Quality of life of victims

of mines and explosive remnants of war:

The perception of victims in Colombia

DECEMBER 2013

HANDICAP INTERNATIONAL

ABOUT HANDICAP INTERNATIONAL

Handicap International was founded in 1982. Our first activities included setting up orthopaedic centres in refugee camps at the Thailand/Cambodia border. Simple, locally available equipment was used, enabling Handicap International to provide immediate, effective and practical services, and train competent local teams. The organisation has since gone on to develop a global approach to disability, aiming to reduce poverty and situations of vulnerability, and ensure that development and emergency responses are accessible to all.

Handicap International gives priority to people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights through training, partnerships, and the use of local techniques and resources. We work closely with disabled people's organisations, other local civil society organisations, professionals, service providers, local and national authorities and key economic players to contribute towards ensuring that people with disabilities can exercise their rights and have equal opportunities to participate in the social, economic, cultural and political development of their communities. Handicap International carries out its projects with a focus on quality. All our activities respect clear ethical values and are carefully monitored and evaluated. Our aim: for everyone to fully participate in society and development.

Particularly on landmines, cluster munitions and other explosive remnants of war (ERW), Handicap International works on four of the five pillars of mine action: advocacy, clearance, risk education and victim assistance.

At the policy level, Handicap International is notably committed to the fight against anti-personnel landmines and cluster munitions. Co-recipient of the 1997 Nobel Peace Prize, as a founding member of the International Campaign to Ban Landmines, today the organisation is a recognised force for international advocacy. In 2003, Handicap International became one of the founding members of the Cluster Munition Coalition, to campaign for a ban on cluster munitions. This led to the 2008 Convention on Cluster Munitions. To support the policy work, the organisation has produced ground-breaking evidence-driven research reports.[1]

Now working in over 60 countries (of which 40 are mine/ERW affected) in Africa, Asia, Latin America and East Europe, Handicap International is a network with national associations in Belgium, Canada, France, Germany, Luxembourg, Switzerland, the United Kingdom and the United States.

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1 For more information see: http://www.handicapinternational.be/en/publications.

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LIST OF ACRONYMS

• CIREC	Centro Integral de Rehabilitación de Colombia (Colombian Integrated Rehabilitation Centre)
• FOSYGA	Fondo de Solidaridad y Garantía del Sistema General de Seguridad en Salud (Colombian Solidarity and Guarantee Fund of the General Health Security System)
• EPS	Entidad Promotora de Salud (Colombian Health Promotion Enterprise)
• ERW	Explosive remnants of war
• ICBL	International Campaign to Ban Landmines
• NGO	Non-governmental organisation
• OECD	Organisation for Economic Co-operation and Development
• PAICMA	Programa Presidencial para la Acción Integral contra Minas Antipersonal (Colombian Presidential Programme for Mine Action)
• SENA	Servicio Nacional de Aprendizaje (Colombian National Service of Learning)
• VA	Victim Assistance
• WHO	World Health Organisation
• WHOQOL	World Health Organisation Quality of Life

GLOSSARY[3]

Abandoned explosive ordnance : Explosive ordnance that has not been used during an armed conflict, that has been left behind or dumped by a party to an armed conflict, and which is no longer under its control. Abandoned explosive ordnance is included under the broader category of explosive remnants of war.

Affected community: Communities that are affected by or have remnants of cluster munitions/unexploded ordnance in their locality.

Affected families: Families of people that have been injured or killed by a mine or explosive remnants of war (ERW).

Antipersonnel mine: According to the 1997 Mine Ban Treaty, an antipersonnel mine means ' a mine designed to be exploded by the presence, proximity or contact of a person and that will incapacitate injure or kill one or more persons'.

Cluster munition: According to the 2008 Convention on Cluster Munitions a cluster munition is: 'A conventional munition that is designed to disperse or release explosive submunitions each weighing less than 20 kilograms, and includes those submunitions' (CCM, Article 2, 2010). Cluster munitions consist of containers and submunitions. Launched from the ground or air or water, the containers open and disperse submunitions (bomblets) over a wide area. Bomblets are typically designed to pierce armour, kill people, or both.

Disability: The Convention on the Rights of Persons with Disabilities defines persons with disability as 'those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others'. (CRPD, Article 1, 2006)

Explosive remnants of war: Under Protocol V to the Convention on Conventional Weapons, ERW are defined as unexploded ordnance and abandoned explosive ordnance. Mines are explicitly excluded from the definition, which on the other hand covers unexploded cluster munitions or submunitions.

Survivor: People who are victims of mine/ERW accidents and who have survived. (Handicap International, forthcoming)

Victim: According to the Mine Ban Treaty and the Convention on Cluster Munitions, victims are 'all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalization or substantial impairment of the realization of their rights' (CCM, Article 2, 2010) caused by the use of mine or cluster munitions. In this light, there are two types of victims:

> **(1)** Direct victims are people injured or killed as a direct consequence of landmines and ERW;
>
> **(2)** Indirect victims include families and communities of those killed or injured as a direct consequence of landmines and ERW. It also includes mines and ERW-impacted communities that suffer economically or otherwise due to contamination of the area.

Unexploded ordnance: Munitions that were designed to explode but for some reason failed to detonate. Unexploded ordnance is included under the broader category of ERW.

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3 The glossary terms have been taken from the Landmine and Cluster Munition Monitor website. Available at: http://www.the-monitor.org/index.php/LM/The-Issues/Glossary.

ABSTRACT

The concept of victim assistance (VA) has evolved in recent years due to the increased understanding that a comprehensive approach to VA requires specific VA-related efforts on the one hand, and the integration of VA into broader disability, development and human rights frameworks on the other. The principle of non-discrimination plays a particularly important role in the operationalisation of this understanding and is well reflected in the Convention on the Rights of Persons with Disabilities. Understanding those determinants that influence the self-perceived quality of life of mine/ERW victims is, however, paramount if VA and broader efforts are to provide an adequate response. Given the multiple determinants that influence quality of life, this qualitative research project adopted the equally multi-scale, multi-dimensional concept of quality of life, as proposed by the World Health Organisation, as its principal approach to understanding the subjective well-being of the victims of mines/ERWs from their own perspective. The findings suggest that, according to these individuals, good family and social relationships as well as access to income and employment are the two main determinants of quality of life. However, a number of barriers exist that prevent the attainment of the desired quality of life elements. These barriers include: the impact of forced displacement due to the mine/ERW accident, lack of access to monetary benefits and employment, lack of access to health and rehabilitation services, and little or no knowledge of their rights among victims or the ability to exercise their rights. Positive family relations and psycho-social support were, however, perceived as helping to break down these barriers. By identifying victims' self-perceived quality of life determinants and barriers, this research reiterates the importance of policies and programmes that take these determinants in consideration in order to successfully enhance well-being. It presents its findings as seen through the eyes of these individuals. The Republic of Colombia was chosen for this qualitative research project to gain an in-depth understanding of the intrinsic and extrinsic factors that affect victims' self-perceived quality of life. The country provided a suitable example to look at efforts on the part of government and non-government bodies to ensure that victims of landmines and ERW are being adequately assisted.

KEY WORDS

External and internal factors, inclusion, laws and policies, people-centric services, people with disabilities, quality of life, quality of life determinants, victim assistance, and victim assistance provisions

1. Introduction

This chapter presents the context and background of the research. It demonstrates (1) the link between victim assistance and quality of life; (2) the indicators used in this qualitative research to idenify a comprehensive approach to the quality of life of victims of mines and ERW; and (3) provides a brief background to the armed conflict in the Republic of Colombia along with the country's efforts on victim sssistance.

1.1. SETTING THE CONTEXT: VICTIM ASSISTANCE AND QUALITY OF LIFE

Assisting victims of landmine/ERW (mines/ERW hereafter) was introduced as an obligation in the 1997 Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction- referred to as the Mine Ban Treaty (GICHD, 2011). The treaty, which entered into force in 1999, sets a precedent in 'incorporating a legal obligation to assist victims and survivors' (White. J and Rutherford. K, 2011:10). In 2003 a new Protocol V was included in the Convention on Certain Conventional Weapons, which provided a framework on assisting victims of ERW (Ibid). In 2008, the parties to the Protocol V adopted a 'Plan of Action on Victim Assistance', which incorporates 'the principles and approaches' (Ibid) of victim assistance, making it consistent with the Mine Ban Treaty's provision to assist victims. Furthermore, in 2010, the Convention on Cluster Munitions was developed, which embodied a holistic approach to victim assistance (in Article 2, where victims are defined; Article 5, which sets the obligations by States Parties regarding victim assistance; Article 6 on international cooperation and assistance obligations, including regarding victim assistance; and Article 7 on transparency measures).

Under these treaties, *victim assistance (VA)* includes six components (MBT, Articles 5, 6 sections 3, 4, 6, 7 [d,e] and 8, 1997): (1) understanding the extent of the challenge (data collection); (2) emergency and on-going medical care; (3) rehabilitation; (4) psychological and psycho-social support; (5) social and economic inclusion; and (6) laws and policies.

Over the years since the Mine Ban Treaty entered into force, an abundance of research, deliberations, policy recommendations and implementations have been geared towards VA. Many frameworks were developed in providing guidelines for the integration of VA within mine action and development, especially in the domains of participation, coherence and solidarity. This inevitably led to the recognition of *VA as a human rights issue* in various legal instruments. In particular, the Convention on the Rights of Persons with Disabilities in 2006, acknowledged the rights of survivors regardless of the cause of their impairment,(CRPD, Article 1:Purpose, 2006) essentially focusing on non-discrimination with special attention to vulnerable groups, full and effective participation, and taking age and gender into consideration. VA thus goes hand in hand with the Convention on the Rights of Persons with Disabilities, protecting and promoting the rights of mine/ERW survivors as part of the broader group of people with disabilities.

By recognising VA as a human rights issue, an emphasis is placed on understanding that prejudices in society make life difficult, as well as the lack of access to basic rights and services; victims need to be able to participate in political processes, gain access to justice, and engage in meaningful economic and social activity. This involves analysing the personal and environment factors, and the interaction of these factors within life habits.[4] Life habits are current activities or social roles taken by the person or his/her socio-economic context. A situation enabling social participation means the full realisation of a person's life habits. Thus, a person being awarded their full or partial human rights means that their capabilities and their social-cultural conditions and political factors are in harmony. All of which contributes to the improvement of a person's life in ways that are effective and sustainable. The external (conditions) and internal (personal) factors influence the ability of individuals, families and communities to lead fulfilling lives (Asian Development Bank, n.d). This perspective on understanding individual lives is encompassed by many approaches, one of which is the World Health Organisation (WHO)'s definition of *quality of life*,[5] which distinguishes several domains of a person's life. According to the WHO, quality of life is the 'individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'(WHO, 2012). This definition reflects a person's subjective evaluation of different aspects of life, embedded in a cultural, social and environmental context.

4 Referred to in the disability creation process; for more on this, see: http://www.indcp.qc.ca/hdm-dcp/hdm-dcp.

5 Quality of life is a complex concept. However, to help analyse the research findings and gain a deeper understanding of the self-perceived lives of victims of mine/ERW, the WHO's approach has been used in this research

This subjective approach represents a micro-level dimension of the quality of life assessment and is based on the individual's perception of their well-being. Several institutions such as the Organisation for Economic Co-operation and Development (OECD), the WHO and the University of Bath (UK) highlight the accuracy of this approach, agreeing for example that 'measures of subjective well-being are capable of capturing valid and meaningful information … and show meaningful associations with a range of life circumstances' (OECD, 2013). In this light, this research report adopts a micro-level approach to enhance understanding of respondents' self-perceived quality of life.

