

# Colombia

## *Executive Summary 2006*

The Pacific Coast region is one of the worst affected areas of the humanitarian crisis in Colombia. In the Chocó region in particular, where most inhabitants belong to ethnic minorities, forced displacement resulting from armed conflict, precarious infrastructure conditions, and heavy rainfall have led to a critical deterioration in the humanitarian situation. Although different sources agreed that the numbers of IDPs had fallen since 2005, the number of displaced and newly displaced persons remained disturbing. According to CODHES (the main NGO working on internal displacement in Colombia) 219,886 persons were displaced in 2006. The Departments of Chocó and Nariño, where many cases of massive displacement occurred were particularly affected by the conflict during 2006. Indigenous peoples and afro-Colombian communities suffered disproportionately in these departments and throughout the country. Of particular concern were the massive displacements of the Embera Wounnan in Chocó and the grave situation of one of the last nomadic tribes in Latin America, the Nukak Makuk in the Guaviare Department.



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

As a result of the above and because of poor infrastructure conditions, the health system is weak in the Chocó region and has been experiencing significant difficulties in trying to cope with the burden of displacement. Increased IDP populations in the area surpassed the local response capacity of health institutions and authorities. Moreover, the rain season in the first semester of 2006 negatively contributed to the already vulnerable conditions of affected communities, worsening sanitary conditions and increasing risks of severe illness and death. The population also suffered from malnutrition and a wide range of diseases such as malaria, respiratory illnesses, acute diarrhoea, skin infections, and parasite infestation. These infections were particularly acute and widespread amongst vulnerable groups such as children and pregnant women. Inappropriate housing conditions, lack of basic sanitation, and no access to safe water also aggravated vulnerability to infectious diseases. The Medio San Juan region is notably characterized by a lack of potable water and basic sanitation. Ninety percent of the homes in this region do not have access to water and have no sanitary facilities. Only fifteen percent of the sanitation needs of the population of this region are met and these services are only available in urban centers.

The UN needs assessment in Chocó highlighted the importance of an emergency intervention to help increase IDP access to health care, by improving the health care service network, building capacity to obtain technical and material resources to provide assistance for displaced high-risk population, and community based social observation. Combined with interventions in the water and sanitation sector, these were crucial elements to prevent disease and deaths among this high-risk population. Efforts in the protection sector were also critical in the response to population displacements due to the ongoing conflict and helped to sustain IDPs' access to health care and other state-run assistance programs.

**Table 1: Agencies that received funds in 2006**

<b>Total amount of humanitarian funding required - 2006</b>	<ul style="list-style-type: none"> <li>No appeal</li> </ul>
<b>Total amount of CERF funding received by window (rapid response/under-funded):</b>	<ul style="list-style-type: none"> <li>\$2,220,939 (rapid response)</li> </ul>
<b>Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners:</b>	<ul style="list-style-type: none"> <li>Entire amount for UN/IOM implementation</li> </ul>
<b>Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):</b>	<ul style="list-style-type: none"> <li>IOM: 1,398 families (0.87 percent indigenous, 99,13 percent afro-Colombian, 24.04 percent female, 19.2 percent male, and 56.77 percent children)</li> </ul>
<b>Geographic areas of implementation:</b>	<ul style="list-style-type: none"> <li>Department of Chocó, Colombia, Municipalities of Itsmina, Tadó, Condoto and Medio San Juan</li> </ul>

### ***Decision-making***

The decision-making process used to identify priority areas and sectors for CERF activities was based on a protocol developed by United Nations High Commissioner for Refugees (UNHCR) Country's Operational Plan, BOCOL. UNHCR staff in the field began by assessing immediate protection needs and life threatening situations based on information from OCHA and other UN agencies, community leaders, the Ombudsman's Office, local authorities, NGOs and if necessary, legitimate armed forces. This information took into account specific population groups, including the most vulnerable, as well as geographical criteria. An analysis-working group comprising of field, protection and programme officers planned and decided on the most appropriate interventions based on the dual objective of optimizing both resources and impact once all the information was gathered. This analysis was shared with the Deputy Representative, who, in case interventions required the involvement of the UN Country Team and shared it with other UN system representatives. If there were modifications or suggestions from these consultations, adjustments to the proposals were made. Information on potential UN system activities were also shared with relevant government agencies responsible for IDP assistance.



