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MEAC Findings Report 9

COVID-19, Armed Groups, and Public Health Perceptions in Colombia

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MANAGING EXITS
FROM ARMED CONFLICT

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KEY FINDINGS

- Across the sample, 65 per cent of the sample reported having changed their behaviours in response to the pandemic; women respondents were 6 percentage points less likely to have changed their behaviours than men.
- 26 per cent of respondents said they had heard government messaging about limiting physical contact or maintaining social distance.
- Armed group messages on the pandemic reached a small minority of respondents, but a much larger portion of respondents – particularly in rural areas – were aware of measures implemented by armed groups in response to COVID-19. For example, 23 per cent of respondents reported mobility restrictions by armed groups in San Jose del Guaviare.
- Survey respondents identified an increase in illegal crops as the main COVID-19 impact on the peace agreement, with slower implementation of peace agreement commitments coming in a close second.

This Findings Report, and the research that supported it, were undertaken as part of UNU-CPR's Managing Exits from Armed Conflict (MEAC) project. MEAC is a multi-donor, multi-partner initiative to develop a unified, rigorous approach to examining how and why individuals exit armed conflict and evaluating the efficacy of interventions meant to support their transitions. While the Findings Report benefited from feedback from MEAC's donors and institutional partners, it does not necessarily represent their official policies or positions.

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Background

About MEAC

How and why do individuals exit armed groups – and how do they do so sustainably, without falling back into conflict cycles? These questions are at the core of UNU-CPR’s Managing Exits from Armed Conflict (MEAC) initiative. MEAC is a multi-year, multi-partner collaboration that aims to develop a unified, rigorous approach to examining how and why individuals exit armed conflict and evaluating the efficacy of interventions meant to support their transition to civilian life. MEAC seeks to inform evidence-based programme design and implementation in real time to improve efficacy. At the strategic level, the cross-programme, cross-agency lessons that will emerge from the growing MEAC evidence base will support more effective conflict resolution and peacebuilding efforts. MEAC is supported by the Norwegian Ministry of Foreign Affairs, Switzerland’s Federal Department of Foreign Affairs (FDFA), the UK Foreign, Commonwealth and Development Office (FCDO), Irish Aid, and the UN Development Programme (UNDP), and is being run in partnership with the UN Department of Peace Operations (DPO), UNICEF, the International Organization for Migration (IOM), and the World Bank.

About this Series

The MEAC Findings Report series seeks to put evidence about conflict transitions and related programming into the hands of policymakers and practitioners in real time. The reports present short overviews of findings (or emerging findings) across a wide range of thematic areas and include analyses on their political or practical implications for the UN and its partners.

About this Report

This report is based on data collected from April to May 2021 as part of a phone survey of community members in 11 municipalities across Colombia.ⁱ This report focuses on public perceptions of the COVID-19 pandemic, armed group messaging about COVID-19, and the potential impact on public health preferences. This data may be useful to government, UN, and NGO partners working in Colombia to support their peacebuilding and other relevant policies and programming in the context of COVID-19. It ends by exploring the implications of these findings to public health and peacebuilding policy and programming.

ⁱ This research was conducted in partnership with Fundación Conflict Responses, <https://www.conflictresponses.org/>.

COVID-19 and Conflict Dynamics in Colombia

Overview

In response to the COVID-19 outbreak, armed and criminal groups around the world have sought to take advantage of the pandemic. From Afghanistan to the United States and beyond, violent groups have tried to weaponize the virus against their enemies, exacerbate the chaos being caused by the pandemic to conduct deadly attacks, or highlight their superior public health response vis-à-vis the government to win support and consolidate their power.¹ For example, the MEAC project has [examined such efforts in Nigeria](#), where Abubakar Shekau – then leader of a Boko Haram factionⁱⁱ – tried to use the pandemic as an opportunity to criticize the government's public health protocols and urge his followers to defy them. Armed groups in Colombia, however, appear to have taken a decidedly different approach, often reiterating and even enforcing – sometimes violently – the public health measures put in place by State authorities. This report looks closely at armed group responses to the pandemic in Colombia, and their implications not only for public health outcomes in the country, but for the security situation and peace process more broadly.

The Pandemic as a Public Health Crisis in Colombia

Colombia has been hard hit by the COVID-19 pandemic. As of September 2021, Colombia has reported 4,931,563 confirmed cases of the coronavirus since the first case in March 2020.² More than 125,000 people have died so far from the COVID-19 outbreak.³ The country has recently overcome its third peak of cases.

As can be seen in Figure 1 below, a series of public health measures aimed at controlling the spread of COVID-19 were put in place following the outbreak of the pandemic in Colombia. The activities of companies, universities, colleges, and public institutions were suspended or modified, and public institutions providing essential services were also forced to reduce or suspend their operations. The increase in contagion rates that led to these measures overlaps with the economic reactivation policies promoted by the national Government and authorities in Colombia's principal cities, which seek to reduce the levels of poverty and inequality derived from lockdowns and the pandemic.

