

# COLOMBIA



ICRC delegation ICRC sub-delegation ICRC office  
ICRC-supported orthotic/prosthetic centre

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ conflict/violence-affected people, including IDPs, recovered from their losses through food, essential household items and/or livelihood support provided by the Colombian government or the ICRC
- ▶ in Medellín, women and young people learnt to provide peer support to victims of sexual violence, some of whom also benefited from medical/psychological assistance from the Colombian Red Cross/ICRC
- ▶ at an event organized with the Colombian government, representatives from 12 Latin American countries discussed ways to address the humanitarian consequences arising from disregard for medical services
- ▶ detainees benefited from enhanced national health-care services, such as referrals to specialized care and disease monitoring, in line with the new penitentiary code that incorporated some ICRC recommendations
- ▶ to help ensure post-trial guarantees for detainees, including juvenile offenders, the judiciary worked with the ICRC to draft proposals for improving services and reviewing/finalizing certain detainees' sentences
- ▶ people across 40 municipalities better understood the plight of families of missing persons through an ICRC media campaign that also mobilized the authorities to share the information with 1,000 civil servants

### EXPENDITURE (in KCHF)

Protection	9,026
Assistance	15,858
Prevention	3,624
Cooperation with National Societies	1,594
General	411

**30,513**

of which: Overheads 1,862

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>92%</b>
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### PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	306

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 visits security detainees. For IDPs and residents in rural and urban areas, it provides relief, helps ensure access to health care, and carries out small-scale repairs to infrastructure. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	64
RCMs distributed	37
People located (tracing cases closed positively)	141
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	81,459
Detainees visited and monitored individually	597
Number of visits carried out	117
Number of places of detention visited	45
<b>Restoring family links</b>	
RCMs collected	23
RCMs distributed	11

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	11,281
Essential household items	Beneficiaries	12,337
Productive inputs	Beneficiaries	27,840
Cash	Beneficiaries	26,719
Work, services and training	Beneficiaries	103,616
Water and habitat activities	Beneficiaries	17,500
		22,283
<b>Health</b>		
Health centres supported	Structures	39
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures	4
		6
Patients receiving services	Patients	20,000
		12,062

## CONTEXT

Peace negotiations between the Colombian government, led by re-elected president Juan Manuel Santos, and the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) were temporarily suspended after the FARC-EP captured and retained a Colombian general in November. Negotiations resumed after the general's release in December; both parties sought to reach an agreement on the three points that remained of the six on the agenda, which now included a point on the peace deal's implementation. However, armed confrontations between the two parties continued. In December, the FARC-EP declared an indefinite ceasefire, reportedly leading to the lowest level of conflict-related violence in 30 years.

The peace process between the government and the National Liberation Army (ELN) remained in the exploratory stage.

Other armed groups continued to fight among themselves or with security forces for control of land, natural resources and trade routes.

Mass protests over social and economic issues sometimes led to confrontations between demonstrators and the police.

Tensions between these various groups often resulted in casualties, displacement, movement restrictions, weapon contamination, sexual violence, disappearances and/or the disruption of people's access to basic services, particularly medical care.

## ICRC ACTION AND RESULTS

Confidential dialogue and consistent operational presence in conflict-affected areas allowed the ICRC in Colombia to strengthen acceptance of its neutral intermediary role among parties to the conflict and other weapon bearers. These enabled the organization to facilitate the release of persons held by armed groups and the transfer of human remains for identification and burial. Delegates addressed written and oral representations, based on documented allegations of violations, to the authorities and to armed actors, reminding them of the importance of protecting civilians and medical services.

The ICRC worked with the authorities to raise support for IHL and other internationally recognized standards; security forces reviewed the application of these norms to their doctrine, training and operations. To promote respect for health-care services and facilitate the exchange of best practices, the government co-organized an international seminar that convened parties concerned from various Latin American countries. The authorities also paid particular attention to two other issues: the plight of the families of missing persons and the proper use of force. Public communication campaigns and partnerships with the media fostered public awareness of these and other humanitarian concerns.

Regular cooperation in addressing humanitarian needs improved the capacities of both the Colombian Red Cross and the ICRC. The National Society developed the skills of its volunteers and staff through ICRC-facilitated training, particularly in emergency response and restoring family links.

