project HOPE

Needs Assessment Report: Colombia

Assessment findings on the state of health services and urgent humanitarian needs in Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío following the August 2026 earthquake.

August 2026

On August 10, 2026, a magnitude 7.4 earthquake struck western Colombia, leading to a severe humanitarian crisis. The earthquake affected Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío, causing extensive damage to homes and critical services. There were 289 reported deaths, over 4,100 injuries, and more than 185,000 people impacted. A rapid needs assessment by Project HOPE surveyed 17 health facilities and found that most had structural damage and were operating under severe restrictions. Many hospitals could not provide emergency care due to damaged facilities, difficulties in accessing staff, and shortages of medicines and supplies. Water, sanitation, and hygiene systems were also disrupted, affecting water, electricity, telecommunications, and cold-chain systems. This situation raised public health risks in both health facilities and areas where displaced people gathered. Communities faced significant displacement and increased shelter needs. They also reported disruptions in chronic and maternal health services, along with prominent levels of psychological distress due to ongoing aftershocks and loss of homes and livelihoods. There is an urgent need to restore primary healthcare services, send mobile medical and mental health teams, provide essential medicines and supplies, repair water and sanitation systems, and strengthen mental health support for affected communities and healthcare workers.

Background

Colombia's August 10th, 2026, earthquake registered at a magnitude 7.4, the strongest to strike the country in over a decade. The event triggered a large-scale humanitarian emergency across the western and central regions of the country. The epicenter, near San José del Palmar, Chocó, caused severe damage across Chocó, Valle del Cauca, Risaralda, Caldas, and Quindío. Cali, Pereira, Quibdó, Manizales, and Armenia sustained the most concentrated damage, severely impacting homes, businesses, schools, and healthcare facilities.

As of August 18, Colombian authorities confirmed 289 deaths, over 4,100 injuries, and 143 people still missing. More than 120,000 families and over 185,000 people were affected nationwide. UNGRD estimates damage to over 127,000 homes, with nearly 27,000 completely destroyed. At least four hospitals, including Hospital Universitario del Valle (HUV) in Cali, Hospital San Rafael in El Águila, Hospital Distrital Luis Ablanque de la Plata in Buenaventura, and Hospital Departmental San Antonio in Roldanillo, sustained major structural damage or collapsed entirely. Improvised clinical wards in hospital courtyards, streets, and tents are treating patients amid critical shortages of medical supplies and pharmaceuticals.

In total, 260 health centers across the affected areas have reported some form of damage. With referral hospitals unable to manage complicated cases, survivors are struggling to access care for not only acute trauma, injury, and disease but also management of chronic disease and maternity and childcare. Additionally, the need for mental health support as survivors try to cope with the event is significant.

Preexisting Humanitarian Vulnerabilities

The earthquake and its 325 aftershocks (21 of which have exceeded a magnitude of 3.0 and 2 over magnitude 4.0) struck communities already managing significant preexisting strain on health infrastructure and access. Rural and mountainous areas, particularly in Chocó and northern Valle del Cauca, were already difficult to access by road, with dispersed communities and health facilities operating at the most basic capacity prior to the quake. Colombia's public hospital network, including major referral centers like HUV, was already facing significant strain. Several days before the earthquake, HUV had suspended services by several insurers due to unpaid debts over $125 million USD. The debt limited the hospital's ability to purchase pharmaceuticals and medical supplies even before severe damage to the facility. Hospital Santa Sofía in Manizales also announced similar financial constraints before the earthquake.

Access limitations further constrained the response. Many rural communities in Chocó are reachable only by river or unpaved roads, and the mountainous terrain throughout the affected departments has historically suffered from landslides, closing roads and further isolating communities. The combination of the continued lack of advanced healthcare and the acute emergency has resulted in a response that goes beyond the management of the earthquake's impacts. While the government and aid organizations have rushed to support the level one and two health facilities, smaller clinics and health outposts are struggling and unable to provide care for these rural and peripheral communities.

Methodology and Context

Given the limited availability of reliable and up-to-date information on the impact of the earthquake on health services **during the first hours and days of the emergency, Project HOPE deployed a Rapid Needs Assessment to generate evidence that could support timely and targeted humanitarian response actions. Project HOPE was well-positioned to respond quickly, given its existing health programming along the Colombia-Venezuela border, which provided in-country presence, established relationships, and operational and cultural familiarity ahead of the earthquake.**

The assessment was designed to provide operational information in a context **characterized by seismic aftershocks, damage to health infrastructure, disruptions to essential services, and increased demand for healthcare. As a result,**

the assessment prioritized the operational utility of the information over statistical representativeness.

