

COLOMBIA PROJECT MONITORING VISIT
February 5-12, 2012



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DCHA/DRG/SPANS
APRIL 10, 2012

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List of Acronyms

AMD	Acting Mission Director
BIDC	Building an Inclusive Development Community
CCCM	Colombian Campaign against Landmines
CIREC	Centro Integral de Rehabilitacion de Colombia
CLE	Consolidation, Livelihoods, and Environment
COP	Chief of Party
DCOF	Displaced Children and Orphans Fund
DHR	Democracy and Human Rights
DPO	Disabled Peoples Organization
ELN	National Liberation Army
FARC	Revolutionary Armed Forces of Colombia
GOC	Government of Colombia
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
IOM	International Organization on Migration
ISPO	International Society for Prosthetics and Orthotics
ISO	International Standards Organization
LWVF	Patrick Leahy War Victims Fund
MC	Mercy Corps
M&E	Monitoring and Evaluation
MIUSA	Mobility International USA
MoSP	Ministry of Social Protection
NGO	Non-Governmental Organization
OT	Occupational Therapy
OVP	Office of Vulnerable Populations
PADF	Pan American Development Foundation
PAICMA	Presidential Program for Integrated Actions against Antipersonnel Mines
P&O	Prosthetics and Orthotics
PT	Physical Therapy
PWD	Persons with Disabilities
Q	Quarterly
SENA	National Learning Service
SPANS	Special Programs to Address the Needs of Survivors
UDB	University Don Bosco (El Salvador)
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
USD	US Dollars
USAID	United States Agency for International Development

1. EXECUTIVE SUMMARY

Three individuals from DCHA/DRG/SPANS conducted a project-monitoring visit in Colombia from February 5-12, 2012. The team included Sue Eitel, Mel Stills, and Don Cummings.

The main objectives of the visit included a technical review of the CIREC program, a review of the prosthetic training offered through Mercy Corps, a broad visit to Arc Angeles (sports for persons with disabilities), and discussion with the USAID Mission on current and future DCHA/DRG programming. A summary table of current SPANS-funded projects in Colombia is in [Attachment 6](#).

The team remained in and around Bogota (Colombia map is in [Attachment 1](#)) during the week but divided their time among the different organizations. A summary visit schedule is in [Attachment 2](#).

Main Findings/Impressions:

- Mercy Corps
 - Has been a responsible steward in managing the distance learning challenges faced by the P&O students enrolled in the UDB training program.
 - There seems to be a concern over the highly advanced workshops (Gilette and CIREC) somehow putting the other smaller workshops out of business.
- CIREC
 - Demonstrates a high degree of professionalism and dedication to its mission and quality control standards throughout the entire organization. CIREC has completed their ISO accreditation.
 - USAID funding for CIREC ends in February 2012.
- ARC ANGELES
 - Arc Angeles is an extremely active and innovative group. They have matured as an organization and demonstrated capacity for strong financial and overall project management.
 - USAID Peru is very engaged in the regional program and has a positive relation with ArcAngeles.
 - The Sport Power Program is positive, Arc Angeles has a good partner with IOM and the impact of the program is notable.
- MIUSA
 - MIUSA program provided small grants to four organizations, worked with the mission to further inclusion and had an excellent in-country coordinator.
 - Though there were positive gains during the project period, there has not been much continuation with regard to empowering people with disabilities. It appears that a Mission Order was being drafted with regard to disability, but an official copy was not available during the visit.
- USAID COLOMBIA
 - The mission had a strong disability champion in Nils Bergeson (being transferred to Tajikistan).
 - Though the OVP program has historically provided the umbrella for disability programs, it is likely that this will shift more to support for direct victims of the conflict (as per Victims Law) and general disability may need to shift to another office (DHR?).

Recommendations:

- CIREC should be encouraged to take on a larger role to influence the quality of prosthetic and orthotic care on a national basis; it is not clear if CIREC would want this, but they are highly qualified in this work.
- USAID Colombia should consider retaining the broad view for disability under the OVP or under DHR in order that there is no discrimination for opportunities or services based on the cause of disability.

2. COLOMBIA CONTEXT

There are a number of key Colombian Resolutions/Laws/Treaties that Colombia has signed or approved that have a direct impact on persons with disabilities. Though the laws mentioned are not exclusive, they are simply those that were raised during the visit.

Resolution 1319 (Colombian Ministry of Health and Social Protection) deals with prosthetics & orthotics:

1. Recognizes a single national training program (currently SENA);
2. Looks to establish uniform standards and national Certification for professionals practicing P&O;
3. Will set quality benchmarks for practices, services, and devices;
4. Will establish standardized codes and government reimbursement rates.

The law is in effect now, but due to concerns raised by various stakeholders, it is still open to modification and changes until 2015. Some of the key concerns are raised by technicians not trained at SENA (school only started recently – and though these folks have high skills, there is no plan for grandfathering them). Some of the smaller workshops cannot reach the benchmarks and Certification process is not clear.

Victims and Land Restitution Law (Law 1448 of 2011) also known as the “Victims Law.”

