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## **COVID-19 sees more expectant Colombian mothers turn to traditional help**

***'We go to the most difficult parts, where the doctors cannot go.'***

By Ana Luisa González

The New Humanitarian (07.01.2021) - <https://bit.ly/2LtqjjW> - In November, Juana del Carmen Martínez, an Afro-Colombian midwife self-taught in traditional medicine, waited outside the door of a zinc-roofed shack on the outskirts of Quibdó, the capital of Chocó, a region in western Colombia.

Inside waited Elina Chamorro, a young Indigenous woman about to deliver a baby girl.

Martínez had come to find out if Chamorro had gone into labour. She had brought a medicinal plant, celandine, to brew with cinnamon and sugar. If labour pains continue after the expectant mother drinks the tea, the birth is imminent.

The scene reflected ongoing maternal care not only in Chocó, but in communities throughout Colombia.

In rural areas, the COVID-19 pandemic has driven up maternal mortality as pregnant women have avoided health centres. Many women have instead resorted to Afro-Colombian midwives – who have inherited ancestral knowledge and skills – for care prior to their deliveries. But these health workers often lack official recognition of their work.

In her 38-year career as a traditional midwife, or partera, Martínez, who is 58, has helped deliver more than 780 babies. Since the start of the pandemic, she has helped with at least five home births and has delivered care to at least 10 pregnant women.

Chamorro, 27, belongs to the Emberá Dobida indigenous community – Dobida means “people of the river” – based mostly in the Chocó department. Her earlier children were born at the local hospital. But not this year.

“I prefer to deliver my baby at home,” she told The New Humanitarian by phone. “At the hospitals, the service is very slow and the doctors are not taking the time to check up on me because they have several patients.”

During the pandemic, midwives like Martínez have been essential in delivering maternal healthcare to Indigenous and Afro-Colombian communities, especially in rural areas, where access to hospitals and clinics is difficult.

Martínez travels throughout the Chocó department, one of the poorest parts of the country – and one in which illegal armed groups flourish. She is well-respected in her community and able to deliver assistance in areas that are too dangerous for others to enter.

“I wear my midwife’s uniform, with my card and bag, so I can pass anywhere,” she said. “We go to the most difficult parts, where the doctors cannot go.”

### ***Mothers more vulnerable***

The work of Martínez and others like her has been critical to improving maternal health in Afro-Colombian and Indigenous communities in Chocó. Midwives here extend the reach of prenatal and birthing services beyond the small villages and towns – like Quibdó – to the more remote areas. They also often detect dangerous conditions during pregnancies and urge mothers to go to the hospital for prenatal checks.

As COVID-19 has overwhelmed healthcare services globally, pregnant women around the world face serious risks. In many countries, a rise in stillbirths has been recorded due to the closure of maternity units during surges in coronavirus cases.

And women who need critical sexual and reproductive health services are avoiding health centres because they feel they will be exposed to the virus. Others have lost access to healthcare due to lockdowns and restrictions on movement.

Such restrictions in Chocó have been enacted not by the government, but by illegal armed groups that have imposed strict lockdowns.

The weather also reduces movement. This region is one of the rainiest places in the world, where average annual precipitation totals 8,000 to 13,000 mm.

“When mothers are about to deliver their babies, some of them are assisted by midwives, while others go to doctors,” said Martínez. “But sometimes we are stuck. The recent landslide in the Lloró municipality took everything away. It took the health centre, several houses, and people lost everything.”

And it’s not just in Colombia that conditions during the pandemic are impacting women’s health.

The United Nations Population Fund, or UNFPA, found that, worldwide, “many hospitals and health centres are reporting declines in the number of women and girls receiving critical sexual and reproductive healthcare, including antenatal services, safe delivery services and family planning.”

And the Pan American Health Organization (PAHO) has reported a 40 percent decrease in pregnancy checks in 11 Latin American countries.

In addition, UNFPA experts in Colombia have warned local authorities about an increase of maternal deaths during COVID-19.

Preliminary data from Colombia’s National Institute of Health (INS) documents the human cost: In 2019, 298 maternal deaths were recorded in Colombia. In 2020, the number was at least 350 – a 17.5 percent increase.

“These partial numbers are alarming because women are not going to [health] services, because they are not close enough to them to prevent these deaths,” said UNFPA expert

Ana María Vélez. “We have not organised a healthcare system outside hospitals or clinics.”

Even before the pandemic began, maternal mortality in Colombia was high – although not as high as Venezuela, Peru, or Ecuador. According to the INS, the maternal mortality rate in 2019 was 46.7 deaths per 100,000 live births, with numbers even higher in rural communities. But Afro-Colombian women die at twice the national rate, and the mortality rate in Indigenous communities is five times higher than the average.

