



colombia

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 that includes mine-risk education and physical rehabilitation for victims. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

EXPENDITURE (IN KCHF)

Protection	6,755
Assistance	21,105
Prevention	5,365
Cooperation with National Societies	1,373
General	-

► **34,598**

of which: Overheads 2,111

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

65	expatriates
281	national staff (daily workers not included)

KEY POINTS

In 2009, the ICRC:

- firmly reminded authorities and weapon bearers of their obligations under IHL to protect those not, or no longer, taking part in the fighting, to prevent abuses and to ensure that their needs were met
- with 2 army divisions, examined the conduct of military operations and possible corrective measures in After Action Review exercises
- strengthened Colombia's response to the missing persons issue by building forensic and legal capacities and helping to launch national policy guidelines and psychological support standards
- with the authorities and the Colombian Red Cross, co-organized the first national seminar on the protection of medical personnel and infrastructure
- in coordination with the Brazilian authorities, facilitated the release of 7 people held by the Revolutionary Armed Forces of Colombia
- with the Colombian Red Cross, provided emergency relief to over 52,000 newly displaced people and conflict-affected residents

CONTEXT

The topic of President Alvaro Uribe's possible re-election dominated Colombia's political and media landscapes.

The non-international armed conflict between the armed forces and the Revolutionary Armed Forces of Colombia (FARC) continued unabated. Military activity shifted away from the north to remote eastern and south-western areas. A government directive issued in March paved the way for civil-military operations in the worst-affected conflict zones. This raised concerns that the population, already threatened by abuses, displacement and restrictions on movement and access to basic services, would come under further pressure from weapon bearers. Communities of Afro-Colombian and indigenous descent along the Pacific coast were particularly at risk.

Early in 2009, the FARC freed seven of their captives. Further releases were announced, but did not materialize as fighting increased in some parts of the country, especially towards the end of the year after the governor of a southern province was abducted and murdered.

More mass graves were located, lending renewed urgency to the missing persons issue.

New armed groups with links to the drug trade continued to expand their presence from urban to rural areas.

Tensions with Venezuela rose sharply after Colombia authorized the United States of America to use Colombian military bases.

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		CIVILIANS (residents, IDPs, returnees, etc.)					
Detainees visited	5,897	Economic security, water and habitat					
Detainees visited and monitored individually	3,785	Food	Beneficiaries	17,915	26%	53%	
	of whom women		of whom IDPs	17,058			
	of whom minors	4	Essential household items	Beneficiaries	52,196	26%	53%
Number of visits carried out	199		of whom IDPs	51,176			
Number of places of detention visited	121	Agricultural and veterinary inputs and micro-economic initiatives	Beneficiaries	44,994	26%	53%	
RESTORING FAMILY LINKS			of whom IDPs	39,959			
Red Cross messages (RCMs) and reunifications		Water and habitat activities	Beneficiaries	12,982	26%	49%	
RCMs collected	75		of whom IDPs	1,298			
RCMs distributed	53	Health					
People reunited with their families	8	Health centres supported	Structures	5			
Tracing requests, including cases of missing persons		Consultations	Patients	1,692			
People for whom a tracing request was newly registered	191		of which curative		431	611	
	of whom women		of which ante/post-natal		16		
	of whom minors at the time of disappearance						
Tracing cases closed positively (persons located)	107	Immunizations	Doses	65			
Tracing cases still being handled at 31 December 2009 (people)	286	WOUNDED AND SICK					
	of whom women	Admissions	Patients	772			
	of whom minors at the time of disappearance	Physical rehabilitation					
		Patients receiving services	Patients	25,468	6,255	11,151	
		Prostheses delivered	Units	1,050	221	108	
		Orthoses delivered	Units	7,049	1,436	3,628	

ICRC ACTION AND RESULTS

The ICRC maintained a dialogue with all parties to the conflict regarding respect for civilians and unhindered access to conflict-affected areas, as required by IHL. This was key to the success of its activities.