1.1.1. Quality of life approach to victim assistance

In the previous section we discussed the shift in paradigm of VA's being seen as a separate entity to being part of a development agenda focusing particularly on the rights of the victims – meaning inclusion in the social (education, psycho-social services among others), health and economic dimensions of life. This points to a direct link of most components of VA – namely, emergency and on-going medical care; physical and functional rehabilitation; psychological and psycho-social support; social and economic inclusion; and laws and policies – to the formulation of legal instruments and this is reflected in services aimed at ensuring individuals' well-being and essentially their quality of life. Thus, looking at VA through the WHO's quality of life lens may help identify an individual's needs, challenges and capabilities in his/her life in interaction with their daily environment (social, political, work …). In turn, this assists varied stakeholders (policy makers, social and aid workers, health practitioners, government …) devise policies, actions and practices catering for the individual (in this case, the victims of mine/ERW).

This research thus applied a micro-level approach in measuring the quality of life of the mine/ERW victims. This perspective is fundamental in understanding both the perceived life conditions and people's attitudes towards these conditions. Nevertheless, the focus does not dismiss the relevance of macro-level, cross-sectoral studies that have influenced national and international VA-related policies. It endeavours to add to the body of knowledge on the situation of victims from their own perspective, specifically with regard to professional achievement, future aspirations or satisfaction with their personal relationships.

In particular, the research proposed indicators of analysis as per the six domains and 24 facets within these domains of the WHO's Quality of Life Instruments-see Annex 1 (WHO, 2012) and the OECD Guidelines on Measuring Subjective Well-being (OECD, 2013). The indicators were presented according to some components on VA, namely:

Table 1: INDICATORS OF UALITY OF LIFE IN RELATION TO VA

Domain	Some Facets Incorporated within the Domains
Physical health	Energy and fatigue Pain and discomfort
Psychological well-being	Negative feelings Positive feelings Self-esteem Thinking and learning
Family and social relations	Personal relationships Social support Sexual activity
Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for new information and skills Participation in and opportunities for recreation/leisure Physical environment
Level of independence and mobility	Infrastructure Ability to earn monetary resources Transport
Income	Accessibility Employment opportunities
Laws and policies	Realisation of rights and policies Knowledge of rights and policies

The research applied a qualitative approach to gain an in-depth understanding of the quality of life of the victims of mine/ERWs. The methodology is elaborated in Chapter 2.

1.2. BACKGROUND: THE REPUBLIC OF COLOMBIA AND VICTIM ASSISTANCE

To help operationalise the research objective of understanding the quality of life of victims of mine/ERW, the Republic of Colombia was chosen in order to collect lived experiences from the field. Colombia served as a perfect case study due to the country's history related to the use of mine/ERW and its immense efforts in advancing VA policies and practices. This section provides a brief background to armed conflict in the country as well as the country's VA efforts.

Colombia's mine/ERW problem is the result of over 50 years of armed conflict brought about by the actions of armed groups, paramilitary groups and guerrillas. According to the Colombian Presidential Program for Mine Action (PAICMA), between 1990 and

July 2013, there have been 10,471 casualties due to antipersonnel landmines and ERW (PAICMA, n.d) Among them, 2,147 were killed in the accident or because of it and 8,324 were injured (Ibid). Of the surviving victims, 38% (4,017) are civilians and 62% belong to the security forces. The Landmine and Cluster Munition Monitor website reported that, among the 190 civilian casualties in 2011, 21% were children, 5% were adult women and 74% were adult men (Landmine and Cluster Munition Monitor, 2012). According to PAICMA, over the last 23 years casualties were recorded in almost all the departments of the country and the departments most affected were Antioquia (with 22% of casualties), Meta (10%), Caquetá (8%), Norte de Santander (7%) and Nariño (6%).

However, according to the Landmine and Cluster Munition Monitor, the country's casualty rate has dramatically declined, with an identical number of casualties (528) between 2006 and 2010 compared with rates in the earlier years, which peaked at 1,200 anually in 2005 and 2006. Nevertheless, Colombia was still the third most impacted country in 2011, however.

The government of the Republic of Colombia has been very proactive in the field of VA in recent years and greater efforts were made in terms of national VA coordination by PAICMA. The country is a State Party to the Mine Ban Treaty, a signatory to the Convention on Cluster Munitions and has ratified the Convention on Conventional Weapons and its Amended Protocol II on landmines. Colombia has also ratified the Convention on the Rights of Persons with Disabilities but not its Optional Protocol; and Colombia hosted the Second Review Conference on the Mine Ban Treaty, organised in Cartagena in 2009. A summary of the country's status with regard to international treaties is given in Table 2.

Table 2: **COLOMBIA STATUS ON THE INTERNATIONAL TREATIES**[6]

Treaty/Convention	Status
Mine Ban Treaty	Ratified, 6 September 2000
Convention on Cluster Munitions	Signed, 3 December 2008
Convention on Conventional Weapons	Ratified, 6 March 2000
Convention on Conventional Weapons / Amended Protocol II (on landmines)	Signed, 6 March 2000
Convention on Conventional Weapons / Protocol V (on ERW)	Not signed
UN Convention on the Rights of Persons with Disabilities	Ratified, 10 May 2011
UN Convention on the Rights of Persons with Disabilities / Optional Protocol	Not signed

6 Based on information from the Landmine and Cluster Munition Monitor website. Available at: http://www.the-monitor.org/index.php/cp/display/region_profiles/find_profile/CO/2013.

At the national level, Colombia has adopted legislation to protect the rights of people with disabilities,[7] while specific laws for the victims of the internal armed conflict,[8] including mine/ERW victims, were also developed. In particular, efforts were made to enforce their rights with the 1448/2011 Victims and Land Restitution Law[9] – a legal norm that represents an historic moment in the development of VA in the country.[10]

During recent years many steps were taken in the field of VA in Colombia, in particular through the integration of the international recommendations on VA into the national legal framework, entitling victims of armed conflict, including mine/ERW victims, to a range of services through a comprehensive process of the attention to victims (the *Ruta de* Atención)[11] with regard to health, rehabilitation, education, humanitarian aid and other domains. Colombian public policy addresses the needs and rights of all armed conflict victims, including those who have disappeared, been murdered or have suffered other serious violations of human rights, as the landmine/ERW survivors

7 Law 361/1997, law 1346/2009 and law 1618/2013, concerning the rights of the persons with disabilities.

8 Law 418/1997, law 759/2002 and law 1448/2011.

9 Law 1448/2011: Ley de Víctimas y Restitución de Tierras y sus Decretos Reglamentarios. Available at: http://www.leydevictimas.gov.co/documents/10179/19132/completo.pdf.

10 For more on the Colombian legal framework on VA and the needs assessment regarding its implementation, see Handicap International (2012), Los Resquicios del Derecho: Oportunidades y Desafíos para la Atención Integral a las Víctimas del Conflicto en Colombia. Handicap International Publications.

11 For more on the process of attention to victims (Ruta de Atención) that frames VA in Colombia, see: Equipo Jurídico de la Unidad para la Atención y Reparación Integral a las Víctimas (2012), 'Ruta de Derechos: Unidad para la Atención y Reparación Integral a las Víctimas', in Corporación Viva la Ciudadanía (2012), La Ruta de los Derechos de las Víctimas: Ley de Víctimas y Restitución de Tierras, Decretos Reglamentarios y Decretos para Etnias, pp. 14–26. Available at: http://viva.org.co/pdfs/victimas/La_Ruta_de_los_Derechos_de_las_Victimas.pdf.

and people who have been displaced.[12] All victims are granted rights to damages and restitution of prior living conditions, and they are entitled to a range of social and health services, including free access to public academic schools, free emergency and long-term health care and psychological support programmes. Additionally, those who have been forcibly displaced are entitled to the return of their land or to an equivalent plot of land or monetary compensation, and they gain preferential rights to housing subsidies.[13]

Despite these efforts, gaps have been identified in the comprehensive implementation of VA provisions, among others. Some of the main barriers identified by different stakeholders are: (1) difficulties in the registration of victims' documentation;[14] (2) the centralisation of specialised medical care and physical rehabilitation services, which are in the main cities and therefore do not benefit most survivors who live in rural areas;[15] (3) dependence on support of non-governmental organisations (NGOs) to facilitate access to or pay for services;[16] (4) lack of economic inclusion opportunities; (5) insufficient psycho-social attention and support;[17] (6) lack of awareness of local authorities in relation to the victims' rights (Handicap International, 2012); (7) lack of communication and liaison between central and local governmental authorities;[18] (8) weak enforcement of the victims' security, especially in areas controlled by illegal armed groups (Summers, N., 2012); (9) the absence of mechanisms to overcome corruption and control of the local courts by armed groups (Ibid); (10) the existence of a hierarchy of victims who are eligible for reparations (Amnesty International, 2012); and (11) lack of additional state resources to allow governmental institutions to provide reparations and implement their obligations according to the Victims Land and Restitution Law (Ibid).

Besides the Colombian government, a number of international and national non-government, bi-lateral and multilateral organisations have worked tirelessly to provide services to survivors among the broader group of people with disabilities and the general population. These actors work closely with PAICMA to coordinate effective implementation of VA services for wider outreach and long-term care to the victims. While some work on medical care, such as health and rehabilitation, others focus on

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12 The 1448/2011 victims' law defines as a victim any person who has suffered severe violations of human rights or international humanitarian law as a result of the conflict since 1985. Spouses, permanent partners and first-degree family members of disappeared or murdered victims are also considered victims. Additionally, people who suffered injuries prior to 1985 may be considered victims for the purposes of seeking rights to truth and justice, but are not entitled to damages or restitution. For more on this see: Ley de Víctimas y Restitución de Tierras y sus Decretos Reglamentarios. Available at: http://www.leydevictimas.gov.co/documents/10179/19132/completo.pdf.

13 Law 1448/2011: Ley de Víctimas y Restitución de Tierras y sus Decretos Reglamentarios. Available at: http://www.leydevictimas.gov.co/documents/10179/19132/completo.pdf.

14 This refers to the registration documents (Registro Único de Víctimas) conflict victims must fill in in order to access reparation programmes and services provided by the Colombian state. This barrier is described on the Landmine and Cluster Munition Monitor website. Available at: http://www.the-monitor.org/index.php/cp/display/region_profiles/find_profile/CO/2013.

15 Ibid.

16 Ibid.

17 Ibid.

18 Ibid.

psychological, social and economic support (Landmine and Cluster Munition Monitor, 2012). Inclusion of victims in all areas of society and accessibility of services are two of the goals that these organisations aim to reach with the varied services they provide. However, due to the decrease in international funding, the availability of livelihood opportunities for victims provided by these organisations have been reduced (Ibid).

Colombia's progress in developing effective efforts to advance victims' rights, and its challenges in realising them, makes it uniquely appropriate as a case study, to draw examples from its successes and lessons learned for other countries with experience in realising VA provisions. This research report thus aims to highlight some of the most relevant determinants of the mine/ERW victims' quality of life in Colombia, and the barriers they face in achieving a good quality of life, while drawing lessons from the findings presented for a broader understanding of the challenges and opportunities involved in efforts to ensure that the VA provisions of the Mine Ban Treaty and Convention on Cluster Munitions are being realised.

