

COLOMBIA



ICRC/AR_2011
 + ICRC delegation + ICRC sub-delegation + ICRC office

EXPENDITURE (IN KCHF)

Protection	7,834
Assistance	19,979
Prevention	3,822
Cooperation with National Societies	1,359
General	-

► **32,994**
 of which: Overheads 2,014

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Expatriates	67
National staff (daily workers not included)	291

KEY POINTS

In 2011, the ICRC:

- with parties to the conflict, raised concerns regarding the protection of civilians and medical services
- working with the Colombian Red Cross and State agencies, provided some 48,500 IDPs and residents affected by conflict and flood with emergency relief, and 50,633 people with the means to earn their own income
- boosted access to health/medical care for 32,860 civilians living in 7 conflict-prone areas by facilitating access for mobile health units and training staff in the management of weapon wounded and mine/ERW injuries
- worked to improve the situation of some 4,780 detainees by assessing their treatment and living conditions, recommending improvements as needed, facilitating family visits, and supporting authorities' prison health care upgrades
- in Medellín, trained police instructors in the appropriate use of force during security operations, enabling them to coach 190 police personnel deployed in violence-affected neighbourhoods
- raised concerns with relevant authorities and international representatives regarding the humanitarian consequences of aerial fumigations

In Colombia since 1969, the ICRC strives to protect and assist victims of the armed conflict, to secure greater compliance with IHL by all weapon bearers, and to promote integration of IHL into the armed forces' doctrine, training and operations. The ICRC also visits security detainees. For IDPs and conflict-affected residents, it provides relief, helps ensure access to health care, and carries out small-scale repairs to infrastructure. It also runs a comprehensive mine-action programme. In Medellín, it responds to the effects of urban violence. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

CONTEXT

The government continued a series of major reforms, most importantly the passing of a law on land restitution for victims of conflict and a strategy for its implementation.

Clashes between the army and armed groups continued. The situation was exacerbated by intensifying confrontations between competing armed groups along drug routes and in cities, such as Medellín, Buenaventura or Tumaco, triggering an increase in security operations.

For civilians, the fighting, together with weapon contamination through mines and unexploded remnants of war (ERW) and widespread use of improvised explosive devices, continued to have serious consequences: death or injury, disappearances, threats, restrictions on movement, lack of access to basic services such as health care, general economic hardship and further displacements. Their situation was compounded by two instances of flooding at the beginning and in the second half of the year.

ICRC ACTION AND RESULTS

The ICRC pursued its multidisciplinary approach to meeting the needs of violence- and conflict-affected people in Colombia, concentrating its activities on 21 remote rural zones. In response to changing humanitarian needs, it opened a new office in Montería, while closing two others in Villavicencio and Ocaña. Delegates documented abuses against civilians and medical personnel/infrastructure and made representations to the alleged perpetrators, urging them to end such practices. The ICRC's dialogue with all parties and its acceptance as a neutral intermediary enabled it, in one case with logistical support from the Brazilian authorities, to facilitate the release of 10 people held by armed groups.

To help clarify the fate of missing persons and ensure psychological/legal and other support for their families, the ICRC worked with the relevant State bodies, NGOs and family associations. Colombia's forensic institutions produced recommendations to speed up the identification of human remains at an ICRC-organized expert meeting.

While encouraging the authorities to improve their response to IDPs' needs even further, the ICRC and the Colombian Red Cross worked to assist displaced people in cities, including through counselling and vocational training, and provided IDPs and residents in remote rural areas affected by the conflict, including those

Main figures and indicators		PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
				UAMs/SCs*	
RCMs collected			31	9	
RCMs distributed			26	4	
Reunifications, transfers and repatriations					
People transferred/repatriated			11		
Human remains transferred/repatriated			7		
Tracing requests, including cases of missing persons					
				Women	Minors
People for whom a tracing request was newly registered			314	83	57
People located (tracing cases closed positively)			155		
Tracing cases still being handled at 31 December 2011 (people)			268	48	54
Documents					
Official documents relayed between family members across borders/front lines			2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
				Women	Minors
Detainees visited			4,782		
Detainees visited and monitored individually			2,741	167	0
Detainees newly registered			387	29	0
Number of visits carried out			138		
Number of places of detention visited			71		
Restoring family links					
RCMs collected			52		
RCMs distributed			6		
Detainees visited by their relatives with ICRC/National Society support			1,754		

