⁵ The Nariño Rehabilitation Services was opened in 2009, while the Center in Florencia opened in 2010.

While Colombia has highly qualified medical staff, medical schools do not have protocols or specific training in military medicine. On many occasions, despite the application of generally accepted procedures such as debridement or amputations protocols, mine victims often have complications due to poorly made amputations, shrapnel left in the body, hearing problems that appear after explosions, and eye problems due to micro lacerations that are not detected early on.

To address this problem, and following the recommendations made by USAID, Mercy Corps consolidated an agreement with the International Committee of the Red Cross for the training of orthopedic surgeons from the departments most affected by the occurrence of trauma related to explosive devices and other manifestations of armed conflict.

Methodology

Mercy Corps supported the development of six workshops that combined theoretical sessions with practices in surgical valuation, debridement and amputation. The following topics covered in the workshops:

- ✓ Ballistics
- ✓ Mechanism of War and Landmines related Trauma
- ✓ Primary and secondary evaluation
- ✓ Theory of Limb Trauma
- ✓ Damage control surgery
- ✓ Thoraco-abdominal surgery and vascular theory and techniques of amputation
- ✓ Rehabilitation of amputees
- ✓ Surgery - Amputations with myodesis - Tutors
Triage exercise



Photo 6. Training of orthopedic surgeons on amputation techniques. Cucuta, June 2010. Angelina Castro/Mercy Corps

The workshops were facilitated and supervised by professional staff from the Centre for Studies in Emergency Medicine (CEMU), affiliated with the National University. It was also attended by members of the International Committee of the Red Cross, which facilitated the active participation of attendees, taking advantage of their experience in the field.

Achievements

86 general practitioners, surgeons, orthopedic surgeons, nurses and physiotherapists who participated in the three-day workshop were trained in treating mine victims and amputees. The trained professionals are now applying their knowledge and skills in 38 intermediate and complex care hospitals in 31 cities of 19 departments heavily affected by armed conflict.

Challenges

The main challenges for this activity were:

1. Guaranteeing the participation of surgeons, who assumed they had all the required knowledge and were not open to participating in the trainings. In this regards, Mercy Corps, the Colombian Campaign Against Landmines and the International Committee of the Red Cross lobbied with Hospital Managers to provide free time for surgeons to participate. Also, a formal certification from the National University was included to incentivize training.
2. Monitoring the applicability of the acquired knowledge, since hospitals are not used to following up on the quality of surgeries or other services provided by surgeons.

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

One of the key components of the integral rehabilitation of PWDs is access to appropriate and affordable assistive technology. This technology, however, should not be limited to access to mobility devices that facilitate functionality. The needs of PWDs, and especially of amputees, extend much further: it means a safe, reliable, decent, permanent and sustainable access. Guaranteeing this right involves various levels, including human capacity (skilled, trained and updated professionals), the geographic availability (having prosthetics and orthotics laboratories near communities and PWDs) and appropriate technology and equipment (suitable and updated laboratories), among other determinants for quality assurance and timeliness in providing such services.

For a war survivor, prosthesis means the chance to re-start their lives after traumatic events: to be independent, productive, to rebuild their body images and to be active members of their community. Camilo, a 12 years-old boy, whose left leg was amputated due to a landmine accident in 2009 in Cumbitara, Nariño, explains what it means to have a prosthesis:

"I wanted to go back to school, but I could not because it meant walking a long distance, which was very difficult on my crutches. Sometimes a neighbor took me on a bike, but it was hard because I had to carry the crutches and coming back was a problem ... Before the accident I loved playing football, but I could not play anymore, so I sat and watched ... it was torture and I lived sad, although everybody was nice to me.

"I was given a prosthesis when I left the hospital in Cali, but it broke very soon and when my mom called the gentlemen who gave it to me, they said they

could not do anything until next year, because it was my duty to take care of the leg⁶.

When Hector Fabio⁷ gave me the prosthesis that was like a miracle to me. I was able to walk long distances and it was very nice ... imagine that a friend from school got scared when she saw it because she thought my leg had grown back again! Now I can play football and walk to school with my sister and my friends ... of course I get tired faster than before, and I have to be careful that I do not hurt the stump, but that's all.

Camilo's story is one of thousands of PWDs in Colombia and demonstrates the need for accessible and high quality services that can be accessed by users in a timely manner. The vast majority of civilian mine victims living in remote rural areas are far from the health services that they require, and often do not have the financial means to access assistive technology devices. In this sense, most victims cannot comply with the necessary maintenance of their prosthesis and often continue to use them even though these have visible defects like broken feet, misaligned knees and exposed edges.

In 2008, availability and access to quality prosthetics and orthotics for victims of anti-personnel mines was daunting: 87% of the 167 victims interviewed by Mercy Corps as part of the Program's baseline reported having received their first prosthesis through international cooperation programs or projects. 5% received their prosthesis through the health system and 8% had never received prosthesis. For the 154 victims of mines or other explosive devices that had received prosthetic devices, the rehabilitation and adaptation processes involved displacement and being far from their families and communities. Most of them had to travel to capital cities like Cali, Medellin, Bogota and Cúcuta. On average, survivors spent more than four months away from their families and communities and most travelled at least 3 times for prosthetic adaptations. Services, on the other hand, were concentrated in capital cities and Mercy Corps determined that only 7 prosthetics and orthotics laboratories located in the above mentioned cities had captured 96% of international cooperation resources devoted to the provision of assistive technologies to victims of armed conflict.

In relation to human resources devoted to adaptation, development and design of prosthetics and orthotics, the situation was not much different. Until 2010, the Ministry of Health had no information whatsoever regarding how many prosthetists and orthotists were performing such activities in the country and until October 2010, those willing to learn the job could not find suitable and regulated educational centers offering such programs. As a result, prosthetists and orthotists were mostly self-taught and most of them had learned from a family member.

⁶ Camilo was the beneficiary of a program for the provision of prostheses by an international organization in 2009. Through this program, he received functional rehabilitation as well as a prosthesis that complied with the technological standards of the organization.

⁷ Hector Fabio Franco is a Certified Category II prosthetist, who benefited of the program through a full scholarship to study Prosthetics and Orthotics at the University Don Bosco from San Salvador and SENA.

According to data from the National University, just 20 people had completed studies in prosthetics and orthotics education centers abroad. 12 of these professionals were assigned to rehabilitation centers and the prosthetic and orthotic labs in capital cities described above, which further contributed to the concentration of services. The conditions of concentration of services, the limited availability of qualified professionals, and their disconnection from rehabilitation services accounted for significant barriers to access for victims to a real integral rehabilitation.

In order to reduce barriers to accessibility and quality of mobility devices, Mercy Corps designed a response that was oriented at 1) increasing the local capacity for the provision of prosthetic and orthotic devices and 2) strengthening the national capacity for the provision of quality prosthetic and orthotic education.

Activity 1.3.1. Training of 30 prosthetics and orthotics technicians from the conflict-affected zones, through on-line distance courses.

At the beginning of 2009, Mercy Corps and its partner, the Colombian Campaign Against Mines, assessed the availability and accessibility of assistive technology devices for amputee victims of armed conflict in the departments of Antioquia, Norte de Santander, Cauca, Caquetá, Meta and Nariño. The consultation included 167 victims of antipersonnel mines, 63 public institutions (Ministry of Health, Municipalities, PAICMA, Personerías, EPS, Ministries of Health, Ministries of Government and governors), 12 Health Insurance Companies, 10 Health Institutions, 6 NGOs and 2 Associations of Orthotists and Prosthetists. Among the most significant results were:

1. Landmine victims reported having received their prosthesis at laboratories in the cities of Cali, Medellin, Bogota, Cucuta and Cartagena, which were more than 14 hours away from their communities.
2. The landmine victims interviewed reported not knowing or not understanding how to access prosthetic devices, and they relied on the assistance of NGOs for acquisition. Additionally, they were unaware of how to request repairs, maintenance or replacement of their devices.
3. There was no clarity on the supply chains for the provision of prostheses and orthotics: In general, the Health Insurance Companies issued contracts through ten laboratories located in the cities of Medellin, Cali and Bogota. These laboratories, however, outsourced the services through smaller laboratories. Overwhelmingly, these smaller laboratories did not have appropriate technical conditions for the provision of services.

In order to address the problem, Mercy Corps established agreements with the National Apprenticeship Service (SENA) and the Don Bosco University from San Salvador, El Salvador, with the purpose of providing high quality education to a group of 30 prosthetists and orthotists through on-line distance courses. The main objective of the training was to increase the availability and accessibility of quality prosthetic and orthotic devices for PWDs, especially the victims of armed conflict, by increasing the supply of qualified services in the affected communities.

Methodology

1. **Baseline of prosthetics and orthotics services:** Mercy Corps collected information from 8 women and 55 men performing prosthetics and orthotics activities in 15 cities. The results were shared with the Ministry of Health and Social Protection, the National Association of Prosthetists and Orthotists (ASOCOPRO), and NGOs and international organizations through bilateral meetings.
2. **Selection of candidates to access scholarships for Distance Learning Program:** Mercy Corps, SENA and Don Bosco University selected 30 candidates to begin studies. They were chosen from a selection plan that included the translation of basic criteria and assessment of local needs for the training of prosthetists and orthotists. The criteria for selection were:

Technical level	1. High School Diploma.
	2. Five years of certified experience in manufacture and adaptation of prosthetic and orthotic devices.
	3. Work at an orthopedic/prosthetic-orthotic laboratory
	4. Present two cases that allow the assessment of experience in the adaptation and assembly of lower limb prosthetic devices.
Local needs for prosthetic and orthotic related training	1. Is the candidate located in a place near war-affected communities?
	2. Is there sufficient demand for the provision of prosthetic and orthotic devices in the area where the candidate is located?

After a thorough selection process, Mercy Corps selected the first group of 30 technicians to start the education program.

Thanks to USAID’s financial support, Mercy Corps provided full scholarships that included:

- i. Enrollment fee, registration, and approval of studies at the University Don Bosco, according to the requirements of the Ministry of Education of El Salvador.
- ii. Tickets for national travel from their city of origin to Bogota and back for onsite evaluations.
- iii. Tuition costs for five academic semesters.
- iv. Costs of training and education materials.
- v. Costs for degree and academic records in accordance with the requirements of the Ministry of Education of El Salvador.

