

Colombia

The great humanitarian burden in Colombia is centred on violence related to a conflict that has disrupted the lives of Colombians for four decades and continuously violates international humanitarian and human rights law. The existence of illegal armed groups, the near-constant threat of violence related to conflict and illegal drug trafficking, massacres, landmine accidents, extortion and forced recruitment put women and children at grave risk. During the past decade, hundreds of thousands of Colombians on average each year have been forced to abandon their homes – 289,000 in 2009 alone¹ – placing Colombia second only to the Sudan in its number of internally displaced people.



Against this backdrop of political turmoil, Colombians have also been exposed to natural hazards. By 13 January 2011, the weather phenomenon La Niña caused flooding and landslides affecting close to 2.2 million people in 717 municipalities located in 28 of the country's 32 departments.² The heavy rains have already diminished access to safe drinking water, health care and education, and are expected to continue through March 2011. Taken together, these emergency conditions have increasingly eroded the rights of children, particularly those in rural communities and those who are already excluded from opportunity because of race, gender or geographical location. Reaching these children and their families is one of the key challenges to providing humanitarian assistance in Colombia.

UNICEF is requesting US\$10.3 million for its 2011 humanitarian work in Colombia, an increase of more than US\$4 million compared with 2010. These funds are needed to expand aid to the most vulnerable communities and address increased emergency situations caused by natural disasters during the last months of 2010 and the escalating effects of ongoing armed conflict. Humanitarian action in 2011 by UNICEF will encompass: flexible educational programmes in child-friendly learning spaces, improved access to emergency health-care services and supplies; increased access to nutritional supplements for children who have been displaced or are deprived from access to health services; HIV prevention programmes for pregnant women and children; improved access to safe drinking water, and hygiene and sanitation facilities; prevention of child recruitment by illegal armed groups; prevention of accidents caused by landmines; and psychosocial support to children and adolescents affected by emergencies.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

The current dynamics of the conflict, including the actions of illegal armed groups that have emerged after the paramilitary demobilization, continue to gravely affect civilians – especially women and children – violating international humanitarian law and human rights law. These actions include threats, killings, abductions, disappearances, displacement, confinement, gender-based violence, forced recruitment, ongoing use of landmines and improvised explosive devices, and unexploded ordnance contamination.

The recruitment and use of children by illegal armed groups continues to be an extensive, systematic and habitual practice in Colombia. Estimates of the number of children participating in illegal armed groups range from 8,000 by the Government to 11,000, according to non-governmental sources.³ Although the exact magnitude and territorial coverage remains unknown, the United Nations observed a significant increase in the information received on cases of recruitment of children.⁴

An average of 750,000 people are affected by natural disasters in Colombia each year; 44 per cent of them are under age 18.⁵ Natural disasters tend to have a disproportionate effect on young children, especially in terms of their access to safe drinking water and health-care services as well as food security. It is anticipated that the devastation caused by the floods and landslides will further tax already overburdened health-care facilities and cause serious damage to water and sanitation systems as well as hamper the right to education. At least 36 per cent of all displaced persons in Colombia are children.⁶

An even greater negative impact is observed on indigenous and preschool-aged children of African descent and pregnant and lactating women. Infant and child mortality



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

CORE COUNTRY DATA

Population (thousands 2009)	45,660
Child population (thousands 2009)	15,937
U5 mortality rate (per 1,000 live births, 2009)	19
Infant mortality rate (per 1,000 live births, 2009)	16
Maternal mortality ratio (per 100,000 live births 2008)	85
Primary school enrolment ratio (net male/female, 2005–2009*)	90/90
% U1 fully immunized (DPT3, 2009)	92
% population using improved drinking-water sources (2008)	92
HIV/AIDS prevalence rate (% aged 15–49, 2009)	0.5
% U5 suffering from moderate and severe wasting (2003–2009*)	2

Source: UNICEF, *The State of the World's Children 2011*.
 *Data refer to most recent year available during the period specified.

rates are higher within these two vulnerable groups, which require culturally sensitive care practices and assistance to detect and treat cases of undernutrition and childhood illnesses. Rural communities experience a situation of extreme vulnerability because the emergency situations increasingly hamper the rights of children who already suffer from exclusion due to race, gender and geographical location. This poses new challenges for humanitarian action, especially in capacity development for preparedness and rapid response.