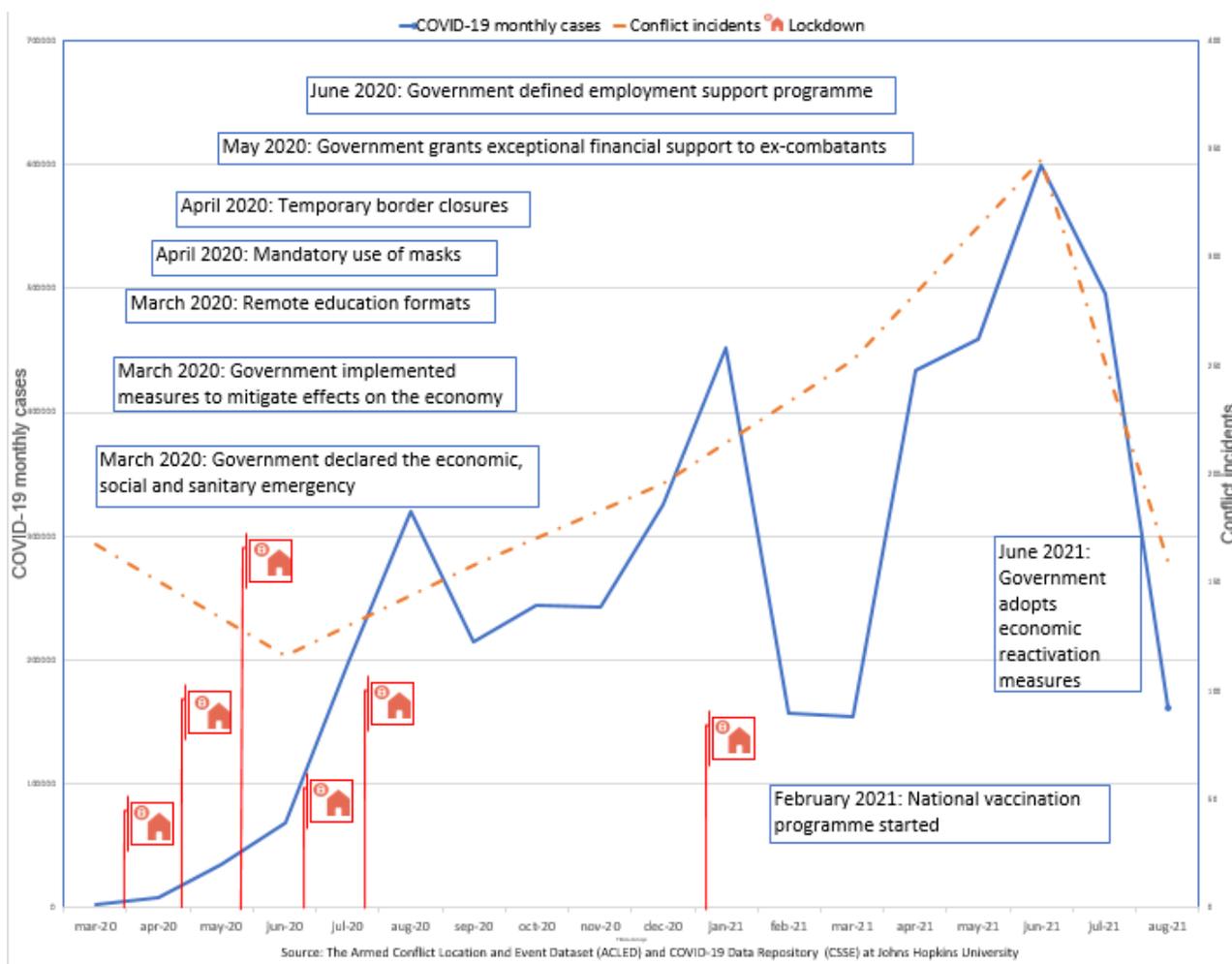
These challenges to service provision exacerbated existing inequalities in access to health services. Historically in Colombia, access to health infrastructure - both public and private - has been universal for residents in urban areas. However, only 80 per cent of Colombians in rural areas had health coverage as of 2018.⁴ Similarly, the quality of public health infrastructure and services is worse in rural Colombia, as shown by numerous statistics comparing the health of the urban and rural population.⁵ It is also common in areas highly affected by the conflict to find health centers in which doctors or nurses only appear very rarely or not at all, or without any functioning infrastructure.

ⁱⁱ In this report series, the authors will refer to two factions that are both currently known as "Boko Haram" in and around Maiduguri. When relevant, findings will distinguish between the faction led by Shekau (also known as Jamā'at Ahl as-Sunnah or JAS), and the rival faction led by al-Barnawi (also known as the Islamic State of West Africa or ISWAP). Shekau's recently reported death – if confirmed – could impact the relationship between the two factions and how they are perceived and referred to locally. See, "ISWAP militant group says Nigeria's Boko Haram leader is dead," *Reuters*, 7 June 2021, <https://www.reuters.com/world/islamic-state-west-african-province-says-nigerias-boko-haram-leader-is-dead-2021-06-06/>.

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As of September 2021, more than 40 million doses of vaccines had been administered, and 16 million people – or 31 per cent of its population of almost 51 million – had completed the vaccination scheme.⁶ Despite this progress, there remain significant challenges to expanding the vaccine rollout. Since 2010, there has been a rise in negative public perception of the “quality and coverage” of health services, reaching a high point of criticism of 85 per cent in October 2016 and again in October 2017.⁷ While there have historically been numerous positive vaccination campaigns in the country, and vaccine coverage for tuberculosis, measles, mumps and rubella, and polio is over 90 per cent,⁸ polls indicate that 12 per cent of the population will not get a coronavirus vaccine, while a further 63 per cent did not know if they would get the vaccine or refused to answer the relevant question.⁹

Figure 1. COVID-19 pandemic, government responses, and armed conflict in Colombia



COVID-19 and Armed Group Activity

The numerous lockdowns since March 2020 have impacted many aspects of everyday life for Colombians. As seen in Figure 1, one interesting shift early in the pandemic, which may be related in part to public health measures like lockdowns, was a reduction in violent incidents in Colombia, a trend mirrored in some other – but not all – armed conflicts.¹⁰ In June 2020, the trend reversed and Colombia has seen a constant increase in violence since then, more recently to levels higher than pre-pandemic times. Despite the social and economic measures implemented by the government, it seems that the effects of the pandemic may have exacerbated socioeconomic grievances and given

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the armed groups the opportunity to take advantage of restrictions to gain influence in the territories in which they are present, which in turn could have impacted levels of violent conflict. In 2020, approximately 43 per cent of the population was living in poverty, an increase of 7 percentage points compared to 2019.¹¹ In terms of inequality, the national Gini index rose from 0.52 to 0.54, the highest measurement since 2012. Colombia has therefore lost almost a decade of socioeconomic progress and this may impact internal violence.¹² COVID-19 may provide armed groups with the opportunity to use the economic restrictions to escalate violence and control territories.¹³ For example, there are reports of an increase in violent events by armed groups, including assassinations, displacements, and recruitment, during the pandemic.¹⁴ Figure 1 represents the trend of violent events along with the increase in COVID-19 cases. The conflict incidents shown include battles and armed clashes between government forces and non-State actors, explosions, remote violence¹⁵, and violence against civilians.