1.3. STRUCTURE OF THE REPORT

This report is the result of a qualitative micro-level analysis that views quality of life from the perspective of the people supported. It is divided into four chapters. The current Chapter 1 introduced the report. It described the context and background, as well as arguments for the importance of using a quality of life tool to provide information on self-perceived quality of life. It also gave reasons for selecting Colombia as the relevant case study. Chapter 2 validates the research scope and the qualitative methods used. Chapters 3 and 4 present evidence on the most relevant domains and challenges to mine/ERW victims' quality of life, summarise the report and recommend steps to various stakeholders so that the desired quality of life, as stated by the victims, can be attained.

2. Research scope and methodology

This chapter outlines the scope of the report and the methodology adopted. It presents the objectives, territory and population of the research, and the rationale behind the scope of the report. It also touches upon the qualitative method used, and the analysis of the data with a view to operationalising the research. The main limitations of the methodology are highlighted at the end of this chapter.

2.1. THE RESEARCH SCOPE

A qualitative approach was chosen to study the quality of life of the mine/ERW victims, based on the victims' perception of the different domains of their lives. A two-stage approach was used to ensure deeper analysis of the main dimensions of quality of life.

2.1.1. Overall goal and objectives

The overall goal of the research was *to understand the self-perceived quality of life of the mine/ERW victims in Colombia*. More specifically:

- to recognise the most relevant self-perceived elements of the mine/ERW victims' quality of life
- to identify the self-perceived challenges in accessing the most relevant elements of self-perceived quality of life of mine/ERW victims
- to recommend entry points to new or existing policies and practices to enhance victims' quality of life.

2.1.2. Territory

The study was implemented in three departments of Colombia: *Antioquia*, *Santander* and *Norte de Santander*. People were interviewed from different parts of each department, combining rural and urban areas.

Antioquia and Norte de Santander are two of the regions of the country most affected by the armed conflict and contamination with landmines and explosive devices, accounting for 29% of the victims in the country (PAICMA, n.d).

2.1.3. Population

The chief research population was comprised of *20 mine/ ERW victims*. Of these, 14 were survivors and 6 were the affected families. The interviewees were pre-selected by the Handicap International Colombia team, through their contacts or other NGO contacts. The criteria for selection were to ensure diversity in age, gender, educational background, geographical location in rural and urban areas and employment status. The aim was to ensure a diverse respresentation of victims' needs and life environments.

The final sample of interviewees present the following characteristics:

- of the 14 direct and 6 indirect victims of mine/ERW, the age was 22 years and older; given that most casualties are aged between 40 and 49;
- the youngest interviewee was 22 years old and the oldest was 62 years old;
- there were 11 men and 9 women;
- the majority were married or living with a partner (62%);
- nine were from Antioquia, six from Norte de Santander and five from Santander;

- eight respondents were self-employed (most in an informal business or agriculture), five were unemployed, four were homemakers, two were in waged employment and one was a student;
- the respondents had different levels of education: seven had never attended school or had not completed primary school;
- for ten survivors the impairment resulted from a landmine accident and for four resulted from ERWs;
- the respondents had the following impairment (s): amputation of a leg (seven), wounds (four), affected vision (three), burns (three), both arms amputated (two), partially deaf (two), hearing affected (two), total blindness (one) or others (three); and most survivors suffered from multiple impairments.

To cross-check information (triangulate), understand the context and gain a different perspective on the victims' quality of life, *10 representatives* from national and international organisations, working in different areas such as health, social and advocacy fields, were interviewed. These were: the departmental coordinators of the Campaña Colombiana Contra Minas[19] in Santander, Antioquia and Norte de Santander, the United Nations Office for the Coordination of Humanitarian Affairs in Norte de Santander, the Programa Presidencial para la Acción Integral contra Minas Antipersonal (PAICMA),[20] the Asociación de Víctimas de Norte de Santander,[21] the

19 The Colombian Campaign to Ban Landmines, which is a member of the International Campaign to Ban Landmines (ICBL).

20 The Colombian Presidential Program for Mine Action.

21 The mine/ERW survivors' association of Norte de Santander.

Cruz Roja Colombiana in Medellin,[22] the orthopedic centre Orthopraxis in Medellin, the Hospital San Vicente Fundación in Medellin and the E.S.E. Hospital Universitario de Santander in Bucaramanga.

2.2. METHODOLOGY

This study used qualitative methodologies. Data was collected in two stages.

- The first stage included *20 in-depth interviews*[23] with victims, most of them at the interviewees' house. The interviews were semi-structured, aiming at spontaneity in the conversation and addressing all the chosen domains of quality of life.
- The second stage was the *two focus groups*[24] with 12 survivors who had been interviewed previously. The focus group discussions attempted to focus on the most critical aspects shared at the interviews: (1) knowledge and use of victims' rights, (2) accessibility to rehabilitation services and (3) access to employment. The discussions were informal with open questions, favouring a natural environment of exchange of ideas and observation of group dynamics.

2.2.1. Data collection and analysis

The research data was collected between 29 July and 16 August 2013. The interviewes were carried out by two local researchers and overall coordination and research was done by the reseacher based in Brussels. These three researchers worked together to conduct all interviews and focus groups, working in pairs.

Specific tools were developed for this study. The interview guide for the first stage of the study was inspired by the WHO approach (WHOQOL questionnaire) and the OECD Guidelines on Measuring Subjective Well-being. The following dimensions of quality of life were included: physical health, psychological well-being, family and social relations, environment and participation, level of independence and mobility, income and laws and policies (see Table 1 and section 1.1).

All interviews were transcribed and the data collected was analysed through content analysis and through cross-checking of information from different sources so as to assure the consistency and corroboration of the findings.

Ethical procedure

Some ethical procedures were followed, such as obtaining *informed consent* from all interviewees prior to data collection, and making sound recordings or taking photographs. Simultaneously, the *confidentiality* of the testimonies was ensured both for the victims and for representatives of organisations. Formal confidentiality

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22 The Colombian Red Cross in Medellin, which is a member of the International Federation of Red Cross

23 See Annex 2 for the interview questionnaire (available only in the online version of this report: www.handicap-international.be).

24 See Annex 3 for the focus group discussion guide (available only in the online version of this report: www.handicap-international.be).

declarations were signed by the research team and by service providers involved in data management

2.3. LIMITATIONS

It's important to bear in mind that:

- This study adopted a micro-level self-perceived perspective about victims' quality of life, thus it does not give a broader macro-level insight into quality of life.
- Those interviewed had at least one previous contact with an NGO and some had benefited from their services.
- Victims who live in more isolated or active conflict areas were not included, for security reasons and constraints regarding the capacity to identify and reach them.
- Since the study was held in only three departments it is possible that victims living in other regions, namely those located in the southern part of the country, may present different standards, characteristics and needs with regard to their quality of life.
- Information related to the fear of insecurity and the presence of armed groups in the research territory was not openly shared by the interviewees, which limited our understanding about its impact on their quality of life.
- Although efforts were made to assure the privacy of the interviews, six interviews were assisted; four of them by family members and two by community members.

3. Key findings on the quality of life of mine/ERW victims

This chapter is the heart of this report, and provides the major findings of the field research. It presents the analysed findings that help in understanding the self-perceived quality of life of victims.

The chapter is divided into two parts. The first describes the most significant factors that influence victims' quality of life. The second addresses the data analysis in relation to the domains covered, drawing information from the challenges of achieving the most significant aspects of quality of life as expressed by the victims, and distinguishing some requirements for doing so.

3.1. WHAT MATTERS MOST IN QUALITY OF LIFE TO VICTIMS?

For half of the interviewed population (survivors and affected families) 'having enough financial resources' and 'having a good family environment' are the two major factors in their quality of life.[25]

Having enough financial resources reflects the interviewees' perception regarding their capability to access income. This major concern is connected to the insufficient financial means, difficulties in providing for their families and economic dependency on others.

> Being able to work is the most important. If one is not able to work he is excluded. If I don't work, there's no food.
>
> - (Landmine survivor, male, 39 years old, Santander)

> It's a struggle for the five of us to eat. Since we don't have a job it has been very hard and we have suffered many hardships.
>
> - (Landmine survivor, male, 42 years old, Antioquia)

The second priority expressed by those interviewed, concerned the quality of the family and social relationships. Family and social relationships were viewed as a way of supporting their psychological resilience and well-being, as well as the possibility of obtaining material support (finances, food) in case of need. The ability to help others was linked to their wish to be engaged in the community or in a specific group and to feel useful and needed.

> When the family is united, I think we can reduce many economic or social problems.
>
> - (Landmine survivor, male, 35 years old, Antioquia)

> I feel good because even with my disability, I am useful to my community. I feel useful because they need me.
>
> - (ERW survivor, male, 49 years old, Santander)

In addition to achieving psychological resilience, thanks to supportive family and social relationships, psychological well-being was mentioned as an important concern. This was expressed in indicators such as 'feeling hopeful' for six interviewees, 'feeling positive' for five of them and 'have a restful sleep' for four people.

Affected family members value their 'ability to support others' and 'to feel inner peace' as the two most important factors. Their role as caregivers entailed added responsibilities, such as the provision of economic support to the family and caring for the survivor with a disability. Additionally, several of them reported tiredness, excessive concerns and anxiousness.

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25 The interviewees were asked to state the five most relevant aspects for them to ensure their quality of life, from a list of 23 dimensions.

> Yes, sometimes I feel tired. Sometimes it is difficult to survive with all the weight that has fallen on me. Sometimes I want to run out of here.
>
> - (Relative, female, 34 years old, Antioquia)

Social relationships are of extreme importance to interviewees' well-being: 15 of them feel they can count on the support of others (family, friends, neighbours) when needed and 9 feel optimistic facing the future.

Three aspects of social connections were valued in their speech: (1) feeling supported, (2) having the possibility to support others and (3) having more opportunities to meet other survivors. The first is related to the opportunity to *receive support* at the moral, care or material level, and is linked to the importance of the quality of family and social relationships. The second is the *possibility to support others*, aiming to feel 'valued', 'active' and to 'escape from negative thoughts'. This aspect is connected either with daily interpersonal exchange (e.g. with family and friends) or with organised groups. Half of the interviewees (10 out of 20) are actively involved in groups or associations: five in survivors organisations, three in religious groups, one in a community group and one in an organisation of people with disabilities. One interviewee confirmed this:

> I like to participate in the community because I feel I'm the same as always. It makes me forget that I am disabled.
>
> - (ERW survivor, male, 49 years old, Santander)

And, third, interviewees expressed a willingness to share experiences and assist other survivors.

3.2. WHAT ARE THE CHALLENGES IN ACHIEVING THE DESIRED QUALITY OF LIFE FOR THE VICTIMS AND WHAT IS REQUIRED TO DO SO?

Victims pointed to a number of conditions and circumstances that impede or pose a challenge to realising the factors that create quality of life, as discussed in the previous section. This section highlights these challenges according to the victims' views in a sequential manner starting from the most prevalent.