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Food		Beneficiaries	26,346	34%	37%
		<i>of whom IDPs</i>	11,065		
Essential household items		Beneficiaries	48,494	26%	44%
		<i>of whom IDPs</i>	35,791		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	50,633	26%	46%
		<i>of whom IDPs</i>	27,693		
Water and habitat activities		Beneficiaries	13,353	29%	43%
		<i>of whom IDPs</i>	5,615		
Health					
Health centres supported		Structures	28		
Average catchment population			182,670		
Consultations		Patients	7,679		
		<i>of which curative</i>		1,738	3,283
		<i>of which ante/post-natal</i>		89	19
Immunizations		Doses	1,857		
		<i>of which for children aged five or under</i>	1,219		
		<i>of which for women of childbearing age</i>	638		
Referrals to a second level of care		Patients	45		
Health education		Sessions	12		
WOUNDED AND SICK					
Hospitals					
Patients whose hospital treatment has been paid for by the ICRC		Patients	814		
Water and habitat					
Water and habitat activities		Number of beds	33		
Physical rehabilitation					
Centres supported		Structures	6		
Patients receiving services		Patients	26,819	8,898	7,665
New patients fitted with prostheses		Patients	335	55	17
Prostheses delivered		Units	976	200	85
		<i>of which for victims of mines or explosive remnants of war</i>	189		
New patients fitted with orthoses		Patients	3,439	998	1,377
Orthoses delivered		Units	6,610	1,311	3,197
		<i>of which for victims of mines or explosive remnants of war</i>	13		
Crutches delivered		Units	147		
Wheelchairs delivered		Units	146		

hit by flooding, with food and household essentials. Agricultural projects and rehabilitation of community infrastructure sought to boost self-sufficiency and prevent displacement. The ICRC started

addressing some of the consequences of violence in urban settings, focusing mainly on Medellín. Further assessments prompted it to review initial plans for similar activities in other cities.

The ICRC facilitated patients' access to health care, referring them to national services and funding transport/treatment if needed. In remote areas, it obtained security guarantees for mobile health units, either accompanying local health staff or sending its own personnel when necessary. Working with the National Society, first-responder capacities, particularly in weapon contaminated areas, were strengthened via first-aid courses. Medical staff, including navy personnel, received training from ICRC surgeons, in line with a comprehensive handbook on treatment of weapon wounds, co-authored by Colombian and ICRC specialists. Physical rehabilitation services continued in six ICRC-supported centers, while medical personnel involved in treatment and rehabilitation of victims of mines/ERWs received further training.

The ICRC also addressed the long-term humanitarian consequences of weapon contamination through a combination of preventive risk education, cross-cutting risk reduction, assistance to victims and activities to promote victims' rights and entitlements. Additionally, the ICRC strived to persuade relevant actors to fulfill their obligations and provide a comprehensive response. It played a key advisory role on weapon contamination issues with national authorities, civil society and the international community.

Detainees received visits from ICRC delegates, who checked on their treatment and living conditions and gave confidential feedback to the authorities. Sustained dialogue with the penitentiary authorities (INPEC) and the Interior and Justice Ministries contributed to boosting prison health services and infrastructure.

The ICRC worked with the government, the armed forces and the police to translate IHL and humanitarian norms into practice, holding briefings and seminars for troops and legal operational advisers. The police in Medellín received additional training in the proper use of force during law enforcement operations. The authorities were encouraged to accede to further treaties and enact implementing legislation. The ICRC also worked to collect information on the consequences of fumigations and to share findings with relevant authorities.

Cooperation between the ICRC and the Colombian Red Cross remained essential to meeting victims' needs. The ICRC provided support to boost the National Society's institutional and operational capacities, and the two organizations coordinated their activities with other humanitarian actors, aiming to maximize impact and avoid duplication.

