



HelpAge International

Humanitarian needs assessment with a special focus on older people affected by the internal armed conflict and natural disasters in Colombia

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Introduction:

The impact of the more than fifty-year-long internal armed conflict in the Republic of Colombia continues to generate serious humanitarian consequences for the civilian population. Despite the fact that the conflict has recently been recognized at a political level and general macroeconomic growth, Colombia still has between 3.7 and 5.3 million internally displaced people (depending on the source of information), meaning Colombia has one of the largest internally displaced populations in the world. The internal armed conflict involves several illegal armed groups, including the guerrilla groups (the FARC-EP and the ELN) and new armed groups which, following demobilization, are defined by the State as criminal gangs (“Bacrim”), which fight the Colombian Armed Forces (CAF). The current situation continues to generate notable pressure on a large part of the civilian population, resulting in internally displaced persons (IDPs), restriction on movement of people, goods and services (sometimes confinement of communities) and refugees in neighbouring countries such as Ecuador, Venezuela or Panama.

Together with the permanent conflict situation in several areas of the country, the process of climate change is notably affecting the territory. 3.9 million people were affected by the La Niña phenomenon in 2010, and many more are affected by the so-called “winter floods”.

The conflict, the frequent flooding and a growing social inequality affects all vulnerable groups including older people in particular. Colombia is a prominent example of the ageing process that is affecting the whole region of Latin American. Between 1995 and 2000, the population over 60 years of age grew at a rate of 2.8% annually compared with the national population growth rate of 1.9%. Those aged 80+ are one of the fastest growing groups with an increase of 4% a year. Furthermore, it is estimated that two thirds of older people in Colombia live in poverty. Ageing is also reflected in the statistics regarding displacement, with 10.1% of the forced displaced population over 60.

HelpAge has been working in Colombia through local organisations since the eighties, with a permanent presence since 2008. This needs assessment has been undertaken in the southwest of Colombia with the purpose of identifying the humanitarian needs of the general population with a specific focus on older people, in order to contribute to a better and more specific response in the country, which takes into account all the aspects and particularities of older people in the departments of Valle del Cauca and Nariño. This needs assessment also aims to help other humanitarian actors to support the inclusion of older people and other

vulnerable groups in the design and implementation of their responses, whether it is within or outside the analysed areas.

How to use this document

The needs assessment undertaken by HelpAge in three areas of southwest Colombia can be used to identify the most urgent needs of the general population including older people to support inclusive humanitarian programming which addresses the needs of all vulnerable groups. The humanitarian sectors identified affect older people as well as other vulnerable groups and the rest of the displaced and/or confined population in any of the three geographical areas.

HelpAge invites the humanitarian organisations and agencies present in Colombia to use the information that is presented in this assessment, with the intention of contributing to the broader humanitarian effort in the country.

The assessment makes an initial evaluation of three sectors and provides a series of recommendations to support the design and planning of interventions at a later stage. This document can be used in its totality, as well as separately for each of the geographical areas studied.

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Executive Summary:

During March 2012, HelpAge undertook a humanitarian needs assessment in the departments of Valle del Cauca and Nariño in southwest Colombia, covering the municipalities of Buenaventura, Tumaco and the areas of the indigenous Awá population in the municipality of Barbacoas. The assessment was carried out by an interdisciplinary team made up of staff from the HelpAge Colombia office; the regional office for Latin America based in La Paz, Bolivia; and personnel from the World Wide Emergencies Team in London. The assessment demonstrated the most urgent needs of older people and other vulnerable population groups, as part of the population affected by the internal armed conflict in the country. The main results of the assessment include:

- Both the Afro-Colombian population and the Awá population define an older person as being over 50 years old.¹
- The population over 50 years old in the designated areas makes up between 6.6% and 13.5% of the total population.
- Older people are one of the most vulnerable groups affected by the internal armed conflict and recurrent natural disasters. Therefore, it is necessary to guarantee that they have equal access to humanitarian aid services ensuring a **differentiated approach**; where necessary and relevant older people should be provided with specific interventions that are adapted to their needs.
- **In all the areas assessed food security and livelihoods are sectors in need of immediate assistance.** Recovering traditional cultivation systems, assistance to improve productive and income generation activities, analysis of possible access to markets and even food aid in specific cases, are defined as priority actions to be considered within this sector.
- **Protection** is the second intervention priority for the three areas visited. Community based initiatives with a special focus on older people would allow to improve self-protection mechanisms and transfer of important traditional knowledge to new generations. The most suitable mechanism to develop the

¹ While there is no numerical criteria specified by the United Nations for Latin America to define an older person, this definition is HelpAge's position, based on the conversations carried out with the communities themselves during the assessment process.

protection sector has shown to be the integration of a differentiated approach for older people when creating and revising community contingency plans.

- Interventions to support access and accessibility to health services as enshrined in the Universal Right to Health should be considered in all areas, particularly in Buenaventura. Temporary remedial actions should be complemented with support to advocacy initiatives to ensure the implementation of institutional policies at different levels of the Colombian health system, to guarantee that needs are met. A differentiated approach should be applied in the care and treatment of older people, in addition to promoting their affiliation to the Subsidised Health System.

Acknowledgements:

HelpAge would like to thank all those from the Colombian and international institutions that participated in the implementation of this needs assessment. Their commitment and help throughout the process was instrumental in the success of the process. We would especially like to thank all the **older people** for their motivation and for being involved in the interviews. Their participation has helped us identify older people's priority needs and to better understand the context in which they live.

The Needs Assessment team consisted of the following members:

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The Objectives of the Needs Assessment in the Southwest of Colombia:

This report and its results are the product of HelpAge's partnership with the European Commission's Directorate General of Humanitarian Aid and Civilian Protection (ECHO). Both in country HelpAge funding under the Humanitarian Intervention Plan (HIP) for Colombia, and funding from ECHO at global level made this assessment possible.

