DONOR UPDATE ON UNHCR COVID-19 RESPONSE IN COLOMBIA - #1

CURRENT CONTEXT RELATED TO COVID-19 AND GOVERNMENT MEASURES

The Colombian Ministry of Health confirmed 378 cases of COVID–19 as of Tuesday 24 March, in 20 of the country’s 32 departments, with Bogota concentrating the highest number of people infected with 120 confirmed cases. Out of these, a total of 3 individuals have died from COVID-19. So far, no infected case is reported among Venezuelan refugees and migrants.

Government of Colombia measures related to COVID-19:

23 March
On 23 March 2020, President Duque issued presidential Decree 457 to instate mandatory preventive isolation throughout Colombia for a period of 19 days, beginning Tuesday 24 March at 11:59 p.m. and lasting until 12:00 am on Monday 13 April. This decision was taken in consultation with the Ministry of Health, the National Health Institute, the Pan American Health Organization and other experts.

During this time, the government has declared that activities and services will be guaranteed, including the following: access to health services, purchase of food and medicines, access to banking and
postal services, provision of essential public services and security services, among others. UN organizations and humanitarian partners directly involved in the COVID-19 response are authorized to continue circulating to provide essential services during the lock-down.

This action on the national level followed decisions that were taken on the municipal level in several parts of the country. Several locations including Bogota and Medellin already had mandatory quarantine simulation exercises in place since Friday, 20 March, while several border departments declared nightly curfews and mobility restrictions for public spaces.

22 March
President Duque announced on 22 March that the Colombian health sector will receive an allocation of over COP 6 billion (USD 1.45 million) to address COVID-19.

19 March
On 19 March 2020, the national government announced the allocation of COP 14.8 billion (USD 3.6 million) to address the economic emergency and the emission of economic and social measures to ensure employment, credit management and continuity of social programs.

18 March
A State of Emergency Decree was issued, valid from 20 March at 7:00 am until 31 May, which includes the mandatory preventive isolation of adults over 70.

17 March
President Duque announced complete closure of all land, maritime and riverine borders for nationals and foreigners until 30 May. As of 23rd of March 00:00, entry of any international passenger flights is prohibited for a period of 30 days.

Border crossings with Venezuela have been closed since 05:00 am on 14 March, and there is limited access to territory for persons in need of international protection. Authorities are maintaining open a humanitarian corridor for critical health cases at the three international bridges in Norte de Santander (see details below).

The overall situation along the country’s borders regularly monitored by UNHCR offices is as follows:

1. **Venezuelan Border**

Migration controls have been implemented throughout in the municipalities of Cúcuta, Pamplona, and Ocaña, Norte de Santander. UNHCR is concerned about deportations taking place without established procedures to identify persons with specific protection needs or checking health conditions.

In Arauca, people are reported to continue arriving through informal crossings; no cases of refoulement have been identified so far. However, borders remain officially closed, there is a notable decrease in refugees and migrants in public spaces; many Venezuelans are reported to have returned to Venezuela to be with their families during this time of quarantine.

The overall tense situation, in some cases compounded by statements by local officials, is causing an increase in xenophobia reported in several locations. In Casanare, media articles circulated referring to Venezuelans as a virus, and a demonstration took place on 19 March to ask for the deportation of Venezuelans from Tame (Arauca).

Since the border was closed on 14 March 2020, people in need of international protection no longer have access to Colombian territory. In coordination with Venezuelan authorities, the humanitarian corridors at two International Bridges in Norte de Santander (Simon Bolivar and
Puerto Santander) have been maintained open for persons with chronic or critical medical conditions. Upon arrival in Colombia, their health condition is evaluated/confirmed by health professionals. However, there is no process of identification and no protocol for entry for people in need of international protection.

Due to the border closure, the 4.9 million + Venezuelan pendular migrants holding Border Mobility Cards are no longer able to obtain food, medicine or cash in Colombia to support themselves and their families in Venezuela.

