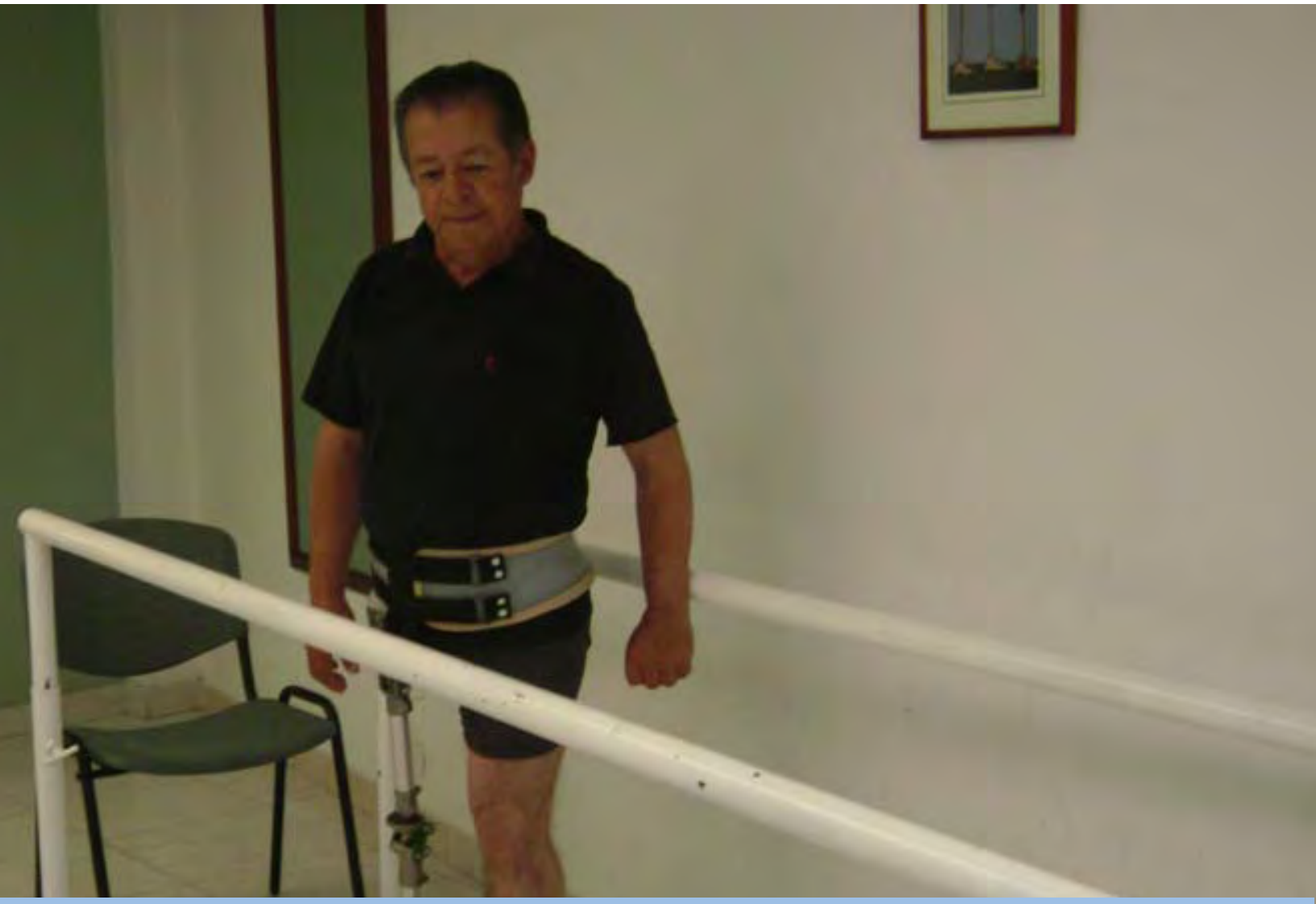

USAID/COLOMBIA EVALUATION:
Performance Evaluation of "Landmine Activities for Victims of the Conflict in Colombia"

February 2014

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared independently by Andrés Dávila, Etienne Le Blanc, Nelson Mauricio Pinzón, Management Systems International, and el Centro Nacional de Consultoría and does not necessarily reflect the views of USAID or the United States Government.

USAID/COLOMBIA EVALUATION:
Performance Evaluation of "Landmine Activities for Victims of the Conflict in Colombia"

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DISCLAIMER
The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

EXECUTIVE SUMMARY

This document presents the results of the external performance evaluation of a five-year, USD$4.3 million program entitled “Landmine Activities for Victims of the Conflict in Colombia,” implemented through a cooperative agreement between USAID/Colombia (via USAID’s Leahy War Victims Fund) and Mercy Corps. The evaluation reports on systemic improvements in supporting physical rehabilitation and quality of life for landmine survivors, and their effective reintegration into society. The integrated approach sought to simultaneously improve emergency response to landmine accidents, improve access to quality Prosthetics and Orthotics (P&O) services, expand and improve rehabilitation in peripheral departments, and support socioeconomic inclusion of landmine victims. As it was a pilot program (it terminated in December 2013, without plans for extension) recommendations are aimed for audiences outside Mercy Corps, toward the Government of Colombia (GOC) and actors in the land mines area.

Mercy Corps worked closely with other stakeholders working with landmine victims, learning from them, leveraging their networks, and helping develop a community of practice that remains active. The program was successful in establishing sustainable capacities in the areas where it intervened, in complementarity with public policies and institutions. There appears to be a robust legacy in its components. Examples include the impact on the quality of services provided by the program-trained P&O technicians with their updated labs, now in compliance with national regulation. The legacy also includes the rehabilitation centers set up in Nariño and Caquetá, which filled a gap in the provision of rehabilitation services in these departments and which were still operational two years after the Mercy Corps program had ended.

Mercy Corps also carried out programming to improve victims’ socioeconomic inclusion, based on bolstering their dignity. Support for victims’ productive projects was centered on a relationship between the program coordinator and the beneficiaries; constructed bottom-up, based on economic feasibility and tailored to the beneficiary’s interests, background and health challenges; strengthened with entrepreneurial training; and implemented by a member of the Mercy Corps team. Beneficiaries overwhelmingly endorsed this approach, and three-quarters of survey respondents said their businesses remained successful – a strong result under such challenging circumstances. Beneficiaries were very responsive to this approach, and reported shifting from identification as “victims” who had the misfortune to step on the wrong spot, to active members of the community working for themselves, their families and other victims.

The main constraints to sustaining increased access of landmine victims to P&O and rehabilitation services are linked to inefficiencies in the Colombian public health system and the bureaucratic obstacles faced by victims and service providers to obtain authorization and funding for these treatments. These areas require urgent attention if the GOC wishes to address landmine victims’ needs adequately as part of the peace process and victims’ restitution.

Due to gender responsibilities in rural households, with men doing most of the outside work and travelling longer distances, 85% of the civilian landmine casualties are male, resulting in significant household gender shifts in breadwinning responsibilities, which relates to their identity. Predictably men received 82% of victims’ benefits.

On the basis of the above, the evaluation team offers the following recommendations:

1. The Leahy Fund and the GOC can apply lessons learned with respect to establishing long-term capacities to address victims' needs, by expanding this pilot in areas of landmine vulnerability, as this shifts geographically with conflict dynamics.
2. The GOC should reflect on the bureaucratic obstacles faced by service providers and victims to inform the implementation of the Victims Law (Ley 1448) and reform of the public health system. Targeted gains in bureaucratic efficiency could greatly improve the access to quality services to which victims are entitled by law – at little additional cost.
3. Future programs of a similar nature, especially those led by non-grassroots organizations who receive support from the Leahy Fund or other international donors, should leverage partnerships with existing organizations present in the field to maximize synergies with the latter's networks and experience. Potential synergies could be achieved by sharing information (e.g. victim databases) and methodologies, especially in countries, such as Colombia, which have a rich existing organizational fabric.
4. Facilities, equipment, and services funded through cooperation programs should be based in local institutions which will outlive the program. Arrangements such as that between Mercy Corps and the local hospitals should be replicated elsewhere. Health institutions which receive donor investment should have a clear and credible marketing and management strategy to maximize the use of the facilities, equipment, etc. financed.
5. The GOC should maintain the new P&O course opened by SENA as an important step in improving the quality of P&O services to landmine victims and other persons with disabilities in Colombia. The GOC should replicate the program's mix of online and on-site courses to maintain access for adult learners based outside the country's capital to foster P&O capacity in the regions most affected by the conflict.
6. Despite achievements by Mercy Corps and its partners, as well as other past and present projects, standardized protocols and methodologies in Colombian hospitals for assisting victims of the conflict, and landmine survivors in particular, are still lacking or insufficient. The GOC should work with hospitals to develop and standardize protocols to assist conflict victims.
7. The program introduced useful innovations in fostering economic inclusion of landmine survivors which ought to be replicated in future similar initiatives, although parts of it may need to be reviewed for scalability. The key aspects of this program that should be considered for future ventures are: (i) extended personalized support for beneficiaries; (ii) focus on victims' personal projects; (iii) long duration; and (iv) capital provided in cash at the place of business.
8. Knowledge on how to respond to emergency situations caused by the conflict in rural areas is still very limited. Further training is needed for communities confronted with landmine accidents and other injuries suffered by civilians in the conflict. Health facilities should improve the training of health professionals in first response to acute injuries caused by the conflict.

USAID/COLOMBIA EVALUATION:

Performance evaluation of "Landmine Activities for Victims of the Conflict in Colombia"

TABLE OF CONTENTS

ACRONYMS USED IN THIS REPORT

AICMA	Acción Integral Contra Minas Antipersonal
CCCM	Campaña Colombiana Contra Minas
DCHA	Bureau for Democracy, Conflict, and Humanitarian Assistance (USAID)
EPS	Entidades Promotoras de Salud
ERW	Explosive Remnants of War
FOSYGA	Fondo de Solidaridad y Garantía
GOC	Government of Colombia
ICRC	International Committee of the Red Cross
ISPO	International Society of Prosthetics and Orthotics
NGO	Non Governmental Organization
P&O	Prosthetics and Orthotics
PAICMA	Programa Presidencial de Acción Integral Contra Minas Antipersonal
PwD	Person with Disabilities
SENA	Servicio Nacional de Aprendizaje
SOW	Statement of Work
UARIV	Unidad de Atención Integral y Reparación a Víctimas
USAID	U.S. Agency for International Development
UXO	Unexploded Ordinance
VISP	Victims' Institutional Strengthening Program

INTRODUCTION

Evaluation Purpose

This document presents the results of the external performance evaluation of USAID/Colombia's program entitled "Landmine Activities for Victims of the Conflict in Colombia". This evaluation is intended to help the Mission measure program results in the improvement of physical mobility and quality of life for landmine survivors and their effective reintegration into society.

Audience and Intended uses

This program was an innovative pilot program. It was not the intention of USAID to renew it once it finishes in December 2013. Therefore, the report aims to draw general conclusions about the support to conflict victims and extract learnings which can be applied outside of the program itself. The recommendations made in this report are geared toward the potential replication by other entities of some of the program's components.

The results and findings of the assessment will be available to the Victims Institutional Strengthening Program (VISP) for use in the implementation of its second component. The authors hope that the report's results can also provide important inputs to the Government of Colombia (GOC) for replication and sustainability. Likewise, USAID's Bureau for Democracy, Conflict, and Humanitarian Assistance (DCHA) is interested in incorporating lessons learned into its report on the Leahy War Victims' Fund. Finally, evaluation results could feed into possible programmatic changes in existing activities to support the peace process.

In summary, the audience of the Performance Evaluation final report includes:

- USAID/Colombia Mission, Office of Vulnerable Populations.
- USAID's Leahy War Victims Fund.
- USAID's Democracy, Conflict and Humanitarian Assistance Bureau.
- Mercy Corps and other organizations involved in the Program, such as: Campaña Colombiana Contra Minas (CCCM), Corporación Paz y Democracia, Servicio Nacional de Aprendizaje (SENA), Universidad Don Bosco, Hospital Universitario de Nariño (Florencia) and Hospital María Inmaculada (Caquetá).
- Key stakeholders involved in designing and implementing public policies and programs aimed at providing support to landmines victims, other victims of the conflict and persons with disabilities, such as: the GOC, departmental governments (Gobernaciones), public hospitals, PAICMA, UARIV, ICRC.

BACKGROUND

Program background

PROGRAM IDENTIFICATION DATA	
Program Title:	Landmine Activities for Victims of the Conflict in Colombia
Award Number:	514-A-00-08-00311-00
Award Dates:	August 28, 2008 – December 31, 2013
Funding:	USD $ 4,312,910
Implementing Organization:	Mercy Corps
AOR:	Thea Villate

The government of the United States of America through its U.S. Agency for International Development (USAID) and the Leahy War Victims Fund allocated USD $4.3 million for the development of an activity to increase the availability of care for landmine victims in Colombia, as detailed in the box above. The program aimed to improve physical mobility and quality of life for landmine survivors through effective reintegration into society by: (a) Increasing access to, and availability of quality rehabilitation and other health services for beneficiaries; and (b) Increasing capacity of Colombians to provide Prosthetic and Orthotic (P&O) services adequate to the conditions and needs of landmine survivors, as depicted in the program results framework, presented in the following section.

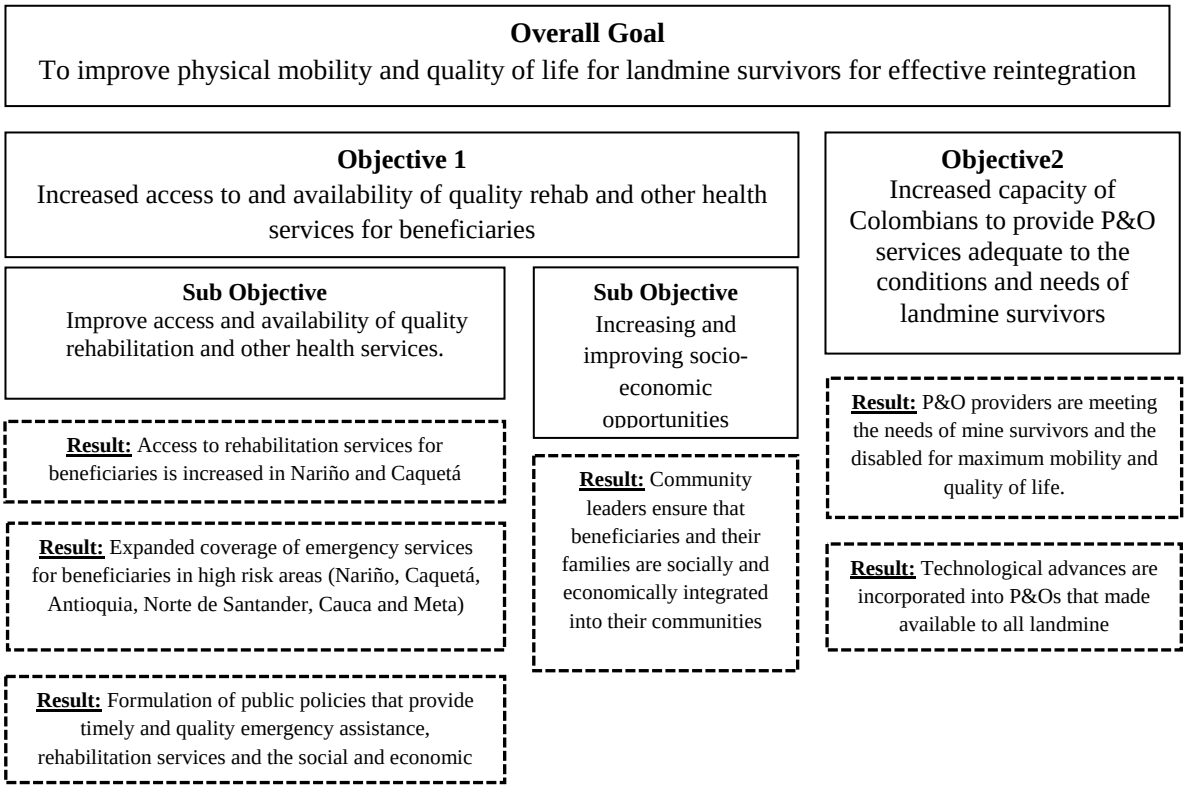
Mercy Corps established strategic partnerships and alliances with numerous organizations at national and departmental levels. The main partners of the program have been:

- Compaña Colombiana Contra Minas (CCCM).
- Corporación Paz y Democracia.
- Servicio Nacional de Aprendizaje (SENA).
- Universidad Don Bosco (in El Salvador).
- Hospital Universitario de Nariño (Pasto) and Hospital María Inmaculada (Florencia, Caquetá).

Mercy Corps and CCCM built alliances with the International Committee of the Red Cross (ICRC) and the Colombian Presidential Program for Integrated Action Against Mines (PAICMA in Spanish).

Program Results Framework

Below is presented the program's results framework.



METHODS

Evaluation questions

The evaluation was based on the following questions from the evaluation SOW (Annex I):

1. *If and how were the activities implemented throughout the program complementary to national plans, programs and projects in health, socioeconomic integration and public policy for Persons with Disabilities (PWD) and landmine victims?*

2. *To what extent has the national capacity to provide orthotic and prosthetic services increased in relation to international standards?*

3. *To what extent was the implemented approach effective in increasing landmine survivors' access to quality rehabilitation and other health services in the selected municipalities?*

4. *To what extent have landmine survivors and their families increased their alternatives for socioeconomic inclusion in the selected municipalities?*

5. *To what extent have community leaders in the selected municipalities increased their capacity to respond to emergencies caused by landmines?*

6. *Will the program's work be sustained in terms of citizens' access to quality prosthetic and orthotic services, through government commitment to policies and standards and market participation?*

The report also addresses gender issues and information management as cross-cutting themes.

Data Collection Methods

To answer the evaluation questions, we used both quantitative and qualitative data as primary sources, as well as secondary documentary sources.

The evaluation began with a desk review of relevant documents, including Mercy Corps program documents (cooperative agreement with USAID, annual work plans and reports, performance management plan) and international and national policy documents. The program documents helped to understand not only the program's achievements but also how these compare to what Mercy Corps and their partners originally planned. Other relevant documents provided the necessary background to the intervention and allowed the team to determine the degree to which the program was complementary to national policy and programs and consistent with international standards.

The evaluation team conducted site visits that included three focus groups with victims and P&O technicians in Nariño and Caquetá and 20 in-depth interviews, covering victims, technicians, hospital

staff, community leaders and local officials. Several of these in-depth interviews provided material for the preparation of six life stories of program beneficiaries (both victims and trained P&O technicians), as an illustration of the program's impact on individual life trajectories and to provide the readers with real-life examples. The life stories are presented in the annexes to this report.

In addition, the team conducted five interviews in Bogotá with relevant government and program officials (Mercy Corps, PAICMA, Ministry of Health), to gather qualitative data on the evaluation questions related to national program complementarity and international standards for P&O services.

In addition to the qualitative data collection, the evaluation included a 30-minute, quantitative telephone survey directed to 199 landmine victims who received the "full package" of support from the program. This full package included access to one of the two rehabilitation centers created in Pasto and Florencia and seed capital for socioeconomic inclusion projects. The evaluation team included an additional 25 beneficiaries who had used the rehabilitation centers without receiving the "full package" of intervention. Of these figures, 96 beneficiaries with the full treatment package and ten with one or more components of the Mercy Corps project responded. The survey consisted mainly of closed questions, allowing the development of descriptive statistics on topics such as beneficiary satisfaction, access to health rehabilitation services, socio-economic inclusion, improved P&O capacity and quality delivery. The following table offers a summary of how data were collected from each information source.

Evaluation data at-a-glance:

Findings are based on a survey with

96 beneficiaries

who received the full Mercy Corps treatment package, including a productive project, plus 10 who had access to rehabilitation services.

The team also conducted

25 key interviews

3 focus groups and

6 life stories

with P&O technicians, hospital staff, officials and victims in the field.

Table 1. Data collection methods for each data source

	Data collection method				
Data source/respondent type	**Desk review**	**Survey**	**Focus groups**	**In-depth interviews**	**Life stories**
Public policy and program documents	X				
USAID Landmine program documents	X				
Landmine victims		X	X	X	X
P&O Technicians			X	X	X
Local leaders				X	
Hospital staff				X	
National and local stakeholders				X	

Data Analysis Methods

Data were analyzed with methods appropriate for each data source. Almost all data sources are relevant to each evaluation question, the intent being to use data from a range of source to triangulate information

and reinforce the validity of the evaluation's findings. We used quantitative data as input for descriptive statistics, following appropriate processing and coding, including steps to verify the entirety and consistency of data and processing using Quantum software, a tool recognized for its flexibility and for the clarity of its outputs, including cross-tabulations. All qualitative data were processed and coded based on the evaluation questions and refinements the team developed based on their experiences in the first part of fieldwork (emergent coding).

Evaluation findings were derived from analysis of qualitative and quantitative data. The team applied specific methodologies to data from certain sources, as detailed in Table 2. The first evaluation question (complementarity with national policies and programs), for example, was answered based on the findings of the desk review and in-depth interviews with government and program officials.

Specific treatment of qualitative primary data include content, patterns and divergence analysis and experience analysis, which helped to make sense of different life trajectories.

Table 2. Data analysis method, by type of data

	Data analysis method			
Data collection method	Complementarity analysis	Descriptive statistics	Content, patters and divergence analysis	Experience analysis
Desk Review	X			
Survey		X		
Focus groups			X	X
In-depth interviews			X	X
Life stories				X

Data Limitations

Data limitations are summarized in Table 3. The data on which the evaluation findings are based come from sites around the two rehabilitation centers built by the project.

Table 3. Data Limitations

Research Question(s)	Method(s)	Source(s)	Limitations
2, 5	In-depth interviews	National and regional GOC officials, local officials trained in first response	It was beyond the scope of this evaluation to measure national capacity per se, given the geographic focus of the Mercy Corps interventions. Given the changing geographies of conflict in Colombia and, therefore, in the placement of landmines, the evaluation can speak only to the increase in capacity in the intervened areas.
3, 4, 6	Quantitative telephone survey	Beneficiaries	Delays in obtaining the database of beneficiaries including contact details restricted analysis. Although Mercy Corps noted that one of the important innovations of the program had been to digitize the implementation information collected in the field (contact details, workshop reports, baseline study), the evaluation team observed issues in the storage of the program data. In order to carry out the telephone survey, the evaluation team was instructed to search for contact details in Mercy Corps' paper archives.
3, 4, 6	Quantitative telephone survey	Beneficiaries	Mercy Corps did not provide the baseline database of beneficiaries, limiting the team's ability to draw potentially important conclusions on the impact of the program on their socioeconomic situation.
5	Focus groups	Community leaders trained in first response	The delay in arrival of participant contact details made it impossible to carry out the planned focus group with community leaders trained in emergency response in Caquetá. The data were received after fieldwork was complete.
3, 4, 6	Quantitative phone survey	Beneficiaries	The survey was planned as censal – that is, reaching all beneficiaries who had received the full packet of treatment from the Mercy Corps program. This design was chosen to give the greatest explanatory power and reliability. However, contact details were current for only half of the respondents. USAID technical office staff were concerned that this might present a problem; however, the value of survey data was deemed important enough to make the effort. Relatedly, the design did not include a wider, representative sample of the beneficiaries who received rehabilitation or P&O services, without the full packet of interventions. As a result, their opinions on the project components to which they were exposed is not known.
3, 4, 6	Focus groups	Beneficiaries	Security issues prevented the team from going to Toribio in Cauca. The team had to cancel a planned focus group with victims there.

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The detailed Findings, Conclusions and Recommendations Table (Annex II) enables the reader to follow the evaluation team's logic in systematic detail. This section is intended to convey the most salient points so that the reader can grasp the lessons more intuitively.

1. COMPLEMENTARITY

If and how were the activities implemented throughout the program complementary to national plans, programs and projects in health, socioeconomic integration and public policy for Persons with Disabilities (PWD) and landmine victims?

Findings

Mercy Corps built direct partnerships with a number of national (e.g. Colombian Campaign against landmines - CCCM) and international (e.g. International Red Cross Committee) organizations involved with Colombian victims. This provided Mercy Corps' with direct access to a network of victims and stakeholders and allowed them to leverage these organizations' experience in working with landmine victims. For example, 52% of the victims who took part in the program were first approached by one of Mercy Corps' partners.

Although the program was not designed as an integral part of the Colombian Presidential Program for Integral Action against Landmines (PAICMA), external stakeholders said that Mercy Corps had shown a high degree of flexibility to adopt other organizations' methodologies where relevant, build upon the experience of these organizations' past projects, and share information. For example, Mercy Corps participated actively in technical roundtables led by PAICMA, in which multiple organizations involved with victims also participated. These included Handicap International, Fundación Paz y Democracia, and Fundación Mi Sangre.

Mercy Corps established contacts and *ad-hoc* partnerships with a number of public institutions, governmental bodies and non-governmental organizations at the local, departmental, and national level, within each of the program's components, as follows:

- To establish the P&O training program, Mercy Corps built a partnership with Don Bosco University from El Salvador, with the Colombian Lifelong Learning Service (Servicio Nacional de Aprendizaje – SENA) and cooperated with other organizations, such as the International Committee of the Red Cross, which provided costly materials for the on-site training sessions in Bogotá (e.g. polypropylene, prosthetic joints, ovens).
- To establish the rehabilitation centers in Nariño and Caquetá departments, Mercy Corps set up

roundtables with departmental and city governments, with the hospitals' management, the Health Ministry and PAICMA. According to participants, this resulted in the creation of "spaces of credibility and confidence" among these actors, who had not necessarily cooperated before. The program's investment was also leveraged by negotiating with the departmental governments, which agreed to provide the infrastructure and staff (on a permanent basis) for the centers.