In addition to impacting their use of violence, existing evidence shows that armed groups in Colombia imposed their own series of rules impacting the daily life of local communities in the context of COVID-19.¹⁶ They appeared to do so based on two motives: in order to increase or gain legitimacy in the communities under their control by “protecting” them from the virus; and avoiding infections within their ranks. The restrictions they implemented included limiting the movement of local residents, prohibiting the entrance of outsiders into areas under armed groups’ control, limiting the number of family members who could leave their home at a time, prohibiting parties or meetings, and enacting curfews. The punishments meted out for breaking these rules also varied: the armed groups fined people, burned motorcycles, displaced families and, on some occasions, even killed people for breaking the rules.¹⁷ In other areas, armed groups forced people to participate in roadblocks to prevent outsiders from coming into their territories.

In recent months, the armed groups have applied these restrictions more scarcely. This is, in part, because numerous rural communities no longer perceive COVID-19 as a threat – and neither do the armed actors. The restrictions armed groups imposed were undertaken to mirror the level of concern that local communities had of COVID-19 (and were also reflective of how much fear each armed group had that the virus could affect their own members). Indeed, the MEAC community survey data confirms that community members perceived changes in armed group operations and behaviours in the context of the pandemic. As government restrictions became less stringent, and fear of COVID-19 decreased in rural society (and within armed groups themselves), armed groups applied fewer rules.

COVID-19 and the 2016 Peace Agreement

The pandemic presented an unexpected – and unprecedented – obstacle to implementing the 2016 peace agreement between the Government of Colombia and the FARC-EP. The peace agreement was designed to address the root causes of the Colombian conflict, from rural inequality to illegal crop cultivation. The implementation of the agreement’s chapter on rural reform should involve the extension of non-military State presence – including of institutions providing education and health – to rural areas that have been historically neglected by the central State and whose well-being the agreement aims to secure.

When the pandemic hit, not only was healthcare suddenly more urgently needed than ever, but the conditions in which health services had to be extended to rural, insecure, relatively inaccessible populations became much more challenging. The pandemic exposed and exacerbated historic inequalities that the peace agreement provides a roadmap to resolve, as well as demonstrating the ongoing acute need to implement the rural reform chapter’s stipulations on healthcare, education, and other public goods. When seen in a context of low levels of trust in healthcare administration

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and government more broadly, it is clear that the national Government has an enormous amount of work to do in seeking to implement the rural reform chapter of the agreement – but also that the solution to the economic and health challenges presented by the pandemic in rural conflict-affected communities lie within the agreement itself. The COVID-19 pandemic is therefore something of a test of the peace agreement, and of the Government’s ability to adapt to the changing conditions of implementation.

The MEAC community survey data provide insight into the ways that communities perceived the response of the government and of armed groups to the pandemic, including public messaging, restrictions on public life, and changes in daily activities. The data also examines public attitudes towards those responses, and the pandemic more broadly, as well as outlooks on the vaccine, therefore affording an opportunity to consider the implications of these behaviours and attitudes for public policy and implementation of the peace agreement in the pandemic era.

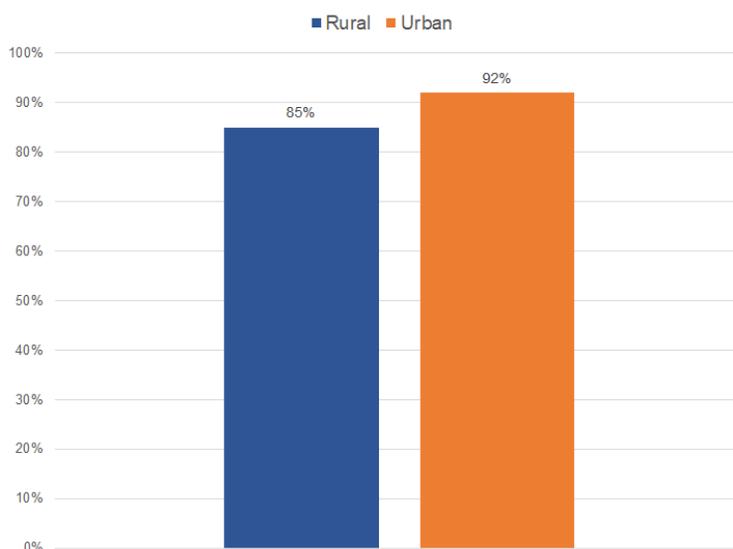
Findings

This report is based on data collected in a survey led by UNU-CPR and its Colombian research partner Fundación Conflict Responses from April to May 2021. The 30-minute phone survey with a representative sample of 2,460 community members from 11 municipalities across Colombia: Mutatá, Antioquia; Caldono, Cauca; San José del Guaviare, Guaviare; Guapi, Cauca; La Uribe, Meta; Puerto Asís, Putumayo; Villavicencio, Meta; Bogotá, Cundinamarca; Cali, Valle del Cauca; San Vicente del Caguán, Caquetá; and Apartadó, Antioquia.ⁱⁱⁱ Eight of these municipalities (all except the cities of Bogotá, Cali, and Villavicencio) are “PDET” municipalities – conflict-affected, vulnerable, and socioeconomically marginalized communities that have been chosen for the implementation of “Planes de Desarrollo con Enfoque Territorial” or “Regionally-focused Development Plans” stemming from the 2016 peace agreement between the Government and the FARC-EP. Respondents were asked questions on a range of topics including socioeconomic status, experiences of conflict, perceptions of security, attitudes towards violence, COVID-19, and other topics.

Public Health-related Perceptions of the Pandemic

The data from the survey shows that most respondents recognized the reality of the pandemic. Of those who answered, 88 per cent considered COVID-19 to be real, with higher reported levels of belief in the virus in urban municipalities.