KEY ACHIEVEMENTS IN 2010

In 2010, an estimated US\$6 million was needed for UNICEF’s humanitarian activities in Colombia. As of October 2010, US\$503,328, only 8 per cent of the funding goal, had been received. Funds from other sources, however, allowed UNICEF to improve the prospects of women and children in the following ways. UNICEF facilitated an integrated response in health, nutrition, water and sanitation, protection, and education to benefit 43,000 children and adolescents – representing 10 per cent of all children affected by violence, displacement and other emergencies in the Colombian Pacific Coast.

Nutritional care, including micronutrients and education, was provided by UNICEF and partners for 500 pregnant and lactating women to benefit 6,500 children under age 5. Food, nutrition, protection and support for early child development benefited 3,900 rural children under 5 and their families who were affected by armed conflict.

Safe water and sanitation for 2,000 families were ensured by UNICEF through providing safe water supply systems, water storage tanks and basic sanitation supplies. These families also received training and support for using culturally adapted good sanitation and hygiene practices.

UNICEF provided educational supplies and 30 school tents in child-friendly spaces for 8,500 children affected by natural disasters and other emergencies. In addition, UNICEF implemented the Education in Emergencies model developed by the national working group in a rural school affected by floods and internal displacement, benefiting 1,200 children.

In the sector of child protection, 62,000 children and adolescents were discouraged from becoming involved in illegal armed groups through UNICEF-facilitated activities. UNICEF also provided technical support to inform 14,300 children and adolescents about safe practices to prevent accidents involving landmines and provided psychosocial support for 21,000 children.

Due to a lack of funding, humanitarian action to address HIV and AIDS was not undertaken in 2010.

HUMANITARIAN ACTION: BUILDING RESILIENCE

During 2010, UNICEF supported the Recruitment Prevention Initiative for children of the Awa ethnic group living in Nariño Department in southern Colombia. The testimony of a teenager who participated in the project is quoted here:

“My name is Jetis Rafaela Pai. I come from the La Brava Reservation. I’m very pleased of participating in this project because I have learned to know my culture better, to know that I am valuable as a person, that I can participate, that I can talk about what I like and don’t like, get to know other peoples, other persons, and better value what we are. What I like best is the *Golombiao*, the ‘Game of Peace’. It teaches us that we, as women, can be equal to men. It teaches us to respect ourselves, to decide things for ourselves and take decisions. I also like to participate in traditional dances and represent my people.”

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF will work with the Government of Colombia, other UN agencies and NGOs to address the needs of 444,000 people, including 9,000 women, 208,000 boys and 223,000 girls. As lead agency supporting the national round tables on WASH, education and nutrition in emergencies, UNICEF expects to achieve a number of key results. Among these is increasing the capacity of local authorities, communities and families to prepare for and mitigate the effects of emergency situations on Colombian children and adolescents. UNICEF will respond effectively to their humanitarian needs in nutrition, health, water and sanitation, education, child protection, and HIV and AIDS by strengthening coordination and functioning of emergency working groups, coordinating and facilitating institutional response, providing technical assistance and supplies, and sharing knowledge of high-impact strategies.

NUTRITION (US\$700,000)

UNICEF will establish a national working group and three sub-national groups on nutrition in emergencies, with annual action plans focusing on nutrition in emergencies preparation, response and recovery for children under age 5, pregnant women and infants. The sub-national working groups will function in the departments of the Pacific Coast and in the La Mojana region.