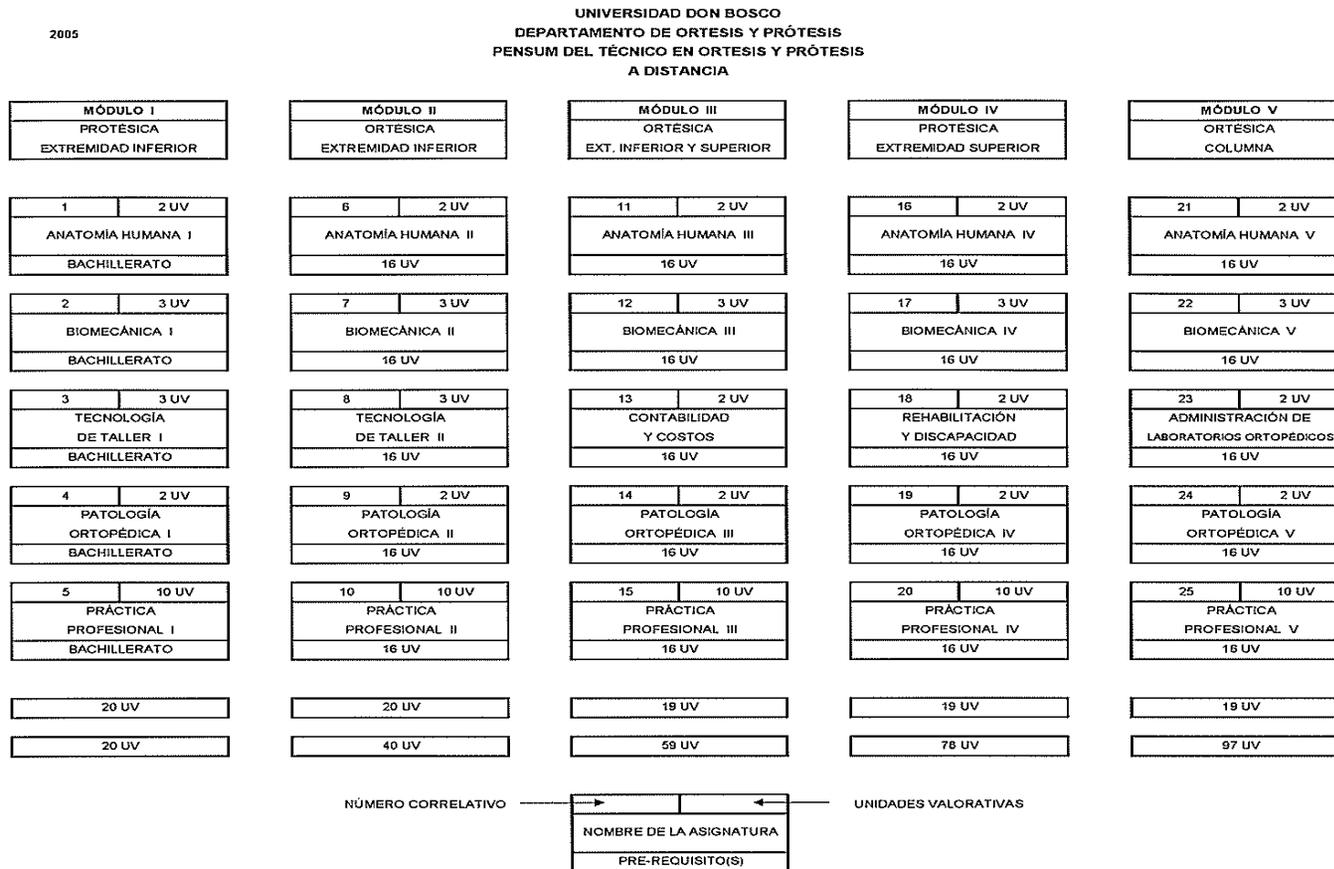
3. **Development of On-line Distance Learning Program:** Students followed one introductory module and five academic modules, according to the requirements of the Don Bosco University. The diagram on page 19 shows the different topics covered during the Program.

At the end of each module, students convened in Bogotá for onsite evaluations that included the presentation of clinical cases as well as written, oral and practical examinations. Assessments took place in Bogotá, at the School of Prosthetics and Orthotics of SENA. Mercy Corps made travel and other logistic arrangements for the Don Bosco teachers and the students.



Photos 2 -4: Students of the On-Line Distance Program at their onsite evaluations. Angelina Castro and Diana Roa/Mercy Corps

8. DIAGRAMA DE PRECEDENCIA



Achievements

Throughout the life of the Program, 45 prosthetists and orthotists enrolled in the training process. 23 Prosthetists failed to complete their studies due to the following reasons:

- 5 Students experienced serious health problems that required intensive care and treatment.
- 3 students died
- 3 students left the country
- 12 students were not able to comply with the academic requirements

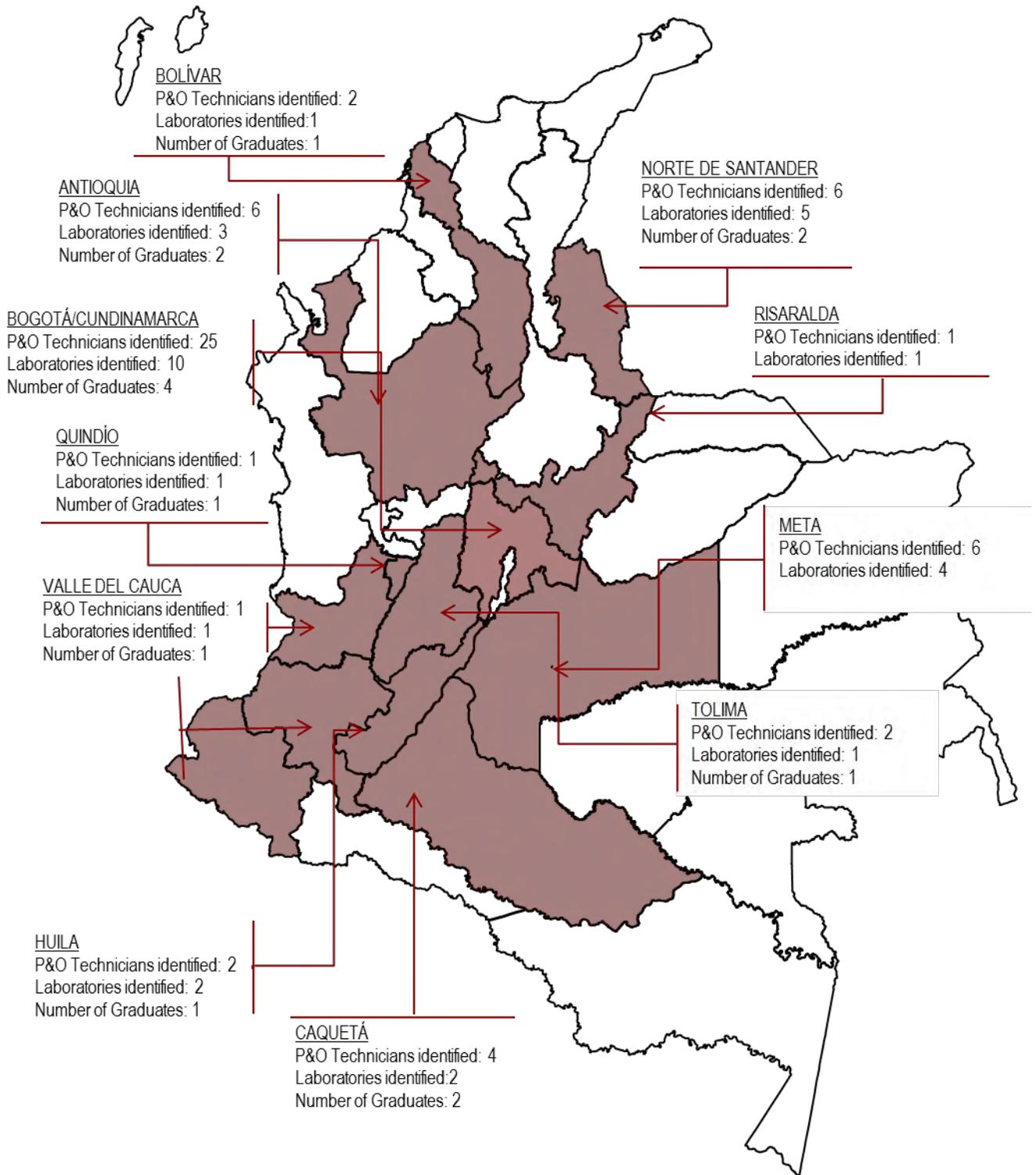
All beneficiaries, however, recognize that this experience allowed them to identify their strengths and weaknesses, and showed the imperative need for high level training.

After successfully completing a rigorous training program run by the Don Bosco University of San Salvador and SENA, 22 prosthetists and orthotists from 12 cities graduated as Technologists in Prosthetics and Orthotics. Throughout the 3 years of distance learning, the trained prosthetists and orthotists improved the quality of assistive technology, the internal management processes of their laboratories, and most important, the service to their clients.

7,834 persons with various pathologies requiring adaptation of orthotic or prosthetic devices received quality assistance by prosthetists who graduated from the program, and 112 PWDs received orthotic and prosthetic devices after serving as client-models in support to the process of onsite evaluations.

In the departments of Caquetá, Cauca and Nariño, the Rehabilitation Centers at the María Inmaculada Hospital (Caquetá), Susana Lopez Hospital (Cauca) and the HUDN, established commercial agreements with 6 laboratories in their areas of influence and formed interdisciplinary rehabilitation groups that include prosthetists or orthotists from the very beginning of the rehabilitation treatment design.

It is also important to establish that with the close cooperation and monitoring provided by Mercy Corps, targeted laboratories were able to have greater clarity about their business processes and thus implement continuous improvement measures, such as the development and archiving of clinical charts, inventories, clients' services and home assistance to clients that are not able to reach the laboratories. These improvements generated higher productivity, resulting in revenue above U.S. \$ 770,000 per year, as well as the creation of 104 direct jobs across all labs.



Map 1. Location of targeted Prosthetics and Orthotics laboratories and benefited technicians. Mercy Corps, August 2010

Challenges

This was one of the activities with the most challenges. The start of the activities had to be postponed for more than a year and a half due to delays in the construction of the SENA's premises for the School of Prosthetics and Orthotics. Because the training times were unchangeable, this situation forced the extension of the Program's duration.

Another major challenge was the recruitment of candidates that met the requirements for starting the training process. Although at first glance the requirements were basic and easy to comply to, it was extremely difficult for Mercy Corps to find individuals that fit this profile in the communities affected by the armed conflict. Mercy Corps had to reject seven candidates because the documentation filed with their applications was not clear and there was a possibility of fraud.

Activity 1.3.2. Support the Prosthetics and Orthotics Technology Program of the National Apprentices' Service (SENA) through the training of three (3) prosthetists/orthotists certified by the International Society of Prosthetists and Orthotists – ISPO in Category I (2 P&Os) and Category II (1 P&O)

The Government of Colombia, through SENA, designed and implemented an ambitious project aimed to provide specialized training to prosthetists and orthotists, through the establishment of a Prosthetics and Orthotics School compliant with all international standards. The project was enthusiastically supported from its conception by USAID, the German International Development Cooperation (GIZ) and the International Committee of the Red Cross. For successful implementation of the School, SENA requires teachers that can provide training to apprentices. When the school opened, there were no Colombians certified as Category I Prosthetists, an unnegotiable condition for quality assurance. Mercy Corps, through the financial support of USAID, provided full scholarships to three prosthetists and orthotists who completed studies to become Category I (two prosthetists/orthotists) and Category II (one prosthetists/orthotists) at the School for Rehabilitation Sciences of the Don Bosco University in San Salvador, El Salvador; the only school endorsed by the ISPO in Latin America. Upon the completion of their studies, the students committed to work as instructors at the SENA School of Prosthetics and Orthotics for a minimum of 3 years.

In order to guarantee a full dedication to the training, scholarships provided included:

- vi. Enrollment fee, registration and approval of studies at the University Don Bosco, according to the requirements of the Ministry of Education Salvador.
- vii. Tickets for international travel from Bogota to San Salvador and back at the beginning and end of each academic term.
- viii. Tuition costs for five (Category I)/six (Category II) academic semesters.
- ix. Costs of training and education materials.
- x. Costs of living support items including lodging, transportation and meals.
- xi. Costs for degree and academic records in accordance with the requirements of the Ministry of Education of El Salvador.