The findings are intended for health authorities, national and international **humanitarian actors, and donors to support decision-making and response planning during the initial phase of the emergency.**

Objectives

The purpose of this needs assessment across the earthquake-affected departments of Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío is to generate timely and useful information on the operational status of health services, the availability of critical supplies, the condition of WASH infrastructure, the level of access to clean water and WASH supplies, and protection conditions at the community level.

The specific objectives of this assessment are:

- Assess the operational capacity of health facilities in relation to the population's needs.
- Analyze the availability of critical medicines and supplies.
- Assess the availability of key personnel in health facilities.
- Examine the status of health facility staff and the barriers to their ability to report to work.
- Analyze the status of water, sanitation, and hygiene systems in health facilities.
- Identify protection risks, especially for children.
- Assess the psychosocial impact of the crisis on households and children.
- Generate evidence to identify gaps and response priorities.

Methodology

This needs assessment was conducted using a facility-based, rapid needs assessment design covering health facilities in earthquake-affected municipalities across five departments. Data collection combined direct observation, structured interviews with healthcare personnel, and a review of available institutional records.

The rapid needs assessment prioritized identifying urgent needs in the immediate aftermath of the earthquake. It captured interruptions to critical services, including water supply, electricity, cold chain, telecommunications, infection prevention and control (IPC), and the suspension of medical services, as well as damage to health facility infrastructure. The tool also assessed shortages of pharmaceuticals, medical supplies, and commodities; ambulance service availability; the impact of the earthquake on healthcare personnel, including physical and psychological effects on both personnel and the community; and recent training in healthcare protocols and its status at the facility level, including training gaps related to mental health (mhGAP).

Once the data were collected, it was then reviewed by Project HOPE's Monitoring, Evaluation, Accountability, and Learning (MEAL) team, which verified the consistency, integrity, and quality of the information before cleaning, validating, and consolidating the datasets. Results were analyzed using descriptive statistics to identify the main needs and existing gaps, triangulating information from various sources to strengthen the interpretation of the findings.

Locations

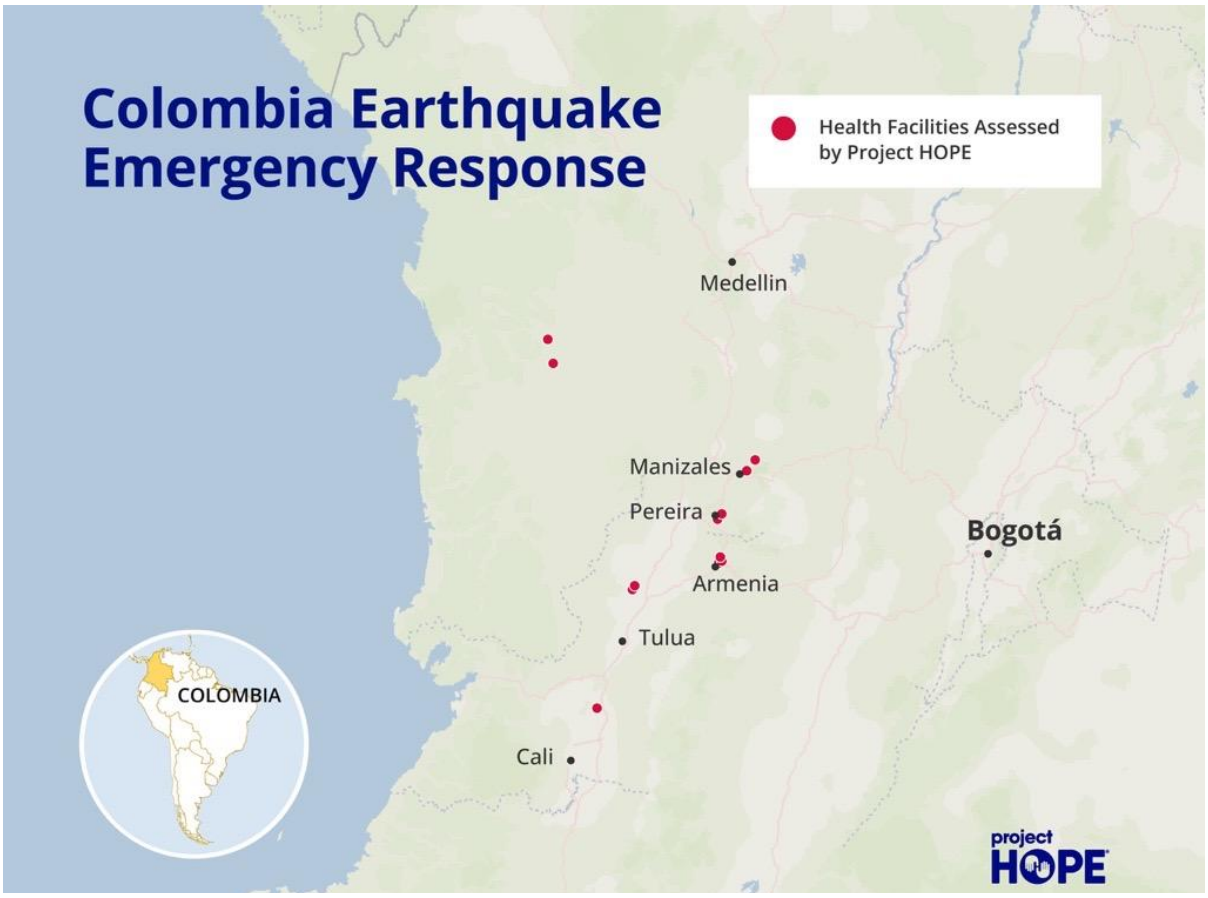
This study was conducted within 17 health facilities and across communities in the earthquake-affected departments of Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío.