CIVILIANS

Civilians in remote areas remained at risk of abuses by weapon bearers, including summary executions, killings, forced disappearances, sexual violence, child recruitment and death threats. People reported such abuses to ICRC delegates who then made confidential representations to relevant authorities and weapons bearers, urging them to end such practices. Over 1,400 recipients of death threats were either given support to move to safer places or referred to other organizations. The military continued to request expertise to implement ICRC recommendations aimed at alleviating the effects of movement restrictions on civilians.

Violence-affected urban residents stood to benefit from ICRC initiatives to help them protect themselves better, focusing mainly on Medellín, where the police, as well as the future beneficiaries participated in devising the project. Meanwhile community-based initiatives, including the creation of safe sites, received ICRC support.

Relatives separated by violence, including separated/unaccompanied children and some formerly associated with weapon bearers, used the RCM service to maintain contact. Families of civilians killed in the fighting received help with funeral expenses and transportation of human remains.

Conflict-affected civilians in cities and remote areas better able to cope

Prompted by fear or by actual abuses, escalation of fighting in some areas and devastating floods, individual households and larger groups continued to flee their homes.

In cities, the worst-off IDPs got through the first three months (six months if necessary) of displacement with Colombian Red Cross/ICRC assistance giving them time to find alternative support mechanisms: 11,065 people (2,496 households) received food and 35,791 (9,273 households) got other essentials; 27,693 people (7,602 households) could choose goods to suit their needs, as direct assistance was replaced by vouchers or cash. Additionally, 2,514 individuals improved their chances of social reintegration through psychological support and/or vocational training provided by the National Society.

As IDPs gained better orientation and access to State services mainly in urban areas, including thanks to training and information provided by the ICRC and the National Society, they also benefited from an improved response by those State services, including the Presidential Agency for Social Action and International Cooperation (Acción Social), now called *Departamento de Prosperidad Social* (ICRC dealing with its *Unidad de Atención a la víctima*). Accordingly, the ICRC gradually phased out individual assistance programmes in five cities.

With the conflict receding to increasingly remote areas, the ICRC focused on 21 priority zones, where host communities were often sharing scarce resources with IDPs. There, 15,281 residents (3,885 households) received one-off food rations and 12,703 residents (3,049 households) essential household items meeting immediate needs. They included flood victims, 16,676 of whom received rice and maize seed, enabling them to recover lost crops, while 2,700 benefited from water treatment products, hygiene promotion and repairs to damaged infrastructure.

Over 13,300 people enjoyed better water and shelter, including some 1,500 who received construction materials to repair damage to houses and community infrastructure caused by fighting. For some 2,000 children in 14 schools, renovated or rebuilt school infrastructure and health promotion lessons meant higher attendance rates, less exposure to weapon contamination, recruitment and fighting, and better hygiene. Communities in the Alto Guapi enjoyed improved water and sanitation thanks to a National Society/ICRC project that ended in June.

To shore up economic security and reduce the need for displacement, 4,358 residents (1,075 households) participated in agricultural and other income-generating projects, National authorities and government representatives of the United States of America discussed with the ICRC the humanitarian consequences of crop fumigation.

Remote communities access health services

Access to health services improved for 182,670 people through ICRC support, including donations of materials, to 28 health facilities. Of these, 32,860 people accessed care after the ICRC,

as a neutral intermediary, obtained safe passage for mobile health units operated by the Ministry of Health (often accompanied by the ICRC) or, in four cases, by ICRC staff where the security of national health workers could not be guaranteed. Year-round, 7,679 medical consultations were delivered and 1,857 people were vaccinated; 130 victims of sexual violence also received medical and psychological care.

Medical services made safer

To reduce infractions against medical personnel and infrastructure, the national working group, supported by the ICRC, focused on training and awareness-raising activities for local authorities in the eight worst-affected departments. Over 3,700 medical personnel from 418 facilities and relevant authorities participated in training on their rights, duties and safe behaviour, prompting the proper marking of four medical facilities. The ICRC continued to remind all weapon bearers and authorities of their obligation to protect medical services.