ⁱⁱⁱ The sample had a non-probabilistic design comprised of two phases: the selection of municipalities through an intentional sampling strategy, and a convenience sampling with a quota control. The selection of the municipalities was driven by a desire to include a range of geographic, conflict-related, and demographic experiences and identities that were relevant to the research. The sampling of individuals within the selected municipalities was conducted randomly using pre-existing phone lists. This sampling strategy allows for inferences to be drawn about the municipal populations included in the survey, and while it may offer insights on other locations, we cannot draw strong inferences about other municipalities in Colombia.

Figure 2. Do you think the coronavirus is real? Answer: Yes^{iv}

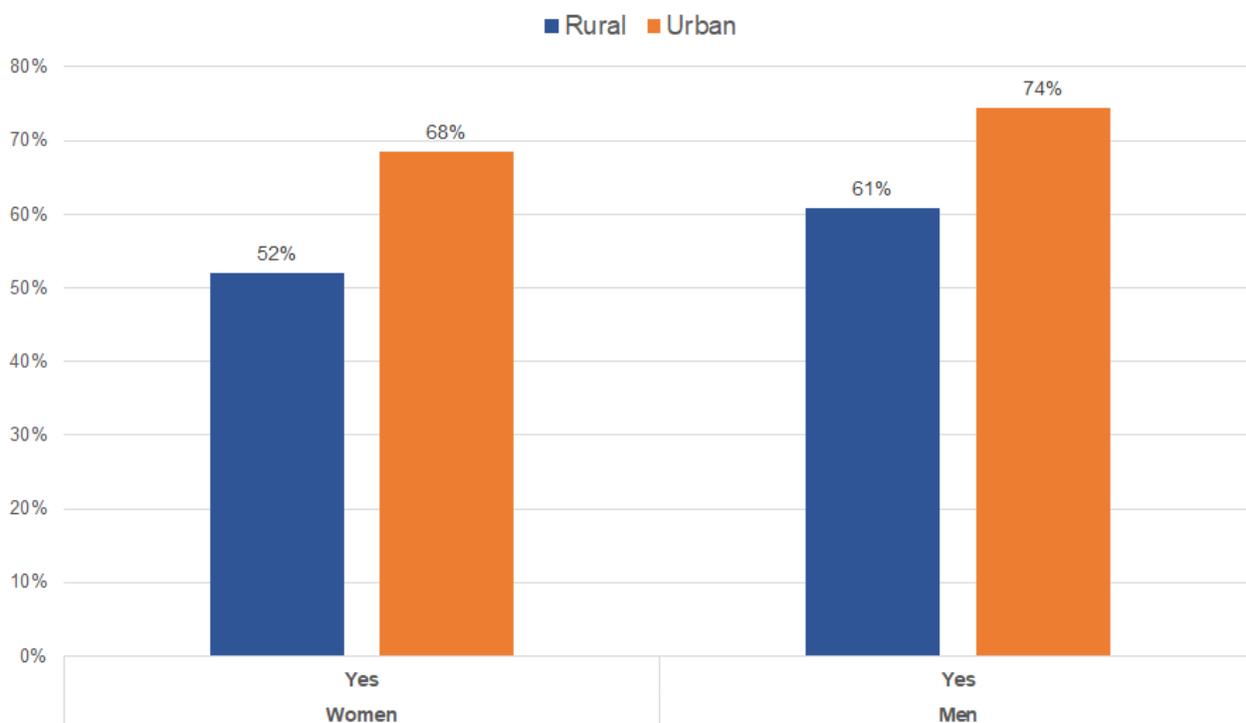
Across the sample, 65 per cent of respondents reported having changed their behaviour in response to the pandemic. There was little difference between urban and rural contexts in this regard – despite the strict nature of urban lockdowns in some areas of the country – with the exception of Bogotá, which reported the highest level of change in behaviour, at 72 per cent. This data also suggested a gender gap that raises concerns about how the COVID-19 might reinforce previous inequalities, as women respondents were 6 percentage points less likely to have changed their behaviours than men. Further research is needed to understand why women may have less frequently changed their behaviours, for example whether this is connected to traditional gender roles in which their lives were already much more focused on the home than men, and so they were less affected by lockdown measures that required them to remain at home.

Another gender gap in these health-related data, and potentially one that could be addressed in the short term with targeted public health campaigns, was seen in openness towards the vaccine. Across the sample, men respondents were more likely to indicate willingness to take a vaccine against COVID-19 than women respondents (66 per cent compared to 58 per cent). As evident in Figure 3, respondents in rural areas were less likely to express willingness to take the vaccine, with rural women respondents being the least willing to take the vaccine.

^{iv} Figures 2, 3, 5, and 6 represent the answers of those respondents who answered the respective questions analyzed in those graphs, i.e. not those who refused to answer.

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**Figure 3: Would you take a vaccine against coronavirus if it were available today?
Answer: Yes**



