

Update on the Humanitarian Protection Situation in Northern Cauca

(Buenos Aires, Suárez and Santander de Quilichao)

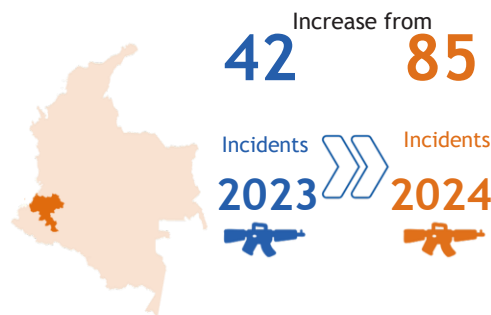
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Humanitarian Context

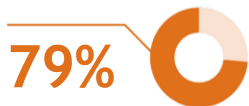
The department of Cauca, located in the southwestern part of the country, spans the Andean and Pacific regions and comprises 42 municipalities, accounting for 2.56% of the

national territory. Despite the peace agreement, the escalation of armed conflict in the region—driven by territorial disputes among NSAGs* due to their reorganization, competition over territory, and control of illicit economies—has exacerbated the prolonged humanitarian crisis in Cauca.

According to Early Warning Alert (ATI) 019 of 2024 from the Ombudsman's Office, clashes between NSAGs—primarily dissidents of the former FARC-EP and factions of the ELN—pose one of the greatest threats to civilians. Following the national government's suspension of the ceasefire (March 2024) against 24 structures of the Central General Staff under the command of Iván Mordisco, a disproportionate surge in armed actions was recorded.



Representing an increase of



In the Department of Cauca alone

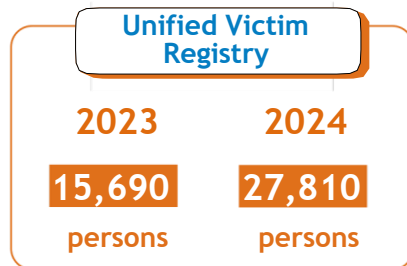


The Office of the Attorney General warns that, in the same year, 28% of municipal ombudsmen in the department have been threatened.

Amid armed confrontations, civilians, collectives, social leaders, NGOs, and public institutions face human rights violations, targeted killings, massacres, threats, confinement, mobility restrictions, illegal checkpoints, theft, extortion, forced use, recruitment of children and adolescents (CAAFAG), and accidents/incidents involving landmines, unexploded ordnance (UXO), and explosive devices (IEDs)**, among other actions that violate fundamental rights, territorial harmony, and communities' socioeconomic capacities.

Women, girls, and persons with disabilities are the most affected.

According to data from the Unit for Comprehensive Victim Assistance and Reparations (UARIV), for the case of Cauca:



An increase of

77%

Humanitarian Challenges and Access to Rights

- Gaps in access to rights persist, particularly for women, girls, and persons with disabilities.
- In 2024, over 40 humanitarian and medical missions by NGOs were canceled in Cauca due to armed conflict.
- The conflict restricts mobility, undermining food security and access to basic services.

Gender-Based Violence (GBV)

In 2024:

3,141 GBV cases in Cauca (SIVIGE).

43.3% of abused women live with their aggressor (above the national average).

Femicide rate in Cauca: 6 per 100,000 women (the highest in the country).

Underreporting is suspected due to armed group control and social invisibilization.



In 2024, there were

32 attacks



on social leaders in Cauca

Forced Recruitment of Children and Adolescents

In 2024:

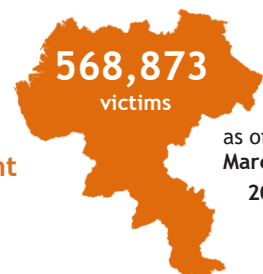
212 cases reported by the Ombudsman's Office.

227 Cases reported by the Regional Council of Cauca.

Underreporting is presumed due to fear of retaliation and lack of formal complaints.

Limited state presence and weak

- infrastructure in basic services (healthcare, education, housing, sanitation).
- Migrant women in conflict zones face heightened violence, discrimination, and barriers to accessing justice.
- Increased recruitment and exploitation of children, adolescents, and youth by armed groups.
- Inadequate healthcare and protection services fuel institutional distrust and fear of reprisals. Strengthening institutional and community capacities, as well as promoting access to GBV response protocols, is urgently needed.



In the department of Cauca, there are

of whom

309,720

are eligible for reparations through the institution



1% represent individuals of diverse sexual orientations, gender identities, and expressions SOGIE

Regarding the recognition of women's victimization in the armed conflict, they continue to face constant exposure to systematic violence that violates their rights, increasing their risk of victimization while simultaneously diminishing their capacity for economic autonomy and empowerment.

Currently, the Unified Victim Registry (RUV) identifies five primary types of disability among the victim population nationwide, with the three most prevalent being: physical, multiple, and visual disabilities. Distribution of conflict-affected persons with disabilities:



*NSAGs: Non-State Armed Groups.

** Landmines, unexploded ordnance, and explosive devices.

TEJIENDO CAMINOS

• This means that disabilities among household members may require greater effort from caregivers - a role traditionally assigned to women.

Additionally, persons with disabilities often have lower educational attainment, which reduces household purchasing power and increases exposure to situations of vulnerability.

• The implementation of comprehensive rehabilitation programs is urgently needed for persons with disabilities. **Solution-oriented approaches** focused on **enhancing economic, social, cultural, and psychosocial capacities** - translated into **public policies** as durable solutions - could ensure population integration and rights protection.

