Armed Conflict and Mass Displacement in Colombia

Rapid Needs Assessment

February 14, 2025

Executive Summary

A severe humanitarian crisis has erupted following the intensification of violence and subsequent mass displacement of civilians in the Catatumbo region in Colombia's Norte de Santander department. Since January 15, 2025, there has been increased conflict between rival armed groups, including the National Liberation Army (ELN) and factions of the Revolutionary Armed Forces of Colombia (FARC). As a result of this escalating violence, at least 80 people have been killed, more than 52,000 have been displaced, over 8,000 remain in lockdown, and 19,000 are under mobility restrictions due to the conflict. Colombia's president declared a "state of internal commotion" in Catatumbo on January 22, 2025 in response to the violence and has dispatched thousands of soldiers to the region. Ongoing peace negotiations with the ELN have been suspended and **the situation is expected to continue to deteriorate.**

Local health systems are heavily impacted, with facilities overwhelmed by the influx of displaced people in need of health services and subsequent shortages of essential medical supplies. The Colombian Departmental Health Institute (IDS by its Spanish acronym) has declared a yellow hospital alert, mobilized response teams, and is coordinating with national and international humanitarian partners and non-governmental organizations (NGOs).

There has been a continued increase in outbreaks of dengue fever, malaria, hepatitis A, diarrhea, and other infectious diseases in municipalities throughout the region, increasing the need for water, sanitation, and hygiene (WASH) support. **Further disease outbreaks are expected given poor sanitary conditions and the concerning increase in uncontrolled disease vectors**, including mosquitos, mice and cockroaches. Mental health and psychosocial support (MHPSS) services are also needed as many displaced men, women, and children have undergone intense psychological distress as a result of the situation and are in need of MHPSS services to prevent this crisis from causing long-term mental health issues. The humanitarian response to these escalating needs is currently hindered by access difficulties, including limited infrastructure, the presence of non-state armed groups, landmines, and unexploded ordinance.

Project HOPE is working to meet health and humanitarian needs throughout the Catatumbo Region by providing health care consultations, distributing non-food item (NFI) kits, and providing MHPSS services to displaced populations. Continued collaborative efforts between government agencies, NGOs, international organizations, and local partners will be critical to ensuring a timely, effective, and sustainable response to this ongoing crisis. **To ensure that response efforts continue to address the most critical needs and reach the most vulnerable populations in areas of need, Project HOPE has conducted multiple recent needs assessments**. These assessments include participation in the Multi-Sector Rapid Needs Assessment (MIRA), led by the Local Coordination Team (ELC) of Norte de Santander and the Interagency Group for Mixed Migration Flows (GIFMM) in the areas of Tibú, Ocaña, and Cúcuta. Project HOPE has also undertaken additional assessments in the affected municipalities of Tibu, Abrego, and Convención — including key actor interviews and focus groups — to assess existing services and the severity of health, MHPSS, and WASH needs among those affected by this crisis.

Assessments found that more than 122,000 people are in need across the surveyed locations, with multiple municipalities experiencing "critical" or "catastrophic" categories of severity for their level of humanitarian needs. Access to health care was found to be a priority need and insufficient health coverage was identified as a significant concern across all assessments and locations, due to a lack of infrastructure, personnel, medicines, and supplies. Reduced access to health care was found to be causing significant health concerns, particularly among groups in vulnerable positions, including migrants who have not yet regularized their stay, populations experiencing movements restrictions due to the conflict, children, and pregnant women. The municipality of Tibú is heavily impacted by this health crisis, with the Indigenous and rural population especially affected.

The risk of disease outbreaks is a key concern, with overcrowding and lack of access to clean drinking water leading to an increase in infectious disease transmission among displaced and otherwise vulnerable populations. The presence of disease vectors at the majority of assessed shelter locations also elevates concerns over the spread of vector-borne diseases. Mental health needs have also increased, with a lack of MHPSS services and providers available to meet the heightened demand. WASH limitations were also found at shelter locations, including insufficient water availability, insufficient or inadequate sanitation facilities, and an insufficient supply of hygiene facilities and items.