The HelpAge office in Colombia prioritized a needs assessment in **the municipalities of Tumaco and Barbacoas (El Diviso) in the department of Nariño**, and the municipality of **Buenaventura in the department of Valle del Cauca**. The selection of these three municipalities was justified by the fact that HelpAge has only been present in these areas since 2011, and hence the need to bring to light the situation and vulnerability of older people due to the internal armed conflict, frequent natural disasters (especially the winter floods) and environmental degradation.

The areas identified for assessment are diverse. River Anchicayá in the municipality of Buenaventura is a rural, river area with an Afro-Colombian population. It is affected by natural disasters and the population suffer from mobility restrictions and displacements caused by the internal armed conflict. In Tumaco, urban areas from, and into which Afro-Colombian people are displaced, were visited. Finally, Barbacoas is a rural area belonging to the indigenous Awá population, which is confined by the internal armed conflict and suffers frequent displacements.

Being able to demonstrate the current situation facing older people, whether Afro-Colombian or indigenous Awá, residing in rural or urban areas, or affected by displacement or confinement, will allow HelpAge to design and implement its interventions during 2012. Specifically it will allow of the application of a differentiated approach for older people covering needs in **food security, health and protection**.

At the same time, HelpAge's Worldwide Emergencies Team (WWE) is working to strengthen capacity to undertake needs assessments. The objective is to be able to show the humanitarian community the importance of collecting data which is disaggregated by gender and age (SADD) as a basis for understanding the needs of the affected population. Using this experience HelpAge is advocating for the consideration of the specific needs of older people and other vulnerable groups in

all phases of humanitarian responses. The experience in Colombia, and the results of this report are the first of four assessments which HelpAge will be undertaking during 2012.

Methodology:

The implementation of the needs assessment included a qualitative methodology with the following main components:

- a. Before the assessment began **secondary data** was collected from a range of sources including state ministries and humanitarian actors at national and local level. The data was analysed to produce a *Data Review and Humanitarian Analysis* (DRHA). The review was a key tool in the development of the assessment process and for understanding the situation facing older people.
- b. **Building the capacity of the team in concepts and techniques.** Day and a half training was held during in OCHA's offices in Santiago de Cali for the assessment team and humanitarian partners interested in understanding the assessment methodology. Participants included staff from *Diakonie Katastrophenhilfe*, members of the Indigenous Health Institution (IPS-I) of the Awá population, and members of staff from OCHA in Santiago de Cali and Buenaventura.
- c. **Undertaking the needs assessment in the selected areas (10 days).** HelpAge had a team of 8 people that participated in the collection of information in the field. One field officer from OCHA was added to this team. The first team was responsible for the area of Tumaco (week 1) and El Diviso in Barbacoas (week 2), while a second team was in charge of the same process in Buenaventura and River Anchicayá (week 2).

The information was collected from the field through interviews with **key informants** and **focus groups** in the communities. It should be mentioned that although the assessment in Tumaco was urban, the design of interviews with key informants and focus groups was maintained. This design was preferred to undertaking interviews with individual households, partly because of the security conditions limiting the team's access to some areas of the city as well as to ensure HelpAge received a general overview of the context.

Informal meetings were also held with older people with contextual knowledge in each of the areas. Lastly, coordination and feedback meetings were organised in Bogotá with ECHO, OCHA, the Norwegian Refugee Council (NRC), Oxfam and the International Committee of the Red Cross (ICRC).

d. Review of information and analysis before writing the report. The process of reviewing the information was finalised in Santiago de Cali, followed by an analysis session before writing the report. An evaluation of the assessment process itself was also undertaken.

1. Needs assessment in the municipality of Buenaventura, department of Valle del Cauca (River Anchicayá)

The Afro-Colombian communities living along the River Anchicayá frequently suffered from the impact of the internal armed conflict in Colombia and the consequences of natural and environmental disasters. Although this population is traditionally regarded as being “resistant”, the situation is putting at risk the sustainability of the population’s medium term presence at risk. With Buenaventura being the largest port in Colombia, its geographical position is strategic for illegal businesses as well those fighting for territorial control of the area. The population along the river is Afro-Colombian, descendants of the slave communities that escaped during Spanish colonization. Currently several community councils have been formed, of which the Great Council of Anchicayá stands out, consisting of nine communities.

The river population has managed to ensure territorial integrity and the rights of the Afro-Colombian population within the framework of Law 70. For example, in 2006/2007 they managed, through negotiations, to remove settler groups that were growing coca, resulting in a reduction of the area of cultivation by approximately 80 hectares. However, in the last decade, the internal armed conflict has resulted in several mass population displacements. After the first in 2002, 60% of the displaced population did not return but instead established themselves in the city of Buenaventura. After the second displacement in 2007, another 10% of the population did not return. During 2010 the internal armed conflict caused a further phase of displacement from the community of San José including the three month mass displacement of the whole community to the urban centre. In March 2011, the entire population of the community of El Llano was forcibly displaced. Additionally, four families from the village of Santa Bárbara were displaced to the village of Calle Larga, where they received humanitarian assistance. According to OCHA, 2011 was the worst year of displacement for the municipality of Buenaventura, with more than 1,183 cases. Also, during different periods, the mobility of the communities has been restricted due to threats of incursion from illegal armed groups that control the city and criminal groups involved in piracy.

The population also suffered from the environmental disaster in 2001 caused by the Hydroelectric Plant EPSA-ENDESA, when contaminated mud seriously affected River Anchicayá's crops and destroyed the pond system, notably reducing the fish population and causing a serious environmental impact on the river. On several occasions, the river area of the municipality has been affected by pests (*beetles*) that have destroyed subsistence crops, such as the yam root (yuca) and the bananas. Lastly, in only three months (December 2011 to March 2012) temporary displacements were caused mainly by the winter floods, but also by fumigations in January 2012 undertaken by the Colombian Armed Forces to eradicate illegal crops.