**Venezuelan mass media** reports that people continue returning to Venezuela through irregular border crossings, due to the growing lack of food and restrictions on access to health and livelihoods in Colombia.

### 2. Ecuadorian border and Cali

Large groups of Venezuelans trying to enter Colombia from Ecuador were reported last week with small groups rioting and using children to try to breach the border. ESMAD was present in Rumichaca during these events.

Local authorities in Ipiales requested support from the international community in a meeting held on 18 March which highlighted the lack of public resources. There have been so far no explicit incidents of xenophobia.

In Pasto, there have been no explicit incidents of xenophobia although local authorities have signaled their concerns about Venezuelans living in the street and staying indoors during the quarantine.

In Putumayo, awareness campaigns on the COVID-19 have been conducted with the support of the San Miguel Mayor’s office, the Municipal Health Secretary and the National Army along informal border crossings.

In Cali, Venezuelan as well as indigenous leaders are concerned about the people living in the streets seeking shelter. There have already been aggressions towards the population due to the inability to enable the quotas.

### 3. Panamanian Border and Medellin

In the port town of Necoclí near the Panamanian border, shipping companies used for overseas transport boat/riverine transport by people in mixed migration flows between Colombia and Panama have ceased transportation services as of 20 March 2020. Based on information from Migration Colombia and the formal/informal transportation sector, there are approximately 250 people (mainly extra-continental migrants) stranded in Necoclí. The Mayor’s office in coordination with other institutions is calling for a temporary shelter to be established for those stranded.

In various locations throughout Colombia, UNHCR has received reports that the suspension of most community kitchens due to COVID-19 measures has generated desperation among the Venezuelan population. Media reported Venezuelans trying to enter private properties to obtain food in several border locations and cities further inland.

**UNHCR’S RESPONSE TO COVID-19, INCLUDING REPRIORITIZATION**

**Health and hygiene/prevention measures:**

UNHCR Cúcuta has re-prioritized USD 100,000 in its budget to enhance epidemiologic controls by the departmental health authorities through additional staff and support the functioning of the Centre of Emergency Response (CRUE).

UNHCR Cúcuta provided five telephone lines to the Secretary of Health of the Municipality of Cúcuta, in order for them to establish a COVID-19 call center to respond to questions and orient the local population to visit the health centre if necessary. In coordination with health authorities, UNHCR Cúcuta provided thirteen Refugee Housing Units (RHUs) to Bucaramanga University Hospital (7), Erasmo Meos Hospital in Cúcuta (2), and Pamplona Hospital (4) to establish observation and isolation spaces.
UNHCR supports the health response to COVID-19 at the border with Venezuela and Colombia by installing Refugee Housing Units that will serve as observation and isolation spaces at the hospital.

A woman washes her hands at a new handwashing point installed by UNHCR at the Integrated Assistance Centre in Riohacha, La Guajira.

In the Integrated Assistance Center in Maicao, La Guajira, new entries have been suspended in line with government directions, exceptions only for particular protection cases, and continuation of the scheduled exit strategy. Restriction of movement is being implemented in the CAI: kitchens, child-friendly spaces and other communal areas are closed. Food and material for family activities are being delivered directly to each individual family units at their refugee housing units. Cash for work programs are being continued complying with social distancing measures. Other measures include:

- Hygiene prevention measures: a) instalment of 20 hand washing points, b) daily informative sessions on hygiene, c) distribution of information material on COVID-19, d) delivery of soap to every family, e) strengthening of community committees that promote hygiene measures.
- Designation of a health area in cooperation with NRC in order to activate the reporting route for potential COVID-19 cases.
- Delivery of health training sessions from Secretary of Health to UNHCR & DRC personnel in order to improve the identification of COVID – 19 symptoms.

