A Call for Multisectoral MHPSS Coordination to Respond to the Humanitarian Crises in Colombia

Carmen Valle-Trabadelo, PS Centre Co-Chair of the IASC MHPSS Reference Group and Barbara Levin, PS Centre Coordination and Communication Officer, travelled to Colombia for a preliminary assessment that could identify the most optimal approach to multisectoral coordination of MHPSS activities in the country. This assessment would be the base for the deployment of a MHPSS expert to begin the process of establishing a Technical Working Group. They met with various agencies in Bogotá and had the opportunity to visit partners in the department of Chocó to learn about the challenges in areas affected by all three drivers of the humanitarian response in Colombia.

Armed conflict, climate-related events and displacement are the main drivers of the humanitarian response in Colombia. The Humanitarian Response Plan Summary reports that in 2023, 7.7 million people are expected to have humanitarian needs, with the most vulnerable communities living in municipalities with the presence of non-state armed groups and in areas at high risk of natural hazards.

The prolonged crises in Colombia continue to evolve as the population in need of humanitarian assistance increases every year, and the impact on MHPSS needs within the affected communities worsens. The challenge to seek specialized services and adapt to the specific needs of each population within Colombia calls for the implementation of intersectoral structures and an improvement of MHPSS coordination between sectors and agencies across the country.
Actors in Colombia therefore turned to the IASC MHPSS Reference Group, requesting an MHPSS expert through the rapid deployment mechanism to improve MHPSS intersectoral coordination, in line with the IASC MHPSS in Emergencies guidelines. The goal of this deployment is to improve the coordination of MHPSS activities between the various MHPSS actors and to build the capacity for humanitarian actors, community-based organizations, and prospective government institutions.

Throughout the mission, meetings with relevant stakeholders and agencies were held to identify the coordination needs and gaps, with the ultimate goal of establishing a MHPSS coordination mechanism such as a Technical Working Group, with the help of a MHPSS deployment. This included meetings with both MHPSS and non-MHPSS humanitarian actors and the provision of technical support to agencies through bilateral meetings and workshops.

The Main Humanitarian Responses in Colombia

As mentioned, the humanitarian response is based on three main factors: climate-related events, armed conflict and displacement.

Climate-related events

The increased rainfall in Colombia is reaching historical heights due to the La Niña phenomenon, with concerning rates of sudden floods and landslides. According to OCHA, a total of 826.287 people have been reported to be affected from August 2021 to December 2022. The levels of rainfall are expected to carry on throughout 2023, with increased risk of damaged homes, sewage systems, road infrastructures, educational institutions and livelihoods, all having a significant impact on MHPSS needs.

Armed Conflict

Although Colombia’s 2016 Peace Accord ended five decades of conflict with the Revolutionary Armed Forces of Colombia (FARC), armed conflict and violence continue to have a deep impact throughout many departments in Colombia. Though violence temporarily dropped in 2016, the levels of conflict have rapidly expanded as other armed groups compete for previously dominated FARC territories. This has led to increases in forced displacements, confinements, threats, homicides, landmine explosions, and forced recruitment.1 Civilians have become systematic targets of violent attacks, with consistent cases of individuals being wounded, killed or gone missing, while relatives have been separated from their loved ones and many communities have been confined or displaced.2 Living under permanent uncertainty and such unsafe conditions leads to psychological distress, fear and hopelessness, sometimes resulting in high rates of suicide and suicide ideation, even within youth and adolescent populations.

Displacement

Colombia is the main transit country between South America and Central America. It accumulates a large amount of displacements, particularly from the Venezuelan migration crisis, with more than 1.8 million Venezuelans living in Colombia, but also from other countries in the region. Additionally, high risks of gender-based violence, recruitment and human trafficking in areas that serve as transit routes pose grave MHPSS concerns for refugees and migrants.3

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Many of the agencies in Chocó expressed concern about the underreporting of high suicide rates, particularly amongst younger populations. At the Chocó level, according to data from the Departmental Board of Indigenous Peoples, 138 young people took their lives from 2015 to March 2022. High suicide rates of young individuals are often due to the impact of violence, but also seems to be the only way for some individuals to avoid joining the ranks of illegal armed groups. Several agencies like UNICEF have trained indigenous leaders with psychosocial tools to help identify emotional and behavioral concerns in minors. However, a more profound solution is needed, with the participation of the State and particular attention to the social and health concerns, including nutrition, education, and communal support.