As part of the UN’s Sustainable Development Goals, UNFPA hopes to achieve zero preventable maternal deaths by 2030. However, during this pandemic, Vélez reported that Colombia lost eight years, with rates of maternal mortality returning to levels not seen since 2012.

That, in the opinion of many, is where traditional midwives can help.

“The work of midwives is fundamental, but it is not only working with them, it is working with a healthcare system, and that implies several actions,” Vélez said. “First, the community works with the midwives. And second, [it’s necessary] to work on the different cultural worldviews within the institutions, because often the problem is discrimination.”

### **Midwifery and health centres’ response**

In Colombia, midwifery was officially recognised as an International Intangible Culture Heritage in 2016. But unlike in Mexico, which has also seen a rise in midwife-assisted birth during the pandemic, these traditional health workers still receive no financial backing from the state. And many of them, including Martínez, say their work is not valued by the government. Furthermore, according to Vélez, newborns assisted by midwives are not counted by DANE, the national statistics department.

Nonetheless, Martínez said, midwives like her play a crucial role.

“First, we value the pregnant mother; we tell her to go to the doctor so that the doctor can do the relevant exams, and she can go to about five or six check-ups,” she said. “Then I can help them without problems.”

But during this pandemic, requests for assistance have exceeded the capacities of the midwives. Local organisations are trying to respond to such shortfalls. Asoredipar Chocó, an association of more than 800 midwives in Chocó, focuses on training and supporting their work.

Manuela Mosquera, a former volunteer nurse at the Colombian Red Cross and the leader of Asoredipar Chocó, said there had been an increase of 20 percent in home births assisted by midwives within the association since the start of the pandemic.

While the services of these traditional midwives are on the rise, Mosquera views COVID-19 as an opportunity for health centres to better acknowledge their work.

“The pandemic should imply a recognition of midwifery by local health institutions, since they have identified that pregnant women are not attending their health centres,” she said.

UNFPA is currently working on developing a phone app with Asoredipar Chocó to register home births, newborns, or maternal or neonatal deaths by mobile phone. The project aims to integrate Chocó’s traditional midwives with health services and with DANE. This

will help midwives establish a “live birth certificate” of newborns that is sent directly to DANE to better integrate the records of newborns assisted by parteras. This way, home births may be recognised.

“This innovation can help ensure that women do not experience discrimination in services, that midwives who help can register births, and that those births count,” said Vélez.

The integration of midwives within the formal health system, with an ethnic and intercultural approach, could, it is hoped, increase communities’ access to health services and reduce preventable maternal deaths.

Recently, PAHO analysed the impact of COVID-19 on Indigenous and Afro-descendants in the countries of the Americas, working with local leaders to rethink the health system. They discussed not only reducing the inequity in access but also how to place greater value on ancestral knowledge – including that of parteras and healers.

### ***The need for regional investment***

Even though the countries of Latin America and the Caribbean, except for Haiti, are not among those with the highest rates of maternal mortality globally, PAHO has reported an increase due to COVID-19 in the region, with the highest rises in Mexico, Brazil, and Colombia.

PAHO encouraged countries in the Americas to step up their efforts to ensure access to prenatal care services for pregnant women, while UNFPA urged more funding to meet rising needs due to the pandemic, secure maternal healthcare, and promote reproductive health.

According to a recent study, government funding can contribute significantly to the reduction of infant mortality in Latin America. But the amount of money invested is different in each Latin American country. In Colombia, for example, the entire national health development budget (which includes maternal health) was only \$70 million in 2020.

That is why the work of Martínez, and people like her, is crucial.

A week after she visited with the herbal tea, Chamorro went into labour. Martínez took a motorcycle to Chamorro’s home early in the morning to help her with the delivery.

“The labour wasn’t difficult, but it was longer and painful because her last baby was eight years ago,” Martínez said.

Still, after eight hours of labour, and with Martínez’s help, Chamorro gave birth to a healthy, five-pound baby girl. Her name is Helean Sofía Serna.

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## **Colombia sees surge in femicides amid uptick in violence**

***Femicide Observatory records 86 killings of women and girls in September, the highest monthly total since 2017.***

By Megan Janetsky

Al Jazeera (20.10.2020) - <https://bit.ly/34t1USc> - Leticia Estacio hoped the wave of gender-based violence that surged during the coronavirus lockdown in Colombia would slow after the South American country eased restrictions in early September.

But after the five-month lockdown was lifted, femicides – the killing of women due to their gender – surged across the country, data from Colombia’s Femicide Observatory shows.

An average of nearly three women a day were killed in Colombia in September, with 86 femicides recorded in the month. It is the highest monthly total researchers have documented since they began tracking the killings in 2017.