The distribution of health facilities assessed for the health and WASH components is as follows:

- **Valle del Cauca: 6 facilities**

    - Capri
    - Centro de Acopio Barrio Capri
    - Centro de Salud San Sebastián
    - Hospital San Antonio
    - Hospital San Rafael ESE
    - Puesto de Salud La Florida / Hospital Henry Valencia Orozco
- **Risaralda: 4 facilities**
    - Centro de Salud Villa Carola, El Balso, Frailes, Japón, and Santa Teresita
    - Puesto de Salud Boston
    - Puesto de Salud San Joaquín
    - Additional facility (unnamed in the dataset)
- **Chocó: 2 facilities**
    - Hospital Ismael Roldán Valencia
    - Hospital San Francisco de Asís
- **Caldas: 2 facilities**
    - E.S.E Hospital San Isidro
    - E.S.E Hospital Santa Sofía
- **Quindío: 3 facilities**
    - Clínica La Sagrada Familia
    - ESE Hospital Departamental Universitario del Quindío San Juan de Dios
    - Red Salud Armenia ESE

Figure 1: Map of all health centers evaluated for Needs Assessment



Limitations

Because the assessment prioritized operational utility over statistical representativeness, its findings reflect the specific facilities and communities assessed during the initial emergency period and should be read as an operational snapshot rather than a statistically representative estimate of the affected departments.

Additionally, as part of an ongoing emergency response, the operating conditions of health facilities and communities may change as the emergency evolves, particularly regarding the availability of services, infrastructure, and access to supplies.

Despite these limitations, multiple measures were taken to strengthen the reliability of the findings: various sources of information (health facilities and key informants) were compared; the Project HOPE MEAL team daily reviewed the data; and key information was triangulated and verified during fieldwork. This made it possible to build a robust picture of the identified needs across the health, WASH, and protection sectors.

Findings

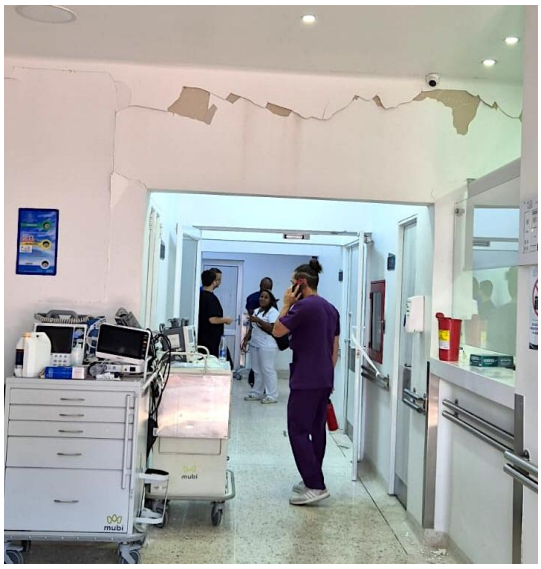
Health Services

Across the 17 health facilities and communities assessed in Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío, the information gathered shows a health system that is doing its best to manage the exacerbated load but is struggling with significant gaps. Of the facilities assessed, 12 sustained some form of structural damage, and in the most severe cases, like Hospital San Rafael in El Águila, the facility has entirely collapsed. Facilities such as Hospital Departamental San Antonio in Roldanillo and E.S.E Hospital Santa Sofía in Manizales suffered damage serious enough to threaten the structural viability of their current facilities.