Humanitarian reform efforts in Colombia and planning for the ongoing humanitarian response began with a high-level mission from the Inter-agency Standing Committee (IASC) in September 2006. Following the recommendations of this mission, UN agencies and international NGOs divided their work into three thematic groups:

- Protection, led by UNCHR;

- Humanitarian Assistance and Basic Services, with a rotating lead shared by UN Children’s Fund (UNICEF), World Health Organization (WHO) and World Food Programme (WFP); and
- Early recovery, jointly led by the International Organization for Migration (IOM) and United Nations Development Programme (UNDP).

The inter-agency work was still at an early stage, with each group finalizing their needs assessment reports. UNHCR led the first IASC field mission, to Nariño, in December 2006.

NGOs included in the process to implement UNHCR’s interventions with CERF funding had been integrated based on the following their technical and managerial capacity, experience, and knowledge in and of the region, political acceptance from local community organizations and beneficiaries, long-term presence, commitment and financial capacity and contributions. Most of the NGOs selected to implement CERF funds have previously worked with UNHCR in Chocó, Nariño and Cúcuta. The Social Ministry of the Church (Secretariado Nacional de la Pastoral Social), was one of the main implementing partners, and had strong legitimacy within local communities in the affected regions.

One of the main challenges in assessing the needs of the affected populations was poor road conditions and transport constraints as access to affected rural communities was done only by travelling on the San Juan River and its tributaries. Flooding in these areas by local communities also compounded the humanitarian situation requiring further and multiple interventions. In addition, prioritization and coverage of interventions in various sectors was a further challenge in the efforts towards appropriately designing a coordinated humanitarian response. Local authorities and the national Government did not yet have the capacity to cope with IDPs needs such as emergency medical and psychological attention, nutrition, shelter, documentation, information, and orientation to improve access to government programmes.

When prioritizing needs, and taking into account that in many cases the Government in partnership with International Committee of the Red Cross (ICRC) had provided immediate humanitarian supplies, agencies determined that further responses in the water and sanitation, health, shelter and protection sectors were priority interventions for CERF funds. CERF projects were therefore designed to support IDPs’ access to basic protection mechanisms (UNHCR), while also helping to restore access to health (WHO/PAHO), and improving water and sanitary conditions (IOM). In addition, protection efforts were also designed to help ensure better access for IDPs and flood victims to other government-supported humanitarian and recovery services.

## Results

**Table 2: Results achieved in 2006**

Agency	Number of Beneficiaries	Activities/Results
IOM	300 families	Sanitary facilities constructed
	844 families	Water supply reestablished
	1,004 families	Habitability and kitchen kits
	2,100 children (of whom controlled studies)	700 water filters distributed

	<p>showed a strong link between interventions to restore safe water supply and decrease in the incidence of gastrointestinal disease being diagnosed)</p>	<ul style="list-style-type: none"> <li>■ These activities allowed families to regain access to safe drinking water supply, contributing to reduction of health risks to flood victims, especially children, pregnant women and seniors, and helping to contain epidemics from the lack of water and inadequate waste treatment</li> <li>■ Strengthened cold chain for medicines and vaccines in four targeted hospitals</li> <li>■ Community Health Workers (CHW) basic emergency kits distributed, as well as basic paramedical emergency kits</li> <li>■ Held multiple training sessions with community representatives, health authorities, and health care providers on epidemiology early warning, IMCI (Integrated Management of Childhood Illnesses) and community aspects of health and displacement issues</li> </ul>
<p><b>UNHCR</b></p>	<ul style="list-style-type: none"> <li>■ Indigenous and afro-Colombian groups in the area</li> </ul>	<ul style="list-style-type: none"> <li>■ Field Offices in Nariño, Chocó and Norte de Santander, with implementing partners, led rehabilitation and provision of equipment for multipurpose centers and temporary shelters</li> <li>■ Assistance provided to local authorities in Nariño, Chocó and Norte de Santander to increase local capacity for timely and effective response to massive displacements</li> <li>■ Municipalities supported by the design and implementation of rapid response networks</li> <li>■ Local governments and other authorities sensitized on special protection needs have displaced populations. As a result, IDPs gained access to free legal and psychological assistance regarding IDP attention claims under a rights-based and gender equity approach. Registered and non-registered IDPs gained access to IDP assistance government programmes in access to emergency humanitarian aid, education, housing subsidy, access to land property, land property protection, income generation, health and second event displacements</li> <li>■ Partnered with Ombudsman's Office to carry out regular monitoring of population movements due to armed conflict at the border with Ecuador and within the country resulting in identification and mapping of communities' movements as well as evaluation of displacement risks in several municipalities in Nariño, Putumayo and Norte de Santander</li> </ul>

IOM project monitoring was conducted by IOM's Mission Chief in Colombia, with direct assistance from the Project Programme Officer, and supported by an infrastructure and housing specialist and an infrastructure monitor. Two afro-Colombian field monitors were deployed in Istmina to ensure proper follow-up and quality control on implementation of water and sanitation interventions. The local supplier of water and septic tanks used for the project also provided training for staff as well as community members on appropriate installation, use, and maintenance of the tanks, in order to guarantee optimum levels of operation. Two meetings were held with community and Dioceses representatives to coordinate community input in the project.