This came into effect on January 1, 2012, and allows victims of violence committed by left-wing guerrillas, right-wing paramilitaries, and state officials after 1985 to claim a financial compensation between approximately \$4,500 and \$11,000 USD. This is an extremely positive development, but also may lead to a two-tiered system of support for people with disability – those whose disability was as a direct result of the conflict and those whose disability may be from a car accident or present at birth (and for whom there would be no compensation through this law).

Colombia ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011 and also has a **National Law on Disability**. Both of these are instrumental in promoting the rights of persons with disabilities, but seem to take a backseat to the new Victims Law.

3. MERCY CORPS AND CIREC

The report generated by Mel Stills and Don Cummings providing the results of the prosthetic and orthotic technical assessments of Mercy Corps and CIREC is found in [Attachment 5](#).

4. ARC ANGELES

ArcAngeles is a local organization founded by Juan Pablo Salazar. They have grown to 73 full-time staff and currently occupy two houses in a residential area. The staffing pattern:

Rehab center: 30 people (25 PT/OT/Speech, 2 doctors, 3 nurses)

Finance: 10 people

Sports program: 4 people

Social Capital: 6 people

Communications: 5 people

The balance is auxiliary staff.

The organization plans to move to a new building in Calle 26 (about three blocks from the U.S. Embassy). The mayor gave the lot for 50 years. Building construction is completely financed (Juan Pablo family). The organization is still looking for funding for internal structures. The facility will have six floors and start of the art facilities -- sports, pool, museum, adapted living demo facility, rehab, and offices. No dormitory. ArcAngeles plans to begin building at the end of 2013.

4.1. MAXIMUS PROJECT

\$1,986,000 wheelchair rugby program (Sept 2011-Sept 2014) managed through USAID Peru. Support /develop the quad rugby in 9 countries (Colombia-Ecuador/Peru; Brazil-Paraguay/Bolivia; Argentina-

Uruguay/Chile). Edgar Ramirez (AOR) in Colombia during visit. Very positive exchange; in a pre-award survey, Arc Angeles had a number of financial systems to improve... upon review they have excelled and the systems they developed will be shared with other partners in Peru – Arc Angeles is on track.

4.2. SPORT POWER

\$347,500 sports programs/business models (Feb 2011-May 2012) in 6 municipalities (Bogota, Funza, Soacha, Villavicencio, Granada, Acacias) with IOM. \$43k provided for rugby wheelchairs and no cost extension to end of May 2012.

The program has been extremely successful in getting people with disability to participate in sports and recreation activities. One of the unexpected results of the project is that in Colombia, for a sport to receive national recognition (potential funding from the government if the team performs well) there needs to be 4 leagues (3 clubs make a league). Prior to the project there were only 2 leagues (military and Valle). As this project created six more sitting volleyball teams, there were two leagues added and thus sitting volleyball is now eligible to be considered a national sport and every four years they will compete in National games.

ArcAngeles has been implementing the project in partnership with IOM. ArcAngeles bring disability and sport expertise while IOM provided support with the development of production units (income generating activities developed at each of the six sites that are to be capable of sustaining the respective sport clubs). This has proven to be a good model, but more time is needed to solidify the production units to ensure their viability.

5. MIUSA

The Building and Inclusive Development Community (BIDC) project was implemented from January 2010 to September 2011. The key objectives were to increase awareness and knowledge of the USAID Mission on disability issues, work with existing partners to promote more inclusive programming and support capacity building efforts of disabled peoples organizations (DPOs). The program had a very active coordinator (Ximena Serpa) and had the support of the OVP office through a variety of staff who served as champions of this effort. IOM was one of the partners that became engaged in disability programming and four DPOs benefitted from the program.

6. USAID COLOMBIA

Within the USAID Colombia Mission, disability has previously been under the OVP office. With the new Victims Law and the need to consolidate programming, the OVP office (while maintaining previous commitments) is looking to focus on supporting the government in their attention on victims of the conflict. The positive side is a clear mandate for the OVP office with regard to disability, the downside is that Colombia has also ratified the UNCRPD and has commitments to people with disability regardless of the cause of their disability. Providing victims with compensation and opportunities for care is positive, but may also have a negative impact of developing a two-tiered system of service for people with disability – benefits for some (depending on the cause of their disability) and limited opportunities for others.

Another office within the mission that could play a direct role in disability programming is the Democracy and Human Rights office (DHR). The current director of the DHR Office (Jene Thomas) appeared to be very open to the idea of expanding the DHR portfolio and together with his team engaged in very fruitful and constructive discussion on the various possibilities where the broader disability sector may be a good fit with the DHR office – especially as it relates to human rights.

It does not appear that the Mission has solidified a disability inclusion plan, but there was talk of a Mission Order related to disability. The status of this document is not known.

7. CONCLUSION

The Colombian context for persons with disabilities continues to evolve – both within the country and within the USAID Mission. There are many positive developments but each also gives rise to concern about potential inequality of opportunity, recognition, and service.

SPANS acknowledges the level of commitment of the OVP team in monitoring and guiding all of the programs that have been initiated with DCHA/DRG/SPANS funds. It is a large and complex portfolio but vulnerable populations continue to be those in need of attention and support. The development partners have demonstrated responsible programming with positive results.