For example, acting as a neutral intermediary, the ICRC was able to facilitate the release of people held by the FARC and to ensure patients' safe access to health services. It continued to negotiate with the parties to the conflict access to remote, mainly Afro-Colombian and indigenous minorities affected by the conflict. ICRC delegates documented IHL violations committed against civilians and impressed on the parties the need to end such practices. With the Colombian armed forces, the ICRC held After Action Review exercises in which they examined the conduct of military operations based on case studies and sought to identify possible corrective measures.

The lack of respect for medical personnel and infrastructure remained a major concern, prompting the Ministry of Social Protection, the vice presidency, the ICRC and the Colombian Red Cross to co-organize the first national seminar on the issue. Year-round, the ICRC worked with the authorities and the Colombian Red Cross to improve the protection of medical services through training and awareness-raising.

Support was stepped up to State bodies, NGOs and family associations concerned with the missing persons issue. The ICRC strengthened Colombia's forensic capacity by providing expertise and financial support, gave advice regarding legislation, and helped launch psychological support standards and guidelines for a national policy.

Authorities and humanitarian organizations were kept up to date on ICRC concerns, particularly regarding the legal and humanitarian implications of the government directive on civil-military operations.

The ICRC's multidisciplinary field activities focused on 25 priority areas. The Florencia office was upgraded to a sub-delegation, both to relieve the Cali sub-delegation and to free up capacities to assess and respond to the needs of remote minorities along the Pacific coast. Assisting them involved relatively complex and costly logistics. Following the shift of the conflict, the Barranquilla and Apartado offices were closed and a new office was opened in Quibdó at year-end.

The ICRC maintained a proactive role in assisting and protecting IDPs in coordination with State bodies. In its discussions with the authorities, it continued to advocate a better institutional response to IDPs' needs. In parallel, the ICRC provided assistance directly, in partnership with the Colombian Red Cross, which remained essential to the success of its activities for civilians.

IDPs and residents were provided with food and other supplies, as well as vocational/psychological guidance, while agronomy projects were carried out to boost self-sufficiency and prevent displacement. The ICRC repaired or upgraded water and sanitation facilities and refurbished schools and health and reception centres.

Weapon contamination was addressed through: community-based activities, including data gathering, victim assistance and mine risk education, carried out with the National Society and the Norwegian Red Cross; physical rehabilitation services at five ICRC-supported centres; and training to build local prosthetic/orthotic capacities. The ICRC also advised national authorities and the international community on mine programming and related issues and helped organize the Cartagena Summit on a Mine-Free World.

Based on its visits to people detained in connection with the conflict, the ICRC further strengthened its dialogue with the penitentiary authorities (INPEC) and the Interior and Justice Ministries regarding the living conditions and treatment of detainees and improvements to the prison health system.

CIVILIANS

Civilians remained at risk of abuses by weapon bearers, including threats, disappearances, summary executions, sexual violence, the forced recruitment of minors, displacement, the occupation of property, and weapon contamination by mines and explosive remnants of war (ERW). Abuses were frequently reported to ICRC delegates, who discussed the allegations with military and political authorities and weapon bearers with a view to ending such IHL violations. In some cases, this dialogue led to remedial action (see *Armed forces and other bearers of weapons*).

Victims of death threats were directed to specialized organizations or, if necessary, were given the means to move to a safer place within Colombia. Families of people who had been killed in connection with the conflict received help with funeral expenses, if needed.

Risk of weapon contamination reduced

Community members and local authorities in weapon-contaminated areas, as well as Red Cross staff countrywide, received training in safe behaviour and victims' rights, organized by the Norwegian Red Cross and the ICRC alongside the National Society. Communities were provided with alternative solutions enabling them to adopt safer livelihoods, for example through the distribution of fishing nets.

