COVID-19 RESPONSE PLAN - SUMMARY

COLOMBIA

PREPARED FOR THE UNCT AND HCT COLOMBIA
May - December 2020
VERSION N° 1

Despite years of continuous socio-economic progress and the signing of the 2016 peace agreement between the Government and the Revolutionary Armed Forces of Colombia (FARC), numerous humanitarian challenges, including armed violence, natural disasters and the influx of mixed-migration flows from Venezuela, were affecting certain parts of the country even prior to the COVID-19 pandemic. Now, the situation in many parts of the country is quickly deteriorating. Following the declaration of the state of emergency due to the pandemic, and in recognition of the health, humanitarian, and socio-economic impacts of the crisis, the United Nations System (UN) in Colombia developed this COVID-19 Response Plan, in collaboration with the Humanitarian Country Team (HCT) and the Inter-Agency Mixed Migration Flows Group (GIFMM). The plan identifies potential risks related to the COVID-19; articulates critical needs in relation to the health priorities to confront the pandemic; identifies critical activities in other sectors to mitigate and respond to the humanitarian impact on affected populations, as well as urgent activities to mitigate the socio-economic impact of the crisis. This plan has a timeframe of nine months (April to December 2020) and complements the 2020 Humanitarian Response Plan (HRP) and Refugee and Migrant Response Plan (RMRP). This plan will be regularly updated.

For more information, please refer to the full Intersectoral COVID-19 Response Plan in Spanish: https://bit.ly/38GV5Nw

Key Facts

10 weeks after the COVID-19 pandemic reached Colombia, more than 16,900 people have contracted the virus across 29 of its 32 departments. As of 19 May, the mortality rate stands at 3.6%. National estimates suggest up to 4 million people could be directly affected by the disease.

The COVID-19 pandemic comes as a fourth affectation to vulnerable populations; which in many areas already have humanitarian needs due to armed violence, natural disasters and mixed population movements from neighbouring countries.

Despite the exponentially increasing spread, Colombia is slowly reopening some sectors of the economy, as the socio-economic impacts of the quarantine become too large to bear for the country. Colombia could thus experience a not yet seen situation, whereby we could see a flare up of cases in the coming period amongst a population and an economy that has been debilitated by over 55 days of lockdown and with hostilities intensifying.

The interplay between the armed violence and the pandemic remains a major area of concern, as protection space is reduced. Armed groups are taking advantage of COVID-19 stepping up their activities and exerting pressure on communities so they remain confined, forcing others to flee and critically reducing humanitarian access.

The pandemic and the associated necessary measures, taken by the Government to contain the spread, have exacerbated existing and generated new humanitarian needs amongst vulnerable populations. Over 7 million people, including refugees and migrants, are expected to be food insecure as a consequence of the COVID-19 crisis and its indirect socio-economic effects. This illustrates a twofold increase from previous estimates with severe food insecurity increasing nearly fourfold.

The economic implications of the crisis are estimated to include a 4 percent contraction of the GDP combined with an unemployment rate of approximately 20 percent, with even greater adverse effects in less optimistic scenarios. The livelihoods of millions are at risk.
Situation Overview

Ten weeks after the first COVID-19 case was confirmed in Colombia, over 16,900 people have contracted the virus in 29 of the country’s 32 departments.

The capital district Bogotá is the national epicenter of the pandemic, reporting 35 percent of all cases. As of 19 May, the mortality rate stands at 3.6 percent, whereas 23.9 percent of those infected have recovered. While it took 19 days to double the number of positive cases from 4,000 to 8,000, it took 17 days to increase the number to 16,000 cases, indicating an exponential increase of the infection rate. These figures need to be considered in relation to the testing capacity of the country, which was significantly increased over the last weeks, with on average 5,400 tests per day in May and one in twelve tests being positive. In an effort to contain the spread and avoid overwhelming the capacities of the health system (5,600 intensive-care unit (ICU) beds are available in the country) the Government quickly introduced preventive measures, including mandatory isolation. Nevertheless, the number of isolation places, ICUs, protective gear and ventilators remains insufficient to meet the needs in case of an increased spread of the virus. This puts the country in a difficult position, trying to balance the negative impact of preventive measures on livelihoods and social-economic indicators on the one side and the need to buy time to increase its health system capacity on the other.