SPANS, especially the visiting team, would like to extend a sincere note of gratitude for the support not only during this week-long TDY, but also the ongoing support that will be required for future program efforts.

ATTACHMENT 1: (MAP OF COLOMBIA)



ATTACHMENT 2: VISIT SCHEDULE

Date	Sue Eitel	Mel Stills /Don Cummings
2/5/12	Arrival in Colombia	Arrival in Colombia
2/6/12	Meeting USAID – OVP brief Mercy Corps Presentation Meeting Edgar Ramirez (USAID Peru)	Meeting USAID – OVP brief Mercy Corps Presentation Visit to Don Bosco College
2/7/12	Visit to Arc Angeles Sports at El Salitre (goal ball/quad rugby)	Visit to SENA –UDB Meeting with Ministry of Health and Social protection
2/8/12	Visit Maria Teresa de Calcuta Visit sitting volleyball teams (both part of Sport Power Project)	Focus group discussions with students Visit to Gillette and SENA Meeting with P&O Association members
2/9/12	Meeting OVP Team Meeting former MIUSA Coordinator Visit to CIREC	Visit to CIREC
2/10/12	Meeting with CLE Meeting with DHR Mission debrief	Visit to CIREC Mission debrief
2/11/12	Off	Off
2/12/12	Departure from Colombia	Departure from Colombia

ATTACHMENT 3: USAID DEBRIEFING DOCUMENT

USAID COLOMBIA DEBRIEF – FEBRUARY 10, 2012

SPANS – Special Programs Addressing Need of Survivors. Five congressionally mandated funds: ~ \$50M/year Victims of Torture, Leahy War Victims Fund, Wheelchair, Displaced Children and Orphans Fund, Disability.

Sue Eitel (DCHA/DG/SPANS), Mel Stills and Don Cummings (Prosthetic/Orthotic specialists) visited Colombia from Feb 5-12, 2012. The main objectives of the visit:

- Project monitoring (Arc Angeles, Mercy Corps, CIREC, MIUSA), recommendations, next steps.
- USAID Colombia Mission meetings (funding update - OVP, CLE, DHR) and recommendations.

Arc Angeles

Maximus - \$1,986,000 wheelchair rugby program (Sept 2011-Sept 2014) managed through USAID Peru. Support /develop the quad rugby in 9 countries (Colombia-Ecuador/Peru; Brazil-Paraguay/Bolivia; Argentina-Uruguay/Chile). Edgar Ramirez (AOR) in Colombia during visit. Very positive exchange – Arc Angeles is on track.

Sport Power - \$347,500 sports programs/business models (Feb 2011-May 2012) in 6 municipalities (Bogota, Funza, Soacha, Villavicencio, Granada, Acacias) with IOM. \$43k provided for rugby wheelchairs and no cost extension to end May. Project requested additional support for follow-up and expand activities to other areas.

Findings

- Sport/recreation for people with disability is key for self-esteem, integration, and acceptance.
- Arc Angeles Project has had individual and national impact; positive relation with IOM.

Recommendations

- Further Arc Angeles support; up to 2 years \$600,000. Leahy War Victims Fund thru IOM (project ends 2014).

Mercy Corps

\$4,312,000 landmine victim program (Aug 2008-April 2013) managed by Mercy Corps; Physical Rehabilitation, Income Generation, Advocacy, and Prosthetic/Orthotic training for 30 technicians. Training is distance learning through UDB El Salvador 5 modules each 6 months (2nd module was complete in December 2011). Exams provided through SENA.

Findings

- Mercy Corps has been an excellent steward in managing the distance learning challenges.
- No structured requirement for students to practice under qualified mentor.
- Concern about entry level of applicants and fact that many have failed anatomy, physiology, biomechanics.
- Unclear calendar for course completion; award already extended to April 2013 to accommodate delays.
- Potential clients are being “poached” by other organizations/service providers outside the area.

Recommendations

- Mercy Corps consider providing additional technical support – staff PTs that can help tutor technicians.
- Discuss potential of adding CPO to provide in-country support for each remaining module.

CIREC

\$291,442 organizational strengthening project through PADF (July 2010-Feb 28, 2012). Areas of focus are technology updates, service delivery, and quality management system.

Findings

- CIREC Bogota is one of the best workshops USAID has ever supported; state of the art technology and service.
- CIREC is excellent model for staffing structure – 30 percent of staff has some sort of disability.
- CIREC accepts individuals from all departments for service; in some cases actively recruits.
- CIREC presented current funding needs totaling \$500k.

Recommendations

- CIREC to engage more in international seminars to present their work; exchange information.
- USAID consider support to CIREC to play a **uniting role** in the sector.

General environment for Prosthetics/Orthotics:

- Resolution 1319 (establishing standards in P&O sector) creating a destabilizing environment regarding recognition of training and expectations for service centers.
- Association of Prosthetists/Orthotists is extremely weak... approximately 150 P&O technicians in Colombia.
- Environment of distrust, duplication, and demotivation.