Operation of Healthcare Facilities

Facility damage ranged from minor impacts to total collapse across the assessed departments, with government estimates placing roughly 260 health centers as damaged nationwide. In Cali, the HUV, the department's principal tertiary referral hospital, sustained damage to approximately 70% of its buildings and reduced services by 40–50% after three floors of one building, including pediatrics, internal medicine, and parts of the neonatal ward, collapsed. In El Águila (Valle del Cauca), the Level 1 Hospital San Rafael collapsed entirely, and care was relocated to an inadequate older building, while in Roldanillo, the Level 2 Hospital Departamental San Antonio had roughly 70% of its structure marked for demolition, leaving only emergency services functioning with patients housed in the auditorium. In Manizales (Caldas), Hospital Santa Sofía lost its emergency department, sterilization, and vaccination wards to collapse, and in Buenaventura, the Distrital Luis Ablanque de la Plata hospital collapsed entirely. By contrast, several facilities in Chocó, including Hospital Ismael Roldán and Hospital Departamental San Francisco de Asís in Quibdó, remained fully functional, and hospitals in Buga and Pereira (San Jorge) continued operating despite partial damage.

- 12 of 17 assessed facilities reported structural damage to beams or columns, and 12 of 17 reported damage to roofs, walls, or floors.



Staff at Hospital Universitario del Valle Evaristo García in Cali working in the hours after the earthquake on August 10 in a damaged ward.

- Of the 15 facilities with a recorded operational status, only 1 was fully operational. 11 were operating with restrictions, and 3 were non-operational.
- 14 of 17 remained functional for medical care at the time of assessment.

Emergency Care Capacity

Emergency and referral capacity was severely constrained in the hardest-hit urban centers. Authorities declared HUV in Cali on "red alert", meaning the facility was operating at or above capacity. HUV is the region's main referral center, but was unable to accept trauma patients and evacuated more than 600 patients, including neonates and ICU cases. Across affected areas, health workers established improvised treatment areas in tents, courtyards, and streets. A national government field hospital was confirmed for Pereira, where the main hospital's emergency room was over capacity. No facility citywide could provide complete care.

- The emergency area was available at 15 of 17 facilities assessed, though 5 of the 15 providing emergency care reported structural damage to that area.
- 13 of 17 facilities reported increased demand for care since the earthquake, and 8 of 17 reported a rise in trauma cases.
- 4 of 17 facilities had no functional ambulance.

Staff and Patient Access to Facilities

Physical access to facilities was a recurring constraint, compounded by damage to 267 roads and 55 vehicular bridges. In El Águila, landslides cut off road access entirely, leaving Hospital San Rafael reachable only on foot, while many rural communities in Chocó north of Quibdó could be reached only by river or unpaved roads. Staffing shortages further reduced service delivery, with Hospital San Joaquín in Pereira reporting that staff absences were challenging care provision.

- Access roads to the facility were affected at 9 of 17 sites, and access routes were blocked at 5 of 17.
- Staff absences or difficulty reaching the facility were reported at 5 of 17 sites.
- All personnel were reported safe at all 17 facilities, but incidents affecting staff or patients (injuries, evacuations, or psychological effects) occurred at 8 of 17.

Project HOPE's team utilizes a boat to assess communities and deliver vital hygiene supplies upriver from Chocó, where difficult roads and landslides hinder access. August 17, 2026

Basic Service Accessibility

Access to electricity and water at health facilities varied widely across the assessed areas. Power had been largely restored in Pereira, but several hospitals in Chocó, including those in Pueblo Rico and Santa Cecilia, experienced intermittent outages due to generator damage, and Santa Cecilia also reported damage to its water pumps.

- Utility interruptions were widespread: electricity at 8 of 17 facilities, water at 8 of 17, and telecommunications at 9 of 17.
- The cold chain was non-functional at 8 of 17 facilities, and medical or administrative services had been suspended at 9 of 17.
- Puesto de Salud Boston reported all basic services down.