Methodology

1. **Selection of candidates:** After a selection process in which delegates from Mercy Corps, the SENA's School of Metrology and Design, The International Committee of the Red Cross and USAID participated, the following prosthetists were elected:
 - a. *Luisa Alejandra Santos*, who had completed studies as a Technician in Prosthetics and Orthotics in 2007 at the University don Bosco and was working at Gillette Orthopedic Laboratory in Bogota. Luisa attended and passed all courses required to become a professional in Prosthetics and Orthotics. She graduated in September of 2012 and earned certification as ISPO prosthetist /orthotist Category I.
 - b. *Jairo Alberto Romero*, who had completed studies as Technician in Prosthetics and Orthotics in 2007 at the University don Bosco and was working as a prosthetist at the Center for Integrated Rehabilitation of Colombia - CIREC, in Bogota. He graduated in September of 2012 and earned certification as ISPO prosthetist/orthotist Category I.
 - c. *Ivonne Slendy Jimenez*, who began and completed studies as Technician in Prosthetics and Orthotics thanks to the Program. Ivonne worked as a lab assistant at American Orthopedics Bogotá. In May 2012 she earned her degree and certification as ISPO prosthetist/orthotist Category II.

2. **Monitoring and Follow-up:** Mercy Corps developed monthly Skype meetings with students in order to assess their wellbeing and needs. These follow-up meetings allowed Mercy Corps to identify problems in an early stage and to correct them as soon as possible. Regular meetings were also held with the University's staff in charge of the training program with the aim of a more thorough follow-up on the academic performance and well-being of students.

Achievements

Upon their return, the newly certified Prosthetists/orthotists were directly linked to SENA as the first Colombian instructors at the school of Prosthetics and Orthotics and since then have been involved in training 75 students enrolled at the SENA Program.

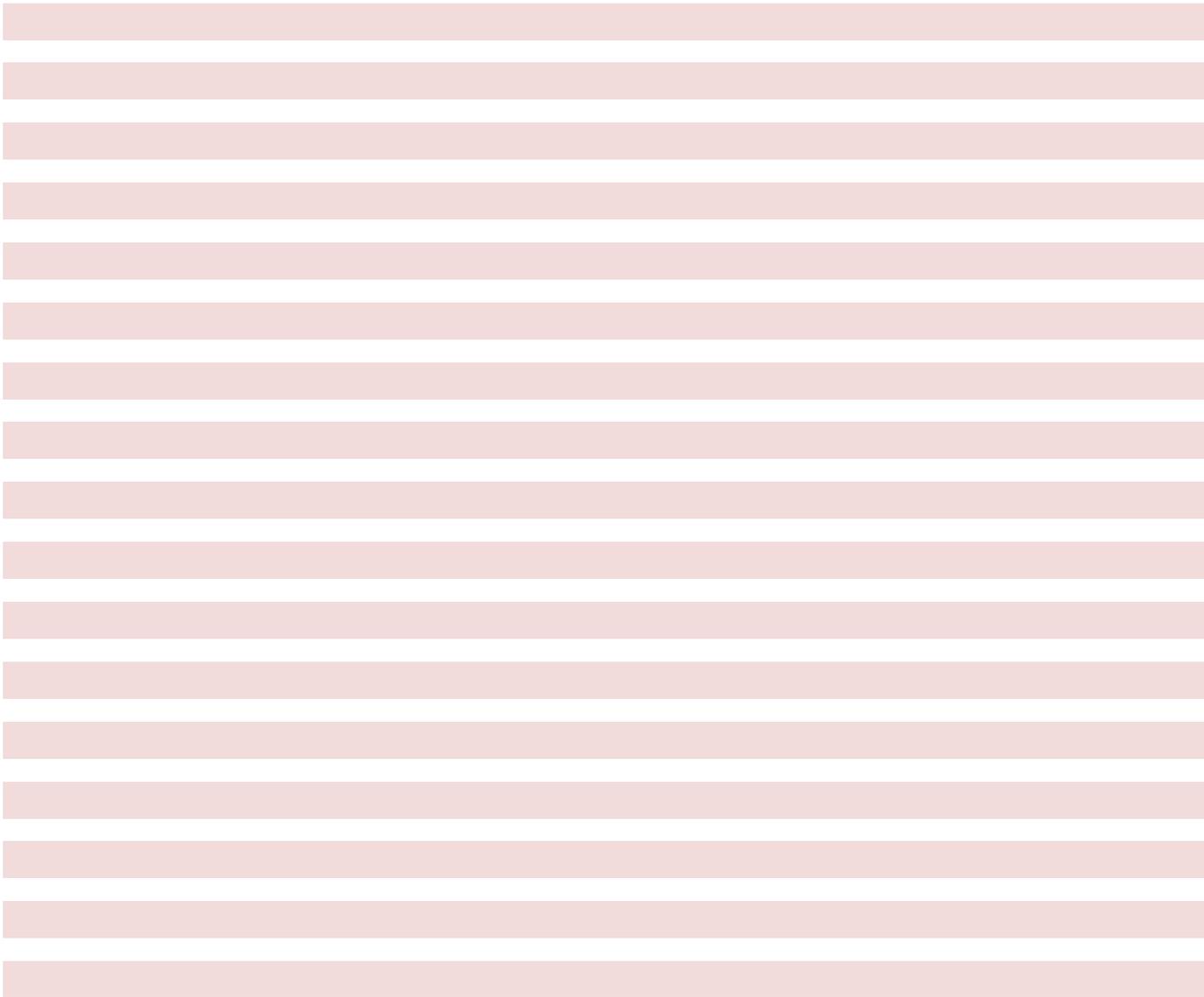
Today the SENA's School of Prosthetics and Orthotics is the only training program in Colombia that complies with international standards and has the technical support of the GIZ and the International Committee of the Red Cross. The school is in the process of certification by ISPO, for which it has received three visits that have resulted in an action plan and recommendations. It is estimated that in May 2014 the first cohort of graduate students will present their certification exam before a panel of experts, in order to obtain their ISPO certification.

Challenges

Although this activity did not generate large-scale challenges, there were aspects that hindered the normal development of academic activities of the students. For example the lodging initially

intended for foreign students by the University Don Bosco was located in insecure places, so students were constantly assaulted and their ability to perform activities during the evenings was very restricted.

Another issue that caused difficulty was the limited English proficiency of students who had to pay their own remedial courses to meet academic requirements.



SOCIOECONOMIC INTEGRATION

For War Victims in Colombia

THEORY OF CHANGE

Strengthening the socio-economic capacity of the victims of armed conflict with disabilities will increase their autonomy, independence and will enable them to be included as active members in their communities.

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.

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 strengthen socioeconomic integration working groups at departmental level, in the Framework of the six (6) departmental committees for mine action.

RESULT 2.2.

200 landmine survivors and their families access income generation initiatives that improve their quality of life.

Activity 2.2.1. To promote the access of 200 landmine survivors and their families to income generation initiatives.

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.

Living with a disability is undoubtedly a challenge for not only the affected individual, but also the family and the surrounding community. Over the last decade there have been significant steps towards equality and the full enjoyment of rights for persons with disabilities (PWDs) globally; however, Colombia remains an inequitable society where PWDs have less access to educational, productive, leisure or cultural opportunities. The physical, communication and attitudinal barriers faced daily by PWDs largely determine their capacity to engage in productive and assertive relationships with their neighbors, their families and the society in which they have to live. According to the National Administrative Department of Statistics (DANE, in its Spanish acronym), 73% of PWDs between 18 and 65 years do not work. Of the remaining 27%, 12.1% receive less than a minimum wage for their monthly work.

The inclusion of PWDs goes far beyond income generation: it means a life free of all forms of violence and discrimination where they are able to live independently. For those who have acquired a disability due to armed conflict, this ideal is even more difficult to achieve. War victims are forced to rebuild their lives as PWDs, they are also forced to re-define their bodily image, their space, their relationship. Most of them are victims of more than one victimizing event (i.e. landmines, forced displacement, torture, threats, confinement, food deprivation.) Many have to abandon their land and communities, either for reasons related to armed conflict or because they do not have access to the health services that they require. The story of Nancy Ceballos, a 25-year-old mother of two children—aged three and seven years old—and a survivor of an antipersonnel mine in the town of Granada, Meta is a reminder of the difficulties to be overcome by landmine victims.

As soon as I got home I almost could not get out from the bed, but not because of pain or anything, but because of a deep sadness that would not let me move. My kids invited me to play, and some neighbors came to visit, but I just did not want to do anything. Losing my leg was very tragic. Imagine standing in front of a mirror and having to recognize that reflection of yourself: all burned, scarred all over, without the leg. And add to it that my husband treated me in a way I could not describe. He kept calling me an obstacle, and antagonized me as I was unable to serve him in any way. There were times when he would leave and come back after two weeks. One day he left and did not return. I could not eat and whatever I could find was for the kids, we were able to eat only three or four days every week ... one day I got very sick and I had to go to the doctor in Villavicencio, since the hospital in Granada could not treat me as I needed. That's when I decided to take the children and go to live in the city. My aunt let us live at her house for a few days and then we build the ranch with wood and tiles. It was a kind of poverty that I had never lived before.

Nancy's testimony reflects the situation of almost all landmine victims in Colombia. It is the epitome of vulnerability and exclusion, which cannot be eradicated with partial measures.

At the beginning of the project, Mercy Corps found a significant variety of initiatives to improve the productivity of PWDs who are victims of armed conflict, however, it was not possible to identify any documentation of best practices and, in general terms, while acknowledging the benefits of such programs, the victims did not feel completely satisfied. In this perspective, Mercy Corps designed a strategy based on three integrated interventions:

1. To strengthen the State's capacity for the better inclusion of war victims with disabilities.
2. To support the inclusion of war victims with disabilities within their families.
3. To improve the socioeconomic conditions of war victims with disabilities through small productive initiatives.

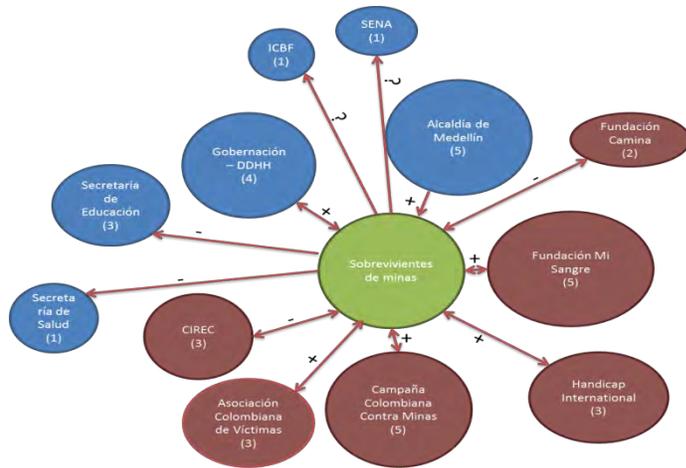
RESULT 2.1. Departmental Committees for Integral Mine Action in Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander have increased capacity to coordinate and manage socio-economic integration initiatives for landmine survivors.

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.