Recommendations:

- ISPO engage in dialogue with SENA /GoC to resolve outstanding concerns regarding P&O recognition.

MIUSA (Mobility International USA)

Building an Inclusive Development Community (BIDC) was a multi-USAID Mission 5-year project that ended in Sept 2011; active in Colombia Jan 2010-Sept 2011. Positive engagement with USAID Colombia – especially through Nils Bergeson. Colombia has evolved to be a leader in this area. MIUSA support often leads to disability inclusion plan. Not clear if this exists in the mission. *Mission Order being developed?*

USAID Colombia

Disability is “housed” under OVP. To date has supported a variety of progressive projects.

Victims Law is positive as it shifts emphasis from demobilized to the victims. The challenge of the law is that it LIMITS opportunity to resources/services depending on the cause of disability.

Colombia ratified the **UNCRPD** in 2011 – also has a **National Law on Disability** (recently approved – and was supported through USAID).

Consolidation Livelihood and Environment has elements of infrastructure and improvement in services – encourage implementing partners to think creatively and in a broad sense of the communities where they work.

Democracy and Human Rights – extremely engaging discussion with the DHR team – many areas of potential engagement: Justice (new laws application), HR (test cases), Labor, and EPP.

Recommendation:

USAID Colombia to continue to view disability with a wide lens. Focusing attention and resources solely on Victims may lead to short-term gains, but may create further isolation and inequality among the disability sector. Balancing both approaches – support for victims as well and providing support for broader disability inclusion is key.

ATTACHMENT 4: CONTACT LIST

UNITED STATES GOVERNMENT

USAID Colombia

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US Embassy

Carrera 45 #24B-27

Bogota, D.C. Colombia

Jadine R. Hill, Assistant General Services Officer; HillJR4@state.gov Tel: 571-383-3806

ORGANIZATIONS IN COLOMBIA

Mercy Corps

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Colombian Campaign Against Landmines (CCCM)

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Gabor Beszterczey, Asesor (gaborb@cirec.org)

ATTACHMENT 5: STILLS / CUMMINGS TECHNICAL SUMMARY REPORT

Results of Prosthetic & Orthotic Technical Assessments of
Mercy Corps and Center for Integral Rehabilitation in Colombia
February 5-12, 2012
Donald Cummings CP
Melvin Stills CO (e)

Mercy Corps and CIREC primary program objectives:

Mercy Corps: *Landmine Activities for Victims of the Conflict in Colombia* award No. 514-A-00-08-00311-00

The purpose of this multi-year program is to improve access to and availability and sustainability of appropriate rehabilitation programs in Colombia. The recipient shall provide coverage in 22 departments, with special emphasis in six priority departments: Antioquia, Cauqueta, Cauca, Meta, Narino and Norte de Santander. While landmine victims and victims of war are the primary target groups for this activity, at a broad level, programs should contribute to the full and equal participation of persons with disability in society.

At an implementation level, programs may aim but are not limited to expanding access of persons with disabilities in rural areas to rehabilitation programs; developing and/or increasing the capacity of national programs to produce and repair prosthetic, orthotic, or wheelchair services; strengthening human resource capacity to prescribe, fit, and train P&O providers; developing and/or introducing new P&O technologies that are appropriate for local conditions; and providing sustainable economic opportunities for Colombians with disability.

Center for Integral Rehabilitation in Colombia (CIREC): CIREC Seeds of Hope Strategic Planning & Management Strengthening Project

The objective of the proposed project is to strengthen CIREC by improving the integrated services it provides across the country in a decentralized methodology through the Seeds of Hope Association. The number of people assisted is projected to increase by 25 percent. The service quality will improve through more interactive processes designed to promote the social inclusion of persons with disability. The strengthening of CIREC will improve processes and productive levels. The articulation with “Seeds of Hope” will generate better attention to the communities in different regions of the country, and improve the development of CIREC’s social inclusion programs. These initiatives will be linked to a wider network of services and programs, including those supported by USAID.

Specific Objective 1: Design and implement a CIREC institutional strengthening program for improved management and operational capacity, creating sustainable conditions for CIREC and its Seeds of Hope program.

Specific Objective 2: Increase the capacity and timing of service to the disabled populations by updating CIREC’s technology.

Specific Objective 3: Improve the quality of service delivery ensuring the lowest risk and greatest efficiency to achieve optimum use of the targeted users, resources, and user satisfaction.

Purpose of this assessment: Don Cummings and Mel Stills’ primary objective of this assessment was to look at the results of prosthetic orthotic training of Colombians supported for training through the University of Don Bosco El Salvador via the agreement with Mercy Corps. What impact has training had on the delivery of prosthetic orthotic services in Colombia?

CIREC’s assessment focused on the technical delivery of prosthetic orthotic services, effective use of the gait laboratory, integration of computer-aided design and manufacturing into prosthetic services and overall institutional strengthening occurring as a result of the grant agreement.

Mercy Corps: Mercy Corps: *Landmine Activities for Victims of the Conflict in Colombia* award No. 514-A-00-08-00311-00

Mercy Corps is an international NGO first founded in 1979 as Save the Refugees Fund in response to occurrences in Cambodia. In 1982, it was renamed Mercy Corps International in response to more global needs. Mercy Corps is active in 36 countries and engaged in some 17 different interventions.

