



### CONTEXT

In January 2020, the World Health Organization (WHO) declared the respiratory disease outbreak, identified in December 2019 in Wuhan, China, an "international public health emergency." The disease caused by the novel coronavirus, SARS-Cov-2, was named COVID-19 by international consensus.

This initiated monitoring and preparation by Colombia's Ministry of Health and Social Protection (MSPS in Spanish). Once the WHO declared the outbreak to be a pandemic, the national government also declared a state of health emergency due to the novel coronavirus. Based on this national declaration, a contingency plan was established along with preventive measures for isolation, quarantine and provisions for health services, (Resolution 385 of March 12, Decree 476 of March 25, Decree 538 April 12, among others).

The International Organization for Migration (IOM) established the "Global Strategic Plan for Preparedness and Response against COVID-19" in alignment with the WHO Response Plan that was issued to support Member States in the emergency response.

Four active projects being carried out by the Migration and Health Program that use innovative approaches to health access in the context of migrant populations and peace building were prioritized by IOM and adapted to the urgent needs of the COVID-19 crisis:

1. Strengthening of Institutions and Communities to Support the Health Response Plan for the Venezuelan Migrant Population and Host Communities, financed by the Office of U.S. Foreign Disaster Assistance (OFDA) in 13 departments and 24 municipalities.
2. Stabilization of Communities and Health Care Programs, financed by the United States Agency for International Development (USAID) in 13 departments and 24 municipalities.
3. Strengthening of Community Surveillance and Evaluation of Epidemic-Prone Diseases, financed by the Centers for Disease Control and Prevention (CDC) in Soacha, Cundinamarca.
4. Health for Peace - Strengthening Communities, financed by the Multi-Partner Trust Fund (MPTF) in 26 municipalities where there are Territorial Training and Reincorporation Spaces (ETCR in Spanish).

IOM, through its Migration & Health Program, activated a national crisis management team in response to COVID-19 and 13 interdisciplinary territorial teams consisting of 52 professional experts in public health, epidemiology, nursing, psychology, social work, information systems and 58 community health workers providing support to territorial health authorities and local hospitals for care of the migrant population and host communities. Additionally, 26 nursing professionals are supporting the response in the 26 rural communities with ETCR.

The seven primary axes for action that are guiding IOM's COVID-19 response along with examples of activities being carried out by the Migration and Health Program for each of the axes are presented below:



## COORDINATION AND ALLIANCES

- Alliance with the National Institute of Health (INS in Spanish) in order to strengthen their response capacity by providing “emergency crisis rooms.”
- Support of health authorities and the local public hospital networks to develop municipal contingency plans for COVID-19 prevention and care, implement activities related to Information, Education and Communication (IEC), and work in communities under conditions of preventive isolation.
- Participation in inter-institutional coordination spaces, with the premise of always adapting the COVID-19 response to the specific needs and contexts of each territory.
- Participation of territorial teams in the health cluster of the Interagency Group on Mixed Migration Flows (GIFMM in Spanish) that is led by PAHO / WHO for coordination and development of COVID-19 contingency plans at the local and national level.
- Coordination of the M&S response with IOM's Emergency and Stabilization (E&S) program to enhance response impact by ensuring synergy of onsite teams working on care in shelters and humanitarian tents.



## RISK COMMUNICATION AND COMMUNITY PARTICIPATION

- Pedagogical actions and 46 virtual IEC workshops to promote good practices for COVID-19 prevention via the web, social networks, digital applications, gifs, flyers, posters and radio capsules in Spanish and

native languages for dissemination through community radio networks as well as house-to-house intercoms.

- Dissemination of official sources of COVID-19 information so that, in support of efforts being made by health authorities, communities are informed appropriately and in a timely manner.
- Virtual implementation of maternity and paternity preparation courses on pre- and post-natal care and pregnancy warning signs through digital circuits and communication networks.
- Development of communication strategies that facilitate community leaders to act as preventive agents against increases in gender-based violence in the context of social isolation.
- Installation of 12 totem LCD, digital screens in key locations in the cities of Cúcuta, Bogotá, Pasto and Ipiales for advertisement and dissemination of prevention and self-care messages.

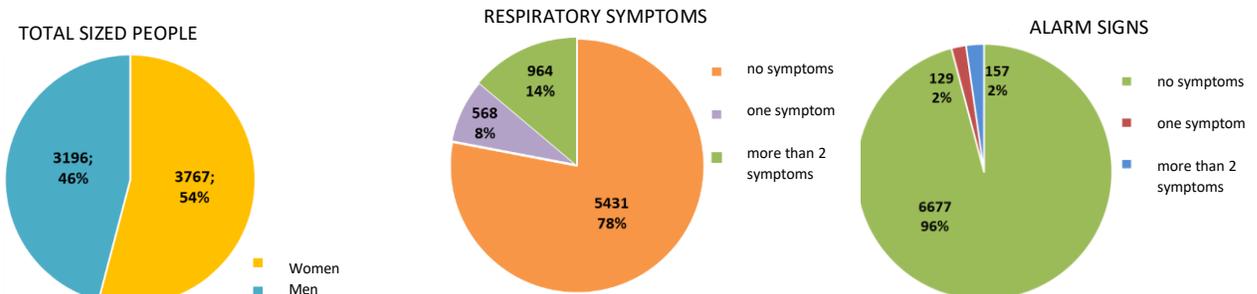


## Surveillance

- Between March 13th and April 17th, screening of 6,963 persons for respiratory symptoms was conducted among migrant and host population in vulnerable rural and urban communities and ETCR spaces. Of those screened, 168 (2%) were referred for medical evaluation and the others were directed towards at-home prevention and care measures (figure 1).