One of the biggest challenges for the efficient action of the State in relation to the welfare of PWDs is the disconnection between the various State systems responsible for providing such care and assistance. Although this situation is not unique to PWDs, or to the victims of armed conflict, it is necessary to make this fact visible, as well as to outline specific actions to mitigate the lack of knowledge that local governments have about war victims with disability and to provide a basis for better planning of the response to these populations. In this context, Mercy Corps and its partner, the Colombian Campaign Against Landmines, designed a survey to determine the perceptions of officials at the departmental level, in relation to the impact of the existing income generation projects at their departments and its role as government entities. The survey was applied to 10 public servants directly linked to activities related to the social inclusion and/or provision of services to landmine victims. Among other results, 92% of respondents expressed that there was little coordination between the international organization's initiatives and the departmental governments. Another important fact was that 70% of the surveyed officials reported that they ignored the results of the international organization funded projects that were developed in their regions, and 67% said they would like to be informed and were willing to engage more forcefully in the design, monitoring and implementation of such projects. Based on these results, Mercy Corps facilitated the creation of sub-committees for the socioeconomic integration of mine victims, within the framework of the Departmental Mine Action Committees in Antioquia, Caquetá, Cauca, Nariño and Norte de Santander. It is important to note that, despite the efforts made by Mercy Corps and the Colombian Campaign against Landmines to establish a similar scheme in the department of Meta, the political and security situation of the department at that time did not allow an achievement of this magnitude.

The methodology, achievements and challenges for this activity are described below.

Methodology



Graph 1. Map of actors intervening in the socioeconomic integration of landmine victims. Antioquia. Applied in May 2009.

Mercy Corps and the Colombian Campaign against Landmines conducted separate focus groups with landmine survivors and government officials at the departmental level, in order to identify key actors intervening in the processes of social inclusion and income generation of war victims with disabilities, as well as the relationship between them. In total, 24 focus groups were conducted in six departments prioritized by the program, of

which the following results were recorded:

1. Victims acknowledge the responsibility of state agencies, but do not identify their roles.
2. Victims are not clear about how to access the services of State institutions regarding issues of income generation.
3. Landmine victims feel greater trust towards NGOs as they recognize their roles and services.
4. Victims give similar value to participatory processes as they do to seed capital.

The results were socialized with Departmental Mine Action Committees in each department, and socioeconomic inclusion sub-committees were formed with the following purposes:

1. Share information related to methodologies, processes and socio-economic inclusion projects' beneficiaries.
2. Identification of priority areas in each department for the development of actions related to the socioeconomic inclusion of mine victims.
3. Coordinate activities to avoid duplication of efforts.
4. Monitor actions and formulate recommendations.



Meeting of the Socioeconomic Inclusion Sub-committee of Norte de Santander. March 2010. Diana Roa/Mercy Corps

The groups met on a bimonthly basis and remained active until 2011, when they were absorbed by the new structures generated by the Victims' Law. The groups supported the definition of Mercy

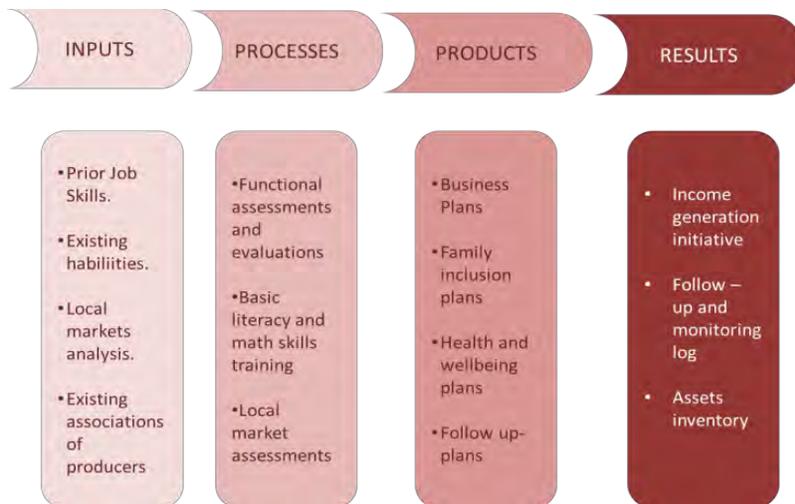
Corps' methodologies for socio-economic inclusion, developed cooperative analysis of information, formulated recommendations regarding the identification of geographic areas of interest and allowed the complementation activities in the field.

Achievements

A total of 37 entities between state institutions, NGOs, International Organizations and Faith-based organizations participated in meetings for over 36 months, developing joint field missions, baseline studies, and cooperative analysis, which yielded the following results:

ANTIOQUIA	<ol style="list-style-type: none"> 1. Study on the geographic distribution of income-generation projects for victims of mines between 2004 and 2008. 2. Conducting a baseline benefit victims of mines for income generation projects between 2004 and 2008 in Antioquia. 3. Development and publication of a manual of good practices for the economic inclusion of mine victims.
CAUCA	<ol style="list-style-type: none"> 1. Needs assessment for socio-economic inclusion of mine victims. 2. Identification of mechanisms for the socio-economic inclusion of PWDs in indigenous communities.
CAQUETÁ	<ol style="list-style-type: none"> 1. Joint analysis of socio-economic inclusion of landmines victims in Caquetá between 2006 and 2008. 2. Development of recommendations for sustainability of income generation initiatives of mine victims.
NARIÑO	<ol style="list-style-type: none"> 1. Evaluation of 10 income generation initiatives of mine victims in Nariño. 2. Development of recommendations for sustainability of income generation initiatives of mine victims. 3. Study on the geographic distribution of income-generating projects for victims of mines between 2006 and 2008.
NORTE DE SANTANDER	<ol style="list-style-type: none"> 1. Needs assessment for socio-economic inclusion of mine victims. 2. Cooperative agreements with University Francisco de Paula Santander for basic training on literacy skills of landmine victims.

Another major achievement was the construction of a methodology oriented to the development of income generation solutions, based on a value chain approach focused on the needs and skills of people and not on the functional deficits of PWDs or the productive projects. It is worth mentioning that this methodology was used to guide the construction of income-generation initiatives flow charts in organizations such as the Nariño's Governor's office, the Mayor of Medellín, Fundación Mi Sangre, the Colombian Campaign against Mines and Mercy Corps.



Graph 2. Income Generation Initiatives value chain developed in the department of Nariño. October 2010

Lilibeth Arismendi, Mine Action Liaison Officer of the Government Secretariat of Antioquia, expressed the impact of this activity.

As a public officer, one spends a lot of time going from meeting to meeting. We receive a lot of problems: people complain all the time and they think that we do nothing. The Socioeconomic Inclusion Subcommittee led by Mercy Corps allowed us government institutions, NGOs and victims to work together having clear goals ... One of the things I liked about this sub-committee was that we shared a lot of information and were able to account for things we did not know. For example, when organizations provided information about their projects and, we realized that all of them were working in the same areas and with nearly the same beneficiaries! The other thing was to clearly see that this is not just about creating business, but to help people. When we started, most programs' indicators were about business productivity, profit margin and so on, but not about the wellbeing of people. That was a big lesson we got from Mercy Corps.

Finally, one of the major impacts of this activity was to allow the development of sustainable inter-institutional spaces that bring together government agencies, NGOs and the victims themselves, for the development of common knowledge, but above all, to coordinate actions that allowed: 1) the increase in geographical coverage and the number of beneficiaries of income generation projects and 2) greater efficiency in the use of institutional resources through the implementation of cooperative practices for managing information and developing joint activities.

Challenges

Early in the development of the activity, some of the participating institutions expressed concerns for openly sharing information. Although most institutions were acquainted to each other and had shared several spaces, dynamics such as cooperative information management of beneficiaries, sharing methodologies and budgets were not common practices. In the end, these challenges were resolved satisfactorily, but required a lot of work to build trust.

Another major challenge was the creation of forums that could involve the permanent presence and participation of committed government officials, able to make decisions on behalf of their institutions. To overcome this challenge, it was necessary to spend a significant amount of time promoting activities with senior actors like Government, Productivity and Health Secretaries, in every department.

RESULT 2.2. 200 landmine survivors and their families access income generation initiatives that improve their quality of life.

Activity 2.2.1. To promote the access of 200 landmine survivors and their families to income generation initiatives.



Monica Paola Ojeda, Landmine Survivor from Santander. Photo courtesy of Gervasio Sánchez.

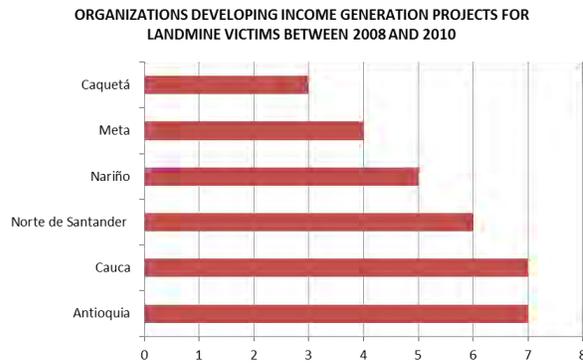
PWDs, whether in developed or developing environments are more likely to be poor than other citizens¹. To them, opportunities to access decent jobs with fair wages, to stay in school or actively participate in cultural, political or sports activities seems to be impossible. Attitudinal barriers, coupled with the increasing need and demand for social services, make it much harder for households with a PWD to overcome poverty. In the case of victims of landmines, this situation tends to increase, since their situation previous to the acquisition of the disability was already precarious. In response to this reality, many

organizations focus their efforts on creating income generation initiatives for war victims with disabilities. Although well intentioned, these initiatives often have little chance of success and add yet another problem to the already sensitive psychosocial status of vulnerable victims.

At the beginning of the program, Mercy Corps conducted an assessment to find out which programs or organizations were developing income generation projects in priority departments.

Nine organizations in six departments were implementing 32 income generation projects.. While all were financed by international organizations, five implementing organizations were Colombian and four were international. In all cases the resources came from public funds of European institutions (Spain, Belgium, European Union and Germany) and the average number of beneficiaries per department ranged from 12 to 18 persons, while the seed capital fluctuated between US \$450 and US \$800, including all costs.

¹ World Report on Disability, World Health Organization, page 39, Washington, D.C. USA; 2011



Source: Mercy Corps assessment of Income Generation Initiatives, 2009.

Implementor's Origin



Source: Mercy Corps assessment of Income Generation Initiatives, 2009.

In 2009, Mercy Corps and the Colombian Campaign against Landmines designed and implemented two crucial activities for further development of the program. The first was an assessment of 50 initiatives for income generation for mine victims, supported in 2007 by the CCCM and the second a baseline to identify the socioeconomic status of potential beneficiaries of the program.

The evaluation of the 50 initiatives for income generation around four principles, which were present throughout the project as a conceptual framework was developed:

- a. Economic effectiveness and sustainability of the income generation initiatives two years after seed capital was originally disbursed.
- b. Impacts of the income generation initiatives on the psychosocial situation of the landmine survivors and their families.
- c. Impacts of the income generation initiatives on levels of landmine survivor participation and integration into the economic and social lives of their respective communities.
- d. Impacts of the income generation initiatives on the empowerment of women beneficiaries and female family members to improve their families' situations.

Starting from these principles and through the collection of successful and unsuccessful cases, very valuable conclusions were extracted, among which were counted:

1. The income generation initiatives based on the skills of the people before their accidents, rather than physiological deficits tend to be more successful and sustainable in the medium term.
2. Income generation initiatives involving more than one member of the family tend to have greater chance of success than those developed solely by individuals with little supporting networks.
3. In the case of income generation initiatives intended to support children with disabilities, it is crucial to ensure that the revenue generated will translate into better living conditions for them.

4. In the case of women victims of war with income generation initiatives, it is important to establish and monitor their wellbeing conditions, not only in economic terms but also of security and sexual and reproductive rights.

