AFRO-COLOMBIAN COMMUNITIES IN CHOCÓ

APRIL 2023

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LIST OF ACRONYMS

COCOMACIA
Community Council of the Integral Campesino Association.

EPS
Health Promoting Entities.

ICRC
International Committee of the Red Cross.

IEA
Information Ecosystem Analysis.

NGO
Non-Governmental Organization.

PAR
Participatory Action Research.

SOGI
Sexual Orientation and Gender Identity.

SOGIESC
Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics.

UNICEF
United Nations Children's Fund.

1. INTRODUCTION

This report is one of three assessing information needs among LGBTQIA+, indigenous and Afro-Colombian communities in three Colombian departments. The reports are part of Internews' Rooted in Trust (RiT) project, active for the second year, and build upon the IEA conducted by Internews in 2021 about [Venezuelan refugees in Nariño.](#) This report focuses on information and trust systems and information needs among Afro-Colombian communities in Chocó. Through understanding these systems and needs, RiT provides actionable recommendations on how to share accurate, timely, responsive, and reliable information with Afro-Colombian communities in Chocó, especially in the context of health emergencies.

Understanding information ecosystems provides us with an understanding of how communities interact with information they receive, how and why they share information, where they seek information, and what kind of sources or information they trust. This allows for a greater understanding of information needs, barriers, and relevance.

Reports on information needs and trust in Caquetá and Vaupes are also available, as is an information landscape review, which provides an analysis of the supply side of information at the national and local levels.

RiT 2.0 in Colombia works to address the impacts of pandemic related information in Caquetá, Chocó, Putumayo, and Vaupés, with an intersectional approach on indigenous, Afro-Colombian, and LGBTQIA+ populations.

2. ACKNOWLEDGEMENTS

Key findings

- The communities who spoke with Internews said **information about COVID-19 is no longer one of their main information needs pertaining to health.** People said they need information on access to health services, vector-borne diseases such as malaria and dengue, malnutrition, sexual and reproductive health, mental health, and strengthening ancestral medicine. In terms of topics unrelated to health, the most urgent themes are public order, peacebuilding, food security and food sovereignty, climate change, and mining.

- According to the communities, **the most used and relevant forms of information dissemination are local leaders via loudspeakers and face to face meetings; word of mouth; community radio stations; and social media networks, especially Facebook and WhatsApp.** People prefer face-to-face meetings to allow two-way communication to ask questions. When this is not possible due to health emergencies like COVID-19, radio stations are preferred as they have the broadest reach. Social media networks, although used, are not considered a timely source of information because of lack of signal and internet access in most communities. When this is not possible due to health emergencies like COVID-19, radio stations are preferred as they have the broadest coverage among the communities.

- Bare mainly structural, which means that there are specific contextual factors, such as lack of infrastructure and access to roads, presence of armed actors, lack of access to signal, internet and electricity, physical inaccessibility, and high costs of transport to isolated communities, which limit the flow of information.

- **The most trusted sources of information are sabedores, local media, local NGOs, and humanitarian organizations** because the information they provide is relevant to the contexts of the communities.

4. RECOMMENDATIONS

General information dissemination

- Make use of an ethno-racial framework to ensure images and messaging used represent the target communities and understand their context.

- Start face-to-face communication activities with a participatory game that encourages interest and active involvement.

- Where face-to-face communication is not possible, make use of media with the broadest coverage in the targeted communities. In the communities that participated in this study, the most trusted sources are radio stations, including COCOMACIA stereo (community media), Radio Universidad (Public), and Radio Nacional (public).

- Coordinate with local leaders to provide them with the resources necessary to disseminate information, such as loudspeakers.

- When disseminating health information, coordinate with local sabedores and include ancestral knowledge about health to ensure an ethno-racial approach. Communities stressed the importance of strengthening local ancestral medicine, which has been important for Afro-Colombian communities facing health emergencies.

- Develop billboards with clear information to be placed in visible locations in the communities. Waterproof posters and informative brochures can also be disseminated, with more drawings than text for people who cannot read.

- In a health emergency, it is recommended to take advantage of all these dissemination methods as they complement each other and contribute to diversifying channels of information for the target population.