- To carry out the socioeconomic inclusion projects with victims in Antioquia Department, Mercy Corps participated in a socioeconomic inclusion technical roundtable led by PAICMA, which allowed them to learn from the experience, both positive and negative, of other actors involved in this field. By sharing information with other organizations involved with victims' productive projects, they managed to verify the information provided by the victims and filter the list of potential beneficiaries.
- To carry out the emergency response training program, Mercy Corps leveraged USAID's investment by working with local authorities' health departments, which facilitated access to the community leaders outside of the department capitals where Mercy Corps and CCCM worked.
- Another example of cooperation and leverage includes the staff that the Ministry of Health provided to train administrative staff in the Pasto and Florencia hospitals. The hospital administrators were trained in the procedures for receiving payment for rehabilitation treatments provided to victims and people with disabilities from the relevant entities, such as the notoriously complex Fondo de Solidaridad y Garantía – FOSYGA[1].
- To achieve the goal of providing quality P&O services (in addition to the training of P&O technicians), Mercy Corps maintained a constant dialogue with the Ministry of Health in the context of the revision of Regulation 1319 about the provision of P&O services. They also acted as an intermediary between the technicians and the Ministry, improving the flow of information in both directions. The training provided also helped the participating laboratories align their facilities with the new regulatory requirements.

Life story: P&O technicians and laboratories reap benefit of the program

In 2010, Regulation 1319 came out… [and] Mercy Corps came to Pasto and invited us to participate. Not everyone took advantage of it, but I did. Since my lab was small, it changed literally 100% as a result. Without Mercy Corps, we'd be garage orthopedists. We could never have competed with the multinationals in Bogota and Cali. But now, we have the same systems, the same experience, the same education as their technicians!

Excerpt from the life story of a P&O technician trained by the program

(please refer to the annexes for the full life stories)

A key characteristic of the program's complementarity to national plans and programs was Mercy Corps'

[1] The FOSYGA uses public funds to pay for treatments received by victims of the conflict in the country's hospitals. To receive these payments, the hospitals need to follow strict procedures (a process known as "recobro" in Spanish), which require specific knowledge on the part of hospital administrative staff.

commitment to operate within public sector institutions. The program established the two rehabilitation centers in public hospitals and enhanced the public sector's capacities to treat landmine victims. This public sector focus was respected by key organizational stakeholders, and contrasted with other programs involved in the rehabilitation of victims and people with disabilities, which often chose to strengthen capacities outside of the public health sector. These other rehabilitation centers belong to the third sector; they are concentrated in Colombia's three largest cities (Bogotá, Cali, Medellín) and are generally dependent upon donors' ongoing financial support. *[For more details about the rehabilitation centers and the situation before and after the intervention, see Evaluation Question No. 3]*

The rehabilitation center based in Florencia's hospital in Caquetá is not currently used to its full capacity, according to hospital managers and consistent with the team's field observations and interview responses. Hospital managers and victims reported difficulties in obtaining treatment approval from the health entities (EPS), who prefer to send patients to cheaper, lower-quality providers. The hospital has not been able to negotiate with most EPS.

Conclusions

The findings presented above allowed the evaluation team to draw the conclusions presented in this section. These conclusions emphasize that since the design and formulation of the program, Mercy Corps fulfilled the requirement to implement a program which was complementary to the Colombian public policies in force at the time and the institutions in charge of their development, as well as the requirement to work in partnership with the main stakeholders at all levels (national, regional and local) and sectors (rehabilitation, socioeconomic inclusion). Furthermore, the stakeholders interviewed acknowledge this effort as well as the innovative character that differentiated these aspects of the program.

In this respect, the fact that the program contemplated so many components (emergency response, rehabilitation, P&O, socioeconomic inclusion) simultaneously, each with a different set of stakeholders and beneficiaries is on balance positive, even though it was considered at some point a weakness by some stakeholders, because it made the program's implementation more complex. Each of the program's components shows positive results by showing a clear and explicit complementarity with public policies and institutions.

In the same vein, by building alliances with other organizations, Mercy Corps gave the victims and stakeholders the possibility to be taken into account in the subsequent implementation of public policies and also to some extent in the development of other programs and projects aimed at landmine victims.

Mercy Corps successfully established both formal and informal relationships with most public and third-sector organizations involved with victims of the Colombian conflict. These relationships were key to reaching the program's targets at the local level. Mercy Corps built on the CCCM's networks of victims and helped shape an inter-organizational foundation for long-lasting changes in public policy for landmine victims and persons with disabilities.

The program resulted in significant increases in physical and institutional capacities to offer rehabilitation treatments in public sector institutions. However, this implies that the limitations of the Colombian public

health system, such as the complex contractual relationships between the entities that provide health services and the entities that pay for the treatments, also apply to the program's rehabilitation centers. These systemic challenges limit the ability of the strengthened institutions to provide rehabilitation services to landmine victims and persons with disabilities.

In a nutshell, one distinct feature and concrete result of this program's contribution is that it left installed capacity which can be used and strengthened by the official institutions as well as other organizations to improve the effectiveness of future projects. This topic is also discussed later in this report with regard to sustainability (Evaluation Question No. 6).

P&O students noted Mercy Corps' support

We would be lying if we said Mercy Corps had not helped us. They would call you and say: "You have had bad results in that subject, you had a bad grade. What is happening to you? If you need a tutor, we will get you one!"

Excerpt from the life story of a P&O technician trained by the program

Recommendations and considerations for future programming

1. Future programs of a similar nature, especially those led by non-grassroots organizations that receive support from the Leahy Fund or other international donors, should build partnerships with existing organizations present in the field to maximize synergies with the latter's networks and experience.

2. Colombia has a wealth of national and international non-governmental organizations (NGOs) involved in supporting landmines victims and other victims of the conflict. The GOC and its different institutions at the national (e.g. PAICMA, UARIV – Spanish acronym for Victims´ Integral Reparation and Attention Unit) and local (e.g. Regional Health Departments) levels should seek to maintain dialogue and reinforce cooperation with these entities. Potential synergies could be achieved by sharing information (e.g. victim databases) and methodologies.

3. It is a good practice to locate any facilities and equipment funded through such programs in local institutions which will outlive the program. The criteria used to select the beneficiary institution should include how they will maximize the use of the facilities, how they will be integrated with public and private systems of payment, and the number and type of target users.

2. PROSTHETICS AND ORTHOTICS SERVICES

To what extent has the national capacity to provide prosthetic and orthotic services increased in relation to international standards?

Findings

Prior to the program, there were no P&O training programs in Colombia, neither in universities nor in lifelong learning institutions. As a result, most of the Colombian P&O technicians had no academic

training and relied on learning-by-doing, except for a select few who had studied abroad. Mercy Corps assembled a list of 86 P&O technicians in 14 departments, 40 of whom had the minimum school level required to engage in academic study to pursue a technical career in Colombia. Thanks to the program, 22 of them, out of a total of 37 enrolled, are due to graduate from the Don Bosco University (El Salvador) in December 2013. There is consensus among the technicians, the stakeholders involved (e.g. SENA) and the evaluation team's health expert that taking part in the program has been life changing for them in the way they work -- from the laboratories' layout and procedures to the way they relate to clients and health professionals. Students have learned the theory behind their work (e.g. anatomy, pathology) and improved their technical (e.g. measure taking, materials) and managerial (e.g. implement patients' history systems) skills.

The evaluation team was able to verify the improvements in the laboratories triggered by the training program during their field visits, compared to photographs taken prior to the intervention. These improvements included separating different functions into different spaces, ensuring that labs included areas for practice walking with the new prosthetics, and making space for storage of materials and of patient files. These improvements helped participating labs obtain legal certification required by the new Regulation 1319, enabling contracting with national health services and getting closer to international standards.

The university degree obtained by the technicians in December 2013 was delivered with both virtual and in-person coursework by Don Bosco University in El Salvador. Mercy Corps arranged a partnership with the Colombian Lifelong Learning Service (SENA) to give the students a Colombian degree, dependent upon their graduation from Don Bosco University. The technicians still have to undertake online English modules before graduating from SENA. The students could also receive the ISPO International Certification during 2014, dependent upon their results at the ISPO exam in March.

Everything changed 100%

With the training program everything changed one hundred percent. Now, we can face a doctor, a physical therapist. Before, a lot of us were afraid of talking to them… now, I can go to see a doctor and I speak in his language, our language… It is not the same thing to make a prosthetic that the doctor prescribed and to make a prosthetic that fulfills its needed functions. It is very common that the doctor trusts us more now that we are university-trained.

"More than the economic benefits that this business can generate, what really satisfies me is to be able to give a better quality of life to a user. In this business one has to enjoy his job, because in this field, doing things just for the sake of it doesn't make sense.

Excerpt from the life story of a P&O technician trained by the program

There is consensus among the P&O technicians interviewed that Mercy Corps' personalized intensive support has been key to their success. Virtual coursework was ongoing, while on-site training sessions were held every six months in Bogotá. Students report that ongoing contact from the Mercy Corps team helped them overcome many difficulties and contributed to keeping them on-board, despite the challenges of their daily workload and the fact that some of them had not studied for years.

P&O technicians interviewed unanimously report the following benefits from taking part in the program: improved theoretical, technical and managerial skills; improved knowledge of how their laboratories

should be organized; increased credibility with physicians and increased cooperation with them in the formulation of P&O; improved ability to negotiate their subcontracts with larger laboratories and contracts with health promoting entities (EPS) and local government; and increased earnings.

There are still a number of technicians in P&O laboratories who are not qualified and who may not have the ability to relocate to Bogotá to study where SENA opened a new P&O training program aimed at first-time learners.

Conclusions

Mercy Corps and the Don Bosco University filled a gap in the national provision of P&O training, offering an immediate solution to a situation which would have taken years to change if the country had only relied on initial training. The program has increased the quality of the services provided in the workplaces of these 22 professionals, who are spread around the country, particularly in regions deeply affected by the conflict. The program contributed to align provision of P&O services with international standards.

Improved prosthetic services, closer to home, make the difference

After my accident in 2002… when the doctor first told me about a prosthetic, telling me I could live as I had lived before the accident, I didn't believe him. After a while, I started to check into who could provide me a prosthetic. My EPS denied it, and so did IDS [the Departmental Health Authority]. In the end, the doctor gave me a solution: he told me I could get my prosthetic through the ICRC [International Committee of the Red Cross]. They assessed me, took measures and a month and a half later they sent me to Bogotá. I was there for seven months before getting my prosthetic.

Back home, things were difficult for my family [his wife and two children, aged 13 and 14]. They lost the eight cows we had before. My wife had a few chickens and they lived off what people gave them. My children left school to help. When I came back home, I hardly recognized my wife because of the weight she lost. She had changed so much. I cried a lot.

Francisney [the local CCCM coordinator] told me about Mercy Corps' program. I went to see Alexandra [a P&O technician trained through the program]. She helped me with the request to Caprecom [EPS] and it went very fast. My prosthetic was approved in only eight days. That's the one I have now, it is very good. I have only had to come once to have it readjusted, but I know if I have to come to see Alexandra I can, because I don't live too far from Florencia.

Excerpt from an interview with a victim who received support from the program

The new P&O course set up by SENA was a positive outcome of the program. The program raised awareness of the need for systematic training, brought teaching methodologies from El Salvador, and included SENA in the whole process so that replication would be made easier.

Recommendations and considerations for future programming

4. The new course opened by the SENA in 2012 is an important step in improving the quality of P&O services to landmine victims and other persons with disabilities in Colombia, which the GOC should maintain and expand.

5. There is insufficient demand in Colombia to set up many local training centers in P&O. However,

the government and SENA should work to mainstream the P&O training program and to replicate the program's mix of online and on-site courses to maintain access for adult learners based outside the country's capital.

3. REHABILITATION CENTERS

To what extent was the implemented approach effective in increasing landmine survivors' access to quality rehabilitation and other health services in the selected municipalities?

Findings

As part of the program, two rehabilitation centers were opened in public hospitals in Pasto, Nariño (April 2009) and Florencia, Caquetá (June 2010), aimed at persons with disabilities in general, and landmines survivors in particular. The Mercy Corps program provided the equipment for the centers (USAID provided US $90,000 for each hospital, while Mercy Corps reports investing, through its partner CCCM, US $1,000,000) as well as training the staff in the use of the new equipment, while the hospitals and local governments provided the infrastructure and staff on an on-going basis. There was no such rehabilitation center in Caquetá or Nariño when the project began. Prior to the Mercy Corps program, the victims would either not receive rehabilitation treatments, or they would have to travel to Bogotá or other main cities (e.g. Cali) to receive prosthetics and treatment, mainly in independent institutions (such as the CIREC Foundation in Bogotá, funded by the International Committee of the Red Cross). Mercy Corps beneficiaries rated the rehabilitation services "good" in their survey responses (92% of respondents), and as "better" than any rehabilitation services they had received in the past (81% of the 27 respondents who had received other rehabilitation services in the past).

Access to *quality* rehabilitation services

92% of those surveyed rated the rehabilitation services highly, and

81% of those surveyed said these services were better than their prior rehabilitation experience

Mercy Corps leveraged USAID's investment in the rehabilitation centers by having the two hospitals and the departmental governments which fund them match USAID's funds. The hospitals invested the equivalent of the cost of the equipment in new physical infrastructure and both new and existing staff, assigned to the unit.

The hospitals' management teams emphasized that Mercy Corps had been very keen to listen to their needs in terms of rehabilitation equipment and to provide equipment which matched these needs, instead of imposing an external vision of what was best. They also noted the high quality of the equipment provided, which was verified by the evaluation team's health expert.

The program sought to promote the articulation of public policies that concerned landmine survivors by organizing roundtables with local government, health authorities and health institutions. The program included training for non-medical staff at the hospitals where rehabilitation centers were created. The evaluation team observed mixed results from these initiatives. Colombian hospitals tend to avoid providing treatments for which they will have difficulties receiving payment. A key obstacle to access to rehabilitation treatment is the suite of challenges faced by hospitals attempting to bill such services to the

relevant entities, such as FOSYGA (the public fund responsible for paying for free treatments such as those caused by the conflict). FOSYGA, which pays for most treatments for landmine victims, has lengthy and complex procedures, which can be daunting for hospital administrative staff. Although it was not an explicit component of the program, Mercy Corps arranged training sessions (provided by the Health Ministry with external funding) for hospital administrative staff in billing to FOSYGA. Current hospital staff and managers expressed their ongoing problems with this issue, despite the training, however. Staff are frequently rotated among facilities, and this in part can explain why the training did not have the desired results, as it was reported some of the staff trained were moved to other parts of the hospitals.

Three to four years after their opening, the centers are up and running, apart from some issues with the hydrotherapy pools, as evidenced by the field visits to the centers. The centers are functioning, they are opened to the public and offer rehabilitation treatment to persons with disabilities, including conflict victims, although the access numbers were not disclosed to the evaluation team (at least in Florencia, there was no system to collect these data that the evaluation team could find).

Visits to the rehabilitation centers and discussions with staff and landmine survivors revealed that access to these centers is much more limited since Mercy Corps ceased to be involved directly. Center and hospital management pointed out that centers were not used to their full capacity, while victims emphasized waiting times and the decline they felt when Mercy Corps and their partners ceased to provide support with appointments. In fact, waiting times are among the lowest rated characteristics of the Nariño and Caquetá rehabilitation centers in our survey (71% of the respondents who attended these centers think waiting times are good).

Post-Mercy Corps, waiting times have lengthened

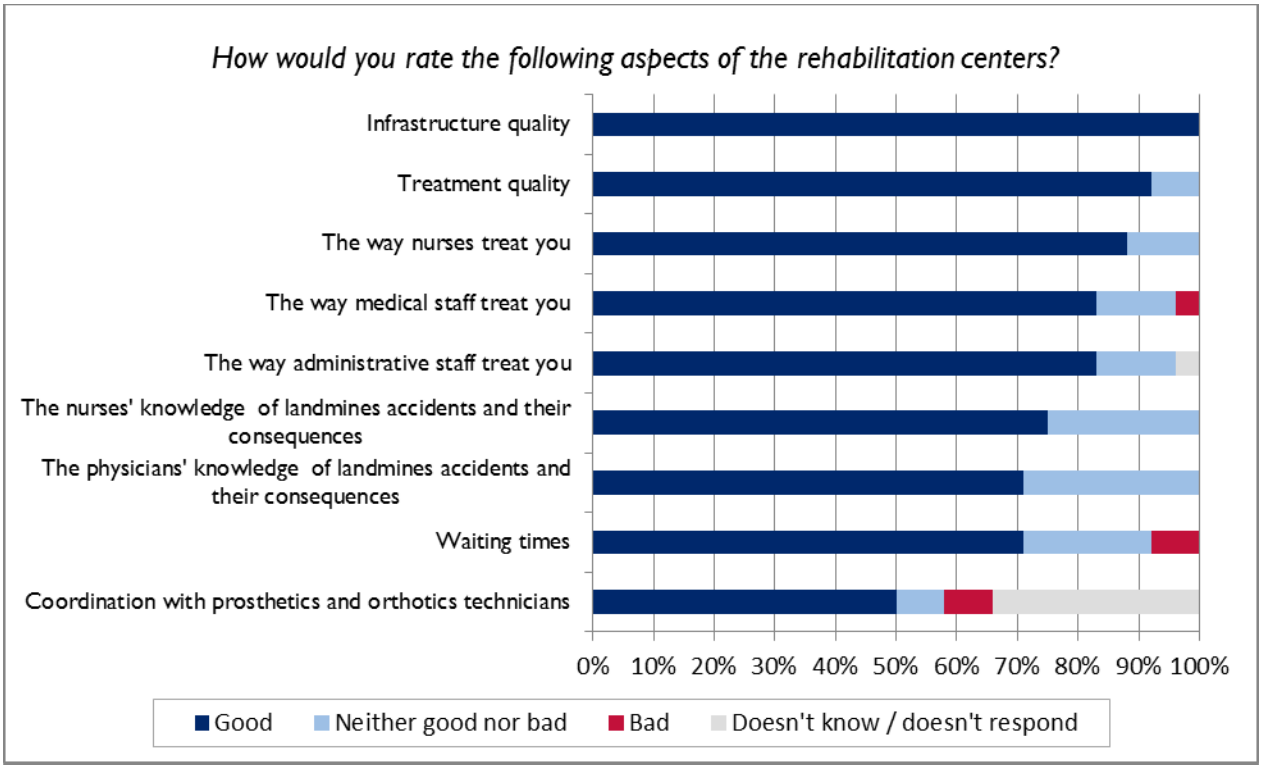
The most difficult part of rehabilitation is getting an appointment. Mercy Corps helped us get them, quickly, and called the center to make sure they took care of us. These days it's very hard to get an appointment. I'm part of the Victims' Association and so when I travel to Pasto for training, I call and ask for an appointment. But they tell me no! Imagine how much harder it would be for someone who has difficulty getting to Pasto from their municipalities. I've been trying for a year to get an appointment.

Excerpt from a mine victim's life story, Nariño

Some of the barriers to access are due to the Colombian public health system, based on treatment authorizations which can be hard to obtain. Lack of active marketing of the centers with EPS (Health Promoting Entities), as highlighted in the case of Florencia's hospital, may also restrain utilization.

The medical protocols to assist landmine victims are still unclear, at least in Florencia's hospital. There is no clear protocol to assist these patients and take into account their individual needs. The hospital lacks mechanisms to coordinate the different treatments received in each department of the hospital (surgery, audiometry, physical rehabilitation, psychological monitoring and support, etc.) and coordination with outside stakeholders is very weak. For example, in the survey carried out as part of this evaluation, the worst rated aspect of the Florencia and Pasto rehabilitation centers is the coordination between the centers and P&O providers (see Figure 1).

Figure 1. Patients' rating of aspects of the rehabilitation centers in Pasto and Florencia



Source: Evaluation survey of beneficiaries

The survey of mine victims shows a very high degree of satisfaction with regard to the rehabilitation centers in Pasto and Florencia. All aspects were rated as "good" by a majority of respondents, and most were not rated as bad by any respondent. Through interviews and focus groups, the evaluation team also observed how grateful the victims were toward USAID and Mercy Corps for creating rehabilitation centers where these did not exist before the program.

Conclusions

The program filled a gap in the provision of rehabilitation services for landmine survivors, and more generally for persons with disabilities, by setting up the centers in regions where they were lacking. Mercy Corps provided high-quality equipment in line with the local professionals' requirements which would probably have been financially out of reach for these public hospitals, which suffer from severe underfunding compared to western standards. They created a sustainable capacity since the ongoing use of the centers is not dependent on the program's support.

Mercy Corps rightly identified FOSYGA's complex procedures as an obstacle to victims´ access to rehabilitation treatments. However, the initiative to remove this obstacle had limited success, due to staff rotation and the lack of formalized institutional and organizational memory, causing the knowledge to be lost when staff changed posts.

The program was successful in filling a gap in the supply of rehabilitation services in the departments

where it intervened. However, access issues and challenges in the current Colombian payment system prevent the centers from being used to their full capacity.

Mercy Corps' efforts to promote inter-institutional dialogue and to foster the implementation of methodologies and protocols for assisting victims of the conflict have had mixed results. An important part of the explanation lies with local capacities and contexts, including frequent staff rotation, rather than with Mercy Corps' performance.

Recommendations and considerations for future programming

6. It is a good practice to locate any facilities and equipment funded by international cooperation in local institutions which will outlive cooperation programs. Arrangements such as that between Mercy Corps and the local hospitals should be replicated elsewhere. The key concepts are that Mercy Corps provided the costly equipment while the hospital provided some initial investment (fostering empowerment and commitment) and took responsibility for on-going staff costs (promoting sustainability beyond the program's lifetime).

7. The GOC should learn from the challenges encountered by this project to inform the implementation of the Victims Law (Ley 1448) and the reform of the public health system currently underway. There are also lessons about the implications between these two public policy components, as this evaluation shows how the design of the public health system can be an obstacle to access and to the effective delivery of services to which victims should have access by law.

8. Donors should avoid providing facilities or equipment for which high-cost and frequent maintenance can be foreseen, to avoid the risk of idleness.

9. The hospital management teams, especially in Florencia but also in Pasto, as well as the Departmental Health Authorities (Secretaría de Salud de la Gobernación) and to some extent the National Health Ministry, should review their strategies and implement policies to increase the access to and use of the rehabilitation centers.

10. Health institutions that clear and credible marketing, management and maintenance strategy to maximize the use of the facilities and equipment that result from the program.

11. Despite efforts by Mercy Corps and its partners, as well as other past and present projects, and despite their respective achievements, standardized protocols and methods in Colombian hospitals for assisting victims of the conflict, and landmine survivors in particular, are still missing or insufficient. There is scope for more support in this field.

4. SOCIOECONOMIC INCLUSION

To what extent have landmine survivors and their families increased their alternatives for socioeconomic inclusion in the selected municipalities?

Findings

Due to the nature and use of landmines in Colombia, most victims are rural workers, who typically work independently or lack formal contracts when they work for others (only 11% of the victims who responded to the evaluation survey had a work contract before the accident; that proportion went down to 6% following the accident). The proportion of survey respondents who did not receive income or who counted on handouts from family, friends or the governments went from 12% to 34% following the accident, and the proportion of respondents who reported that they were obliged to beg for money in the streets went from 3% to 9% following the accident, a rate that could be underestimated due to the social stigma associated with begging. Family dynamics are also affected by landmine accidents. While men typically are the breadwinners in rural households in Colombia, many are forced to share this responsibility following the accident. The proportion of households surveyed as part of this evaluation where the spouse /partner is a major economic contributor went up by 46% following the accident. The life stories of victims found in the annex of the evaluation report also provide individual examples of the life changes triggered by the accident.

The program promoted the access of families of 199 landmine victims to income-generation initiatives, which were adapted to the victims' personal projects and abilities as well as their health condition. Aside from the seed capital received by each family, of approximately USD$1,000 to USD$2,000, beneficiaries received a physical and occupational health check, a 40-hour entrepreneurship training by the National Learning System (SENA) and personal support to develop their business plans for implementation of their project.

Both qualitative and quantitative research carried out as part of this evaluation allowed the team to verify the positive feedback on the program's approach and support. The entrepreneurship training, for example, taught the beneficiaries basic but important skills in cash flow management (e.g. making the difference between revenues and profit), in preparing business plans and in selecting providers. The extra training provided as part of the program included learning how to sign their names for those who could not, of which those participants are very proud and an important empowerment step for them.

Almost all, or 97 percent, of the socioeconomic initiative beneficiaries who responded to the evaluation survey agreed that through the project they learned things which are useful above and beyond the management of their business, and 99% felt that participating in the project had made them feel much better.

About three quarters, or 74 percent, of the 96 project owners who received seed capital and who responded to our survey reported that their project is still running at least two years after the capital was invested, a common measure of success rate for these kinds of projects – a success rate that all stakeholders judge very high for this type of project, compared to past experiences with income

generation projects.

The local Mercy Corps/CCCM coordinator maintained regular contact with the beneficiaries, starting with a house visit to carry out the baseline study, continuing with support throughout the preparation of business plans and the training, and later when meeting the business suppliers.

Qualitative research revealed the importance of family support in the socioeconomic inclusion process, as a psychological support. This support does not necessarily imply the family members working together, although 57 percent of the beneficiaries surveyed worked with at least one family number (partner or other).

While other projects of a similar nature choose to propose one standardized project for all participants and/or to provide beneficiaries with in-kind investment (not always in accordance with the beneficiaries' personal projects and experience), this program decided to let the beneficiaries define their own project (bottom-up formulation with later support to redefine and improve) and to hand the seed capital in cash so that the victims would buy their supplies or assets themselves. This process was highly rated by victims. During the focus groups, a number of victims spontaneously cited the day they bought the supplies for their business as their best memory of the project. However, one third (33%) of the beneficiaries surveyed think that Mercy Corps did not let them do what they wanted. At the same time, 92 percent reported that Mercy Corps helped them improve their productive projects.

