

**Colombia Presentation**  
**RHRC Conference 2003, Brussels, Belgium**

Distribute reports – turn to map

1. Introduction
  - a. November 2001
  - b. WC, CU, MSI, Profamilia
2. Purpose
  - a. Criteria
  - b. Advocacy
  - c. Integrate with WC f/u assessment: 1999/two reports
3. Methodology
  - a. Three groups
    1. Bogota/surrounding areas
    2. Cartagena and Barranquilla
    3. Quibdo, Choco – Western border
    4. Puerto Asis – S.
  - b. Interviews with key informants MOH, MOE, Women's Rights activists, IDP women, UN and int'l NGOs, mtgs, fgps
4. Background
  - a. 50 years of internal strife among armed actors –
    1. R – paramilitary groups
    2. L – guerilla groups
    3. CAF
  - b. Armed conflict/persecution resulted > 2million idps
    1. dramatically escalated in mid-90's
    2. continues to escalate -300,000 dp annually
      - a. dp en masse/indiv – majority indiv family
      - b. majority are indigenous groups flee rural – urban – multiple dp slum areas urban b.
      - c. abrupt change in living conditions/lifestyles (economic recession – lack of employ skills)
      - d. registration –<25% 90d assistance/6 mos. beauracratic – lack of benefits, fear reprisals
  - c. Colombian Health Care System
    1. decentralized – Colombian's access to health care – marginalized populations poor -lacks RH  
No pop policy – abdicated respon – Profamilia/nat' surveys
    2. Funding and technical support not available at communities
5. Reproductive Health
  - a. Emergency assistance lacks RH - MISP
  - b. Profamilia expanding coverage to IDPs over past several years
  - c. Few INGOs providing care given scale of crisis
  - d. Lack of information sharing about who is doing what where (data,mtgs)
  - e. Discrimination widespread (different area/no money)
6. MISP
  - a. Priority objectives
  - b. No Focal Point, MISP kits, EmOC
  - c. EC, condoms,
7. SM
  - a. MMR unknown
  - b. Women turned away from hospitals for deliveries – discrimination/money  
- stories of women who died from unsafe abortions – traditional (sitotek)

- b. Mixed demand – knowledge about bodies/contraceptives work limited/periodic abstinence incorrect.
  - c. No IDP woman had heard of EC - story
- 9. GBV – RHRC GBV Prevalence Survey in September
  - a. Sexual violence tactic of war – UN Special Rapporteur VAW (widespread, systematic, unreported, documented with impunity for perpetrators)
  - b. Rape followed by murder
  - c. Sexual servitude
  - d. Forced contraception/abortions
  - e. Sexual exploitation
  - f. Sex for survival needs
  - g. DV
- 10. STI/HIV
  - a. lack of data
    - 1. GBV, dependence for survival needs, poverty, frequent displacement, armed actors – conducive to explosion
    - 2. Anecdotal evidence from UN informants, MOH high degree of concern
    - 3. Women are hospitalized for treatment – difficult to tx men - to prevent MTCT
- 11. Adolescents – Population of particular concern
  - a. idle
  - b. not in school – fees/discrimination
  - c. drug trafficking/drugs/alcohol/stealing
  - d. girls seeking stability/solace from motherhood (roots/identity/loved)
  - e. however, some prefer to avoid or delay – unmet need for family planning
  - f. Profamilia survey indicated 30% of adolescent idp girls already mothers or pregnant with their first child – nearly twice that of Colombian population
- 12. Recommendations
  - a. Col gov't should provide significantly more financial and technical support for IDP health / RH
  - b. MOH should collect information and share information about who is doing what? where? and convene key reps for coordination
- 13. Recommendations
  - a. MOH and humanitarian assistance providers should collect institute data collection and monitoring mechanisms of IDP services at hospitals.
  - b. UN scale up awareness, knowledge and demand for services
- 14. Recommendations
  - a. Donors, UN agencies, NGOs and others should address the MISP
  - b. Government and humanitarian workers should raise awareness about GBV, ensure documentation and verification of incidents/ prosecution perpetrators
  - c. Seek to ensure that medical, legal and social services are available for survivors.
- 15. Recommendations
  - a. Initiate multisectoral efforts to mobilize and support IDP adolescents/ parents
    - 1. health care
    - 2. educational opportunities
    - 3. recreational opportunities
    - 4. IGA
    - 5. adolescent peer education/support group
  - b. Community outreach for widespread education about health/RH
- 16. Eleanor Bellows Pillsbury Fund
  - a. Association For the Welfare of the Colombian Family (Profamilia)
    - 1. Targets youth 11-20 years
    - 2. RH information and services in the municipalities of Turis and Casanare

## FUTURE

- a. November 2002 UNS Thematic Group Group/Strategic Planning Framework resulted in Humanitarian Action Plan
  1. plan was to double resources to 62 million
  2. increase local and regional capacity for response (vaccines, RH, mental health, nutrition, strategic partnerships)
  3. supporting communities with skills and capacity building to promote right to health and engage in monitoring and f/u.
- b. UNFPA – 2003-2007 sub-program to improve IDPs access to sexual and RH services. Activities:
  1. training
  2. institutional capacity bldg
  3. educate IDPs about rights and implement youth-focused services