- UNICEF will provide nutrition services and supplies in emergency situations for 20,000 children and 4,000 pregnant and lactating women of African descent and indigenous communities affected by natural disasters, armed violence and displacement. Nutrition services will include the promotion and protection of breastfeeding and complementary and responsive feeding, positive caregiver-child interaction, early and adequate stimulation, detection and treatment of moderate and severe acute malnutrition, micronutrient supplementation and attention to special nutritional needs, including those related to HIV and /AIDS.

HEALTH (US\$580,000)

UNICEF will establish the Child Health in Emergencies thematic sub-group that will have an annual action plan that includes preparation, response and recovery.

- UNICEF will work to reduce the rates of illness among 50,000 children, adolescents, pregnant and lactating mothers of African descent and indigenous communities affected by natural disasters, armed violence and displacement by providing access to services and emergency health supplies including immunization and vitamin A, insecticide-treated mosquito nets, obstetric care and preventive therapy for respiratory infections.
- UNICEF will offer training for 3,000 parents or key caregivers on parenting and family care practices for children younger than age 6 who have been affected by violence or displacement.
- In order to reach the indigenous populations, UNICEF will provide advocacy and technical assistance to launch an Indigenous Health in Emergency Model in Nariño Department and the implementation of an early childhood development humanitarian strategy adapted to the cultural context of the indigenous communities in Chocó Department.

WATER, SANITATION AND HYGIENE (WASH) (US\$1,050,000)

UNICEF will provide technical support to the National Advisory WASH in Emergencies Commission (CASH) to ensure enhanced inter-agency coordination. An inter-agency contingency plan will be developed to better guide response in line with national standards and to respond to priorities and specific needs of children and women.

- UNICEF will provide disposal and sanitation facilities and drinking water for 2,000 families (10,000 people) and strengthen institutional response to ensure functioning water supply systems. A campaign to raise awareness of healthy hygiene practices and disaster risk reduction will run parallel to the WASH programme and be implemented by youth volunteers.

CHILD PROTECTION (US\$3,520,000)

Two-hundred-thousand children who are affected by natural disasters and forced confinement or displacement, are in high risk of accidents from mines and unexploded ordnance, or are associated with armed groups and/or at risk of recruitment will be protected.

- Psychosocial assistance, through the ‘Return to Happiness’ methodology,⁷ will be provided to 50,000⁸ children affected by forced confinement, displacement or natural disasters.
- Protection against violence, exploitation, gender-based violence and recruitment will be provided to 5,000 children affected by the armed conflict in Cauca, Chocó, Nariño and Putumayo Departments and in the La Mojana region.
- 50,000⁹ people will be informed about the risk of landmines and unexploded ordnance and will be empowered through adoption of safe behavioural practices through training in five departments for teachers who are responsible for delivering mine-risk education messages.
- 80,000 children living in areas heavily affected by the armed conflict⁹ will be involved in specific activities (educational, cultural, recreational, life skills) aimed to prevent their association with illegal armed groups.
- A recognized system of signs indicating schools as protected humanitarian spaces will be established to prevent use by legal or illegal armed groups.
- A system for monitoring the situation of children affected by armed conflict will be implemented within the framework of UN Security Council Resolutions 1612 and 1882.

EDUCATION (US\$3,450,000)

UNICEF will establish safe and accessible spaces for children under age 6 near educational primary facilities to ensure access to early childhood education or home-based care, where they will interact with peers and caregivers in

a caring environment, have access to play materials and receive urgent psychosocial support.

- To ensure the right to education for 26,000 children affected by disaster, the repair and rehabilitation of schools will make them safe, disaster-resilient and child-friendly, in accordance with INEE Minimum Standards for Education in Emergencies.¹⁰ Basic services will be provided, such as water and sanitation, cleaning, basic repair and access for people with disabilities.
- UNICEF will provide 30,000 children with flexible educational models¹¹ adapted to the needs of those affected by emergencies.
- To raise awareness on emergency preparedness and response, UNICEF will provide training on psychosocial support, gender-based violence, disaster risk reduction and other emergency themes for education personnel, caregivers and communities.