The government's victim assistance unit increased its capacity to assist victims of conflict/violence; it received ICRC technical and material support to this end. To fill the gaps in the State's response, the ICRC, usually with the National Society, provided direct assistance to IDPs and vulnerable communities, which enabled them to meet their food and other material needs, restore their livelihood and access health care.

In Medellín, the ICRC used community-based activities to raise awareness among women and young people of sexual/reproductive health and sexual violence. It also facilitated access to medical treatment and psychological support for victims of sexual violence. ICRC-organized training enabled emergency responders/community health workers and medical personnel to reinforce their skills in first aid and weapon-wound management, respectively. Disabled persons continued to benefit from rehabilitative care at centres supported by the ICRC.

In areas affected by weapon contamination, the National Society/ICRC organized workshops where community members learnt to mitigate the risks to them, and built/improved community infrastructure to make the population's daily activities safer.

Through its family-links services, the ICRC helped members of dispersed families re-establish contact with each other. Construction of the necessary facilities and/or training helped improve the management and storage of human remains. The needs of the families of missing persons continued to be addressed through psychosocial assistance and regular coordination meetings among stakeholders.

In accordance with the organization's standard procedures, ICRC delegates visited detainees to monitor their treatment and living conditions, and provided the authorities with confidential feedback based on these visits; at several detention facilities, fewer allegations of ill-treatment were reported than in the past. Training for penitentiary staff in internationally recognized standards on the use of force and cooperation with the judiciary to ensure post-trial guarantees supplemented these efforts. The ICRC continued to support the authorities in providing better prison health services, particularly the monitoring of diseases and referrals to specialized care.

## CIVILIANS

### Weapon bearers in urban areas discuss how to protect residents

Acceptance for its role as a neutral intermediary, notably in the context of the peace talks, enabled the ICRC to engage the parties to the conflict in dialogue on humanitarian concerns, particularly protection for civilians and health services (see *Actors of influence*); however, discussions on the effects of State policies on communities were limited. Confidential written/oral representations on documented allegations of violations reminded armed actors of their obligations under IHL and other applicable legal norms.

In the urban areas of Buenaventura, Medellín and Tumaco, weapon bearers discussed how residents could be protected. A teaching manual on humanitarian principles was incorporated into the curricula of 14 high schools in Medellín; this enabled over 25,000 students to learn about these matters.

Some 6,700 health personnel/emergency responders familiarized themselves with their rights and duties, while 142 medical facilities were marked with the protective emblem. Mass protesters learnt about the need to ensure the safety of medical services and patients.

### IDPs meet their food and material needs

The State's victim assistance unit continued to expand its capacity to assist conflict/violence-affected people; however, it still faced challenges in the form of budgetary constraints and the volume of claims. By itself or with trained National Society volunteers, the ICRC filled the gaps in State coverage.

More than 50,000 persons enlisted as government beneficiaries on mass-registration days organized with ICRC support. In 26 conflict/violence-affected municipalities, local authorities facilitated the registration of applicants using ICRC-donated equipment.

Over 6,100 IDPs (some 1,300 households) covered their needs with ICRC-distributed household essentials; some 5,000 of them also received food rations for one month. Cash grants enabled approximately 7,600 IDPs (2,050 households) to add variety to their meals. Around 4,300 IDPs had better access to safe shelter, drinking water, hygiene items and sanitation facilities following infrastructure projects.

Over 867 IDPs obtained short-term employment – with the ICRC covering a percentage of their salaries – and/or enrolled in vocational training programmes, boosting their job prospects and helping alleviate the economic impact of their displacement.

Using ICRC-provided materials and equipment, some 625 heads of returnee households (2,650 people) began/resumed livelihood activities; this enabled them to restore food production to 40% of the pre-displacement amount and eased their reintegration into their communities.

#### **Heads of violence/conflict-affected households rebuild/reinforce their sources of income**

Around 6,200 people (some 1,500 households) in rural and urban neighbourhoods received food rations, of which 5,453 benefited from household essentials; others received cash. In addition, 305 residents exchanged community-based work for these material/financial benefits. To better respond to the consequences of conflict/violence, over 1,470 households attended workshops on the topic; five community centres received household essentials.

In rural areas, 4,345 breadwinners (19,406 people) engaged in agricultural activities using ICRC-provided materials/equipment. Nearly 360 heads of households (1,508 people), including 208 in Medellín, earned more income as a result of apprenticeships, job referrals, vocational training or micro-credits to start small businesses.