The business plan every beneficiary had to prepare includes description of the business, its clients, marketing strategies, competition and how to respond to it, technical aspects (operations, norms, people), financial estimates (timing of costs and revenues), and investments (assets and working capital). A template can be found in the annex.

Almost all (95%) of respondents reported that the technical support received through the program was very useful.

Of the 25 individuals (26% of the sample) who report having terminated a productive project, more than half 14 (56%) cite the lack of economic profitability as a reason to stop the project, and another 5 cited health problems.

In some departments, the local coordinator did not have time to carry out some or all of the three follow-up visits planned by the program during the implementation phase of the program. This was the result of delays in the initial stages of the program, which caused the activities scheduled at the end to be cancelled. As a result, there was no clear end to the initiative for the beneficiaries, who reported they do not know where they stand with regard to the Mercy Corps intervention (that is, they do not know whether to expect more technical and financial support from the program and some are unsure about their level of ownership of the capital invested.)

Conclusions

The evidence collected as part of this evaluation highlights the negative impacts that landmine accidents

can have on families' economic stability and on victims' socioeconomic inclusion.

Commitment to Success

They don't just come in with their flag and their nice trucks. Mercy Corps trained us in how to invest seed capital to carry out a productive project, how to make it sustainable and profitable. We got to decide what kind of project we wanted to pursue, and they took into consideration what we could do. Mercy Corps followed up with us, and where necessary, helped people to learn to read and write too.

Excerpt from a victim's life story, Nariño

The high success rate of this initiative (judging by the estimated proportion of projects which are still running several years after the capital was received, as well as by the beneficiaries' own opinions) can partly be explained by the fact that the income-generation initiatives were aligned with the victims' personal projects and abilities (both in terms of skills and health conditions). The other success factors identified in this initiative include the thoroughness of the preparation (entrepreneurship training, elaboration of a very thorough business plan compared to the scale of investment, etc.) and personal contact, support and follow-through by the local Mercy Corps/CCCM coordinator. Also, a particular feature of the program has been to focus on the victims' life projects and their dignity rather than a narrow focus on only physical rehabilitation or productive projects.

External success factors include family and community support, which can be encouraged by the program implementers.

Mercy Corps has learned from past experiences to develop a project which is respectful of the victims and which empowers them by giving them an opportunity to realize their projects.

The technical support provided by Mercy Corps with its partners (e.g. SENA) was thorough, especially compared to the magnitude of the investment. The reasons for failure unveiled by the evaluation also confirm that the implementation team had a correct diagnosis of the important factors of failure and success (good business plan and feasibility in terms of health and disabilities), even though they couldn't avoid some degree of failure.

The lack of follow-up visits in some departments is detrimental both to Mercy Corps, which wasn't able to take stock of the projects' successes and failures, and to the beneficiaries, who could have benefited from greater technical support in the implementation phase, not only in the preparation.

Recommendations and considerations for future programming

12. In the context of implementation of the Victims' Law, the GOC should improve the articulation of victims' reparation and seek ways to focus resources on vulnerable populations affected by the conflict, such as landmine victims. The productive projects were a vital part of the rehabilitation and inclusion of the victims attended by Mercy Corps, and the GOC should examine ways to foster this kind of attention to victims.

13. The program introduced some useful innovations, which ought to be replicated in future similar initiatives carried out by NGOs, such as Handicap International, the Red Cross International Committee, or the CIREC, although it may not be easily scalable. The key aspects of this

program that should be incorporated into future ventures are: (i) lengthy personalized support for beneficiaries; (ii) focus on victims' personal projects; (iii) long duration; and (iv) capital provided in cash at the place of business.

14. Work plans, timelines and workloads in income-generation initiatives must be realistic and allow for follow-up visits in rural areas. Future initiatives should also consider providing beneficiaries with a clear roadmap of what the project includes and what is does not, in terms of responsibilities and timeframes.

5. EMERGENCY RESPONSE

To what extent have community leaders in the selected municipalities increased their capacity to respond to emergencies caused by landmines?

Findings

This intervention was based on the diagnosis that the capacity to respond to landmine accidents and emergency situations was either missing or of very low quality.

The program trained 657 community leaders in five departments, exceeding the quantitative goals set by the program in each department. The two-day training was focused on emergency response and pre-hospital care, with the aim of reducing the delays suffered by victims before reaching the right hospital and minimizing the damage done to the victims by well-intentioned but unknowledgeable respondents (reported examples of first aid mistakes and traditional beliefs include applying spider webs or urinating on the injuries). The training was coordinated by Mercy Corps in close cooperation with local governments and community organizations. In Year Four, Mercy Corps organized, in cooperation with local governments and community organizations, additional sessions in Cauca and Norte de Santander. In Cauca, these additional sessions were held in indigenous communities, which are very affected by the conflict.

In at least one department (Cauca) the training was able to reach remote communities by creating partnerships with local community organizations (Juntas de Acción Comunal) throughout the department. Local leaders from remote communities were invited to one of the two sessions held and they later replicated the training received in their respective communities.

Participants and external experts reported that the training method was of a high standard and effective. The training included real-life simulations, which had a very high impact on the participants. This method was based on past experiences of similar exercises by other organizations. Mercy Corps built upon the experience of professionals who had worked with the Colombian Red Cross, to which it had access through its partner in the Antoquia department, Fundación Paz y Democracia.

The evaluation team did not find any examples of a landmine victim who had received assistance from someone who took part in the training, but there is secondary evidence of assistance to other injured persons, such as a case where health professionals reported that first aid provided to victims was of good

quality.

The moving geography of the Colombian conflict means that the landmines problems also move from one region to another. The areas which registered the highest number of landmine accidents at the time the training took place are not the same today. That means that the people trained will not necessarily face these kinds of accidents. However, they can use the training they received to assist other victims or injured people. A greater concern is that administrative areas that are now seeing an increase in the number of landmine victims may be in need of similar trainings for their personnel.

Conclusions

Although the precise impact is difficult to estimate, this program component on training community leaders can be regarded as successful, as it contributed to filling a gap in first aid knowledge in conflict areas. The high turnover in public health professionals in the regions affected by the conflict is likely to limit the long-term impact of this initiative.

Training community leaders in emergency response is an ongoing necessity for vulnerable populations and communities affected by the phenomena such as the presence or suspected presence of landmines. In the context of the absence of a clear policy from the Colombian government to provide these communities with capacities to prevent and react to emergency situations, the program's main achievement was to install capacity in the communities where Mercy Corps intervened.

These capacities were passed on through two direct methods: to community leaders (teachers, members of the Indigenous Guard, members of the community action committees) and to health professionals who work with the communities. Although the latter may move to another area, they still have an increased and better capacity to attend victims or injured people in emergency situations. Indirect support also occurred, where Juntas de Acción Social provided cascaded training in their own communities.

Recommendations and considerations for future programming

15. Damaging mistakes can be made by well-intentioned people confronted with an accident caused by landmine or other trauma. The needs gap for many vulnerable and conflict-affected communities remains. There is broad scope for further training to communities that have to deal with landmine accidents and other damages caused to the civil population by the conflict. Health facilities should improve the training of health professionals in responding to injuries caused by the conflict.

16. Mercy Corps used strong criteria and processes to select the training beneficiaries, to establish alliances with key organizations for community development (e.g., Juntas de Acción Comunal, Guardia Indígena), and to design and implement the training. Parallel criteria and practices should be utilized in similar future programming.

6. SUSTAINABILITY

Will the program's work be sustained in terms of citizens' access to quality prosthetic and orthotic services, through government commitment to policies and standards and market participation?

Findings

The question of the program´s sustainability requires a set of interrelated complementary responses. First, taking the intervention as a whole, the evaluation team found that Mercy Corps' intention was that the program be developed in a sustainable, public framework. The principal element of this sustainable design was the complementarity of the components of the intervention in the context of public policy and public institutions. Mercy Corps worked through principal stakeholders within and outside of government, at national, regional and local levels. As a result, there are important lessons from the project on each of these levels and for each of these interlocutors.

At the same time, for the project components individually, the evaluation team identified findings that were important in terms of sustainability. Through the training of at least 22 prosthetics and orthotics technicians located in conflict areas, the program increased the quality of service offered in various parts of the country, and particularly in conflict-affected regions. The technicians and stakeholders interviewed report that taking part in the program has made it easier for them to comply with national and international regulations and standards. This was clear through evaluation team field visits to the technicians' laboratories compared to photographs taken prior to the intervention. Other outcomes of the program include an increased capacity to work and negotiate with EPS and to establish constructive dialogue with health professionals, thanks to the increased theoretical and technical knowledge acquired through the training. In this respect, several technicians mentioned the positive impact of learning and mastering technical terminology.

While the program was being implemented, the GOC prepared a new regulation (Resolution 1319) on P&O services, raising the Colombian standards closer to international ones. It established standards with which most participants in the program failed to comply prior to the program. The program included direct support to P&O labs to comply with the new regulation, and played a role as an intermediary between the Ministry of Health and the technicians, allowing the technicians to keep themselves informed about the regulation's developments and inviting trainee technicians to offer testimonies to the Ministry.

There are several examples from the evaluation team's interviews and focus groups where victims reported receiving P&O treatments thanks to the increased capacity in their home department. Previously, they would have had to receive treatment in one of the country's three largest cities. Advantages to local provision include not having to stay away from their homes and families while the prosthetic was prepared (up to several months) and having more possibilities to visit their local P&O technicians for minor but

Moving Past the Blast

When you fall on a mine, you think your life is over. Losing a function of your body is so difficult, and you think you're not going to be worth anything ever again. Losing a limb, losing your sight… how are you supposed to go on? … Most of us with the Mercy Corps projects have gotten accustomed to not being victims. We take advantage of the project to make progress with our lives, but don't depend on the organizations to stay and give us things every day.

Excerpt from a victim's life story, Nariño

essential adjustments. Such visits limit constant suffering, sometimes resulting in decisions to stop using the prosthetics rather than travelling long distances to get adjustments. However, other victims expressed their ongoing doubts over the quality of local technicians and as a result preferred to keep attending the country's main centers.

Field visits to hospitals in Nariño and Caquetá allowed the evaluation team to verify that the two rehabilitation centers were still up and running. This capacity continues to exist, even while this program component stopped receiving USAID support more than two years ago. There remain, however, some minor technical issues (with hydrotherapy tubs) and some difficulties to access the services (see E.Q.3 for more detail). Hospital managers plan to keep the centers open to the public (for persons with disabilities in general, including landmine victims) and they do not report any obstacles to doing so. At the same time, however, obstacles within the Colombian health care system do appear to deeply affect hospitals' willingness to serve these populations.

Of the 96 surveyed beneficiaries of the socioeconomic inclusion component, 74 percent reported that their project was still running several years after the intervention; 97 percent said that they had learned things that helped them in their lives outside of their economic project and 99 percent reported that taking part in the project had made them feel much better. Victims taking part in the evaluation team's focus groups also emphasized the long-term socioeconomic benefits of the program.

The program trained over 650 community leaders in five departments affected by the conflict in first response to emergency situations, with a specific focus on accidents involving landmines. Local governments and community organizations were involved in the training process. Mercy Corps/CCCM coordinators reported that a significant number of persons trained (health professionals in particular) had moved out of the region within one year after the training took place, thereby negatively affecting the long-term impact of this intervention in the targeted areas.

Conclusions

Offering a mainstream initial qualification in P&O through the SENA from 2012 onward has been an important step to improve the quality of the services provided in the country over the long-term.

Bearing in mind that this component of the program is aimed at landmine survivors and persons with disabilities, it has been particularly welcome for people living in peripheral departments, some of whom have found it easier to receive P&O treatment closer to their home. However, there are still obstacles for local technicians to provide their services, due to an ingrained belief that they provide poor quality services and also because of the difficulties of negotiating with health entities and bids for public procurement contracts.

The program succeeded in establishing rehabilitation centers in departments that lacked them, despite their exposure to the Colombian conflict. These centers can be sustained without further support from USAID, since it was agreed from the start that the hospitals would be responsible for staffing the centers.

The evaluation results show that the program made a long-lasting impact on the lives of the victims after

the accident they suffered, improving their socioeconomic inclusion in various aspects.

The program improved capacity to respond to landmines accidents in regions affected by the conflict. Following each of the 657 persons trained is beyond the scope of this evaluation, but it is not implausible that some of the people who left the area where they received the training moved to other areas which are or will be affected by the conflict.

A further conclusion, applicable to the program as a whole, is that the interventions secured a measure of sustainability on two dimensions. First, there is an innate sustainability through the program's complementarity with public policy and public institutions, as these affect most of the program's components. It is important to note, however, that the sustainability achieved will vary in different Colombian geographical and institutional contexts.

Second, due to the personal character of landmine accidents and their repercussions, and the scale of the problem in Colombia, the program will be very challenging to replicate faithfully at the individual victim's level. In particular, the productive projects and Mercy Corps' focus on restoring survivors' dignity will be difficult for the Colombian state or for NGOs to ensure for all landmine victims in the country. Nevertheless, for the GOC, donors and NGOs, the lessons learned and good practices of the program are useful for future programming on local and national scale.

Recommendations and considerations for future programming

17. The P&O qualification should be expanded. The Mercy Corps program can be seen as a pilot in that respect. There are still a number of non-trained and non-certified P&O technicians and laboratories throughout the country. The authorities have three options before them: propose and impose training and certification, ignore the existence of untrained technicians and uncertified laboratories, or force closure of the laboratories. The first option would surely be the most desirable for landmine and conflict survivors and persons with disabilities. The GOC should develop a milestones-based or phased plan with training, qualifications testing through SENA, and certification.

18. The Leahy Fund and the GOC to some extent can learn from the achievements of this program and the lessons learned with respect to establishing long-term capacities that outlive the duration of the program itself, across its components.

19. The good practices and lessons learned from the program and its evaluation (localized and micro-level focus, longer-term support, alliances, complementarity with public policy and institutions, and flexibility) should be used by the GOC, donors and NGOs in their programming. An adequate strategy should be implemented for knowledge management and transfer to the community of actors involved in working with landmine victims (known as the AICMA Community in Spanish).

GENDER – CROSS-CUTTING ISSUE

Landmines in Colombia do not affect both men and women in the same way: according to the CCCM, between 2010 and 2012, men represented 85% of the civil landmine victims in the country and 95% of the casualties from landmines. Landmine accidents affect the split of responsibilities within households: the proportion of households surveyed as part of this evaluation where the spouse/partner is a major economic contributor went up by 46% following the accident. This is an important aspect to bear in mind when trying to improve the landmine survivors' socioeconomic inclusion, as victims can feel a social and psychological burden associated with ceasing to be the breadwinner.

The program design did not include a gender component, and the evaluation team did not find any evidence of a specified approach or specific targets for each sex in its Performance Management Plan. This is in part explained by the fact that the program was designed and granted in 2008, when different standards for incorporating gender were considered. USAID's evolution on the issue of gender has included a greater focus on how gender differences affect both men and women. The number of landmine victims in Colombia peaked in 2006 with 1,234 victims, as many as in the entire decade of the 1990s (it since went down to 497 in 2012), giving a sense of urgency to this intervention designed for landmine victims – who, in the great majority, are men.

The sex disaggregation of the list of beneficiaries of the program's socioeconomic inclusion component reflects the imbalance observed for all landmine victims: among the direct victims who received support from the program, 82% are men and 18% women. However, the socioeconomic activities also provided support to indirect victims (mainly direct family members of a direct victim), a group where women are twice as many as men (reflecting the fact that landmines cause more widows than widowers), therefore making the overall balance of treated individuals slightly different (71% men / 29% women).

A comparison of survey results disaggregated by sex shows a similar level of satisfaction of men and women who took part in the program, for both the health rehabilitation and the socioeconomic support components. The proportion of productive projects which were still running at the time of the survey are also similar for men and women. According to the stakeholders involved, P&O technicians are almost exclusively male, which is common for the profession in Colombia to date. This imbalance was reflected in the list of trainees enrolled in the program, although three women were included throughout the program's lifetime, and other respondents indicated that female family members worked in P&O labs. Two female trainees dropped out, but the evaluation team did not learn the exact reason. The team met the third one as part of the evaluation. She studied together with her husband and business partner, and managed to study successfully while having her second child, and working in the family laboratory. Apart from the fact that support from other family members had been key to her success, she did not mention other issues associated with being the only woman enrolled in the program.

The design of the activities did not contemplate differentiating the intervention depending on the beneficiaries' sex, and men and women were supported in a similar way.

Conclusions

Importantly, men's experiences in rehabilitation included challenges to their traditional roles, and the adaptation process was not always easy for them. This is mainly due to the way responsibilities are shared in Colombian rural households, with the men doing most of the outside work. The traditional gender roles of these communities posit the men as responsible for "breadwinning" even if it requires travelling long distances. Women stay closer to their responsibilities in the family home, which they are in charge of running.

USAID's evolution on the issue of gender has included a greater focus on how gender roles affect both men and women. The design of the activities did not contemplate differentiating the intervention depending on the beneficiaries' gender, and men and women were supported in a similar way.

Women do participate in P&O laboratory work, though in smaller numbers. Entire families are often involved in these small businesses.

Recommendations and considerations for future programming

20. Future interventions should include in their design different types of support for men and for women, if justified by differential processes and outcomes for men and women, such as in the case of changes to men's traditional breadwinning or other roles.

21. Future program funders should undertake specific outreach to women members of laboratory teams and, where interested women are identified, include them in training and certification.

INFORMATION MANAGEMENT – CROSS-CUTTING ISSUE

The evaluation team faced challenges in accessing the information it needed from Mercy Corps, including the contact details and the baseline data of beneficiary victims, or contact details of community leaders who received training in emergency response. Mercy Corps noted that staff were unable to find the relevant digital information, although they reported being certain that all information collected on the ground had been sent digitally to the Bogotá headquarters. Mercy Corps said that a change in computing systems had caused the information to be stored in an unknown location.

The evaluation team also noted discrepancies between the information that was provided to the team and that provided to USAID as part of the program's monitoring. In particular, the team was given the names of 199 victims who benefited from the socioeconomic support, though MONITOR reports from USAID and the M&E team in the Vulnerable Populations technical office received reports counting about 8% more (216 individuals). The evaluation was not able to locate data on the 17 additional people.

The evaluation team's experience in the sector indicates that, despite these findings, Mercy Corps' digitization of victims' information was of a higher average standard than with other organizations – including the state – in the registry of landmine victims.

Conclusions

It was not within the scope of this evaluation to scrutinize Mercy Corps' information management systems. As a result, the evaluation team cannot say whether the shortcomings described above affected the program's implementation in any way. The team's positive comparison of Mercy Corps' data to that of other NGOs indicate that efforts were made to improve data collection, digitization and maintenance, over previous experiences.

However, the delays and lack of some information were an obstacle to the evaluation, which the team considers a clear drawback for a program designed as a pilot initiative, as it is an obstacle to potential replication.

Recommendations and considerations for future programming

22. Donors and their implementers should develop and implement knowledge and data management plans as part of their program strategy. These plans must include digital access and compatibility. For purposes of transparency and evaluation, program data must be reliable and available.

ANNEXES

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ANNEX I: EVALUATION STATEMENT OF WORK

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
USAID/COLOMBIA

Statement of Work for a Performance Evaluation of the Program entitled "Landmine Activities for Victims of the Conflict in Colombia"

I. BACKGROUND INFORMATION

1. PROGRAM BACKGROUND

PROGRAM IDENTIFICATION DATA	
Program Title:	Landmine Activities for Victims of the Conflict in Colombia
Award Number:	514-A-00-08-00311-00
Award Dates:	August 28, 2008 – December 31, 2013
Funding:	USD $ 4,312,910
Implementing Organization:	Mercy Corps
AOR:	Thea Villate

The government of the United States of America through its Agency for International Development, USAID, and the Leahy War Victims Fund allocated USD $3.8 million for the development of an activity to ensure the availability of care for landmines victims in Colombia. The activity was to be identified through a call for proposals/procurement entitled "Integral Assistance of Landmine Victims Affected by the Armed Conflict in Colombia."

On August 28, 2008, USAID/Colombia awarded Cooperative Agreement No. 514-A-00-08-00311-00 to Mercy Corps for a program entitled "Landmine Activities for Victims of the Conflict in Colombia" to provide assistance to persons suffering injuries from landmines as well as other Persons with Disabilities (PWD). The Program aimed to improve physical mobility and quality of life for landmine survivors through effective reintegration into society. The program supported two main objectives: a) Increase access to, and availability of quality rehabilitation and other health services for beneficiaries and b) Increase capacity of Colombians to provide Prosthetic and Orthotic (P&O) services adequate to the conditions and needs of landmine survivors.

For the effective implementation of the program and based on institutional policy of strengthening national capacities for the sustainability of the actions, Mercy Corps established strategic partnerships and alliances with numerous partners at national and departmental levels, according to its programmatic needs. In this sense, the main partners of the program have been:

- Compaña Colombiana Contra Minas (CCCM).

- Corporación Paz y Democracia.
- Servicio Nacional de Aprendizaje (SENA).
- Universidad Don Bosco (in El Salvador).
- Hospital Universitario de Nariño (Pasto) and Hospital María Inmaculada (Florencia, Caquetá).

Also Mercy Corps and CCCM have built alliances with the International Committee of the Red Cross (ICRC) and the Colombian Presidential Program for Integrated Action Against Mines (PAICMA[1] is its acronym in Spanish). These relationships have been crucial in achieving Program objectives. Through these partnerships, Mercy Corps defined a strategy to strengthen landmine survivors and their families as "change agents" in their communities, achieving important results and positive impacts on the beneficiaries' lives such as:

- **669** persons from mine/armed conflict affected communities that increase their capacity as first responders to mines/unexploded ordinances (UXOs) and other explosive remnants of war (ERWs) related emergencies.
- **111,230** landmine survivors, PWD, and other victims of armed conflict who access rehabilitation services at the two new rehabilitation centers established in Caquetá and Nariño.
- **39** health care staff employed by the Hospital Maria Inmaculada and Hospital Universitario de Nariño rehabilitation centers has been trained in specific needs of beneficiaries and can now provide assistance.
- **30** Colombian P&O technicians trained and certified as Cat II technicians by the International Society for Prosthetics and Orthotics- ISPO.
- **4** socioeconomic working groups established and now coordinating activities to strengthen socioeconomic initiatives with landmine survivors.
- **202** landmine survivors together with their families can access income generation initiatives that improve their quality of life.
- **5** Departmental Committees for Integrated Mine Action that have defined work plans and information flowcharts for integrated assistance to landmine survivors.
- **41** health care providers that improve management practices, thereby increasing access to health care and rehabilitation services to landmine survivors, victims of armed conflict and other PWD.

2. DEVELOPMENT CONTEXT

Colombia is one of the countries with the highest number of people affected by landmines, UXOs, improvised explosive devices (IEDs) and ERWs. Since 1990, guerrilla, particularly the Armed Revolutionary Forces of Colombia (FARC) and to a lesser extent the National Liberation Army (ELN) and some paramilitary forces, have increasingly used mines as part of the violent internal conflict and prospering drug trade that has plagued the country.

It is estimated that there are more than 10,200 people affected by mines in Colombia, of which about 38% are civilians.[2] According to PAICMA, the departments most affected by the presence of mines and

[1] Programa Presidencial para la Acción Integral Contra Minas
[2] Programa Presidencial para la Acción Contra Minas – PAICMA. Sistema de Información IMSMA.

incidences of accidents caused by these weapons are Antioquia, Meta, Caquetá, Norte de Santander, Nariño, Arauca, Cauca, Tolima, Bolivar and Putumayo.

A landmine accident can severely limit an individual's mobility and have a negative impact on all aspects – economic, social, and political – of rural life in Colombia. Mines have also been identified as one of the main reasons why internally displaced persons (IDPs) are unable to return home.[3]

While statistics vary, events involving mines and UXOs increased from some 34 in 1990 to 25,813 in 2013 (23% were accidents and 77% were incidents).[4] Thirty-one of the country's 32 departments are affected and approximately 57 percent of all municipalities. Ninety-eight percent of reported mine accidents occur in rural areas.[5] Despite these high numbers, experts still assume that there may be significant under-reporting of casualties.[6]

Colombia is a state signatory to the Ottawa Treaty and has thereby pledged to act responsibly to meet the needs of those who require assistance. However, there are many challenges that currently limit the effectiveness of the Government of Colombia (GOC) and others to address the impact of landmines, including the needs of Colombians who are disabled due to the armed conflict. These challenges include: 1) a lack of data on the location of landmines and minefields; 2) limited geographical coverage of Mine Risk Education (MRE) programs; 3) limited access to emergency care, physical rehabilitation, psychosocial support and social and economic reintegration for mine casualties; 4) limited GOC presence and capacity at departmental and municipal levels; 5) limited coordination within the GOC and among donors; and 6) an overall lack of resources.

3. TARGET AREAS AND GROUPS

The program defined as its main beneficiaries those people affected by the armed conflict, especially landmine victims and persons with disabilities. The program's geographical coverage focused on the six departments and 30 municipalities with the highest number of people affected by landmines.

- Antioquia: Medellín, Apartadó, Turbo, Montebello, Carmen de Viboral, San Carlos, La Unión, and Zaragoza.
- Caquetá: Florencia, El Paujil, El Doncello, San Vicente del Caguán, and La Montañita.
- Cauca: Popayán, El Tambo, and Toribío.
- Meta: Villavicencio, San Juan de Arama, Granada, and Vistahermosa
- Nariño: Pasto, Samaniego, Los Andes, Santacruz, Ricaurte, and Tumaco.
- Norte de Santander: Cúcuta, Tibú, and Ocaña.