Needs assessment methodology in River Anchicayá

A team of four people from HelpAge, together with a field officer from OCHA in Buenaventura, undertook the needs assessment. The information was collected through the following interviews:

Type of interview	Institution/Village visited
Key Informants (4)	The Great Council of Anchicayá The Secretary for Co-existence from the Buenaventura Mayor's Office Unit for Assistance and Guidance for the Displaced Population The Process of Black Communities
Focus Groups with older people (5 communities)	Humanes Mar Santa Bárbara San José Calle Larga El Llano
Focus Groups with Women (4 communities)	Humanes Mar Santa Bárbara Calle Larga El Llano

Participant profiles of the focus groups (older people and women)

Older Participants	The youngest participant	The oldest participant	Average age
67	50	90	64

Female Participants	The youngest participant	The oldest participant	Average Age
43	11	52	35

Results of the needs assessment:

a. Demographic profile of the Older People (OP)

There is no unified demographic profile for the municipality of Buenaventura; the information is divided between different institutions. It should be noted that the staff of the municipal Secretary's Office for Co-existence, which is responsible for managing the two national programmes for older people in the municipality, lack knowledge regarding the current total number of older people.

However, according to the last national census undertaken in 2005, there were 41,177 (18,702 men and 22,475 women) people over the age of 50 in the municipality of Buenaventura - 12.33% of the population. In 2011, the total population of the municipality was 369,753 people. Applying the 2005 percentage (without taking into consideration the predicted growth of the number of people over the age of 50), the total estimated number of older people would be 45,590.

Furthermore, according to 2011 figures from the Colombian Government's *Unit for Assistance and Guidance for the Displaced Population*, the official number of displaced people aged 57 and above in Buenaventura was 1,300, to which should be added 4,500 older vulnerable people throughout the municipality, taking into account the levels of SISBEN I and II.

In the case of River Anchicayá, a SADD census exists for the 9 communities that make up the Great Council of the River Anchicayá. It shows the total population to be **approximately 1,252 people**, of which 150 people are over 50 years old, corresponding to **13.5% of** from the overall population.

Great Council of the River Anchicayá population disaggregated by age and sex:

Age	Women	Men
50-59	47	38
60-69	19	12
70-79	22	18
80+	7	7
TOTAL	95	75

These are the key figures, disaggregated by gender and age in the five communities visited by the HelpAge team:

Average number of people by population	% population 50+ years	% of Older People Women	% of Older People Men
160	Minimum 12% Máximum13%	Up to 30%	Up to 70%

Analysis by intervention sector

a. Food Security and Livelihoods

Within the area of the River Anchicayá, which is covered by the Great Council, there are two different habitats that influence the local population's livelihoods. Those on the river banks (4 communities visited during the assessment) engage in agriculture, fishing and small livestock. Those on the Pacific Coast (one community visited) focus on sea fishing and collecting molluscs. In both cases incomes are subsistence based.

Other activities which contribute marginally to income generation include woodwork for the production of tools and crafts, traditional gold mining without the use of mercury, or hunting of small animals. The presence of armed actors in the area has drastically reduced the possibility of hunting (a specific concern for older

people who were largely involved), and access to food markets which is further compounded by high fuel prices and lack of transport. This means that the communities are confined, both with respect to their access to food and to traditional trade spaces for exchange with other areas within the municipality. Additionally, the communities face difficulties in accessing local markets for their products, mainly because of the transport problems due to high fuel costs and the lack of access to basic services.

While traditionally people would eat three times a day the current situation means that the majority of the population eat **1 or 2 meals**.

80% of the food in the River Anchicayá Region is produced, locally. In the **river area** the production of basic foodstuffs is known as "pancoger", and centres of basic products such as:

yuca (yam root), the borojo fruit, sugar cane, plantain, bananas and lemons.

The production of crops such as **onions** and the **chontaduro** fruit has been affected by pollution, or like maize they are not produced due to the lack of interest from younger generations.

On the coast, on the other hand, the soil is less productive and the economy is centred on fishing (mainly carried out by men) and collecting "piangua" molluscs (mainly carried out by women).

In both areas, the remaining 20% of the food comes from external sources, mainly from the city of Buenaventura, of which the following are prominent:

Other basic food stuffs which are not produced locally such as butter, rice, beans, oil, eggs, meat and fish are bought in the city of Buenaventura.

Food Security and Livelihoods for Older People

Older people take an active part in food production and the family economy, a role recognised within the communities. They usually carry out their work within the

nuclear family. However, in some cases they form groups to undertake their activities.

Gender	Activity
Older People - Men	Fishing, agriculture, crafts and the manufacturing of tools (woodwork) Traditional medicine
Older People - Women	Inshore fishing Taking care of children Traditional medicine

A certain percentage of older people had participated in livelihoods or agricultural projects undertaken by different organisations in the past. This has, however, neither been systematic nor participatory when it comes to the design of the activities and their experience was not taken into account.

Analysis and Recommendations:

All those who took part in the assessment, together with the HelpAge team, concluded that Food Security and Livelihoods should be considered as the priority intervention in the River Anchicayá. Apart from the village of El Llano, where the analysis of the focus group results qualified the situation as “serious”, the rest of the villages visited considered the situation to be in “difficult”, where preparation measures are necessary to face the current situation. This uniformity of the results can easily be applied to other villages not visited during the assessment.

The main recommendation in food security and livelihoods would be **strengthening productive activities**, including specific cases of food assistance for especially vulnerable cases. It is recommended that such strengthening is accompanied by technical assistance whilst ensuring community participation. Some specific initiatives would include the following:

- A viability study on the recuperation of the terrace crop system which could support the growth of plants for medicinal use as well as complementary food. An analysis of the viability of the activity is necessary and the reasons why it has not been completely sustainable in the past.

