

# COLOMBIA



ICRC delegation ICRC sub-delegation ICRC office

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.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ following written and oral representations by the ICRC documenting alleged abuses against civilians, the Department of Defence conducted investigations, granting compensation to some of the victims
- ▶ more conflict/violence-affected people gained access to State assistance, including some 18,400 IDPs who were registered as beneficiaries on mass registration days organized on the ICRC's recommendation
- ▶ complementing government measures to address the humanitarian consequences of weapon contamination, some 12,000 people learnt about safe behaviour and victims' rights during National Society/ICRC-organized sessions
- ▶ in parallel with National Society/ICRC efforts to safely deliver health services, the Health Ministry ensured that over 100 medical facilities serving over 1,100,000 people were properly marked with the protective emblem
- ▶ the authorities took steps to improve conditions in places of detention, such as building new prisons with ICRC input on the design and establishing guidelines to control the spread of TB and facilitate medical treatment for it
- ▶ constraints related to the dynamics of conflict/violence limited contacts with some weapon bearers and the conduct of first-aid training for armed groups, leading the ICRC to revise its approach to such training

### EXPENDITURE (in KCHF)

Protection	9,007
Assistance	16,028
Prevention	3,905
Cooperation with National Societies	1,366
General	366
<b>Total</b>	<b>30,672</b>

of which: Overheads 1,872

### IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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### PERSONNEL

Mobile staff	62
Resident staff (daily workers not included)	296

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	75
RCMs distributed	66
People located (tracing cases closed positively)	194
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	96,729
Detainees visited and monitored individually	1,771
Number of visits carried out	141
Number of places of detention visited	64
<b>Restoring family links</b>	
RCMs collected	48
RCMs distributed	17

ASSISTANCE	Targets	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 21,350	25,743
Essential household items	Beneficiaries 13,350	31,536
Productive inputs	Beneficiaries 6,400	13,360
Cash	Beneficiaries	20,112
Work, services and training	Beneficiaries	48,325
Water and habitat activities	Beneficiaries 22,000	20,491
<b>Health</b>		
Health centres supported	Structures	56
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 4	4
Patients receiving services	Patients	14,158

## CONTEXT

The peace talks in Havana, Cuba, between the Colombian government and the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP) resulted in partial agreements on two of the five points on the agenda. Armed confrontations continued to take place, disrupting access to basic services and causing displacements, restrictions on movement and weapon contamination.

The National Liberation Army (ELN), which expressed a wish for similar negotiations with the government, increased its armed activity in various parts of the country. Other armed groups fought among themselves or with the armed/security forces for control over land, natural resources and trade routes. This led to a rise in violence both in rural areas, particularly along the coastline and near the borders with Ecuador and the Bolivarian Republic of Venezuela, and in urban neighbourhoods, often affecting entire communities.

Mass protests and social unrest between July and September caused casualties and restricted access to essential services, notably medical care for the injured.

## ICRC ACTION AND RESULTS

The parties to the conflict continued to accept the ICRC's role as neutral intermediary, notably in the context of the peace process between the Colombian government and the FARC-EP. This enabled the organization to: engage in confidential dialogue with weapon bearers on their obligations under IHL and other applicable legal norms, particularly with regard to protecting the civilian population; obtain safe passage for mobile health units to remote, conflict-affected areas; and facilitate the safe release and handover of people held by armed groups. Applying a multidisciplinary approach, the ICRC continued to focus on alleviating the humanitarian consequences of the non-international armed conflict.

After receiving the ICRC's oral and written representations about alleged abuses against civilians, the Department of Defence investigated the allegations and compensated some of the victims. In line with the goals of the Health Care in Danger project, the Health Ministry took steps to improve protection during emergencies for health workers, facilities, and vehicles, as well as for patients, particularly by ensuring that medical facilities were properly marked with the protective emblem. State services continued to expand their capacities, facilitating the registration of more beneficiaries in the government assistance programme.

While guiding IDPs through the registration process, the ICRC also provided direct assistance to other conflict/violence-affected people who were not yet registered as beneficiaries of the State programme or not included in its coverage. It also helped residents of urban and rural communities cope with the effects of conflict, violence or weapon contamination by reinforcing their economic security and constructing/rehabilitating community infrastructure.

The National Society/ICRC facilitated the safe delivery of medical supplies to hospitals in areas affected by mass protests and disseminated information on the importance of allowing health/emergency workers to safely access and provide timely care to the injured. Likewise, the ICRC assisted victims of sexual violence in obtaining appropriate medical treatment and briefed health staff on the specific needs of such patients.