Recommendations to local media

- Develop fact-checking tools so people can differentiate between factual information and disinformation and misinformation.
- Ensure that reporting is ethical and responsible and does not stigmatize a specific population group.
- Involve Afro-Colombians in writing, producing, and disseminating information about and relevant to their own communities.
- Specific to COCOMACIA Stereo: disseminate information on COCOMACIA's organizational processes and projects in every community of the area of influence.

Recommendations to public health institutions

- Engage proactively with local sabedores to respond to health emergencies and strengthen local health systems. This requires recognizing their knowledge, creating space for dialogue between medical doctors and sabedores,

and providing tools to face health emergencies.
- Develop a network of sabedores, both Afro-Colombian and indigenous, to share public health information systematically. This should also include the Medical Service Delivery Network.
- Convene regularly with the Interethnic Forum on dialogue about health and state institutions in Chocó and how to further advance the melding of biomedicine and ancestral knowledge.
- In communities where there are no local sabedores or where they are unavailable, develop and strengthen community health liaisons such as local leaders or community members involved in managing and disseminating health information.
- Provide sensitivity training to personnel working with sabedores.

Recommendations to humanitarian organizations:

- Include communities in the design and

implementation of activities relevant to them. A participatory approach ensures buy-in and the development of effective solutions. Communities should be involved in all steps of the process.
- Develop an accessible repository of information on projects and actions implemented in different communities to facilitate coordination of humanitarian interventions.

Recommendations to COCOMACIA

- Promote ethno-health and work to strengthen ancestral knowledge and medicine.
- Improve information networks and keep the website updated to transmit information about work being done in the communities
- Develop a more direct and assertive relationship with the communities, strengthening the leadership of local community councils so they can transmit information in a timely and accurate manner.

5. METHODOLOGY

This research targets five municipalities in Chocó: Bojaya, Medio Atrato, Quibdo, Rio Quito, and Rio Sucio. The IEA in Chocó used a Participatory Action Research (PAR) framework which prioritizes community knowledge and is built upon the premise that involving communities in the research that is being produced about them produces evidence about ongoing processes and change while simultaneously promoting learning among those involved (Zapata & Rondán, 2016). According to Liderazgo Positivo, learning about PAR has given them the tools and knowledge to develop new research across their initiatives to better understand what communities need and to implement projects with direct engagement from said communities collaboratively to find joint solutions.

On 25 July 2022, the Internews researcher and Liderazgo Positivo jointly developed the qualitative approach and tools for Focus Group Discussions (FGDs), group interviews, and Key Informant Interviews (KIIs). The research targeted representatives of different Afro-

Colombian communities, leaders of COCOMACIA, community radio stations, sabedores, humanitarians, and public health institutions (see questionaries in Annex 1). Liderazgo Positivo also conducted ethnographic research in their own community to complement the data collected and to incorporate people's lived experiences.

Internews provided training on

how to conduct semi-structured interviews and FGDs, as well as on ethnographic research.

A total of 33 people were consulted for this research, 21 of whom were community representatives from the five targeted municipalities. This included representatives of 15 local community councils (CCL) (view map in figure 1), most of which are part of COCOMACIA.

Only two interviewees, from Rio Sucio and Rio Quito, represented communities that are not part of COCOMACIA. Other interviewees included members of the Health Secretariats and humanitarian organizations.

All participants were identified by Liderazgo Positivo based on their role in the communities. A total of two FGDs, four group interviews, and eight KIIs were conducted.

Profile of participants included in the research

Actor	Representatives	Number of people	Methodology
Afro-Colombian Community Representatives	Local leaders of COCOMACIA	3	Group Interview and individual Interview
	Sabedores/as	3	Group Interview
	Gender Committee of COCOMACIA	6	Focus group
	Disciplinary Committee of COCOMACIA	2	Group Interview
	People from different Local Community Councils (CCLs)	9	Focus Group
Community Media	Coordinator of COCOMACIA Stereo	1	Interview
Public Health Institutions	Epidemiology Coordinator at the Health Secretary of Chocó	1	Interview
	Vaccines Coordinator at the Health Secretary of Chocó	1	Interviews
	Food Security and Vulnerable Populations Coordinator at the Health Secretary of Chocó	1	Interview
	Former epidemiology researcher at the Health Secretary of Chocó	1	Interview
	Coordinator of Epidemiology at the Health Secretary of Quibdó	2	Group Interview
Humanitarians	ICRC	1	Interview
	UNICEF	1	Interview
	Corpocaminar	1	Interview