- Livelihoods activities that include agriculture, fishing and the rearing of small livestock. In agriculture, the distribution of seeds for pest (Beetle) resistant crops should be considered where the winter floods have had an impact. Regarding the rearing of small animal livestock an analysis of the sustainability of the necessary inputs is recommended.
- Market analysis to support the increased sale of crafts.

b. Protection:

Group’s protection priorities are related to both the internal armed conflict, which has affected the area since about 2001, and to the impact of natural disasters, especially the latest winter floods. The population is clearly capable of establishing self-protection systems. The organisational system inherent in the Great Council of the River Anchicayá and the “Process of Black Communities” provides an organisational structure with development possibilities. Almost all the villages have Contingency Plans, normally focused on possible mass displacements and on the impact of the conflict, but the vulnerabilities and strengths of older people and other vulnerable groups are not identified. The communities have, however, identified different age groups as populations of greater risk. For example, the youth are at greater risk of being recruited or becoming involved in illegal armed groups, while older people and other vulnerable groups experience mobility problems during displacement.

Analysis and Recommendations:

Protection was identified as a fairly serious or serious concern, and hence the second priority areas for the river communities. Protection measures should focus on community preparedness and improved contingency plans. The main recommendations are the following:

- Strengthen Village Committees with the active participation of older people, ensuring that the interventions do not put their leaders at unnecessary risk.

- It is recommended that the Contingency Plans include the strengthening of the Village Committees so that the population itself is capable of providing the first response to emergencies and can cover the population's needs, at least during the first 72 hours after the impact of the critical events.
- Support the Board of the Community Council in its objective of providing information about Sentence 005 and 100 to the 9 villages in the River Anchicayá Community Council.
- Update the Contingency Plans and the Early Warning System (EWS) in each village in preparation for the impact of the internal armed conflict and/or natural disasters, ensuring a differentiated approach which includes the risks and threats faced by older people, as well as their participation and that of other vulnerable groups.

c. Health:

The entire Anchicayá River faces difficulties in terms of access and accessibility to quality health care. Health care is considered to be deficient or almost non-existent in the villages themselves, which especially affects older people's attention and treatment of illness.

Governmental initiatives, such as the opening of health posts or training health promoters, have not borne results. Several health posts are abandoned, health promoters have been displaced to cities as a result of the internal armed conflict and have not returned, having taken roles as spokesmen for their communities, or have they simply finished their period of service at community level. Meanwhile, the services delivered by the Health Brigades managed by State Social Companies are limited to vaccinations and health education. Moreover they are not present more than four times per year and, in some villages, only once per year. These are limited to providing vaccinations; they do not provide medical attention.

For any specialised treatment, people must travel to the city of Buenaventura, which implies transportation costs and accommodation which is unaffordable for most families. This situation has a negative impact especially on older people, because many of them are not affiliated to the Subsidised Health Scheme. As an alternative, the population is using traditional medicine, which at the same time is

gradually disappearing because it is an oral tradition, which is scattered between a few community members.

Identification of older people's main illnesses:

Physical Disease	Transmittable Disease	Psychological Disease
Acute Respiratory Infections (ARI) Cardiac Diseases Gastritis Dermatitis (due to contaminated water in the river) Rheumatism Chronic Diseases:(prostate, hearing, vision, bones)	Malaria Tuberculosis	Stress Depression

Analysis and Recommendations:

Health is the third priority of the river communities. The analysis shows access and accessibility to health care as serious concern demanding immediate interventions to allow the communities, and especially older people, effective access to quality health assistance. The Municipality of Buenaventura's Development Plan should consider the need to improve access to healthcare along the River Anchicayá and establish the necessary systems so that the health posts, health promoters and medical brigades ensure a regular service according to WHO and Colombian Government standards. The following recommendations are made to support this process:

- Undertake a detailed study of the access and accessibility conditions of River Anchicayá to define the current services available, their reach and capacity according to WHO and Colombian Government criteria. The results will allow humanitarian actors to support the Great Council's advocacy activities with public and private institutions, which provide health services, advocating for a

differentiated approach towards older people to ensure equality of access and accessibility to these services.

- In case of emergency, and parallel to supporting advocacy activities to demand the universal right to health care access, ensure temporary and remedial access to health services for the river population with a special emphasis on older people and other vulnerable groups.
- It is recommended that the viability of supporting transport options for vulnerable groups to support them to reach municipal health centres be analysed.
- Analyse the conditions that cause the high incidence of diseases related to sanitation and waste treatment and ARI (with much higher incidence in women). It is recommended that the analysis is then translated into activities to be implemented by humanitarian actors, including awareness-raising.
- Consider the training of community health volunteers to address the specific needs of older people (non-communicable diseases, mobility problems etc.) and other vulnerable groups

2. Needs Assessment in the Municipality of Tumaco, department of Nariño

During the past decade, the municipality of Tumaco has suffered the direct impact of the internal armed conflict in Colombia and its social, demographic and economic structures have experienced direct humanitarian consequences. Tumaco is a Pacific port and also a border municipality with Ecuador, so its geographical position is strategic for illegal businesses and illegal armed groups fighting each other for territorial control. Violence in the city and the permanent presence of armed groups, including guerrillas, criminal gangs (allegedly integrated by former paramilitaries), and drug traffickers (occasionally controlling different areas of the same neighbourhood) all generate high levels of vulnerability for the population, including confinement of displaced populations. The municipality of Tumaco is a prominent example of the effects of the internal armed conflict in Colombia and the population’s need for humanitarian assistance.