The ICRC's activities complemented the government's efforts to improve its response to the plight of missing persons and their families and to the consequences of weapon contamination: for instance, it helped relatives of missing persons access/receive information about their family members and facilitated access to State compensation and medical care for victims of weapon contamination.

Delegates visited detainees to monitor their treatment and living conditions. Detention authorities, guided by the ICRC's recommendations, started work on six new prisons and finalized guidelines for controlling the spread of TB and facilitating detainees' access to medical treatment. The ICRC encouraged the authorities to adopt a policy of detaining people closer to their homes, to make it easier for detainees and their relatives to be in touch.

Colombia signed the Arms Trade Treaty and remained supportive of IHL-related initiatives in international fora. Government officials discussed humanitarian issues with the ICRC and expanded their knowledge of IHL in training sessions.

The armed forces and the police pursued the integration of IHL and human rights law into their doctrine, training and operations, by hosting/co-organizing international training events, for instance. Owing to access and communication constraints arising from the security situation, maintaining contacts and developing dialogue with other weapon bearers, including in violence-affected urban areas, were challenging at times. As a result, only one first-aid training activity for armed groups was held during the year. The ICRC thus reconsidered its approach, placing more importance instead on spreading information about the need to respect and protect the provision of medical care.

Journalists, academics and other civil society stakeholders helped raise public awareness of humanitarian issues and the ICRC's mandate, for instance through media coverage of ICRC activities and organization of a working group to foster discussion of IHL issues.

The Colombian Red Cross remained the ICRC's main operational partner and worked continuously to improve its emergency response, security management and family-links capacities. Movement partners met regularly to discuss issues of common concern, thereby strengthening existing coordination mechanisms.

## CIVILIANS

### Authorities follow up alleged abuses against civilians

At the request of the parties to the peace negotiations, the ICRC continued to act as a neutral intermediary, facilitating safe passage for some of their representatives and providing advice on IHL-related issues. This enabled it to engage in confidential dialogue with them regarding the protection of civilians and other humanitarian issues.

Written and oral representations about alleged violations reminded weapon bearers of their obligations under IHL and other relevant norms. The Defence Department investigated these reports; to date, 12 victims have received compensation based on cases submitted from 2007–13. Other representations drew the authorities' attention to allegations of excessive use of force by law enforcement officials and to the potential humanitarian consequences of certain State policies, such as on aerial fumigation of illicit crops, economic restrictions and limitations on movement.

In violence-prone urban areas such as Buenaventura, Medellín and Tumaco, the complexities of the situation and the difficulty of maintaining contacts with weapon bearers presented challenges to the development of dialogue on the protection of the resident population.

### **Conflict/violence-affected people, including IDPs, meet immediate needs**

State services increased their capacities and overcame administrative constraints, resulting in more than 18,400 IDPs (about 4,000 households) being registered for State assistance during mass registration days organized on the ICRC's recommendation.

While orienting applicants regarding the registration process for the government programme, the ICRC also helped those who had not yet received/were not covered by State assistance. These included: 20,420 IDPs (4,507 households) and 5,323 residents (1,245 households) of violence-affected areas who received food rations for up to three months; 23,360 IDPs (5,380 households) and 8,176 residents (1,829 households) who got essential household items; and 15,531 IDPs (3,969 households) and 3,763 residents (861 households) who received cash grants.

### **Communities rebuild livelihoods and reduce risks**

Some 3,000 rural households (about 12,200 people), including IDPs, boosted their economic security by starting agricultural activities using ICRC-provided materials and equipment. After their breadwinners acquired livelihood skills or found employment, 665 IDP households (2,430 people) had more stable incomes. In violence-prone and weapon-contaminated areas, 392 households (1,658 people) coped with the economic impact of movement restrictions and armed attacks through cash-for-work/food-for-work programmes.

Over 16,400 people living in violence-affected rural and urban areas and nearly 4,000 IDPs increased their resilience to the effects of conflict/violence, thanks to the construction/rehabilitation of water/sanitation facilities and the conduct of hygiene-promotion activities, which contributed to the reduction of health hazards. After the ICRC helped build and stock community shelters in designated safe areas, about 400 residents of Cauca minimized their exposure to armed clashes. In Chocó, Nariño and Putumayo, the local population's access to medical services improved with the rehabilitation of four health posts. Children in rural communities benefited from renovated school facilities, which lowered their risk of exposure to weapon contamination or recruitment by armed groups. Following repair/construction work in shelters housing them, vulnerable pregnant teenagers in Buenaventura had improved living conditions.