Implementation constraints delayed the construction of the eleven minor emergency center (MEC) triage and attention modules planned under the project, but efforts were put in place to deploy the MEC modules and increase institutional response capacities to health-related emergencies in the target project areas. Monitoring and evaluation were done on an on-going basis through regular on-the-spot evaluation visits.

For UNHCR, advisors in the border areas provided information and timely coordination of humanitarian actions with national, regional and sectional Ombudsman's offices. These efforts and partnerships have allowed UNHCR and its counterparts to:

- Activate the regional IDP comprehensive assistance system,
- Foster measures to ensure that authorities address causes of population displacements in order to guarantee safe voluntary return movements,
- Follow up on State's compliance in assistance to communities at risk as well as repatriates,
- Raise awareness on Human Rights and International Humanitarian Law violations, and provide corresponding recommendations,
- Provide counselling to the Municipal Committees for IDP Assistance on operationalizing and implementing Municipal Plans for all-inclusive assistance to IDPs. This also included support for the development of prevention and contingency plans as well as the design of displacement risk maps, and
- Promote coordination and displacement risk analysis in order to improve humanitarian programming.

CERF funding has allowed for an effective response to life-saving needs, especially for those isolated communities out of reach of state institutions. The CERF projects have also been instrumental in preventing systematic human rights violations as communities are now empowered through increased access to IDP relief programmes and through the establishment of preventive and early warning systems, which monitor both potential conflict-induced displacements and IDPs access to health, assistance and protection mechanisms.



## **Partnerships**

In the **water and sanitation** sector, interventions were concentrated in rural areas, as Municipal Mayor's Offices had attended to the basic needs of families in urban centers. CERF funds for rapid response requested by IOM in coordination with OCHA and in partnership with the Dioceses of Istmina, allowed for rapid implementation and the re-establishment of water supplies and basic sanitary conditions for affected families. Implementation of water and sanitation interventions was done with appropriate technologies for the area, which are also known and accepted by the beneficiaries.

**Food assistance** was done through the coordination of efforts from the National Directorate for Disaster Assistance, the Dioceses of Istmina – Tado and local Mayor's Offices, which attended to affected populations' needs with food, and basic livestock provision, as self-consumption crops had often been lost due to the combination of displacement and flooding from the San Juan River. The Dioceses of Istmina was a strategic partner in all implementation efforts through its network of Churches providing social services and support in all of Istmina's rural districts.

In the **health sector**, with the participation of the Ombudsman's Office, the Ministry for Social Protection (in charge of health interventions) and IDP Organizations, UNHCR Colombia and WHO/PAHO, began The Route of Health programme aimed at responding to the health needs of IDPs. At the local level, a commitment towards joint efforts and implementation was also obtained from municipalities, departmental health authorities, and health providers for each of the areas targeted by the CERF projects, namely Istmina, Tado, Condoto and Medio San Juan. Hospitals in the four municipalities took charge of the necessary set-up costs and/or material upgrades needed in the immunization areas according to MoH quality rules. Hospital staff was also seconded for training activities of community health workers as planned under the project.



Municipal authorities participated by providing furniture and complementary equipment needed to implement CERF supported clinical stabilization modules (MECs), including emergency modules for triage, and initial attention services modules. Municipalities also provided water filters for use in the CERF supported health operations and health authorities provided coordination and logistics as well as support for training. Communities participated when possible by facilitating transport. WHO/PAHO implemented activities, provided health related materials, and coordinated the above-mentioned CERF inputs.

As a result of partnerships in the health sector, political will to support greater health access for vulnerable populations was strengthened, while local authorities mobilized resources throughout the country in order to complement CERF interventions. Immunization areas were effectively set-up or improved according to quality control and the IMCI strategy was therefore better implemented. The early warning system was also boosted. Community involvement and participation was obtained, even if limited.