3.2.1. Impact of displacement

Displacement has a severe impact on the most vulnerable groups and represents very often a double victimisation for mine/ERW victims among the displaced. Displacement is particularly difficult to cope with because surviving a mine/ERW accident already implies a long physical and psychological recovery process, added to the adaptation, in some cases, to a permanent impairment. *Of our respondents 75% (15 out of 20) were displaced* at least once after the accident. This reality indicates that the victims not only experience double conflict victimisation – as mine/ERW victims and as displaced people – but also that survivors and their families face double difficulties in achieving social, professional and economic inclusion.

Moreover, the high volume of internal forced displacement in Colombia- 5,244,761 people during the 1985–2013 period (OCHA, 2013) is a direct consequence of ongoing armed conflict. In 2012, 127,714 internally displaced people were registered with the largest expulsions occurring in the departments of Nariño, Cauca, Valle del Cauca, Chocó and Antioquia (Ibid). Among the respondents, mine/ERW accidents and the threat and/or presence of violent conflict were the main causes of forced displacement. Of the respondents, nine relocated to suburban areas, five to urban areas and one to another rural area. Most of them felt satisfied to continue living close to the cities because it brought them more professional opportunities. But six of the respondents would prefer to live and work on a farm, as they did before. Although, according to the Colombian Land Restitution Law[26] the displaced victims are entitled to the return of their land, 11 of the displaced interviewees said they feared violence in their place of origin.

> No, I wouldn't like to return there. There is less danger here.
> - (Landmine survivor, male, 23 years old, Norte de Santander)

Only one of the victims returned to their home while the others live in a new location (at the time of the interview).

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26 The Colombian 1448/2011 victims' Law: Ley de Víctimas y Restitución de Tierras y sus Decretos Reglamentarios. Available at: http://www.leydevictimas.gov.co/documents/10179/19132/completo.pdf.

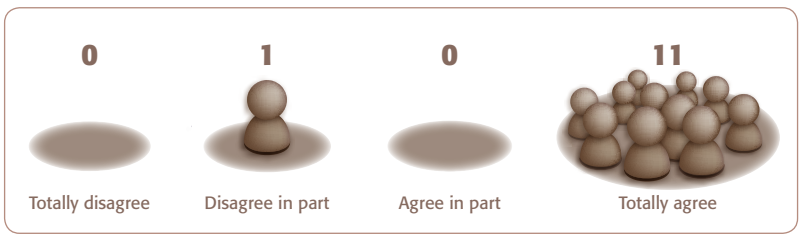
> Although the accident was on the farm, we have faith that it won't happen again. We need to be more careful. When we see something strange, we don't go in that direction, even if it is an ordinary road that leads to the farm. Of course we are not that safe but right now there's a little more security.
>
> - (Landmine survivor, female, 57 years old, Santander)

The respondents who had been displaced found it difficult to access health and rehabilitation services as well as humanitarian support they are entitled to according to Colombian law.[27] Most of the victims – originally mainly from rural areas – have difficulties finding out about and locating available services in their community. This was a barrier to their rehabilitation and socio-economic inclusion, as developed in section 3.2.4.

3.2.2. Social relationships and psychosocial support

Among the focus group participants, a great majority (11 out of 12) said they would like to *have more opportunities to meet other mine/ERW survivors*. They wish to learn with other people who have passed through similar recovery processes and in turn to share their own experiences. Five of them have participated in activities of survivor organisations and others had met other survivors on a couple of occasions through contact with NGOs (e.g. participating in similar focus groups or going together to a medical consultation in the city) or through the rehabilitation centres. Nevertheless, the possibility of having more opportunities to exchange information with their peers is largely valued by the survivors as an entry door to overcome the difficulties.

Figure 1: **AGREEMENT AMONG THE FOCUS GROUP PARTICIPANTS ABOUT THE NEED TO HAVE MORE OPPORTUNITIES TO TALK WITH OTHER VICTIMS (N – 12)**



Victims shared different feelings and perceptions about psychological support. On the one hand, nine interviewees (45% of the total research population) stated the *need for more psychological support*. Some of them reported that they only had one or

27 The humanitarian support victims are entitled to according to Colombian law is assistance in terms of food, handling of supplies, emergency transport and transitional housing, among others, taking into account their physical and social conditions as a consequence of the conflict. For more on this see: Equipo Jurídico de la Unidad para la Atención y Reparación Integral a las Víctimas (2012), 'Ruta de Derechos: Unidad para la Atención y Reparación Integral a las Víctimas', in Corporación Viva la Ciudadanía (2012), La Ruta de los Derechos de las Víctimas: Ley de Víctimas y Restitución de Tierras, Decretos Reglamentarios y Decretos para Etnias. Available at: http://viva.org.co/pdfs/victimas/La_Ruta_de_los_Derechos_de_las_Victimas.pdf.

few consultations right after the accident and others (especially the affected families and three survivors) never received any psychological support.

> Sometimes we found ourselves in desperate situations. I have received some negative attention. And then it's up to us to comfort ourselves, work and get ahead.
>
> - (Landmine survivor, male, 30 years old, Norte de Santander)

The psychological support received was mostly limited to emergency care post-accident and did not include long-term follow-up. Sentiments such as anxiety and sadness were reported by seven of the interviewees, who expressed that their quality of life is often *affected by negative feelings*. Female survivors expressed more difficulties in accepting their new body image, stating that it affects their social and professional life and general well-being (see quotes below).

> I have to be covered but I can't stand the heat when I'm wearing full sleeved shirts. I only take them off when I come home. I thank God that I have my children but I haven't accepted myself.
>
> - (ERW survivor, female, 33 years old, Antioquia)

> When I looked in the mirror, I felt horrible. The psychologist had to come to my aid. But besides that one time, I haven't received any [psychological support]!
>
> - (ERW survivor, female, 29 years old, Antioquia)

Nonetheless, nine participants (out of 12) in the focus group said that the psychological support received was helpful, facilitating the overcoming of 'painful' moments and helping them to feel 'accompanied'.

3.2.3. Access to monetary benefits and employment

As touched upon in section 3.1, generating sufficient income was one of the major concerns of the victims. Among other difficulties, victims talked of problems in meeting basic needs and covering expenses (e.g. house, school), dependency on others and the lack of work opportunities. One said:

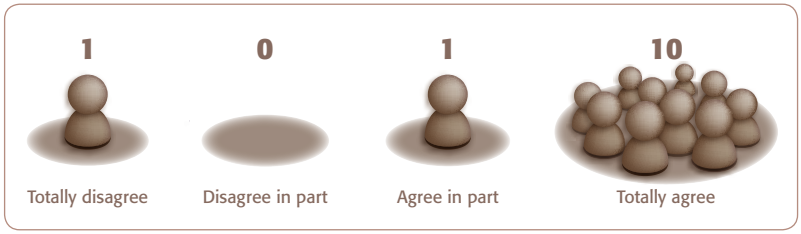
> Here in Colombia, anyone who doesn't work doesn't eat. With this I say everything. The person that is unable to work and depend on others suffers hardships. It is therefore very important to be able to work to depend on ourselves and be able to get ahead.
>
> - (ERW survivor, male, 49 years old, Santander)

Most of the interviewees (16 out of 20) received an indemnity as a result of the accident or of the forced displacement; the remaining four have yet to receive such help and are still dealing with administrative procedures. This monetary compensation was given in as a one-off payment or over time, depending on each situation. This support was considered extremely important according to the testimonies, enabling victims to pay for basic expenses, to support the extra costs of accessing medical care and, in one case, to invest in a new business. The financial support given by the Colombian government is the main source of income for three of the interviewees. However, victims and organisations interviewed reported some obstacles accessing these indemnities, such as: (1) the inequality in the aid given to victims (e.g. two survivors with the same amputation receiving different amounts), (2) the lack of information about the number of indemnity packages they are entitled to and (3) the administrative obstacles that hinder them obtaining this support.

Among interviewees, two of them are in salaried positions and eight are self-employed or are casual labourers. A majority of the focus group participants (11 out of 12) said that *after the accident it was difficult to return to work* (see Figure 3). The physical limitations resulting from mine/ERW accidents and the forced displacement were reported as being the principal obstacles preventing return to the labour market. For those who used to work on a farm, their physical impairment prevented them from working or reduced their productive capacity. In addition, the focus group participants had experienced prejudice when applying for a new job and added difficulties because of their lack of education that hindered them entering a new professional area outside the field of farming or participating in some professional training.

> In my village, people thought I was illiterate because I use crutches. They were about to restructure the community action board and they needed a secretary and no one raised his hand. Then I raised my hand and they asked me 'But do you even know how to read?'
>
> - (Survivor, focus group in Medellin)

Figure 2: **AGREEMENT AMONG THE FOCUS GROUP PARTICIPANTS ABOUT THE DIFFICULTIES TO RESTART WORK AFTER THE ACCIDENT (N – 12)**



The survivors prioritised three needs[28] for increased livelihood opportunities: (1) access to a range of training courses, (2) access to effective support for small businesses and (3) increased opportunities for waged employment. The first priority selected by the survivors was *access to needs based training courses*, in order to allow them to develop skills and abilities in new professional fields.

Among the interviewed population, 12 (out of 20) participated in at least one professional or vocational training course after the accident, most of it provided by the government and others by NGOs. However, some structural difficulties with the accessibility and the adequacy of the available training were pointed out. Some of the obstacles encountered were: (1) the training offered being centralised in the cities, which entailed transport and/or accommodation costs, or loss of working hours; (2) the lack of awareness of available courses for those who live in the countryside or in suburban areas; (3) the lack of needs-based training opportunities, as the available professional training usually is run only if there is a minimum number of trainees – which is difficult to manage in small villages; (4) the limited, or lack of, formal education of some victims that prevents them from accessing professional training. Two respondents summarised this below,

> The courses are very good but I would like it if, for those who live in the country, the courses could be given in their locations, especially in rural areas. Sometimes we don't even know that there is a course available.
>
> - (Survivor, focus group in Bucaramanga)

28 This assessment was carried out during the two focus groups with the survivors, through a brainstorming session followed by an activity to evaluate the appropriateness of each of the proposed suggestions. Both groups chose the same priorities in the same order.

> On the farm one doesn't need education to work but in the cities activities are different.
>
> - (Landmine survivor, male, 23 years old, Norte de Santander)

Half of the interviewees (10 in 20) received material support from an NGO for the *start-up of a small business*. Of those, six have kept their businesses going and four have not been successful. They stated that some of the reasons behind their failure to keep going were: (1) the lack of knowledge about the practical management of a small business; (2) insufficient technical skills in specific professional areas; (3) limited aid received; and (4) lack of mentoring and technical expert support.

> A while ago I set up a shop here in Bucaramanga with 6 million pesos but I wasn't able to continue. I worry about how I can sustain my livelihood with less money.
>
> - (Survivor, focus group in Bucaramanga)

> I belong to an association of victims and through the association we had the opportunity to receive training in heavy machinery, which was held in Barranca. Although, SENA[29] was committed to get us a professional occupation later, we couldn't afford to go to Barranca. The training was for 15 days and we needed food, accommodation, transport …
>
> - (Survivor, focus group in Bucaramanga)

The third priority need suggests that *people with disabilities should have more effective opportunities to be recruited and properly integrated in the formal market*. The focus group participants felt that this was the most implausible suggestion. They believed that it is not realistic to expect that employers will recruit people with disabilities, because of existing prejudice and the generally limited possibilities of employment. Although Colombian law provides incentives[30] for the employment of people with disabilities, most of the interviewees felt that this law is not well known and is insufficient to overcome the prejudice and stigmatisation they faced during recruitment processes.