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http://www.accioncontraminas.gov.co/Paginas/victimas.aspx (page viewed on April 18, 2013)

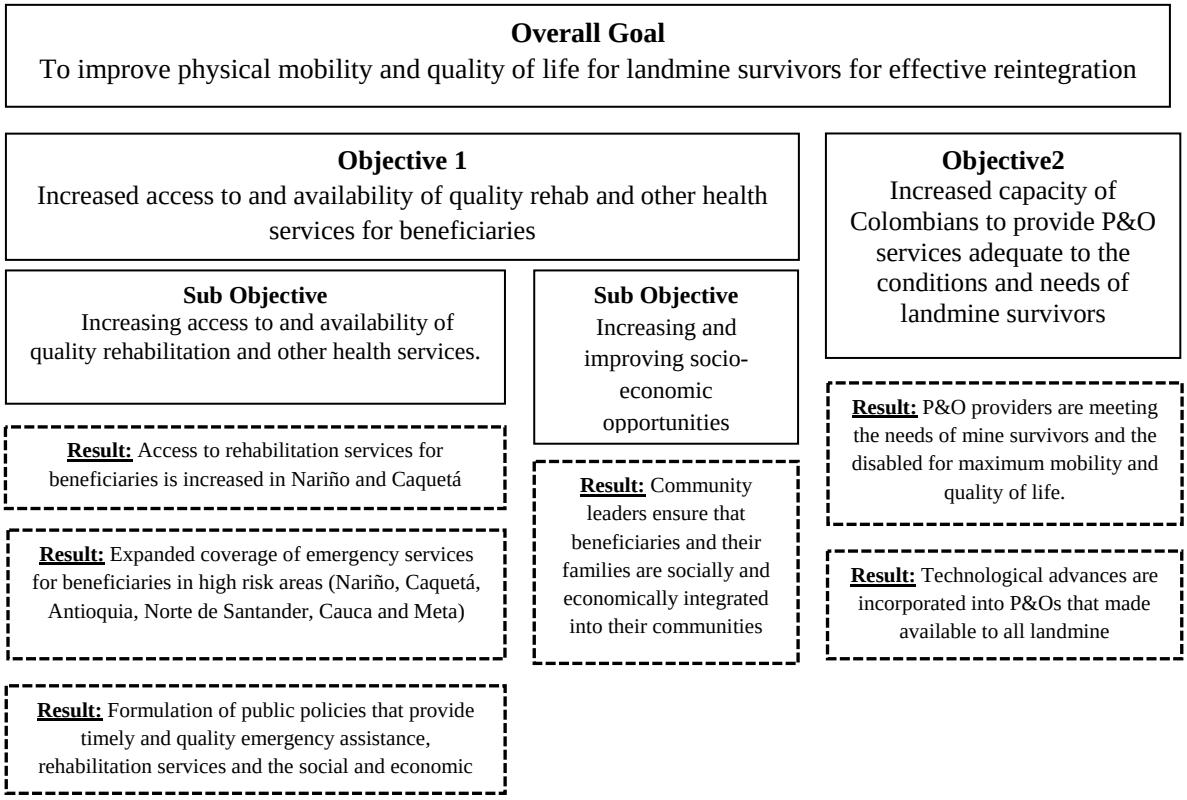
[3] Landmine Monitor Report 2006, p. 8

[4] Programa Presidencial para la Acción Contra Minas – PAICMA. Sistema de Información IMSMA. http://www.accioncontraminas.gov.co/Paginas/victimas.aspx (page viewed on April 18, 2013)

[5] Ibid.

[6] International Campaign to Ban Landmines. Landmine Monitor Report 2006, p. 17

4. PROGRAM RESULTS FRAMEWORK



5. APPROACH AND IMPLEMENTATION

This program was integrated into USAID/Colombia's objective to achieve "successful reintegration of IDPs and support to other vulnerable groups" and supported USAID's strategic plan of transformational diplomacy. More specifically, under USAID's Foreign Assistance Framework (FAF), the activity was positioned within the broad objective of the "Investing in People" program area of "social services and protection for vulnerable populations;" and element 3.3.2, Social Services.

USAID/Colombia's experience indicated that a dual-track approach to meeting the immediate needs of survivors and other Colombians with disabilities was most appropriate. The first track is the provision of direct services to those in need. The second is building the capacity of Colombian personnel and institutions to provide services in the future. Therefore, Mercy Corps incorporated this approach to achieve the Program's two main objectives: a) Increase access to, and availability of quality rehabilitation and other health services for beneficiaries and b) Increase the capacity of Colombians to provide Prosthetic and Orthotic services appropriate to the conditions and needs of landmine survivors.

The Program's two primary objectives focused on:

- Increased access to, and availability of quality rehabilitation and other health services for beneficiaries:

This objective addressed the growing need for quality physical rehabilitation services for landmine survivors and other people who are disabled victims of the armed conflict. While nearly 98 percent of landmine accidents occur in rural areas, rehabilitation and other health services are concentrated in urban settings. As a result, those who need services often have to incur significant financial burden resulting from travel and accommodation and loss of time from work.

In addition to the overwhelming need for quality physical rehabilitation services, landmine survivors and other PWD are often unable to return to their former occupation due to physical limitations, relocation, or social stigmatization. The ability to find and retain meaningful employment is an important component of the rehabilitation process.

Under this objective, Mercy Corps focused on two areas:

a) Increasing access to, and availability of quality rehabilitation and other health services.
b) Increasing and improving socio-economic opportunities.

- Increased capacity of Colombians to provide P&O services appropriate to the conditions and needs of landmine survivors: This objective addressed the overwhelming need for professionally trained Colombians who are able to provide rehabilitation services. Ancillary professionals such as physical and occupational therapists, physicians, and social workers are generally well trained and plentiful. However, physical rehabilitation services should be provided by a rehabilitation team that includes a certified prosthetist/orthotist (CPO).

  The Program worked to facilitate the development of a P&O course through the Colombian National Apprentice Service (SENA) in conjunction with the Universidad de Don Bosco in El Salvador, an internationally recognized and certified P&O training institute. This collaboration has resulted in the development of a joint distance learning P&O course for Colombia with a Category II, SPO certification.

6. EXISTING DATA

USAID and Mercy Corps will provide the Evaluation Team with a package of briefing materials, including:

- Cooperative Agreement and modifications.
- Program quarterly reports, work plans, PMP and field visit reports.
- Mercy Corps program files.

II. EVALUATION RATIONALE

1. EVALUATION PURPOSE

USAID/Colombia intends to conduct an external **performance evaluation** of its Program entitled "Landmine Activities for Victims of the Conflict in Colombia". This evaluation will help the Mission measure program results as to the improvement of physical mobility and quality of life for landmine survivors and their effective reintegration into society. Performance results, lessons learned, best practices and success of the supported activity are to be shared with the Leahy War Funds and the USAID/DCHA bureau in order to incorporate them in any future programs.

It is important to note that this program was an innovative pilot program and, therefore, should be evaluated pursuant to the Evaluation Policy. The results and findings of the assessment will be used by the Victims Institutional Strengthening program (VISP) in the implementation of its second component. These results can also provide important inputs to the GOC for replication and sustainability. Likewise, DCHA shares the desire for an evaluation of the program elements so that they may be incorporated into its report on the use of Leahy War Funds. An additional use of the evaluation results will be the incorporation of them in to data being collected to guide possible programmatic changes in existing activities to support the peace process. The lessons learned and good practical experience of this type of innovative model will provide important guidance and input for future planning.

2. AUDIENCE AND INTENDED USES

The audience of the Performance Evaluation final report will be:

- USAID/Colombia Mission, Office of Vulnerable Populations.
- USAID's Leahy War Victims Fund.
- USAID's Democracy, Conflict and Humanitarian Assistance Bureau.
- Mercy Corps.
- Key stakeholders such as: Campaña Colombiana Contra Minas (CCCM), Corporación Paz y Democracia, SENA, Universidad Don Bosco, Hospital Universitario de Nariño and Hospital María Inmaculada (Florencia, Caquetá).

3. RESEARCH QUESTIONS

1. To what extent was the implemented approach effective in increasing landmine survivors' access to quality rehabilitation and other health services in the selected municipalities?
2. If and how were the activities implemented throughout the Program complementary to national plans, programs and projects in health, socioeconomic integration and public policy for PWD and landmine victims?
3. To what extent have landmine survivors and their families increased their alternatives for socioeconomic inclusion in the selected municipalities?
4. To what extent have community leaders in the selected municipalities increased their capacity to respond to emergencies caused by landmines?
5. To what extent has the national capacity to provide orthotic and prosthetic services increased in relation to international standards?
6. Will the program's work be sustained in terms of citizens' access to quality prosthetic and orthotic services, through government commitment to policies and standards and market participation?

III. EVALUATION DESIGN

1. DESIGN

The contractor is required to conduct a **Performance Evaluation** of the Program entitled "Landmine Activities for Victims of the Conflict in Colombia". The main source of data for this evaluation will be derived from the main stakeholders in the project -- mainly direct beneficiaries, their families and members of their communities, doctors, support staff of rehabilitation centers and public servants of departmental disabilities committees.

The contractor will measure the program's outcomes through a review of program documentation and interviews with USAID, Mercy Corps staff and the beneficiaries.

This statement of work requires that the Evaluation Team develop and submit for approval a work plan with proposed methodology within the first seven days of the evaluation schedule. The following should be included in the team's methodology:

- Completion of a document review prior to the arrival of expat team members in Colombia;
- The Evaluation Team is strongly encouraged to use at least three data collection methods to address each of the identified evaluation questions in order to triangulate data. Suggested data collection tools are: survey, key informant interviews, and focus groups discussions.
- A sample of beneficiary individuals will be included in the survey, with an attempt to achieve a representative sample of prosthetic/orthotics recipients. Other beneficiaries may be included in either the key informant and/or the focus group interviews.
- A convenience sample of individual stakeholders including the staff of rehabilitation centers and municipal authorities will be included as key informant interviews.
- The three methods (surveys, key informant interviews and focus group interviews) will be coded separately.
- Survey questionnaire and observation items will be analyzed using statistical software.
- Qualitative data will be coded using in vivo coding, and the coding list will be included in the appendix of the final report.
- Gender, geographic location and role (beneficiary, implementer, health service provider) disaggregation must be included in the data analysis where applicable.

2. DATA COLLECTION METHODS

The methodology to be used by the team will consist of three phases:

Phase 1: Document review

The team will review a wide range of documentation including the Program agreement, modifications, Performance Monitoring Plans (PMPs), project databases and reports as means of understanding and comparing both expected and actual performance.

A secondary information analysis will be needed on current regulations and national laws that support processes of physical rehabilitation and inclusive income generation of PWD and landmine survivors. This review will contribute to the desk analysis of the complementarity of programming with GOC

actions and plans.

Phase 2: Quantitative and qualitative field research

As part of its qualitative research, the team will use the following research instruments:

- Beneficiary survey: Closed questions to determine beneficiary satisfaction, access to health rehabilitation services, socio-economic inclusion, improved P&O capacity and quality delivery. By telephone.
- Key informant interviews: Open questions for interviewing program stakeholders: Mercy Corps project staff, participating municipal authorities and USAID representatives. EVAL will study and document these interviews at the end of every day.
- Focus or discussion groups: Focus or discussion groups with municipal leaders, landmine victims who received care in target municipalities by the program, and P&O technicians to discuss program effects on individuals and institutions.

  Note: Focus groups and interviews may be used interchangeably per geographic distribution of respondents. For example, in Nariño where there is a higher concentration of trained technicians, a focus group may be conducted with those technicians, while in other areas with fewer technicians co-located, individual in-depth interviews may be used. The choice of appropriate method will be made in the field by the EVAL team lead, in consultation with the EVAL office.

- Life stories or mini-ethnographies: stories that an individual or group constructs about experience, participation, fragments of biographies, etc., allowing for analysis of context, meaning and roles, to understand the collective practices and social, cultural and political dynamics that inform experiences. The team will collect four stories of persons affected by the program, three from victims receiving treatment under the program, and one from a P&O technician or other municipal-level participant, to understand processes, access to services, and changes in knowledge and service. These may include interviews, observation, or other data capture depending on the story being researched.

  Note: Life stories are not the same as USAID "success stories", though these may be parallel. EVAL will inform USAID´s Communications Team about these and other potential "success stories" so that USAID can follow up for communications purposes. A life story, by contrast, is selected and communicated based on the themes of interest of the evaluation (e.g., examples of lessons learned or best practices, lived experiences, or an aspect of the project of evaluative interest) and is presented in a documentary fashion (up to five pages per story, in the report annexes.)

By interviewing, surveying and studying key stakeholders, the team will be able to understand the constraining and facilitating factors contributing to degrees of effectiveness.

Phase 3: Reporting and dissemination

EVAL will construct a data analysis plan (see section below) during the Team Planning Meeting at the start of the evaluation. Following this plan, the team will carry out the qualitative and quantitative

analyses necessary to answer the evaluation questions. Draft and final reports and briefings will be presented to USAID per the Deliverables section below, with responses and comments from USAID and other invitees considered and, as appropriate, incorporated.

3. DATA ANALYSIS PLAN

Prior to the start of data collection, the Evaluation Team will develop and present for USAID review and approval a Data Analysis Plan that details how focus group interviews will be transcribed and analyzed; what procedures will be used to analyze qualitative data from key informant and other stakeholder interviews; and how the evaluation will weigh and integrate qualitative data from these sources with quantitative data from indicators and project performance monitoring records, to reach conclusions about the effectiveness of the implemented approach by the Program.

DATA ANALYSIS PLAN					
RESEARCH QUESTIONS	TYPE OF ANSWER NEEDED	DATA COLLECTION METHOD(S)	DATA SOURCE(S)	SAMPLING OR SELECTION CRITERIA	DATA ANALYSIS METHOD(S)
	• Descriptive • Comparative (normative)				
	• Descriptive • Comparative (normative)				

4. DATA DISAGGREGATION

The information collected will be analyzed by the Evaluation Team to identify correlations and identify the major trends and issues. The basic unit of analysis will be the direct beneficiaries of the Program activities (PWD and landmine survivors). Data will be disaggregated by gender, ethnicity, age, type of disability and geographical location to identify how project inputs are benefiting disadvantaged and advantaged groups.

1. Methodological Strengths and Limitations

USAID's evaluation policy states that any methodological strengths and limitations are to be communicated explicitly; therefore the matrix below should set forth this information.

RESEARCH QUESTIONS	DATA COLLECTION METHOD(S)	DATA SOURCE(S)	STRENGTHS	LIMITATIONS

IV. EVALUATION PRODUCTS

1. DELIVERABLES

- Work Plan: Detailed work plan which will indicate activities and resources necessary for the elaboration of the evaluation. The work plan will be submitted to the AOR at USAID/Colombia for

approval.

- Methodology Plan: A written methodology plan (evaluation design/operational work plan) will be prepared and discussed with USAID prior to implementation. This methodology plan should include the data collection instruments.
- Data analysis tools: Set of templates, formats, and Excel spreadsheets used to collect and analyze quantitative and or qualitative data and their implementation guidelines.
- Progress Report: A written and/or electronic report of the data collection progress made in the field covering key scheduled activities, status of completion and found constrains of the data collection process.
- Submission of Draft Evaluation Report: The team will submit a draft report to the USAID AOR, who will provide preliminary comments prior to final Mission debriefing.
- Final Report: A written and electronic document that includes an executive summary, table of contents, methodology, findings, conclusions, lessons learned and recommendations. The report will be submitted in English. As an annex the final report should include a database with all collected information and statistical analyses.
- Final presentation: A power point presentation on results and conclusion of the evaluation. The presentation should not be more than 15 slides.

2. REPORTING GUIDELINES

The format for the Evaluation final report will be as follows:

1. Executive Summary—concisely states the most salient findings and recommendations (2 pp);
2. Table of Contents (1 page);
3. Introduction—purpose, audience, and synopsis of task (1 page);
4. Background—brief overview of the program, purpose of the evaluation (2 pp);
5. Methodology—describes data collection methods, including constraints and gaps (1 page);
6. Findings/Conclusions/Recommendations—and also include data quality and reporting system that should present verification of spot checks, issues, and outcomes (17–20 pp);
7. Issues—provide a list of key technical and/or administrative, if any (1–2 pp);
8. References (including bibliographical documentation, meetings, interviews and focus group discussions);
9. Annexes—annexes that document the performance evaluation methodologies, schedules, interview lists and tables — should be succinct, pertinent and readable.

The final version of the evaluation report will be submitted to USAID/Colombia in both hard copy and electronic format. The report should not exceed 30 pages, excluding references and annexes.

3. TEAM COMPOSITION

The Evaluation Team will consist of one (1) Evaluation Team Leader and one more junior team member, one of whom will have experience with physical and psychological rehabilitation processes for landmine victims; one (1) quantitative researcher who will assist in the definition of the evaluation sample and the analyses of the quantitative data; one (1) qualitative researcher/analyst, and one (1) translator for the final

report. A supervised regional field team will also be needed to conduct surveys/interviews of the direct beneficiaries.

ANNEX II: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS TABLE

The purpose of this annex is to present the findings, conclusions and recommendations of the evaluation based on data from the document review, field trips to Nariño, Caquetá and Cauca, and stakeholder interviews in Bogotá, as well as the telephone survey of 106 beneficiaries of the program.

The table's structure is based on the six evaluation questions (E.Q.) we set out in the methodology:

1. *If and how were the activities implemented throughout the Program complementary to national plans, programs and projects in health, socioeconomic integration and public policy for Persons with Disabilities (PWD) and landmine victims?*

2. *To what extent has the national capacity to provide orthotic and prosthetic services increased in relation to international standards?*

3. *To what extent was the implemented approach effective in increasing landmine survivors' access to quality rehabilitation and other health services in the selected municipalities?*

4. *To what extent have landmine survivors and their families increased their alternatives for socioeconomic inclusion in the selected municipalities?*

5. *To what extent have community leaders in the selected municipalities increased their capacity to respond to emergencies caused by landmines?*

6. *Will the program's work be sustained in terms of citizens' access to quality prosthetic and orthotic services, through government commitment to policies and standards and market participation?*

E.Q.	Findings	Conclusions	Recommendations
1	Mercy Corps built direct partnerships with national (e.g. Colombian Campaign Against Landmines - CCCM) and international organizations and programs involved with Colombian victims (e.g. International Committee of the Red Cross) to carry out the program's activities. This allowed them direct access to a network of victims and stakeholders, as in the stakeholder interviews (e.g. NGO Fundación Paz y Democracia, Colombian Presidential Program for Integral Action against Landmines - PAICMA). For example, 52% of the victims who took part in the program were first approached by one of Mercy Corps' partners.	Mercy Corps successfully established both formal and informal relationships with most public and third-sector organizations involved with victims of the Colombian conflict. These relationships were key to reaching the program's targets at the local level. Mercy Corps built on the Campaign's networks of victims and helped shape an inter-organizational foundation for long-lasting changes in public policy for landmine victims and persons with disabilities. That the program undertook emergency response, rehabilitation, strengthening P&O and socioeconomic inclusion simultaneously made implementation more complex, but on balance the results of each were positive precisely because of the explicit complementarity with public policies and institutions.	Future programs of a similar nature, especially those lead by non-grassroots organizations who receive support by the Leahy Fund or other international donors, should build partnerships with existing organizations present in the field to maximize synergies with the latter's networks and experience.
1	Although the program was not designed as an integral part of the Colombian Presidential Program for Integral Action against Landmines (PAICMA), it was reported by external stakeholders (e.g. Peace and Democracy Foundation, Colombian Presidential Program for Integral Action against Landmines - PAICMA) that Mercy Corps had shown a high degree of flexibility to adopt other organizations' methods, build upon the experience of these organizations' past projects, and share information. For example, Mercy Corps participated actively in technical roundtables with other organizations involved with victims such as Handicap International, NGO Fundación Paz y Democracia, NGO Fundación Mi Sangre, led by PAICMA. Mercy brought its program to these forums to discuss it with stakeholders and share learnings as well as information about the victims they served.		Colombia has a wealth of national and international NGOs involved in supporting landmines victims and other victims of the conflict. The Government of Colombia (GOC) and its different institutions at the national (e.g. PAICMA, Unidad de Víctimas - UARIV) and local levels (e.g. Regional Health Departments) should seek to maintain dialogue and reinforce cooperation with these entities. Potential synergies could be achieved by sharing information (e.g. victim databases) and methods.
1	Mercy Corps established contacts and ad-hoc partnerships with a number of public institutions, governmental bodies and non-governmental organizations at the local, regional and national level, within each of the program's components. 1. To establish the Prosthetics and Orthotics (P&O) training		

E.Q.	Findings	Conclusions	Recommendations
	program, Mercy Corps built a partnership with Don Bosco University from El Salvador, with the Colombian Lifelong Learning Service (Servicio Nacional de Aprendizaje – SENA) and cooperated with other organizations, such as the International Committee of the Red Cross, which provided costly materials for the on-site training sessions in Bogotá (e.g. polypropylene, articulations, ovens). 2. To establish the rehabilitation centers in Nariño and Caquetá departments, Mercy Corps set up roundtables with departmental and city governments, with the hospitals' management, the Health Ministry and PAICMA. According to participants, this created "spaces for credibility and confidence" among these actors, which had not necessarily cooperated before. The program's investment was also leveraged by negotiating with the departmental governments, who agreed to provide the new infrastructure and new and existing staff (on a permanent basis) for the centers. 3. To carry out the socioeconomic inclusion projects with victims in Antioquia Department, Mercy Corps participated in a socioeconomic inclusion technical roundtable led by PAICMA. By sharing information with other organizations involved with victims' productive projects, they managed to double check the information provided by the victims and filter the list of potential beneficiaries. 4. To carry out emergency response training, Mercy Corps leveraged USAID's investment by working with local authorities' health departments to facilitate access to the community leaders outside of the department capitals where Mercy Corps and CCCM worked. Other examples of ad-hoc cooperation and leverage include the staff that the MoH provided to train administrative staff in Pasto and Florencia hospitals in procedures they must follow to receive payment from the relevant entities for rehabilitation treatments provided to victims and people with disabilities, such as the		

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	notoriously complex Fondo de Solidaridad y Garantía – FOSYGA *[see Findings in E.Q.3 for more details]*.		
1	Mercy Corps demonstrated commitment to strengthening public policy and public sector institutions by setting up the two rehabilitation centers in public hospitals and enhancing capacities to treat landmine victims in the public sector. Key organizational and institutional stakeholders respected this public sector focus, which contrasted to other programs that strengthened capacities outside of the public health sector, in the "third sector;" these are concentrated in Colombia's three largest cities (Bogotá, Cali, Medellín) and depend upon donors' ongoing financial support. *[For more details about the rehabilitation centers and the situation before and after, see the Findings in E.Q.3]*	The program resulted in significant increases in installed physical and institutional capacities to offer rehabilitation treatments in public sector institutions. However, this implies that the limitations of the Colombian public health system, such as the complex contractual relationships between the entities that provide health services and the entities that pay for the treatments, also apply to the program's rehabilitation centers.	It is good practice to locate any facilities or equipment funded through such programs in local institutions which will outlive the program. The criteria used to select the beneficiary institution should include how they will maximize the use of the facilities and the number and type of target users.
1	The rehabilitation center based in Florencia's hospital in Caquetá is not used to its full capacity, according to the hospital managers and in line with what was observed in the field. Hospital managers and victims reported difficulties in obtaining treatment approval from the health promoting entities (EPS), who prefer to send patients to cheaper and lower-quality providers. The hospital has not been able to negotiate with most EPS.		
2	Prior to the program, there were no P&O training programs in Colombia, neither in universities nor in lifelong learning institutions. As a result, most of the Colombian P&O technicians had no academic training and relied on learning-by-doing, expect for a select few who had studied abroad. Mercy Corps drew a list of 86 P&O technicians in 14 departments, 40 of which had the minimum school level required to engage in academic study to pursue a technical career in Colombia. Thanks to the program, 22 of them, out of a total of 37 enrolled, are due to graduate from the Don	Mercy Corps and the Don Bosco University filled a gap in the national provision of P&O training, offering an immediate solution to a situation which would have taken years to change if the country had only relied on initial training. The program has without doubt increased the quality of the services provided in the workplaces of these 22 professionals,	The new course opened by the SENA in 2012 is an important step in improving the quality of P&O services to landmine victims and other persons with disabilities in Colombia, which the GOC should maintain. There is insufficient demand in

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	Bosco University (El Salvador) in December 2013. There is a unanimous agreement among the technicians, the stakeholders involved (e.g. SENA) and the evaluation team's health expert that taking part in the program has been life changing for them in the way they work, from the laboratories' outlay to the way they relate to clients and health professionals. Students have learnt the theory behind their work (e.g. anatomy, pathology) and they improved their technical (e.g. measure taking, materials) and managerial (e.g. implement patients' history systems) skills.	who are spread around the country, particularly in regions deeply affected by the conflict. The program contributed to align provision of P&O services with international standards.	Colombia to set up many local training centers in P&O. However, the government and SENA should work to mainstream the P&O training program and to replicate the program's mix of online and on-site courses to maintain access for adult learners based outside the country's capital.
2	The evaluation team verified the improvements in the laboratories triggered by the training program during their field visits, compared to pre-intervention photographs.		
2	The university degree obtained by the technicians in December 2013 is delivered by Don Bosco University in El Salvador. Mercy Corps arranged a partnership with the Colombian Lifelong Learning Service (SENA) to give the students a Colombian degree, dependent upon their graduation from Don Bosco University. The technicians still have to undertake online English modules before graduating from the SENA. The students should receive the ISPO certification in 2014, dependent upon exam results.		
2	There is consensus among the P&O technicians interviewed by the evaluation team that Mercy Corps' personalized intensive support has been key to their success. On-site training sessions were held every six months in Bogotá, and the students report that the fact that the Mercy Corps team maintained ongoing contact with them helped them overcome many difficulties and contributed to keeping them on-board, despite their daily workload and the fact that some of them had not studied for years.		