Medications, Supplies, and Equipment

Shortages of pharmaceuticals, medical supplies, and equipment were among the most consistently reported gaps. Hospital San Rafael in El Águila reported an urgent need for pharmaceuticals, equipment, and supplies, and in Pereira the outpatient clinic and pharmacy of Hospital San Joaquín were destroyed, leaving significant equipment needs and medicine and supply shortages; Hospital Boston reported major medicine and equipment needs despite no structural damage. Local officials in Roldanillo requested medication for chronic diseases and mental health conditions, and in Chocó many people with pre-existing chronic conditions were left without medication or access to care.

- Most facilities reported only partial availability across the tracked list of essential medicines and supplies.
- Puesto de Salud Boston reported a near-total stockout with 25 of 29 tracked supplies as nonexistent.
- Inventory was lost to fallen shelving or refrigerators at 9 of 17 facilities, and access to storage or warehouses was affected at 8 of 17.

Impact on the Attended Communities

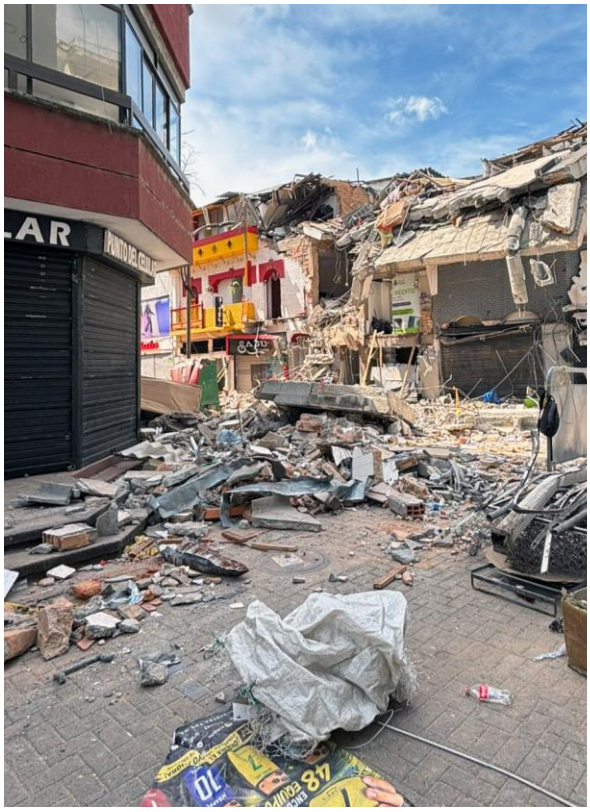
The earthquake displaced large numbers of people and disrupted essential services for affected communities. Informal shelters emerged in parks and public spaces. Seven were operating in Pereira with at least one at capacity. People with chronic conditions struggled to maintain treatment.

- Damage to nearby homes or community infrastructure was reported by 14 of 17 facilities.
- 11 of 17 facilities reported injured people in the surrounding community, and 5 of 17 reported deaths.
- 13 of 17 reported increased demand for medical care since the earthquake.

Preparedness and Response to Emergencies

The response was led nationally by the Unit for Disaster Risk Management (UNGRD), which coordinated search-and-rescue operations that transitioned to recovery within days as the survival window closed; Chocó's search-and-rescue phase was formally stood down on August 12. Response capacity was uneven across locations: multi-agency efforts involving Civil Defense, the Red Cross, fire services, the military, police, and volunteers were active in cities such as Pereira, and local organizations provided substantial support in Quibdó, whereas isolated areas such as El Águila had no responding organizations present, with only local police and civilian-led debris clearing. Across affected communities, residents self-organized to clear rubble and support one another while awaiting external assistance.

- 13 of 17 facilities had a seismic or emergency-response protocol, and 14 of 17 activated an internal emergency committee or response brigade.



Earthquake damage in Pereira. August 16, 2026

Project HOPE staff assess San Joaquin Hospital in Pereira. August 15, 2026.

- Only 9 of 17 had conducted an evacuation drill in the previous 12 months.
- The emergency protocol was activated during the earthquake at 11 of 17 facilities.