Communities learn to cope with weapon contamination

Over 7,400 representatives of communities and authorities in weapon-contaminated areas practised ways of preventing and managing associated risks at 325 workshops on safe behaviour and victims' rights; conducted by the ICRC or the National Society, with Norwegian Red Cross/ICRC support. Mine/ERW victims benefited from income-generating projects and/or referral to medical services (see above and *Wounded and sick*).

Families of missing persons better able to engage with authorities

The remains of almost 5,000 people were identified as State authorities and family associations, with ICRC back-up, pursued efforts to clarify the fate of tens of thousands of missing persons. People continued to report cases of missing relatives to the ICRC; 301 families obtained psychological and legal counselling or funds to travel to exhumation sites, while 41 families received orientation to facilitate communication with forensic and judicial authorities. More than 30 relatives of missing persons learnt to handle the associated emotional stress, to voice their needs, build solidarity with other families and foster dialogue with relevant authorities at an ICRC workshop in Bogota. Weapon bearers were reminded to provide information on the fate of missing persons and accepted the ICRC's services as a neutral intermediary for the recovery and handover of the remains of seven people.

To speed up the identification of human remains, members of Colombia's forensic institutions proposed recommendations at an ICRC-organized expert meeting, which were then widely shared with practitioners throughout the country. Local coordination and dialogue between families and authorities improved with the formation of four inter-institutional working groups, operating with ICRC participation. Local authorities in Nariño upgraded their post-mortem data management skills through training, including in documentation during the burial of unidentified bodies. At a first ICRC seminar held for the Attorney General's office, 28 prosecutors enhanced their understanding of forensic processes and families' needs.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 4,772 people detained in relation to the conflict, including 2,741 individually monitored detainees, received regular visits according to standard ICRC procedures. Delegates assessed the detainees' treatment and living conditions and provided

the detaining authorities with confidential feedback. While 32 detainees contacted their families using RCMs, 1,754 received ICRC-funded family visits. To facilitate independent family visits, authorities were urged to promote a policy of detaining people closer to home.

Although people held by armed groups were still denied ICRC visits, some received family news via RCMs. Acting as a neutral intermediary, the ICRC facilitated the transfer back home of 10 people previously detained by armed groups. Support was provided to the captives' families.

Authorities work to improve prison conditions

Detainees remained affected by overcrowding, certain diseases and limited access to health care. To boost health-related skills, additional INPEC staff members received training to coach prison health promoters in basic hygiene practices; others attended a seminar on mental health organized by the National Association of Psychiatry, with ICRC funding. Representatives of prison authorities, including the Interior Ministry, received encouragement to increase technical and financial involvement and to create a national department to upgrade the prison health system based on ICRC assessments of existing services and infrastructure in sample prisons. Institutional stakeholders discussed prison infrastructure issues at a round-table convened by the Ministry of Justice, INPEC and the ICRC. Dialogue with authorities concerning reform of the penitentiary code was strengthened, with civil society organizations providing relevant expertise at another ICRC-promoted round-table. Discussions with the family welfare institute focused on the socio-economic reintegration of juvenile offenders, as part of ICRC initiatives to address the consequences of urban violence.

WOUNDED AND SICK

Some 800 patients from remote areas were referred to the national health system for specialized care, with ICRC providing financial support where necessary, while 10 wounded people, including a member of an armed group, were evacuated by the ICRC to the nearest health facility (see *Civilians*). To be ready to help health services cope with sudden influxes of weapon-wounded patients, the ICRC pre-positioned specialized surgical materials at its sub-delegations. People in conflict-affected areas also benefited from the services of 1,291 newly trained community-based first-aiders.

To build national capacities, some 70 surgeons and 115 medical staff received training based on a specialized handbook on weapon-wound management co-authored by the Ministry of Social Protection and the ICRC, and through seminars on handling incoming wounded, including mine/ERW victims, and on surgery and orthopaedics, organized with ICRC technical support by the Health Ministry, universities and/or the National Society, and in two cases, the navy. Complementing this strategy, three universities agreed to an ICRC proposal to include a war surgery course in their curricula. Additionally, 12 members of armed groups received training in treatment of weapon-related injuries.