Watchdogs said the spike in violence against women is a product of compounding long-term ripple effects of the pandemic – a resurgence of armed group violence and economic fallout – that disproportionately affect women.

“Every day the conflict gets worse and worse. The narco-trafficking, the killings,” said Estacio, a 52-year-old women rights leader in the western coastal city of Tumaco. “It’s incredibly heavy, and even more so for women.”

### ***Surge in gender-based violence***

At the beginning of the pandemic, countries across the world saw rises in domestic violence as lockdowns restrictions closed women in with their abusers. Latin America, a region which recorded high rates of gender-based violence before the pandemic, felt that even more acutely.

Estacio and other leaders in Tumaco, a hub for narco-trafficking and armed conflict, were overwhelmed by an initial surge in domestic violence cases after the country entered a nationwide lockdown in March.

But as the state diverted resources from some parts of the country in order to focus on bringing the coronavirus outbreak under control, a patchwork of criminal groups – left-wing fighters, right-wing paramilitaries and narco-trafficking gangs – moved into areas vacated by the government and waged territorial war.

“Here, there’s no such thing as law,” Estacio said.

As a result, mass killings and similar bloodshed reminiscent of times before the country’s 2016 peace process have jumped country-wide.

Sexual and gender-based violence have long been used as tools of war to sow terror in communities. Now, Estefania Rivera Guzman, a researcher at the Observatory, is concerned that the strategic targeting of women could be on the uptick.

So far in 2020, the group has registered 445 cases of femicide, up from 431 cases across the same period in 2019. The numbers recorded in September were more than double levels witnessed earlier this year.

Since September, women’s rights leaders have also noted another disturbing development: As armed groups clash in rural areas and exploit vulnerabilities caused by the pandemic to increase child recruitment, there has been a spike in the number of women and girls killed by firearms.

In recent weeks, one man pleaded guilty to beating and stabbing a woman who rejected his sexual advances, throwing her into the western Cauca River where her body was found floating.

Near Tumaco, armed men reportedly stopped and shot up the car of a local women's and Indigenous rights leader.

And in the central town of Segovia, one 14-year-old girl was reportedly killed by a hitman and, a day after being buried, her body was found unearthed and naked in the cemetery.

"It's these acts of violence that are so extreme that they send a message," Rivera Guzman said. "And the message isn't just for women, but also for the men who live in the zone, and it's: Who has the power?"

While officials in Segovia said they "reject all violent acts" against women and girls and police say they are investigating the crime, the majority of femicides in the country end in impunity.

In Tumaco, Estacio and other observers say women are often too scared to report gender-based violence because men working with armed groups camp outside government offices where women would normally report.

### ***Economic distress***

Meanwhile, the economic fallout caused by the pandemic and the lockdowns has disproportionately affected women, putting them at heightened risk.

Before the COVID-19 outbreak, Colombia had one of the highest economic gender gaps in Latin America. In recent months, female-dominated industries like tourism and the service sector have taken severe hits.

In August, the unemployment rate for women was 21.7 percent, and the unemployment rate for men was 31.4 percent, according to the most recent government data.

Estacio said women in her community who would normally support themselves by working informally and selling street food were left with no income, as work dried up amid the lockdown.

It has stripped at-risk women of "economic autonomy", explained Carolina Mosquera, researcher at the Bogota-based think-tank, Sisma Mujer. And with it, their ability to escape from an abusive situation that could escalate to something as extreme as femicide.

In one recent case, a woman called the organisation's domestic abuse helpline, and they worked to get her out of her home where she was being abused by her husband. Hours later, when they called back, she told aid workers she could not leave because she was surviving off her husband's salary.

When they tried to follow up "she simply stopped answering."

"It's a loss of 10 years of work toward gender equality because women are returning to these patriarchal spaces," Mosquera said. "It brings us back to this old dynamic of the man as the provider and the woman who cares for the home."

The pandemic left more than 15,000 women in Colombia at extreme risk of femicide, according to the National Institute for Legal Medicine and Forensic Science. Similar upticks have been seen in other Latin American countries like Guatemala and Mexico.

While local and national governments attempted to respond to the violence, setting up resources like local and national domestic violence attention lines, critics have said it is not enough and that women lack effective judicial resources.

Colombia's Ombudsman's Office, which oversees the protection of human rights, declined to comment, saying that due to lack of state presence caused by the pandemic, they haven't been able to officially register the femicides.

"A line doesn't guarantee access to justice, to a restitution of their rights. No, a call is just a call." Mosquera said. "This effort by the government falls short compared to the volume of cases, killings and violence we've seen in the pandemic."

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