Mercy Corps began its work in Colombia in 2006 in response to humanitarian issues stemming from the ongoing conflict. In August 2008, Mercy Corps was granted a cooperative agreement to address those issues in Colombia. Mercy Corps has partnered with a number of local, national, and international organizations in order to accomplish the mission of this agreement. Mercy Corps indicates that they would work closely with Gilete, a private sector partner delivering P&O services, and ISPO to facilitate training as it relates to P&O delivery, but those relationships do not appear to have developed.

Mercy Corps specifically has agreed to increase access to and availability of quality rehabilitation and other health services and increase and improve socio-economic opportunities. Mercy Corps proposed they provide coverage in 22 departments (Colombian states or regional governments) with special emphasis in six priority departments. Training, rehabilitation of physical structures and infrastructure, equipment, supplies and ensuring access to rehabilitations services all are included in the agreement. 807 individuals have received some sort of health training. Early on it was recognized that the quality of amputation surgery was a real issue as related to the treatment of landmine injuries. The **Land & Cluster Munition Monitor** reported that by the end of 2010, there had been 9,064 casualties, resulting in 1,930 deaths as a result of landmines in Colombia. Of the total casualties, 30 percent occurred in the civilian population. The International Committee of the Red Cross has conducted amputation training for 62 Colombian doctors in an attempt to diminish complications as a result of inadequate surgeries following munitions injuries.

Mercy Corps’ undertaking of prosthetic orthotic training for Colombians included 30 to undergo Category II distance learning training (Five modules offered by the University of Don Bosco (UDB) El Salvador.

Category I training has as its base a university degree (BSc) and includes all aspects of P&O clinical services, upper limb orthotics and prosthetics, spinal orthotics, lower limb orthotics and prosthetics, and a

research activity. Category II training is at a diploma level and does not include a university degree.

Category II training has emphasis on P&O for the lower limb but does include an introduction into upper limb and spinal issues. The Colombian P&O distance learning program is directly affiliated/connected to SENA, and SENA's ability to act as a testing site influenced when the program could start.

UDB P&O teaching programs are recognized by ISPO as fulfilling introductory qualification for the delivery of P&O services at both Category I and II levels. Three Colombians were selected to go to UDB for P&O training, two at the Cat. I level and one at a Cat. II level. All three have returned and are working at SENA P&O School. We had the opportunity to interview two of the returnees, J. Ramirez ISPO Cat. I and A. Santos ISPO Cat. II. I. Jimenez ISPO Cat. I was away on medical leave. After graduation, these three immediately were employed as P&O instructors at the new SENA P&O School. These three were identified to help establish the base P&O Instructor Corps for the National Training Centre for Orthopaedic Technology Bogota Colombia (ENTOCOL) at SENA, which is being supported by the German Government. Dietrich H. Niklas MBA CPO Germany is head of that project. The intent is to establish an ISPO accredited P&O training center that will train Colombians and others in the science of P&O delivery. The SENA P&O School will undergo ISPO review and accreditation at the time of final examinations of the first student intake.

Time line of the P&O distance learning program:

- 28 August 2008 Project started
- January 2009 SENA P&O School projected opening delayed
- April 2009 Establishment of the academic committee (MC, UDB, SENS, ICRC)
- May 2009 MC starts scouting process for P&O candidates
- Sept. 2009 Study of candidates' CVs and fulfilled academic requirements
- October 2009 Selection of candidates by academic committee
- April 2010 SENA P&O school opens
- June 2010 Documents of selected candidates sent to UDB
- July 2010 Final student list defined
- October 2010 Cat. II Distance Learning Program starts
Introductory seminar-Initiation of Module 1
- April 2011 Module 1 evaluation/testing SENA
- June 2011 Module 2 begins
- Dec. 2011 Module 2 evaluation/testing SENA
- Feb. 2012 Module 3 begin

If established milestones are followed, the scheduled five modules would be completed and tested on or about December 2013. Originally, 30 Colombian candidates were enrolled in this first distance learning class, and 27 finished. Entry requirements to this distance learning program included, at minimum, a high school diploma and five years P&O experience. Some of the candidate documents submitted may not have been accurate. Those with fraudulent documents have been discovered, and the current enrolled class all appear to have the minimum entry requirements. Following the first module examination, an additional two have withdrawn. Five new candidates were named to replace the five that departed. These additional five will not complete the five full modules before early 2014 if they follow the established schedule.

Examination results of the first module had 14 of 27 passing. Grade point averages have not been provided. Six failed Module 1, five failed two subjects, and two failed one subject, anatomy. Interviews with 11 of the 27 enrolled students indicated that originally study habits were not well developed, and anatomy and biomechanics were particularly difficult to grasp. Students indicated that they had acquired better study habits and that outside tutoring had helped them to better grasp the more difficult subject areas. One group of

students had hired a graduate nurse to aid them in developing better study habits and acquire a better grasp of anatomy and medical terminology.