Chart 1:
Gender and age breakdown of Afro-Colombian community leaders

Men	Age	Women
2	71-75	1
1	61-70	1
1	51-60	2
1	41-50	8
1	20-30	3
2	<20	1
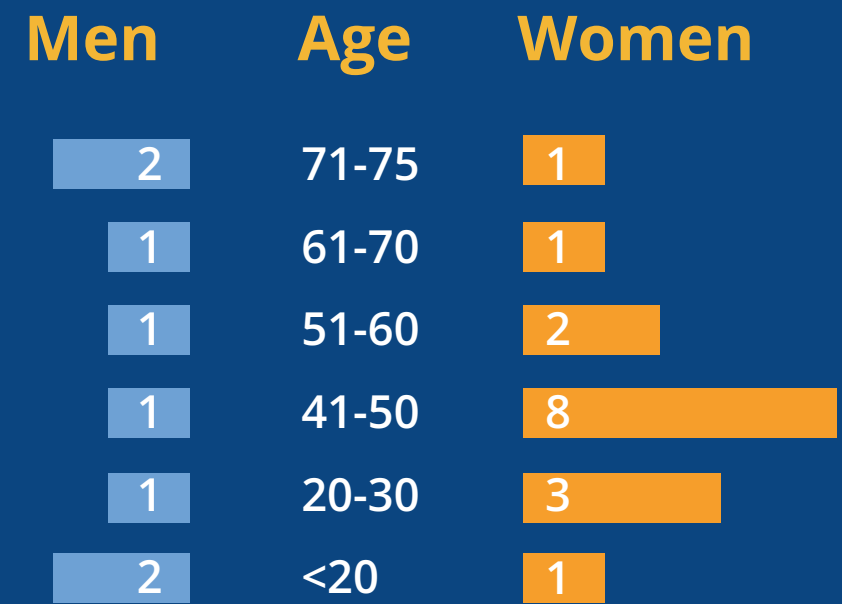
Limitations

As the research was entirely qualitative, the findings are not representative and cannot be generalized to the entire population. The focus on five municipalities also means the findings are not applicable to all Afro-Colombian communities in Chocó. Qualitative research provides the reader with a deeper understanding of the ideas, perceptions, and experiences of people in the targeted communities. As much as possible, commonalities were drawn out and differences highlighted.

7. CONTEXT

Chocó is one of 32 departments in Colombia. Located in the west, it borders the Pacific Ocean, Panamá, and the Caribbean Sea. It also shares borders with three other departments: Antioquia, Risaralda, and Valle del Cauca. Chocó is highly vulnerable to health emergencies like COVID-19 because of lack of infrastructure, presence of armed actors, lack of access to adequate health services, and poverty.