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2	The P&O technicians interviewed by the evaluation team unanimously report the following benefits from taking part in the program: improved theoretical, technical and managerial skills; improved knowledge of how their laboratories should be organized, increased credibility with physicians and increased possibilities to cooperate with them in the formulation of P&O; increased opportunities to negotiate their subcontract with larger laboratories and contracts with health promoting entities (EPS) and local government; and increased earnings.	The new P&O course set up by SENA can be considered a positive unintended outcome of the program. The program raised awareness of this issue, brought teaching methods from El Salvador, and included SENA in the whole process so that replication would be made easier.	
2	There are still a number of technicians who own or work in P&O laboratories who are not qualified and who may not have the ability to relocate to Bogotá to study where the SENA (National Learning Service) opened in 2012 a new P&O training program, on-site and mainly aimed at first-time learners.		
3	As part of the program, two rehabilitation centers were opened in public hospitals in Pasto, Nariño (April 2009) and Florencia, Caquetá (June 2010), aimed at persons with disabilities in general, and landmines survivors in particular. Mercy Corps provided the equipment for the centers (worth approximately USD 90,000 for each hospital) as well as training the staff in the use of the new equipment, while the hospitals and local governments provided the infrastructure and staff on an on-going basis. No such centers existed in Caquetá or Nariño before. Prior to the Mercy Corp program, the victims would either not receive rehabilitation treatments, or they would have to travel to Bogotá or other main cities (e.g. Cali) to receive the treatment, mainly in independent institutions (such as the CIREC Foundation in Bogotá, funded by the International Committee of the Red Cross). 92% of those surveyed rated the rehabilitation services highly, and 81% (of those who had prior rehabilitation	The program filled a gap in the provision of rehabilitation services for landmine survivors and more generally for persons with disabilities, by setting up the centers in regions where they were lacking. Mercy Corps provided high-quality equipment in line with the local professionals' requirements which would probably have been financially out of reach for these public hospitals, which suffer from severe underfunding compared to western standards. They created a sustainable capacity since the on-going use of the centers is not dependent on the	It is a good practice to locate any facilities or equipment funded by international cooperation in local institutions which will outlive cooperation programs. Arrangements such as that between Mercy Corps and the local hospitals should be replicated elsewhere. The key concepts are that Mercy Corps provided the costly equipment while the hospital provided some initial investment (fosters empowerment and commitment) and took responsibility for on-going staff

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	services) said these services were better.	program's support.	costs (guarantees sustainability beyond the program's lifetime).
3	Mercy Corps leveraged USAID's investment in the rehabilitation centers by having the two hospitals and the departmental governments which fund them match USAID's funds. The hospitals invested the equivalent of the cost of the equipment in physical infrastructure and staff.		
3	The hospitals' management team emphasized the fact that Mercy Corps had listened to their needs in terms of equipment and had provided equipment that matched these needs, instead of imposing their own vision of what was best. They also noted the high-quality of the equipment provided, which was verified by the evaluation team's health expert.		
	The program sought to promote the articulation of public policies that concerned landmine survivors by organizing roundtables with local government, health authorities and health institutions. The program included training for non-medical staff at the hospitals where rehabilitation centers were created. The evaluation team observed mixed results from these initiatives. Colombian hospitals tend to avoid providing treatments for which they will have difficulties to get paid. One of the obstacles to access to rehabilitation treatment is the suite of challenges faced by hospitals attempting to bill such services to the relevant entities, such as the FOSYGA (the public fund responsible for paying for free treatments such as those caused by the conflict). The FOSYGA, which pays for most treatments to landmine victims, has lengthy and complex procedures, which can be daunting for hospital administrative staff. Although it was not an explicit component of the program, Mercy Corps arranged training sessions (provided by the Health Ministry with external funding) for hospital administrative staff in billing to FOSYGA. The current hospital staff and managers	Mercy Corps rightly identified FOSYGA's complex procedures as an obstacle to victims´ access to rehabilitation treatments. However, the initiative to remove this obstacle had limited success, due to staff rotation and the lack of formalized institutional and organizational memory, causing the knowledge to be lost.	The GOC should learn from the challenges of this project to inform the implementation of the Victims Law (Ley 1448) and the reform of the public health system currently underway. There are also lessons about the implications between these two public policy components, as this evaluation shows how the design of the public health system can be an obstacle to the effective delivery of services to which victims should have access by law.

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	expressed their ongoing problems with this issue, despite the training. Staff are frequently rotated among facilities, and this in part can explain why the training did not have the expected results, as it was reported some of the staff trained were moved to other parts of the hospital.		
3	Three to four years after their opening, the centers are up and running, apart from some issues with the hydrotherapy pools, as evidenced by the field visits to the centers and the consultation The centers are functioning, they are opened to the public and offer rehabilitation treatment to persons with disabilities, including conflict victims, although the access numbers were not disclosed to the evaluation team (at least in Florencia, the evaluation team could find no system to collect those data).	The issues with the pools do not affect the centers' viability but they are representative of the potential problems with equipment for which maintenance costs are high.	Donors should avoid providing facilities or equipment for which high-cost and frequent maintenance can be foreseen, to avoid the risk of idleness.
3	Visits to the rehabilitation centers and discussions with staff and landmine survivors revealed that access to these centers may not be as good as expected by the program promoters and that the ease of access may have declined since Mercy Corps ceased to be involved directly. Centers' and hospitals' managers themselves pointed at the fact that centers were not used at their full capacity, while victims emphasized waiting times and the difference they felt when Mercy Corps and their partners ceased to provide support with appointments etc. In fact, waiting times are among the least well rated aspects of the Nariño and Caquetá rehabilitation centers in our survey (71% of the respondents who attended these centers think waiting times are good, compared to 100% when asked about the infrastructure quality).	The program was successful in filling a gap in the supply of rehabilitation services in the departments where it intervened. However, the evaluation unveiled that access issues prevent the centers to be used at their full capacity.	The hospital management teams, especially in Florencia but also in Pasto, as well as the Departments Health Authorities (*Secretaría de Salud de la Gobernación*) and to some extent the National Health Ministry, should review their strategies and implement policies to increase the access to and use of the rehabilitation centers.

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3	Some barriers to access are due to the Colombian public health system, based on treatment authorizations which can be hard to obtain. Lack of active marketing of the centers with EPS (Health Promoting Entities), as highlighted in the case of Florencia's hospital, may also restrain utilization.		Health institutions which receive donor investment should have a clear and credible marketing and management strategy to maximize the use of the equipment financed.
3	The medical protocols to assist landmine victims are still unclear, at least in Florencia's hospital. There is no clear protocol to assist these patients and take into account their special needs. The hospital lacks mechanisms to coordinate the different treatments received in each department of the hospital (surgery, audiometry, physical rehabilitation, psychological monitoring and support, etc.) and coordination with outside stakeholders is very weak. For example, in the survey carried out as part of this evaluation, the worst rated aspect of the Florencia and Pasto rehabilitation centers is the coordination between the centers and P&O providers.	Mercy Corps' efforts to promote inter-institutional dialogue and to foster the implementation of methods and protocols for assisting victims of the conflict have had mixed results. An important part of the explanation lies with local capacities and contexts, more than on Mercy Corps' performance.	Despite efforts by Mercy Corps and its partners, as well as other past and present projects, and despite their respective achievements, standardized protocols and methods in Colombian hospitals for assisting victims of the conflict, and landmine survivors in particular, are still missing or insufficient. There is scope for significantly more support in this field.
4	Due to the nature and use of landmines, most victims are rural workers, who typically work independently or lack formal contracts when they work for others (only 11% of the victims who responded to the evaluation survey had a work contract before the accident, which is not even a guarantee of stability as that proportion went down to 6% following the accident). The proportion of survey respondents who did not receive income or who counted on handouts from family, friends or the governments went from 12% to 34% following the accident, and the proportion of respondents who reported have been obliged to beg for money in the streets tripled from 3% to 9% following the accident, a rate that could be underestimated due to the social stigma associated with begging. Family dynamics are also affected by landmine accidents. While men typically are the breadwinners of	The evidence collected as part of this evaluation highlights the impact that landmine accidents can have on families' economic stability and on victims' socioeconomic inclusion.	In the context of implementation of the Victims' Law, the GOC should improve the articulation of victims' reparation and seek ways to focus resources on vulnerable populations affected by the conflict.

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	Colombia rural households, many are forced to share this responsibility following the accident: the proportion of households surveyed as part of this evaluation where the spouse / partner is a major economic contributor went up by 46% following the accident The life stories of victims found in the annex of the evaluation report also provide individual examples of the life changes triggered by the accident.		
4	The program promoted the access of families of 199 landmine victims to income-generation initiatives, which were adapted to the victims' personal projects and abilities as well as their health condition. Beside the seed capital received by each family, of approximately USD$1,000 to USD$2,000, beneficiaries received a physical and occupational health check, a 40-hour entrepreneurship training by the National Learning System (SENA) and personal support for the elaboration of their investment plans for implementation of their project.	The high success rate of this initiative (judging by the estimated proportion of projects which are still running several years after the capital was received, as well as by the beneficiaries' own opinion) can partly be explained by the fact that the income-generation initiatives were aligned with the victims' personal projects and abilities (both in terms of skills and health condition). The other success factors identified in this initiative include the thoroughness of the preparation (entrepreneurship training, elaboration of a very thorough business plan compared to the scale of investment, etc.) and personal contact, support and follow-through by the local CCCM coordinator. Also, a particular feature of the program has been to focus on the victims' life projects and their dignity rather than a narrow focus on productive projects.	The program introduced some useful innovations which ought to be replicated in future similar initiatives carried out by NGOs such as Handicap International, the International Committee of the Red Cross, or the CIREC, although it may not be easily scalable. The key aspects of this program that should be incorporated into future ventures are: (i) permanent personalized support for beneficiaries; (ii) focus on victims' personal projects; (iii) long duration; and (iv) capital provided in cash at the place of business.
4	Both qualitative and quantitative research verified the positive feedback received by the program's approach and support. The entrepreneurship training for example, taught the beneficiaries basic but important skills in cash flow management (e.g. making the difference between revenues and profit) or in preparing business plans and selecting providers. The extra ad-hoc training provided as part of the program included learning how to sign their names for those who could not, a skill that the persons are very proud of and an important empowerment step.		
4	97% of the socioeconomic initiative beneficiaries who responded to the evaluation survey agreed that through the project they learnt things which are useful beside the management of their business, and 99% that participating in		

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	the project had made them feel much better.		
4	74% of the 96 project owners who received seed capital and who responded to our survey reported that their project is still running over at least two years after the capital was invested, a common measure of success rate for this kind of projects, and one that all stakeholders judge very high for this type of project, compared to past experiences of income generation projects.		
4	The local Mercy Corps / CCCM coordinator maintained regular contact with the beneficiaries, started with a house visit to carry out the baseline study, support throughout the preparation (business plans) and training, and meeting the business suppliers.		
4	Qualitative research revealed the importance of family support in the socioeconomic inclusion process, as a psychological support. This support does not necessarily imply the family members working together, although 57% of the beneficiaries surveyed worked with at least a family number (partner, children or other).	External success factors include family and community support, which can be encouraged by the program implementers.	
4	While other projects of a similar nature choose to propose one standardized project to all participants and / or to provide beneficiary with in-kind investment (not always of a good quality standard or in accordance with the beneficiaries' personal projects and experience), this program decided to let the beneficiaries define their own project (bottom-up formulation with later support to redefine and improve) and to hand the seed capital in cash so that the victims would buy their supplies or assets themselves. This process has received a good feedback among the victims, as during the focus groups, a number of victims spontaneously cited the day they	Mercy Corps has learned from past experiences to develop a project which is respectful of the victims and which empowers them by giving them an opportunity to realize their projects.	

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	bought the supplies for their business as their best memory of the project. However, a surprisingly high 33% of the beneficiaries surveyed think that Mercy Corps did not let them do what they wanted. Still, this is not necessarily negative as 92% agree that Mercy Corps helped them improve their project.		
4	The business plan every beneficiary had to prepare includes description of the business of its clients, marketing strategies, competition and how to respond to it, technical aspects (operations, norms, people), financial estimates (timing of costs and revenues), and investments (assets and working capital). A template can be found in the annex.	The technical support provided by Mercy Corps with its partners (e.g. SENA) was thorough, especially compared to the magnitude of the investment. The reasons for failure unveiled by the evaluation also confirm that the implementation team had a correct diagnosis of the important factors of failure and success (good business plan and feasibility in terms of health and disabilities), even though they couldn't avoid some degree of failure.	
4	95% of the beneficiaries who responded to the evaluation survey agree that the technical support received through the program was very useful.		
4	Out of the 25 individuals (26% of the sample) who report having terminated a productive project, more than half 14 (56%) cite the lack of economic profitability as a reason to stop the project, and another 5 cited health problems.		
4	In some departments, the local coordinator did not have time to carry out some or all of the three follow-up visits planned by the program during the implementation phase of the program. This was the result of delays in the initial stages of the program, which caused the activities scheduled at the end to be cancelled.	The lack of follow-up visits in some departments is detrimental both to Mercy Corps, who wasn't able to take stock of the projects' successes and failures, and to the beneficiaries, for whom technical support was helpful.	Work plans and workloads initiatives must be realistic and allow for follow-up visits in rural areas. Future initiatives could also consider providing beneficiaries with a clear roadmap of what the project includes and what is does not, in terms of responsibilities and timeframes.
4	There was no clear end to the initiative for the beneficiaries, who reported they do not know where they stand with regard to their situation with Mercy Corps (they do not know whether to expect more technical and financial support from		

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	the program and are sometimes unsure about their level of ownership of the capital invested.)		
5	The program trained 657 community leaders in five departments, exceeding the quantitative goals set by the program in each department. The two-day training was focused on emergency response and pre-hospital care, with the aim of reducing the delays suffered by victims before reaching the right hospital and minimizing the damage which can be done to the victims by well-intentioned but unknowledgeable respondents (reported examples of first aid mistakes and traditional beliefs include applying spider webs or urinating on the injuries). The training was coordinated by local governments and community organizations. In Year Four, Mercy Corps organized, in cooperation with local governments and community organizations, additional sessions in Cauca and Norte de Santander. In Cauca, these additional sessions were held in indigenous communities affected by the conflict.	Although the precise impact is difficult to estimate, this program component on training community leaders can be regarded as successful, as it contributed to filling a gap in first aid knowledge in conflict areas. The high turnover in public health professionals in the regions affected by the conflict is likely to limit the long-term impact of this initiative.	Damaging mistakes can be made by well-intentioned people confronted with an accident caused by landmine or other trauma. The level of first aid knowledge in rural areas is still very low, and there is scope to provide further training to community who have to deal with landmine accidents and other damages caused to the civil population by the conflict. Health faculties should improve the training of health professionals in responding to injuries caused by the conflict.
5	In at least one department (Cauca) the training was able to reach remote communities by creating partnerships with local community organizations (*Juntas de Acción Comunal*) throughout the department. Local leaders from remote communities were invited to one of the two sessions held and they later replicated the training received in their respective communities.	These capacities were passed on through two direct methods: to community leaders (teachers, members of the Indigenous Guard, members of the community action committees) and to health professionals who work with the communities. Although the latter may move to another area, they still have an increased and better capacity to attend victims or injured people in emergency situations. Indirect support also occurred, where *Juntas de Acción Social* provided cascaded	

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		training in their own communities.	
5	Participants and external experts agree that the methodology used for the training was of a high standard and effective. The training included real life simulations, which had a very high impact on the participants.		Mercy Corps used strong criteria and processes to select the training beneficiaries, to establish alliances with key organizations for community development (e.g., *Juntas de Acción Comunal*, *Guardia Indígena*), and to design and implement the training. Parallel criteria and practices should be utilized in similar future programming.
5	The evaluation team did not find any example of a landmine victim who had received assistance from someone who took part in the training, but there is anecdotal evidence of assistance to other injured persons, such as a case where the health professionals who later attended a victim noted the good quality of the first aid he had received.		
5	The moving geography of the Colombian conflict means that the landmines problems also move from one region to another. The areas which registered the highest number of landmine accidents at the time when the training took place are not the same today. That means that the people trained will not necessarily need to assist landmine victims. However, they can use the training they received to assist other victims or injured people.	Training community leaders in emergency response is an ongoing necessity for vulnerable populations and communities affected by the phenomena such as the presence or suspected presence of landmines. In the context of the absence of a clear policy from the Colombian government to provide these communities with capacities to prevent and react to emergency situations, the program's main achievement was to install capacity in the communities where Mercy	

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		Corps intervened.	
6	Through the training of at least 22 P&O technicians located in conflict areas, the program increased the quality of service offered in various parts of the country and particularly in conflict-affected regions. The technicians and stakeholders interviewed report that taking part in the program has made it easier for them to comply with national and international regulations and standards. This was clear through evaluation team field visits to the technicians' laboratories compared to photographs taken prior to the intervention. Other outcomes of the program include an increased capacity to work and negotiate with EPS (Health Promoting Entities) and to establish constructive dialogue with health professionals, thanks to the increased theoretical and technical knowledge acquired through the training. In this respect, several technicians mentioned the positive impact of learning and mastering technical terminology.	Offering a mainstream initial qualification in P&O through the SENA from 2012 onward has been an important step to improve the quality of the services provided in the country over the long-term. Bearing in mind that this component of the program is aimed at landmine survivors and persons with disabilities, it has been particularly welcome for people living in peripheral departments, some of whom have found it easier to receive P&O treatment closer to their home. However, there are still obstacles for local technicians to provide their services, due to an ingrained belief that they provide poor quality services and also because of the difficulties of negotiating with health entities and bid for public procurement contracts.	The P&O qualification should be expanded. The Mercy Corps program can be seen as a pilot in that respect.
6	While the program was being implemented, the GOC prepared a new regulation (Regulation 1319) on P&O services, raising the Colombian standards closer to international ones. It established standards with which that most participants in the program failed to comply prior to the program. Although the program did not directly include support to comply with the new regulation, Mercy Corps did play a role as an intermediary between the Ministry of Health and the technicians, allowing the technicians to maintain themselves informed about the regulation's developments and inviting trainee technicians to offer testimonies to the Ministry.		There are still a number of non-trained and non-certified P&O technicians and laboratories throughout the country. The authorities have three options before them: propose and impose training and certification, ignore them or force closure of the laboratories. The first option would surely be the most desirable for conflict survivors and persons with disabilities.
6	There are several examples from the evaluation teams focus groups where victims reported receiving P&O treatments thanks to the increased capacity in their home department.		The Leahy Fund and the GOC to some extent can learn from the achievements of this program and

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	Previously, they would have had to receive treatment in one of the country's three largest cities. Advantages to local provision include not having to stay away from their homes and families while the prosthetics was prepared (up to several months) and having more possibilities to visit their local P&O technicians for minor but essential adjustments. Such visits avoid experiencing constant suffering, sometimes resulting in decisions to stop using the prosthetics rather than travelling long distances to get adjustements. However, other victims expressed their ongoing doubts over the quality of local technicians and as a result preferred to keep attending the country´s main centers.		the lessons learned with respect to establishing long-term capacities which outlive the duration of the program itself, in all of its components. The good practices and lessons learned from the program and its evaluation (localized and micro-level focus, longer-term support, alliances, complementarity with public policy and institutions, and flexibility) should be used by the GOC, donors and NGOs in their programming. An adequate strategy should be implemented for knowledge management and transfer to the community of actors involved in working with landmine victims (known as the AICMA Community in Spanish).
6	The field visits to hospitals in Nariño and Caquetá allowed the evaluation team to verify that the two rehabilitation centers were still up and running. This capacity continues to exist, even while this program component stopped receiving USAID support from USAID more than two years ago. There remain, however, some minor technical issues and some difficulties to access the services (see E.Q.3 for more detail). Hospital managers plan to keep the centers open to the public (people with disabilities in general, including landmine victims) and they do not foresee any obstacles to doing so.	The program succeeded in establishing rehabilitation centers in departments which lacked them, despite their exposure to the Colombian conflict. These centers can be sustained without further support from USAID, since it was agreed from the start that the hospitals would be responsible for staffing the centers.	
6	Out of the 96 beneficiaries of the socioeconomic inclusion component (almost half of the total), 74% reported that their project was still running several years after the intervention; 97% said that they had learnt things that helped them in their lives outside of their economic project and 99% reported that taking part in the project had made them feel much better. Victims taking part in the evaluation team's focus groups also emphasized the long-term socioeconomic benefits of the program.	The evaluation results show that the program made a long-lasting impact on the lives of the victims after the accident they suffered, improving their socioeconomic inclusion in various aspects.	

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6	The program trained over 650 community leaders in five departments affected by the conflict in first response to emergency situations, with a specific focus on landmines accidents. Local governments and community organizations were involved in the training process. CCCM coordinators reported that a significant number of persons trained (health professionals in particular) had moved out of the region shortly (six months to one year) after the training took place, thereby affecting negatively the long-term impact of this intervention in the targeted areas.	The program resulted in improving the capacities to respond to landmines accidents in regions affected by the conflict. Following each of the 657 persons trained is out of reach of this evaluation, but it is not implausible that some of the people who left the area where they received the training moved to other areas which are or will be affected by the conflict.	
XG1	Landmines in Colombia do not affect both genders in the same way: according to the CCCM, between 2010 and 2012, men represented 85% of the civil landmine victims in the country and 95% of the casualties from landmines. Landmine accidents certainly affect the split of responsibilities within households: the proportion of households surveyed as part of this evaluation where the spouse/partner is a major economic contributor went up by 46% following the accident.	This is mainly due to the way responsibilities are shared in Colombian rural households, with the men doing most of the outside work and travelling longer distances, including while pursuing coca-related work, while women stay closer to their responsibilities in the family home, which they are in charge of running.	It is important to bear gender identities in mind when trying to improve the landmine survivors' socioeconomic inclusion, as victims can feel a social and psychological burden associated with ceasing to be the breadwinner.
XG2	The program design did not include a gender component, and the evaluation team did not find any evidence of a specified approach or specific targets for each sex in its Performance Management Plan. This is in part explained by the fact that the program was designed and granted in 2008, when different standards for incorporating gender were considered. The number of landmine victims in Colombia peaked in 2006 with 1,234 victims, as many as in the entire decade of the 1990s (it since went down to 497 in 2012), giving a sense of urgency to this intervention designed for landmine victims – who, in the majority, are men. The gender breakdown of the list of beneficiaries of the program's socioeconomic	USAID's evolution on the issue of gender has included a greater focus on how gender differences affect both men and women. The design of the activities did not contemplate differentiating the intervention depending on the beneficiaries' gender, and men and women were supported in a similar way.	Future interventions could include in their design different types of support for different genders, if justified.

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	inclusion component reflects the gender imbalance observed for all landmine victims: among the direct victims who received support from the program, 82% are men and 18% women. However, the socioeconomic activities also provided support to indirect victims (mainly direct family members of a direct victim), a group where women are twice as many as men (reflecting the fact that landmines cause more widows than widowers), therefore making the overall balance of treated individuals slightly different (71% men / 29% women).		
XG3	A comparison of survey results disaggregated by sex shows a similar level of satisfaction of men and women who took part in the program, for both the health rehabilitation and the socioeconomic support components. The proportion of productive projects which were still running at the time of the survey are also similar for men and women.		
XG4	According to the stakeholders involved, P&O technicians are almost exclusively male, which is one of the defining traits of that profession. This imbalance was reflected in the list of trainees enrolled in the program, although three women were included throughout the program's lifetime, and other respondents indicated that female family members worked in the labs. Two of them dropped out, but the evaluation team did not learn the exact reason. The team met the third one as part of our investigation. She studied together with her husband and business partner, and managed to successfully study while having her second child, while also working in the family laboratory. Apart from the fact that support from other family members had been key to their success, she did not mention other issues associated with being the only woman enrolled in the program.	Women do participate in P&O laboratory work, though in smaller numbers. Entire families are often involved in these small businesses.	Future program funders should undertake specific outreach to women members of laboratory teams and, where interested women are identified, include them in training and certification.

E.Q.	Findings	Conclusions	Recommendations
KM1	The evaluation faced problems in accessing the information it needed from Mercy Corps, including the contact details and the baseline data of beneficiary victims, the contact details of community leaders who received training in emergency response, or the victims baseline. Mercy Corps admitted that they were unable to find the relevant digital information, although they reported being certain that all information collected on the ground had been send digitally to the Bogotá headquarters. Mercy Corps said that a change of computing system had caused the information to be stored in an unknown location. We also noted discrepancies between the information that was provided to the evaluation and that provided to USAID as part of the program's monitoring. In particular, the evaluation was given the names of 199 victims who benefited from the socioeconomic support, though MONITOR reports from USAID and the M&E team in the Vulnerable Populations technical office received reports counting about 8% more (216 individuals). The evaluation was not able to locate data on the 17 additional people. The evaluation team's experience in the sector indicates that, nevertheless, Mercy Corps' digitization of information on victims was of a higher average standard than with other organizations – including the state – in the registry of victims.	It was not within the scope of this evaluation to scrutinize Mercy Corps' information management systems. As a result, the evaluation team cannot say whether the shortcomings described above affected the program's implementation in any way. The team's positive comparison of Mercy Corps' data to that of other NGOs indicate that efforts were made to improve data collection, digitization and maintenance, over previous experiences. However, the delays and lack of some information were an obstacle to the evaluation, which the team considers a clear drawback for a program designed as a pilot initiative, as it is an obstacle to potential replication.	Donors and their implementers should develop and implement knowledge and data management plans as part of their program strategy. These plans must include digital access and compatibility. For purposes of transparency and evaluation, program data must be reliable and available.