The currently enrolled 30 students have taken additional module examinations. 16 have passed Module 2 and can progress to Module 3; three must repeat biomechanics. Five failed Module 2 and must repeat in order to continue. Five need to repeat Module 1 because of failing grades. Those students who have failed modules cannot graduate prior to the grant ending date.

A total of 11 currently enrolled students were interviewed. P&O experience ranged from 10-30 years. On average most all facilities were seeing 100-200 patients per month. Some students did come from small businesses with themselves being the only P&O practitioner, seeing 40-50 patients a month, doing repairs, modifications, and some new devices. One’s background appeared to be mostly related to shoe provision, and he had failed the first module, but he is committed to successfully completing the full training. One student’s background included qualifications as an occupational therapist but was working in a P&O facility. This is her only opportunity for her to gain qualifications in P&O, and she appears quite committed.

All students interviewed indicated the need for P&O professional interaction so that they had available to them expertise in the topic being studied. Currently UDB requires that one of their faculty members be available, via the Internet one hour per school day. Students desired additional mentoring so that their skills could be better developed. They felt that interaction with UDB has been good, but in some situations actual mentoring appears lacking.

Center for Integral Rehabilitation in Colombia (CIREC):

CIREC was funded by USAID/FUPAD and the LWVF for \$206,139 from Oct. 23, 2010 until February 28, 2012. **General objectives** of the program were to improve the integrated rehabilitation services it provides in a decentralized way through the Seeds of Hope Associations. Expected results and actual accomplishments as of Feb 1, 2012 were:

Goals	Progress / accomplishment of goals:
Establish a Quality Management System for CIREC & Seeds of Hope Outreach Program (Seeds of Hope uses a CBR model to establish support for victims in their local region in receiving appropriate care and rehabilitation, community and peer support, sports and recreation opportunities, and re-integration into the community, including job training or income generation models. It is a grass roots model aimed at elevating the opportunities, community support and regaining independence in all areas for persons with disabilities.)	<p>QM Program established and 100 employees were trained (entire institution) Note: CIREC just received its ISO 9001 Certification, an internationally recognized indication of dedication to quality of service and operations throughout the organization.</p> <p>QM program includes patient satisfaction component. While the formal questionnaire is not being circulated yet, 80 percent of patients report high satisfaction with results. Those not satisfied, were primarily concerned with transportation issues to and from CIREC and had some concerns about not understanding physician’s recommendations.</p> <ul style="list-style-type: none"> - An internal quality control system for clinical care was described as starting with the MD referral and prescription, which is carried out by the prosthetist in the form and function of the device, evaluated by a team in the gait lab (after therapy but prior to final fabrication and delivery). Once the system is fitted and complete, the MD

	receives a status update and the opportunity to evaluate the results.
Implement Seeds of Hope and strengthen 9 regional associations for people with disabilities.	Seeds of Hope is operating in at least 50 areas throughout Colombia, is supporting 9 regional victims associations, and is building alliances with local governments to identify and support victims who require services, and is also helping to establish mine awareness and injury prevention programs.
Service Delivery: 100 conflict victims were to receive care during the first year of the project. 1,000 people were to receive quality healthcare.	28 P&O devices had been produced. 104 conflict victims had benefitted from rehabilitation offered through CIREC, and 807 disabled persons had received quality healthcare. <ul style="list-style-type: none"> - Patients receiving prostheses are generally treated on-site at CIREC. After therapy and delivery of a prosthesis, they are scheduled for 3 follow-up visits at CIREC.
Update technology center, including upgrading fabrication center, training staff in therapy prosthetic adaptations and orthopedic aids, installing Movement Lab and training staff to use it and performing 280 gait studies, repairing CAD CAM components.	The lab area had new walls and equipment and was quite clean, orderly, and modernized including appropriate safety precautions and PPE. 178 diagnoses of prosthetic and orthotic alignment were completed in the Gait Lab (observed as occurring in a very interdisciplinary fashion). The OSSUR CAD CAM scanner was repaired and operational and staff demonstrated a high degree of confidence and competence while using it.
Lead prosthetic-orthotic outreach “brigades” to care for and fit prosthetic and orthotic devices for victims of conflict in remote regions. CIREC would like to build its regional capacity by working with or incorporating local or regional P&O practices in their “network.” However, they want to be sure such locations have appropriately trained staff members and are dedicated to CIREC’s model of practice and overall mission.	Our understanding was that 2 brigades had occurred. Their format is as follows: <ul style="list-style-type: none"> - Patients/Victims are identified by local authorities, CBR, or attorneys aware of victims’ rights laws. They are scheduled along with many other patients for a certain day with CIREC’s Brigade. This requires advance work that includes about 3 visits to a region to determine patients, include and train local CBR candidates in follow-up. - Patients are seen and casted by CIREC’s Brigade. The Brigade returns several weeks later to align and fit prostheses, and then returns several weeks after that for delivery and training of patients. - Each Brigade includes efforts to establish local CBR support and referral systems so that patients may receive repairs or adjustments at a local