The impact and effects are especially visible in the urban centre of Tumaco. The “drip kind” slow and continuous arrival of IDPs means the number of displaced people is still growing producing pockets of marginalised, poor communities often living in inhospitable and insanitary conditions. The closure of manufacturing industries connected with fishing and natural resources is creating further poverty

Methodology of the needs assessment in the municipality of Tumaco:

A team of 6 people from HelpAge undertook the needs assessment in Tumaco’s urban areas. The assessment focused on the most affected neighbourhoods, interviewing key informants and focus groups, avoiding individual interviews with selected families to ensure a general vision of the context and reducing the risk of the team entering insecure areas of the city. The information was collected in the field in the following manner:

Type of interview	Institution/Focus Group
Key Informants (9)	National Programme for Older People - Ministry for Social Protection Department for Social Prosperity Solidaridad Internacional Older People Hospital Divino Niño

	Fundación Divino Niño Asociación Abuelito Feliz Parroquia La Resurrección Misión Comboniana in Tumaco
Focus Groups with older people(2)	Barrio Nuevo Milenio Older People Fundación Divino Niño
Focus Groups with Community Representatives (1)	Commune No 5

Participant profile for the focus groups (Older People and Community Representatives)

Older participants	Youngest participant	Oldest Participant	Average Age
22	63	92	75

Female participants	Youngest participant	Oldest Participant	Average Age
23	17	63	45

a. Demographic profile of the older people

According to several key informants, approximately 85,885 people are presently living in the urban centre of Tumaco, while the municipality of Tumaco has 200,000 inhabitants although between 30 to 50% of the population is displaced. Currently, however, there are no official statistics, disaggregated by gender and age, which illustrate the population profile.

However, according to the last national census in 2005, there were a total of 18,600 older people over the age of 50 (8,933 men and 9,667 women) in the municipality of Tumaco, out of a total population of 162,082 people, that is 11.47%. In 2011, the total population in the municipality was 183,006 people according to OCHA's information system. Applying the 2005 percentage (without taking into account the predicted growth of older people over 50 years old), the total estimated number of older people would be 20,990.

The majority (up to 90%) of the urban population is Afro-Colombian. Additionally, there are between 7,000 and 10,000 indigenous people spread across the municipality, of which 5.2% are over 60 years old, according to the key informant

from the Department for Social Prosperity. The remaining population consists of a mestizo population from the interior of the country.

All of Tumaco's communities are significantly affected by the "drip-by-drip" displacement. For example, in neighbourhoods such as Nuevo Amanecer the number of displaced families had increased from 168 to 198 (15% increase) in 4 months, while in Nuevo Milenio neighbourhood, where the number of households has increased by one thousand in five years.

With respect to forcibly displaced older people, there is no clear census that states the percentage as compared with the rest of the population. It is estimated that older people over 60 make up between 7 and 10% of the total displaced population. Key informants, such as the National Programme for Older People, state that the total population over the age of 50 currently covered by its services is 2,680 people, with another 4,000 on a waiting list.

Compared with other municipalities visited, the average age of older people in Tumaco is very high. Estimates suggest that while the total number of men remains stable over the age of 60, the mortality rate for women is notable in the 60 – 69 age range.

Community based associations showed keen to get a better understanding of older people's profile within their communities. For example, although representatives of the Nuevo Amanecer neighbourhood had never considered the need to count the number of older people, they spontaneously undertook a census of 100 households, which identified 33 people over 50 years old (6.5%, calculating 5 people per household).

HelpAge estimates with regards to the population over 50 in the municipality of Tumaco:

Population municipality of Tumaco	% population 50+ years	% older women	% older men
200,000	Minimum 7% Maximum 10%	Up to 59%	Up to 41%

Projection of data disaggregated by gender and age (based on data from the Nuevo Amanecer neighbourhood)

Age Group	Women	Men
50-59	8,8%	There is no reliable information
60-69	38%	20%
70-70	5,8%	17%
80+	5,8%	There is no reliable information

Analysis by intervention sectors:

a. Food Security and Livelihoods:

In Tumaco's urban areas, the food security and livelihood situation for older people is serious. Displacement, in particular for both rural and urban populations, has resulted in a loss of access to traditional livelihoods for a high percentage of the population. In rural areas, livelihoods are linked to agriculture, fishing and wood cutting while in urban areas they are linked to fishing and carpentry. In both areas insecurity is limiting access to livelihoods resource creating pockets of poverty and food insecurity forcing older people to remain in the work for force to meet their basic needs.

Increasingly older people are relying of small business and labour activities collectively known as "rebusque", begging on market day, and reliance on food assistance, which is provided by some local organisations on a weekly basis to support family income. Economic paralysis is a direct consequence of the internal armed conflict; older people are prevented from undertaking their traditional activities, including fishing and the mangrove use. Consequently, family income generating activities are very scarce.

Older people are made particularly vulnerable by the current poor income opportunities with many playing the primary care role for grandchildren following the death of their children. They often have to take on greater responsibility as direct victims of the destruction. Following the death of their progeny many of them

have to become heads of households and take care of their grandchildren, while facing reduced access to already precarious access to income labour options.

Older people's income generating activities in the urban areas of Tumaco

Gender	Activity
Older men	Fishing "Rebusque" (selling coal, wood, day labour etc.) Begging Inshore fishing Shrimp cleaning
Older women	Cleaning "Rebusque" (selling coal, wood) Begging Inshore fishing (collecting shellfish) Shrimp cleaning

Older people frequently eat only twice a day, with a basic diet that easily leads to malnutrition. The carbohydrate and protein content of the diet includes:

Fish, plantains, rice and beans

Analysis and Recommendations:

All those involved in the needs assessment, together with the HelpAge team, concluded that Food Security and Livelihoods are the highest priorities for response. The needs assessment confirmed that older people were marginalised and living in a precarious situation. The **strengthening of productive activities must be prioritised** to generate sufficient stable income for older people. The following recommendations are in accordance with this thinking:

- Prioritise assistance to women over 50 who are heads of households or responsible for minors.