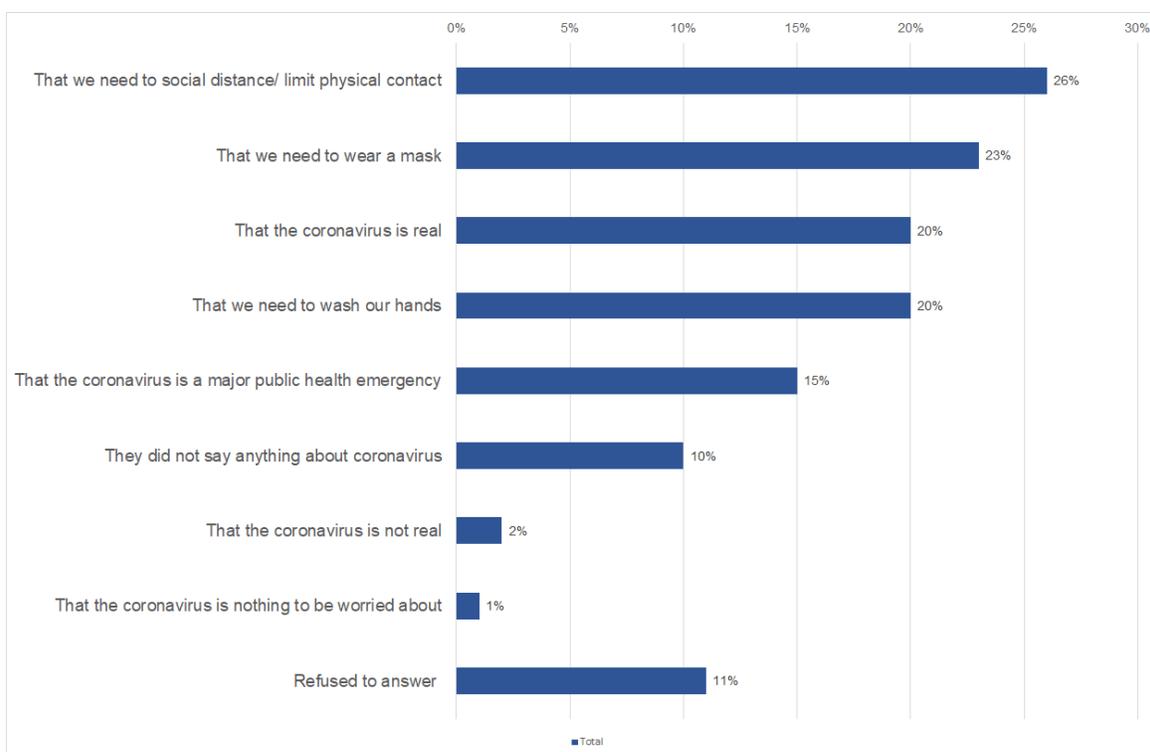
Public Messaging about Coronavirus

The MEAC survey aimed to understand which coronavirus and related public health messages were reaching the Colombian public. With regard to reception of Government messaging, which included a nightly television programme presented by President Duque,¹⁸ outreach on social networks, and the use of community radio stations to spread information about COVID-19 and the governmental response in the most remote areas of the country,¹⁹ the data suggested that neither rural nor urban municipalities were receiving Government messages at high rates. Only 26 per cent of respondents said they had heard messaging about limiting physical contact or maintaining social distance. As highlighted in Figure 4, other expected messages from the Government or community leaders, like the need to wear a mask, the need to wash hands, or the coronavirus as a major public health emergency, do not exceed acknowledgement by 25 per cent of respondents.

Interestingly, 24 per cent of the sample said they had heard messages on COVID-19 from the national armed forces (military, police, etc.). This may mean that the armed forces were used to disseminate Government messages on the public health emergency in places where other State institutions were not present. This is consistent with the historic use of the armed forces to carry out non-military activities, in this case public health functions, as a substitute for non-military State institutions in Colombia.

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Figure 4. What did the government or community leaders say about the coronavirus? Select all that apply.



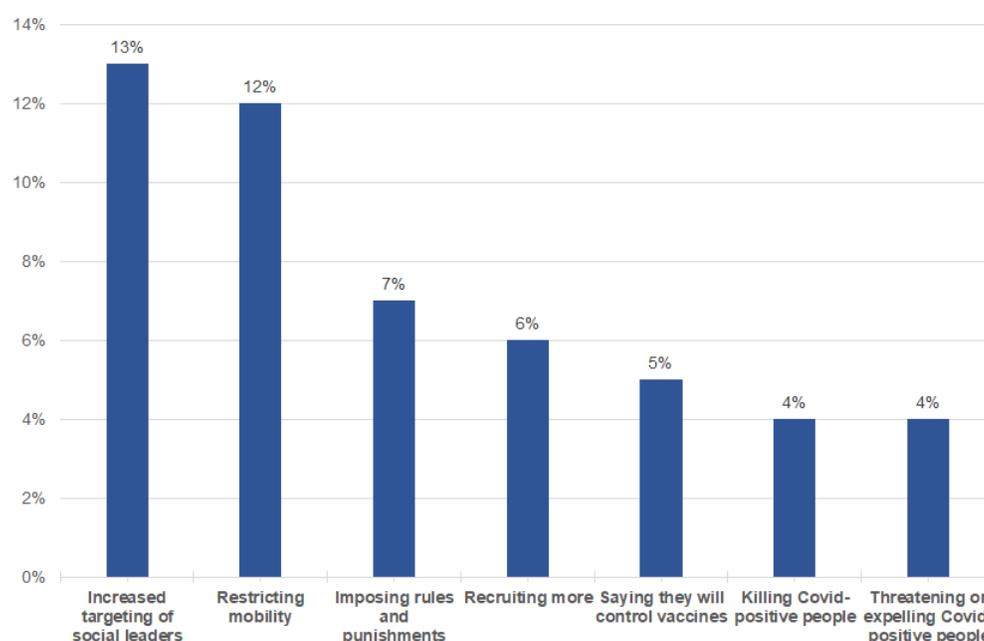
Given that armed groups have strong presence and, in some cases, legitimacy in rural communities in Colombia, it was also important to explore the messages they had promoted about the pandemic. When asked about armed actor messaging about COVID-19, most respondents said they had not heard armed actor messaging (68 per cent). A small number of people admitted to hearing messages from FARC dissident groups in rural municipalities such as San José del Guaviare, La Uribe, and San Vicente del Caguán.

While their messages on the pandemic appear to have reached a small minority of respondents, a much larger portion of respondents – particularly in rural areas – were aware of measures implemented by armed groups in response to COVID-19. Respondents in rural areas were more likely to acknowledge and experience armed group restrictions on mobility than those in urban areas. For example, 23 per cent of respondents reported mobility restrictions by armed groups in San Jose del Guaviare, 18 per cent in San Vicente del Caguán and 12 per cent in La Uribe – all above the average of other rural municipalities (9 per cent) and urban municipalities (10 per cent). The data also shows that 9 per cent of rural respondents say that armed groups increased the targeting of social leaders. Although much of this targeting has occurred outside large urban centers, twice as many people in urban areas were aware of these attacks. This unexpected difference in rural and urban awareness might be due to the fact that in cities people are more connected and may be hearing about the attacks on social leaders, increases in recruitment, or killing COVID-19 positive cases from the media; while in some rural areas, people may have more direct experience of these events but may be less aware of incidents outside their communities. In addition, it is likely that rural respondents, especially in areas where armed groups are active, may be more fearful of reporting on these kinds of incidents.