Nearly 40 health facilities serving a population of about 225,000 benefited from ICRC-provided medical materials, including those used to treat weapon-wounded patients. Infrastructural upgrades improved services at four of these health posts in Caquetá, Nariño and Norte de Santander.

For over 18,000 residents in Buenaventura and 46 rural communities, including those affected by weapon contamination, the construction of water, sanitation and other facilities and the conduct of hygiene-promotion activities helped decrease health hazards and keep them safe; the distribution of construction materials facilitated the renovation of community infrastructure/housing.

#### **Women and young people learn to provide peer support to victims of sexual violence**

In Medellín, women and youth enhanced their knowledge of sexual/reproductive health and learnt to provide peer support to victims of sexual violence. Some 380 victims obtained appropriate medical care and psychological support with National Society/ICRC assistance; 75 benefited from referrals to local health services.

Around 9,100 people – community members, local authorities, and emergency committee representatives – in eight Medellín neighbourhoods learnt safe practices and became more aware of victims' rights at National Society and/or ICRC-organized dissemination sessions on weapon contamination. The construction of six school facilities in rural communities improved attendance and helped 661 children lower their risk of exposure to weapon contamination or recruitment by armed groups. Over 1,500 residents in Putumayo traveled more safely through contaminated areas following the installation of a pedestrian bridge.

#### **Families of missing persons benefit from psychosocial support**

Some 64 RCMS were collected and 37 distributed, including from/to minors previously associated with armed groups; in this way, people restored contact with their family members.

Eleven sets of human remains were recovered by the ICRC and handed over to the authorities for identification. At cemeteries in Buenaventura and Quibdó, the management and/or storage of unidentified human remains improved following the construction of vaults/other facilities and/or the training of undertakers. At round-tables/seminars, public prosecutors, investigators and forensic experts discussed the need for a multidisciplinary approach to forensic investigation and identification. Dialogue with the Attorney-General's Office and the National Institute for Legal Medicine and Forensic Sciences focused on establishing a national registry for unidentified remains. With ICRC support, 92 families were able to bury their relatives.

Psychosocial assistance helped alleviate the suffering of over 100 relatives of missing persons. Associations of missing persons' families in Nariño received ICRC technical/advisory support; working groups in six departments facilitated coordination among those concerned. An ICRC proposal for assessing the needs of missing persons' families was being drafted for submission to the pertinent authorities.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

##### **Penitentiary officers incorporate international human rights law into their training**

Over 81,000 detainees, including 6,846 women and 364 minors, received ICRC visits according to its standard procedures, aimed at monitoring detainees' treatment, living conditions and access to health-care services. Notifications of arrest/capture of people held by armed forces in relation to the conflict were also followed up.

After ICRC visits, findings and recommendations were reported confidentially to the authorities. The authorities continued to be encouraged to detain people closer to their homes to facilitate family visits. At several detention facilities, there were fewer documented cases of alleged ill-treatment than in the past. Officials at one prison took measures to improve detainees' access to drinking water and sanitation.

At training sessions jointly organized with the National Police, penitentiary officers and guards furthered their understanding of international human rights law and of standards for the use of force in law enforcement and detention. The officers incorporated what they had learnt into their own training for new prison guards.

The judiciary worked with the ICRC to help ensure post-trial guarantees and, in effect, reduce prison overcrowding. Activities

included drafting recommendations for improving judicial services and reviewing/finalizing the sentences of certain detainees, some of whom were juvenile offenders.

### **Inmates benefit from improved national health-care services**

The new penitentiary code and health-care provision model for prisons included some ICRC recommendations, such as strengthening health-promotion activities and regularizing medical examinations. After implementing its guidelines for addressing TB in prisons, the Health Ministry created an inter-institutional working group, with a view to developing a similar strategy for all public health issues.

All prisons were registered in the national epidemiological surveillance system, and reported regularly on prevalent diseases; in 2014, they submitted over 700 reports, approximately 500 more than in 2013. Medical brigades at the 32 biggest prisons helped reduce the backlog of patient referrals.

Young people held in two rehabilitation centres in Medellín learnt basic humanitarian principles through a National Society-organized programme, which resumed after its temporary suspension due to riots.

Detainees communicated with relatives through RCMs. Under ICRC auspices, 18 persons held by armed groups were released and handed over to their families.