Mine/ERW victims were referred for specialized care by the ICRC (see *Wounded and sick*). Some participated in ICRC model projects to facilitate their socio-economic reintegration.

IDPs and residents better able to cope with the effects of conflict

Prompted by the fear or actual experience of IHL violations, individual households and larger groups continued to flee their homes and land, though less so than in 2008. As before, relevant authorities and organizations were urged to improve services for longer-term IDPs. The worst-affected IDPs were assisted jointly by the ICRC and the Colombian Red Cross, through the provision of food rations for three months (up to six months if necessary), basic supplies and psychological/vocational counselling. The IDPs improved their chances of social integration as relief handouts were gradually replaced by vouchers under a programme extended to 11 cities. Government-run reception centres, charities and National Society branches concerned with IDPs received staff training and equipment or were refurbished.

Remote resident communities suffered, either because they were sharing resources with IDPs or because they were affected by weapon contamination or restrictions imposed by weapon bearers. They received food and essential supplies; in 25 communities, health and school facilities were upgraded. Small agricultural and income-generating projects helped shore up economic security and stopped people from moving to already crowded cities.

- ▶ 17,915 people (4,479 households), of whom 17,058 IDPs (4,264 households), received food

- ▶ 52,196 (13,049 households), of whom 51,176 IDPs (12,794 households), received essential household items
- ▶ 39,959 IDPs (9,990 households) benefited from a voucher programme
- ▶ 4,436 people (1,109 households) benefited from agricultural initiatives and 599 from other micro-economic initiatives
- ▶ 12,982 people benefited from water/sanitation/habitat projects, including:
 - 1,301 people, mainly children, in remote communities from upgraded health posts and schools
 - 607 IDPs in reception centres from renovated facilities
 - 11,074 IDPs from improvements to 4 National Society branch facilities

IDPs and residents access health services

Sometimes patients simply needed to be directed to government services, while others required help with transport and treatment costs. Victims of mine/ERW injuries or of sexual violence were referred for specialized care. People in remote conflict-affected areas continued to benefit from services provided by local health teams, whenever necessary with ICRC support. In its role as a neutral intermediary, the ICRC accompanied two mobile health units to ensure their safe passage and, on one occasion, when the security of the national health workers was at risk, the ICRC sent its own staff. Health personnel received training in their rights and obligations under IHL, such as marking their gear and facilities with a protective emblem. Three new health facilities built by the ICRC were marked to this end. Following a national workshop co-organized with the authorities and the National Society, some 60 health officials were tasked with implementing national guidelines on the protection of medical services. Health personnel attended HIV/AIDS training co-organized with the National Society.

In the 5 ICRC-supported health centres (average monthly catchment population: 10,300):

- ▶ 1,692 people given consultations, including 16 attending ante/post-natal consultations and 1,676 attending curative consultations
- ▶ 65 vaccine doses administered (including 8 to children aged five or under and 42 to women of childbearing age)
- ▶ 68 patients referred to a second level of care
- ▶ 12 health education sessions held

Concerns of missing persons' families addressed

State entities and family associations continued their work, with ICRC backing, to clarify the fate of over 40,000 people (official estimate) missing as a result of the conflict.

The Forensic Institute and other State institutions began to act on an ICRC report on the needs of missing persons' families and related institutional, forensic and legal aspects. Jurists used ICRC expertise to draft legislation. The Colombian Congress passed a related bill, to be approved by the Constitutional Court. The national planning authorities adopted a document on the consolidation of search and identification mechanisms.

Standards for psychological support to missing persons' families and guidelines for a national policy, produced jointly by State institutions, NGOs, the OHCHR and the ICRC, were presented at a high-profile event.

The Colombian authorities acted on ICRC advice regarding human remains management. Six ICRC-sponsored Colombian experts studied DNA profiling and human remains management at events abroad. The Forensic Institute used ICRC expertise to upgrade Colombia's ante/post-mortem database and to publish a revised reference manual on forensics, which was launched at a national seminar in July. A working group was created and tasked with ensuring that scientific standards and procedures were applied countrywide. The third meeting of Latin American national forensic institutes was co-organized by the Forensic Institute and the ICRC in Bogotá.

