

COLOMBIA



EXPENDITURE (IN KCHF)

Protection	7,246
Assistance	23,350
Prevention	3,755
Cooperation with National Societies	1,933
General	-

► **36,284**

of which: Overheads 2,214

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Expatriates	68
National staff (daily workers not included)	287

KEY POINTS

In 2010, the ICRC:

- continued to remind all parties of the need to respect civilians, the wounded, and medical personnel and infrastructure
- acted as a neutral intermediary to facilitate the release of hostages or the return of human remains to families
- together with the Colombian Red Cross, enabled IDPs and residents to better cope with the effects of the fighting by providing 18,683 with food rations and 47,162 with essential household items
- boosted health and medical care by facilitating access of the population in remote areas to health services and training staff in the management of weapon wounds
- contributed expertise to efforts to clarify the fate of missing persons and to assist their families, particularly in terms of psychological support during exhumations
- with the penitentiary authorities, completed a joint assessment of the prison health system, leading to the establishment of a plan of action to address shortcomings

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.

CONTEXT

The former minister of defence, Juan Manuel Santos, obtained a clear majority in the second round of the presidential elections. The new government launched a series of major reforms, such as the passing of laws relating to conflict victims, land restitution and the distribution of revenue from natural resources, and worked to normalize relations with Ecuador and the Bolivarian Republic of Venezuela.

Clashes between the army and the Revolutionary Armed Forces of Colombia (FARC) escalated around the elections. Targeted attacks on FARC camps reportedly led to the deaths of some high-level commanders. Nonetheless, in a highly publicized operation, the FARC released two army officers, one of whom had been held for 12 years, and handed over the remains of a police officer who had died in captivity.

The situation in the country was exacerbated by intensifying confrontations between competing armed groups along drug routes and in cities. According to the authorities, emerging armed groups were consolidating their activities, necessitating an increase in security operations.

For civilians, the fighting, together with the widespread use of improvised explosive devices, meant continuing abuses, restrictions on movement, general economic hardship, a lack of basic services and further displacements.

To compound the situation, heavy rains at year-end caused floods and mudslides affecting more than 2 million people, mostly in the northern departments and on the Pacific coast.

MAIN FIGURES AND INDICATORS			
PROTECTION			
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages	Total	UAMs/SCs*	
RCMs collected	35		
RCMs distributed	30		
Reunifications, transfers and repatriations	Total		
People transferred/repatriated	12		
Human remains transferred/repatriated	2		
Tracing requests, including cases of missing persons	Total	Women	Minors
People for whom a tracing request was newly registered	247	15	61
People located (tracing cases closed positively)	106		
Tracing cases still being handled at 31 December 2010 (people)	313	28	56
Documents			
Official documents relayed between family members across borders/front lines	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits	Total	Women	Minors
Detainees visited	5,534		
Detainees visited and monitored individually	3,319	224	2
Detainees newly registered	1,105	95	2
Number of visits carried out	153		
Number of places of detention visited	86		
Restoring family links	Total		
RCMs collected	13		
RCMs distributed	26		
Detainees visited by their relatives with ICRC/National Society support	1,998		

* Unaccompanied minors/separated children

ASSISTANCE				
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat		Total	Women	Children
Food	Beneficiaries	18,683	26%	51%
	<i>of whom IDPs</i>	9,769		
Essential household items	Beneficiaries	47,162	26%	51%
	<i>of whom IDPs</i>	37,690		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	37,191	26%	53%
	<i>of whom IDPs</i>	27,921		
Water and habitat activities	Beneficiaries	11,859	24%	53%
	<i>of whom IDPs</i>	4,094		