### **WOUNDED AND SICK**

#### **Weapon-wounded patients receive timely treatment from trained health-care providers**

First-aid courses equipped a broad range of people to provide life-saving care to the injured: some 1,700 first-responders from 21 conflict/violence-affected communities; 433 health personnel from 85 facilities serving approximately 919,000 people; and 50 weapon bearers.

Over 100 health professionals at 50 health facilities (catchment population: 797,000) in Arauca, Pasto, Popayán and Puerto Asis underwent training in weapon-wound management. Monitoring confirmed that almost half of these facilities later implemented contingency plans and protocols for treating victims.

Future doctors attended war-surgery courses co-organized with universities in Bogotá and Medellín; Universidad del Bosque integrated a course on this topic into its curriculum. Nineteen surgeons from various conflict/violence-affected areas participated in train-the-trainer sessions conducted with the Colombian Association of Surgery.

Through National Society/ICRC assistance, 1,985 wounded and 949 sick people obtained timely medical treatment, and psychological support when needed. ICRC referrals/support helped 277 victims of weapon contamination receive financial compensation and/or free medical care. Eighty families of these victims were able to lodge claims for State assistance because of ICRC financial support during administrative procedures.

#### **Physical rehabilitation specialists sharpen their skills through training courses**

Over 12,000 disabled persons benefited from physical rehabilitation services at ICRC-supported centres, which included the provision of assistive devices.

Orthotic technicians from the government, the private sector and NGOs added to their knowledge of patient assessment and manufacturing processes through training courses; specialists and teachers attended seminars in physiotherapy. As a step towards securing international recognition, Colombia's two prosthetic/orthotic schools received a visit from the International Society for Prosthetics and Orthotics.

A regulation on the manufacture of prostheses/orthoses, revised by the Health Ministry with ICRC support, was pending approval by the authorities concerned; bilateral dialogue with stakeholders helped promote support for its future implementation. The revision of national guidelines for the use of orthoses proceeded with technical input from Argentinian experts and the ICRC.

### **ACTORS OF INFLUENCE**

#### **Government jointly organizes international conference on respect for medical services**

Dialogue with the authorities and weapon bearers focused on issues related to the protection of civilians/civilian infrastructure and medical services, and on strengthening acceptance for the ICRC's role, helping the organization ensure its safe and unhindered access to communities affected by conflict/violence. With ICRC support/guidance, the government and other parties concerned strove to respond more effectively to the needs of conflict/violence-affected people (see *Civilians*).

Political, judicial and security officials jointly organized/participated in several ICRC events on IHL and human rights, including on judicial procedures; these activities aimed to increase policy-makers' knowledge and guide their application of these norms. The IHL technical working group under the National Human Rights and IHL System convened a workshop on the protection of civilian property in armed conflict, which was attended by representatives of various State bodies. Over 100 legal advisers participated in two workshops on observing IHL and international human rights law.

The vice-president, the Health Ministry, the Colombian and Norwegian National Societies and the ICRC organized the first international conference in Latin America on the humanitarian consequences owing to a lack of respect for medical services. Representatives from 12 Latin American countries exchanged best practices and proposed action plans.

#### **Parliament adopts new penitentiary code and law for victims of sexual violence**

The IHL technical working group incorporated ICRC recommendations in an action plan and policy guidelines draft for national IHL implementation. The authorities aimed to strengthen the legal framework for identifying human remains by revising, with ICRC technical advice, a 1993 law facilitating the use of dental charts in forensic identification. The parliament adopted a new penitentiary code (see *People deprived of their freedom*) and a law that enabled victims of sexual violence during armed conflict to obtain health and judicial services. The government's ratification of certain weapon-related treaties remained pending.

#### **Military reviews application of internationally recognized standards to operations**

The security forces pursued the integration of IHL and internationally recognized standards on the use of force into their doctrine, training and operations.

In line with a new Defence Ministry directive, 167 military personnel reviewed the extent to which these norms had been integrated into their operations. Military officers attended events focused on a variety of issues: trends in reported IHL violations, the protection of medical services and the protective emblems.

At national workshops, military, police and penitentiary officers discussed law enforcement and the use of force, while at an international symposium, 46 representatives from the army and police enhanced their understanding of legal norms applicable to their public order duties.

Some 650 police officers from Medellín also participated in workshops on specific issues; one attended an international course in Mexico.