- Analyse the viability of small scale productive projects that ensure stable financial income for the most vulnerable older people. These projects should be adapted to older people's existing knowledge and capacities, and should include market assessment to ensure access to integrated and viable markets for the goods produced.
- Support older people and their families, who have recently been displaced, to settle. In some specific cases, this may include temporary food assistance.

b. Protection

Over the last twelve years, the humanitarian situation and protection of people in Tumaco has been in decline creating an environment of permanent insecurity and violence. The worsening of the security situation is caused by the presence of the FARC, criminal gangs, groups defending drug traffickers and other illegal armed groups, which control parts of the city and even divide neighbourhoods under their control. This means that in some areas of the city, especially the continental part, displaced communities are confined and their movement limited. There is a lack of organisations that are sufficiently strong to establish self-protection networks for the basic rights of the population and in the neighbourhoods where displaced population live there is an almost complete lack of services or infrastructure.

The insecurity affects all age groups. The youth are at risk of being recruited by illegal armed groups, including drug traffickers, or being their direct victims. Older people suffer the direct consequences of the conflict, having to take on the responsibility of caring for their grandchildren, ensuring a financial income for their families and applying a code of silence about any event happened in their neighbourhoods because of the fear of possible retaliations towards them or their families.

Analysis and Recommendations:

Protection is identified as the second priority intervention sector in Tumaco. The design of the intervention should aim at improving older people's conditions and those of other vulnerable groups, including strengthening their organisational and

self-protection networks through contingency plans. The following are the main recommendations:

- Evaluate dwelling access conditions for older and people with disabilities. Specifically, the current bridge system over the mangroves is precarious and dangerous.
- Strengthen the already existing community protection networks through a special focus on vulnerable population groups. It is recommended that older people should lead these processes.
- Study the viability of establishing community based Contingency Plans and Early Warning Systems (EWS) that prioritize response to critical events and hygiene conditions in the neighbourhoods most affected by displacement. .
- If viable. Those Contingency Plans should cover the needs of the affected population for a minimum of 72 hours after the impact of critical events as the arrival of newly displaced families, floods etc.
- Advocate with the municipal authorities to ensure that they fulfil their duty to provide humanitarian assistance during the first 72 hours after a displacement.
- Analyse the possibility of providing technical support to municipal authorities to ensure that the new Municipal Development Plan includes measures that guarantee a differentiated approach for older people.

b. Health:

Despite the fact that health services are considered deficient with serious management problems especially with regards to secondary and tertiary care, primary health care is provided in Tumaco by the Colombian Ministry of Health, ensuring basic access and quality in the urban area. The majority of older people are affiliated to the Subsidised Health System, although some of them do not have specific knowledge about their rights. However, despite a basic level of care the support for older people's specific needs is a concern. Medical staff is not aware of, nor specialized in, the specific needs of older people. In comparison to older Afro-Colombian people from rural areas, there is a greater incidence of psychological illnesses in urban areas.

Identification of older people's main diseases:

Physical Disease	Transmittable Disease	Psychological Disease
Acute Respiratory Infections (ARIs) Cardiac Diseases Gastritis Rheumatism Chronic Diseases: prostate, hearing, vision, bones	Malaria Dengue Tuberculosis Sexually Transmittable Diseases (STDs) - very high prevalence in Tumaco	Stress Depression Alzheimer

Access and accessibility to health, sanitation and hygiene is a notable problem in Tumaco, especially in the neighbourhoods where newly displaced people arrive, because the sewage system does not cover the whole city. In the continental area of Tumaco, new neighbourhoods are spontaneously formed on top of mangrove swamps. The houses are usually constructed on stilts and there are serious problems of overcrowding and bad health. The streets are often bridges that are constructed over easily flooded swamp areas, which are filled with rubbish until, gradually over time, the ground surface becomes firm. These settlements do not have any sewage system and the aqueduct functions by means of pipes that run through muddy water, with multiple joints and holes, which are permanent sources of pollution. The living conditions in these new neighbourhoods foster the emergence of vector-borne diseases, transmitted by and related to the use and poor quality of water. Such risks can easily be prevented by the improvement of basic living conditions.

Analysis and Recommendations:

Due to existing access to basic health services, the sector is considered to be of medium concern. However, the situation is very unstable and can easily change for example as a result of simple weather conditions. The main recommendations are:

- To support the new municipal administration to strengthening the health system through awareness raising, promotion and inclusion of older people in service provision, including spreading information about the universal right to health care.
- Assess neighbourhood hygiene conditions in the continental area of the city and consider mitigation and preparation actions to address disease

outbreaks, which are linked to water sanitation and hygiene and to overcrowding.

- Evaluate the possibility of providing psychosocial assistance and mental health support, especially for older displaced and unaccompanied people.

3. Needs Assessment of the Indigenous Awá Population, municipality of Barbacoas, department of Nariño

According to figures provided by the Awá community, the total population of this indigenous group, which falls under the Indigenous Awá Population Union (UNIPA), is approximately 21,000 people. The Awá population, which has been declared by the Inter-American Court of Human Rights to be at risk of extinction, lives on reserves mainly in the Department of Nariño. Geographically these reserves constitute a strategic corridor for illegal armed groups and there is scarce state presence. The Awá population lives in a war zone where the pressure of the conflict is increasing. From 2006 they have experienced large scale displacement; several of which have not been recognised or accounted for by the state, nor addressed by the humanitarian community. The pressure exerted by the different armed actors further limits communities in their mobility of people and goods and their access to services (confinement). At the same time, the fumigation of illicit crops in their territory causes the displacement of individuals and families.

Living conditions in the Awá reserves are very precarious; they are not dissimilar to those of their ancestors. They mainly live scattered in rural areas, in wooden houses built on stilts, with thatched roofs or roofs made out of zinc or plastic. There are high levels of overcrowding and poor health conditions. In almost all cases, human waste is disposed of in the open and they drink water directly from its source without treatment. Their geographical isolation and confinement impedes their access to basic construction materials for housing rehabilitation and improvements.