The MIRA and Project HOPE's assessments provide further information on the specific needs of those living through this severe humanitarian crisis and will allow humanitarian actors to develop intervention strategies designed to meet the identified needs. **Project HOPE recommends the development of programming to improve health, MHPSS and WASH support, including mobile medical units, integration of MHPSS services into existing primary health services, water supply rehabilitation, and rapid procurement of essential medicines and hygiene items.**

Assessment Methodology and Demographics

The MIRA took place from January 24 to January 29 and was led by the ELC and GIFMM, in collaboration with Project HOPE and other humanitarian partners. The assessment was conducted at temporary shelters in Cúcuta and other shelter locations in Ocaña and Tibú. Interviews were conducted with key actors and focus groups were held at shelter locations, with more than 520 people participating, including men, women, children, girls, and adolescents.

MIRA Locations	
Cúcuta	27 temporary shelters provided by the Mayor's Office of Cucutá.
Ocaña	4 shelters (Casa de la Misericordia, Coliseo Argelino Durán, Centro Carismático Jesús Vive and Coliseo de Tejo).
Tibú	3 shelters (Hogar Papa Francisco, Casa de la Cultura and Cluba Mechita).

Project HOPE conducted additional assessments from January 26 to January 28, facilitating focus group discussions with shelter residents and key actors as well as dedicated interviews with key actors in the municipalities of Cúcuta, Tibú, Ocaña, and Convención. A total of 219 people participated in these activities.

Project HOPE Assessment Participation		
Municipality	**Focus Groups**	**Key Actor Interviews**
Cúcuta	20	-
Ocaña	2	2
Tibú	3	6
Convención	-	3
Total Participants	**208**	**11**

Through the MIRA, demographic information was collected on for Cúcuta, Ocaña, and Tibú.

Demographic	Cúcuta	Ocaña	Tibú
Colombian Population	815,891	135,990	62,474
Venezuelan Refugee and Migrant Population	215,580	10,053	21,913
% Afrocolombians	0.54%	0.32%	0.10%
% Indigenous	0.07%	0.10%	1.40%
% Women	419,897 (51.4%)	71,016 (52.2%)	29,806 (47.7%)
% Men	395,994 (48.5%)	64,974 (47.8%)	32,668 (52.2%)
% Urban	96%	90%	37%
% Rural	3.6%	9.9%	62%
% With Unmet Basic Needs	13.75%	12.5%	46.2%

Summary of Findings

People in Need

The MIRA found that 122,736 people are in need across the three assessed municipalities, with all of the municipalities assessed at “critical” or “catastrophic” levels in terms of severity.

Municipality	Number of People in Need	Severity
Cúcuta	86,162	4 (Critical)
Ocaña	13,599	4 (Critical)
Tibú	22,975	5 (Catastrophic)
Total Population	**122,736**	-

Health

- **Insufficient Health Coverage:** Both the MIRA and Project HOPE's assessment found that health coverage is currently insufficient across assessed municipalities due to the lack of infrastructure, personnel, supplies, and medicines. **The reduced availability and quality of medical care is especially affecting host communities and shelter residents.** Among Project HOPE's interviews with key shelter actors, 36% indicated there were no health services available in their area, 36% reported availability of primary health services in their area, 18% reported the availability of secondary level facilities only, and 9% reported traditional medical service availability only. **Insufficient health coverage is leading to overcrowding of available health services,** with the MIRA reporting that hospital-level facilities are overcrowded, facing medicines and supply shortages, and staffed by exhausted health personnel. Project HOPE's interviews with key actors also raised the concerns of a lack of care available to those under lockdowns or mobility restrictions in conflict-affected areas of Convención.

- **Lack of Health Care Staff to Meet Increased Needs:** Project HOPE's assessments provide further context to MIRA's findings of insufficient health personnel. Interviews undertaken with key actors in all of the assessed municipalities emphasized that health care **human resources are a significant gap.** In Ocaña, additional staffing support to assist exhausted health care staff was highlighted. In Tibú, additional health care staff was reported as needed to staff mobile services like health brigades. In Convención, there was reported to be **no health care staff available to serve five shelters housing roughly 400 people.** Focus group interviews undertaken in Cúcuta also reported a need for doctors and nursing staff to undertake health brigades to improve access to care.