In this context, Mercy Corps and the CCCM identified a series of challenges and complexities that were hindering the inclusion processes of the victims:

1. 56% of beneficiaries of socio-economic initiatives felt that they did not complete mourning processes and considered their psychosocial condition as precarious.
2. 80% of beneficiaries reported health problems such as poor vision, poor hearing or other undetected physiological problems that prevented the full development of income-generating initiatives of some victims.
3. In the case of women, 48% reported having experienced gender based violence by a member of their family before and after the initiative.
4. At least 62% of the beneficiaries did not read or write or have basic arithmetic skills.
5. 92% of beneficiaries could not describe a clear process for moving from business ideas to solid and sustainable initiatives.
6. Upon receiving in-kind materials for the development of their income generation initiatives, none of the beneficiaries generated relationships with their suppliers, nor they knew the value chains related to their initiatives.
7. Supported initiatives were based solely on the business ideas of the beneficiaries, but did not consider market analysis, previous skills or occupational skills.

Starting from these principles and important findings, Mercy Corps and the CCCM built a solid methodology that guided the entire process, from the selection of beneficiaries to the monitoring of the funded initiatives.

Methodology

Mercy Corps designed an innovative methodology based on the improvement of quality of life, and not only in the increase of income, to measure the effectiveness of the process of socio-economic inclusion. For this purpose a “Balanced Scorecard” was designed, based on a set of indicators developed around four basic areas and the application of a gender and differential approach:

Productivity indicators: Intended to measure the increment of income perceived by beneficiaries from the implementation of the socioeconomic initiative.

1. *Percentage of increase in family income*
 - Baseline: Family perception of income at the moment of the baseline data collection.
 - Source of verification: Accounting books of socioeconomic initiatives.

Key questions to measure Productivity

For women: How are adult women in the family involved in the management of revenue?

For Children: What percentage of revenue is invested in meeting children’s needs?

For elders: What percentage of revenue is invested in meeting elders’ needs?

For ethnic groups: Are income generation initiatives according to common practices and usages in the community?

2. *Number of adult family members working and earning a minimum wage or more.*
 - Baseline: Number of adult family members earning a minimum wage or more at the moment of the baseline data collection.
 - Source of verification: Family testimonies and work certifications (for formal jobs)

Well-being and quality of life indicators: Designed to measure the psychosocial impact and the improvement of living conditions generated by the Income Generation Initiatives (IGIs) in the survivor and his/her family's life.

1. *Percentage of income invested in family's basic needs (health, education, food, dress, leisure).*
 - Baseline: Family perception of investment in basic needs at the moment of the baseline data collection.
 - Source of verification: Family expenditures and general ledgers .

2. *Level of beneficiaries' satisfaction with their quality of life (measured from 1 to 5)*
 - Baseline: Beneficiaries' perception of satisfaction with their quality of life at the moment of the baseline data collection.
 - Source of verification: semi-structured interviews with beneficiaries after the implementation of IGI.

Key questions to measure wellbeing and quality of life

For women: Are women living in an environment free of gender-based violence? Are women able to exercise their sexual and reproductive rights?

For Children: Are children living in an environment free of violence against children? Do children go to school on a daily basis? Are children's basic needs (food, dress, education, health) met?

For elders: Are elders living in an environment free of violence against them? Are elders' basic needs (food, dress, education, health) met?

For ethnic groups: Can indigenous /afro-descendent people meet their basic needs according to the common practices and usages in their communities?

Participation indicators: Designed to measure the impact of the IGIs on landmine survivor levels of social integration and leadership in his/her community, and more specifically, levels of landmine survivor family member involvement and commitment around the IGI.

1. *Percentage of increase in the participation of beneficiaries in social spaces in the community (sports, culture, politics, religious or administrative)*
 - Baseline: Survey on participation and social inclusion at the moment of the baseline data collection
 - Source of verification: Survey on participation and social inclusion six months after the implementation of IGI.

2. *Level of beneficiaries' satisfaction with their own participation in social activities at the community (sports, culture, politics, religious or administrative).*

Key questions to measure participation

For women: Are women actively participating in community activities?

For Children: Do children have options for their participation at community activities?

For elders: Do children have options for their participation at community activities?

For ethnic groups: Can indigenous /afro-descendent victims of war participate at community activities?

- Baseline: Semi-structured interview at the moment of the baseline data collection
- Source of verification: Semi-structured interview six months after the implementation of IGI.

After the implementation of the baseline instruments, Mercy Corps established selection groups within the Departmental Socioeconomic Sub-Committees. The groups reviewed the baseline instruments and held discussions based on their existing (or non-existent) knowledge about beneficiaries, as well as verifying if they were benefitting from other projects at the time of the review. Two-hundred and seventy-four (274) war victims with disabilities were evaluated and at the end, 207 war victims with disabilities finalized the process and successfully implemented their IGI.

Occupational Assessments for Landmine Survivors

Once the preliminary lists of beneficiaries were defined, Mercy Corps and the CCCM, together with local authorities and volunteers developed Occupational Assessments at each department. The objective of such assessments was to identify the functional capabilities and challenges of beneficiaries, in order to better support them in the definition of their IGIs. The Assessments included the following medical evaluations:



Occupational Evaluations in the Department of Nariño, June 2010.
Photo by Angelina Castro/Mercy Corps.

- General Medicine
- Physiatry and/or physiotherapy
- Psychology
- Nutrition
- Ophthalmology
- Audiometry
- Occupational Therapy

In all departments, evaluations were performed with Public Health resources, not only with a budgetary and savings purpose, but most important, so that beneficiaries could start relations with local doctors and understand their health condition and develop plans in that sense. The evaluations' results were shared with beneficiaries, and as a result they developed personal health plans that were a pre-requisite to start the development of income generation initiatives.

The impact of this activity was outstanding. On the one hand, occupational assessments allowed participants to accurately identify their health condition as well as their needs in this regard, and on the other hand, it allowed Mercy Corps' staff to have clarity on the functional capabilities of each beneficiary, which is essential to ensure the success of their socio-economic initiatives. Finally, the assessments decidedly involve departmental authorities and institutions providing health services, which acquired better knowledge about the victims of mines in their departments and put them on a better path to guarantee rights of victims in health. Emilse Rodriguez, a landmine survivor from Puerto Rico, Meta, talked about the impact of this activity on her.

Here, you never go to the doctor if not for something serious. Everything is far away and if you need something special you have to go to Florence and sometimes Neiva. When Goldham said that we were going to do that evaluation I did not believe it was true, I could not imagine how someone could bring so many doctors

to do all that here. We saw all these doctors come and it was like a miracle. I got my teeth, eyes, ears, checked and they even told me I had to lose weight! I also was checked by the gynecologist ... I was afraid because I didn't know what it was like, but the doctor explained to me that it was very important.

Family Plans

After the occupational assessments, Mercy Corps and CCCM staff carried out meetings with beneficiary families to help them develop a health and education plans with the following components:

1. **Health care:** Families wrote their needs for basic health care, taking into account their different needs. For this purpose, Mercy Corps designed the following matrix:

Name and Family Name			
Age			
Identification document			
Medical Insurance company			
Health Care Center			
Blood Type			
MEDICAL APPOINTMENT	ADDRESS AND PHONE NUMBER	DATE AND TIME	NAME OF PHYSICIAN

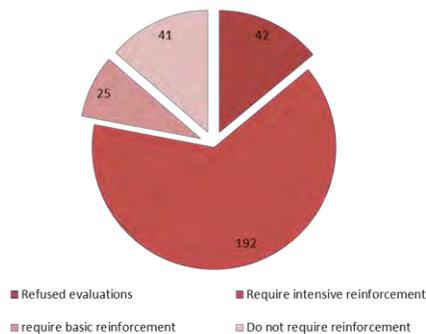
Each family member filled one of these charts and committed to attend medical examinations and appointments, according to the booklet "Responsibilities with my Health," which was distributed in every home.

2. **Education:** Families assumed the commitment of guaranteeing that all children of school age would enter or remain in school, and that their education needs will be respected.

Basic skills assessments and training

The next step was the development of basic skills assessments in literacy and mathematics. This activity involved the each family member directly linked to socio-economic activities. To this effect, the Departmental Committees Mine Action developed Memorandums of Understanding with universities in each department:

ANTIOQUIA	University of San Buenaventura University of Antioquia
CAUCA	University of Cauca University of El Valle
CAQUETÁ	University of the Amazonia
META	University of El Meta
NARIÑO	University of Nariño Mariana University
NORTE DE SANTANDER	University Francisco De Paula Santander



Once universities assessed beneficiaries, findings revealed that 64% of them required intensive reinforcements; 8.3 required basic reinforcement and 13.7 were able to start developing socioeconomic inclusion initiatives. Unfortunately, 42 potential beneficiaries refused to even take the assessment, arguing that they were “too old to study” or that they were “sure they were going to fail.” This reduced the number of potential beneficiaries to 258. During the reinforcements, 26 survivors dropped out, leaving a remaining number of 232 beneficiaries.

Business plans

The next step was the development of business plans that enable recipients to clarify their ideas and transform them into solid and sustainable plans. To this effect, Mercy Corps signed an agreement with the National Apprenticeship Service (SENA), which aimed to "empower landmine survivors beneficiaries of the Socioeconomic inclusion Component, for the development of income generation initiatives through basic entrepreneurship trainings." The training went ahead using the Canvas methodology and took the following steps:

1. *Articulation of the business idea:* Each recipient must write a page to explain his/her idea, why did he/she considered it to be a good deal and what its capabilities to develop it.
2. *Basic Market Analysis:* Beneficiaries should be identified who would be his/her customers, what can she/he do to captivate them, who are his/hers competitors and how can she/he differentiate it.
3. *Investment Plan:* What are the minimum required inputs (materials, machinery, workforce, etc.) for the business start-up, how much would they cost and who would be the suppliers.
4. *Legal Plan:* What permissions are needed, who provides them and how much they cost.

Distribution of Seed Capital

Upon completion of business plan trainings and development, the beneficiaries had clear ideas for their start-up businesses. Mercy Corps proceeded to the distribution of seed capital, which on average amounted to \$ 2,300,000 COP (U.S. \$ 1,250.00). Another differentiator from existing projects was the distribution of seed capital in cash to each beneficiary, followed by the support to the procurement of elements listed in business plans. The objectives of this initiative were:

1. To streamline and boost distribution of seed capital.
2. Empowering survivors in money management, enabling them to invest according to their needs.



Beneficiary from Turbo, Antioquia, receives the Seed Capital for his business start-up. April 2011. Luis Miguel Hernández/Mercy Corps.



Procurement of goods for business start-ups.
Villavicencio, Meta, June 2011. Alfredo
Torres/Mercy Corps.

3. Build direct relationships between beneficiaries and providers.
4. Promote the circulation of money in local markets.

Procurement processes were performed according to the quotes submitted by the beneficiaries in their business plan, and were accompanied by Mercy Corps' team. All purchases were negotiated and closed for each beneficiary.

Follow-up, monitoring and evaluation

Mercy Corps and CCCM had a clear understanding that for war victims with disabilities, a new business is much more than a business: it is a unique opportunity to restart their lives with autonomy, independence and dignity. Thus, it was necessary to develop thorough processes for accompanying, monitoring and supporting them throughout the start-up and consolidation of their business units. In this regard, regular visits to beneficiaries were made by the Departmental Coordinator of the Colombian Campaign to Ban Landmines, the Monitoring and Evaluation Coordinator and Socioeconomic Inclusion Coordinator Mercy Corps during a period of 12 months. The CCCM made agreements with municipal mayors at each municipality, in order to provide technical support from the regional authorities.