Similar hygiene measures are being taken at smaller temporary shelters in La Guajira, where entries and exits are cancelled. Health evaluation procedures are being stepped up as well as CBI, which aims to partially substitute loss of revenue. Sanitary inspections are carried out in coordination with medical staff. The dining hall is being served in shifts. Child-friendly spaces remain open for now given low number of children.

UNHCR Cali is distributing custom made hygiene kits (masks, latex gloves, antibacterial gel, wet wipes with hypocaloric, paper towels, liquid soap) to UNHCR points of contact and partners to elevate basic health standards among Venezuelan refugees and migrants, particularly for those living in the streets. This is expected to be broadened with further support from GIFMM members.

During the 4-day preventive isolation period in Bogota which began on 19 March, UNHCR and GIFMM members supported the Mayor’s Office with hygiene kits in small temporary shelters to benefit Venezuelan refugees and migrants living in the streets in Bogota.

UNHCR Putumayo donated a mechanical ventilator for resuscitation to the Mocoa Hospital to support the health response to Colombian and refugee & migrant populations from Venezuela.
UNHCR EXTERNAL UPDATE ON COVID-19 IN COLOMBIA

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Protection
To ensure continued operation of its Information and Orientation Centers (PAOs), UNHCR activated call centers in 24 locations nationwide (detailed contact information available here: https://www.instagram.com/p/B97s8AiBd7X/) to provide orientation on prevention measures and where to call/go in case of suspected COVID-19 cases, identify cases needing urgent assistance, SGVB prevention and response measures during the mandatory isolation period, rights, regularization procedures and access to services. Cases are recorded in PRIMES, UNHCR’s registration, identity management and case management system.

The Departmental Health Institute (IDS) in Cucuta inspected the Safe Spaces for pregnant and lactating women and survivors of gender-based violence run by UNHCR and found they complied with the COVID-19 health and sanitary recommendations. As such the centers, hosting fewer than 50 individuals, can continue functioning.

UNHCR staff discussing with a pregnant Venezuelan woman in La Guajira about her needs.

UNHCR provided technical assistance to the Bucaramanga authorities in utilizing UNHCR’s Protection Monitoring Tool to identify people living on the streets with specific protection needs, in order to provide them with temporary shelter. In total, 28 people living on the streets were interviewed.

UNHCR is working closely with GIFMM partners in strengthening Communicating with Communities efforts across the country. Informational materials and digital messages are being distributed to Venezuelan associations and community networks via WhatsApp regarding measures to prevent the spread of COVID-19 and on ways to reduce the negative psychosocial effects related to isolation. In Cucuta, the Office coordinates these activities with a network of volunteer community promoters in eight neighborhoods.

UNHCR staff discussing with a pregnant Venezuelan woman in La Guajira about her needs.

Through the Somos Panas campaign, UNHCR informs beneficiaries about its telephone call centers, providing phone numbers for up-to-date information throughout Colombia.
UNHCR is providing alternatives for Venezuelan refugees and migrants persons of concern who are unable to access its offices due to measures put in place related to the COVID-19.

Food Security and Nutrition
UNHCR is providing food assistance to families previously using the child-friendly space in Bucaramanga, Santander department, as the space has closed following the Government measures related to COVID-19.

Shelter, NFIs and WASH
In Medellin, one emergency shelter for extremely vulnerable cases will continue to operate. Cash for shelter will continue to be distributed by Red Cross to Venezuelan refugees and migrants, and UNHCR has reprogrammed some of its activities in order to step up its cash response.

UNHCR is also partnering with local authorities in opening 10 points in the Medellin city center to serve people in a street like situation with showers, sanitary services, toilet and food. The Mayor reiterated his commitment to provide humanitarian aid regardless of nationality to 50 rundown boarding houses (inquilinatos).

UNHCR Pasto is coordinating with the GIFMM and local authorities the establishment of a shelter for Venezuelans at risk of contagion with COVID-19 who cannot afford accommodation and cannot meet the conditions of auto-isolation. A similar measure is being considered in Ipiales, where a significant number of Venezuelans recently returned from Ecuador are in need of shelter options to comply with social distancing and lockdown regulations.