Chocó

1 person, 1 community

RioSucio

10 people, 7 community +7 people of Liderazgo Positivo

3 person, 3 community

Bojayá

6 people, 1 community

Medio Atrato

Quibdó

1 person, 1 community
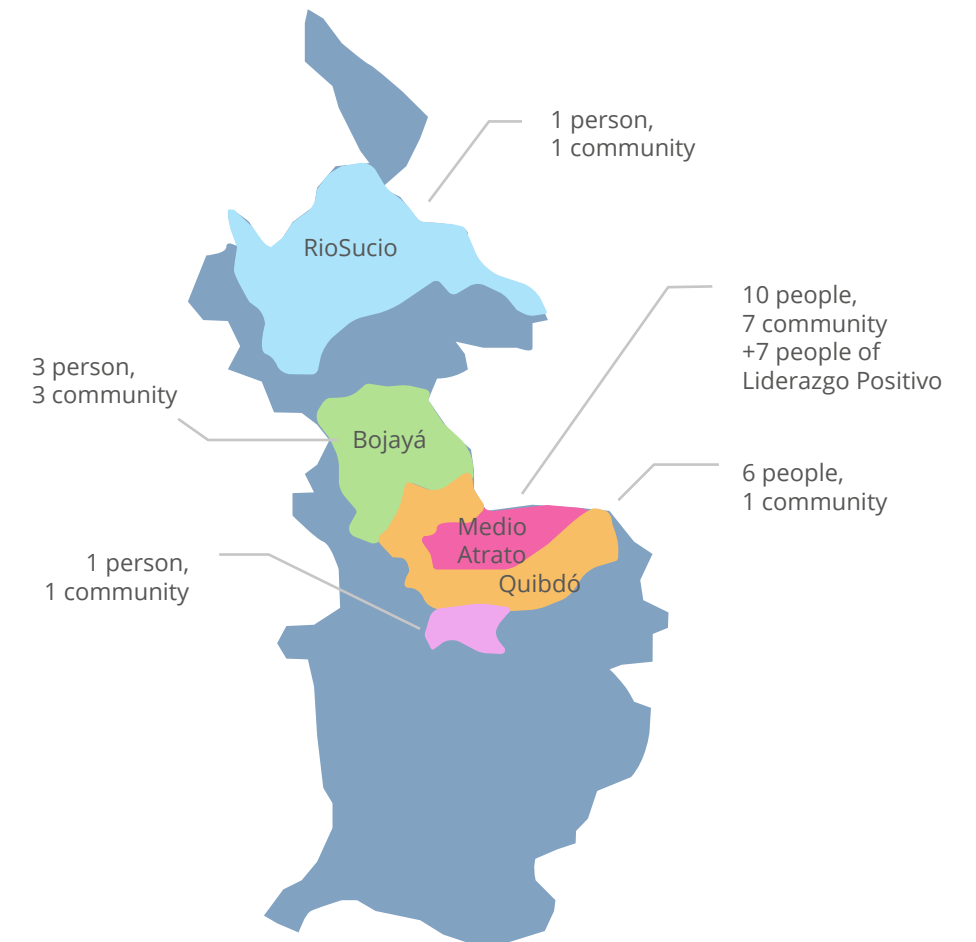
8. LACK OF INFRASTRUCTURE

Chocó is one of the departments with the least access to clean water and sanitation; more than 70% of Chocó's population has no access at all (DANE, 2018).

"Most people are supplied with rainwater tanks and the waste goes down the rivers. There is a high risk of contracting infections or common diseases that could be avoided with clean water" (Interview with local NGO, 2022).
As a result, COVID-19 handwashing campaigns were likely both irrelevant and ineffective in most communities.

Physical access is also an issue, with many areas where Afro-Colombian communities live hard-to-reach because most of the territory is equatorial rainforest with a high rainfall and scarce connectivity between rural and urban areas. There are only two main roads in Chocó, the Quibdó-Medellín road and the Quibdó-Pereira Road. Most municipalities are accessible by boat or by airplane (Chocó Governorate, 2020). The communities involved in this IEA all primarily use the Atrato River as their main route through the rainforest. However, frequent travel is expensive because of the cost of fuel. This makes it difficult for humanitarians and health actors to visit communities and provide two-way communication, detailed information, assistance, or implement development projects.

"There are trips that take seven to eight hours, there are even communities that are two days or more away traveling by river... In fact, many of these communities have very little cash flow. For example, they barter fish, plantains, and other products... So, to tell them to come [when it can cost] $500,000 pesos (more than $100 US dollars) and hire the boat to go to the hospital in Quibdó is difficult." (Interview with Humanitarian Organization, 2022).

@revistapuntos

8. **LACK OF** INFRASTRUCTURE

•••

Technical infrastructure is also lacking. **Only 14.6% of Chocó's population has access to the internet, most of whom live in urban areas (DANE, 2021).**
Those who spoke with Internews said there are some places in their communities called Puntos Vive Digital where they can use the phone or access the internet.
Puntos Vive Digital are areas with government-provided Wi-Fi, which were first established in 2010 by the Ministry of Technology and Communications (Ministry of ICT) to provide internet access to communities across the country.
However, community members said signal in their communities is intermittent, and it drops when it rains. One community does not have any connectivity at all, so its inhabitants travel to Bojayá to send and receive messages (FGD, 2022).