Methodology of the Needs assessment for the Awá communities (El Diviso):

A multidisciplinary team of four people from HelpAge undertook the needs assessment. The information was collected at field level in the following manner:

Type of interview	Institution/Village Visited
Key Informants Awá Reserve (6)	UNIPA (Governor of the Gran Sábalo Reserve) UNIPA-IPS-I (Medical Coordinator) UNIPA – IPS-I (Social Coordinator)

	Camarón Community (older person) Río Guisa Community (ex-Governor) Médecins du Monde- France
Focus Groups, Awá Population (3)	Older people Awá community (El Diviso) Members of the Awá Community (Camarón community) Nursing Assistant IPS-I

Participant profiles of the focus groups (Older people and Awá Community)

Older participants	Youngest Participant	Oldest Participant	Average Age
9	43	71	58

Awá participants	Youngest Participant	Oldest Participant	Average Age
15	14	70	34

a. Demographic profile of older people

The Awá community has been analysing its population statistics since 2006 which show that approximately 21,000 people belong to the indigenous group (under the UNIPA). Of these, 18,506 are affiliated to a subsidised health care system. While the census does not disaggregate information by gender, it does by age, indicating that 13.6% of the Awá population are over 45 (3,823 people) and 1,011 (4.8%) are over 65. Older people often live together with the rest of the family. In the community visited in El Gran Sábalo Reserve, almost all the families in the community included one older person.

This is the key demographic data disaggregated by gender and age in the three populations visited:

Average Inhabitants per population	% population 50+	% of older women	% of older men
126	Minimum 6 % Maximum 10%	There is no reliable information	There is no reliable information

Analysis by intervention sectors

a. Food Security and Livelihoods:

Livelihoods involve small scale livestock rearing, hunting and production of a small number of basic crops. Increasingly communities are dependent on the latter due to decreased mobility resulting from insecurity and limited transport options making Awa agriculture largely a subsistence activity. The poor quality of the land and ongoing fumigation therefore places communities at further risk as they cannot produce enough food and have less in the way of fauna and animals which they traditionally used to complement their diets. Of the three locations visited for this needs assessment, the Awá population is the most affected by confinement.

Those who are not confined by insecurity often must face the challenges associated with mass displacement. Communities have been pushed towards villages and the main road due to the presence and threat of armed actors forcing them to leave their land and consequently their livelihoods. Once displaced they no longer have access to foods they have produced and in contrast to those who live away from the roads and have little access to external products, they become increasingly dependent on purchasing food such as rice, lentils, beans and panela (molasses). In many cases this forces the younger population to look for day labour in often in woodwork or collecting coca leaves.

The Awá diet is very basic and the variety of foods limited to chiro (plantain), yuca (yam root), other roots, and agua de panela (sugar water) and to a lesser and decreasing extent **corn, small animal meat and fish**. They usually eat three times a day, but in times of scarcity older people (particularly women) give up their food for younger generations. Although no detailed study has been made, the needs assessment team concluded it is very likely that malnutrition is affecting a high

percentage of the older population and infants. The majority their subsistence products are obtained from their own production. These include the following:

Chiro (plantain), yuca (yam root) and other roots

The main products that they obtain outside the communities are the following:

Rice, lentil, beans and panela (molasses)

Although older people are limited by their physical condition, they do participate in the production of food and the family economy. This role is usually as part of family production however in some cases groups of older people have organised to undertake livelihoods activities as:

Gender	Activity
Older men	Agriculture, fish farming, small animal rearing and hunting
Older women	Agriculture, fish farming, small animal rearing and hunting, taking care of the children (traditional mechanism amongst the Awá people)

Within the Awá population, there has been no systematic response with respect to food security and livelihoods. Some initiatives have been carried out by the UNIPA, but they have not been systematic and they have mainly been concentrated on the peri-urban areas. In these initiatives, older people have not always been considered and younger people have been prioritized. On other occasions, older people have participated, but without considering their level of vulnerability or a differentiated approach.

Analysis and Recommendations:

The issue of access and accessibility in the majority of the Awá territory implies an additional difficulty to the population's already difficult food situation. The current situation is considered to be very worrying and immediate action should be taken and then monitored to prevent further deterioration of the situation. Remedial actions and action aimed at strengthening the food security and livelihoods activities should be considered, applying the necessary differentiated approach

towards older people and other vulnerable groups to make sure that their basic needs are met. Malnutrition cases should be prioritized. The following are the main recommendations:

- Conduct a study of soil conditions as a basis for the delivery of agricultural support projects, which are varied, sustainable, adapted to the capacities of older people and focused on lowering the Awá population's dependency on external food stuffs by diversify local food production to include small animal rearing and fish farming
- Agricultural activities should aim to transfer older people's knowledge to younger generations.
- Strengthen older people as active actors in the production of basic food, adapting livelihood strategies to their physical conditions. It is recommended that the intervention strategies aim to diversify local food production and include small animal rearing and fish farming.
- Support the IPS-I to assess levels of older people's malnutrition, prioritising the most inaccessible areas of the UNIPA territory. The conclusions of the assessment will allow for the creation of a nutritional profile and raise awareness about older people's unmet needs. It will serve as advocacy tool for the UNIPA and allow other humanitarian actors to design food security responses for the Awá population, as well as raising awareness within the Awá community regarding older people's nutritional needs, and those of vulnerable groups and other age groups.
- Facilitate access to external local markets for possible production surplus through close collaboration with the UNIPA.

b. Protection:

For approximately twenty years, the indigenous territory of the Awá community has been directly affected by the internal armed conflict. Its geographical location has become strategic for guerrillas, paramilitary groups and criminal gangs and drug trafficking. Coca cultivation is extensive in the area and the presence of illegal actors has increased the vulnerability of the Awá population in large part by increasing their confinement endangering the survival of the Awá population as an indigenous ethnic group. The fumigation of illegal crops and mass displacements have provoked the partial destruction of traditional social networks, and even the

abandonment of communities, with population movements to areas that are near the only - and safest - road. In case of emergency, humanitarian agencies have provided emergency assistance, but this has always short term.