### Civil servants and the public learn more about the plight of the families of the missing

Partnerships with the media and communication efforts contributed to raising public awareness of humanitarian principles, IHL and the ICRC. These efforts included organizing a public performance in Medellín to further understanding of issues related to violence in urban settings.

ICRC seminars enabled over 140 journalists from conflict/violence-affected areas to improve their ability to report on victims of the fighting, on the peace process and on IHL. Following these events, some 50 articles on the conflict's humanitarian consequences, and on the ICRC's response, were published. Editors from 20 local media outlets exchanged ideas at a round-table on reporting humanitarian issues.

In 40 municipalities across Colombia, ICRC media campaigns on the plight of the families of the missing, which included radio interviews and informational materials posted in public transportation, helped raise public awareness and mobilize the parties concerned.

As a result, the Interior Ministry and the National Institute of Legal Medicine and Forensic Sciences relayed the campaign's messages to over 1,000 civil servants.

Academic institutions supported ICRC communication campaigns; for instance, the Universidad de la Amazonia's law faculty co-produced a video commemorating International Mine Awareness Day.

Information sessions helped deepen the understanding of representatives from the government, the international community, the private sector, the media and civil society of the humanitarian consequences of conflict/violence and on the ICRC's response.

### RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main partner in responding to the needs of people affected by conflict/violence or other emergencies (see *Civilians* and *Wounded and sick*); it reinforced its capacities with ICRC technical/financial support. During protests, the National Society helped organize humanitarian convoys that delivered medical supplies to hospitals and facilitated safe passage for health personnel/vehicles.

Over 300 National Society volunteers from 13 branches in violence-prone areas strengthened their capacities in emergency response management using the Safer Access Framework, and their ability to guide victims through legal procedures for assistance.

Movement partners held meetings regularly and exchanged security/operational information, thereby reinforcing communication and coordination mechanisms.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>		UAMs/SCs*		
RCMs collected	64	42		
RCMs distributed	37	4		
<b>Reunifications, transfers and repatriations</b>				
People transferred/repatriated	19			
Human remains transferred/repatriated	11			
<b>Tracing requests, including cases of missing persons</b>		Women	Girls	Boys
People for whom a tracing request was newly registered	390	60	35	63
<i>including people for whom tracing requests were registered by another delegation</i>	10			
People located (tracing cases closed positively)	141			
Tracing cases still being handled at the end of the reporting period (people)	322	34	31	42
<i>including people for whom tracing requests were registered by another delegation</i>	4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>		Women	Minors	
Detainees visited	81,459	6,846	364	
		Women	Girls	Boys
Detainees visited and monitored individually	597	42	4	17
Detainees newly registered	227	13	4	16
Number of visits carried out	117			
Number of places of detention visited	45			
<b>Restoring family links</b>				
RCMs collected	23			
RCMs distributed	11			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	11,281	28%	45%
	<i>of whom IDPs</i>	5,037		
Essential household items	Beneficiaries	12,337	29%	41%
	<i>of whom IDPs</i>	6,187		
Productive inputs	Beneficiaries	27,840	29%	45%
	<i>of whom IDPs</i>	7,299		
Cash	Beneficiaries	26,719	35%	40%
	<i>of whom IDPs</i>	22,767		
Work, services and training	Beneficiaries	103,616	33%	37%
	<i>of whom IDPs</i>	98,762		
Water and habitat activities	Beneficiaries	22,283	35%	38%
	<i>of whom IDPs</i>	4,293		
<b>Health</b>				
Health centres supported	Structures	39		
Average catchment population		224,998		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Water and habitat activities	Beneficiaries	4		
<b>Health</b>				
Number of visits carried out by health staff		17		
Number of places of detention visited by health staff		4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Patients whose hospital treatment has been paid for by the ICRC	Patients	945		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	60		
<b>Physical rehabilitation</b>				
Centres supported	Structures	6		
Patients receiving services	Patients	12,062	5,814	1,532
New patients fitted with prostheses	Patients	446	159	33
Prostheses delivered	Units	748	230	50
	<i>of which for victims of mines or explosive remnants of war</i>	61		
New patients fitted with orthoses	Patients	2,645	501	1,497
Orthoses delivered	Units	3,330	756	1,676
	<i>of which for victims of mines or explosive remnants of war</i>	7		
Patients receiving physiotherapy	Patients	8,101	4,135	763
Crutches delivered	Units	85		
Wheelchairs delivered	Units	285		