By learning about safe practices and victims' rights at ICRC-organized workshops, over 7,250 residents and community leaders became better equipped to mitigate the risks posed by weapon contamination; National Society-led activities provided the same service for 4,400 others.

### **People in remote areas and victims of sexual violence access health services**

Residents of remote areas attended over 1,600 medical consultations after the ICRC obtained safe passage for three Health Ministry/ICRC-operated mobile health units. Primary and emergency health services improved for a catchment population of over 107,000 people owing to ICRC support for 53 health facilities, which included distributions of wound-treatment kits.

Following round-tables and meetings on incidents affecting the safe delivery of medical aid, the Health Ministry oversaw the proper marking with the protective emblem of around 100 medical facilities serving over 1,100,000 people. More than 5,000 health/legal professionals and National Society volunteers attended dissemination sessions at which they learnt more effective methods of self-protection during emergencies. Likewise, 53 staff members of the Universidad El Bosque in Bogotá were trained to implement measures for protecting medical services.

Under an agreement between the NGO Profamilia and the ICRC, 61 newly registered victims of sexual violence obtained proper medical treatment; the ICRC followed up 85 previously documented cases. Training courses sensitized 520 health workers to victims' needs and stressed their responsibilities when treating such patients. Similar recommendations were made to administrators of medical facilities, such as on the need to provide/facilitate access to psychological support and to take measures to prevent sexually transmitted diseases.

### **Urban residents cope with the effects of violence**

In Medellín, 104 violence-affected households (416 people) improved their economic conditions by establishing small businesses through micro-credit schemes. An evaluation confirmed that all beneficiaries had sustained the businesses they started in 2012 and increased their earnings by an average of 35%. Coordination between the private sector and the ICRC enabled 34 young people from depressed urban areas to find jobs and 15 to begin serving apprenticeships.

In other violence-stricken areas such as Buenaventura, Tame and Tierralta, 1,522 residents (316 households) enhanced their employment opportunities through vocational training, while 729 people (195 households) received income support while seeking stable jobs.

In seven Medellín communities, members of neighbourhood emergency committees honed their first-aid skills and over 2,300 high school students, teachers and residents learnt to minimize risks associated with violence. Through dissemination events organized with local authorities, women and teenagers in urban areas became more aware of their sexual and reproductive rights.

### **Families of missing persons clarify their relatives' fate**

The families of over 190 missing persons received information on their relatives' fate; in seven instances, the person sought was found alive. In 12 other cases, the families recovered and buried their relatives' remains with ICRC assistance; the National Society/ICRC followed up other cases. Through 75 RCMs collected and 66 distributed, people, including unaccompanied minors, re-established contact with relatives from whom they had been separated by the conflict.

During activities co-organized with local authorities and NGOs, 57 families of missing persons expressed their needs and suggested ways to address them. They received psychological and social support, and the authorities took note of their concerns.

Management of unidentified remains at the Buenaventura and Puerto Asis cemeteries improved with the provision of the necessary training. Renovation of the morgue in Satinga, including the construction of 60 storage vaults, enabled forensic authorities to perform autopsies with proper equipment.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Of the approximately 96,000 inmates in places of detention visited by the ICRC, 1,771 were monitored individually. Delegates monitored the detainees' treatment and living conditions during these visits, which were conducted according to standard ICRC procedures. Based on notifications of arrest/capture, the ICRC also sought to gain access to people held by the armed/security forces in relation to the conflict.

Authorities received recommendations for improving detention conditions, including by upgrading maintenance systems, based on the delegates' observations and on a study done in six prisons. Better sanitation conditions and access to drinking water, following repair/construction work in several detention facilities, helped lower exposure to health risks for more than 11,800 inmates.

The government, with ICRC input on the design, began constructing six new prisons. Prison health authorities, with ICRC technical support, finalized guidelines for controlling and treating TB among the inmates.

Over 1,000 detainees received visits from their relatives, with the ICRC covering travel expenses; others maintained contact with their families through RCMS. To help sustain regular family contact after wrapping up the family-visits programme in September, the ICRC advocated detaining people closer to their homes and followed up the authorities' response.