> If it's a warehouseman job, the person has to go up and down the stairs; and if it's for a post office, he needs to know about computers. For some it's because of education, others due to the disability and also age.
>
> - (Survivor, focus group in Bucaramanga)

29 SENA is the National Service of Learning in Colombia.

30 The 361/1997 Colombian law created mechanisms to promote the labour market inclusion of people with disabilities, including the creation of tax incentives for employers. For more information see the Consultorio Jurídico Virtual en Discapacidad website. Available at: http://www.leydevictimas.gov.co/documents/10179/19132/completo.pdf http://www.discapacidadcolombia.com/juridico/index.php?option=com_content&view=article&id=13%3Aique-beneficios-tiene-vincular-a-personas-con-discapacidad&limitstart=1

Among the major three priorities, the constraints that certain survivors face in accessing an income due to old age or severe impairment were sometimes raised as a concern. In these cases, survivors are obliged to depend on others.

The results presented show the impact of mine/ERW accidents in terms of reducing households' economic and productive capital; and hence their impact on victims' quality of life. Limited access to employment and earnings, aggravated by forced displacement and by a permanent disability, may have long-lasting effects in terms of income.

3.2.4. Access to health and rehabilitation services

According to the testimonies of the interviewees (see two examples below), lack of accessibility to health and rehabilitation services is negatively affecting their quality of life. The key obstacles to access were identified as the *delays and difficult administrative procedures involved in receiving medical consultations or prosthesis* (14 interviewees – 70% of the research population). More specifically: (1) lack of knowledge about the type of health and rehabilitation facilities they are entitled to;[31] (2) difficulties in scheduling a consultation; (3) last-minute cancellation of consultations without prior notice; (4) significant distance between home and rehabilitation facility or specialised services (e.g. burn injuries); (5) costs related to transport and accommodation, in addition to loss of income because of the inability to

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31 Although the victims' law in Colombia states that all landmine/ERW victims have the right to attend any health facility, in reality, access to certain health facilities depends on the financial system that covers each person and its requirements. These include, but are not limited to the Solidarity and Guarantee Fund (FOSYGA) which provides directly for the victims of armed conflict or the Health Social Security System. The health service network is constituted by Health Providers Institutions (IPS) such as hospitals, clinics and laboratories, which may be public or private, and the Health Promotion Enterprises (EPS), which are companies that promote services to users based on an insurance scheme. Each financial system entitles beneficiaries to access certain health facilities.

work when accessing health and rehabilitation services; and (6) the delays between scheduling and receiving an appointment and/or some material/prosthesis.

> They don't care about the financial condition of the patient. They demand time, equipment, time … from us. Then come tomorrow, they say, come the day after or come within 15 days. And we go after 15 days, nothing happens. We won't return there.
>
> - (Landmine survivor, male, 30 years old, Norte de Santander)

> I started going to the general practitioner and it took me nearly one month to have an appointment with him. The general practitioner referred me to the physiotherapy but they didn't have a professional therapist. So, I went to the ARS[32] and waited another month to have an appointment. Then, I waited another month to have the order of the prosthesis. The prosthesis was ready but it took almost eight months for them to give it to me.
>
> - (Landmine survivor, male, 30 years old, Norte de Santander)

As a result of these obstacles some victims avoid attending the services or discontinue the rehabilitation process. This obviously has a negative impact, including but not limited, to health deterioration and physical problems resulting from prolonged use of poorly adapted or old prostheses and limited physical functioning with consequences for the ability to work, to go to school and to carry out daily activities (among others).

Discomfort using prostheses was reported by five survivors (out of eight). Adapting to an artificial replacement body part requires time, energy, support and a learning process. Most respondents complained that their prosthesis was too loose, too tight, too small or that they have a badly formed stump, causing discomfort, pain and mobility constraints. Among them, two overcame the problem with the support of an NGO that helps people acquire new prostheses, but three continue to face difficulties in their daily life due to the discomfort using the prosthesis. These limitations are closely connected with their difficulties in accessing health services on a regular basis in order to obtain the necessary adjustments to the prosthesis and rehabilitation support. Nevertheless, the clinical and rehabilitation organisations interviewed explained that people who live in rural areas have requested access to medium-quality prostheses, which are more resistant and adapted to the irregular terrain, and require less revision. In these cases, according to two medical professionals interviewed, survivors should have two different prostheses to adapt to each circumstance and allow them greater comfort in daily life. Among the interviewees only one survivor benefited from the opportunity to have two different prostheses.

32 ARS – Administradora del Régimen Subsidiado de Salud (Subsidised Health System Administrator).

> Ufff! I had a big fight with them to get this new prosthesis. No more! Look at the weight of that prosthesis! It is very heavy and poorly fitted. It doesn't even stand without support.
>
> - (ERW survivor, male, 49 years old, Santander)

Additionally, the two interviewed survivors with both arms amputated decided against using the prostheses because they felt that they are more able without them. It is important to note that *delays* in accessing the prosthesis strongly contributed to the non-acceptance and non-adaptation to these devices. Nevertheless, adjusting to upper limb prostheses is more difficult than to lower limb ones because of the complexity and greater intricacy of movements and dexterity in the arm and hand.

The interviewed organisations reported that big improvements had been made to the medical and rehabilitation services in Colombia over recent years, in particular with regard to the quality of amputation surgeries and prostheses. However, in their opinion, relevant obstacles continue to threaten victims' access to good-quality, adequate and timely services, such as:

- the absence of an integrated health system to allow the professionals to follow the entire recovery process of the beneficiary and to permit interconnection and communication between each clinical area (e.g. delays or obstacles in referring a victim from one service to another may impede recovery and rehabilitation);
- the lack of knowledge of the professionals (namely the front-line staff from the health facilities) of survivors' rights, such as free access to the rehabilitation process;
- staff turnover (outsourced) in public hospitals that makes it difficult to implement the training and capacity-building efforts necessary to ensure awareness of victims' rights;
- the centralisation of qualitative rehabilitation services in a few facilities in the country, principally in urban areas;
- the privatisation and economic interests within the health system (e.g. the need to be profitable) sometimes took precedence over the needs and rights of victims;
- subdivisions in the health insurance system that create inequalities and difficulties in accessing health care;[33]
- administrative difficulties with regard to establishing that injuries and/or impairments that appear later (e.g. complications to do with sight or hearing) should be considered a result of the accident and be covered by victims' health benefits;
- the underdeveloped services for psychological support of the survivors and their families in the rehabilitation process.

33 For example, some health facilities refuse to treat beneficiaries who access their services though the FOSYGA because they face big delays in reimbursement. In other cases, people who are covered by the EPS may face more obstacles in accessing a specific prosthesis because of the limits of the insurance coverage.

3.2.5. Realisation and application of victims' rights

> We can't deny that national policies have good intentions. What we don't know is why these good intentions are not transformed into something practical.
>
> - (Key informant, Norte de Santander)

Limited awareness and insufficient enforcement of victims' rights are two of the most relevant reasons articulated to account for the gaps in access to health, rehabilitation and socio-economic services. Although the Colombian 1448/2011 Victims and Land Restitution Law brought a crucial comprehensive legal framework to VA in Colombia, the law is not being implemented uniformly across all regions and has not been fully understood by the mine/ERW victims and service providers.

According to the testimonies, lack of education and isolation in rural and suburban areas *impedes access to and understanding of the information on available services and laws*. Two respondents confirm this:

> They told us that we had no right to anything; that it was only for those who are amputated or killed. We only came to understand our entitlement when the people from the University of Antioquia came to our school and taught us how to prevent mine accidents. My brother told them about our case and then they contacted my dad. They explained to my father what we had to do and where we should go. We even lost some support because the claim must be made within a year of the accident.
>
> - (Landmine survivor, male, 22 years old, Antioquia)

> For me, at the beginning, I didn't know where to get the replacements of my existing prosthesis, due to which I had to use the damaged ones for five years. Eventually, the foot broke and I have a new foot but the prosthesis was useless. Finally the mayor of my municipality contacted CIREC[34] and received new ones.
>
> - (ERW survivor, male, 49 years old, Santander)

In addition, the respondents said that *the law is not implemented uniformly* and *victims are often misinformed or have their rights denied*. Several interviewees experienced situations such as refusals to issue a victim certificate, administrative obstacles to accessing indemnities and refusals to replace or adapt old or poorly made prostheses. According to the interviewed organisations these difficulties arise due to:

- the lack of knowledge of the local governmental administrators and the health and social providers on the victims' rights;

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34 The Colombian Integrated Rehabilitation Centre (Centro Integral de Rehabilitación de Colombia).

- the subjectivity of the criteria used by professionals who implement the law;
- the impunity in the case of non-compliance of the law; and
- the lack of financial and human resources to comprehensively implement the law.

> I was misdirected to various departments in vain; which lasted for more than a year. Finally, I sent an email to the Presidency and then got something. It was ironic because the same local administrator who denied me before, today was signing the certificate. That makes me laugh. The Prosecutor told me no, the Ombudsman told me no and, at the end, they all signed just because they received a letter from the President of the Republic.
>
> - (Survivor, focus group in Bucaramanga)

> The process of getting my victim certificate in the last five years was complicated. My accident was in the city of Valdivia, which is in a very violent region. They were demanding that I go back there to get the certificate. I went to the government of Antioquia and they made some efforts, but in Valdivia they didn't want to issue me the certificate.
>
> - (Landmine survivor, male, 35 years old, Antioquia)

In general, respondents shared the *feeling of unfairness and inequality in the distribution of rights and benefits* among the vulnerable groups. On the one hand, the majority (60%) of the participants of the focus group said that people who had been displaced received more assistance and incentives, or received them more easily, than the mine/ERW survivors. Although the 1448/2011 Victims Law integrates in a more unified way the different 'axes of victimisation'[35] of armed conflict, victims and organisations stated that forcibly displaced people benefit from a 'more sustained and politically more relevant attention' from public policies. According to the testimonies, there is discrimination in access to services: namely, displaced victims receive more livelihood opportunities and faster administrative registration than mine/ERW victims.

> Because I have both conditions, I know what I'm talking about. It turns out that, currently, the displaced victims have more benefits than the landmine victims because they are more recognised at the national level. I have received more benefits as a displaced person than as a landmine victim.
>
> - (Survivor, focus group, Bucaramanga)

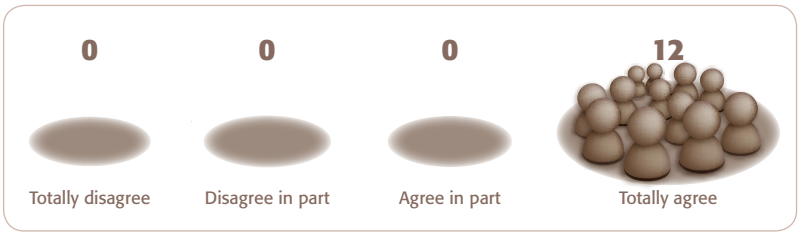
35 The axes of victimisation recognised by law 1448/2011 are: forced displacement, homicide, forced disappearance, threats, crimes against freedom and against sexual integrity, kidnapping, torture, forced dispossession of land, forced abandonment of land, consequences resulting from landmines, unexploded ordnances and improvised explosive devices, involvement of children and adolescents in activities related to armed groups, the effects of terrorist acts, bombings, fighting, harassment and other events related to the armed conflict.