	practice, or be referred back to CIREC when such care is appropriate.
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Overall, CIREC demonstrates a high degree of professionalism and dedication to its mission and quality control standards throughout the entire organization. The level of prosthetic and orthotic service provided is contemporary by U.S. standards, and includes appropriate use of CAD CAM and its Gait Analysis system. Most prostheses include contemporary components such as silicone gel locking liners and shuttle lock systems made by OSSUR, hydraulic, polycentric knees such as OSSUR’s Total Knee, and dynamic response feet such as OSSUR’s Variflex Carbon composite feet. The Center is apparently a distributor in Colombia for OSSUR, but we also noted an appropriate fitting for an elderly diabetic woman with a SACH (solid-ankle-cushion-heel) foot, that matched her need, not for a dynamic response foot, but for something stable, simple, and lightweight. Conversations with practitioners and therapists indicated excellent understanding of state of the art biomechanical principles, prescription recommendations, modern and sophisticated socket designs (such as Ischial Containment sockets for transfemoral amputations), and appropriate use of materials such as flexible thermoplastic sockets and rigid frames. The technical staffs were equally comfortable with liquid resins as with thermoplastic fabrication. Labs and patient care areas were clean, orderly, and displayed appropriate safety precautions and had appropriate Personal Protective Equipment out and easily accessible. Reception and treatment areas were separate, bathrooms were accessible, and privacy issues were addressed appropriately.

The overall interdisciplinary orientation of CIREC, its outstanding facilities, equipment, personnel, and dedication to quality control, state-of-the-art services, as well as their Seeds of Hope program that addresses victims’ needs across a large social and regional spectrum, all indicate this is an outstanding, contemporary treatment center that has quality orthotic and prosthetic patient care and rehabilitation as its central objectives.

Findings:

General: Prosthetic and orthotic services in Colombia are in a state of rapid transition, primarily due to the implementation of Resolution 1319, by the Ministry of Health and the Ministry of Social Protection. The apparent intent of **Resolution 1319** in Colombia with respect to prosthetics and orthotics is: 1) to recognize a single national training program (currently SENA); 2) to establish uniform educational standards and national certification for professionals practicing prosthetics and orthotics; 3) to set quality benchmarks for practices, services, and devices; and 4) to establish standardized codes and government reimbursement rates. The law is apparently in effect now, but due to concerns that were raised by various interests, is still open to resolutions and changes until 2015. The process for modifying the resolution is unclear.

Our understanding from various sources is that the Colombian government gave all clinical P&O services three years to become compliant with the Resolution. There are about 500 P&O “businesses” operating in Colombia, ranging from larger businesses in the cities to small operations in remote areas that may function from a garage, a home and bodega, or a single small room. The current estimate is that about 88 facilities, mostly the larger practices, have complied with the law, including a somewhat confusing requirement that all facilities have a “Certified P&O staff member or Director.” This requirement may explain why several non-prosthetic-and-orthotic professionals are currently enrolled in the SENA Program. (They may be expecting to be moved into positions of leadership by receiving their Certification, while others who have been empirically trained and practicing for many years may not qualify.)

Ultimately, it is still unclear what the final modified Resolution 1319 will require. What those changes will be, who will ultimately be able to practice and bill legally in Colombia, and what the Certification qualifications will be by 2015 has resulted in a scramble of sorts, for anyone involved in P & O services to be in compliance. This includes students who were previously trained at the University of Don Bosco or other institutions prior to 2012 (about 48 formally-educated practitioners are in this category), and practitioners who were trained “empirically” and who have been practicing throughout Colombia for many years.

USAID Mission Philosophy: USAID’s current mission philosophy in Colombia is to follow the lead of the Colombian Government with respect to who is a victim and who gets treatment. Thus programs are geared less to service-delivery and more to institutional strengthening. The mission vision is to encourage and strengthen more Colombian-driven grants and programs. (*CIREC, an entirely Colombian effort, seems to fit well in this model.*) Influences on the current philosophy are: 1) the fact that Colombia is a middle-income nation, recovering from conflict. Assistance is being geared more toward conflict recovery, while encouraging Colombia to use its own resources to fund service delivery programs. 2) The Colombian Victim’s Law prioritizes services to victims of conflict. (In other conversations, we were led to understand that victims who require prosthetics and orthotics must receive a statement by their local government that verifies their status as a victim of conflict and thus qualifies them for services.) They are given a year to acquire the appropriate documentation. (Note: *This begs the question of whether this results in a class distinction between persons with disabilities from other causes, such as disease, birth-defect, and general trauma, and victims of the conflict.*) 3) Local laws should match WHO/Geneva Convention policies.

Mercy Corps: Mercy Corps has been an excellent steward in managing the distance learning challenges. They have taken an active role in monitoring student performance and given encouragement and counsel, helping develop better study habits and, where needed, providing guidance in the development of a better work place. Clearly some of the selected students are struggling and have not demonstrated the knowledge necessary to successfully complete all five modules in the allotted time. It may be necessary to terminate support for those students.

There is concern that “big business” has an unfair advantage over smaller family businesses. None of the small businesses were visited during this assessment, but if CIREC and Gelete represent “big business,” they also represent the level of P&O technical services that are required so that those with physical disability may reach their fullest potential. P&O technical services at these two facilities were in keeping with what would have been expected in any facility in North America.