The Awá have strong institutional capacity and representation through the UNIPA. They have educated leaders and a system of Indigenous Guard for their protection, although they are constantly threatened and in need of support. Their leaders are frequently threatened by the different armed actors; the members of the Indigenous Guard need to strengthen their capacity, including learning the *Awabi* language (only maintained by the older Awá) and using Spanish in order to serve as interlocutors in the case of encounters with armed groups. The youth is at greatest risk with regards to this situation, because young people can become involved in illegal armed groups or participate in coca cultivation and harvesting to earn an income. It is important to note the UNIPA's declaration of neutrality with regards to the internal armed conflict, which covers the entire Awá community. At the same time, older people suffer the direct impact of the internal armed conflict. Their vulnerability is increased because of confinement and during displacement. Although the Awá population has identified that older people have strengths with regards to protection, they have not established mechanisms through which these can be implemented on the ground.

Analysis and Recommendations:

This needs assessment identifies protection as the second priority to consider, with the following recommendations:

- Support the UNIPA to finish and then implement their Ethnic Protection Plan, in particular with regards to the guidelines they have established for supporting older people, which include the recuperation of their traditional leadership role through the creation of a Council of Elders in order to provide advice to younger leaders and heirs of their culture.
- At a community level, consider the creation of age-friendly spaces for older people that will serve as a platform for spreading traditional knowledge and values to younger people and members of the Indigenous Guard. These spaces can also be used for strengthening older people's active community

roles; awareness raising regarding the dangers of coca cultivation as a source of income; and building the capacity of the Indigenous Guard with regards to communication and negotiation skills during encounters with armed actors in their territory.

- Provide technical assistance to the UNIPA and other humanitarian actors to ensure that the risk maps and community contingency plans already drawn up, or in process of development, include a differentiated approach for older people and other vulnerable groups.

c. Health

The assessment shows that the Awá community's health situation is poor in large part due to a lack of access and accessibility, which is accentuated by the long distance of the community from the only road where the IPS-I is situated. To provide access to health, the UNIPA established the Indigenous IPS in El Diviso village. Several organisations have supported the IPS-I, including Mdm France, Solidaridad Internacional, Oxfam and HelpAge. The Awá community considers it to be a good and efficient service. While 85% of the Awá population is affiliated to the Subsidized Health System, only 30-50% of older people are affiliated. Additionally, the Awá tend to prioritize access for infants over older people, while the rest of the community makes use of traditional medicine, particularly older people.

In order to overcome accessibility issues, the IPS-I undertakes outreach Medical Brigades, but these are currently focused only on prevention and health promotion (vaccination and education), and do not provide medical treatment. Equally, the IPS-I does not have the resources to place the health promoters that have been trained by the SENA in the communities.

Older people do not receive adequate health attention at the IPS-I, because of a lack of resources and expertise with regards to age-friendly health care. When the Awá require specialized treatment, they must pay the significant transport costs to reach health services II and III in Pasto and families often have to resort to selling animals or other assets to cover the costs.

The main diseases identified among the older people:

Physical Diseases	Transmittable Diseases	Psychological Diseases
Acute Respiratory Infections (ARIs)	Tuberculosis	Depression

Multiparasitosis Gastritis Anemia Joint pain Rheumatism		
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Analysis and Recommendations

In addition to a lack of access older people face a number of concerns including: a lack of age friendly services; malnutrition; under nutrition and a failure to fulfil their right to health. While the IPS-I's services are qualified as efficient and adapted to the Awá culture, they are still deficient due to a lack of resources and age-friendly strategies; their health services have not yet reached the greater part of the population, especially older people.

Considered as the third priority sector for an intervention, there are the following recommendations:

- Provide the IPS-I with technical support to assess older people's health. The analysis would be the basis for the creation of a primary health care programme for older people, which would ensure the inclusion of older people to the subsidised health system.
- Raise the awareness of the Awá population, especially those furthest away, of the need to prioritise access to health services for all family members, especially older people; promoting disease prevention and health assistance for older Awá and their families to ensure a healthy old age.
- Continue support to the IPS-I in building the capacity of their Public Health staff with regards to age-friendly approaches and attention.
- Support the IPS-I to include attention for older people in their mobile brigades to the communities as part of the strategy to support the IPS-I's outreach activities.

Abbreviations:

Bacrim: Criminal Gangs

CAF: Colombian Armed Forces

DRHA: Data Review and Humanitarian Analysis, HelpAge

ECHO: The European Commission's General Directorate for Humanitarian Aid and Civil Protection

ELN: National Liberation Army

EWS: Early Warning System

FARC-EP: The Revolutionary Armed Forces of Colombia - People's Army

HIP: Humanitarian Intervention Plan - ECHO

IDP: Internally Displaced Person/People

IPS-I: Indigenous Health Institution

IRA: Acute Respiratory Diseases

MdM Francia: Doctors of the World, France

NRC: Norwegian Refugee Council

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

OP: Older People

PCN: The Process of Black Communities

SADD: Sex and Age Disaggregated Data

STDs: Sexually Transmitted Diseases

SENA: the Colombian Government's National Learning Service

SIDIH-OCHA: OCHA's Integrated Humanitarian Information System

SISBEN: the Colombian Government's Identification System for Potential Beneficiaries of Social Programmes

UAO: the Colombian Government's Unit for Assistance and Guidance to the Displaced Population

UNIPA: Union of the Indigenous Awá Population

WHO: World Health Organization

WWE: Worldwide Emergencies Team, HelpAge (based in London)

The European Commission's Humanitarian Aid department funds relief operations for victims of natural disasters and conflicts outside the European Union. Aid is channelled impartially, straight to people in need, regardless of their race, ethnic group, religion, gender, age, nationality or political affiliation.