This report is based on information published by the Presidency of the Republic, the Ministry of Health and Social Protection as well as the National Institute of Health.
Vulnerable parts of the population

- Victims of armed violence
- Forced displacement and confinement
- Children and adolescents at risk of recruitment
- Ethnic minorities and indigenous communities
- Refugees and migrants

Humanitarian Impact

While Colombia enjoys a relatively good health infrastructure and capacities in most urban, densely populated areas of the country, health care capacity in many rural areas, where large parts of the most vulnerable people live, is limited and can quickly become overwhelmed. The National Institute of Health estimates that 4 million people could be affected by the disease should preventive measures not be successful, including up to 800,000 requiring hospitalization of which 200,000 could require ICU treatment.

In addition to health priorities, rapidly increasing food insecurity is a growing concern. Production systems are expected to be slowed down or disrupted, working hours and wages to be reduced, informal sources of income to diminish and market and supply chains to be disrupted. In the last few weeks alone, requests to assist over 1 million newly affected people have been received by WFP. Preliminary projections by WFP indicate that both moderate and severe food insecurity are expected to increase more than twofold in Colombia, potentially affecting 7.0 million people.

The crisis is also expected to have a deep socio-economic impact. Colombia’s economy is characterised by its large informal sector, making up approximately 60 per cent of the economy; a 10 per cent unemployment rate and a high dependence on oil and coal exports, with the global market value of the latter having decreased significantly due to the pandemic. Analyses by the UN Development Programme (UNDP), the World Bank and others estimate a 1.9% to 7.9% GDP contraction in 2020 with unemployment rates being as high as 20%.

The interplay between ongoing hostilities and the pandemic – in some areas – remains a key area of concern, as protection space is reduced. In the first trimester of 2020, over 12,000 people have been displaced due to ongoing hostilities; more than 43,200 people experience confinement and close to 100 have been affected by landmines. Armed groups are taking advantage of COVID-19 and exerting pressure on communities so they remain confined, forcing others to flee, threaten human right defenders and reducing humanitarian access. The UN continues to echo the SG’s call for ceasefires and for NSAGs to facilitate humanitarian access. In addition, more than 28,000 people have been affected by natural disasters in Colombia in the first four months of this year.

Food insecurity is projected to more than double: (according to a preliminary analysis by the WFP)

- Moderate food insecurity (+69%)
- Severe food insecurity (+261%)

Vulnerable parts of the population

- A large portion of women, children, disabled and homeless people, people with pre-existing health conditions, elderly, the LGBTI population as well as people belonging to indigenous communities, are particularly susceptible to disease due to social conditions both in terms of the impact of the disease, as well as the impact of the preventive measures. Vulnerable groups also include victims of armed violence, forced displacement and confinement, and particularly children and adolescents at risk of recruitment, who face increased risks due to their precarious living conditions and reliance on services provided by humanitarian actors. Even prior to the pandemic, the majority of the refugee and migrant population (65% according to WFP’s EFSA 2019 study), estimated at some 1.8 million people, had been suffering from food insecurity, both moderate and severe. The pandemic has exacerbated those needs significantly, as new a new study by WFP estimates that up to 84% of refugees and migrants could be food insecure as a consequence of the COVID-19 crisis, in addition to limited or no access to essential medical services. They continue facing challenging circumstances in Colombia and are thus particularly vulnerable to COVID-19.

GDP of Colombia: between -1.9% and -7.9%
Geographical capacity and prioritization of the humanitarian actors
Humanitarian Response by Strategic Objective

**STRATEGIC OBJECTIVE 1:**
Contain the spread of the pandemic and reduce the mortality and morbidity of COVID-19

1. Coordination and planning
2. Risk communication and social mobilization
3. Epidemiological surveillance and case investigation
4. Entry points
5. Public health laboratories
6. Prevention and control of infection
7. COVID-19 case management
8. Logistics support

**STRATEGIC OBJECTIVE 2:**
Mitigating the deterioration in human capital, social cohesion, food security and livelihoods from the impact of COVID-19