@utch

9. PRESENCE OF ARMED ACTORS

Chocó's geographic location is strategic for armed actors who are present in and dispute over Afro-Colombian and indigenous collective territories because of their value for mining and drug trafficking. Civilians are targets of attacks and experience forced displacement (ACAPS, 2022).

Both insecurity and physical inaccessibility have limited the presence of humanitarians, state actors, media, and community-based organizations. **In mid-2020, during the heigh of the COVID-19 pandemic, approximately 15,740 people were victims of forced confinement measures imposed by armed actors,** who also limited access for external actors who may have provided assistance or support (OCHA, 2020).

"During the pandemic, they [state actors] told people they could not leave their homes to be protected from the virus... no one paid attention because we needed to go out, but when the armed groups started patrolling and saying that nobody could leave, nobody left their homes... You know that law is not going to kill you" (FGD, 2022).

There were also reports that people suspected of having COVID-19 were killed or threatened by armed groups, which led to the underreporting of COVID-19 cases (FGD, 2022).

Conflict leads to censorship, and people avoid sharing information about what is happening in their communities with outsiders.

"One asks something, and people keep quiet even though they are drowning inside. All the time the armed actors are watching the population. If some civilian wants to make a call, they [armed actors] sit next to them in order to listen to the conversation." (Interview with local leaders, 2022).

There are six hospitals in Chocó, only one of which is equipped with medical specialists (Ministry of Health, 2021). For complex medical care, people must travel to Medellin or Pereira, both of which are more than six hours by car or one hour by plane from Quibdo. This lack of adequate medical infrastructure meant Chocó's health services were not equipped to respond to the COVID-19 pandemic; there were only three Intensive Care Units (ICUs) with 27 beds for a population of more than 540,000 (Ministry of Health, 2020).

"At this moment we are in a hospital crisis... because the main hospital has just come out of almost five months of strike, health care professionals have not been paid for more than five months and

there are no supplies to attend patients. We need a hospital in better condition, that is better located, and that has the necessary infrastructure. The hospitals we have are practically falling down. When it rains it is as if it were raining inside!" (Interview with Public Health Institution, 2022).

In part because of this limited access to adequate healthcare, people from the communities Internews spoke with rely on ancestral medicine, which is managed by sabedores. People said that during the pandemic, they realized more than ever the importance of supporting and strengthening this ancestral knowledge (FGD, 2022).

11. POVERTY

Chocó is the department with the second-highest poverty rate in Colombia, with 63.4% of the population living under the poverty line. This is more than 20 points higher than the national poverty index, which is 39.3% (Dane, 2021). During the pandemic, Chocó's unemployment rate reached 21.1%, a 9% increase from the previous year (DANE, 2020).

Nearly half (48.5%) of Chocó's population relies on the informal economy and work, mostly of whom are women (Radio Nacional de Colombia, 2022). In rural areas that are primarily Afro-Colombian and indigenous, bartering is the main form of exchange (Governorate of Chocó, 2020). This reliance on the informal economy and lack of monetary assets makes it difficult for people to absorb shocks, such as COVID-19, and makes them more vulnerable to increased poverty.

@Murcy

The communities who spoke with Internews said information about COVID-19 is no longer one of their main information needs pertaining to health. Instead, they need more information on:

- How to access health services, which medical centers have a contract with their EPS, and what documents they need to request an appointment.

- Vector-borne diseases such as malaria and dengue, including prevention information.

- Malnutrition and malnutrition treatment and services.

- Sexual and reproductive health (SRH), including prevention of teenage pregnancy and prevention of sexually transmitted diseases. It was noted that many people fear discussing SRH in medical centers because some medical personnel have disclosed sensitive information.

- Mental health.

- Medical ethics and confidentiality of personal information.

- Ancestral medicine and coordinating local sabedores with medical doctors to prevent and treat disease.

The communities who spoke with Internews also noted that they had other priorities unrelated to health. These included:

- Public order, security, and peaceful coexistence as armed actors dispute control of strategic territories that belong to Afro-Colombian and indigenous communities.

- Support during recurrent disasters. Flooding is an annual event that affects rural communities. In 2022, 18,034 people in Chocó were affected by flooding (OCHA, 2022).

- Food security and food sovereignty.

