

In Colombia's Chocó, changing conflict dynamics take a new civilian toll and complicate aid efforts

'I cannot overstate the devastating impact long-term exposure to violence has on mental health.'



The field mission from Médecins Sans Frontières (MSF) had been navigating the network of rivers that leads to central Chocó for hours when they finally arrived at Santa Catalina de Catrú. As they entered the village, the community greeted them warmly. But a separate group of men with machetes, rubber wading boots, and a military air seemed less enthused as they glared silently at them.

Unlike 90% of people in Santa Catalina de Catrú, most weren't [Emberá](#) – the largest Indigenous group in the region. These men were fighters of one of the armed groups that control the upper and middle reaches of the Baudó River – the main artery to access this remote part of northwestern Colombia.

As MSF staff began engaging with community members, they noticed a second group of fighters observing them from a jungle clearing above the village. For aid workers here, working in the intimidating shadows cast by armed groups has become a part of daily life.

It was hoped the end of the civil war between the government and the Revolutionary Armed Forces of Colombia (FARC) in 2016 would usher in a new era of peace. But like other regions in Colombia, much of Chocó department remains a battleground for armed groups that have proliferated since, and [security continues to deteriorate](#).



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Before travelling to Santa Catalina de Catrú, MSF field workers' cell phones were confiscated by the mission leader, and they were told that all photography was strictly prohibited to avoid causing problems with the armed groups.

Hourly check-ins were conducted by satellite phone, and the visit was announced to the wary communities along the river in advance. In areas where there are known to be anti-personnel mines, the team wasn't allowed to leave the limits of the villages.

"Conflict dynamics have changed considerably since the 2016 peace deal," Hernando Enríquez, a mission leader at the Norwegian Refugee Council (NRC), one of the few other aid groups to operate in the region, told The New Humanitarian. "When the FARC held control of the area, operational protocols were understood, but now we face irregular and unpredictable conditions as new groups fight for territory."

In some parts of the country, former enemies have now joined forces; in others their rivalry has increased as new turf wars rage. New criminal organisations have also emerged as the older ones have fused or splintered.

Last January, President Gustavo Petro announced "bilateral ceasefires" with the largest armed groups in Colombia, the National Liberation Army (ELN) guerrillas; and the [Clan del Golfo](#) – the country's most powerful drug trafficking organisation, also known as the Gaitanista Self-Defence Forces (AGC).

However, the ELN was quick to deny any armistice, and on 20 March Petro ordered a [return to military operations](#) against the AGC, accusing them of repeated infringements – serious setbacks not only for the president's peace attempts but also for communities living in fear and for the aid workers facing increasing challenges to assist them.

Landmines, fighting, and forced confinement

According to a [report](#) last month by the International Committee of the Red Cross (ICRC), Chocó was one of the Colombian regions most affected by the worsening humanitarian situation in 2022 – a decline marked across the country by the displacement of 181,000 people, large-scale confinement, soaring landmine casualties, high rates of sexual violence, and hundreds of disappearances.