1. Socio-economic impact, economic recovery and income generation
2. Food security, nutrition, livelihoods and continuity in production chains
3. Planning, coordination and institutional strengthening
4. Access to health, water, sanitation, education, nutrition and socio-economic and cultural integration for the most vulnerable populations
5. Social cohesion and access to social protection networks

**STRATEGIC OBJECTIVE 3:**
Protect, assist and advocate for the most vulnerable populations, as well as other groups with specific needs in the face of the pandemic

1. Multi-sectoral assistance and prevention of gender-based violence including economic violence
2. Attention to specific populations with specific requirement

Humanitarian Response by Cluster

**HEALTH**
Cluster partners will facilitate a rapid and effective humanitarian response, in line with minimum humanitarian health standards, to protect and save lives. To do so, they will adjust and sustain existing health promotion and disease prevention services, such as those relating to maternal health and sexual and reproductive health.

**FOOD SECURITY AND NUTRITION**
The cluster will aim to save lives and reduce suffering by ensuring immediate access to food, as well as programmes to prevent and treat acute malnutrition. Actions include, among others: analysis and monitoring of markets; provision of food assistance in kind or through cash transfers, and the creation of food banks.

**WATER, SANITATION AND HYGIENE (WASH)**
Cluster partners seek to increase and improve access to safe drinking water and basic sanitation services through the restoration of water quality, sanitation and hygiene systems. This is especially important in order to minimize the spread by implementing handwashing points and delivering disinfection elements in stationary and mobile health centres and places where people congregate.

**PROTECTION**
Cluster partners will work on the implementation of specific measures aimed at the prevention and early identification of risks, as well as mitigation and response measures for people affected by armed and/or widespread violence. This includes providing orientation to vulnerable populations on their rights to COVID-19-related services, among others.

**EDUCATION**
The objectives of Cluster partners will be to safeguard the physical and mental well-being of children and adolescents; to guarantee continued access to distance learning; socio-emotional support at home; back-to-school efforts and preparation of schools for higher hygiene standards and school feeding programmes, among others.

**EARLY RECOVERY**
Cluster partners will aim to apply development principles of sustainability and local ownership in humanitarian action by ensuring that humanitarian response operations become assets for longer term recovery. Actions include psychosocial support and emotional recovery strategies and support for the production, distribution and marketing of strategic and essential goods and services, among others.

**SHELTER**
Cluster partners will aim to enhance people’s health, privacy, safety and dignity. They will focus on ensuring access to temporary accommodation, as well as the acquisition, storage and distribution of NFIs to guarantee comprehensive care in temporary accommodations subjected to quarantine and isolation measures.

**GIFMFM revised its plan in cooperation with the Government to continue critical activities for refugees, migrants, Colombian returnees and their host communities, while minimizing the risk of transmission during humanitarian interventions.**
## Funding requirements for the COVID-19 response

### Strategic Objective 1: Contain the spread of the pandemic and reduce the mortality and morbidity of COVID-19

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>ESTIMATED TOTAL COST (USD)</th>
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<tbody>
<tr>
<td>Coordination and Planning</td>
<td>808K</td>
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<tr>
<td>Risk communication and social mobilization</td>
<td>7.7M</td>
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<td>Epidemiological monitoring and case investigation</td>
<td>13.5M</td>
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<td>Entry points</td>
<td>600K</td>
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<td>Public health laboratories</td>
<td>6.0M</td>
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<td>Infection prevention and control</td>
<td>47.6M</td>
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<td>Case management</td>
<td>73.4M</td>
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<td>Logistical support and continuity</td>
<td>750K</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td><strong>150.4M</strong></td>
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### Strategic Objective 1 & 2: Mitigate the decline in human capital, social cohesion, food security and livelihoods from the impact of the COVID (SO2) and protect, assist and advocate for the most vulnerable (SO3)

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>ESTIMATED TOTAL COST (USD)</th>
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<tbody>
<tr>
<td>WASH</td>
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<tr>
<td>Shelter</td>
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<td>Food Security and Nutrition</td>
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<tr>
<td>Education in emergencies</td>
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<td>Early Recovery</td>
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<td>Health</td>
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<td><strong>Subtotal</strong></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>303.8M</strong></td>
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For more information, please visit:  
www.humanitarianresponse.info/es/operations/colombia  
www.unocha.org/latin-america-and-caribbean-rolac/colombia