### RESPIRATORY SYMPTOMS

Figure 1. Distribution by sex: screened persons reporting at least one symptom or warning sign.



- Permanent support of health authorities to identify vulnerable populations (e.g. female heads of household, pregnant women, older adults, itinerant workers, people with disabilities, etc.) to guide the focus of interventions.
- Support epidemiological follow-up of suspected, probable or confirmed COVID-19 cases referred by the Secretaries of Health or local hospitals or identified by telephone and through home visits.
- Starting in May, territorial teams of epidemiologists, nurses and CHW will be formed in the 26 municipalities where ETCRs are located, which will support epidemiological surveillance activities, IEC strategies, and the formation of community-based surveillance networks to respond to the COVID-19 situation in rural and scattered rural areas.

## POINTS OF ENTRY - POE

Support for active surveillance, including health exams, referrals and data collection in POE through the hiring of support personnel for the Urgent and Emergency Regulations Centers (CRUE in Spanish) in Norte de Santander and Nariño.



### *Norte de Santander:*

- COVID-19 information and community guidance provided via the call center at the Departmental Institute of Health.
- Coordination of medical care with the Yukpa indigenous community via the Samaritan Purse and Municipal Health Entity, including medical evaluations, COVID-19 sampling, respiratory symptom identification, educational activities for respiratory disease prevention.
- Management with the United Nations Children's Fund (UNICEF) of fixed installation for sink units consisting of three faucets for adults and one for children.

*Atención prioritaria a madres gestantes con protocolo COVID-19, Villa del Rosario, Norte de Santander*

### *La Guajira:*

- Coordination of health workers with the Municipal Secretariat of Maicao and health workers to design a route of care for COVID-19 patients without respiratory symptoms.
- Identification of medical care protocols for returning Colombian and Venezuelan migrant populations.
- Simulation exercise for dealing with a suspected case of COVID-19 carried out with the Municipal Health Secretariat of Maicao.
- Promotional support for COVID-19 prevention measures by the "Without Borders" community network.

- Design of psychosocial care guidelines implemented through digital virtual media for the promotion and prevention of mental health.
- Virtual, peer-driven pedagogy strategy to sensitize communities to good prevention and self-care practices through WhatsApp, Facebook and Instagram: "You take care of me, I take care of you."
- Development of educational activities for prevention and self-care with the Wayuu indigenous community in their native language.

### *Arauca:*

- Local hospital agreement to guarantee continuity of services provided to migrants and advising of the design of the institutional contingency plan.
- Identification of input needs for COVID-19 response of state-sponsored providers of health services in 5 influential municipalities: Arauquita, Tame, Fortul, Cravo Norte and Puerto Rondón.
- Implementation of educational activities for COVID-19 risk communication through home visits.



### NATIONAL LABORATORY SYSTEM

- Support of the National Institute of Health on shipment logistics for samples.
- Ten “emergency crisis rooms” to be provided to the Departmental Health Secretariats to strengthen response coordination in terms of data reception, filtering, and analysis, decision-making, communication, and monitoring of emergency and disaster situations in the following prioritized territories: Medellín, Riohacha, Cartagena, Barranquilla, Pasto, Bucaramanga, Valledupar, Arauca, Cúcuta and Soacha.



### PREVENCIÓN Y CONTROL DE INFECCIONES

- Dissemination of informative material on the prevention of acute respiratory infections, warning sign identification, and guidelines for their management.
- Reorganization, expansion and innovation of health services in 27 public hospitals to guarantee access to primary services for vulnerable populations.
- Educational activities (face-to-face and virtual) on prevention and self-care.
- Visits and health protocol implementation temporary shelters, dining areas, and meeting points to identify and assess risks and needs.



### LOGISTICS, PURCHASING, AND SUPPLY MANAGEMENT

- Purchase of critical supplies for the protection of human resources in health, consisting of:

Table 5. Supplied for the COVID-19 response

Insumo	Total unidades	Total municipios	Estado
<b>N95 respirators (units)</b>	48	1	Delivered
<b>Surgical masks (units)</b>	197.000	43	158.150 units delivered
<b>Laser thermometers (units)</b>	100	41	Purchase in process
<b>Safety goggles (units)</b>	5.000		Purchase in process
<b>Glycerinated alcohol (liters)</b>	1.000	41	In delivery
<b>Disposable impervious gowns (units)</b>	10.000	41	In delivery
<b>Tents 4x4 (units)</b>	30	8	In delivery
<b>Tents 6x3 (units)</b>	29	6	In delivery
<b>Tents 6x6 (units)</b>	7	4	In delivery
<b>Tents 9x3 (units)</b>	2	2	In delivery
<b>Informational posters (on cough management, coronavirus and handwashing) (units)</b>	36.000	43	5.850 units delivered, 30.150 pending
<b>Colombian Migration Support Flyers: Survey of International Travelers (units)</b>	1.150.000	6	Delivered to chancellery
<b>Tyvek coveralls (units)</b>	5.000	13	Purchase in process
<b>Respiratory ventilators for intensive care (units)</b>	16	8	Purchase in process
<b>INS sample shipping costs</b>	500		Requested





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