- Support against mining groups. In 2016, representatives of COCOMACIA and other Community Councils filed a joint lawsuit against intensive and large-scale mining and logging on their land, which has resulted in the contamination of the Atrato River. Although the Colombian Constitutional Court ruled in favor of the Atrato River's protection (Constitutional Court, 2016), mining continues and has exacerbated health issues in riverine communities.

"Mining was prohibited, [but]... armed groups are already entering to keep the communities quiet. We are seeing the deterioration of the river. Women suffer more from this because we remain more in the water, and we cook fish contaminated by mercury" (FGD, 2022).

Communities receive, use, and transmit information differently. People who participated in this study said they prefer to receive information face-to-face as it allows a two-way communication in which they can ask questions, clarify doubts, and remember the information better. In a context where face-to-face communication puts people at further risk, such as during the COVID-19 pandemic, media with the broadest coverage in the targeted communities was noted as a preference, in this case, COCOMACIA stereo and Radio Nacional. Information transmitted via social media networks like WhatsApp and Facebook will not be as timely because of issues around telecom signal. The most mentioned forms of information dissemination were:

The most mentioned forms of information dissemination were:

- **Through community leaders,** who often act as intermediaries for information provided by public institutions and humanitarians. Local leaders transmit information via loudspeakers as they walk through their communities. They also facilitate community meetings to discuss specific issues. However, community members noted that leadership differs from one community to another, and not all disseminate information widely and in a timely and accurate manner.

- **Via word of mouth,** with neighbors, family, and friends. For example, people shared recommendations for treating COVID-19 symptoms based on their ancestral knowledge and alerted each other when humanitarian assistance or health brigades arrived. This is especially prevalent in communities without phone or internet signal.

- **Via the radio.** At least 80% of communities have access to the radio, which is considered the timeliest source of media for many communities.

- **Through missional areas of COCOMACIA** which travel to communities to share information and implement projects.

- **Via social media networks, especially Facebook and WhatsApp.** Although Internet access is limited, it is accessible through connection points, in municipal capitals, or in specific areas of a village or community. Given issues with connectivity, social media was not considered a timely source of information.

Barriers to information access most discussed by the communities who spoke with Internews were primarily structural:

- **Lack of access to phone signal, internet, and electricity** prevents people from accessing news and communications from public health institutions that are transmitted online or on TV. It also prevents people from regular communication with family and friends.

- **Lack of access to technology,** such as computers, televisions, radios, and cell phones.

- **High cost of transport,** which limits movement outside communities and prevents public health actors and humanitarian agencies from reaching remote locations.

- **Insecurity and armed actors** barring access to communities.

- **Physical inaccessibility,** including distance, annual flooding, lack of infrastructure, and difficulty navigating the rainforest.

- **Insufficient funding to maintain local media and censorship,** both of which impede the reach of independent local media.

- **Information being channeled to communities through a small number of leaders, not all of whom transmit information openly,** especially information pertaining to humanitarian assistance. For instance, during COVID-19 some leaders did not share information about aid provided by humanitarian organizations for communities that needed help coping with the economic impacts of confinement. People call this Rosca.

- **Lack of support to sabedores who are considered one of the main authorities in the communities** when it comes to health. Participants said better coordination between health authorities and sabedores is necessary to disseminate health information.

Contextually adapted and relevant information dissemination

Relevance is understood as how accessible, understandable, and important the information received is to communities. The communities who participated in this study said that **what most defines the relevance of the information they receive during a health emergency is whether an ethno-racial approach was taken in presenting the information.** In the context of Colombia, this refers to a framework that acknowledges the legal status and social reality of various ethnic groups, including Afro-Colombian communities (León, 2020). This allows for an intersectional understanding of inequality, vulnerability, and exclusion that in turn allows for the development and implementation of projects that seek to reduce structural inequality impeding basic rights.

In the context of COVID-19, communities emphasized the **importance of including local ancestral medicine in messaging about health and biomedicine.**

This requires engaging with communities to understand their culture and how they understand the world, health, and disease to produce of health information that is relevant, understandable, and makes use of their language and worldview.

Information dissemination during a pandemic should be coordinated with local sabedores. Some interviewees from public health institutions said the hospital closest to a specific community "could communicate with the local sabedor to tell them the conditions of the patient from their community that they are treating and provide guidance on how to take care of the patient once he/she is back to the community, and follow-up people's health progress with local sabedores in every community" (Interview with Public Health Institutions, 2022).