MAIN FIGURES AND INDICATORS

ASSISTANCE

Health		Total	Women	Children
Health centres supported	Structures	20		
Average catchment population		161,549		
Consultations	Patients	11,764		
	<i>of which curative</i>		3,726	5,015
	<i>of which ante/post-natal</i>		207	62
Immunizations	Doses	3,025		
	<i>of which for children aged five or under</i>	1,486		
	<i>of which for women of childbearing age</i>	1,539		
Referrals to a second level of care	Patients	2,331		
Health education	Sessions	120		
WOUNDED AND SICK				
Hospitals				
Water and habitat activities	Number of beds	50		
Physical rehabilitation				
Centres supported	Structures	7		
Patients receiving services	Patients	29,161	6,623	13,839
New patients fitted with prostheses	Patients	135	21	1
Prostheses delivered	Units	963	186	80
	<i>of which for victims of mines or explosive remnants of war</i>	216		
New patients fitted with orthoses	Patients	9	2	
Orthoses delivered	Units	6,813	1,350	3,394
	<i>of which for victims of mines or explosive remnants of war</i>	19		
Crutches delivered	Units	204		
Wheelchairs delivered	Units	48		

ICRC ACTION AND RESULTS

The ICRC pursued a multidisciplinary approach to meeting the needs of violence- and conflict-affected people in Colombia. In addition to focusing on 25 mainly rural and remote zones, it began to build contacts in Buenaventura and Medellín with a view to initiating and pursuing projects in 2011 to address some of the needs of people subjected to armed violence in urban settings. The ICRC maintained dialogue with the authorities and weapon bearers, reminding them of their obligation to respect civilians and to allow Movement staff unhindered access to victims. 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, with logistical support from the Brazilian authorities, to facilitate the release of hostages, including two army officers, and the hand-over of the remains of a police officer who died while in FARC custody. The ICRC shared with the authorities and other organizations its analysis of the situation in Colombia, from a legal and a humanitarian point of view.

To help clarify the fate of missing persons, the ICRC worked with the relevant State bodies, NGOs and family associations. It offered technical expertise to strengthen the national database on missing persons, gave input into various working groups dealing with identification, and promoted the prompt ratification of the Convention on Enforced Disappearance. It helped organize an international congress, which adopted minimum standards for psychological support for families.

While exhorting the authorities to provide a better response to IDPs' needs, the ICRC and the Colombian Red Cross worked to assist displaced people in cities. In parallel, IDPs and residents in remote rural areas, including those hit by flooding and mudslides, received food and household essentials, while agricultural projects sought to boost self-sufficiency and help prevent displacement. In cities, the ICRC repaired or upgraded State-run IDP reception centres, and in remote areas it renovated schools.

The ICRC facilitated patients' access to health care by referring them to national services and in some cases funding transport/treatment. In remote areas, it supplied and rehabilitated health centres and obtained security guarantees for mobile units to circulate, sending its own staff when necessary. It worked with the National Society to build community first-responder capacities and trained medical staff in dealing with weapon wounds. An ICRC surgeon helped the authorities draft a manual on weapon-wound management.

Weapon contamination was addressed through a mix of mobilization and persuasion of the relevant actors and direct support to victims. These efforts enabled: victims to obtain first aid and medical and physical rehabilitation services along with other wounded people; communities to develop self-protection measures; and national mine-action bodies to enhance their work and improve coordination.

Detainees received visits from ICRC delegates, who checked on their treatment and living conditions and made confidential reports to the authorities. Dialogue with the penitentiary authorities (INPEC) and the Interior and Justice Ministries was further strengthened to boost prison health.

The ICRC worked with the armed forces to translate IHL and humanitarian norms into practice. Activities ranged from holding IHL information sessions for troops to contributing expertise to After Action Review exercises. The police, too, received training in the proper use of force during urban security operations, along with advice on improving their training. The authorities were encouraged to accede to additional IHL treaties and enact implementing legislation.

Cooperation between ICRC structures and National Society branches in remote areas 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 those of other humanitarian actors to maximize impact and avoid duplication.

CIVILIANS

Civilians in remote areas remained at risk of abuses by weapon bearers, including summary executions, forced disappearances, sexual violence and death threats. People reported such abuses to ICRC delegates, who made representations to the relevant authorities and weapon bearers urging them to end such practices.