Achievements

- **Coordination and institutional strengthening**

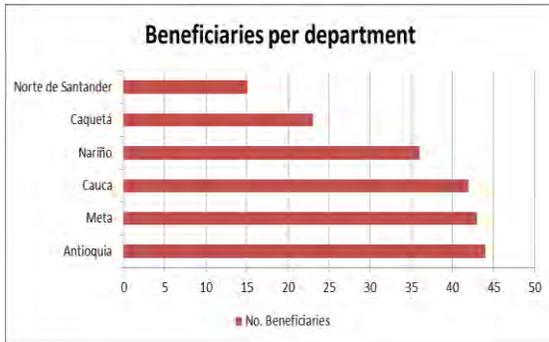
Socio-economic inclusion activities allowed Mercy Corps and CCCM to develop a people-centered innovative methodology, based on the integration of war victims with disabilities from a comprehensive needs approach. One of the major determinants of this challenge was the multidisciplinary work that was underpinned by an ecological framework in which individuals were seen in a complex context that included their personal experiences and capacities, their family contexts, the communities in the ones they interact and the State as the warrant of rights. Extensive coordination efforts were required all along the process, not only between public actors in the field but also with the private sector. In this sense, one of the biggest impacts was the successful transfer of the inclusive and participatory methodology to the departments involved. Xavier Hernandez, Peace and Human rights officer of the department of Nariño talked about this achievement.

Most organizations come with their projects and implement them outside the institutional frameworks; therefore it is very difficult to articulate their achievements to the institutional priorities. Sometimes we do not even know the results. What happened with Mercy Corps was a unique experience for us. We were not only involved in the design of all the methodological steps, but also in every part of the implementation process. It helped us to better understand the needs of

the PWDs, and the roles of institutions. When you work like that, it is easy to commit resources without objection, because you understand how things are handled and what the benefits to the community are. It also helped the citizens to feel closer to their institutions, and that is how democracy is built.

- **Beneficiaries**

The program supported 203 income generation initiatives benefiting 812 people in the program’s priority departments. The 29 municipalities benefitted by the activity were:



Distribution of beneficiaries of Socioeconomic inclusion activities. Source: Mercy Corps M&E cube. March 2014.

Antioquia: San Luis, Zaragoza, Turbo, Apartadó, La Unión, Carmen de Viboral, San Carlos, Medellín, Montebello and San Francisco.

Cauquetá: El Paujil, Montañita, Florencia, Puerto rico y San Vicente del Caguán.

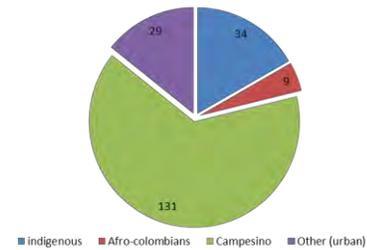
Cauca: Popayán, Santander de Quilichao and Toribío.

Meta: Granada, San Juan de Arama, Villavicencio y Vistahermosa.

Nariño: Pasto, Los Andes, Ricaurte, Santa Cruz de Guachavés y Samaniego.

Norte de Santander: Cúcuta y El Zulia.

Of total direct recipients, 62 were women, of which 43 were heads of households (single mothers) with more than one child (79.4%). Forty-six percent (46%) of women beneficiaries are people with physical (11 women), visual (4 women), hearing (3 women) and multiple (8 women) disabilities. Of the 142 men benefited, 43% are heads of households and 11% of these raise more than 2 children by themselves. Seventy-eight percent (78%) of men beneficiaries have physical (53), cognitive (1) visual (14), hearing (9), mental (8) or multiple (21) disabilities.



Among recipients, 16.7% were indigenous people from the Paez, Guambiano and Sibundoy communities in the departments of Cauca and Nariño. In the departments of Cauca, Nariño and Antioquia nine beneficiaries were Afro-Colombians, accounting for 4.4%. One-hundred and thirty-one (64.5%) farmers were attended, while 29 people declared to be mestizos (14.2%).

The majority of beneficiaries (113 people) opted for livestock initiatives related to breeding and raising dairy cattle, pigs and small species, such as guinea pigs or goats. Eleven beneficiaries developed agricultural activities including tomato, coffee and passion fruit plantations. Eight recipients developed initiatives around the manufacturing sector, especially in the area of clothing and finally 67 people generated sales and services businesses, including cafeterias, beauty parlors, laundry machines rentals and locksmith services.

Rosmira Echavarria, a displaced woman who takes care of her two younger brothers who are landmine survivors, lives in the neighborhood of Carpinelo (District 4) of Medellín. She generously shared her testimony about the impact of this process to her family:

Having the opportunity to have one's own business is a big thing that we never thought that could happen to us. We live on a daily basis, buying just what we are going to eat, with no savings capacity, so there was no way of adding up the money we needed for the clothing shop. The whole process was very nice, because we had to earn the right to receive this money, it required a lot of work and even changing our mindsets... I used to think that my brothers were not able to go to school. One of them is blind and the other one has a mental disorder. The commitments that Mercy Corps was asking from us seemed difficult, but with time we understood its value.

For me, the most exciting moment was when we received the money and had to go and purchase everything we said we needed...To buy your stuff, ask for discounts, checking that every machine was new, requesting for guarantees. I dreamed of the workshop, but I never imagined it would become an entrepreneur! My sister and I are 100% involved in the business. I cut and sew and she goes out and sells. We have five neighbors employed. We make school uniforms for the children of the district and also the dotation uniforms for a food company in Bello.

- **Success and sustainability**

The success of socio-economic inclusion activities lays not only in the increase of personal or family income, although this is a variable of utmost importance. To measure the impact of initiatives at the family level, indicators designed for the evaluation process were also considered. The achievements are hereby presented in the same scheme.

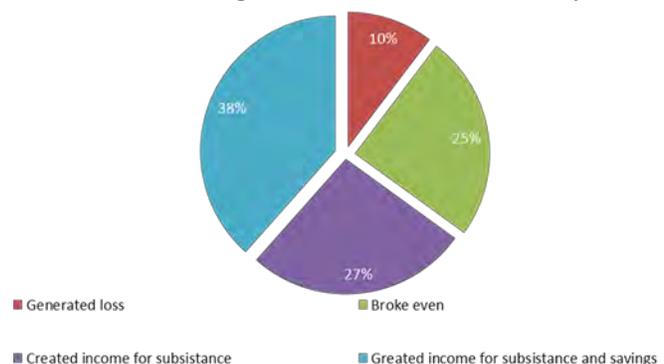
- **Economic Impact**

Mercy Corps and CCCM teams accompanied beneficiaries of socio-economic inclusion activities for one year after the start-up of the socio-economic initiatives.

Sustainability of the initiatives: This variable refers to the capacity of beneficiaries to maintain their business in time. To this end, three sub variables were defined:

1. Failed Initiatives: 21 beneficiaries abandoned their initiatives due to economic, health or security issues.
2. Stable Initiatives: 72 IGIs were still active 12 months after their start-up, but do not show significant improvements.

Economic growth of IGI 12 months after startup



3. Successful initiatives: 110 IGI are still active and have grown / improved visibly.

In terms of the economic growth generated by the initiative, 21 initiatives recorded losses. This coincides with failed initiatives in terms of sustainability. Of the remainder, 50 maintained a break-even point that allowed it to keep running, but do not generate profits or losses. Fifty-four (54) generated enough incomes for families' subsistence and the remaining 78 did not only generated profits but families could start saving money from the income earned through socio-economic initiatives. The data draws an encouraging picture regarding socioeconomic inclusion projects for war victims with disabilities, since it solidly demonstrates that guarantees an intense previous work in terms of selection of beneficiaries, basic skills training and relaying in existing capacities and skill, almost all in cases guarantees financial success.

- **Psychosocial Impact**

Survivors benefiting from socio-economic inclusion processes were inquired about their wellbeing, their mood, how they perceive their role in the family and, their self-image and their overall health. In this context, Mercy Corps sought to establish whether the development of socio-economic activities has an impact on the mental health of PWDs who are victims of the conflict. Only 1.4% of the recipients felt that their psychosocial condition had deteriorated since the time they started their business. According to those interviewed, pressure and fear of failure influenced decisively on their mental health. For 21.9% there were no significant changes in their mood or psychosocial status while 76.6 % experienced significant positive changes in their psychosocial condition. For them, these changes were related to the ability to financially support their families, be independent and to show that they "are not a nuisance." Rocio Aviles a landmine survivor beneficiary of the Program in Florencia in Caquetá, said to this respect:

People are afraid to hire people like me for many reasons, they think you are going to fall, you will get sick, you will skip work ... I looked for a job form years, but I was always unsuccessful. As I lost my eye and arm, I spend a lot of money on drugs, doctors and transportation ... I always felt less than others and I thought I was ugly... I was sad because I was almost living on alms. As soon as I started the [ceramics] workshop my life changed for the better. Now I can pay for my stuff, I keep myself busy and if I need something I do not have to ask my husband or anyone, because I can get it by myself. Now I put make up on and comb my hair, after all, you are the face of your business! This for me has been a lifesaver!



Paula Romero, a landmine survivor from Turbo, in Antioquia, learns to read and write as part of her basic skills training. Alfredo Torres/Mercy Corps

- **Impact on social participation**

The vast majority of beneficiaries reported to be participating more actively with their environments and communities thanks to the influence of their socio-economic initiatives. For them, to keep their businesses running, engaging with their customers and suppliers and keeping abreast of what's happening in their markets, is an effective way to feel more involved in social life.

- **Empowerment of women**

A decisive category for the analysis of the success is the empowerment of women beneficiaries. As mentioned above, 43 of the beneficiaries are women heads of households, so improving their economic conditions had direct impacts on improving the condition of their children. In this sense, it was evident that gaining a source of income allowed these women to be more active participants in their societies, to avoid abusive relationships and to provide for their children on a sustainable basis.

Challenges

The qualitative leap of inscribing income generation initiatives in broader contexts of participation and welfare meant a challenging conceptual, methodological and implementation effort, as well as great commitment from USAID, Mercy Corps and the CCCM, but mostly from the beneficiaries of the program.