HIV AND AIDS (US\$500,000)

UNICEF will provide technical assistance to the emergency action plans of the National Working Group on Children, Adolescents and HIV and the national network to ensure prevention and response covering 50,000 people.

- UNICEF will support the national response on HIV and AIDS to ensure adequate supply management during emergencies of antiretroviral medicines and other critical supplies used to prevent vertical and post-exposure prophylaxis (PEP kits).
- UNICEF will ensure HIV testing in emergencies in the rapid needs assessment framework of the United Nations Emergency Team.

CLUSTER COORDINATION (US\$500,000)

As lead agency supporting the National Roundtables on WASH, Education and Nutrition in Emergencies, UNICEF is required to play a significant role to enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011		ESTIMATED BENEFICIARY NUMBERS ¹²		
By sector	US\$	Total per sector (all beneficiaries)	Boys	Girls
Nutrition	700,000	24,000	9,600	10,400
Health	580,000	50,000	24,500	25,500
WASH	1,050,000	10,000	2,000	2,000
Child protection	3,520,000	200,000	102,000	98,000
Education	3,450,000	109,500	47,000	62,500
HIV and AIDS	500,000	50,000	23,000	24,500
Cluster coordination	500,000			
Total	10,300,000	443,500	208,100	222,900

costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include supporting the Government in coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates with the Government of Colombia impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning by the Government at national and sub-national levels.

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1. Internal Displacement Monitoring Centre and Norwegian Refugee Council, 'Internal Displacement: Global overview of trends and developments in 2009', IDMC and NRC, Geneva, May 2010, p. 51.
 2. United Nations Office for the Coordination of Humanitarian Affairs, 'Informe de Situación # 14 [http://www.colombiassh.org/site/spip.php?rubrique12]', OCHA, Bogotá, 19 January, 2011 p.1.
 3. Report of the Secretary-General on children and armed conflict in Colombia", 28 of August, 2009. Available at : [http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/488/73/PDF/N0948873.pdf?OpenElement]

4. Report on Children and Armed conflict to the Security Council, Annual Report of the Secretary-General, A/64/742-S/2010/181,
5. National Disaster Prevention and Response System, <www.sigpad.gov.co> (in Spanish). 13 April 2010.
6. Acción Social - "Desplazamiento Forzado en Colombia" P. 4 [http://www.accionsocial.gov.co/documentos/Retornos/CIDH%20Desplazamiento%20Forzado%20en%20Colombia%20Marzo%202010%20para%20Canciller%C3%ADa1.pdf]
7. **Return to Happiness** is a primary attention strategy in mental health for children and adolescents that have been affected by intra-family violence, armed conflict or natural disasters. It is applied through a systematic, experiential and participatory methodology in which adolescent and youth volunteers that also have been affected are trained as recreational therapists and receive conceptual and methodological tools for working with children. This also is a strategy for strengthening social fabric and mobilizing communities around the knowledge, promotion and guarantee of their rights.
8. About 10 per cent of the total estimated children affected by forced confinement, displacement or natural disasters in a year.
9. Especially in the departments of Cauca, Chocó, Nariño and Putumayo and in the region of La Mojana.
10. For information about INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction, see the Inter-Agency Network for Education in Emergencies website, http://www.ineesite.org/index.php/post/inee_minimum_standards_overview/# for information about INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction.
11. The education in emergencies model seeks to provide continuity of educational services through the rehabilitation of affected infrastructure and provision of temporary learning spaces, and to facilitate back-to-school processes through replacement of instructional and recreational materials, training for teachers and community agents in psychosocial care and protection. The model of education in emergencies seeks to provide continuity of educational services from the recovery of the affected educational infrastructure and provision of temporary spaces for education, and facilitate back to school processes through the replacement of instructional materials, recreational and training of teachers and community agents in psychosocial care and protection.
12. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.