Moreover, the interviewees also stated that survivors are entitled to more financial, social or educational incentives and programmes than other people with disabilities. Despite Colombia's special attention to providing complementary laws for people with disabilities and survivors of mine/ERW, according to the testimonies these efforts were not sufficient to bring about equal and non-discriminatory access to services for both survivors and other people with disabilities.

> What happens is that there's a difference among people with disabilities. For example a person who has lost his vision because of a disease or a car accident is very differently treated than us landmine victims.
>
> - (Landmine survivor, male, 35 years old, Antioquia)

To guarantee comprehensive and non-discriminatory implementation of the law, NGOs assume an important role as mediators between victims and the services providers and government.

Figure 3: AGREEMENT AMONG THE FOCUS GROUP PARTICIPANTS ON THE SUPPORT RECEIVED FROM NGO'S ON ACCESS TO REHABILITATION SERVICES (N – 12)



> When I got to the hospital, they didn't want to treat me. They did it because the Red Cross went there and demanded it.
>
> - (Survivor, focus group, Bucaramanga)

3.2.6. The forgotten families

According to the shared testimonies, the *affected families and families of survivors are psychologically and socio-economically affected by the mine/ERW accident*. Families of survivors, with limited income, inadequate access to health and rehabilitation services and a dependent member with an impairment or disability, face serious financial instability or challenges. The affected families interviewed reported difficulties in supporting extra costs for the necessary health services because of the temporary or permanent absence of one worker in the family. In addition, many relatives, and especially women, needed to take on extra work in terms of family care and the changing of the role of the main bread-winner of the family. In addition to difficulties in adjusting to the new conditions, forced displacement (either temporary or permanent) further exacerbates the situation. It pushes the families to social and professional restructuration.

The research results showed that, although the affected families are also victims of mine/ERW accidents as per the Mine Ban Treaty, most of the family members interviewed had never received any support. Both survivors and affected families wish for the family to be *supported psychologically and financially* as well as *receive professional and educational support and be guided on the care of the person with disability.*

> It would also be good to check one's family because they are also affected. They always focus on the survivors but they are not seeing our relatives. For example my mom was more affected than me.
>
> - (Landmine survivor, Female, 22 years old, Norte de Santander)

> We also need a psychologist to be able to help them (the survivors). I would like to have a daily job, so I can provide for the house, provide for them, for him and all.
>
> - (Relative, Female, 34 years old, Antioquia)

Additionally, the difficulties linked to a lack of education, the need for retraining when facing a displacement situation, the lack of knowledge and ability to ask for their rights, among other difficulties already listed, are also problems shared by the affected families.

> We attend to the survivor but behind them, there's the family. And behind that family there are needs. That man has to move with his wife, but the wife can't leave their young children. And then we have a displaced family living in inhuman conditions in the city because the city is costly.
>
> - (Key informant, Bucaramanga)

3.3. CONCLUDING REMARKS

The findings of this chapter highlight key aspects that determine the quality of life of victims, as well as impediments to attaining good quality of life. It also highlighted the obstacles victims face in accessing the services they need and implementing their rights, both of which impact negatively the victims' self-perceived quality of life. The following chapter looks at these findings more deeply and provides recommendations to help in identifying and providing services that address victims' needs and rights more fully than at present.

4. Conclusion and recommendations

4.1. CONCLUSION

Throughout the report a number of factors that impact quality of life – as seen through the eyes of mine/ERW victims – were raised and analysed. The report identified the Colombian government's efforts, in particular the 1148/2011 Victims and Land Restitution Law, to provide strong legal frameworks for the protection of these people's rights and to ensure the quality of services. It further discussed the role of NGOs in facilitating victims' access to health services by providing accommodation and transport facilities, fostering socio-economic inclusion and obtaining indemnities. Despite these successes and endeavours to deliver quality services, according to the interviewees important infrastructures and support have not been fully developed to ensure the provision of services to victims in a way that enables their participation in all aspects of life on an equal basis with others. The report, written from the interviewees' perspective, addressed two of the most significant determinants of quality of life: *having good family and social relationships* as well as *access to an income and to employment*, among others (see section 3.1). However, a number of barriers (both external and internal) to securing the desired elements of quality of life were reported by the respondents (section 3.2). The *first* was related to the impact of displacement on people's well-being. The *second* addressed the lack of access to monetary benefits and employment. The *third* identified the impact of the lack of access to health and rehabilitation services. The *fourth* touched upon the limitation in victims' knowledge of their rights and their ability to exercise them. And, finally, the *fifth* was related to forgotten families and the impact of social relations and psycho-social support.

These impediments to achieving the two major elements of quality of life, living conditions post-displacement and lack of access to services affecting the successful delivery of needed services have consequently had a negative impact on those interviewed. Discomfort as a result of using a poorly adapted prosthesis, regular pain and mobility constraints are some of the difficulties faced by victims due to a lack of access to health and rehabilitation services on a regular basis. The main barriers are related to: (1) the centralisation of the training offered in cities, which involved transport and accommodation costs or loss of working hours; (2) lack of awareness of available courses for those who live in the countryside or suburban areas; (3) lack of needs-based training opportunities, as it was hard to gather the minimum number of participants required to run such courses in small villages; (4) the limited, or lack of, formal education of some victims that prevents them from accessing professional training and was associated with delays in care provision. *Provision of accessible, available, affordable and timely services adjusted to survivors and people with disabilities* should be at the core of VA provision. Appropriate medical and rehabilitation care has a profound impact on the recovery process of survivors, preventing complications, facilitating the use of proper assistive devices and enabling the overall process of inclusion in social, educational and work life. Additionally, a *continuum of services, from health (including rehabilitation) all the way through to psychological support and social, education and economic inclusion* is necessary to

provide an integrated response to the victims' needs, ensuring that the overall goal of improving quality of life can be achieved.

The research results suggest that psychosocial support is one of the less implemented elements of VA in Colombia. Almost half of the respondents feel in need of more psychological support and the majority of the survivors would like to have more peer support opportunities. Hence *adequate, immediate and long-term psychological and psychosocial support to direct and indirect victims* makes a significant difference to their inclusion within the society, contributing to better adaptation to prostheses, helping the survivor adjust to their changed body-image and facilitating victims' participation, independence and self-resilience.

The findings also show that *having good family and social relationships* as well as *access to an income and employment are the* most significant determinants of the victims' self-perceived quality of life. Social and family relationships contribute towards victims' psychological well-being, as well as their providing material support in case of need. In addition, the ability to work, to be self-sufficient and to support others is a key aspect of victims' lives and represents a major concern for landmine/ERW survivors. It confirms international trends indicating that people with disabilities face multiple barriers to their socio-economic participation and therefore tend to be poorer than their peers. The discrimination faced in job recruitment, the lack of education, insufficient income to cover transportation and forced displacement that moves victims away from their source of income are the main constraints in terms of the socio-economic inclusion of survivors and their families. This accentuates the need for more and better efforts to reduce and eventually *eradicate discriminatory attitudes*

and create effective income-generating programmes as well as opportunities for education and decent work to meet victims' needs. Additional efforts should also be made to *target affected families under initiatives supported with funds earmarked for VA* by providing psychological support, guiding them in the care of the family member with impairments and/or disability and providing them with better livelihood opportunities.

Although the 1448/2011 Victims and Land Restitution Law adopts a welcome comprehensive and holistic approach to victim assistance, its implementation needs further work in order to ensure greater impact and effective improvements in victims' quality of life. Victims and organisations reported that during recent years the health and rehabilitation services benefited from better quality and more available structures and that mine/ERW victims are better covered by social and financial support. Nevertheless, the general lack of awareness of victims' rights, among both victims and service providers, and the lack of compliance with the law on the part of some actors, are clear indications of the *need for law enforcement* with regard to VA.

According to the research findings, most victims rely on NGOs to ensure their access to health services and socio-economic inclusion. Nevertheless, it is important to ensure that *national authorities are providing the necessary services to meet their VA obligations* according to the 1448/2011 Colombian law and in alignment with the Mine Ban Treaty and the Convention on the Rights of Persons with Disabilities ratified by Colombia, as well as the Convention on Cluster Munitions, of which Colombia is a signatory. In addition to their advocacy work to ensure the rights of mine/ERW victims NGOs have played a vital role in supporting the *empowerment of victims*, contributing to their awareness of their rights, their autonomy in accessing services and their participation in decision-making processes and community life. A *personalised social support*[36] approach should be used to increase victims' self-confidence and ability in such a manner that it would increase their self-determination and ability to engage actively in realising those life changes they deem to be of importance.

In addition, a *non-discriminatory approach at the policy and implementation level should be reaffirmed* in order to overcome inequalities regarding access to health, rehabilitation and socio-economic support among people with disabilities and between mine/ERW victims and mine/ERW victims who have been forcibly displaced. For displaced mine/ERW victims in particular, there is a danger of double victimisation. All victims should benefit from services and actions developed under the VA framework which could also benefit other groups in situations of vulnerability and with the same needs.

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36 A methodological guide to personalised social support is Handicap International (2009), Personalised Social Support: Thoughts, Method and Tools in an Approach of Proximity Social Services. Lyon: Handicap International. In summary, personalised social support can be defined as a voluntary and interactive approach involving participative methods with the person asking for or accepting assistance, with the objective of improving their situation and relationship with their environment or even transforming them. [...] Social support provided to a person is based on respect and the intrinsic value of each individual, as a party to and subject of rights and obligations. Available at: http://www.handicapinternational.fr/fileadmin/documents/publications/PSSGuide.pdf.

Finally, it is important to realise that the victims' perception of their quality of life is an effective contribution to the VA-related programmes and policies, giving a clear picture of gaps and priorities highlighted by the people themselves. It is crucial to recall that the main goal of VA is to allow effective improvements in the victims' quality of life, enabling them to take part in the life of the community on an equal level with others.

4.2. IMPROVING VICTIMS' QUALITY OF LIFE: WHAT CAN BE DONE?

Government and public services

- The 1448/2011 Victims and Land Restitution Law is a recent keystone in the development of VA in Colombia but for effective implementation of VA obligations further efforts should be made to raise awareness among all involved, to monitor the impact of the legal measures, and to *guarantee uniform compliance with the law* across the country.
- *A non-discriminatory approach* must be adopted to the benefit of all those in a vulnerable situation (such as people with disabilities, including survivors, people living in conditions of poverty and displaced people, among others), regardless the cause of vulnerability. In particular, reinforced links between the legal framework for the rights of survivors and that for other people with disabilities should be promoted.
- *Family members of people injured and killed by mines/ERWs must be clearly targeted* under VA-related provision so that they receive the necessary psychological support, are guided in the care of the injured or disabled family member and see their livelihood opportunities improved.
- The *rehabilitation services must be integrated and benefit from a multidisciplinary approach* involving a team working together (with medical doctor, physiotherapist, prosthetic/orthotic professional, occupational therapist, social worker and psychologist) in permanent communication, mentoring and follow up.
- A *continuum of services*, integrating health (including rehabilitation), psychological support and social, educational and economic inclusion should be implemented to ensure that the overall goal of improving quality of life can be achieved.
- Besides the governmental efforts on development of professional training, other provisions should be developed to *address the lack of education of most of the victims and promote their economic inclusion*.
- Due to the differences in standard VA provision, it is necessary to *ensure that services are available in areas where mines/ERWs are present, especially in rural areas*.
- Promotion of *changes in perception of people with disabilities* is required; inclusion of people with disabilities in employment laws and their implementation can be a first step in this direction.