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Interestingly, the data suggests that armed groups were more effective in implementing restrictions than in messaging about the virus. This may be because the armed groups are more accustomed to enforcing measures to solidify their legitimacy than they are to justifying their actions, so they did not enact effective dissemination strategies to message the public around the pandemic. Furthermore, it is worth noting that historically, leftist armed groups such as the ELN and the FARC dissident groups have tried to show that the Government is ineffective in taking action to fulfill the needs of the population; the measures they took to address COVID-19 may have also been partially motivated by a desire to expose Government inefficiency once again.

Figure 5: From what you have observed, have the armed groups responded to the coronavirus in any of the following ways? Please select all that apply.

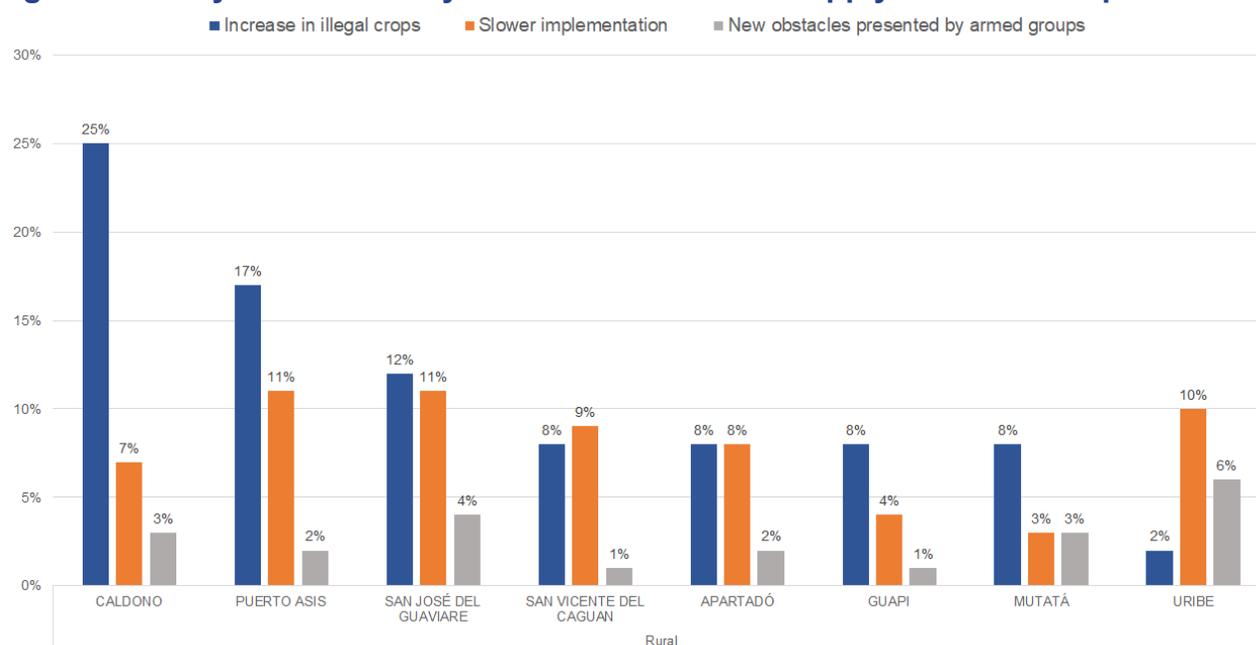


Armed group behaviours were therefore driven by conditions brought on by COVID-19. For example, when asked about the services provided by armed groups, 5 per cent of the sample in La Uribe said “protection against coronavirus,” which may reflect the level of control and influence that the 40th front FARC dissident group had in the municipality during the pandemic. This finding is especially interesting when considering that respondents in La Uribe reported the second highest levels of disbelief in COVID-19, indicating a possible mismatch between the messaging and actions of the armed groups, and the perception of or belief in the virus itself on the part of the community.

Finally, the MEAC survey also asked broad questions about COVID-19’s impact on implementation of the peace agreement between the national Government and FARC-EP. Figure 7 highlights how respondents across municipalities reported increases in illegal crop production, slower implementation of peace agreement components, and obstacles presented by armed groups during the pandemic. There are high levels of variation among both urban and rural municipalities. For example, when comparing increases in illegal crop cultivation in the rural communities there were significant differences: 25 per cent of respondents who answered the question in Caldoño reported this trend, while only 2 per cent of respondents in La Uribe reported the same. This is consistent with existing knowledge of illegal crop cultivation in Caldoño, where the FARC dissident group present in the area and drug traffickers have pressured local farmers to grow coca.

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Figure 6. What impact has coronavirus had on implementation of the peace agreement in your community? Please select all that apply. Rural municipalities.



Generally speaking, the data suggest that respondents identified an increase in illegal crops as the main COVID-19 impact on the peace agreement, with slower implementation of peace agreement commitments coming in a close second. Urban municipalities – not reported in this figure – also reported relatively high levels of knowledge of these dynamics, probably due to national media attention to this issue in recent months.

There is no doubt that the conditions brought about by the pandemic presented an unprecedented challenge to implementation of the peace agreement – perhaps the agreement’s greatest test. The solution to this test, however, lies in the agreement itself. The need for greater access to health services in rural areas, the need for greater non-military State presence across the country, and the need to address illegal crop cultivation have all been highlighted in the MEAC data. These challenges would be solved by the full implementation of the peace agreement. The PDET’s are a crucial vehicle for these efforts, and although they now face greater financial challenges than ever before, they are needed more than ever before to confront the short and long-term impacts of COVID-19.