Some people approached the ICRC hoping to trace relatives. Families of missing persons were systematically encouraged to contribute ante-mortem data to the Forensic Institute's database, thereby increasing chances of identifying human remains. Others, including demobilized child soldiers, used the RCM service to restore family links.

People resorted to the services of the ICRC as a neutral intermediary, for example to facilitate the hospitalization of an under-age fighter and the transfer of two people's remains from a conflict zone to the authorities.

- 49 RCMs collected from and 34 RCMs distributed to civilians
- new tracing requests registered for 191 people (42 women; 37 minors at the time of disappearance); 107 people located; 286 people (54 women; 53 minors at the time of disappearance) still being sought

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained in connection with the conflict were regularly visited by ICRC delegates, according to standard ICRC working procedures. They checked that their living conditions and treatment corresponded to internationally recognized standards and shared findings and recommendations confidentially with the various detaining authorities. Detainees contacted relatives via the RCM service, and many received family visits with the ICRC's help.

- 5,897 detainees visited, of whom 3,785 monitored individually (240 women; 4 minors) and 1,240 newly registered (118 women), during 199 visits to 121 places of detention
- 26 RCMs collected from and 19 RCMs distributed to detainees
- 1,835 detainees visited by their relatives with ICRC support
- 87 detainees provided with prosthetic/orthotic appliances under a co-financed ICRC/INPEC programme

Under the ICRC/INPEC prison health project, the authorities received the results of a two-year assessment made in prisons in and around Bogotá. Similar assessments started in prisons elsewhere. New prison directors and guards were briefed on detainee health and the third national seminar on the subject went ahead. INPEC outsourced and restructured medical care. With ICRC/INPEC technical and financial backing, three universities finalized a training project for prison health promoters.

While access to people held by armed groups continued to be denied, the ICRC nonetheless facilitated the release and transport home of people and human remains across frontlines. On one occasion, with logistical support from the Brazilian authorities, 7 people (including civilians as well as members of the police and the military) were freed by the FARC.

- 9 people and 2 sets of human remains transferred

WOUNDED AND SICK

Patients needing specialized care were referred to the national health system. Some had their transport, accommodation and/or medical fees paid. Community representatives and State health staff were trained in first aid and weapon-wound management at ICRC-supported courses co-organized by the Ministry of Social Protection, the National Society and university medical faculties. Thirty-five surgeons attended ICRC-sponsored seminars on war surgery.

- 772 patients referred to appropriate health facilities, of whom 299 given financial support

Patients requiring physical rehabilitation, including mine/ERW victims, had access to such services at ICRC-supported centres, including transport, food and accommodation and, in some cases, job training. In three cities, hostels converted by the ICRC offered accommodation for mobility-impaired people, who also received a new "health and mobility" guide. With the arrival of an additional ICRC surgeon, a prosthetic/orthotic technician and a physiotherapist, services improved further.

Nineteen students sponsored by the International Society for Prosthetics and Orthotics and/or the ICRC continued their prosthetic/orthotic training in El Salvador and Panama; 20 trainees were selected for a new course offered by Colombia's National Training Service. Staff of the centres were trained in cost calculation and polypropylene technology.

- 25,468 patients (including 6,255 women and 11,151 children) received services at 5 ICRC-supported physical rehabilitation centres
- 150 new patients (including 21 women and 6 children) fitted with prostheses and 25 (including 6 women and 9 children) fitted with orthoses
- 1,050 prostheses (including 221 for women and 108 for children; 211 for mine victims), 7,049 orthoses (including 1,436 for women and 3,628 for children; 18 for mine victims), 147 crutches and 22 wheelchairs delivered

AUTHORITIES

The Colombian authorities and the ICRC pursued dialogue on issues of humanitarian concern (see *Civilians*), during which delegates reiterated the authorities' obligations under IHL regarding respect for civilians and the emblem.