- **Lack of Medicines and Medical Supplies:** While the MIRA found that supplies and medicines were lacking across affected municipalities, Project HOPE's assessment findings provide further information on specific needs. At least three of the key actors, roughly 27%, indicated a lack of medicines and all key actors reported shortages. Needs in Tibú were reported to be particularly severe for both medicines and personnel protection equipment (PPE) for health personnel. Focus group interviews in this area also identified that access to medications for people with acute and chronic illnesses were a significant gap. Shortages of PPE were also identified by key actors in Convención. In Cúcuta, focus group interviews highlighted that **no shelter locations have first aid kits** and condoms are needed to prevent sexually transmitted infectious diseases and unwanted pregnancies.

- **Health Service Access Gaps:** The MIRA found that health access gaps include the lack of access to sexual and reproductive health, chronic disease, oral health, and timely transfer services especially affecting women, adolescents, and people with disabilities. In addition, health service gaps exist for specific population groups, including those under lockdown and with mobility restriction, refugees, and migrants who have not yet regularized their stay. **Humanitarian access limitations also hinder the provision of care.** Project HOPE's key actor interviews in Cúcuta highlighted the health service gap for migrants who have not yet regularized their stays and focus group interviews emphasized the need for chronic disease care. In Cúcuta, key actors were concerned by the interruption of early childhood vaccination schedules and, in Tibú, focus groups identified specific needs for those with chronic and/or acute illnesses and gaps in sexual and reproductive health care.

- **Health Conditions:** The main diagnoses reported in the MIRA include respiratory and urinary infections, diarrheal diseases, muscle pain, anxiety attacks, high-risk pregnancy complications, oral health problems, and chronic disease issues. **Project HOPE's key actor interviews reported similar health condition findings.** Diarrhea is a significant concern, with 73% (8 of 11) assessed locations reporting cases, followed by acute respiratory infections (64%), hypertension (45%), headaches (36%), diabetes issues (27%), and muscle pain (18%).

- **Increased Risk of Disease Outbreaks:** According to the MIRA, overcrowding and the lack of access to clean drinking water have generated an increase in infectious disease transmission, mainly affecting displaced and otherwise vulnerable populations. Project HOPE's focus group interviews in Tibú indicated outbreaks of diarrhea and influenza, with no space available for those with infectious diseases to isolate themselves. Vector-borne diseases are also a concern, with nine out of the 11 locations (82%) identified to have vectors present during key actor interviews. **A location in Tibú reported on the presence of cases of Leishmaniasis, a parasitic infection transmitted by sandflies.**

- **Vulnerable Populations:** Population groups identified in the MIRA as particularly vulnerable to insufficient health coverage include children under five years due to their lack of a completed vaccination schedule, increased risk of malnutrition, and high rates of diarrheal and respiratory infections. Migrants who have not yet regularized their stays face reduced access to health care and host communities, lockdown populations, and those with mobility restrictions are identified to have both differentiated needs and scarce resources for their care. The municipality of Tibú faces a disproportionate health crisis, with the Indigenous and rural population especially affected. Project HOPE's key actor interviews in Cúcuta also indicated that people with reduced mobility face a lack of supplies and needed items and that **pregnant women face increased health risks with reduced access to care.**

MHPSS

- **Increased Mental Health Needs:** The MIRA found that exposure to violence and displacement deteriorated the mental health of children and adolescents. Project HOPE's assessments also found an increased need for MHPSS services as a result of the crisis. **Focus group interviews in Ocaña reported on psychological problems (post-traumatic stress), evidence of high levels of stress, frustration, and depression among men and women.** In Cúcuta, respondents reported on feelings of sadness, confinement, concern for young people, and difficulty sleeping. Key actor interviews also specified increased needs among men due to changes in provider status.