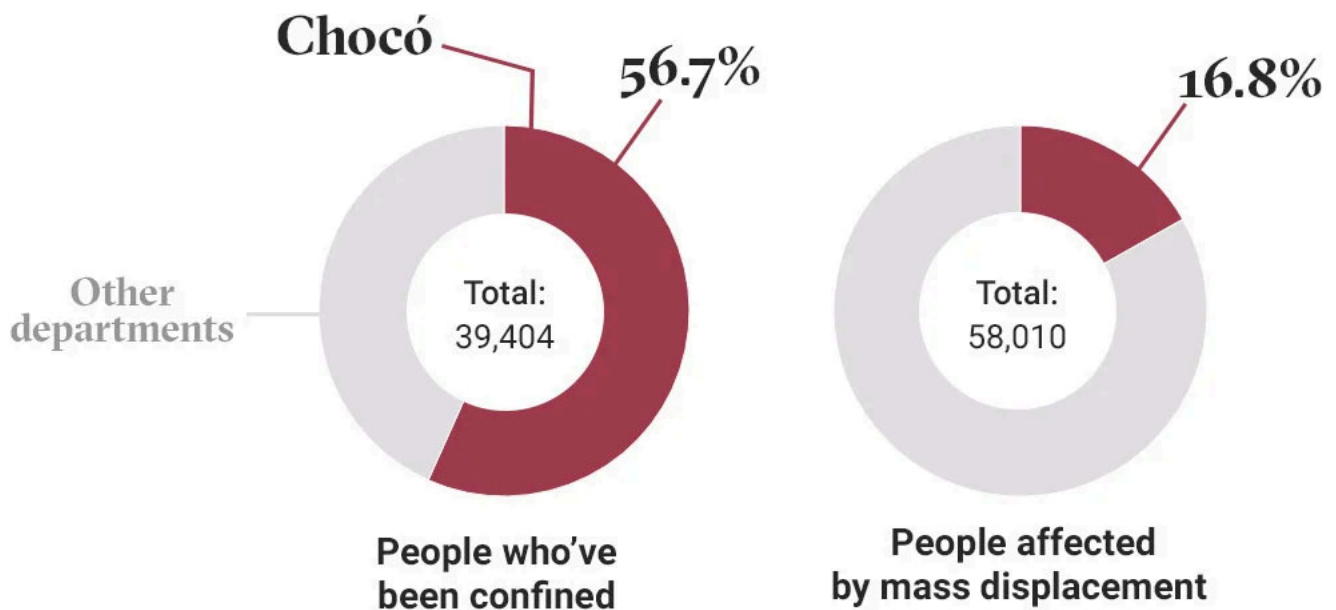
There's no state presence in central and southern Chocó, and places like Santa Catalina de Catrú are only accessible by boat. Potable water and electricity are scarce, and so are other state services.

Medical emergencies that are normally treatable – anything from pregnancy complications to snake bites – can often be fatal here.

Like other villages on the upper Baudó, Santa Catalina de Catrú is 8-12 hours away by boat and car from the closest hospitals in Quibdó, the departmental capital. Medical missions, such as the one MSF is leading, are also repeatedly targeted: In 2022 alone, there were 426 attacks nationally, according to the ICRC.

The 2016 ceasefire did lead to a short-term drop in violence, but as new armed groups [moved into the vacuum](#) left by the FARC, the competition – and fighting – increased. Large parts of Chocó are now being fiercely contested for control of smuggling routes and other illegal activities, while clashes between the [ELN and the AGC](#) have seen the violence rise to some of its highest levels in years.

Effects of conflict and violence in Chocó



Data from ICRC 2023 Humanitarian Challenges Colombia report.

All of this makes the delivery of humanitarian assistance extremely difficult. MSF, the NRC, and [Médecins du Monde](#) are the only NGOs that provide direct services to the communities on the upper and middle Baudó, although the ICRC and the UN's refugee agency, UNHCR, do send in food supplements and medical supplies.

In places like Chocó, most humanitarian organisations have restrictions that confine their teams to the urban centres where Colombian security forces maintain at least some presence.

"The use of anti-personnel mines, which was uncommon under the FARC, has become commonplace," said Enríquez. "And attacks on civil populations have increased, as have lockdowns imposed by armed groups."

In 2022, Colombia registered the highest number of victims of landmines and other explosive devices for six years, according to the ICRC report – 54% of the 515 victims were civilians, and 43 were minors.

Growing displacement and psychological distress

Fighting between armed groups directly displaced 6,293 people in Chocó in 2022 (more than 20% up on 2020), according to a [March report](#) from the UN Human Rights Council – the report only included events in which more than 10 families, or 50 people, were displaced. The [homicide rate](#) in the department has also long been the highest in the country, with 1,909 recorded between 2011 and 2020.

Entire families often flee hoping to reach safer places.

Wendy Becerra, Chocó coordinator for [Aldeas Infantiles Colombia](#), an international NGO that helps children in need, told The New Humanitarian that its teams see many displaced, but also "a lot of victims of abuse and people suffering from mental health issues who have come to Quibdó from rural areas."

"Extreme poverty is our main challenge," she said.