ANNEX III: LIFE STORIES

THE FAMILY HISTORY OF *LA ORTOPÉDICA SAN CARLOS*[7]

I've been in this profession for 25 years; it's the only job I've ever had. I got into it through my cousin, Carlos, who has worked in the field for 45 years. He brought us – siblings and cousins – into the business and we now have 14 laboratories across Colombia[8].

I was helping out one day, just with simple things, when Carlos got called away. There was an unfinished prosthetic that someone was coming to pick up later, so I steeled myself and did what I'd seen him do with the big polishing machines. It took me three hours – I created the forms, measured it, put the stocking on, and glued it together. My cousin got back and asked me, "Where's is it?" and I answered, "Have a look!" He picks it up, measures it, and says, "From now on, this is your job." So that's how I got started. Later I opened my own lab in Pasto. After a couple months I started to get business, from word of mouth. I brought in my brother-in-law, and we both ended up getting the Mercy Corps training.

In 2010, Resolution 1319 came out, requiring our labs to have certain facilities. Mercy Corps appeared at that time, which was a big help. They came to Pasto and invited us to participate. Not everyone took advantage of it, but I did. Since my lab was small, it changed literally 100% as a result. Without Mercy Corps, we'd be garage orthopedists. We could never have competed with the multinationals in Bogota and Cali. But now, we have the same systems, the same experience, the same education as their technicians!

To take the course, we communicated with the professors from home, and every six months we went to Bogota to reinforce the theory and practice. At SENA[9] in Paloquemao we took tests with the professors from the university. For me the first semester was something awful – I had not studied for twenty years. I started working just out of school – we didn't know biomechanics, anatomy, pathology, like you study at university. Studying was new to me.

I got a lot of support from my family. At first I studied at night, after working all day, and that was really hard. At the end of the first month I nearly quit. But my wife and my kids, they

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[7] Life story narrated by Henry Fabio Franco, orthopedic technician who was a beneficiary of the Mercy Corps training in the Universidad Don Bosco of El Salvador. He is currently the owner of Ortopédica San Carlos.
[8] Ipiales, Tumaco, Pasto, Popayán, Cali, Tulúa, Armenia, Pereira, Manizales, Neiva, Ibagué, Cúcuta, Envigado.
[9] Servicio Nacional de Aprendizaje, the national institute for life-long learning.

built me up, saying: “Dad, you can do it. You work so hard, and if you can do that, you can do this.” In fact, my family will graduate with me[10], because we students couldn’t have done it alone. They learned about these topics, too, which is great since the majority of the family works in the labs.

We had a great advantage: practice. What we learned in class we applied in the lab - changing what we had already done for twenty years! Mercy Corps helped us. They would call you and say, “You’re having trouble in this topic, or that grade, what’s happening? If you need a tutor we’ll get you one!”

A 100% CHANGE

With the training there has been a 100% change in everything. Now we have the capacity to work with doctors, with physical therapists. Now I speak with a doctor in his own language, our language. We are professionals too, and the prosthetics we make are in compliance with the functions they need to perform. And the doctors respect us.

We didn’t have a patient tracking system before. Now, with just their ID number, we have everything at hand. At first we thought this system wasted time – but it’s the opposite. It saves time. It’s one of the great advantages we have.

I feel such pride – my business has grown 100%, and instead of three of us we are twelve. We are recognized for our education. When someone comes to the lab with a prescription for an orthotic or prosthetic, and I tell him, “let me tell you about the function this is going to serve,” well, the patient hears that, and knows: this guy is speaking from knowledge.

Our primary clients are EPS, some 70%. Some of the EPS services won’t work with us – they send their patients to Bogota. With the knowledge and ability we have, our certification, this shouldn’t be happening. What happens when a mine victim from, say, Samaniego gets his first prosthetic in Bogota? After the first two or three months it becomes loose, because the stump thins over time, and so the prosthetic doesn’t hold tight or work as well anymore. The patient can actually step right out of it. So what happens? He’s puts that prosthetic in a closet and doesn’t use it – because it doesn’t work. Our advantage is that we’re nearer to the patients, and with our database we do follow-up with each one. If they have to go to Bogota or Cali, it’s much more expensive for them and for their families, and takes more time.

Even more than the economic benefits of my job, I get great satisfaction being able to give

[10] In the graduation ceremony scheduled for December, 2013 in Bogota.

people a better quality of life – it's the best thing that can happen for a technician like me. You've got to love this job, because doing this job just to do it makes no sense.

This December we graduate from SENA and Don Bosco University, and in March we take the exam for international certification. We hope to keep improving with better and better technology, and we're talking about founding a technician's union.

SCREWS, FOOTBALL AND ORTHOPEDICS[11]

I had a boring job as a clerk at a screw store, with screws for bicycles, with long hours that kept me from playing football. Also, I practically had to take my clothes off when I left at the end of the day to show I wasn't taking any screws home! I took a job at an orthopedic lab, half salary, just so I could have more time to play football. I had no idea what a prosthetic was, or an orthotic, or orthopedics. I started with small tasks, at really low pay. My family was not happy that I left the other job. But I started to like the work.

When these scholarships to study came out, and I heard the names of people who were participating, I told my boss, "Hey, I already know more than some of these people." The boss gave me a nod and I went running off to get my diplomas. They warned me that there were four people trying to get the scholarship for every open spot, but what do you know, a week later – I heard I was in.

THE TOUGH PACE OF WORKING AND STUDYING

The program was for three hard years: Five modules, with themes like anatomy, pathology, raw materials, clinical history, measurement. And the foundations of business management. In Pasto we had virtual fora, we followed clinical cases and we communicated with the professors by e-mail. We had an in-person session in Bogotá every six months, for a week in the SENA. In Bogotá we also saw real cases - Mercy Corps brought them in.

From the first semester Mercy Corps called us all the time, asking us how we were doing, asking about our weak spots – for many of us, that was anatomy. If our grades fell – and yes, Mercy Corps was checking! – they asked us if we needed tutors. Little by little we made progress, though some of the group even had to get used to using computers and the internet. It also wasn't easy to change how we did things at work – we had always done them a certain way – but Dr. Angelina told us, "If the professors tell you that three plus three is ten, then that's how it is. Do your work as they tell you."

It's just that some of our colleagues were really stubborn. Some aren't even graduating with us, because the change was so hard. To do a good job, we had to take this new knowledge and put it in our orthotics, in our molds, everywhere. We had to learn, for example, to align the prosthetics, use a laser for the measurement, keep in mind flexion and reduction. We didn't do all this before. The way we do it now, it's just much more precise. Though it was not an easy

[11] Life story as narrated by Guido Alexander Salazar, technician receiving the Mercy Corps/Universidad Don Bosco training in Nariño. Currently serves as a technician in orthotics and prosthetics in Ortopédica Centro de Nariño.

program, on balance it has enriched us so much. I'm really grateful to Mercy Corps and USAID, and to the University and SENA.

Mercy Corps also helped with our lab facilities. They were just rooms with an oven before the program, everything in the same room. Now all the labs have walking areas, waiting rooms, a place to take the molds and another where you work on them, another for plastification, an office with our files, a storeroom for materials. This was all necessary to get the legal certification that Resolution 1319 demanded, so we could contract with health services.

THE CHANGE IN OUR PROFESSION

For the exam at the end of the first semester, we had to make a prosthetic for the inferior member – the lower leg. I was assigned in a pair with Hector Fabio [who had twenty years' experience] to make the prosthetics for a woman who had lost both left and right. We each had to do one prosthetic. I thought, "Oh, no, they're going to see immediately how inferior mine is, next to the one Hector Fabio does." I was afraid mine would fall off! Add to that that the patient was seven months pregnant – I was terrified she was going to fall.

When we fit the two prosthetics, the patient started off walking supported by the two of us, and then continued on her own. Everyone was recording it. This big, round pregnant lady – what a spectacular experience! – a success with my first prosthetic. That's what is gratifying about this job, we made her happy, we allowed her to walk. Her smile pays you triple what you earn in money! They're so grateful. You know, the people who need this help, it pains me to say it, but they're the poorest of the poor, the most vulnerable.

One problem with working with the EPSs is that they cut corners – they think in terms of inexpensive prosthetics for everyone rather than in the one, perhaps more costly, that a given patient might need. Last week we had a case where the EPS doctor prescribed a heavy, awkward prosthetic for someone with a hip displacement. The patient has to know how to use that kind of prosthetic really well, or they're on the ground in seconds. We gave the patient a hydraulic prosthetic – it was better for her so we did it at our own cost. But the doctor saw it and insisted that we use the heavy, unstable one – just because he said so! Now that we are certified and knowledgeable, that doctor should take into account our counsel.

Overall I've really got to thank Mercy Corps for what they've done for me, because they brought me in with nearly no experience, and now I'm the principal technician where I work. I think I will start my own business someday. Personally I've had a 180 degree turn in my life because of this program.

THAT MINE WAS WAITING FOR ME[12]

My accident happened eight and a half years ago. I'll never forget the day – how could I? I was with my husband on the farm, alone. A couple of weeks before, the Army had been fighting with the guerrilla for this little piece of land. When they fought, we couldn't leave the house – hearing it gave us such a fright. The guerilla probably planted the mines so that the Army couldn't pass.

The day before my accident my husband found one of our fences damaged, and the animals had escaped. So the next day we went out looking for them. The mine was there, but the animals hadn't stepped on it. The mechanism that activated the explosion – it was just sort of waiting for me. Later we lost animals to the mines as well – three head of cattle, and a very good draft horse.

When I stepped on the mine my husband was a little ahead of me; some of the shrapnel hit him. He picked me up and laid me nearby where we thought there would be no more mines – because usually where there is one, there are others. He went off running to get help, and I sat there, afraid to look down. He brought help and they carried me down to town. Meanwhile the health clinic called for an ambulance. It arrived maybe two hours later with a nurse who gave me first aid while we drove to Popayan.

BETWEEN THE COUNTRY AND THE CITY

After the accident we came to live in Popayán; I didn't want to stay in the country. After this kind of accident, you're just not the same. But it was hard to adapt to life in the city. In the country, we always had what we needed to live well: our crops, chickens, and cows. That was how we raised our family. Even though sometimes we bought an animal at a high price and had to sell later at a low one, in the meantime, that animal had reproduced. We milked the cows, made cheese, cooked for the workers… but that life was gone. In the city it's very hard – paying the water, the light, the gas... But I'm not going to say we're doing poorly. We've been very fortunate, and many others have suffered much more.

FITTING THE PROSTHETIC

Getting a prosthetic didn't go smoothly because my stump wasn't healing. The doctors didn't realize that the surgeons had left in these knotted stitches that kept me from healing. They just gave me a prescription for a strong antibiotic, because they thought it was infected. A nurse

[12] Life story narrated by a mine victim in the department of Cauca.

lived on our block and I asked her for help because I didn't like taking that medicine. She figured out that those stitches needed to come out. I started to heal immediately, and Centro Ortopédico Gómez fitted my prosthetic. It was right near the holidays and they wanted me to wait till January, but I was desperate and I told them, "I've really got to learn to manage this thing!" And, very conscientiously, they made sure I had it before Christmas.

Once I got the prosthetic, I learned to walk without crutches as soon as I could. I went back to milking the cows, making cheese, taking lunches out to our workers – well, at least I did when they weren't in a really hilly spot. They admired me, saying, "You look great walking like that!" No one could believe what I could do with the prosthetic. They crossed themselves when I went by! But we victims, we can't just give ourselves up for dead, can we? Or sit and complain? Of course we can't.

THE LITTLE STORE

When Mercy Corps arrived I was selected to participate in the productive projects, and I got trained at SENA to do a business plan. Then Mercy Corps provided us with seed money for a business. Mercy Corps followed up with us and always helped me, as did my family, especially my daughter. With the money we opened a little store: we stocked the shelves, bought a fryer and a refrigerator, and that's how we got started. The project went well, at least covering my basic services at home. You'd need a bigger business to cover everything, but this helped.

When I got sick and my daughter took a job in Cali, I had to close the shop. There was also a lot of new competition in the neighborhood. But I've invested what I earned and in January will be paid five million on my investment. I think I'll buy a couple of cows.

When I closed the shop my stump and prosthetic were bothering me quite a bit. I went to Cali for an exam and they operated on me again. They cut off a small piece of bone because it was sticking out. It's still bothering me, because that bone is still there. I'm hoping my new prosthetic will help. Mercy Corps also trained some technicians in Popayan, so victims wouldn't have to go to Cali or Bogotá. For many victims, that's a big help – but I still have to go back to Cali.

…AND I THOUGHT I COULDN'T WORK ANYMORE[13]

It's the armed groups and the Army who usually give the first aid when someone steps on a mine. My accident happened on July 20, 2009. I was unconscious but my friend got me out so I could be taken to the hospital in Samaniego. Then in Pasto they amputated my leg, where all they could do was stitch me up, and then sent me on to Cali to start rehabilitation. At the time the team at the Rehabilitation Center in the University Hospital at Nariño didn't exist. That didn't happen till Mercy Corps donated it in 2011, to help landmine victims.

After the accident Pastoral Social and the International Red Cross got me a space in Bogota with Cirec[14] to get the prosthetic. But since my clinical history is there, whenever my prosthetic is damaged I have to go back to Bogota.

SUPPORT

After the accident we had to leave the farm, and we came to Samaniego. I couldn't work, I was sick, I had a lot of debt. I still haven't received any government help, and on a couple of occasions we've had it really rough.

When you fall on a mine, you think your life is over. Losing a function of your body is so difficult, and you think you're not going to be worth anything ever again. Losing a limb, losing your sight… how are you supposed to go on? For me, the absolute worst was thinking I wouldn't be able to provide an education for my kids. That was what hurt the most. The Law 1468 came out in 2011, promising integrated reparation for victims, and I believed that would include providing an education for the children of a direct victim. But they know that the great majority of victims are campesinos who haven't studied more than two or three years of primary school. If they haven't provided reparations to us by now, it's not very likely they'll cover our children's studies.

A victim who doesn't know his rights is even worse off. I've had friends start to sell off everything, or go deep into debt. Some keep working in the fields even though it hurts them terribly, but they have to, because they can't go hungry. One man told me he was going to cut brush on his pastures – and I thought, "How are you going to do that, brother? You can't even see!" But he's right – you can't just wait for help to arrive from outside sources either – but if you've got your family's support, you'll survive.

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[13] Life history narrated by a victim from the department of Nariño.

[14] Centro Integral de Rehabilitacion de Colombia (CIREC)

While I was in the hospital my wife was very upset, and in her desperation she asked another patient's wife: "What am I going to do for a living now?" That woman ended up offering my wife a job in her clothing shop, taught her about business, and later we were able to mount our own little store. And that woman and my wife, they've stayed friends.

THE MERCY CORPS PROGRAM

We learned about the Mercy Corps program from the CCCM. Mercy Corps, USAID and the government of Nariño built the rehabilitation center in the Hospital Universitario Departamental in Nariño. The attention you got in the hospital at the time was really good, because Mercy Corps was there, and they helped us get appointments. They helped us with the costs of getting to a medical appointment or lodging, like when you went to get your prosthetic fitted. Once they took a group of us to Pasto, where we were attended to very well, seeing various specialists and trying different therapies. We got to talk to a psychologist. It was very thorough.

Now that Mercy Corps is gone, the hospital doesn't prioritize helping mine victims, even victims from among the Army. There are victims who are just getting by without medical attention. Getting an appointment can take six months or a year. Victims who need special attention go to the offices and are told to call the EPS, who answer that they should call back in a month. The same thing happens when you try to get your prosthetic checked.

The doctors in our municipality are doing their "rural year" and they just do general medicine, nothing specialized. We've tried for three or four years to get monthly or bimonthly visits from specialists at our hospital. Once the Army brought in some doctors to make glasses for people, but that's it. Here in the municipality all you can get is general attention.

LIFE AFTER THE ACCIDENT

Mercy Corps, CCCM, La Pastoral Social and Red Cross really have helped us. They don't just come in with their flag and their nice trucks. Mercy Corps trained us in how to invest seed capital to carry out a productive project, how to make it sustainable and profitable. We got to decide what kind of project we wanted to pursue, and they took into consideration what we could do. Mercy Corps followed up with us, and where necessary, helped people to learn to read and write too.

I was a farmer before but couldn't return to that, because of my accident. I didn't know how to sell clothes! So I had to learn. Thank God we've been able to make progress with this project, and provide for my family. With the help of Mercy Corps, we were able to strengthen and grow the business.

December is a good time for sales – and also for harvest. A kilo of coffee here costs 1.500 pesos, while a gram of coca goes for 2.500. The comparison is not good. Some mine victims had their accidents while picking coca – because the plants are guarded by mines.

Most of us with the Mercy Corps projects have gotten accustomed to not being victims. We take advantage of the project to make progress with our lives, but don't depend on the organizations to stay and give us things every day.

There are places here in the mountains where all your rights are compromised – health, education, everything – for the long distances and the poor quality of services. We're trying to make a difference with our Departmental Victims' Association, but the changes are very slow. MC's project helped us get to know other victims and learn about our rights.

LIFE DOESN'T ALWAYS TURN OUT THE WAY YOU PLAN[15]

My accident occurred February 11, 2007, during confrontations between the ELN and the FARC-EP in Nariño. We had gone to live in Samaniego, but we learned that a group was fighting on our land. I said I was going to have a look around and I'd be back the next day. But life doesn't always turn out the way you plan. Sometimes it just happens to you.

When I arrived, my ranch was full of guerrilla fighters. They gave me permission to check my crops. I was walking, and about five meters before I stepped on the mine, I got spooked and started to run. I stepped on the mine and it threw me forward. I once had heard that where there was one mine, there would be more, so I stayed where I landed.

The guerrillas found me and took me to a safe place. They cleaned the wound, and gave me first aid, but I had to get to the doctor on my own. They would have had to confront the FARC to take me out. I found a road and a car that helped me, and got to an Army base where I got an injection for the pain. I was taken to the hospital at Samaniego, and then to Ipiales for four days, and then to Pasto, and since this was before the hospital in Nariño was improved, they sent me on to Cali.

MEDICAL ATTENTION AT "LEVEL ONE" HOSPITALS

Rural doctors are baffled by our cases. They are trained for normal accidents. I know of a couple of cases where the doctors in the local hospitals simply didn't know what to do with a victim. One time a doctor just freaked out, and said something like, "Both your legs are gone!" and the man had a heart attack, and died. So the Mercy Corps training was really important. But the doctors in Samaniego get trained, and then in a year or two they go somewhere else, without active conflict, and they lose it, and we lose their knowledge. And

[15] Life history narrated by a victim from the department of Nariño.

another doctor arrives at the municipality, unprepared for these situations.

The most difficult part of rehabilitation is getting an appointment. Mercy Corps helped us get appointments, quickly, and called the center to make sure they took care of us. These days it's very hard to get an appointment. I'm part of the Victims' Association and so when I travel to Pasto for training, I call and ask for an appointment. But they tell me no! Imagine how much harder it would be for someone who has difficulty getting to Pasto from their municipalities. I've been trying for a year to get an appointment.

Mercy Corps came in 2010 or 2011, and contacted us through the CCCM. The Mercy Corps project director came and asked us about victims' needs. We told her about the difficulty in getting appointments and in getting to Cali or Pasto. They sent a bus to take us to Pasto! Once we were on board, the director called to make sure I had made it onto the bus! That's how they were in Mercy Corps – always looking out for us. That trip, they introduced us to the hospital, and we were each given a full consultation with various specialists. Another time they took us to the movies – you don't know how great that was. Some people had never been to the movies.

THE IMPORTANCE OF SUPPORT

The most important part of programs for victims is that they're there for you, especially when you're in recuperation. Your family tells you, "It's okay, don't worry," because they're uncomfortable with what you're going through too. That's why getting some support from someone outside is so important.

For the majority of victims it is so hard to feel that you're not doing anything. Most of us come from the country and starting when we were kids, we have always worked. Sure, there are some who are used to being "victims" and when an organization arrives, there they are, waiting for handouts. But most are like my neighbor, who was blinded by a mine. He works every day, clears brush for the cattle, he's got his land and I think he has even bought more land since the accident.

There are veredas that are so remote and you don't know how the project has gone there, if it has even reached those people. It'd be good to come up with a way to follow up, since Mercy Corps, Pastoral Social and Cirec haven't been here in two years to check on those people. The state, or the NGOs, will probably say that those projects have been provided full reparation, but no one knows how they're actually doing. There's still a long way to go before full reparations are paid to the victims in this department. There are those who haven't even gotten medical attention yet, and those who are not listed as victims because they don't know how. They don't know their rights.

And the armed groups continue to threaten the people. In one case two children were killed,

and the group threatened the family: if you report the case, we'll kill any children you ever have. That family won't be claiming their rights or requesting reparation.

ANOTHER WAY OF LIFE

Sometimes something changes your way of living and thinking. Before my accident I just dedicated myself to my farm and my family, but since then I like to be involved in anything social – with victims or just with the community in general. In 2009 in Pasto there was this meeting, and we decided to create an organization to help victims claim their rights. Fifteen members started the group, the Victims' Association of Samaniego, and now we have 45 members. There are 32 mine victims in Samaniego – among the highest number of civilian cases in any municipality in Colombia. It's hard, unpaid work to be a leader in the organization – sometimes we have two, three meetings in a week, and the institutions tell us we have to attend but I don't see much progress. All I want is to make a difference – make sure the state understands the problems of victims, and works to rehabilitate them.

We're working to get housing for mine victims, and to ensure that the state complies with our rights in terms of health care. Our Association was part of the construction of the territorial plan. PAICMA told us that as soon as we had the housing project ready, pass it to them. But the problem isn't the project, it's the cost of land here in Samaniego. The mayor here also told us if we got the land, he'd pay for the housing. But one lot can cost as much as 120 million. Of the mine victims here, 22 of us are displaced, and have lost everything. How are we going to buy a lot at that kind of price?

They tell us that mine victims have the right to education, to health, and a few more rights, but the law works for only a few, not for everyone. The right to education isn't much help when you're two or three hours by car from a school, and where there are no teachers even for primary school.

"YOU CAN'T LET IT END YOUR LIFE"[16]

My accident happened March 19, 2005, 8 years ago, in Santa Rosa, 9 hours from Popayán. I lived with my wife and two daughters, and I worked in agriculture. Mines weren't common back then. I was the first victim in the area. But in the coming years it became very grave – even in Santa Rosa. Three people with pastures nearby were victims, walking on their own land. Only three mine victims in the area survived – the rest all died.

The mine threw me fifty meters. My buddy saved me, and got me out of there. He took me to a ranch and left me while he went to look for help. He came back and took me down to the highway, where an ambulance picked me up and cleaned the wound. They took me to Popayán, where I could have the surgery. We ended up having to stay in the city, because back home the guerrillas threatened me. Adapting to city life was not easy, but thank God everything came out okay.

Back then we didn't really know our rights, and my chance for indemnization expired when I didn't present the right information. The mayor did certify me as a victim, though, and it wasn't such a difficult process. The municipal personnel by then knew what they had to do.

ADAPTING QUICKLY

A couple of months after the accident the Campaña Colombiana Contra Minas (CCCM) took me to Bogota to be fitted for the prosthetic, and they put me up in a guesthouse. Some 25 people were staying there. They told me I'd be there eight months or a year adapting to the prosthetic. I trusted in God to get me through it.

For me the worst part was using crutches, depending on them. I just wanted to get back to walking. For my kids, it was really hard on them to see me like that. But I improved quickly. The doctors and therapists were surprised that my accident was so recent; I had adapted faster than any patient they'd had. They authorized my prosthetic, with conditions:

"In the first place, you have to be conscious of your amputation. You look good from outside but internally those wounds have got to heal – it's very delicate. You're not to walk much, and for the entire first month you will use two crutches. The second month you'll use one. Only after that should you be walking with just the prosthetic."

At the time they didn't send me to therapy or to learn how to use the prosthetic. I did the exercises

[16] Narrative of a mine victim in the department of Cauca.

at home – I wasn't doing anything else! A therapist at the hospital in San José gave me a manual of exercises, and I did them religiously. After I got used to the prosthetic I got a bike and rode it everywhere. Later on I got a motorbike and a car and got used to driving again. Other victims I know talk about how hard it was to adapt to the prosthetic, but I don't know why!

STARTING OVER

In they city we bought a house and opened a little store, using the earnings from selling part of a ranch I had with my brother. But I didn't have work – and I felt just desperate. A lady from the neighborhood offered to teach me to be a baker, so I got up at three to have the bread ready by 6:00. I studied to be a barber, but that wasn't right for me either. I went to school at night to get my high school diploma.

I trained with the CCCM and another foundation as an educator for mine prevention activities. Being with others who've shared your experience – it's very good for you. They were just starting the process, but they felt like I had, like you're the only one in the world who is suffering so much. Being with others you learn to value what you have because you see people like you who are also suffering, who are even suffering more than you. You start to think – if that fellow can get rehabilitated, I can reconstruct my life too.

A mine victim needs two things: family unity and psychological support. I've seen families disintegrate after the accident. When that happens the victim feels even worse and is more inclined to just give up, because they don't have that support to move forward. It's just so important to have psychological support and confidence in yourself for your new life – the ability to say to yourself, "I'm not going to let these circumstances stop me." Without the right help and support, people just let themselves die.

MY PRODUCTIVE PROJECT

I got some seed money from Mercy Corps for a productive project and this, to me, was a really opportune support, that helped me face the challenges of living in the city after the accident. I got training from SENA in how to be an entrepreneur. There were three criteria for the projects: the sector, a person's abilities, and what that person really wanted to do. I chose to strengthen our store.