People also approached the ICRC hoping to trace relatives. Others, including demobilized child soldiers, used the RCM service to restore contact with their families. Recipients of death threats were referred to organizations that could help them or were given the means to move to safer places. Families of civilians killed in the fighting were helped with funeral expenses.

IDPs in cities and people in remote areas better able to cope

Prompted by fear or by actual abuses, individual households and larger groups continued to flee their homes. However, the overall number of newly displaced people fell, reducing the demand for ICRC assistance.

In cities, the worst-off IDPs got through the first three months (six months if necessary) of their displacement thanks to the support provided by the Colombian Red Cross and the ICRC. This gave them time to find alternative support mechanisms. A total of 9,769 people (2,425 households) received food and 37,690 people essential household items. As direct assistance continued to be replaced by vouchers, 27,921 people (7,991 households) had greater autonomy in choosing goods to suit their needs. Some 370 individuals improved their chances of social reintegration through National Society psychological or vocational counselling sessions.

Meanwhile, the authorities and relevant organizations were urged to improve services for longer-term IDPs, based on the findings of a 2007 ICRC/WFP study on their needs. Some 90,000 people had access to greater support after being oriented to State services, while those in 14 State-run reception centres benefited from better conditions and services after the centres were given furniture and IT equipment.

In the 25 remote conflict zones on which the ICRC focused, where free movement was restricted by weapon bearers or by mines/explosive

remnants of war (ERW) or where host communities were sharing resources with IDPs, 8,914 residents (1,998 households) received one-off food rations and 9,472 received essential household items to meet their immediate needs. They included people also affected by the floods and landslides at year-end. Agricultural and other income-generating projects, such as handicraft production and small retail businesses, helped shore up the economic security of 9,270 residents. This enabled them to stay put rather than flee to already crowded cities. For 1,600 children in 14 conflict-affected areas, renovated or rebuilt schools meant higher attendance rates and less exposure to weapon contamination, recruitment and fighting.

Isolated communities access health services

For the first time in over a year, people in six remote rural areas had access to health services after the ICRC, as a neutral intermediary, obtained safe passage for nine mobile health units operated by the Ministry of Health (when necessary accompanied by the ICRC), or by ICRC staff when the security of national health workers could not be guaranteed. Patients able to reach fixed health centres benefited from services boosted by ICRC supplies, and seven such centres provided treatment in more hygienic conditions following ICRC repairs to infrastructure.

Primary health care services included vaccinations of children and women. Some 2,300 patients, including 247 mine/ERW victims, were referred to a second level of care, with 1,316 receiving financial assistance for their transport and treatment. At the ICRC's behest, authorities in Antioquia started including victims of weapon contamination in the public health surveillance system. While 172 victims of sexual violence received medical and psychological care directly from the ICRC, 58 were referred to specialized organizations.

Medical infrastructure marked with protective emblem

Following reports of infractions against medical personnel, equipment and infrastructure, weapon bearers and authorities were reminded of their obligations to protect the medical mission. For their part, 1,217 medical personnel in rural areas received training in how to better protect medical services, prompting the proper marking of 89 medical facilities and vehicles. Health officials drew up an action plan for the collection of data on infractions during a workshop co-organized by the Ministry of Social Protection and the ICRC.

Communities learn to cope with weapon contamination

A total of 11,017 community members and local authorities in weapon-contaminated areas were better equipped to cope with the associated risks thanks to 275 workshops on safe behaviour and victims' rights organized by the National Society with Norwegian Red Cross/ICRC support; nearly 1,000 others acquired first-aid skills. The National Workshop on Mine Risk Education, a coordination and advocacy group comprising the main actors dealing with weapon contamination in Colombia, including the ICRC, drafted a multi-year plan to address issues such as victims' rights and mine-risk education. Mine/ERW victims were among those benefiting from ICRC income-generating projects (see above).

Unfortunately, a mine/ERW disposal project with indigenous communities had to be halted owing to security concerns.