First, it was crucial to have the trust of USAID, which allowed substantial changes in project implementation:

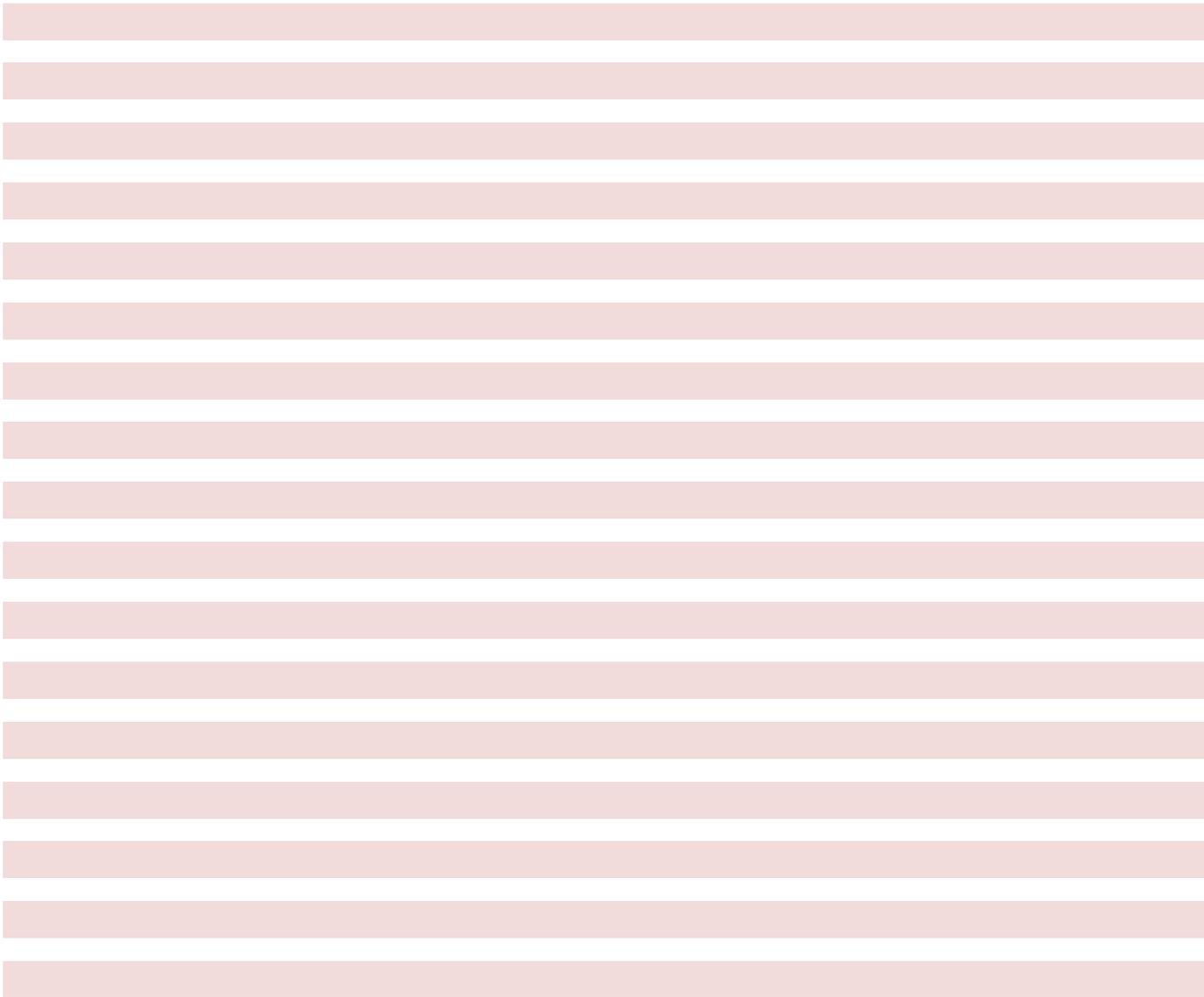
Reduction in the number of beneficiaries: Mercy Corps had projected an approximate number of 300 beneficiaries, but after a financial analysis and weighing the implications on social and economic impact, USAID approved a reduction to 200.

Seed Capital: Initially, seed capital amounts were ranging between \$600 and \$950. After a rigorous analysis of costs and due to favorable fluctuations in the exchange rate, the amount increased to \$1,250, which allowed the development of more ambitious business plans.

Investment in preliminary processes: It was agreed that, taking advantage of the reduction in the number of beneficiaries, the amount of approximately U.S. \$300 per beneficiary was going to be used in training processes and transportation of beneficiaries.

Mechanisms of distribution of seed capital: This was definitely one of the greatest innovations, since there was a tradition of distributing in-kind seed capitals represented in the goods that beneficiaries would need for their start-up. Mercy Corps chose to make bank or wire transfers, which enabled beneficiaries to be in direct contact with the seed capital money and invest at their own discretion.

At the initiation of the Program, Mercy Corps did not find a collaborative culture that would allow coordination between State institutions and non-governmental organizations for the development of socioeconomic inclusion activities. In fact, at the beginning of the project what was considered "normal" in this type of process was the complete disconnection of public institutions. In this sense, it was key to generate and maintain constant and close linkages with entities such as Municipalities, Secretariats of Agriculture, Productivity, Education, etc., in order to guarantee their participation and commitment to processes of technical assistance, support and training of beneficiaries.



PUBLIC POLICIES

For War Victims with Disabilities in Colombia

THEORY OF CHANGE

Strengthening the design, implementation and follow-up of public policies for war victims and persons with disabilities at the municipal and departmental level will directly impact the quality and opportunity of services and access to rights of vulnerable populations.

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.

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.

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

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In Colombia, the concept of public policy has traditionally been focused on designing laws, systems and plans from the central level, without a proper translation of their implementation at the departmental, municipal and community scenarios. Governing bodies in Bogotá, such as the Ministry of Health, the Presidential Program for Integral Mine Action and the Ministry of the Defense are the main institutions responsible for managing public policies, but bridges between them and their local counterparts (i.e. Health Secretariats, hospitals, and schools) are often weak or non-existent. Public policies are rarely designed from participatory methodologies that contextualize actions, and therefore their implementation often generate onerous social and financial expenses for those responsible for their application at the local level. Departments and municipalities are forced to attempt to implement these laws, plans and programs; however, they rarely have the financial, human and technical resources required for the task. Throughout the implementation of the Program for the Integral Assistance of Landmine Victims in Colombia (2008 – 2013), the State Policy of Integrated Mine Action was not the exception to the above stated scenario. While there is a robust regulatory framework and a solid structure at the national level, it does not flow down to the developments in departmental and municipal levels. To illustrate this statement, it is important to briefly revise the regulatory framework and the current structure of mine action in Colombia.

Colombia is a State Party to the Mine Ban Treaty, or Ottawa Convention. Since its ratification in 2001, the Treaty became part of Colombia's constitution and is therefore given a the high level of legal and political significance.

Law 759 of 2002 translates the Treaty and its application to domestic regulatory mechanisms, interpreting it in the context of existing national systems.

The document CONPES 3567 (National Council for Economic and Social Policy) defines parameters for the practical implementation of the law, gives data on the cost of implementing the treaty in Colombia and define budget allocations.

National Mine Action Plan defines paths for accomplishing goals and assigning responsibilities to the local level.

The Departmental Mine Action Plans identify the impact of mines at each department and define goals for the implementation of the commitments of the convention at the territorial level.

In principle, this logic is supported by an executive structure that allows political and operational actions. The government of Colombia developed an Inter-Sectorial Committee on Mine Action (CINAMAP), chaired by the Vice President, responsible for directing policy with Ministries and chiefs of Public Forces as members. The Presidential Mine Action Program serves as the Technical

Secretariat of the CINAMAP and operationalizes the decisions taken by the CINAMAP. Finally, Departmental Committees Mine Action and municipal liaisons in each of the affected municipality are in charge of directly implementing actions to comply with the Mine Ban Treaty and its domestic laws.

However, the normative reality is far from its applicability in the field. Departments and municipalities regularly experience budgetary barriers, security concerns, lack of technical resources and lack of trained personnel for an effective and qualitative mine action. Beyond these obstacles, which are far from exclusive to the Mine Action arena, there are coordination issues between government agencies at the central level and departmental and municipal authorities. Due to poor coordination at higher levels, civil society, and especially victims, often has no voice in the decision making process. The weakness of the organizational process and the lack of political participation of landmine victims and other victims of conflict with disabilities is another gap difficult to overcome. This gap is due to the structural failure of the General System of Social Security. All these factors lead to an ineffective system in which victims cannot access comprehensive, timely and quality assistance.

Mercy Corps proposed a new approach to the development of public policies. By understanding them as a citizen participation and democratic activity, the regulatory framework then acts as the facilitator of local processes and comprehensive rehabilitation for people with disabilities who are victims of armed conflict.

Methodology

In March 2009, Mercy Corps established contacts with government actors in the departments of Antioquia, Caquetá, Cauca, Meta, Nariño and Norte de Santander, in the spirit of establishing:

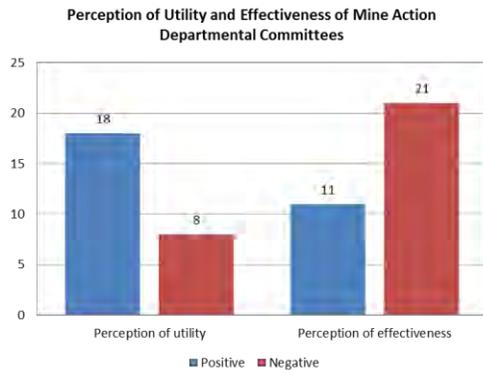
1. Formal of Mine Action Departmental Committees
2. The perception of relevance of Mine Action Committees at the departmental level
3. Human, technical and financial capacity to develop operational and political actions, aimed at improving the quality of mine victims' assistance

Semi-structured interview methods were used with members of each of the Departmental Committees. In total 29 representatives from public institutions (18), NGOs (8), and Universities (3) responded to the interviews applied by Program's territorial team. The findings were as follows:

Departmental Mine Action Committees have been formally created through decrees in all six departments. Government Secretariats are the governing bodies at all departments, and they oversee all aspects of Public Policy in this regard.

The following table illustrates the type or organizations that participate at the Committees in each department.

Department	Participants
Antioquia	Government Secretariat – Human Rights Unit Health Secretariat – Disabilities’ Officer Education Secretariat – Army – Community Liaison Officer Army – Humanitarian Demining Officer University EAFIT – Mechanical Engineering Faculty Colombian Campaign Against Landmines – Departmental Coordinator Handicap International – Mine Action Coordinator Mi Sangre Foundation – Head of Programs International Committee of the Red Cross UNICEF
Caquetá	Government Secretariat – Human Rights Officer SENA ICBF Social Pastorate – Mine Action Coordinator Colombian Campaign Against Landmines – Departmental Coordinator Army Departmental Police International Committee of the Red Cross
Cauca	Government Secretariat – Social Participation Officer Health Secretariat – Public Health Officer SENA ICBF Social Pastorate – Mine Action Coordinator Colombian Campaign Against Landmines – Departmental Coordinator
Meta	Government Secretariat – Army Police International Committee of the Red Cross Red Cross
Nariño	Government Secretariat – Peace and Human Rights Officer ICBF SENA Social Pastorate – Mine Action Coordinator Colombian Campaign Against Landmines – Departmental Coordinator Red Cross International Committee of the Red Cross Un Office for Humantiarian Affairs - OCHA
Norte de Santander	Government Secretariat – Mine Action Liaison Health Secretariat – Mental Health Officer Social Pastorate – Mine Action Coordinator Colombian Campaign Against Landmines – Departmental Coordinator Red Cross International Committee of the Red Cross Un Office for Humantiarian Affairs - OCHA Centro de Rehabilitación Cardio Neuromuscular of Norte de Santander



In terms of perceived relevance, government officials and NGO representatives interviewed stated that the Committees could be useful, but that their function, role and scope were unclear thus impeding successful actions and measurable impact. Moreover, they were unclear on the interaction and inter-operationalization between departmental and national institutions, and often complained of not being taken into account for the decision making processes regarding victims' assistance, humanitarian demining or mine risk education.