Communities who participated in this study said for health information to reach them effectively, sabedores should be included in information production and dissemination. They noted that although not all illnesses can be treated with local ancestral medicine, the melding of both would improve trust and allow communities to maintain their traditions and healing methods while also embracing biomedical approaches.

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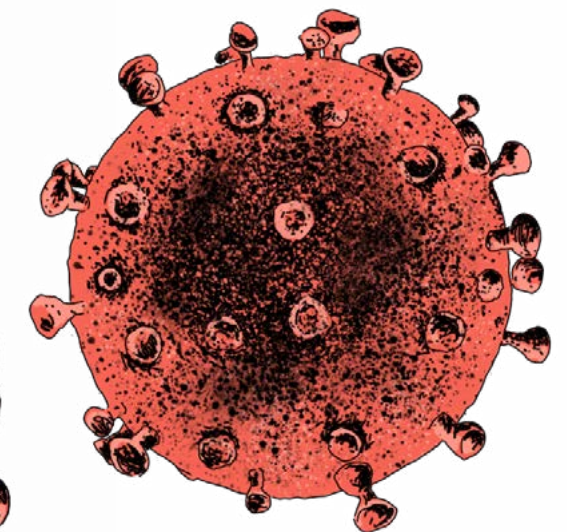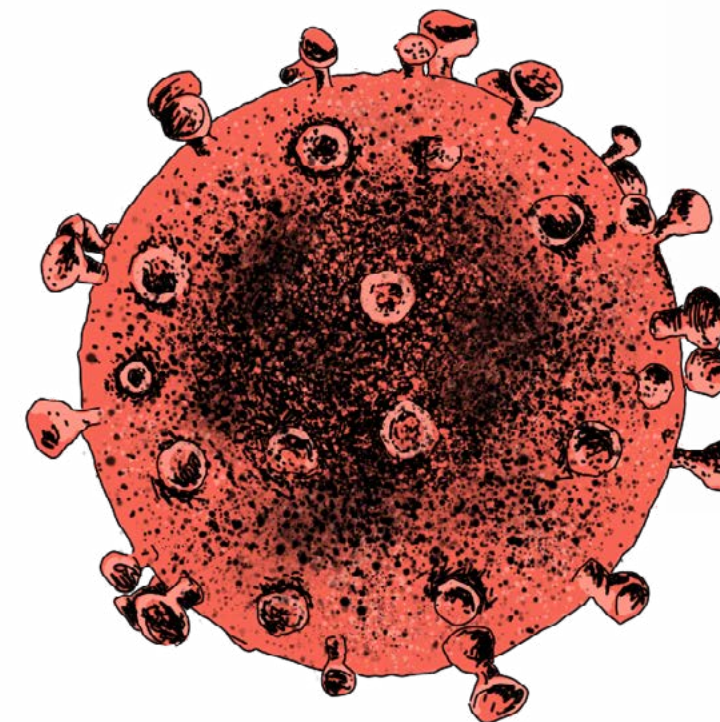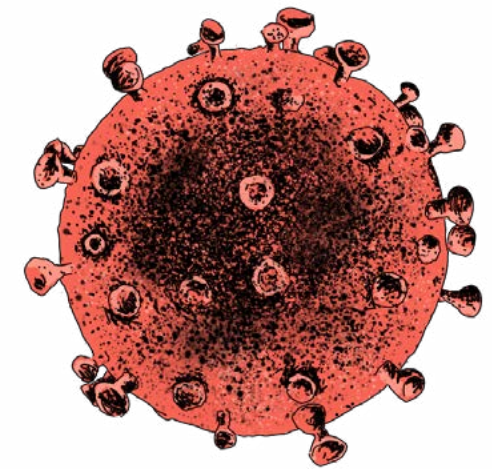
...Health is a balance between the body, mind, and soul... I am not a doctor, and I do not feel like one. I have knowledge that was shared by my ancestors, and I can prevent and treat some illnesses because of the experience I have and because people look for me to help me and they trust me. But I do not believe that all illnesses can be treated with the treatments I know. That is why I would like to see more knowledge sharing between us and biomedical doctors."