CIREC: CIREC has successfully completed their ISO accreditation. Commission on Accreditation of Rehabilitation Facilities (CARF) is not available in South America. CARF accreditation is the norm for any facility in North America that wants to be competitive as a rehabilitation facility in any community. Accreditation means that requirements are in place, documented, and are practiced in order to ensure that quality of care is made available and delivered to individuals needing physical rehabilitation. ISO accreditation, while not specific to rehabilitation, does have elements that deal with facility safety, condition, record keeping, quality improvement activity, training, and maintenance of credential.

Clinical services viewed at CIREC were comparable to what we would expect to see at any modern rehabilitation facility in an industrial country. They are demonstrating the effective clinical use of motion analysis laboratories and computer aided design/computer aided manufacturing in assessing and producing P&O devices. The selection of P&O components and materials were appropriate for the patient population we observed.

A total of 30 percent of CIREC staff are themselves physically disabled. It appeared that about an equal number had chosen to use or not use a prosthetic or an orthotic device. All were models or examples that the patient/client population might want to follow. An effective tool to challenge or motivate newcomers in a rehabilitation facility is the opportunity to be with others who have or are facing similar challenges.

CIREC is setting the standard that big or small P&O facilities will need to follow in order to be competitive in Colombia. A facility need not be large in order to deliver a modern appropriate P&O device.

Recommendations:

- CIREC is well-positioned, if interested, to influence the quality of prosthetic and orthotic care on a national basis. Internally, quality improvement and dedication to excellent service seems to be part of the institution’s objectives as part of its expansion plan and CIREC “brand.” CIRC’s long-range objective includes replication of its model in other communities, and strengthening between local governments and CIREC’s programs. But whether or not CIREC is interested in influencing training,

governmental policy, or P&O education outside its institutional doors on a national basis remains to be seen.

- The opportunity to influence national policy and to strengthen national training efforts through mentorship, clinical rotation, contributing to the educational process and networking with associations and other service providers is worth exploring with CIREC. It is recommended that such options be discussed with them with respect to having a voice in the modifications to Resolution 1319, serving as a clinical internship / mentoring site for students in the UDB or SENA programs, influencing national policy toward recognition of high-level P&O services as part of the overall interdisciplinary Rehabilitation Team, leadership with respect to Prosthetic and Orthotic Associations focused on upgrading education of prosthetists and orthotists.
- CIREC has requested certain technological and IT updating in its production lab. This includes:
 - Pneumatic casting jig and pre-formed casting brims for transfemoral amputations
 - Frames and a larger oven to support “blister-forming” of seamless thermoplastic sockets
 - A variable speed Router for prosthetic and orthotic fabrication
 - Vertical Fabrication Jigs for aligning and transferring alignments for modern carbon composite prostheses
 - A “LASAR” static alignment device (from Otto Bock) used for projecting the net floor reaction vector line onto the prosthetic limb while aligning a prosthesis with the patient
 - A lathe for fabricating components (they do a nice job making their own components on-site and would benefit from any enhancement to this capacity).
 - Development of an integrated practice management software system.

Given its track record and demonstrated ability to take advantage of technology upgrades such as Computer Aided Design and motion analysis, there is little doubt that CIREC would use such equipment upgrades to appropriately improve services and expand their capabilities.

- Mercy Corps take advantage of the demonstrated expertise shown by CIREC to identify mentors for the distance learning students.
- Mercy Corps will need to take a hard look at student performance and make judgments on those most likely to successfully complete the P&O distance learning based on past performance and drop those with poor performance.
- Mercy Corps may need to develop mechanisms so that students have access to special tutorials in subjects such as biomechanics.
- Mercy Corps should request clarification and recommendation from UDB on how to address the issue of students failing the practical examination due to not demonstrating an understanding of practical applications during examination while passing corps subjects.

ATTACHMENT 6: SPANS (CURRENT) FUNDING SUMMARY FOR COLOMBIA

Organization	Project	Amount	Duration	Description
Arc Angeles/IOM	Sport Power	\$347,500	2/2011-5/2012	Sports programs/business models in 6 municipalities (Bogota, Funza, Soacha, Acacias, Villavicencio, Granada,); athletics and sitting volleyball.
Arc Angeles	Maximus	\$1,986,000	9/2011-9/2014	Wheelchair funds, supported through Peru Mission. Further WC rugby in South America: Colombia-Ecuador/Peru; Brazil-Paraguay/Bolivia; Argentina-Uruguay/Chile
Mercy Corps	Landmine Victim	\$4,312,000	8/2008-4/2013	Physical rehabilitation, income generation, advocacy, prosthetic/orthotic training for 30 technicians through UDB distance learning (El Salvador).
CIREC/PADF	P&O Strengthening	\$291,442	7/2010-2/2012	Technology updates, service delivery, quality management systems.
TOTAL USAID support through SPANS in the last 4 years: \$8,888,967 (LWVF: \$6,902,967 and WC funds: \$1,986,000)				