More than 26,800 disabled patients, including mine/ERW victims, received multidisciplinary services at 6 ICRC-supported physical rehabilitation centers, including lodging if needed. To ensure quality care, the centers received materials and technical assistance, or equipment to upgrade training facilities.

As a first in Colombia, 90 prosthetic/orthotic students, technicians and physiotherapists from 15 governmental and private institutions/organizations participated in 14 ICRC-organized training courses. Representatives of the Ministry of Social Protection and National Training Service shared expertise with peers at an international forum in Costa Rica.

In parallel, legislation to facilitate patients' access to assistance and social reintegration was promoted (see *Authorities*).

AUTHORITIES

Colombia made further progress regarding the ratification of IHL treaties. The National Congress approved the ratification of the Convention on Enforced Disappearance and continued to work towards ratification of the Convention on Cluster Munitions. Officials participated in a round-table on humanitarian aspects of a future Arms Trade Treaty (see *Mexico City*), welcomed dialogue with the ICRC concerning Protocol V to the Convention on Certain Conventional Weapons and, leading up to the Organization of American States General Assembly, promoted the adoption of IHL-related resolutions (see *Washington*).

To improve services for missing persons and their families, the Ministry of the Interior, with ICRC technical assistance, worked to enhance implementation of the 2010 Law on Missing Persons, and members of Congress discussed legal measures concerning the declaration of death of missing persons.

Through dialogue and field visits, the authorities, along with international and US representatives, were familiarized with humanitarian concerns including the protection of medical services and the effects of aerial fumigation and weapon contamination. Likewise, meetings and field visits were conducted to assess compliance with humanitarian principles by mining/energy companies operating in conflict zones.

In their dialogue with the ICRC, authorities were reminded to ensure respect for civilians and medical services and the Movement's neutral, impartial and independent action, and access to victims.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

As part of the implementation of a Ministry of Defence directive which the ICRC helped draw up, 887 military and police personnel participated in key activities, including: seven IHL training workshops organized by the armed forces with National Society/ICRC expertise; four briefing sessions co-organized by the Ministry of Health on the protection of medical services; and five discussions on After Action Review exercises, where real-life case studies examining the conduct of hostilities and possible corrective measures were taken up. Meanwhile, 98 armed forces legal advisers and 41 students of the new IHL/international human rights law masters programme at the War College updated their knowledge at ICRC-led courses and seminars. Plans to assess IHL integration by the military were under review.

The police pursued efforts to enhance training in international human rights law and policing standards relevant to their functions. A total of 28 police instructors and 2 Ministry of Defence representatives attended a first-ever train-the-trainer course in Medellín on the use of force, enabling them to direct 6 workshops for 190 rapid intervention personnel deployed in violence-affected neighbourhoods. Another 29 police officers took part in an After Action Review.

More than 4,500 military and police personnel, and members of armed groups (some of whom had been previously inaccessible) were briefed on IHL and the Movement's neutral, impartial and independent action. Dialogue with armed groups focused on the need to protect civilians and ensure medical access, and on security assurances for ICRC operations.

CIVIL SOCIETY

The media and other civil society groups remained key to fostering public understanding of the ICRC's humanitarian concerns and neutral, impartial and independent action. Thanks to press releases, radio and TV interviews and use of social media, journalists were able to give greater visibility to conflict victims and humanitarian themes including protection of health care personnel and equipment. Direct access to conflict zones with ICRC accompaniment enabled journalists to report first-hand on IHL issues. Journalists from different cities also participated in certification workshops, some co-organized with the National Society and local universities, on armed conflict and IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross and the ICRC confirmed their partnership by developing a joint humanitarian response and by mutually reinforcing their respective capacities. With ICRC funding and technical support for joint operations and its own programmes, the National Society enhanced its skills in terms of volunteer management, project planning, security management/Safer Access and emergency response. In particular, this enabled nine branches in priority zones to provide relief and psychological care to IDPs and disaster victims. At national and regional level, the Colombian Red Cross worked to build its capacity to restore family links.

The National Society and the ICRC strengthened security management and coordination between them and with other Movement partners through regular meetings at field level. By introducing a new planning process, they strengthened their capacity to jointly identify humanitarian needs and possible responses.