Civil society organisations

- The NGO sector seems to have taken on a referral and advocacy role, yet *empowering victims* to learn about and claim their rights and use the available services is of vital importance to effective implementation of VA provisions.

- A *personalised social support* approach should be further promoted to increase the victims' self-determination and involvement in their own process of change.
- In partnership with national authorities, civil society organisations should continue to take an active part in the *capacity building of public and private health care, rehabilitation and social services, and local governmental administrations* with regard to the implementation of victims' rights and their access to services.
- Advocacy for the *implementation and enforcement of the law* is of huge importance to make VA implementation effective and help remove barriers to the victims' inclusion.
- An *inclusive and non-discriminatory approach* should be strengthened in order to guarantee that survivors and other people with disabilities, affected families and communities all benefit from VA-related provisions and receive the needed support.

Donors

- Funding programmes dedicated to mine/ERW victims should clearly ensure that *there is no discrimination between victims of armed conflict and mine/ERW survivors and other people with disabilities*.
- Emphasis should be placed on the *educational and professional inclusion* of survivors and people disabled through other causes, as well as family members of people injured and killed, in order to reduce their disadvantages in accessing an income and address the barriers they face in attaining educational and economic inclusion.
- All development programmes funded by donor states should be *fully accessible to and inclusive of mine/ERW survivors as well as for all people with disabilities* and they strategies should be developed in order to include them effectively.
- *Data collection*, especially needed in remote areas, should be included in donor projects, with the aim of contributing to the increase of knowledge of the realities of the mine/ERW situation, and its impact all over the country, as well as to ensure that projects are based on identified needs.
- It is of vital importance to *continue supporting NGO efforts to facilitate access to services for mine/ERW victims and other people with disabilities*, along with the capacity building of public bodies and services, until this role has been assumed more effectively by the public services.

ANNEX 1: WHOQOL-100 Instruments for measuring quality of life

Domain	Facets incorporated within domains
	Overall quality of life and general health
Physical health	Energy and fatigue Pain and discomfort Sleep and rest
Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Thinking, learning, memory and concentration
Level of Independence	Mobility Activities of daily living Dependence on medical substances and medical aids Work capacity
Social Relationships	Personal relationships Social support Sexual activity
Environment	Financial resources Freedom, physical safety and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation/leisure Physical environment (pollution/noise/traffic/climate) Transport
Spirituality/Religion/Personal beliefs	Religion/spirituality/personal beliefs

ANNEX 2: Interview questions

GUIA DE ENTREVISTA CON LAS VÍCTIMAS

ID .....

Data: ……/……../……

Duración: .....

Local de realización de la entrevista: .....

Observaciones:

Handicap International está realizando una investigación sobre la calidad de vida de las personas que han sido afectadas por el conflicto en Colombia: las víctimas de las minas, de restos explosivos de guerra y de artefactos explosivos improvisados y también las familias de éstas. Con esta investigación queremos identificar los diferentes factores que afectan (positiva y negativamente) a la calidad de vida de las personas para orientar mejor nuestro trabajo y también para hacer recomendaciones sobre las prioridades de cara a los servicios que puedan mejorar la calidad de vida de las víctimas.

En esta entrevista le vamos a preguntar cómo se siente en relación a su calidad de vida, su salud, sus relaciones y otras áreas de su vida. Puede detener o interrumpir la entrevista cuando lo desee o puede optar por saltar una pregunta.

La información que usted comparta con nosotros es confidencial y nunca usaremos su nombre o identificación.

Al final, saldrá una publicación con los resultados de este estudio y estaremos muy contentos de ofrecerle una publicación impresa.

Por favor, siéntase libre de exponer cualquier duda o de pedirnos explicaciones sobre las preguntas que vamos hacer.

¿Podemos empezar?

Información general

P1. Sexo:

- o Hombre
- o Mujer

P2. ¿Cuál es su fecha de nacimiento?

__ / __ / _____

P3. ¿Cuál es su nivel de educación formal más alto alcanzado?

- o Nunca fue a la escuela
- o Escuela primaria completa
- o Escuela primaria incompleta
- o Bachillerato completo
- o Bachillerato incompleto
- o Universidad completa
- o Universidad incompleta
- o Postgrado
- o Otro .....

P4. ¿Cuál es su estado civil?

- o Soltero/a
- o Casado/a
- o Vive en pareja
- o Separado/a
- o Divorciado/a
- o Viudo/a

P5. ¿Con cuántas personas vive?

N° de personas .....

P6. Si vive con alguien ¿Qué vínculo tiene con estas personas?

- o Miembros de la familia
- o Amigos
- o Vecinos
- o Personas con las que comparte una casa de acogida, refugio etc
- o Otro .....

P7. ¿Cuál es su ocupación actual?

- o Empleador o trabajador por cuenta propia (tengo alguno negocio)
- o Empleado

- o Doy asistencia en la finca de la familia o negocio familiar
- o Desempleado desde hace menos que 12 meses
- o Desempleado desde hace 12 meses o más
- o No puedo trabajar debido a la enfermedad o discapacidad de largo plazo
- o Jubilado
- o Estoy a tiempo completo como ama de casa / responsable de cuidar el hogar y la familia
- o Estoy estudiando en la escuela, universidad, etc
- o Otro .....

Sobre la discapacidad

Opción 1: *Las víctimas de mina antipersonal y de artefactos explosivos abandonados*

P8. ¿En qué año ocurrió el accidente con MAP/MUSE?

.....

P9. El accidente causó una o más de las siguientes discapacidades (varias respuestas posibles)?

- o Ceguera en un ojo
- o Ceguera total
- o Parcialmente sordo
- o Sordera total
- o Un brazo amputado / atrofiado
- o Ambos brazos amputados / atrofiados
- o Una pierna amputada / atrofiada
- o Dos piernas amputadas / atrofiadas
- o Heridas
- o Otro .....

Opción 2: Miembro de la familia

P10. ¿Cuántos supervivientes de minas / MUSE de su familia están a vivir consigo?

.....

P11. ¿En qué año ocurrió el accidente con la mina / MUSE?

Miembro de la familia 1.....

Miembro de la familia 2.....

Miembro de la familia 3.....

P12. ¿El accidente de la mina provocó una o más de las siguientes discapacidades en el/los miembro/s de su familia (varias respuestas posibles)?

	MIEMBRO 1 de la familia	MIEMBRO 2 de la familia	MIEMBRO 3 de la familia
Ceguera en un ojo	O	O	O
Ceguera total	O	O	O
Parcialmente sordo	O	O	O
Sordera total	O	O	O
Un brazo amputado / atrofiado	O	O	O
Ambos brazos amputados / atrofiados	O	O	O
Una pierna amputada / atrofiada	O	O	O
Dos piernas amputadas / atrofiadas	O	O	O
Otros	O	O	O

Para todos

P13. ¿Alguna vez usted fue forzado a desplazarse internamente debido al conflicto / minas en su tierra de origen?

- O Sí
- O Una vez
- O Más de una vez
- O No

P14. ¿En los últimos 5 años usted necesitó de alguno de estos servicios? En caso de responder sí, ¿tuvo alguna dificultad (Ex. No estaba disponible en mi región, Muy caro, No había medio de transporte, No había prótesis disponibles, No estaba adaptado para mí No tenía buena calidad / no me resolvió el problema,…)?

	Si	NoO	Dificultades encontradas
Servicios de salud (general)	O	O	O
Servicios de rehabilitación	O	O	O
Prótesis / ayudas ortopédicas	O	O	O
Servicios de apoyo financiero / humanitario	O	O	O
Servicios de apoyo a documentación	O	O	O
Servicios de orientación laboral y/o creación de proyecto productivo	O	O	O

Servicios psicológicos	o	o	o
Escuelas / centros de formación	o	o	o

Calidad de vida

P15. Actividad: Qué importa más

Aquí tenemos (en los cartones) diferentes aspectos de la vida: dormir bien, poder trabajar, los recursos financieros, ser optimista y otros. Nos gustaría que usted los mire y elija los 5 más importantes para usted. (Al final) ¿Por qué eligió estos y no los otros?

- No sentir ningún dolor
- ener energía
- Tener una vida sexual satisfactoria
- Tener un sueño reparador
- Sentirse positivo sobre sí mismo
- Sentirse esperanzado
- Ser capaz de tomar decisiones sobre los problemas cuotidianos
- Estar libre de sentimientos negativos (tristeza, depresión, ansiedad, o preocupación...)
- Tener buena imagen corporal
- Ser capaz de moverse
- Ser capaz de llevar a cabo las actividades de la vida cotidiana (por ejemplo lavarse, comer, vestirse)
- Estar libre de la dependencia de los medicamentos o tratamientos
- Poder apoyar a otros
- Tener buenas relaciones con otras personas
- Sentirse en condiciones de seguridad (a respecto de la violencia, seguridad física)
- Tener un buen entorno familiar
- Ser capaz de trabajar
- Tener recursos financieros suficientes
- Tener oportunidad de aprender nuevas habilidades
- Poder relajarse y realizar actividades de ocio (ocupar su tiempo libre: pasear, leer, escuchar música…)
- Tener transporte adecuado en su vida cotidiana
- Sentirse conectado con sus creencias personales
- Sentir paz interior

Nota a los entrevistadores: Las siguientes preguntas se deben hacer como si se estuviera manteniendo una conversación. Cada tema tiene varias preguntas posibles que se pueden ser escogidas en función de lo que el entrevistado este explicando. Las distintas opciones se pueden utilizar para ayudar a la persona entrevistada

a desarrollar sus ideas, cuando eso no ocurra de forma espontánea. La principal cuestión está remarcada.

Para las siguientes preguntas, le pediremos que usted piense acerca de su vida en las últimas cuatro semanas.

P16. El dolor y el malestar

¿Le preocupa el dolor o malestar? ¿Es difícil para usted manejar cualquier dolor o malestar? ¿En qué medida siente que el dolor (físico) le impide hacer lo que hay que hacer?

P17. Sentimientos positivos y optimismo

¿Usted se siente satisfecho con lo que ha logrado en la vida? ¿Usted se siente optimista de cara al futuro?

P18. Imagen corporal y apariencia

¿Se siente cohibido por su apariencia? ¿Usted se siente satisfecho con el aspecto de su cuerpo?

P19. Sentimientos negativos

¿Con qué frecuencia tiene sentimientos negativos como la melancolía, la desesperación, la ansiedad, la depresión? ¿En qué medida los sentimientos de tristeza o depresión interfieren en su funcionamiento diario?

P20. Sentimientos de discriminación

¿Se siente discriminado por sus vecinos? ¿Familia? ¿Otros? ¿En qué medida eso le molesta?

P21. Actividades de la vida cotidiana

¿Usted siente dificultades para realizar sus actividades cotidianas? ¿Hasta qué punto le molestan las limitaciones en la realización de actividades de la vida cotidiana?

P22. Relaciones personales

¿Usted está satisfecho con sus relaciones personales? Con su familia / amigos / vecinos? ¿En qué medida se siente solo en la vida?

P23. Apoyo social

¿En qué medida usted está satisfecho con el apoyo que recibe de su familia/ amigos / vecinos? ¿Usted siente que puede obtener apoyo de otras personas cuando lo necesita?