There were eighteen or twenty of us here. Some have done better than others; one lady bought cattle, but she wasn't as attentive as maybe she should have been, and they died. Another fellow opened a paper goods store, but it wasn't a great business and it failed. The rest of us still have our projects, though recently I changed mine to an internet shop. That's a good sector: not much competition. But people do need help, some counsel, to get going and to keep going.

THE VICTIMS' ASSOCIATION

I am a founding member of the Land Mine Victims' Association in Cauca. We started it in 2006 because so many of us didn't know our rights. The Association has 48 members and our families.

All of the members have been able to claim our rights before the state. We're also part of the department's roundtable on victims. And we have facilitated the process of getting and maintaining prosthetics, through contacts with Ortopedia Americana in Cali and with Cirec[17] in Bogotá.

Right now we're working on getting a seat in political office, in the mayor's administration. And we're working with Cirec to create higher studies for risk prevention. As an association, what we want to do is promote a department-wide registration service for victims.

[17] Centro Integral de Rehabilitación de Colombia (CIREC)

ANNEX IV: SOURCE LIST

Name	Sex	Role	Organization	Response	Date	Department	City/town
Germán Cadena	M	Former MD Nariño Hospital	Nariño Hospital	Interview	11/17/2013	Nariño	Pasto
Martín Moreno	M	MD Nariño Hospital - Director of physical therapy	Nariño Hospital	Interview	11/18/2013	Nariño	Pasto
Gabriela Portillo	F	Former Mercy Corps Staff	Mercy Corps	Interview	11/19/2013	Nariño	Pasto
Porfidio	M	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Luz	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Serbio	M	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Marín	M	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Marco	M	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
María	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Doris	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Flor	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Luz	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Irene	F	Victim	NA	Focus Group	11/19/2013	Nariño	Samaniego
Héctor	M	P&O Technician	NA	Focus Group	11/20/2013	Nariño	Pasto
Guido	M	P&O Technician	NA	Focus Group	11/20/2013	Nariño	Pasto
Alexis	M	P&O Technician	NA	Focus Group	11/20/2013	Nariño	Pasto
Luis	M	P&O Technician	NA	Focus Group	11/20/2013	Nariño	Pasto
Henry	M	P&O Technician	NA	Focus Group	11/20/2013	Nariño	Pasto
Gustavo	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Yesid	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Víctor	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
				Interview	11/22/2013		
Orfelia	F	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Olga	F	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Héctor	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia

Name	Sex	Role	Organization	Response	Date	Department	City/town
Rodolfo	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Luz	F	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Laidy	F	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Edilmer	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
Francisney	M	Victim	NA	Focus Group	11/22/2013	Caquetá	Florencia
				Interview	11/20/2013		
Mauro	M	Victim	NA	Interview	11/27/2013	Cauca	Popayán
Luis	M	Victim	NA	Interview	11/27/2013	Cauca	Popayán
Aurora	F	Victim	NA	Interview	11/27/2013	Cauca	Popayán
Alexandra	F	P&O Technician	NA	Interview	11/21/2013	Caquetá	Florencia
George	M	P&O Technician	NA	Interview	11/21/2013	Caquetá	Florencia
Ghotlman	M	Former local coordinator	Mercy Corps / CCCM	Interview	11/21/2013	Caquetá	Florencia
Mónica	F	Rehabilitation center coordinator	Hospital Maria Inmaculada E.S.E	Interview	11/20/2013	Caquetá	Florencia
Adriana	F	Physiotherapist	Hospital Maria Inmaculada E.S.E	Interview	11/20/2013	Caquetá	Florencia
Noemy	F	Social worker	Hospital Maria Inmaculada E.S.E	Interview	11/20/2013	Caquetá	Florencia
Marlene	F	Social worker	Hospital Maria Inmaculada E.S.E	Interview	11/20/2013	Caquetá	Florencia
Gloria	F	Administrative staff	Hospital Maria Inmaculada E.S.E	Interview	11/20/2013	Caquetá	Florencia
Adrian	M	Physician - Ambulatory Services Director	Hospital Maria Inmaculada E.S.E	Interview	11/21/2013	Caquetá	Florencia
Ana Maria Hernandez	F	Department Coordinator	International Red Cross Committee	Interview	12/4/2013	Bogotá	Bogotá
Angelina Castro	F	Mercy Corps Staff	Mercy Corps	Interview	11/29/2013	Bogotá	Bogotá
Camilo Buitrago	M	Unidad de Víctimas Staff	Unidad de Víctimas	Interview	12/2/2013	Bogotá	Bogotá
Ivan Rodríguez	M	Sena Staff	SENA	Interview	12/4/2013	Bogotá	Bogotá
Elmer Guevara	M	Local coordinator	Mercy Corps / CCCM	Interview	11/20/2013	Cauca	Popayán
Pablo Lasso	M	Former local coordinator	Mercy Corps / CCCM	Interview	11/20/2013	Cauca	Popayán
Gerardo Castrillón	M	Integral Action against landmines Coordinator	Gobernación	Interview	11/20/2013	Cauca	Popayán

Name	Sex	Role	Organization	Response	Date	Department	City/town
Fernando Martínez	M	Physiatrist	Nariño Hospital	Interview	11/28/2013	Nariño	Pasto
Luz Stella Navas	F	CCCM Staff	CCCM	Interview	12/3/2013	Bogotá	Bogotá
Olga Jimenez	F	Director	Fundación Paz y Democracia	Interview	11/28/2013	Antioquia	Medellín (via skype)
Alvaro Jimenez	M	Director	Campaña Colombiana Contra Minas	Interview	11/19/2013	Bogotá	Bogotá
Diana Roa	F	Director	Mercy Corps	Interview	12/30/2013	Bogotá	Bogotá
Natalia Perez	F	Former Paicma Staff	Paicma	Interview	12/3/2013	Bogotá	Bogotá
Maria Angelica Serrato	F	Unidad de Víctimas Staff	Unidad de Víctimas	Interview	11/28/2013	Bogotá	Bogotá
Marleny Montenegro	F	Ministerío de Salud Staff	Ministerio de Salud	Interview	12/5/2013	Bogotá	Bogotá

ANNEX V: BUSINESS PLAN FOR BENEFICIARIES

Plan de negocios para inversión en iniciativa de generación de ingresos – Mercy Corps/SENA.

Identificación

1. Fortalecimiento o emprendimiento
2. Tipo de actividad (manuf, comercio, servicios, agricultura, ganaderia, agroindustria)
3. Descripción del negocio (de manera breve, explique en que consiste el negocio)
4. Descripción de la población a la cual se oriente la actividad (clientes de bienes o servicios)

Mercado

5. Determinacion de precios
6. Estrategia de distribución (como llegar a la clientela)
7. Comunicación a los potenciales clientes
8. Ventaja del producto (por que lo comprarían)
9. Factores de éxito

Competencia

10. Quienes son la competencia
11. Barreras de entrada
12. Debilidades de la competencia
13. Atributos del negocio que no tiene la competencia

Desarrollo técnico

14. Como se organiza el servicio o productos
15. Control del desarrollo operativo
16. Fechas claves
17. Localización operativa
18. Registros o controles
19. Personas y funciones (colaboradores)

Estimaciones financieras

20. Productos o servicios que generan los ingresos
21. Que gastos (identificación)
22. Resumen de ingresos y gastos (con cifras): ventas, gastos y utilidad primer mes, semestre, año y segundo año
23. Punto de equilibrio para el primer año (ventas mínimas)

Plan de inversión

24. Activos fijos a comprar
25. Necesidades de capital de trabajo (efectivo para comprar durante tantos días)
26. Aportes del beneficiario al negocio (valore el aporte)

ANNEX VI: DATA COLLECTION INSTRUMENTS

FOCUS GROUPS AND IN-DEPTH INTERVIEW GUIDES

PREGUNTAS DIRIGIDAS A VÍCTIMAS

La dinámica del grupo focal, las entrevistas en profundidad y las historias de vida estarán direccionadas a conocer las experiencias de las víctimas de minas antipersonal tras su paso por el programa de Mercy Corps. Tres ejes temáticos serán los abordados: el primero, tratará sobre la asistencia médica recibida y sus experiencias con las prótesis y órtesis. El segundo, indagará por la atención psicosocial recibida, así como el resultado de los proyectos económicos (capital semilla) y de inclusión. Finalmente, las víctimas serán interrogadas por la complementariedad del programa de Mercy Corps con otros proyectos dirigidos a ese segmento de población y su conocimiento sobre la manera de acceder a ser reconocido como víctima por parte del Estado.

CONTEXTO

- Nombre, actividad actual.

ATENCIÓN MÉDICA Y USO DE PRÓTESIS Y ÓRTESIS

- ¿Cuándo tuvo el accidente? ¿Cómo fue la atención que recibió en el instante?
- ¿Cómo fue su vinculación al programa de Mercy Corps?
- ¿Recibió atención física y psicosocial? Si solo una, ¿cuál?
- ¿Cómo fue el proceso de atención física? ¿Cuál fue la ruta de esa atención? ¿En qué medida fue la atención suficiente o insuficiente para sus necesidades?
- ¿Qué funcionarios le prestaron atención física y cómo fue su relación con ellos?
- ¿De qué manera se involucró a las familias en el proceso de atención física?
- ¿Recibió un tratamiento de prótesis y/o órtesis a través de ese programa?
- ¿Cómo ha sido su proceso de adaptación a la prótesis u órtesis?
- ¿Qué tan fácil o difícil fue acceder a estas prótesis u órtesis?¿Cuál es el tiempo promedio en el que una persona debe recibirla y en cuánto tiempo los beneficiarios la recibieron)?
- ¿Sabe qué tiene que hacer el día en que su prótesis necesite un arreglo o deba ser reemplazada**?**
- ¿Ha recibido atención de algún programa diferente al de Mercy Corps?

ATENCIÓN PSICOSICIAL Y PROYECTO ECONÓMICO (CAPITAL SEMILLA)

- ¿Cómo fue el proceso de atención psicosocial?
- ¿De qué manera se involucró a las familias en el proceso de atención psicosocial?
- ¿Qué funcionarios le prestaron atención psicosocial y cómo fue su relación con ellos?
- ¿De qué manera el programa ha influido en sus relaciones comunitarias?

- ¿Cómo se ganaba la vida antes del accidente? ¿Cómo cambió esto después del accidente?
- ¿En qué consiste el proyecto económico al que accedió?
- ¿Recibió capacitación para formar su proyecto económico? ¿Cómo fue ese proceso? ¿Cómo se eligió su proyecto? (iniciativa propia o propuesta por los implementadores del proyecto).
- ¿Desarrolló Ud. (solo o con otros) un plan de neGOCio para el proyecto?
- ¿El proyecto continúa? ¿Qué dificultades tuvo?
- En estos proyectos productivos ¿Han colaborado otras víctimas u otras personas?
- ¿Su familia está involucrada en el proyecto?
- ¿El proyecto ha servido para superar sus necesidades? ¿Ha cumplido sus expectativas?
- ¿Cuáles han sido los aspectos más significativos de esa experiencia?
- ¿Cuál es su actitud frente al proceso de paz? ¿Están de acuerdo con las negociaciones que se están llevando a cabo? Qué estarían dispuestos a hacer/aceptar para evitar que otra persona sufra algo así en el futuro?¿Le será posible continuar con este proyecto ahora que termina el programa de Mercy Corps? ¿Por qué y cómo?

COMPLEMENTARIEDAD DEL PROGRAMA DE MERCY CORPS

- ¿Conoce usted otros programas de salud e inclusión socioeconómica para las víctimas en los últimos años? ¿Accedió a ellos? ¿Qué instituciones prestaban esos programas (Gobierno, ONG)?
- ¿Han sido similares, contrarios, parecidos o complementarios con el programa de Mercy Corps?
- ¿Conoce la ruta que hay que tomar para que el Estado le reconozcan sus derechos como víctima?
- ¿Cómo fue el proceso de adquirir ese conocimiento? ¿Ha sido Ud. reconocido como víctima por el gobierno de Colombia?
- Desde su experiencia, ¿ha aumentado el conocimiento y la capacidad de las personas en dar respuesta oportuna a las víctimas de minas antipersonal?

PREGUNTAS DIRIGIDAS A TÉCNICOS

Las preguntas de los grupos focales, las entrevistas en profundidad y las historias de vida para los técnicos, profundizarán sobre los beneficios y dificultades que se les presentó en el programa de formación con la Universidad San Juan Bosco de El Salvador, y la manera como el programa de Mercy Corps incidió en su vida.

- ¿Desde hace cuánto tiempo ejerce su oficio? ¿Cómo fue su proceso de aprendizaje?
- ¿Cómo y cuándo accedió al programa de Mercy Corps?

- ¿En qué ha consistido el programa de Mercy Corps?
- ¿Cómo ha sido su proceso de formación? ¿Cuál ha sido la ruta desde la inscripción hasta el día de hoy?
- ¿Qué dificultades se le presentaron? ¿Cómo las superó?
- ¿Qué tipo de vínculos tiene con sus compañeros de formación?
- ¿Cómo ha sido el apoyo de la universidad?
- ¿Cómo cambió este programa su vida laboral? ¿Qué beneficios le ha traído?
- ¿Siente usted que ha crecido su neGOCio? ¿De qué manera?
- ¿Qué es lo más significativo de la experiencia formativa a nivel personal?

PREGUNTAS DIRIGIDAS A LÍDERES

Las preguntas de los grupos focales y las entrevistas en profundidad para los líderes abordarán su experiencia formativa en el programa de Mercy Corps. Por otra parte, tratarán la manera como perciben la aceptación comunitaria y el desarrollo de los proyectos económicos al que han tenido acceso las víctimas de su comunidad.

- ¿Cómo ha sido su proceso de aprendizaje para dar respuesta a personas afectadas por minas antipersonal?
- ¿Dónde y cuándo accedieron al programa de formación de Mercy Corps?
- ¿En este proceso de formación cuáles dificultades se le presentaron? ¿Cómo las superó?
- ¿Cómo es la ruta efectiva para dar respuesta a estas emergencias?
- ¿Qué papel ha jugado la comunidad en facilitar esa respuesta?
- ¿Han existido otros programas de formación a los que usted haya tenido acceso o conocimiento? ¿Cuáles instituciones brindan esos programas (Gobierno, ONG)?
- ¿Han sido similares, contrarios, parecidos o complementarios con el programa de Mercy Corps?
- Desde su experiencia con las víctimas, ¿a cuáles programas de salud e inclusión socioeconómica han tenido acceso? (incluida la de Mercy Corps)
- ¿Han sido similares, contrarios, parecidos o complementarios con el programa de Mercy Corps?
- Desde su experiencia con las víctimas, ¿cuáles son los programas o actividades que les ayudan a tener una mayor aceptación social en sus comunidades?
- ¿Estos proyectos son sostenibles? ¿Pueden ser replicados en otras regiones?
- En su opinión, ¿Cuáles han sido los principales efectos de los proyectos económicos en las vidas de las víctimas?

TELEPHONE SURVEY QUESTIONNAIRE

USAID FROM THE AMERICAN PEOPLE		***Centro Nacional de Consultoría S.A.*** Diagonal 34 N° 5-27 Bogotá Teléfono: 339 4888	*CUESTIONARIO DIRIGIDO A* ***VÍCTIMAS DE MINAS ANITPERSONAL QUE HAYAN PARTICIPADO EN EL PROGRAMA DE MERCY CORPS***
Centro de Costos:		Fecha: Julio de 2011	Prueba Piloto: **SI** ☐ **No** ☐
Elaborado por: Andrés Dávila, Etienne Le Blanc		Revisado por: Francisco Quiroz	Revisado en Campo por:

E: "Buenos días/tardes, mi nombre es _____ (dar nombre COMPLETO) y soy encuestador(a) del Centro Nacional de Consultoría, empresa privada que actualmente está realizando una evaluación de desempeño del programa llamado "Actividades de USAID para víctimas del conflicto y de minas antipersonal en Colombia", llevado a cabo por Mercy Corps y la Campaña Colombiana Contra Minas. Quisiera hablar con _____. Los datos que van a ser suministrados son absolutamente confidenciales. Le agradezco de antemano su colaboración". **También cabe mencionar que este es un espacio en el que puede estar tranquilo/a, no existen respuestas correctas e incorrectas.**

IDENTIFICACIÓN PERSONAL

Departamento: ☐

1. Nombre la de persona encuestada ☐☐☐

2. Tipo y numero de documento
   2a. Tipo de documento

a. Tipo de documento	
Cédula	1
Registro civil	2
Tarjeta de identidad	3
Otro, ¿Cuál?	___

   2b. Número de documento:
   _____

3. Lugar de residencia
   3a. Departamento
   3b. Municipio

CARACTERIZACIÓN DEL ACCIDENTE

ENC: Decir a el/la encuestada que cuando se diga "el accidente de minas" en este cuestionario, se refiere al accidente del cual él/ella fue víctima y que lo/la llevó a participar en el proceso de rehabilitación.

4. **¿Quién lo auxilió en ese momento? Espontáneo M.R.**

Un familiar	1
Un vecino	2
Un miembro de la junta de acción comunal/líder de la comunidad	3
El profesor de la escuela	4
La enfermera/o o el médico del puesto de salud	5
Un desconocido	6
Un funcionario	7
Un militar o un policía	8
Otro, ¿cuál?	
NS/NR	9

5. **Sabe ud. si la persona o personas que lo auxiliaron en el lugar del accidente o justo después tenían conocimientos de primeros auxilios? U.R.**

Si	1
No	2
NS/NR	9

6. **Considera ud. que la atención de emergencia que recibió de quienes lo auxiliaron fue… Leer U.R.**

Buena	1
Mala	2
Ni buena ni mala	3
NS/NR	9

7. **¿Accedió con facilidad a la atención hospitalaria? U.R.**

Si	1
No	2
NS/NR	9

ATENCION MÉDICA, REHABILITACIÓN

8. **¿E está afiliado/a a algún servicio de salud antes de su participación en el programa de Mercy Corps y ahora? U.R.**

Si	1
No	2
NS/NR	3

9. **¿Cómo se enteró del programa de Mercy Corps? Espontáneo. M.R**

Ellos me contactaron	1
Un familiar o amigo me los recomendó	2
Un profesional de salud o del área social me los recomendó	3
Un funcionario del departamento o del municipio me los recomendó	4
El personero me los recomendó	5
Un funcionario del CICR, la Cruz Roja Colombiana, la Campaña Colombiana contra Minas, Pastoral Social	6
Otro: ¿cuál?	_____
NS/NR	9

10. **¿En cuál centro de rehabilitación fue atendido/a a través de ese programa? Leer. M.R.**

Pasto	1
Florencia	2
Popayán	3
Medellín (San Vicente de Paul)	4
Medellín (Público)	5
Villavicencio	6
Cúcuta (Centro Cardioneuromuscular)	7
Otro: ¿cuál?	_____
NS/NR	9

11. **¿Cómo calificaría los siguientes aspectos de ese centro de rehabilitación? (Leer, U.R. por línea)**

	Bueno	Malo	Ni bueno ni malo	NS/NR
	1	2	3	9
a. La calidad de la infraestructura				
b. La calidad de los tratamientos				
c. El tiempo de espera				
d. El trato recibido por parte del personal administrativo				
e. El trato recibido por parte del personal médico				
f. El trato recibido por parte del personal de enfermería				
g. El conocimiento del personal médico en el área de accidentes de minas y sus consecuencias				
h. El conocimiento del personal de enfermería en el área de accidentes de minas y sus consecuencias				
i. La coordinación con los técnicos de prótesis y órtesis				

12. **¿En qué le ayudó hacer parte del programa? (Espontáneo, M.R)**

Tener acceso a servicios de rehabilitación	1
Tener acceso a servicios de prótesis y órtesis	2
Recibir apoyo psicosocial	3
Recibir apoyo junto con mi familia	4
Ayudarme a hacer valer mis derechos	5
Hacer realidad mis proyectos económicos	6
Otro: ¿cuál?	
NS/NR	

13. **Al formar parte del programa de Mercy Corps ¿qué servicios o ayudas recibió? Leer, U.R. por línea**

	Sí	No	NS/NR
	1	2	9
a. Prótesis y Órtesis			
b. Rehabilitación física (terapias, etc.)			
c. Acompañamiento para trámites			
d. Continuidad en los tratamientos			

14. **¿En qué ciudad y departamento recibió las ayudas de Mercy Corps? Leer, U.R. por línea**

	APLICA SOLO SI	a. Ciudad	b. Departamento	NS/NR
				9
a. Prótesis y Órtesis	**R1 in 13.a**			
b. Rehabilitación física (terapias, etc.)	**R1 in 13.b**			
c. Acompañamiento para trámites	**R1 in 13.c**			
d. Continuidad en los tratamientos	**R1 in 13.d**			

15. **Antes de entrar al programa de Mercy Corps, ¿había recibido… Leer, U.R. por línea**

	APLICA SOLO SI	Sí	No	NS/NR
		1	2	9
a. Tratamiento de Prótesis y Órtesis	**R1 in 13.a**			
b. Rehabilitación física (terapias, etc.)	**R1 in 13.b**			
c. Acompañamiento para trámites y continuidad en los tratamientos	**R1 in 13.c**			
d. Continuidad en los tratamientos	**R1 in 13.d**			

16. **Los servicios y ayudas recibidos por parte del programa de Mercy Corps con respecto de los otros servicios y ayudas recibidos previamente fueron Leer, U.R. por línea**

	APLICA SOLO SI	Mejores	Peores	Iguales	NS/NR
		1	2	3	9
a. Prótesis y Órtesis	**R1 in 15.a**				
b. Rehabilitación física (terapias, etc.)	**R1 in 15.b**				
c. Acompañamiento para trámites y continuidad en los tratamientos	**R1 in 15.c**				
d. Continuidad en los tratamientos	**R1 in 15.d**				

17. **Los servicios y ayudas recibidos por parte del programa de Mercy Corps pueden calificarse como … Leer, U.R por línea**

	APLICA SOLO SI	Buenos	Malos	Ni buenos ni malos	NS/NR
		1	2	3	9
a. Prótesis y Órtesis	**R1 in 13.a**				
b. Rehabilitación física (terapias, etc.)	**R1 in 13.b**				
c. Acompañamiento para trámites y continuidad en los tratamientos	**R1 in 13.c**				
d. Continuidad en los tratamientos	**R1 in 13.d**				

18. **¿Sabe ud. qué tiene que hacer el día que … Leer, U.R.**

	Sí	No	NS/NR
	1	2	9
a. Necesite cambiar su Prótesis u Órtesis			
b. Necesite un nuevo tratamiento de Rehabilitación física (terapias, etc.)			
c. Necesite acompañamiento para trámites y continuidad en los tratamientos			

INCLUSIÓN SOCIO-ECONÓMICA

19. **En relación con el sustento de ud. y su familia, ¿quiénes eran antes del accidente y quienes son ahora los principales aportantes? Espontáneo, M.R.**

	a. Antes	b. Ahora
Usted	1	1
Su pareja	2	2
Otro (hijo, hija, padre, etc.)	3	3

20. **En relación con sus ingresos ¿cómo los obtenía antes del accidente, y como los obtiene ahora? Espontáneo. U.R.**

	a. Antes	b. Ahora

Tenía/tiene un contrato y un salario	1	1
Trabajaba/trabaja por cuenta propia sin contrato	2	2
Recibía/recibe un subsidio del Estado a su nombre	3	3
Era/es ayudado económicamente por terceros en dinero o especie	4	4
No obtenía/obtiene ingresos	5	5
Otro	7	7

21. **¿Ha tenido que pedir dinero en las calles, antes o después de su accidente? Leer, U.R.**

Antes	1
Después	2
Los dos (antes y después)	3
Nunca	4
NS/NR	9

22. **¿A qué se dedica ahora (actividad principal)? Espontáneo, U.R.**

Trabajos por día / jornales	1
Venta de productos (cultivos, artesanías, etc.)	2
Administrar un negocio o una finca	3
Madre comunitaria	4
Otro trabajo en el campo	5
Empleado en otras actividades	6
Trabajo doméstico en el hogar propio	7
Trabajo doméstico en hogares de terceros	8
Mendigar	9
Estudiar	10
Raspar coca / amapola	11
Otro, ¿Cuál?	_____
Nada	99

23. **En relación con su participación en la comunidad, indique a cuales actividades participaba antes del accidente y a cuales participa ahora? Espontánea U.R.**

	Antes	Ahora
a. Actividades recreativas	1	1
b. Actividades culturales	2	2
c. Actividades sociales / de organizaciones comunitarias	3	3
d. Actividades religiosas	4	4
e. Otra(s), ¿cuále(es?	____	_____
f. Ninguna	9	9

24. **¿En qué año usted recibió ayuda de Mercy Corps para sus proyectos económicos (capital semilla)? U.R.**

Año	20__	SEGUIR
No recibió ayuda económica de Mercy Corps	2	TERMINAR
NS/NR	9	TERMINAR

25. **¿El dinero que recibió le sirvió para … Leer, U.R.**

Reforzar un proyecto existente	1
O Montar un proyecto nuevo	2
NS/NR	9

26. **¿Algún familiar trabaja con usted en el negocio para el cual recibió ayuda? ¿Cuál? Espontáneo, M.R.**

Mi pareja	1
Mi(s) hijo/a(s)	2
Otros	3
Ningún familiar trabaja conmigo	4
NS/NR	9

27. **¿En qué área desarrolló su actividad con el apoyo de Mercy Corps? Espontáneo, U.R.**

Agricultura (ganadería, cultivos, etc.)	1
Comercio para personas (tienda, etc.)	2
Comercio para profesionales (insumos para la agricultura, etc.)	3
Servicios para personas (acceso a internet, peluquería, etc.)	4
Otro, ¿cuál?	
NS/NR	9

28. **¿El negocio para el cual usted recibió apoyo todavía está funcionando? U.R.**

Sí	1	PASE A P30 y luego seguir
No	2	SIGUE a P29 y luego pase a P31

NS/NR	9	PASE A P30 y luego seguir

29. **¿Por cuál razón dejó de funcionar? Espontáneo. U.R.**

Falta de rentabilidad económica	1
Su estado de salud no le permitió seguir	2
Tuvo acceso a mejores oportunidades	3
Razones personales o familiares	4
Otra, ¿cuál?	
NS/NR	9

30. **¿Diría ud. que es probable o poco probable que el negocio funcionara hoy en día si no hubiera recibido el apoyo de Mercy Corps? U.R.**

Probable	1
Poco probable	2
NS/NR	9

31. **¿ Si usted había recibido otras ayudas similares de tipo económico por su condición de víctima de minas antes, ¿Cómo valoraría de forma general el apoyo económico y social que recibió a través del programa de Mercy Corps comparado con otro apoyo similar que había recibido antes, de esos otros programas? Leer, U.R.**

Mejor	1
Peor	2
Igual	3
No había recibido otras ayudas similares	4
NS/NR	9

32. **¿Cómo valoraría de forma general el apoyo económico y social que recibió a través del programa de Mercy Corps? Leer, U.R.**

Bueno	1
Malo	2
Ni bueno ni malo	3
NS/NR	9

33. **¿Está de acuerdo con las siguientes afirmaciones a propósito del apoyo que recibió a través del programa de inclusión económica de Mercy Corps? Leer, U.R. por línea**

	Sí	No	NS/NR
	1	2	9
a. El dinero que aportaron al proyecto fue un apoyo importante para mí			
b. El dinero que aportaron al proyecto era suficiente			
c. Mercy Corps me ayudaron a mejorar mi proyecto			
d. No me dejaron hacer lo que yo quería			
e. El apoyo técnico fue muy útil			
f. Los requisitos que piden para entrar al programa son demasiados o demasiado complejos			
g. A través del programa, aprendí cosas que me sirven fuera de mi negocio			
h. Mi participación en el programa me hizo sentir mucho mejor			

HISTORIAS DE VIDA

ENCUESTADOR: SI VE QUE EL ENCUESTADO SE EXPRESA CON FACILIDAD Y QUE SU HISTORIA PUEDE SER DE INTERES PARA ILUSTRAR “HISTORIAS DE VIDA” COMO PARTE DE LA INVESTIGACIÓN, SELECCIONE LA SIGUIENTE CASILLA

ANNEX VII: TELEPHONE SURVEY RESULTS

VICTIMAS DE MINAS ANTIPERSONAL QUE HAYAN PARTICIPADO EN EL PROGRAMA MERCY CORPS
CODE: F3. C.7524-03 Fecha de Procesamiento: 12 Dec 2013

CARACTERIZACION DEL ACCIDENTE CON Minas Antipersonal...