Water tanks (non-potable) in Polideportivo Mejia Robledo, one of seven shelters in Pereira. August 18, 2026

WASH Services

Water Supply and Quality

Water access was the most acute WASH gap across the assessed areas, driven by damage to municipal aqueducts and water systems. Impacts varied sharply by location. Some systems sustained only minimal damage and kept hospital supplies functional, while the hardest-hit communities lost running water entirely. Beyond quantity, the safety of available water became a growing concern where treatment and storage were compromised, and shelters repeatedly flagged the need for larger provisions of potable water.

- Water supply to the facility was interrupted at 8 of 17 assessed health facilities.
- Interruptions were concentrated in Valle del Cauca (4 of 6 facilities) and Risaralda (2 of 4), with one each in Chocó and Caldas and none in Quindío.
- Government estimates reported 87 aqueduct systems affected, leaving some communities without running water pending repairs.
- In Roldanillo, the hospital lost water after the town's aqueduct was damaged, and an estimated 60% of the municipality's communities lacked clean water.
- In La Unión, the hospital and surrounding communities relied on water trucking after pipe and infrastructure damage.
- An elderly-care facility in Roldanillo requested water filters, pointing to water-quality and treatment concerns beyond supply.

Sanitation and Waste Management

Sanitation and waste needs became most acute where care shifted into improvised settings such as tents and courtyards. These conditions heighten the risk of communicable disease among displaced and treated populations. The safe management of solid and medical waste remained a visible but largely unaddressed need.

- In Buenaventura and other affected areas, patients including critical, elderly, and infant cases were treated in street tents with no functioning sanitation.
- In Roldanillo, a shelter housing with around 15 families lacked both water and sanitation, raising communicable-disease risk.
- Debris and rubble clearing proceeded across affected cities, led largely by municipal actors and community volunteers.
- Biomedical and solid-waste management was not captured by the facility tool and is flagged for the next assessment round.

Hygiene Promotion

Hygiene emerged as a central early-response priority across affected communities. As displacement grew, hygiene needs concentrated in collective and informal shelters, making the resupply of basic hygiene items one of the most immediate and visible forms of assistance.

- Shelters reported rising hygiene needs, with growing hygiene and health needs noted at informal park shelters.
- Hygiene-kit distribution was a central prompt response, reaching shelters in Pereira (Estadio Alberto Mora Mora and Parque Industrial), the Roldanillo elderly-care facility, and river-only communities in Chocó.

A damaged home is propped up with beams in Roldanillo. August 12, 2026

Protection / MHPSS Services

Across the assessed facilities and communities, the earthquake generated protection and mental health needs that cut across every other sector, driven by mass displacement, loss of life, damage to homes, and a mental health system with limited pre-existing capacity.

Psychological Impact on Affected Communities

The event produced a substantial and widely reported psychological toll. Responders described survivors traumatized by witnessing homes collapse and by recovering family members, children, and pets from the rubble, and warned that grief and delayed shock would intensify once the acute phase passed. Continuing aftershocks compounded distress, with many people afraid to sleep indoors and relocating to shelters, tents, and open spaces. One resident of a rural area in Chocó told the Project HOPE Emergency Response Team that she continues to expect "the ground to open beneath" her, even a week after the earthquake.

- Individuals experiencing emotional distress or a crisis were identified at 15 of 17 assessed facilities.
- Reports of stress-associated hypertensive crises rose to 7 of 17 facilities.

Mental Health & Psychosocial Support Capacity

Mental health and psychosocial support needs spanned staff, patients, and the community, against specialized capacity that was thin and unevenly distributed across the assessed sites, where limited psychological support was a recurring gap. Health personnel were affected themselves even as they continued to provide care in cracked and damaged buildings, underscoring the need to extend support to responders as well as those they serve. Early findings point to integrating Psychological First Aid and community-level MHPSS into both facility-based care and mobile outreach.

- Psychosocial support was identified as needed for the community (11 of 17), health staff (10 of 17), and patients (7 of 17).
- Specialized services were thin: in Roldanillo, the hospital had only three psychologists and one psychiatrist (unavailable at the assessment) and requested additional psychologists to reach affected neighborhoods.
- 13 of 17 facilities reported having staff trained in mhGAP to deliver Psychological First Aid; 3 did not.

Vulnerable and At-Risk Groups

Several groups faced heightened risk, including elderly residents, neonates and infants evacuated from damaged hospitals, pregnant women dependent on disrupted maternal and delivery services, and people living with chronic conditions and disabilities.