(Group interview with local sabedores, 2022).

Media

The communities who participated in this IEA said their most trusted sources of media information are Radio Nacional, a national radio station, and local community media, such as COCOMACIA community station. This is because they disseminate information that **is relevant to the context and to Afro-Colombian communities. People also said they would like COCOMACIA Stereo to transmit more information about what is happening in the communities that fall under the area of influence of the community councils of COCOMACIA. Participants felt distant from national commercial media,** which was perceived as having political agendas and biases (FGD, 2022). Most people also said they place more trust in media who send reporters to the locations they report on and who present evidence.

Public health institutions

The negative experiences that many people have had trying to access healthcare, coupled with the lack of health infrastructure, has led to a lack of trust in the services and information provided by public health institutions. **These institutions need to adapt their communication channels to community contexts.** Currently, most information is published online, which most people do not have access to.

"They make us [take a] death tour. When we need to go to the medical center, they first request a bunch of papers that we do not know how to get, and after we get them, they tell us that our EPS is not in contract with that medical center" (Interview with local leaders, 2022).

"We need to expand our channels [of communication] ... we do not have [sufficient] means of dissemination. We publish many things: bulletins, infographics, and videos on the web pages, but we really do not have clear ways of disseminating them to the communities" (Interview with Public Health Institution, 2022).

Local NGOs and humanitarians

All participants said they trust local NGOs and humanitarian organizations because they travel to the communities to provide assistance and some have formed long-term trust-based relationships to implement development projects. NGOs have also been important in strengthening the organizational capacities of COCOMACIA.

Despite this, most people were unclear about what these organizations do to effect change or provide support to different communities.

"There are no records of the work done by different humanitarians in different communities. This [concrete date] is important to have as every time the collection of information in each community starts from scratch" (Interview with local NGO, 2022).

Word of mouth

Information is primarily transmitted by word of mouth. Participants said they mistrust information published online that they cannot fact-check or verify. Participants also noted the limitations to transferring information orally.

"When we transmit information by word of mouth, that information gets distorted along the way and sometimes the wrong message gets through. We also have no way of knowing whether what we are being sent [online] or what we are being told is true or false" (FGD, 2022).

In cases where information cannot be verified, people decide whether something is true or false based on who within their networks they received this information from, mainly if it was received from a trusted family member or friend.

17. **COVID-19** RUMORS

Many rumors were **brought up during this study. Some of the most mentioned were:**

- Covid-19 was invented to control population sizes.
- The vaccine injects a chip to monitor populations.
- The vaccine comes with the number of the beast (rumor spread by some religious organizations in the communities).
- Hospitals make money for saying they have COVID-19 patients, so COVID-19 has become a business for health facilities.

Rumors spread through Afro-Colombian communities mainly through social media networks, albeit belatedly in communities with reduced access to the internet. They also spread verbally from people who had read them on social media and shared the information with their friends and families.

The rumor of COVID-19 as a business for hospitals was one of the most recurrent. It highlights the mistrust of communities in their public institutions and how these institutions are perceived as corrupt. This is not helped by the fact that Governor of Chocó was placed under house arrest for embezzling millions of Colombian pesos from resources set aside to tackle the pandemic (Semana, 2022). This mistrust is evident in Chocó's low vaccination rate, which has not reached the minimum vaccination threshold for the country. People also noted that public institutions offered them humanitarian assistance in exchange for getting vaccinated, which was perceived by communities as coercive.

Although there is insufficient information on whether the proliferation of such rumors is the main reason for which Chocó has not reached the vaccination threshold, this research suggests it may be one factor, along with structural factors such as lack of access to adequate health services, poor infrastructure, and the high cost of transportation.

18. CONCLUSIONS

Chocó is a diverse department with different structural conditions that determine how people relate to the supply side of information during a health emergency such as COVID-19. This report explored the importance of considering factors like the lack of adequate infrastructure, which impedes biosecurity measures such as hand-washing, and lack of health infrastructure for timely access to the biomedical health system. Armed actors, physical access, and economic cost of travel also played a role in the flow of information in many communities as they can limit the ability of people to travel to municipal capitals, where they are more able to access health services. These factors also limit the capacity of institutions and humanitarians to reach dispersed communities.

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