Families of missing persons receive psychological support

State entities and family associations, backed by the ICRC, continued working to clarify the fate of nearly 44,000 people missing as a result of the conflict. Affected families received psychological and legal support or funds enabling them to travel to exhumation sites. With the plight of these families in mind, specialists in psychological support shared best practices at the second World Congress on Psychosocial Work in Exhumation Processes, Forced Disappearance, Justice and Truth, held in Bogotá. Practitioners from 27 countries adopted minimum standards for psychological support to families and a plan for their dissemination worldwide. A high-level working group facilitated by OHCHR and the ICRC discussed improving psychological support for families during the exhumation process and lobbying authorities to implement core provisions of legislation on missing persons. The group also mobilized key senators to work towards the ratification by Colombia of the Convention on Enforced Disappearance.

To help consolidate data on the missing and speed up the identification of human remains, members of the National Forensic Institute discussed improvements to the ante/post-mortem software with ICRC experts in Geneva, Switzerland. Following a forensics seminar held in 2009, another such event brought together local experts from small towns to discuss identification procedures and methods, such as the use of DNA. An inter-institutional working group met regularly to harmonize procedures and provide the Prosecutor's Office with methodological recommendations. The National Police began implementing a national plan to trace missing persons by drawing up a directive and training measures, in coordination with other institutions.

PEOPLE DEPRIVED OF THEIR FREEDOM

A total of 5,534 people detained by the Colombian authorities in relation to the conflict received regular visits, carried out according to the ICRC's standard procedures, from delegates, who assessed their treatment and living conditions. The detaining authorities were informed confidentially of delegates' findings and recommendations. Some detainees contacted their families using RCMs and 1,998 received ICRC-facilitated family visits.

Although people held by armed groups were denied ICRC visits, some were able to receive family news via RCMs. Acting as a neutral intermediary, and in one case with the logistic support of Brazil, the ICRC facilitated the release of 2 army officers and 2 civilians and the return to the family of a police officer's remains. Families with a member held by an armed group obtained support from a specialized organization that had received ICRC funding.

The authorities take steps to improve prison conditions

Acting on insights gained during an ICRC-organized round-table on judicial guarantees, local authorities took remedial measures to address prolonged police custody. Despite efforts to improve conditions in prisons, however, detainees remained affected by overcrowding and the persistence of certain diseases coupled with limited access to health care. High-level prison authorities continued

to receive ICRC representations regarding the need for greater technical and financial involvement in upgrading the national prison health system. After carrying out an in-depth assessment of the system with the ICRC, INPEC committed to implement the resulting recommendations. The authorities set up a joint working group to draft a prison health policy and drew on ICRC expertise and financial support to tackle specific areas of concern, such as tuberculosis.

To boost skills in various health-related areas, INPEC staff members participated in training events, including an international seminar on prison health in Peru (see *Lima*). Prison health personnel attended a special course based on a curriculum elaborated by several Colombian universities to enable them to train health promoters within prisons to inform other inmates of basic health and hygiene practices. INPEC officials and academics examined prison psychiatric care at an ICRC-sponsored round-table during the annual meeting of the National Association of Psychiatry.

Detainees in need of physical rehabilitation were cared for by a private health provider appointed by INPEC.

WOUNDED AND SICK

Patients from remote conflict zones were referred to the national health system for specialized care (see *Civilians*), while eight wounded people were evacuated by the ICRC to the nearest health facility. To increase first-responder capacity within communities in these areas, 30% of health workers attended ICRC/National Society seminars on how to handle incoming wounded, including mine/ERW victims. Similarly, civilian and military surgeons, doctors and nurses enhanced their skills during ICRC-sponsored or -organized events, including the country's first advanced seminar on the management of weapon wounds held at the general military hospital in Bogotá for 130 medical staff. With the full-time support of an ICRC surgeon, the Ministry of Social Protection produced a manual containing new national guidelines on weapon-wound management.

Some 29,000 disabled patients, including mine/ERW victims, received multidisciplinary services at 7 ICRC-supported physical rehabilitation centres, including lodging if they had travelled far. To ensure good-quality care, the centres received materials and technical assistance, and prosthetic/orthotic technicians and physiotherapists underwent further training, including abroad. The authorities drew on ICRC expertise in introducing technical standards and international professional requirements for the manufacture of prosthetic/orthotic devices and in designing two technician training centres.