- **Lack of MHPSS Services:** Project HOPE's assessments indicate a lack of MHPSS services across the assessed municipalities. In Cúcuta, key actor interviews reported a lack of services due to changes in context, customs, and confinement in temporary shelters, as well as an insufficient supply of providers. In Ocaña, focus groups reported on the need to increase and enhance psychological care. In Tibu, this gap was also evident, with focus group interviews reporting that there was **minimal psychological support available in shelters.**

WASH

- **Water Supply:** Limitations in water points was identified in the MIRA, especially in formal shelters and temporary shelters. Deficiencies were also noted in water treatment, storage, and distribution systems in shelters, with **very limited capacity for water storage and distribution.** Project HOPE's assessments also show that water availability is a key concern at shelters, with only four (36%) reporting that sufficient water is available and seven reporting insufficient water access. All of the assessed shelter locations reported that the water supply network is the main water source, with good quality of the water provided through this source.

- **Sanitation:** While available sanitary infrastructure is reported to be clean and in good condition, assessments found that some facilities are insufficient or inadequate at meeting the need of shelter populations. The MIRA found that **showers do not guarantee privacy and security.** Project HOPE's assessments found that **showering facilities are not present at all shelter locations. Among** key actor interviewees, only six (55%) report on the availability of showers, while five (45%) do not. Bathrooms facilities are insufficient at some of the shelter locations, with Project HOPE's assessment finding that four (36%) of the assessed shelter locations report not having enough bathroom facilities to meet requirements. Just over half (55%) report that the bathrooms are not separated by gender. Project HOPE's key actor interviews did find that all of the assessed shelter locations have waste collection facilities and services. **The presence of vectors for infectious diseases is a concern at nine (82%) of assessed shelters** and one of the shelters reported on the need for insect repellent.

- **Hygiene:** Handwashing stations are not present at all shelter locations. Key actor interviews conducted by Project HOPE indicate that only 45% have handwashing stations, while the other **55% do not have facilities critical for hand hygiene.** Lack of available clothes washing and drying facilities was also a noted, with both the MIRA and Project HOPE assessments reporting on insufficient facilities. Key actor interviews found that only two (18%) of the assessed shelter locations had laundry and drying facilities available. Hygiene items were reported to be needed in at least five (45%) shelters, with focus group discussions also noting a lack of hygiene items such as family hygiene kits and PPE items like masks. The MIRA observed that the distribution of hygiene supplies requires consideration of the specific needs of the different population groups and also found that **the supply of personal hygiene supplies and menstrual management products must be continuous and sufficient to meet the needs of the sheltered population.** The MIRA also found weaknesses in health and hygiene education strategies that could, if corrected, reduce health risks and improve the well-being of the affected population.

Project HOPE's Recommendations

Health

- **Mobile Medical Services:** As health care coverage is insufficient, especially in shelter locations, providing mobile medical services would enable effective and adaptable access to health services to those affected and displaced by this crisis. Services would ensure access for populations in vulnerable positions — including migrants who have not yet regularized their stays — and would be nimble, allowing for health workers to respond to changing population movements, including any changes in humanitarian access.

- **Health Care Human Resourcing:** Support the deployment of local health care staff to priority areas to bolster the capacity of health workers, improve access to care in affected municipalities, and reduce the strain on overwhelmed facilities and staffing.

- **Medicines and Medical Supplies:** Procure and deliver essential medicines and medical supplies, in coordination with health authorities, to increase availability for local populations, especially medicines used to manage chronic diseases like diabetes.

- **Prevention and Treatment of Infectious Diseases:** Provide resources, including supplies and health education, to shelters and health facilities to prevent and address the spread of infectious and communicable diseases.

MHPSS

- **Support Integration of MHPSS in Health Services:** Support the integration of MHPSS services into primary health care services, including the provision of psychosocial support activities through mobile medical service outreach, through trainings and other capacity building measures.

WASH

- **Water Supply Availability:** Work with shelter actors to identify water supply sufficiency barriers and support solutions to address these critical needs and prevent negative health outcomes.

- **Sanitation and Hygiene Facilities:** Improve the availability and adequacy of sanitation and hygiene facilities at shelter locations, including handwashing mechanisms, bathrooms, showers, and laundry facilities.

- **Hygiene Kits for Specific Population Groups:** Procure and assemble essential hygiene items in kits for different groups that require specific items (women, men, children, etc.) and establish regular distributions at shelter locations to prevent health issues and improve well-being for those living through this crisis.

- **Health and Hygiene Education:** Complement the provision of hygiene kits with tailored health and hygiene messaging and education activities to support the specific needs of shelter populations and local contexts.

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