Reduced, suspended or stopped UNHCR activities include:

UNHCR Support Spaces at official border crossings, as well as those maintained by other humanitarian agencies, remain closed.

A planned new temporary shelter in Tunja will not be established for the time being as the government has asked for collective/temporary shelters to be emptied or at least occupancy to be reduced to less than 50 people.

The planned installation of Phase 4 of the Integrated Assistance Center Maicao will be suspended until restrictions are lifted on new Venezuelans entering collective shelters.

Biometric registration of beneficiaries in PRIMES has been reduced as there is limited capacity to attend to them in person. Those assisted via telephone will be registered in the more basic Reception module.

Several planned training programmes will be postponed or will require less cost due to meetings being carried out via Skype.

Technical assistance to government institutions (mainly training workshops and technical assistance to the Civil Registry) have been deprioritized at least for the first semester, as well as planned support to the Government’s returnee programme which will be reduced.

A planned cash for work programme with an environmental protection and community integration focus will be put off to the second semester.

Some activities related to the promotion of labor insertion of Venezuelans have also been deprioritized given the expected overall downturn in terms of employment opportunities in the short term.

**CURRENT GAPS TO PROVIDE ADEQUATE RESPONSE**

Additional support to Venezuelan refugees and migrants in vulnerable condition needed in the areas of shelter, and WASH, with special orientation on prevention and response interventions for suspected and confirmed cases of COVID-19 infection.
Strategy for prevention of COVID-19 for persons living on the street who do not have access to food, shelter or hygiene services.

Additional support to health institutions, including equipment, human resources and biomedical equipment (e.g. ventilators are in scarcity across the continent).

Urgent need to step up multi-purpose cash programmes across the country.

Increasing difficulty to execute activities, especially border monitoring, planned infrastructure projects, and direct interaction with Venezuelan refugees and migrants who do not have sufficient access to connectivity.

**UNHCR’S PREPAREDNESS AND RESPONSE PRIORITIES**

UNHCR’s key priority areas of preparedness and response regarding COVID-19 are listed below. The corresponding financial requirements will be included in the forthcoming update to the UNHCR Appeal for Coronavirus (COVID-19) to be launched in the coming days.

**Health:**
Provision of additional medical personnel (public health surveillance system of the departmental health secretariats especially in border departments, as well as UNHCR health staff to strengthen internal capacity on public health).

Purchase of biomedical equipment to complement government purchases intended for case identification (first level of care) and management and treatment of respiratory diseases (second and third level).

Purchase of Personal Protective Equipment for UNHCR’s implementing partners and medical personnel in order to support to healthcare workers from public and private health institutions.

Establishment of new emergency spaces for local health authorities, largely through support with Refugee Housing Units as isolation spaces for future positive cases.

Cleaning materials for health centers and shelters as well as medical waste management and support with funeral expenses.

**Shelter:**
Infrastructure, including healthcare facilities and temporary accommodation to be adapted or expanded in order to prevent or treat epidemic outbreaks as well as to support the mitigation phase, establishing new emergency spaces in coordination with the local health sector.

**CBI and Multisector:**
Scale-up of cash programme for Venezuelan refugees and migrants living on the street and extremely vulnerable to help meet shelter, food and other basic needs.

Humanitarian transport to support transportation of patients in the humanitarian corridor, transport of support staff to the borders and mobilization of surveillance and control teams.

**WASH:**
Hygiene kits for 27,000 individuals (men, women, babies, lactating mothers).

WASH activities related to water storage and latrines for informal settlements with a high proportion of refugees, returnees and IDPs.

On 25 March and for the next three months, UNHCR at the global level has declared an internal level 2 emergency for the COVID-19 response worldwide, which provides operations increased flexibility in terms of purchasing and contracting arrangements, partner selection and agreements, and access to internal emergency response reserves.

UNHCR Bogota
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