Minors held at a rehabilitation centre in Medellín learnt basic humanitarian principles, dispute resolution and communication/social skills through National Society-organized activities. Recommendations for their treatment and living conditions were relayed to the authorities.

Under ICRC auspices, 26 persons held by armed groups were released and safely handed over to their families or to government/diplomatic representatives.

## WOUNDED AND SICK

Some 830 wounded or sick people had their medical treatment costs covered, including seven injured people who received life-saving care after being evacuated by the National Society/ICRC.

The safe delivery of medical supplies to seven hospitals in Cauca and Huila, facilitated by the National Society/ICRC at the Health Ministry's request and supported by radio broadcasts and other communication efforts, helped ensure timely aid for people injured during social unrest.

Medical personnel at the 19 first-level hospitals that admitted the highest numbers of weapon-wounded patients strengthened their emergency response capacities through ICRC training. Bolstering such capacities at the community level, 489 nursing assistants and 1,506 civilians in remote, conflict-affected areas were trained as first responders.

Owing to the complex dynamics of the conflict and difficulties in establishing contact, only one first-aid training session was conducted for members of armed groups. Consequently, the ICRC modified its approach, placing greater emphasis on raising weapon bearers' awareness of the need to respect and protect health services (see *Civilians*).

New agreements with the Colombian Surgery Association and Universidad El Bosque in Bogotá facilitated the inclusion of war-surgery courses in medical curricula; similar curricular changes were also discussed with the administration of the Military University in Bogotá and the National University in Cauca.

## Disabled patients receive better care

More than 14,100 patients, including victims of mines/explosive remnants of war (ERW), accessed multidisciplinary services at four ICRC-supported physical rehabilitation centres.

Specialists, including 43 orthopaedic technicians and 50 Colombian and foreign physiotherapists, honed their skills during capacity-building activities, including four international seminars. The authorities revised existing professional standards, enabling the institutions concerned to better comply with accreditation requirements.

With ICRC guidance/support, mine/ERW victims accessed financial compensation from the State and free medical care. The families of 13 deceased victims organized their relatives' burials with ICRC financial support.

## AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

### Authorities step up response to humanitarian needs

The government continued to implement the law on victims and land restitution, notably by strengthening its victim assistance programme (see *Civilians*). A Constitutional Court decision in June 2013 extended the coverage of this law to people displaced as a result of the actions of other armed groups or demobilized combatants.

Based on the recommendations of judicial authorities, forensic experts and a UNHCR/ICRC-facilitated working group, national and local institutions strove to deal more effectively with the issue of missing persons. They strengthened their coordination and raised awareness among all parties concerned of issues related to the implementation of pertinent legislation, including a law recognizing the legal status of victims of disappearance, the proper handling of human remains and the management of ante/post-mortem data.

The State mine-action body updated its agreement with the ICRC and improved its overall response to weapon contamination through technical advice on information management, implementation of a victim assistance protocol and better methods for training people in safe practices.

A new penitentiary code was approved and two draft laws on sexual violence slated for the legislature's consideration as of year's end.

### Civilian and military policy-makers support IHL integration

Colombia supported the adoption of the Arms Trade Treaty and signed it in September. Ratification of Protocol V to the Convention on Certain Conventional Weapons remained pending, but discussions among the Foreign Affairs Ministries of Colombia, Mexico and Peru underscored its importance.

Officials from the Ministries of Defence, Foreign Affairs and Interior, and from the Vice-President's Office, discussed the establishment of a technical working group on IHL under the National



Human Rights and IHL System, and expanded their IHL expertise through ICRC-organized training sessions.

In accordance with a 2012 Defence Ministry directive, over 500 military personnel learnt more about applying IHL at nine after-action review workshops. Military judges, instructors, officers and troops gained a broader understanding of IHL and specific humanitarian issues through workshops on, *inter alia*, protection for medical services, the issue of missing persons and the application of IHL in naval operations. Colombia also hosted the Senior Workshop on International Rules Governing Military Operations, which 14 high-ranking members of its security forces attended.

The Colombian police force made progress in integrating human rights and other relevant norms into their doctrine, training and operations, including by co-organizing two international training fora. During these events, representatives from various South American police forces deepened their knowledge of applicable human rights norms and internationally recognized standards on the use of force in law enforcement.