AUTHORITIES

In their dialogue with the ICRC, authorities were reminded of their obligations to ensure respect for civilians, medical services and the Movement's neutral, impartial and independent humanitarian action and to allow it access to vulnerable populations. In response to ICRC representations regarding reported IHL violations

(see *Civilians*), the Ministry of Defence issued instructions requiring all troops to observe the principle of precautions in attack. The launch by the Public Prosecutor's and Presidential Offices of a broad IHL and human rights programme for the investigation and prosecution of IHL and human rights violations meant that a similar ICRC training programme was no longer required.

Colombia ratified the Hague Convention on Cultural Property. With ICRC technical support, the National Congress made progress towards ratification of the Convention on Enforced Disappearance and Convention on Cluster Munitions, which was approved by the Senate's Second Committee. At the Organization of the American States General Assembly (see *Washington*), Colombia's Foreign Ministry sponsored a resolution on missing persons.

Thanks to the support of the Intergovernmental Group of Twenty-Four, the international community in Colombia learnt more about humanitarian issues, including the applicability of IHL to Colombia's situation and the urgent need to address weapon contamination.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Weapon bearers were reminded of their obligations under IHL. Thousands of troops in conflict areas and several hundred police personnel were briefed on the Movement's neutral, impartial and independent humanitarian action and the protection of medical services during information sessions co-organized by the Ministry of Health, the National Society and the ICRC. In preparation for the extension of activities for victims of violence in urban settings, the ICRC stepped up contacts with police forces in Buenaventura and Medellín. Armed groups in previously inaccessible areas attended sessions on IHL and respect for the emblem, sometimes coupled with first-aid training.

The Defence Ministry accepted the organization's recommendations on its pedagogical material on IHL promotion and the proper use of force. The findings of an ICRC report on the conduct of hostilities in 2009 were also used in After Action Review exercises, during which officers analysed case studies and suggested corrective measures. Implementing a formal directive issued by the Defence Ministry, with National Society/ICRC expertise, the armed forces took charge of organizing and running 12 four-day IHL training workshops with key personnel.

The police, too, pursued efforts to enhance the training of its personnel in international human rights law and IHL provisions relevant to their functions. For the first time, members of the National Police Intelligence Directorate in Bogotá and the military police in Medellín participated in two ICRC seminars on the legal use of force during security operations in an urban context, also learning how to integrate these legal requirements into training. Acting on an ICRC/National Society assessment of police schools, the director of police training shared recommendations with the various establishments and scheduled follow-up visits to ensure IHL/international human rights law were properly integrated into police training and education.

CIVIL SOCIETY

The media remained a key player in fostering public understanding of the ICRC's humanitarian concerns and neutral, impartial and independent humanitarian action. Thanks to press releases, radio and TV interviews and specialized workshops, journalists reported more accurately on humanitarian themes. Writers from a leading weekly gained access to conflict zones, accompanied by the ICRC, generating four features on vulnerable populations, such as victims of sexual violence.

The public also learnt about the importance of respect for the emblem and Movement action through presentations and photo exhibitions. Lecturers and students regularly approached the ICRC for reference materials on a wide range of humanitarian topics, and medical faculties participated in ICRC projects (see *People deprived of their freedom* and *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained a key ICRC partner in alleviating the plight of conflict-affected people and in informing weapon bearers of their obligations under international law (see above). It received financial, material and technical support for these joint operations as well as for its own programmes.

Meetings between the two organizations ensured smooth operations in the field, where the focus was on strengthening coordination between National Society branches and ICRC structures in remote areas. There, the branches honed their emergency response skills, in particular in meeting the needs of IDPs and in the provision of psychological support, and established a mechanism for revising their security-management strategy using the Safer Access approach. The National Society also strengthened internal communication, designating branch focal points.

To boost the National Society's institutional set-up as a whole, staff attended training events on topics such as leadership and volunteer management, and four branches were rehabilitated.