Policy and Programmatic Implications

The MEAC community survey findings have broad implications across policies and programmes that aim to address COVID-19 specifically and that seek to strengthen broader peacebuilding, security, and public health outcomes in Colombia more generally. With regard to government efforts to tackle the pandemic, the data reveals a need to increase efforts to promote messaging about both the need to vaccinate the population and behaviors that individuals should adopt to decrease the chances of contagion, such as social distancing and hygiene measures. Furthermore, respondents’ reporting of hearing messaging from the armed forces indicates a militarization of COVID-19 response, which is potentially confusing and calls into question principles such as the neutral provision of healthcare – especially important in a highly polarized society such as Colombia. Clear messaging about vaccines and other preventive measures from the Ministry of Health and other non-military State institutions

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will be crucial in coming months as the country continues to struggle to overcome the virus. These messages should be accompanied by greater efforts to make vaccines and healthcare more broadly accessible to the entire population, particularly those in historically marginalized rural areas. Given the difference between men and women's openness to vaccination, such public campaigns – from communications to implementation – should adopt a gender-responsive approach in order to ensure even uptake of health measures across genders.

Similarly, non-military State presence is essential to combat the armed groups' leveraging of COVID-19 conditions to gain territorial control through the implementation of lockdowns and other measures. In this regard, although Colombia contrasts with other countries in that the armed groups are reinforcing (albeit violently) rather than contradicting government messaging and action, the context is clearly affording them opportunities to build their support and legitimacy. This is especially true in rural areas where the State has not historically been present, especially in non-military form, and where there is less knowledge of the pandemic and the appropriate measures to tackle it due to the lack of internet access and other communication channels.

One clear solution to the challenge of establishing sustained non-military State presence in conflict-affected areas is implementation of the 2016 peace agreement between the Government and the FARC-EP. Throughout the accord, but particularly in the rural reform chapter, there are potential tools to enable such a presence to be rolled out in a meaningful way that would positively impact health and security outcomes. COVID-19 has presented an unprecedented challenge to implementation, given not only the restrictions on travel and other logistics of roll-out, but also due to the economic constraints placed on the Government budget. Nevertheless, the agreement also contains many of the tools needed to tackle the conditions brought about by the pandemic. It allows for increased access to health services, which could include vaccination sites, in historically marginalized areas. The text also provides for economic and livelihood opportunities for vulnerable communities, including but not limited to crop substitution programmes, especially important in a context in which many families have lost income and started to cultivate illegal crops in order to meet basic needs. Finally, the peace agreement's provisions for both protective military and non-military State presence in rural areas aim to combat the presence of armed groups there, and will be essential to ensuring that those groups who have gained legitimacy and become more entrenched during the pandemic are substituted by the State in the coming years. The prioritization and acceleration of implementation of the peace agreement is therefore essential to addressing all aspects of the nexus between pandemic conditions and security dynamics in Colombia, both in the coming months as the pandemic's health impacts hopefully subside, and in years to come as its economic effects threaten to continue to ravage the population.

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Annex 1: The Sample of Municipalities

The MEAC team selected the 11 municipalities included in this survey with the goal of exploring some of the ways that the conflict's impact has varied across urban and rural geographic locations and diverse ethnic groups, among other sub-populations, and based on information needs from key stakeholders working to advance peace in Colombia. The following table summarizes the criteria and characteristics that were taken into account in the selection of these municipalities.

Sample	Municipality	Department	Population ²⁰	Afro-Colombians ²¹	Indigenous ²²	Urban/Rural ²³	PDET ²⁴	TATR ²⁵	Venezuelan migrants ²⁶	Referendum Vote ²⁷	Armed groups present ²⁸
203	Apartadó	Antioquia	121,003	42% ²⁹	1%	Rural	Yes	No	1,940	Yes	Clan del Golfo
188	San Vicente del Caguán	Caquetá	50,719	1%	0%	Rural	Yes	1	64	Yes	FARC dissident groups
203	Mutató	Antioquia	13,991	8%	15%	Rural	Yes	No	20	No	Clan del Golfo
207	Caldono	Cauca	39,946	0% ³⁰	75%	Rural	Yes	1	24	Yes	FARC dissident groups
207	San José del Guaviare	Guaviare	52,815	5%	6%	Rural	Yes	1	222	No	ELN; FARC dissident groups
201	Guapi	Cauca	27,616	98%	0%	Rural	Yes	No	No	Yes	ELN; FARC dissident groups
189	La Uribe	Meta	9,284	0% ³¹	2%	Rural	Yes	No	48	Yes	FARC dissident groups
200	Puerto Asís	Putumayo	64,867	4%	4%	Urban	Yes	1	605	Yes	FARC dissident groups
205	Villavicencio	Meta	531,275	1%	0%	Urban	No	No	4,587	No	Clan del Golfo
327	Bogotá	Bogotá	7,412,566	2%	0%	Urban	No	No	357,000	Yes	Clan del Golfo; ELN
347	Cali	Valle del Cauca	2,227,642	20%	0%	Urban	No	No	63,696	Yes	ELN; Los Rastrojos

¹ Aris Folley, "FBI warns white supremacists encouraging members to spread coronavirus to law enforcement, Jews: report," *The Hill*, 22 March 2020, <https://thehill.com/blogs/blog-briefing-room/news/488919-fbi-white-supremacists-encouraging-members-to-spread>; Abu-Bakarr Jalloh, "Increased terror attacks in Africa amid coronavirus pandemic", *Deutsche Welle*, 9 April 2020, <https://www.dw.com/en/increased-terror-attacks-in-africa-amid-coronavirus-pandemic/a-53066398>; Ashley Jackson, "For the Taliban, the Pandemic Is a Ladder," *Foreign Policy*, 6 May 2020, <https://foreignpolicy.com/2020/05/06/taliban-afghanistan-coronavirus-pandemic/>.

² Instituto Nacional de Salud, "Covid-19 en Colombia," last accessed 13 September 2021, <https://www.ins.gov.co/Noticias/paginas/coronavirus.aspx>.

³ Ibid.