- Elderly: The Roldanillo elderly-care facility requested hygiene items, diapers, and specialized medications.
- Neonates and infants: More than 600 patients, including neonates and ICU cases, were evacuated from HUV in Cali.
- Maternal and chronic care: Pregnant women faced disrupted maternal and delivery services, and many chronic-condition patients, many of whom were in Chocó, were left without medication.

A family in Mora Mora Stadium in Pereira, which is now a shelter for displaced residents. August 14, 2026

Displacement, Shelter, and Safety Conditions

Large-scale displacement into collective and informal shelters created protection concerns, compounded by the loss of privacy and safe spaces in overcrowded sites and open public areas. Security measures shaped both civilian safety and humanitarian access: active curfews and military and police checkpoints were in place in Cali to deter looting, while security concerns further limited humanitarian access to remote communities in Chocó.

- Pereira: Displacement filled shelters citywide, at least one at capacity, with informal shelters emerging in parks.
- Cali: Active curfews and military and police checkpoints were in place to deter looting.
- Chocó: Security concerns and difficult terrain limited humanitarian access to remote communities.

Recommendations

The findings described throughout this report at the health facility level and within affected catchment areas highlight interconnected needs across the health, WASH, and protection sectors that will require a coordinated response over the coming months of implementation across the earthquake-affected departments of Valle del Cauca, Risaralda, Chocó, Caldas, and Quindío. Based on assessment findings, the most severe and underserved needs are currently in the departments of Valle del Cauca and Risaralda. In response, Project HOPE is proposing the following recommendations to address current and evolving sectoral and community-level gaps and needs.

Health Sector

Assessed healthcare facilities have sustained structural damage, and health personnel have themselves been directly affected by the earthquake, resulting in compounded gaps in the continuity of essential health services. To restore access to primary health care for the affected population, Project HOPE will coordinate directly with Institutos Prestadores de Salud (IPS) in affected areas along with local and departmental health authorities to guarantee the continuity of timely and comprehensive care in earthquake-affected areas, as decreed by the Ministry of Health and Social Protection in the Circular Externa 0028 issued on August 16. Recommended actions in the health sector include:

- Surge staffing support: Coordinate with Empresas Sociales del Estado (ESEs) and their corresponding health outposts and centers to engage and place health care professionals within health care facilities to address critical staffing gaps arising from facility damage and provider-level impact.

- Provision of pharmaceuticals, medical supplies, and commodities: Ensure uninterrupted provision of primary health care services through the supply of essential medicines and medical commodities to affected facilities.
- Health care worker training: Support IPS leadership and health authorities in adherence to Ministry of Health protocols through facilitating refresher training for health care professionals, particularly in emergency and trauma care, mental health and Psychological First Aid (mhGAP), maternal and newborn care, and infection prevention and control.
- Mobile health brigades: Mobilize multidisciplinary health brigades — comprising medical providers, mental health personnel, and community health outreach workers — to reach populations in remote and hard-to-reach areas lacking access to functioning health facilities.
- Community health promotion: Engage community health promoters to deliver health education and extend outreach to affected populations. Community health promoters will be linked to supported health facilities and health brigades, strengthening referral pathways, raising awareness of available services at health facilities and through health brigades, providing Psychological First Aid, and disseminating key health messaging.

WASH Sector

To ensure supported healthcare facilities are safe, functional, and able to sustain service delivery, Project HOPE recommends the following interventions:

- WASH infrastructure repair and rehabilitation: Restore functioning water systems, water points, handwashing stations, and latrines at affected healthcare facilities to ensure proper hygiene and sanitation and support adherence to IPC protocols.
- Water quality assurance: Ensure access to safe, clean water at health care facilities through water point repairs, routine water quality testing, and installation of water tanks depending on needs.
- Waste management and sanitation: Strengthen waste management and sanitation measures at each supported facility.
- Hygiene kit distribution: Distribute hygiene kits to affected communities lacking adequate supplies, prioritized based on assessment findings.

Protection Sector / MHPSS

To complement facility-based and mobile service delivery, Project HOPE recommends ensuring the integration and scale-up of MHPSS interventions. These should include but not be limited to:

- Psychosocial consultations: Provide psychological consultations and support at the community level, delivered through healthcare facilities and mobile health brigades.
- Group-based Low-intensity Cognitive Behavioral Therapy: To establish entry-points for individual-level care and consultations, group-based interventions like Self-Help Plus and Problem Management Plus can be delivered at the community level and to reach a broader audience in earthquake-affected communities.

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