	TOTALES	
	FRECUENCIA	%
BASE = TOTAL ENCUESTADOS	106	106
1. ¿Quién lo auxilió en el momento del accidente?		
Un familiar	44	42%
Un vecino	32	30%
Un militar o un policía	14	13%
Un desconocido	10	9%
La enfermera/o o el médico del puesto de salud	9	8%
Un miembro de la junta de acción comunal/líder de la comunidad	4	4%
El profesor de la escuela	1	1%
Otro	18	17%
No se/No responde (NS/NR)	6	6%
2. Sabe ud. si la persona o personas que lo auxiliaron en el lugar del accidente o justo después tenían conocimiento de primeros auxilios?		
Si	29	27%
No	69	65%
Ns/Nr	8	8%
	106	100%
3. Considera ud. que la atención de emergencia que recibió de quienes lo auxiliaron fue…		
Buena	73	69%
Mala	9	8%
Ni buena ni mala	22	21%
NS/NR	2	2%
	106	100%
4. ¿Accedió con facilidad a la atención hospitalaria?		
Si	78	73%
No	24	23%
Ns/Nr	4	4%
	106	100%

ATENCION MÉDICA, REHABILITACIÓN		
BASE = TOTAL ENCUESTADOS	106	106

5. ¿Estaba(Está) afiliado/a a algún servicio de salud antes de su participación en el programa de Mercy Corps y ahora?

ANTES		
Si	77	73%
No	29	27%
	----	----
	106	100%
AHORA		
Si	79	74%
No	21	20%
NS/NR	6	6%
	----	----
	106	100%

6. ¿Cómo se enteró del programa de Mercy Corps? (multiple responses possible)

Un funcionario del CICR, la Cruz Roja Colombiana, la Campaña colombiana contra Minas, Pastoral Social	55	52%
Ellos me contactaron	24	23%
Un familiar o amigo me los recomendó	21	20%
Un funcionario del departamento o del municipio me los recomendó	16	15%
Un profesional de salud o del área social me los recomendó	8	8%
Otro	17	16%
NS/NR	4	4%

7. ¿En cuál centro de rehabilitación fue atendido/a a través de ese programa?

Medellín (San Vicente de Paul)	22	21%
Florencia	14	13%
Pasto	10	9%
Villavicencio	10	9%
Popayán	7	7%
Cúcuta (Centro Cardioneuromuscular)	6	6%
Granada -Meta	3	3%
Cali Hospital Departamental	3	3%
Vista Hermosa - Meta	3	3%
Medellín (Público)	2	2%
Cali - Hospital Universitario del Valle	1	1%
Bucaramanga	1	1%
Risaralda - Hospital San Jorge	1	1%
Cauca - Centro de Resguardo	1	1%
Medellín Fundación Juanes	1	1%
Juan de Arama - Meta	1	1%
Bogotá CIRE	1	1%
Resguardo de Tacueyó	1	1%
Medellín - Centro de Rehabilitación El Comité	1	1%
Bogotá Instituto Roosevelt	1	1%
León XIII de Medellín	1	1%
Bogotá Crack	1	1%

Hospital de Mutatá	1	1%
Otro	1	1%
Ninguno	9	8%
NS/NR	6	6%

8. ¿Cómo calificaría los siguientes aspectos de ese centro de rehabilitación?

a. La calidad de la infraestructura

Bueno	80	75%
Malo	1	1%
Ni bueno ni malo	9	9%
NS/NR	16	15%
	----	----
	106	100%

b. La calidad de los tratamientos

Bueno	75	71%
Malo	1	1%
Ni bueno ni malo	14	13%
NS/NR	16	15%
	----	----
	106	100%

c. El tiempo de espera

Bueno	63	59%
Malo	7	7%
Ni bueno ni malo	20	19%
NS/NR	16	15%
	----	----
	106	100%

d. El trato recibido por parte del personal administrativo

Bueno	76	72%
Malo	3	3%
Ni bueno ni malo	9	8%
NS/NR	18	17%
	----	----
	106	100%

e. El trato recibido por parte del personal médico

Bueno	80	75%
Malo	5	5%
Ni bueno ni malo	5	5%
NS/NR	16	15%
	----	----
	106	100%

f. El trato recibido por parte del personal de enfermería

Bueno	82	77%
Malo	1	1%
Ni bueno ni malo	6	6%
NS/NR	17	16%
	----	----
	106	100%

g. El conocimiento del personal médico en el área de accidentes de minas y sus consecuencias

Bueno	65	61%
Malo	8	8%
Ni bueno ni malo	14	13%
NS/NR	19	18%
	----	----
	106	100%

h. El conocimiento del personal de enfermería en el área de accidentes de minas y sus consecuencias

Bueno	59	56%
Malo	11	10%
Ni bueno ni malo	19	18%
NS/NR	17	16%
	----	----
	106	100%

i. La coordinación con los técnicos de prótesis y órtesis

Bueno	42	40%
Malo	8	8%
Ni bueno ni malo	11	10%
NS/NR	45	42%
	----	----
	106	100%

9. ¿En qué le ayudó hacer parte del programa? (multiple responses possible)

Hacer realidad mis proyectos económicos	70	66%
Recibir apoyo psicosocial	23	22%
Tener acceso a servicios de rehabilitación	12	11%
Ayudarme a hacer valer mis derechos	3	3%
Tener acceso a servicios de prótesis y órtesis	3	3%
Recibir apoyo junto con mi familia	2	2%
Otro	40	38%
NS/NR	4	4%

10. Al formar parte del programa de Mercy Corps, ¿qué servicios o ayudas recibió?

a. Prótesis y Órtesis

Si	11	10%
No	89	84%
NS/NR	6	6%
	----	----
	106	100%

b. Rehabilitación física (terapias, etc.)

Si	49	46%
No	53	50%
NS/NR	4	4%
	----	----
	106	100%

c. Acompañamiento para trámites

Si	61	57%
No	39	37%
NS/NR	6	6%
	----	----
	106	100%

d. Continuidad en los tratamientos

Si	43	41%
No	61	57%
NS/NR	2	2%
	----	----
	106	100%

Prótesis y Órtesis		
BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Prótesis y Órtesis	11	11

11. ¿En qué ciudad y departamento recibió las ayudas de Mercy Corps?

CAQUETA - FLORENCIA	5	46%
BOGOTA - BOGOTÁ D.C.	1	9%
ANTIOQUIA - MEDELLÍN	1	9%
CAUCA - TORIBIO	1	9%
META - VISTA HERMOSA	1	9%
NORTE S/DER - CUCUTA	1	9%
VALLE - CALI	1	9%
	----	----
	11	100%

Prótesis y Órtesis

12. Antes de entrar al programa de Mercy Corps, ¿había recibido Tratamiento Prótesis y Órtesis

Si	3	27%
No	8	73%
	----	----
	11	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Prótesis y Órtesis Y HABIA RECIBIDO AYUDA ANTES DE ENTRAR AL PROGRAMA MERCY CORPS	3	3

13. Los servicios y ayudas recibidos por parte del programa de Mercy Corps con respecto de los otros servicios y ayudas recibidos previamente fueron

Mejores	2	67%
Peores	-	-
Iguales	1	33%
	----	----
	3	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Prótesis y Órtesis	11	11

14. Los servicios y ayudas recibidos por parte del programa de Mercy Corps pueden calificarse como …

Buenos	11	100%
	----	----
	11	100%

Rehabilitación física (terapias, etc.)

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Rehabilitación física (terapias, etc.)	49	49

11. ¿En qué ciudad y departamento recibió las ayudas de Mercy Corps?

ANTIOQUIA - MEDELLÍN	15	31%
CAQUETA - FLORENCIA	13	27%
NARIÑO - PASTO	5	10%
CAUCA - TORIBIO	2	4%
META - VILLAVICENCIO	2	4%
BOGOTA - BOGOTÁ D.C.	2	4%
NORTE S/DER - CUCUTA	2	4%
CAUCA - SANTANDER DE QUILICHAO	1	2%
ANTIOQUIA - TURBO	1	2%
ANTIOQUIA - MARINILLA	1	2%
ANTIOQUIA - RIONEGRO	1	2%
NARIÑO - LOS ANDES	1	2%
NARIÑO - SAMANIEGO	1	2%
CAUCA - POPAYAN	1	2%
VALLE - CALI	1	2%
	----	----
	49	100%

12. Antes de entrar al programa de Mercy Corps, ¿había recibido Rehabilitación física (terapias, etc.)

Si	27	55%
No	22	45%
	----	----
	49	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Rehabilitación física (terapias, etc.) Y HABIA RECIBIDO AYUDA ANTES DE ENTRAR AL PROGRAMA MERCY CORPS	27	27

13. Los servicios y ayudas recibidos por parte del programa de Mercy Corps con respecto de los otros servicios y ayudas recibidos previamente fueron

Mejores	22	81%
Peores	-	-
Iguales	5	19%
	----	----
	27	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Rehabilitación física (terapias, etc.)	49	49

14. Los servicios y ayudas recibidos por parte del programa de Mercy Corps pueden calificarse como …

Buenos	45	92%
Malos	1	2%
Ni buenos ni malos	2	4%
NS/NR	1	2%
	----	----
	49	100%

Acompañamiento para trámites y continuidad en los tratamientos		
BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Acompañamiento para trámites y continuidad en los tratamientos	61	61

11. ¿En qué ciudad y departamento recibió las ayudas de Mercy Corps?

ANTIOQUIA - MEDELLÍN	12	20%
CAQUETA - FLORENCIA	11	18%
NARIÑO - PASTO	5	8%
CAUCA - TORIBIO	4	6%
NARIÑO - LOS ANDES	4	6%
META - VILLAVICENCIO	3	5%
META - VISTA HERMOSA	3	5%
NORTE S/DER - CUCUTA	3	5%
CAUCA - POPAYAN	2	3%
META - SAN JUAN DE ARAMA	2	3%
ANTIOQUIA - TURBO	2	3%
ANTIOQUIA - SAN LUIS	1	2%
ANTIOQUIA - BELLO	1	1%
META - GRANADA	1	2%
BOGOTA - BOGOTÁ D.C.	1	2%
ANTIOQUIA - MONTEBELLO	1	1%
ANTIOQUIA - RIONEGRO	1	2%
CAUCA - EL TAMBO	1	2%
NARIÑO - SAMANIEGO	1	2%
CAUCA - SANTANDER DE QUILICHAO	1	2%
VALLE - CALI	1	2%
	----	----
	61	100%

12. Antes de entrar al programa de Mercy Corps, ¿había recibido Acompañamiento para trámites y continuidad en los tratamientos

Si	23	38%
No	36	59%
Ns/Nr	2	3%
	----	----
	61	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O YUDAS POR EL PROGRAMA Acompañamiento para trámites y continuidad en los tratamientos Y HABIA RECIBIDO AYUDA ANTES DE ENTRAR AL PROGRAMA	23	23

13. Los servicios y ayudas recibidos por parte del programa de Mercy Corps con respecto de los otros servicios y ayudas recibidos previamente fueron

Mejores	15	65%
Peores	-	-
Iguales	8	35%
	----	----
	23	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Acompañamiento para trámites y continuidad en los tratamientos	61	61

14. Los servicios y ayudas recibidos por parte del programa de Mercy Corps pueden calificarse como …

Buenos	54	88%
Malos	1	2%
Ni buenos ni malos	6	10%
	----	----
	61	100%

Continuidad en los tratamientos

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Continuidad en los tratamientos	43	43

11. ¿En qué ciudad y departamento recibió las ayudas de Mercy Corps?

CAQUETA - FLORENCIA	14	33%
ANTIOQUIA - MEDELLÍN	12	28%
NARIÑO - PASTO	5	12%
NORTE S/DER - CUCUTA	3	7%
VALLE - CALI	3	7%
CAUCA - TORIBIO	2	5%
META - VISTA HERMOSA	1	2%
ANTIOQUIA - SAN LUIS	1	2%
BOGOTA - BOGOTÁ D.C.	1	2%
META - VILLAVICENCIO	1	2%
	----	----
	43	100%

12. Antes de entrar al programa de Mercy Corps, ¿había recibido Continuidad en los tratamientos?

Si	21	49%
No	21	49%
Ns/Nr	1	2%
	----	----
	43	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Continuidad en los tratamientos Y HABIA RECIBIDO AYUDA ANTES DE ENTRAR AL PROGRAMA MERCY CORPS	21	21

13. Los servicios y ayudas recibidos por parte del programa de Mercy Corps con respecto de los otros servicios y ayudas recibidos previamente fueron

Mejores	14	67%
Peores	-	-
Iguales	7	33%
	----	----
	21	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIÓ SERVICIOS O AYUDAS POR EL PROGRAMA Continuidad en los tratamientos	43	43

14. Los servicios y ayudas recibidos por parte del programa de Mercy Corps pueden calificarse como …

Buenos	40	93%
Malos	1	2%
Ni buenos ni malos	2	5%
	43	100%

ATENCION MÉDICA, REHABILITACIÓN

BASE = TOTAL ENCUESTADOS	106	106

15. ¿Sabe ud. qué tiene que hacer el día que …

a. Necesite cambiar su Prótesis u Órtesis

Si	22	21%
No	20	19%
NS/NR	64	60%
	106	100%

b. Necesite un nuevo tratamiento de Rehabilitación física (terapias, etc.)

Si	32	30%
No	61	58%
NS/NR	13	12%
	106	100%

c. Necesite acompañamiento para trámites y continuidad en los tratamientos

Si	38	36%
No	58	55%
NS/NR	10	9%
	106	100%

INCLUSIÓN SOCIO-ECONÓMICA

BASE = TOTAL ENCUESTADOS	106	106

16. En relación con el sustento de ud. y su familia, ¿quiénes eran antes del accidente y quienes son ahora los principales aportantes? (multiple responses possible)

a. Antes

Usted	69	65%
Su pareja	30	28%
Otro (hijo, hija, padre, etc.)	43	41%

b. Ahora

Usted	61	58%
Su pareja	46	43%
Otro (hijo, hija, padre, etc.)	40	38%

17. En relación con sus ingresos ¿cómo los obtenía antes del accidente, y como los obtiene ahora?

a. Antes

Trabajaba/trabaja por cuenta propia sin contrato	80	76%
Tenía/tiene un contrato y un salario	12	11%
No obtenía/obtiene ingresos	12	11%
Era/es ayudado económicamente por terceros en dinero o especie	1	1%
Otro	1	1%
	106	100%

b. Ahora

Trabajaba/trabaja por cuenta propia sin contrato	58	55%
No obtenía/obtiene ingresos	31	29%
Tenía/tiene un contrato y un salario	7	6%
Era/es ayudado económicamente por terceros en dinero o especie	3	3%
Recibía/recibe un subsidio del Estado a su nombre	2	2%
Otro	5	5%
	106	100%

18. ¿Ha tenido que pedir dinero en las calles, antes o después de su accidente?

Después	9	8%
Antes	2	2%
Los dos (antes y después)	1	1%
Nunca	93	88%
NS/NR	1	1%
	106	100%

19. ¿A qué se dedica ahora (actividad principal)?

Trabajos por día / jornales	19	18%
Administrar un negocio o una finca	19	18%
Empleado en otras actividades	14	13%
Trabajo doméstico en el hogar propio	10	9%
Estudiar	9	8%
Otro trabajo en el campo	5	5%
Venta de productos (cultivos, artesanías, etc.)	3	3%
Raspar coca / amapola	1	1%
Otro	3	3%
Nada	23	22%
	106	100%

20. En relación con su participación en la comunidad, indique a cuales actividades participaba antes del accidente y a cuales participa ahora?

Antes

Actividades sociales / de organizaciones comunitarias	52	49%
Actividades recreativas	24	23%
Actividades culturales	9	8%
Actividades religiosas	2	2%
Otra(s)	1	1%
Ninguna	35	33%

Ahora

Actividades sociales / de organizaciones comunitarias	46	43%
Actividades recreativas	10	9%
Actividades culturales	3	3%
Actividades religiosas	3	3%
Otra(s)	1	1%
Ninguna	49	46%

21. ¿En qué año usted recibió ayuda de Mercy Corps para sus proyectos económicos (capital semilla)?

ANTES DE 2007	4	4%
2007 A 2009	16	15%
2010 A 2012	74	70%
2013	2	2%
No recibió ayuda económica de Mercy Corps	7	6%
NS/NR	3	3%
	----	----
	106	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIERON AYUDA DE MERCY CORPS EN UN PROYECTO PRODUCTIVO	96	96

22. ¿El dinero que recibió le sirvió para …

Montar un proyecto nuevo	70	73%
Reforzar un proyecto existente	25	26%
NS/NR	1	1%
	----	----
	96	100%

23. ¿Algún familiar trabaja con usted en el negocio para el cual recibió ayuda? ¿Cuál?

Mi(s) hijo/a(s)	18	19%
Mi pareja	17	18%
Otros	29	30%
Ningún familiar trabaja conmigo	41	43%

24. ¿En qué área desarrolló su actividad con el apoyo de Mercy Corps?

Agricultura (ganadería, cultivos, etc.)	52	54%
Comercio para personas (tienda, etc.)	30	31%
Servicios para personas (acceso a internet, peluquería, etc.)	11	12%
Otro	2	2%
NS/NR	1	1%
	----	----
	96	100%

25. ¿El negocio para el cual usted recibió apoyo todavía está funcionando?

Si	71	74%
No	25	26%
	----	----
	96	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIERON AYUDA DE MERCY CORPS PARA UN PROYECTO PRODUCTIVO EL NEGOCIO POR EL QUE RECIBIO EL APOYO DEJO DE FUNCIONAR	25	25

26. ¿Por cuál razón dejó de funcionar?

Falta de rentabilidad económica	14	56%
Su estado de salud no le permitió seguir	5	20%
Razones personales o familiares	2	8%
Tuvo acceso a mejores oportunidades	1	4%
Otra	10	40%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIERON AYUDA DE MERCY CORPS Y EL NEGOCIO POR EL QUE RECIBIO AYUDA FUNCIONA	71	71

27. ¿Diría ud. que es probable o poco probable que el negocio funcionara hoy en dia si no hubiera recibido el apoyo de Mercy Corps?

Probable	14	20%
Poco probable	56	79%
NS/NR	1	1%
	----	----
	71	100%

BASE = ENCUESTADOS QUE RESPONDIERON QUE RECIBIERON AYUDA DE MERCY CORPS PARA UN PROYECTO PRODUCTIVO	96	96

28. ¿Si usted había recibido otras ayudas similares de tipo económico por su condición de victima de minas antes, ¿Cómo valoraría de forma general el apoyo económico y social que recibió a través del programa de Mercy Corps comparado con otro apoyo similar que había recibido antes, de esos otros programas?

Mejor	25	26%
Peor	1	1%
Igual	15	16%
No había recibido otras ayudas similares de tipo económico por su condición de víctima de minas antes	54	56%
NS/NR	1	1%
	----	----
	96	100%

29. ¿Cómo valoraría de forma general el apoyo económico y social que recibió a través del programa de Mercy Corps?

Bueno	88	92%
Malo	-	-
Ni bueno ni malo	8	8%
	----	----
	96	100%

30. ¿Está de acuerdo con las siguientes afirmaciones a propósito del apoyo que recibió a través del programa de inclusión económica de Mercy Corps?

a. El dinero que aportaron al proyecto fue un apoyo importante para mí

Si	95	99%
No	1	1%
	----	----
	96	100%

b. El dinero que aportaron al proyecto era suficiente		
SI	48	50%
NO	48	50%
	----	----
	96	100%
c. Mercy Corps me ayudaron a mejorar mi proyecto		
SI	88	92%
NO	7	7%
NS/NR	1	1%
	----	----
	96	100%
d. No me dejaron hacer lo que yo quería		
SI	29	30%
NO	64	67%
NS/NR	3	3%
	----	----
	96	100%
e. El apoyo técnico fue muy útil		
SI	91	95%
NO	4	4%
NS/NR	1	1%
	----	----
	96	100%
f. Los requisitos que piden para entrar al programa son demasiados o demasiado complejos		
SI	32	33%
NO	63	66%
NS/NR	1	1%
	----	----
	96	100%
g. A través del programa, aprendí cosas que me sirven fuera de mi negocio		
SI	93	97%
NO	3	3%
	----	----
	96	100%
h. Mi participación en el programa me hizo sentir mucho mejor		
SI	95	99%
NO	1	1%
	----	----
	96	100%

IDENTIFICACIÓN PERSONAL		
BASE = TOTAL ENCUESTADOS	106	106

32. Tipo y número de documento		
Cédula	100	94%
Tarjeta de identidad	4	4%
Ns/Nr	2	2%
	----	----
	106	100%

32. Lugar de residencia

META - VISTA HERMOSA	10	9%
CAQUETA - FLORENCIA	6	5%
CAQUETA - LA MONTAÑITA	6	5%
CAUCA - TORIBIO	6	5%
ANTIOQUIA - MEDELLÍN	6	5%
NARIÑO - LOS ANDES	6	5%
NORTE S/DER - CUCUTA	6	6%
META - VILLAVICENCIO	5	5%
NARIÑO - SAMANIEGO	5	5%
ANTIOQUIA - SAN CARLOS	5	5%
META - SAN JUAN DE ARAMA	3	3%
CAUCA - EL TAMBO	3	3%
CAUCA - SANTANDER DE QUILICHAO	3	3%
ANTIOQUIA - CARMEN DE VIBORAL	3	3%
CAUCA - POPAYAN	3	3%
ANTIOQUIA - TURBO	2	2%
ANTIOQUIA - APARTADÓ	2	2%
CAQUETA - EL PAUJIL	2	2%
ANTIOQUIA - LA UNION	2	2%
ANTIOQUIA - MONTEBELLO	2	2%
ANTIOQUIA - BELLO	2	2%
ANTIOQUIA - SAN LUIS	2	2%
ANTIOQUIA - COCORNA	1	1%
CUNDINAMARCA - EL ROSAL	1	1%
CAQUETA - SAN VICENTE DEL CAGUAN	1	1%
META - EL CASTILLO	1	1%
META - GRANADA	1	1%
META - PUERTO RICO	1	1%
META - SAN CARLOS DE GUAROA	1	1%
ANTIOQUIA - YARUMAL	1	1%
CAUCA - CALDONO	1	1%
CAUCA - CALOTO	1	1%
NARIÑO - RICAURTE	1	1%
ANTIOQUIA - NECOCLI	1	1%
NARIÑO - SANTACRUZ	1	1%
ANTIOQUIA - SAN PEDRO DE URABA	1	1%
VALLE - CALI	1	1%
PUTUMAYO - VALLE GUAMUEZ	1	1%
	----	----
	106	100%

ANNEX VI: DISCLOSURE OF ANY CONFLICTS OF INTEREST

Name	
Title	
Organization	
Evaluation Position	☐ Team Leader ☐ Team member
Evaluation Award Number	AID-514-C-13-00003
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Performance Evaluation of "Landmine Activities for Victims of the Conflict in Colombia", Mercy Corps, 514-A-00-08-00311-00
I have real or potential conflicts of interest to disclose.	☐ Yes ☐ No
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	

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