⁴ Ministerio de Salud y Protección Social, *Plan Nacional de Salud Rural* (Bogotá: Ministerio de Salud y Protección Social, 2018), <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/PES/msps-plan-nacional-salud-rural-2018.pdf>.

⁵ Ibid.

⁶ Our World in Data, "Coronavirus (Covid-19) Vaccinations: Colombia," last accessed 10 September 2021, https://ourworldindata.org/covid-vaccinations?country=OWID_WRL.

⁷ Encuesta Invamer Gallup, *Medición* 143 (2021), <https://www.scribd.com/document/513706250/Encuesta-Invamer-Gallup-Poll>.

⁸ Panamerican Health Organization and World Health Organization, "Colombia 2019," *Informe del país del PAI* (2020), https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=perfiles-paises-im-1809&alias=4802-colombia-perfil-pais-802&Itemid=270%E2%9F%A8=en&lang=en; Ministerio de Salud y Protección Social, op. cit.

⁹ Invamer, op. cit.

¹⁰ Tobias Ide, "COVID-19 and armed conflict," *World Development* 140 (2020).

¹¹ Departamento Administrativo Nacional de Estadística (DANE), *Pobreza monetaria en Colombia. Resultados 2020* (Bogotá: DANE, 2021), https://www.dane.gov.co/files/investigaciones/condiciones_vida/pobreza/2020/Presentacion-pobreza-monetaria_2020.pdf.

¹² Emily Dickson, "Pandemic Gloom and Police Violence Leave Colombia in Turmoil," International Crisis Group, 6 May 2021, <https://www.crisisgroup.org/latin-america-caribbean/andes/colombia/pandemic-gloom-and-police-violence-leave-colombia-turmoil>

¹³ Tobias Ide, op. cit.

¹⁴ Comité Internacional de la Cruz Roja, "Colombia, aislada por la pandemia y el conflicto," 13 March 2021,

<https://www.icrc.org/es/document/colombia-aislada-por-la-pandemia-y-el-conflicto>; Human Rights Watch, "Colombia: Brutales medidas de grupos armados contra Covid-19," 15 July 2020, <https://www.hrw.org/es/news/2020/07/15/colombia-brutales-medidas-de-grupos-armados-contra-covid-19>.

¹⁵ "Remote violence" refers to events in which the tool for engaging in conflict did not require the physical presence of the perpetrator. These include bombings, Improvised Explosive Device (IED) attacks, mortar and missile attacks, etc. In events classified as 'Remote violence', a spatially removed group determines the time, place and victims of the attack. Remote violence can be waged on both armed agents (e.g. an active rebel group; a military garrison) or on civilians (e.g. a roadside bombing). ACLAD, "Remote Violence," *Definitions* (2017), https://www.acleddata.com/wp-content/uploads/2017/12/Remote-Violence_FINAL.pdf.

¹⁶ Human Rights Watch, op. cit.

¹⁷ Ibid.

¹⁸ From March 2020 to May 2021, President Ivan Duque presented a daily night programme television whose purpose was to keep citizens informed about the government's actions on the pandemic. Ministers, epidemiologists, doctors, mayors, governors, entrepreneurs and even presidents of other countries participated there. According to some sources, the government wanted to maintain control over the information, even reducing press conferences. "Prevención y Acción ¿programa sobre el Covid o sobre el gobierno?," *El Tiempo*, 29 October 2020, <https://www.eltiempo.com/politica/gobierno/prevencion-y-accion-programa-sobre-el-covid-19-o-programa-de-gobierno-545777>; Tatiana Duque, "Mientras Duque se recarga en la T.V., acabó con las ruedas de prensa," *La Silla Vacía*, 11 December 2020, <https://www.lasillavacia.com/historias/silla-nacional/mientras-duque-se-recarga-en-la-tv-acabo-con-las-ruedas-de-prensa>.

¹⁹ "Así defiende Hassan Nassar el programa diario de Duque," *El Tiempo*, 31 December 2020, <https://www.eltiempo.com/politica/gobierno/consejero-presidencial-habla-sobre-el-programa-de-duque-557956>.

²⁰ Departamento Administrativo Nacional de Estadística (DANE), *Serie municipal de población por área, para el periodo 2018 -2035* (Bogotá: DANE, 2020), <https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/proyecciones-de-poblacion>.

²¹ Departamento Administrativo Nacional de Estadística (DANE), *Enfoque diferencial e interseccional* (Bogotá: DANE, 2018), <https://www.dane.gov.co/index.php/estadisticas-por-tema/enfoque-diferencial-e-interseccional/autorreconocimiento-etnico#pueblos-indigenas>.

²² Ibid.

²³ MEAC recognizes that many of these municipalities include large towns that could be considered "urban", however, for ease of analysis we have categorized all municipalities as either urban or rural.

²⁴ "PDET" municipalities are conflict-affected, vulnerable, and socioeconomically marginalized communities that have been chosen for the implementation of "Planes de Desarrollo con Enfoque Territorial" or "Regionally-focused Development Plans" stemming from the 2016 peace agreement between the Government and the FARC-EP. Source: Colombian Territory Renewal Agency - ART.

²⁵ "Former Territorial Areas for Training and Reincorporation" or "Antiguos Espacios Territoriales para la Capacitación y la Reincorporación" are the sites at which the former FARC-EP laid down their weapons and began their transition to civilian life as a result of the 2016 peace agreement. As of July 2021, there were 2,487 former members of the FARC-EP living in 24 former TATRs across the country. A further 9,634 former members of the FARC-EP are living outside the former TATRs in informal reincorporation communities and other locations; Agencia para la Reincorporación y la Normalización, *ARN En Cifras: Nuestra Entidad* (Bogotá, ARN, 2021), http://www.reincorporacion.gov.co/es/agencia/Documentos%20de%20ARN%20en%20Cifras/ARN_en_Cifras_corte_julio_2021.pdf.

²⁶ Grupo interagencial sobre flujos migratorios mixtos, "Cifras clave," last accessed 7 October 2021, <https://www.r4v.info/es/colombia>.

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