In the **protection sector**, the Working Group on Protection, led by UNHCR carried out the first mission in December 2006 to the field. Various UN agencies and international NGOs from Bogotá and Pasto participated in the mission to Nariño Department, Policarpa municipality, resulted in 31 concrete recommendations, including the activation of a local Inter-agency Standing Committee Group (IASC). Following this mission OXFAM also decided to deploy a team in the region in order to respond to the humanitarian situation.

Through the National Registry's Office, the IDP Attention Unit has responded to emergency documentation campaigns in which local authorities participated actively by conducting a census of undocumented populations. Further partnerships, notably with NGOs and community organizations have been strategic in all aspects of protection interventions. In terms of coverage, partnerships with community organizations have enabled UNHCR to gain direct access to a number of people which otherwise would have been more complicated and costly to reach under the project. Local NGOs, most of which have been present in the area for years, have provided valuable support for UNHCR's interventions by sharing reliable information as well as by providing the cultural knowledge required for appropriate and differential approaches to intervention and protection needs for both vulnerable afro-Colombian and indigenous communities.

**Table 3: Partners in the Protection sector**

Partners
<p><b>Government authorities:</b></p> <ul style="list-style-type: none"> <li>■ National Registry's Office</li> <li>■ Ombudsman's Office</li> </ul>
<p><b>Churches' social services organizations:</b></p> <ul style="list-style-type: none"> <li>■ Social Ministry of the Catholic Church</li> <li>■ Dioceses de Istmina – Tado</li> </ul>
<p><b>NGOs:</b></p> <ul style="list-style-type: none"> <li>■ Women's Departmental Network / Red Departamental de Mujeres</li> <li>■ OREWA (Asociación de Cabildos Indígenas del Chocó)</li> <li>■ COCOMAPOCA (Consejo Comunitario Mayor de la Organización Popular Campesina del Alto Atrato)</li> <li>■ ACIESNA (Asociación de Cabildos Indígenas Eperera Siapidaara del Departamento de Nariño)</li> <li>■ UNIPA (Asociación de Autoridades Tradicionales Indígenas Awá – Organización)</li> <li>■ COOPEJUBASCA</li> </ul>

**Lessons Learned**

The current network of support in the project area was an important pillar for CERF projects.



The involvement of the Dioceses of Istmina was vital to verify identified families on the field during the emergency, as well as instrumental in defining project operationalization mechanisms. Input from the Dioceses also helped develop strong community ownership and ensured wide coverage of CERF funded efforts. Locally recruited afro-Colombian professional staff supporting WHO/PAHO, UNHCR and IOM contributed their knowledge of the targeted areas and demonstrated excellent field expertise, which allowed for a quick onset for the CERF projects.

Agencies however noted that governance hurdles required that certain commitments and actions with local counterparts be agreed upon in advance before attributing resources. Because of the need for forward planning to overcome these bureaucratic and governance

bottlenecks, certain constraints were incurred regarding implementation of all components within the projects' three-month time frames.

In the case of IOM's activities, one noteworthy success was in the procurement process of construction materials and habitability and kitchen kits, where it was possible, to obtain important discounts that benefited the families. It has also been remarkable that ninety percent of acquisitions were negotiated with suppliers from the department of Chocó (Istmina and Quibdó), allowing for the project to contribute towards strengthening and revitalizing the region's economy.

## ***CERF in Action***

### **Tireless Briyi**

Briyi, a mother of two children who also takes care of two underage cousins told the following story: "My husband left me when I was six months pregnant with my youngest girl, so I had to make a living from selling products out of magazine catalogues and washing clothes. Last July, strong rains started in the late afternoon and continued through the night. It is very normal for



the rain to continue for long periods in the San Juan area, so I did not worry when the rains began. The following morning, I saw that my house was flooded and parts of my belongings were floating around me. At that moment, I only thought of my children and the baby I was expecting. I took the children by their arms and went running over to a neighbor whose house was on higher ground where I waited until the water receded. When I finally could go back to my house, I realized that I have lost almost everything – the water took everything. All that was left was the roof and all I could think about was what I was

going to do and where I was going to live with my children.

"I went to live with my mother but her house was small. I was able to buy plastic with the money I made from washing clothes, some neighbors gave me wood, and after some time, I managed to build my own little place where I moved with my children. Then my father told me about IOM, which had resources that came from the United Nations to support flood victims, so I signed up and was able to benefit from this support. Today, I thank God for saving my life and the life of my children, and for placing in my path and in the path of many people and an organization that worries about the wellbeing of others without even knowing them. Now I have my own sanitary unit, so I do not have to go to the river and my children are healthier because they no longer drink contaminated water."