To understand the main drivers of the humanitarian needs in the country, a visit to Chocó was conducted. Chocó is a department of Western Colombia that extends from the borders of Panama to Ecuador. This area is highly affected by climate variability, armed conflict, and displacement. Like other regions in Colombia, much of Chocó department is a battleground for armed groups, with increased confinement particularly amongst indigenous and Afro-Colombian populations living in secluded settings, most of them only accessible by river and already facing extreme poverty levels. This makes it easy for the non-state armed groups to seal off access of communities to the outside world, and more challenging for humanitarian aid workers to respond to the needs of affected communities.4

Such confinements of the isolated communities limit their access to basic services such as healthcare, food and education, and also prevent economic activities to sustain themselves, including agriculture, travelling on the river, or fishing.5 These factors can have serious implications on the mental health and wellbeing of the affected communities, in which fear and anxiety is a part of their daily lives, due to violence and forced recruitments. This also leads to cycles of abuse and untreated issues within the affected indigenous and Afro-Colombian communities.6
Stories from the Communities in Chocó

A meeting with colleagues from War Child, was also held. The War Child team in Chocó, implements programs in areas of protection, education and psychosocial support for children and young adults affected by the various crises. They shared the difficulties that many children in the affected territories face in managing their emotions, such as frustration, sadness and anger, as well as the identity crises they observe in most indigenous youth. In such contexts, highly impacted by violence, displacement, and climate-related events, MHPSS concerns are at stake without professional accompaniment and the provision of psychosocial tools within different community structures to overcome such obstacles. As the War Child colleagues demonstrated, children in affected territories naturally result to hostility on a psychological level, including verbal and physical abuse. To help strengthen capacities such as self-care and communal support, their projects are focused on the importance of cultural identity within the various populations.

“We adapt to the territories, we do not impose, which is something that happens a lot with the organizations that arrive in the communities, believing that they have the absolute truth, and this is usually not the case.”

-Hugo Andrés Rincón Terranova, Psychosocial Officer at War Child in Chocó.

Much of their work, which always includes a cultural mediator, is based on using arts and sports to captivate the children and allow them to express their emotions in hopes of instilling feelings of empowerment and strength. The War Child colleagues found that activities such as painting murals within the communities has given the children an emotional outlet to express their realities and feelings.

“Now we find messages of peace, prosperity and hope for a future. These are messages that have come from young people, who feel that they don’t have a voice in their communities. They found artistic expression for that. Though they feel they can’t participate in their society, they can express their perspective and desires in that mural.”

- Hugo Andrés Rincón Terranova (War Child)

Patricia Mena is a psychologist contracted through the Pan American Health Organization (PAHO/OMS) to provide mental health services within the affected communities throughout Chocó.

In this interview, she talks about the main challenges of working in this context, from the impact of violence on mental health and well-being, to the difficulties in accessing the communities.

“The greatest challenge is to transport us to the communities because the territories are very dispersed. The indigenous communities are generally located upstream along the rivers. We often encounter challenges from the rain, and we must travel for days to the communities, sometimes walking for two to three hours, or more.”

- Patricia Mena (PAHO/OMS)

Watch this interview with Patricia, sharing her experience of working as a psychologist in the affected territories of Chocó with English or Spanish Subtitles.

“What keeps me motivated and committed to this work is seeing a child’s smile. To see that hope, despite living in such a vulnerable territory. They are always strong and capable of transforming history.”
Mission Outcomes

The mission allowed the Reference Group to have a deeper understanding of the coordination needs of the MHPSS community in Colombia, including the vast needs of the community, the complexities of the two humanitarian structures co-existing in the country, and the MHPSS response being integrated in the Health, Protection, Child Protection, GBV sectors, plus the great interest of Education, Nutrition and Food Security, and other sectors in integrating MHPSS in their work.

Recommendations were shared to identify the most adequate coordination mechanism for MHPSS in the country, including the importance of the multisectoralism of the mechanism and of its establishment across sectors; the relevance of having one mechanism linked to both humanitarian structures (similar to other mechanisms established in the country to bridge both structures); the importance of connecting the important developments in Health, Protection (specially CP, GBV and MA) and other sectors as a starting point of the coordination effort; and the opportunity to strengthen the capacity of the national MHPSS agencies in coordination.

In this regard, the Reference Group will support the deployment of a surge expert to establish such mechanism and build the foundation for the co-leading agencies (OPS/PAHO and CID) to have the tools, resources and skills that can ensure the success of the coordination group.

In addition, training opportunities will be identified and shared with MHPSS actors in the country, and the IFRC PS Centre Co-chair will continue to support the MHPSS response in Colombia, in close collaboration with the Global CP AoR, Global GBV AoR, and other key actors.

Additionally, joint advocacy opportunities will be identified to bring about visibility and support to the critical MHPSS needs of communities in Colombia.

Although this report mainly highlights the audiovisual content recorded throughout the mission, many meetings were held with the following agencies. Their contribution to the understanding of the country situation was key for this mission and their work in MHPSS inspiring and extremely valuable. Their support is much appreciated, both in bilateral meetings providing detailed information: Colombian Red Cross, Hebrew Immigrant Aid Society (HIA), Pan American Health Organization (OPS/PAHO), United Nations Children’s Fund (UNICEF), Childhood and Development Corporation (Corporación Infancia y Desarrollo, CID), International Organization for Migration (IOM), Danish Refugee Council (DRC), and Doctors Without Borders (MSF), War Child Holland, International Committee of the Red Cross (ICRC) and (OCHA); and in joint meetings and roundtables: Heartland Alliance, World Vision International, Agencia Española de Cooperación (AECID), UNDP, Consejo Noruego, Programa de Alimentos (WFP). Extensive meetings were also held with the health and protection clusters and AoRs.