Drawing on ICRC expertise, Colombia ratified amended Article 1 of the Convention on Certain Conventional Weapons. After signing the Convention on Cluster Munitions, it began destroying weapon stocks. Ratification of other treaties was being examined.

The Office of the Public Prosecutor and the ICRC prepared to train magistrates in applying measures to repress war crimes, as provided by the penal code.

National authorities and the international community continued to look to the ICRC for advice, for example in organizing the Second Review Conference of the Mine Ban Convention in Cartagena, which adopted a five-year plan on assistance to mine victims. The Intergovernmental Group of Twenty-Four created a permanent sub-committee on mine action, an initiative prompted by the ICRC.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Through numerous briefings, over 14,500 members of Colombia's armed and police forces in conflict areas deepened their understanding of the ICRC's role, neutrality and impartiality, and need for easier access to such areas. More than 1,700 officers and sub-officers similarly learnt about the importance of protecting medical personnel and infrastructure and respecting the emblem.

The armed forces upper echelons discussed with the ICRC measures taken to reduce summary executions and murders committed by the military. The Ministry of Defence and armed forces command received an ICRC report on the conduct of military operations covering July–December 2008. A similar report covering 2009 was being finalized.

The armed forces had integrated IHL into military education, training and doctrine. Legal advisers and human rights officers were closely associated with integrating IHL norms into the planning and execution of military operations, and more than 500 of them enhanced their skills in this regard at nine ICRC-led workshops. The Defence Ministry used ICRC expertise in preparing an operational manual combining human rights and IHL elements, aiming to improve their application at field level. The manual was published at year-end.

More than 300 commanders and human rights officers from two divisions participated in two After Action Review exercises, co-organized by the Defence Ministry and the ICRC. The exercises, for the first time held at division level, focused on examining the conduct of military operations and possible corrective measures, using IHL violations documented by ICRC delegates as case studies.

At the ICRC's initiative, police officers and members of the Colombian Red Cross assessed the level of IHL integration in 14 police schools and training centres.

Contact continued with various armed groups countrywide regarding protection matters and release operations involving the ICRC.

CIVIL SOCIETY

The media used ICRC communication materials to inform a wide audience about humanitarian issues, particularly regarding the effect of Colombia's conflict on civilians and the ICRC's response. At eight ICRC media workshops, more than 300 journalists enhanced their understanding of IHL concerns and the ICRC's action in Colombia, enabling them to report more accurately on these topics.

Six universities received IHL materials for their courses, and medical faculties participated in ICRC projects (see *People deprived of their freedom* and *Wounded and sick*). Students and lecturers briefed by the ICRC provided IDPs and victims of sexual violence with free advice. Contact was strengthened with private sector representatives in the field, for example the Voluntary Principles on Security and Human Rights initiative, for which the ICRC was granted observer status.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC worked in close partnership, particularly regarding IDP assistance and weapon contamination (see *Civilians*). The partners decentralized their cooperation from Bogotá to field/operational level, which enabled National Society branches to be more closely involved in the planning process and tailor their operational response better to beneficiaries' needs.

New statutes paved the way for the overhaul of the Colombian Red Cross structure at national and branch level. The National Society, the International Federation and the ICRC signed a cooperation and coordination framework agreement. Red Cross branches in conflict zones continued to receive equipment and training in first aid, the Safer Access approach, tracing and dissemination co-organized by the National Society and the ICRC.

During the Second Review Conference of the Mine Ban Convention, the Colombian Red Cross and the Norwegian Red Cross, with technical support from the ICRC, organized a conference for 20 National Societies aiming to identify steps towards implementing the Movement Strategy on Landmines, Cluster Munitions and other Explosive Remnants of War.