For those from rural communities displaced to urban centres, the vulnerability of being outsiders also makes them prone to recruitment by criminal actors – not only the large drug trafficking groups, but also "smaller urban gangs who prey on the victims of conflict" – Becerra said.

Because of [forced confinement](#), civilians in rural areas can spend weeks unable to leave their homes. [OCHA](#), the UN's emergency aid coordination body, reported that confinement reached an all-time high in 2022, with over [100,000 people affected nationwide](#). The ICRC report gives lower numbers – 39,000 people – with Chocó accounting for 56.7% of the figure.





Daniela Díaz/TNH

A fisherman in Pie de Pató, a predominantly Afro-Colombian riverside town, prepares his nets for the day's work as his children play. Because of forced confinement, Chocó residents often spend weeks unable to provide for themselves.

When these lockdowns are being enforced, access to affected communities is impossible for humanitarian organisations, and right at the very moment residents need it most.

Harvesting crops, hunting, and fishing are all heavily restricted in a region where many rely on agricultural work for their subsistence, worsening long-standing health problems.

Read more: The growing medical caseload

In the first two months of 2023 alone, the MSF mission attended to 145 healthcare cases in the river communities of Chocó – 121 of them involving Indigenous people.

These were mainly for gastrointestinal diseases, respiratory infections, and complications in pregnant women.

Aldeas Infantiles runs pop-up clinics in the two largest urban centres of Chocó, Quibdó and Bajo San Juan.

In 2023, its team investigated 273 cases of violence against children and adolescents: 129 of parental neglect, 123 of sexual violence, 15 of physical violence, and six of psychological violence. They also provided family counselling in both cities, as well as medical care to malnourished children and direct economic aid to hundreds of families.

In 2022, NRC assisted more than 300,000 people in Colombia; at least 14% of them in Chocó.

Faced with extreme poverty, working for the armed groups is viewed as the only survival option for many young people.

"I cannot overstate the devastating impact long-term exposure to violence has on mental health," Becerra told The New Humanitarian, referring to the cycles of abuse and untreated issues Aldeas Infantiles finds during its family counselling sessions.

Danilo Chamorro, an Emberá who works as an MSF community liaison officer for these Indigenous communities, explained that mental health is a relatively new concept for his people and that giving them treatment is not easy.

"There is a stigma against seeking help," he told The New Humanitarian. "[Our] people often think of depression as something that should be handled within the family... And there are cultural and language barriers as well."

As they don't have any clinical psychologists, MSF and Médecins du Monde have to deploy physicians with basic training to try to identify people with severe mental health problems. Critical cases are referred to specialists in Quibdó, with MSF paying for transportation and treatment.

The MSF team has been working in Chocó for [11 months](#). Part of its programme is to train the community members themselves to act as liaisons, basic healthcare providers, and educators.

"Real progress in addressing the needs of the community can only be made by incorporating us and our customs into the process," said Chamorro.

The NRC does not directly involve communities, but provides logistical support for other NGOs, directs food and supplies deliveries to those in need, and helps relocate communities or individuals in danger of violence or displaced from their homes.

Aldeas Infantiles, meanwhile, concentrates its efforts on providing direct care to children and families in the urban centres of Quibdó and Dipurdú. Its staff include members of the community who help to provide training programmes, counselling, and healthcare to families in difficult conditions.

"This has been invaluable and allows us to generate trust with community leaders, who serve as mediators and guides on security issues with criminal gangs operating in the territory," Becerra said. "When a danger can't be overcome through dialogue, the community tells us not to visit."

For aid workers, however, the precarious living conditions in these communities comes with a psychological cost for them too.

"Handling frustration, stress, and exposure [to tragedy] is difficult," Johana Vinasco, who has been on the MSF mission for almost six months, told The New Humanitarian. "Sometimes I get overwhelmed. It seems like there are just too many problems for us to possibly address."

But Chamorro, the community liaison for MSF, finds comfort in every little step forward they make.

"We're trying to build something self-sustaining, that communities are part of," he said. "And I like to think that for every tragedy we can't resolve in our daily work, we are trying to avoid 10 like it in the future."

The New Humanitarian used transportation provided by MSF.

Edited by Daniela Mohor.