Through the **Tejiendo Caminos** project, the main barriers to accessing primary healthcare services faced by persons with disabilities in rural areas of Buenos Aires, Suárez, and Santander de Quilichao municipalities in Cauca department were addressed. These barriers are multiple and interrelated, significantly affecting quality of life and wellbeing for this population and their families.

The set of activities developed through the **Community-Based Rehabilitation, Physical and Functional Rehabilitation, and Mental Health and Psychosocial Support** components has significantly reduced healthcare access barriers for persons with disabilities in rural areas of **Buenos Aires, Suárez, and Santander de Quilichao***.

Key interventions included:

Community-Based Rehabilitation (CBR):

Community activities were implemented using the CBR approach to mitigate identified barriers.

Physical and Functional Rehabilitation:

Differential approach interventions were implemented, incorporating the Indigenous and Intercultural Health System.

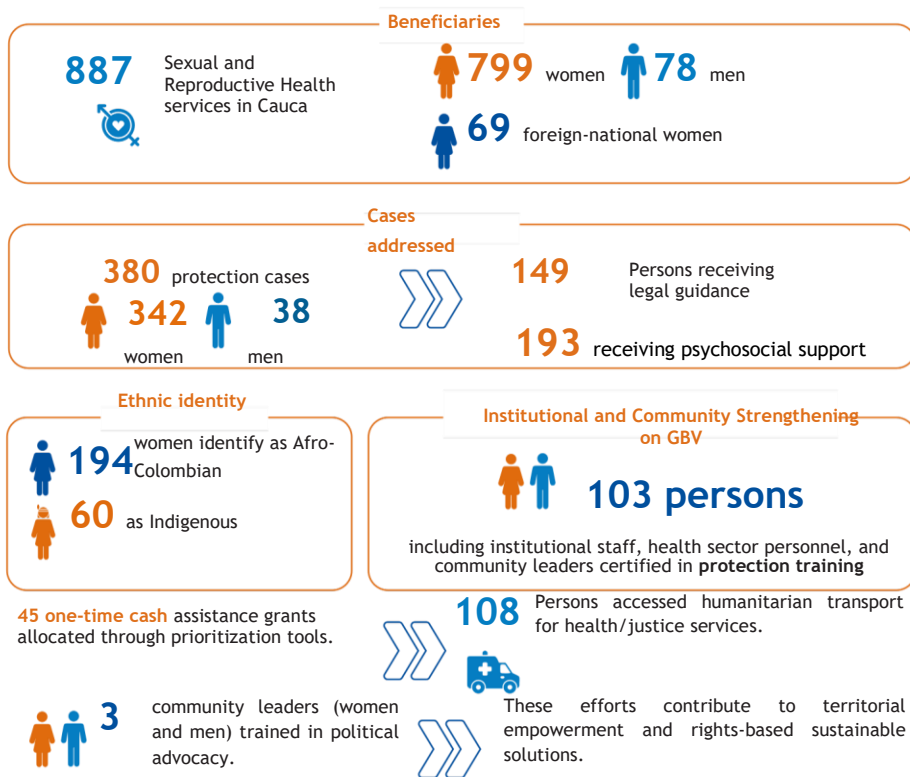
These efforts have improved beneficiaries' quality of life, promoted social inclusion, and strengthened community networks to create more accessible, resilient, and sustainable environments.

The work has been coordinated with strategic allies, notably community women leaders who spearhead induced demand processes and territorial risk analysis. Municipal authorities and sector representatives have been crucial partners in developing complementary care strategies. At the inter-agency level, the project actively participates in the **Cauca Local Coordination Team, Gender Subgroup, and Protection Thematic Subgroup**, with key support from **Humanity & Inclusion** and **Profamilia**.

*Municipalities where the Consortium operates.

Humanitarian Response

(July 2024 - April 2025) **Tejiendo Caminos** has provided:



Call to Action

State Institutions

Recommendations:

- Strengthen early warning systems and rapid response mechanisms for risk situations, mass displacement, and rights violations.
- Ensure effective protection for at-risk ombudsmen and social leaders, guaranteeing minimum working conditions.
- Expand and secure budgets for comprehensive victim assistance, prioritizing mental health, food security, and socioeconomic stabilization.
- Strengthen comprehensive state presence in most affected territories, ensuring health, education, justice, and protection services with differential approaches (ethnicity, gender, age).
- Develop outreach, mobile, or digital strategies to guarantee sexual/reproductive health and psychosocial care access.
- Publicly recognize the northern Cauca humanitarian crisis as a national priority.

Humanitarian Organizations

Recommendations:

- Enhance safety protocols for secure access and protection of communities/humanitarian personnel.
- Strengthen inter-agency coordination through sector clusters and platforms like the Cauca Local Coordination Team.
- Increase territorial presence via mobile/community actions ensuring essential service access despite mobility restrictions.
- Continue training/certifying community leaders on protection pathways, GBV identification, and safe referral mechanisms.
- Prioritize ethnicity-, gender-, and disability-focused actions, especially for Afro-Colombian, Indigenous, and migrant populations.

International Cooperation/UN Agencies

Recommendations:

- Sustain funding for prolonged humanitarian response beyond immediate aid, supporting sustainable projects.
- Support disaggregated data collection and impact studies for evidence-based planning.
- Back independent human rights and humanitarian monitoring to ensure international visibility of the crisis.



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