P24. Dar apoyo a otros

¿Usted está satisfecho con su capacidad para cuidar o apoyar a otros?

P25. Pertenencia asociativa y participación (organización social, religiosa, política o de caridad)

¿Usted participa en un colectivo (cultural, religioso, deportivo o político)? ¿En qué medida usted se siente parte de la comunidad?

P26. Libertad y seguridad

¿Usted se siente seguro en su vida diaria? ¿Usted está satisfecho con su seguridad? ¿Hay cosas que no hace (sitios para donde no vaya) porque siente que pueden afectar su seguridad?

P27. Casa y desplazamiento

¿Siente que la casa en la que reside satisface sus necesidades? ¿Cómo de arraigado se siente usted en el lugar dónde vive?

P28. Satisfacción con el trabajo

(Posibilidad de preguntar P25) ¿En qué medida usted está satisfecho con su capacidad respecto a trabajar? ¿Usted está satisfecho con su trabajo? ¿En qué medida usted se siente aprensivo con la imposibilidad de encontrar un trabajo?

P29. Recursos financieros

¿Usted siente que tiene suficiente dinero para satisfacer sus necesidades? ¿En qué medida le preocupa el dinero? ¿En qué medida le preocupa la dependencia respecto a otros?

P30. Movilidad

¿Usted siente facilidad para moverse/trasladarse a los sitios que quiere? ¿Se siente cómodo con su prótesis? ¿En qué medida las dificultades de movimiento afectan a su forma de vida?

P31. Salud, rehabilitación y asistencia social

¿Con qué facilidad usted puede recibir una buena atención médica / rehabilitación / ayuda humanitaria / proyectos productivos? ¿Si pudiera cambiar algo, lo que sugería que cambiase para ser mejor (a respecto de la salud, rehabilitación, ayuda humanitaria / proyectos productivos?

Evaluar la entrevista: ¿Este momento fue agradable o desagradable?

Nos gustaría agradecer su participación y el hecho de haber compartido sus experiencias e ideas con nosotros. Como hemos dicho anteriormente esta información será utilizada para adaptar más eficientemente nuestro trabajo y también para hacer recomendaciones sobre las prioridades de los servicios que podrían mejorar la calidad de vida de las víctimas de conflicto. Fue muy importante contar con su punto de vista sobre todos estos temas.

¡Muchas gracias!

ANNEX 2: Focus group guiding questions

GUÍA DE GRUPOS FOCALES

Queremos agradecerles por participar en este grupo. Estamos aquí para aprender con ustedes acerca de sus puntos de vista sobre el acceso a los servicios de rehabilitación, las iniciativas para generación de ingresos y los derechos de las víctimas del conflicto armado. Vamos a tener un momento de conversación colectiva y algunas dinámicas y actividades.

La información que ustedes compartan con nosotros es confidencial y nunca usaremos su nombre o identificación.

Esta conversación tendrá una duración de aproximadamente 3 horas, seguida de un refrigerio.

Para desenrollar esta conversación:

- Es importante que todos tengan la oportunidad de compartir sus ideas.
- No hay respuestas correctas o incorrectas, no duden en expresar sus ideas por favor.
- Todos debemos respetar las opiniones de los demás aunque sean diferentes a las nuestras.
- No necesitamos que todos se pongan de acuerdo sobre un tema; lo que queremos es entender las diferentes experiencias e ideas.
- Debemos hablar de uno en uno, sin hablar por encima del otro a fin de no interrumpir. Y sugiero que todos hablemos en voz alta para que nos oigamos bien.

¿Tienen alguna duda? ¿Podemos empezar?

Actividad 1 | Presentación y memorización de los nombres

Una de las personas del grupo empieza diciendo su nombre y zona donde vive. La siguiente persona dice el nombre de la persona anterior y su nombre y zona de residencia. La persona siguiente dice los nombres de las dos personas anteriores seguido de su nombre y zona. Y así los demás. Las personas deben estar atentas para saber los nombres de todos los participantes para cuando sea su turno. Podemos hacer una segunda vez para que todos digan los nombres de todas las personas.

Ejemplo:

Soy María y vivo en Medellín.
Ella es María y yo soy Pilar y vivo en Rio Negro.
Ella es María, ella es Pilar y yo soy Juan y vivo en Apartadó.
…

Actividad 2 | Posicionamiento sobre las percepciones acerca de la aplicación de los derechos

En una pared de la sala se va a trazar una línea imaginaria que va desde "de acuerdo totalmente" hasta el "en desacuerdo totalmente". En el medio están todas las posiciones intermedias. Los participantes van a escuchar varias frases y para cada una deben posicionarse de acuerdo con lo que representa mejor su opinión sobre ese asunto.

.....

De acuerdo totalmente | *de acuerdo en parte* | *en desacuerdo en parte* | *en desacuerdo totalmente*

Es importante recordar que cada persona es libre de dar su opinión y que los participantes pueden tener opiniones muy distintas sobre un mismo asunto. Al final de cada posicionamiento el moderador debe preguntar a cada persona porque se colocó allí.

Si alguna de las frases no se ajusta al contexto de la vida de uno de los participantes, el/ella puede posicionarse y dar su opinión.

Frases:

- Es difícil para una víctima del conflicto conocer sus derechos
- Las víctimas de desplazamiento tienen más beneficios por parte de la gobernación que las victimas por minas u otros artefactos explosivos
- Las ofertas de capacitación que existen no se adecuan a mis necesidades
- A veces los funcionarios públicos personeros / secretario de gobierno / alcaldes desconocen los derechos y la ruta de atención a las victimas
- La indemnización o ayuda humanitaria disponible para las víctimas del conflicto armado es aplicada de forma justa a todas las víctimas
- No tengo ninguna dificultad para ir a una consulta de rehabilitación cuando la necesito
- Si no fueran por las organizaciones de ayuda humanitaria (cruz roja, HI, campaña) no hubiera accedido a tantos servicios de rehabilitación
- Muchas veces me desplace a una consulta de rehabilitación para nada (no fui atendido; no tenían servicio / no tenían prótesis disponible para mi)
- El apoyo psicológico recibido durante la rehabilitación es suficiente y de buena calidad / no me ayudó en nada
- Las prótesis que he recibido son de buena calidad y adaptadas a mis necesidades
- Es difícil volver a trabajar después del accidente y/o desplazamiento
- Es difícil para mí tener o mantener una relación de pareja
- Me gustaría tener más oportunidad para hablar con otras personas víctimas de conflicto

Pequeño intervalo

Actividad 3 | Pensar ideas para mejorar los programas de generación de ingresos

Durante las entrevistas percibimos que el problema de generación de ingresos es una de las cosas más importantes para la calidad de vida de la mayoría de las personas. Algunos se han beneficiado de programas de apoyo para creación de negocio, otros de ayuda humanitaria y otros de procesos de capacitación. Todavía ni siempre estas ayudas fueron suficientes, o fueran recibidas en el momento adecuado, o fueran adecuadas para las necesidades de las víctimas, o sus resultados no fueran duraderos. Nos gustaría que ustedes debatieren, durante 15 minutos:

¿Qué se podría hacer para que una víctima de conflicto tenga mejores ingresos económicos para cubrir sus necesidades básicas a largo plazo?

Hacer una lluvia de ideas durante 15 min. Recuerde que todas las ideas son válidas, aunque parezcan que no son posibles. Es un momento de creatividad.

Después de escribir las sugerencias en fichas de visualización colocarlas sobre la mesa. El grupo debe colocarlas en orden de prioridad.

Para desarrollar y evaluar las ideas principales (2 o 3 de las más prioritarias) el grupo va usar los diferentes sombreros. Cada sombrero representa una perspectiva / un punto de vista que el grupo debe adoptar para evaluar las sugerencias. El resultado de cada discusión con cada uno de los sombreros, el grupo puede cambiar, mejorar o complementar sus propuestas.

Sombreros:

- Pesimista (¿Va resultar? ¿Qué puede resultar mal? ¿Cuáles son los puntos débiles ? ¿Cuáles son las desventajas? ¿Qué consecuencias?)
- Optimista (¿Por qué es una buena idea? ¿Cómo puede ayudar a las personas?)
- Intuición (¿Qué sentimientos tengo sobre estas propuestas? ¿Qué intuiciones tengo sobre estas propuestas?)

¿Ustedes quieren compartir alguna idea más sobre lo que hemos estado hablando?

Me gustaría agradecerles por su participación en este grupo. Tuvimos una discusión muy interesante sobre todos estos temas y aprendimos mucho con todos ustedes.

Ahora vamos a analizar toda esta información que hemos recogido aquí, la cual sin duda será de gran ayuda para adaptar más eficientemente nuestro trabajo (de HI) y también para hacer recomendaciones sobre las prioridades de los servicios que podrían mejorar la calidad de vida de las víctimas.

Fue muy importante tener su opinión.

¡Muchas gracias!

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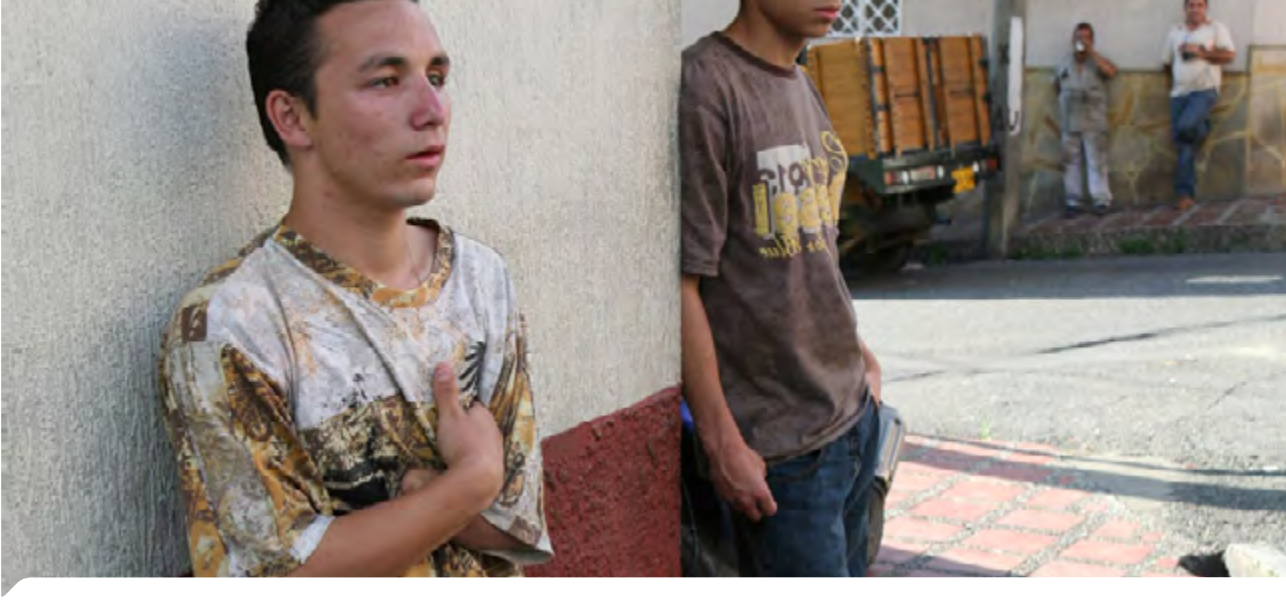

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