### Public awareness of humanitarian issues grows

Media coverage of ICRC activities raised public awareness of humanitarian concerns and of the ICRC's mandate. Field trips to conflict-affected areas helped journalists report accurately on humanitarian issues, while IHL workshops increased their understanding of the relevant legal framework and the protection it affords them. In addition, 20 reporters from the international press developed their first-aid skills and learnt ways to reduce weapon-contamination risks.

Information campaigns, including some that made use of social media and other Web-based channels, and public events drew attention to humanitarian issues and promoted the key messages of the Health Care in Danger project. Complementing measures initiated by health officials (see *Civilians*), radio broadcasts, a TV spot and brochures/leaflets calling for respect for health services contributed to the safe delivery of medical care.

Key opinion leaders and academics formed an ICRC-chaired working group to initiate discussions on IHL-related issues, which were also broached with members of the diplomatic community. Private sector representatives enhanced their understanding of relevant security and human rights principles through discussions with the ICRC.

### RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main operational partner, notably in assisting conflict/violence-affected people and providing medical assistance during protests/social unrest (see *Civilians*). Such joint activities, combined with training for the National Society's staff/volunteers and an assessment of its branches' capacities, strengthened both organizations, particularly in relation to contingency planning and management of human resources. Training events organized jointly with the ICRC, including on security management and emergency response, enhanced the skills of Colombian Red Cross staff and better equipped them to safely access conflict/violence-affected areas during emergencies.

National Society staff and volunteers from Colombia and six other South American countries honed their skills in restoring family links and managing human remains at two workshops, which contributed to the further development of the regional family-links network. The International Federation supported the drafting of a Movement contingency plan for major disasters. During discussions among Movement partners, the Colombian Red Cross gave its inputs on the implementation of the Safer Access Framework and the Health Care in Danger project. Movement partners held regular meetings and exchanged security and operational information, thereby reinforcing existing 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		75	44	
RCMs distributed		66	8	
<b>Reunifications, transfers and repatriations</b>				
People transferred/repatriated		26		
Human remains transferred/repatriated		12		
<b>Tracing requests, including cases of missing persons</b>			Women	Minors
People for whom a tracing request was newly registered		348	84	101
People located (tracing cases closed positively)		194		
	<i>including people for whom tracing requests were registered by another delegation</i>	4		
Tracing cases still being handled at the end of the reporting period		177	25	52
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>			Women	Minors
Detainees visited		96,729	8,292	1,117
Detainees visited and monitored individually		1,771	129	10
Detainees newly registered		205	23	10
Number of visits carried out		141		
Number of places of detention visited		64		
<b>Restoring family links</b>				
RCMs collected		48		
RCMs distributed		17		
Detainees visited by their relatives with ICRC/National Society support		1,037		

\* 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	25,743	34%	45%
	<i>of whom IDPs</i>	20,420		
Essential household items	Beneficiaries	31,536	34%	41%
	<i>of whom IDPs</i>	23,360		
Productive inputs	Beneficiaries	13,360	32%	42%
	<i>of whom IDPs</i>	3,394		
Cash <sup>1</sup>	Beneficiaries	20,112	36%	32%
	<i>of whom IDPs</i>	16,306		
Work, services and training	Beneficiaries	48,325	32%	40%
	<i>of whom IDPs</i>	45,715		
Water and habitat activities	Beneficiaries	20,491	29%	20%
	<i>of whom IDPs</i>	3,995		
<b>Health</b>				
Health centres supported	Structures	56		
Average catchment population		107,296		
Consultations	Patients	1,678		
	<i>of which curative</i>		383	718
	<i>of which ante/post-natal</i>		27	
Immunizations	Doses	609		
	<i>of which for children aged five or under</i>	408		
Referrals to a second level of care	Patients	3		
Health education	Sessions	27		
<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	11,826		
<b>Health</b>				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		7		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Patients whose hospital treatment has been paid for by the ICRC	Patients	830		
<b>Physical rehabilitation</b>				
Centres supported	Structures	4		
Patients receiving services	Patients	14,158	5,741	2,552
New patients fitted with prostheses	Patients	502	153	34
Prostheses delivered	Units	703	180	51
	<i>of which for victims of mines or explosive remnants of war</i>	81		
New patients fitted with orthoses	Patients	1,659	308	1,047
Orthoses delivered	Units	2,870	531	1,751
	<i>of which for victims of mines or explosive remnants of war</i>	12		
Patients receiving physiotherapy	Patients	6,169	3,300	664
Crutches delivered	Units	83		
Wheelchairs delivered	Units	63		

<sup>1</sup> Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period