In response to the capacity of the Committees, the interviewees stated that:

1. Only one of the six Departmental Committees had a defined Mine Action Plan.
2. Not all relevant institutions interacting in mine action were part of the Committees. Only in two of the six departments the Secretaries of Health participated and only in Norte de Santander a Health Provider was involved at the Committee.
3. 24 of the 29 respondents said they had never received any training on the subject of mine action.
4. 18 respondents reported not having clarity on the role of their institution in the implementation of mine action policies.
5. 25 respondents answered that they did not have enough staff to devote exclusively to the issue of mine action.
6. Only four of the 29 interviewed said they believed the mine action as a priority for their department. In other cases, officials admitted that it was a serious problem, but there were others who needed an urgent solution due to their magnitude and the legal pressure of the Colombian Control Institutions.

Once the results of interviews were analyzed and disseminated within each committee, Mercy Corps and the CCCM supported the formulation of departmental action plans divided in the following components:

- Integral Victims' Assistance
- Humanitarian Demining
- Mine Risk Education
- Coordination for the implementation of the Policy public



Information flowchart designed by the victims' Assistance Sub-committee of Cauca. June 2010.
Diana Roa/Mercy Corps

Mercy Corps facilitated the planning process at each department and accompanied the components of Victim Assistance for the design of their chapters. In this sense, the definition of information flows as well as local assistance and emergency regulation routes were determinant for enabling the health authorities to be prepared to respond to emergencies caused by mines, as well as providing comprehensive care to war victims from an ecological framework, rather than a merely clinical approach.

Achievements

The most important achievements of the program in terms of public policy focused on the definition of departmental action plans such as a tool for the operationalization of the public policy on mine action. Thanks to the efforts of Mercy Corps and CCCM, all departments defined multi-year integral plans that included indicators and monitoring mechanisms for each component.

Integral assistance routes, as well as Emergency Regulation Routes were designed in the departments of Cauca, Nariño, Norte de Santander and Caquetá, and information sharing mechanisms were implemented in all departments, except for Antioquia.

It is important to note that during the program's implementation period, Colombia experienced significant policy changes which brought about a more comprehensive understanding of the need for assistance and reparation of war victims. Order 006 of the Constitutional Court Sentence T-025 recognizes mine victims as persons that require special assistance. Furthermore, the definition of the Law 1448, (better known as The Victims' Law) recognizes PWDs as victims of conflict subject to special protection and establishes comprehensive rehabilitation as a measure of reparation to victims. The enactment of Order 006 and The Victims' Law has changed the way in which war victims with disabilities are assisted and recognized by the legal and health systems. In this light, the progress on territorial Public Policy was successfully absorbed by the new structures responsible for mine action and victims' assistance, and some of the action plans still govern many areas of interaction for the care of victims with disabilities.

Gerardo Castrillón, Social Participation officer of Government Secretariat of Cauca, shared his impressions of the impact of this activity:

We have very little technical assistance from the central levels. It is easy to get frustrated when you feel that your only role is sending information to Bogotá, but things continue to happen close to you. What Mercy Corps did was basically change our mind-set. This process helped us to understand that we need to articulate local efforts, and to see the Laws as means to fulfill our goals, rather than straitjackets that prevent us to be effective.

I am very proud of our departmental action plan, and to see the Health Secretariat so involved in the assistance to Mine victims... I can see how all the work that we have done in this matter prepared us to be better geared for the implementation of the Victim's Law.



From left to right: 1. The governor of Nariño, Antonio Navarro Wolff, opens the Accountability Event at the Hospital Universitario de Nariño, in Pasto. 2. Mercy Corps and CCCM's teams during a planning and analysis session in Bogotá. 3. The Health and Rehabilitation Subcommittee of Norte de Santander develops their Departmental action plan with the support from Mercy Corps' staff. Alfredo Torres, Angelina Castro/Mercy Corps



CONCLUSIONS

For over a decade, the Colombian Government, civil society and international organizations have embarked on the enormous challenge of ending the longest internal conflict in modern history. In recent years, thanks to policy developments, the solidarity of the international community and new information and communication technologies, we have witnessed the empowerment of victims of war. We have seen victims become significant players able to advocate for their inclusion as key actors and not mere aid recipients. The Victims' Law is the result of years of hard work and determination by victims' organizations, nongovernmental organizations, human rights' defenders and the international community and many other actors. The development that it represents in terms of rights for survivors of war is a testimony of Colombia's decision to change their future. Based on experience gained through more than five years of program implementation, Mercy Corps has extracted the conclusions and recommendations presented below.

Conclusion No. 1. Victims of landmines are part of a broad universe of people with disabilities and as such must be addressed and empowered.



Landmine survivors and persons with cognitive disabilities share a foster home in Florencia, Caquetá, while advancing on their functional rehabilitation processes. Angelina Castro/Mercy Corps

One of the most complex aspects of the program was the articulation of concepts pertaining to victimization and disability. In the context of armed conflict, mine survivors are seen as victims, and entitled to access legal benefits, differential programs and specific assistance. On the other hand, regarding access to health, mine victims are considered people with disabilities (PWDs) whose psychosocial, economic, and contextual needs are often not considered relevant by the health services providers. This feature has generated two significant phenomena. First, victims of antipersonnel mines are not recognized as PWDs at the level of their communities and therefore do not participate in social processes dedicated to PWDs. This has often led to exclusion and discrimination based on false perceptions. For PWDs, mine victims are perceived as a population who receive special attention and care and who "get everything they need." Finally, mine victims rarely identify as a person with a disability. Rather, they perceive PWDs as specifically

vulnerable due to some kind of deficiency.

While there is little documentation on this social phenomenon, it is not unique to Colombia. Therefore, Mercy Corps recommends collecting additional data through observations and research, in order to obtain enough knowledge for the definition of analysis categories that can lead into action for the warrant of the universal rights of PWDs and victims of armed conflict.

The program was highly successful in developing strategic partnerships at local level between victims and disabilities systems, which resulted in more comprehensive and efficient assistance to the citizens, especially in the departments of Nariño, Cauca and Caquetá. This achievement has

allowed the recognition of rights to victims of conflict and other PWDs in those departments through the Victim's Law.

Conclusion No. 2. Victims of landmines must access to health services through their rights guaranteed under the Colombian General Social Security System rather than through charitable schemes or practices.

In Colombia, victims of landmines have traditionally accessed health and rehabilitation services through a differentiated system that is untraceable and does not allow quantifying and characterizing the kind and quality of services. While public hospitals provide emergency, surgery and hospitalization services paid by State accounts, functional rehabilitation processes, including access to assistive technologies such as prosthetics, orthotics, wheelchairs, hearing aids or eye prostheses are generally provided by individuals and non-governmental organizations through international organization's resources or philanthropy which are thus more difficult for the State to track. The victims mostly lack tools to analyze the pros and cons of joining either system, so it is often willingly that they accept offers of help based on the goodwill of the offering organizations. This system, which at first solves the problem of access to rehabilitation services for many victims, ultimately ends up making them dependent on humanitarian aid and charity. In this regard, it is imperative that international organizations, the Colombian government, and civil society develop and strengthen coordination and articulation mechanisms to fill existing gaps in care of victims without depriving them from their rights as citizens.

Another important recommendation is for international organizations to design and monitor programs that combine their activities with the national assistance frameworks, and prevent their resources to contributing to the institutionalization of the victims and the consequent loss of access to their rights.

The program demonstrated that it is possible to assist victims in their areas of origin, provided that relevant and appropriate services are installed. The program also demonstrated that these services are financially and technically viable and sustainable in small and medium-sized cities. Strengthening of health institutions through the provision of equipment, training of staff and monitoring of activities, enables improved care for large numbers of PWDs and victims. Throughout the life of the program, 192,643 individuals received health and rehabilitation care thanks to the services installed by the program. These people would have otherwise travelled for long distances, abandoned their families and communities, or neglected themselves of the necessary assistance. The number of beneficiaries of the program is testament to the sound strategy used by Mercy Corps and its partners and illustrates the positive impact in terms of coverage, quality, and humanization of care.

Conclusion 3. The country is technically prepared to provide comprehensive health and rehabilitation services for persons with disabilities and victims of armed conflict.

Colombia has high-caliber hospitals and care facilities equipped with the latest technology and skilled professionals able to assist victims of armed conflict. Furthermore, these hospitals and facilities are strategically located throughout the national territory. The program disproved the myth that quality care is only possible in large urban areas such as Bogota, Cali and Medellin. Today, cities like Barranquilla, Pasto, Popayán, and Cúcuta have sufficient capacity to care for complex cases. Services installed under the program, both at rehabilitation centers and prosthetic and orthotic labs, meet international quality standards, provide PWDs the services they require, and ensure a suitable care close to their communities at reasonable costs.

Through the program, capacity in prosthetics and orthotics and functional rehabilitation were strengthened in six departments of the country, thus removing barriers to these services for more than half a million PWDs.

Despite this, it is clear that further strengthening is required, especially in the development of integral rehabilitation protocols within health care institutions. Only through this kind of support will institutions abolish practices of segregation and compartmentalization of services and clear links will be created between the different actors of the health system for the benefit of victims. In this respect, it is important to highlight that prosthetics and orthotics services have gained relevance and visibility within the rehabilitation context. Although they are well prepared to provide quality services, it is important to develop mechanisms of integration of this discipline to interdisciplinary rehabilitation groups.

Conclusion 4. Strengthening local capacities to respond to complex emergencies strengthens community social capital.

Through first aid trainings and capacity building of first responders in communities affected by landmines, Mercy Corps proved that recognizing and strengthening local capacity to respond has a positive impact on communities that have been historically affected by war. This factor is key for quality pre-hospital care in emergencies caused by armed conflict, and can also generate social revenue during other emergencies, such as natural disasters. It helps participants build trust and recognize other members of the community as allies. Finally, it builds bridges of cooperation between communities and institutional authorities.

These activities, however, require intense and frequent follow-up and are usually not considered standalone workshops. Mercy Corps recommends including these activities in a broader concept of Emergency Response System. These activities must be closely linked with departmental stakeholders to consolidate practical, contextualized and relevant protocols.

Conclusion 5. National and regional systems for the care and assistance of victims should get closer to the practical realities of the victims in order to provide better and more efficient services.

The National Authorities, such as the Ministry of Health or the Presidential Program for Mine Action, have made major efforts to create robust public policies, composed of laws that comply with international jurisprudence and recognized practices. Colombia, in this regard, has an advanced legislation that is relevant in terms of the defense and protection of human rights and international humanitarian law. It is seen as a model for other countries in similar circumstances. However, it has failed to permeate local systems (such as Departmental Health Secretariats, mayors and governors) and does not recognize that the needs and realities of victims are far from the paradigms set by such legislation.

Victim's Assistance Systems should make efforts to understand territorial realities in a more assertive way and adapt to them. The systems should also include mechanisms for technical assistance that enable local functionaries to approach the field in an experiential way so that they can recognize good practices and innovations generated in the field.

Conclusion 6. Socioeconomic initiatives including conflict victims with disabilities should be developed from an ecological framework that understands people as integral human beings, who participate in family and community contexts and deserve to be autonomous and independent.

Traditionally, the processes of socio-economic inclusion of war victims with disabilities in Colombia have been understood from partitioned perspectives. These processes tend to focus on the success or failure of the business units rather than on the human dimension of the people who perform them.

Considering that health, participation, and education are integral parts of socio-economic inclusion, Mercy Corps was able to achieve important gains, represented not only in the number of beneficiaries, but also in the high rates of success of their business and the integration of their families.

Moreover, Mercy Corps demonstrated that a thorough process of identification and training of beneficiaries is crucial for the sustainability of their life projects.