

RMRP 2020

FOR REFUGEES AND MIGRANTS
FROM VENEZUELA



REFUGEE AND MIGRANT
RESPONSE PLAN 2020

MAY 2020 · REVISION

R4V
RESPONSE FOR
VENEZUELANAS

Coordination Platform for
Refugees and Migrants
from Venezuela

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FOREWORD

By Eduardo Stein



The Venezuelan refugee and migrant crisis is one of the biggest external displacement crises in the world today. The COVID-19 pandemic has compounded an already desperate situation for many refugees and migrants, as well as their hosts, sorely testing health and social welfare systems and the ability of countries to assist the vulnerable population.

Refugees and migrants, especially those in an irregular situation, are particularly vulnerable. Some governments have been making commendable efforts to include them in health and social protection programmes, and many others should be encouraged to do so.

The economic impact of the pandemic has been no less devastating. Many refugees and migrants have lost their livelihoods and have been evicted from their homes. Unable to cover regular basic needs such as shelter, food, sanitary and healthcare needs, and equally unable to comply with the quarantine measures and social distancing, an increasing number of Venezuelans have had no choice but to return to Venezuela in an unregulated and potentially dangerous manner that poses significant protection and health risks for the region at large.

Countries in Latin America and the Caribbean have shown admirable solidarity towards the refugees and migrants from Venezuela and have developed regional coordination mechanisms such as the Quito Process.

However, national capacities and host communities are being stretched to a breaking point, and regional solidarity and political will are being challenged in the face of limited international support, particularly as the economic impact of the Coronavirus pandemic begins to be felt across the region.

With State capacities under extreme pressure, social service provision at its limits and xenophobic trends on the rise, there is an urgent need to complement states' efforts to support host communities. Additional support is essential to meet both immediate, humanitarian needs and to address longer-term development gaps to facilitate the socio-economic inclusion of refugees and migrants as an opportunity for all.

The Regional Inter-Agency Coordination Platform (R4V), in close coordination with national and local authorities, and with WHO-PAHO leading the health sector response, has activated a critical revision of all operations in the region to prioritize essential protection and life-saving actions in the context of COVID-19.

The result of these efforts is this document, which updates the Regional Refugee and Migrant Response Plan (RMRP) launched in November 2019, addressing new challenges to deliver basic support and protection to refugees and migrants from Venezuela, as well as to host communities.

A handwritten signature in black ink, appearing to read 'Eduardo Stein', written in a cursive style.

Eduardo Stein

Joint Special Representative for Venezuelan
refugees and migrants



REGIONAL



REGIONAL



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	6.17 M	4.11 M	\$ 1.41 B	\$ 438.81 M	151
IN DESTINATION 5.54 M	3.82 M	2.50 M			
PENDULAR 2.09 M	501 K	365 K			
RETURNEES 680 K	350 K	250 K			
HOST COMMUNITY	1.49 M	993 K			

Summary

Of the approximately 5.1 million refugees² and migrants from Venezuela displaced globally, some 4.3 million are hosted in Latin America and the Caribbean³. The majority of Venezuelans have no prospects for a sustainable return in the short to medium-term. Colombia alone hosts more than 1.8 million refugees and migrants, including over 1 million with an irregular status, who are without proper documentation to facilitate access to basic rights and services including existential healthcare, WASH, nutrition and other life-saving facilities.

The Latin America and the Caribbean region has, over the past years, responded to a situation of unprecedented human displacement with tremendous solidarity, hospitality, and has largely maintained doors open for refugees and migrants from Venezuela, while in parallel facing widespread challenges to its economies and social fabric. The arrival of the COVID-19 pandemic presents an additional challenge of unforeseeable magnitude, putting health and

social welfare systems to the test, as well as countries' ability to maintain an inclusive society.

The coordination of the response for refugees and migrants from Venezuelan and for affected host communities, bringing together 151 response actors at regional and national levels, is conducted through the Regional Inter-Agency Coordination Platform (R4V), complemented by eight National and Sub-Regional Platforms in Brazil, Chile, Colombia, Ecuador and Peru- at national levels- and in the Caribbean, Central America & Mexico and Southern Cone- at sub-regional levels. As a result of a comprehensive and COVID-19 focused review, the Regional Refugee and Migrant Response Plan (RMRP) has a financial requirement of USD 1.4 billion to cover a broad range of re-/prioritized activities in 17 countries targeting 4.1 million people. The requirements for COVID-19-specific activities amount to USD 438.81 million.

- 1 This document provides an actualization of the original Refugee and Migration Response Plan (RMRP) 2020, as launched in November 2019. The present document in this sense only presents changes that R4V partners have made in terms of activities, targets and financial requirements as well as in terms of sector priorities. It does not substitute any of the narrative parts of the original RMRP, but merely complements and adds on to the original chapters. Both documents are available at R4V.info and should be read together.
- 2 For the purposes of this document, any reference to "refugees" shall be read to include asylum-seekers.
- 3 Effective 8 April 2020. For updated population statistics, please see R4V.info

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	1.52 M	398 K	\$ 49.89 M	\$ 9.69 M	47
Food Security	3.23 M	1.82 M	\$ 242.6 M	\$ 81.12 M	66
Health	4 M	2.3 M	\$ 258.11 M	\$ 131.63 M	72
Humanitarian Transportation	68 K	38 K	\$ 9.88 M	\$ 144 K	17
Integration	4.57 M	1.6 M	\$ 282.26 M	\$ 23.34 M	97
NFI	1.49 M	373 K	\$ 31.8 M	\$ 10.56 M	44
Nutrition	256 K	129 K	\$ 6.45 M	\$ 772 K	20
Protection*	3.62 M	2.06 M	\$ 203.04 M	\$ 30.28 M	106
Shelter	1.88 M	357 K	\$ 68.87 M	\$ 18.78 M	51
WASH	2.17 M	1.09 M	\$ 45.97 M	\$ 14.46 M	38
Multipurpose CBI			\$ 154.94 M	\$ 107.62 M	45
Support Services**			\$ 53.78 M	\$ 10.4 M	66

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the Coronavirus (COVID-19) outbreak a public emergency of international concern under the International Health Regulations (IHR 2005). On 4 February 2020, WHO requested the activation of the UN Crisis Management Team to coordinate UN system-wide scale-up to assist countries prepare for, and respond to, COVID-19.

In response to the COVID-19 pandemic, the review of the RMRP 2020 was conducted by all Platforms, Sectors and R4V partners taking in consideration the impacts of the COVID-19 pandemic on refugees, migrants and host communities living in the region especially.

With the spread of COVID-19 in the region, refugees and migrants, including particularly those in irregular situations, are at a high risk of being left out of health and social welfare programs, thereby becoming even more vulnerable to a range of health and protection risks. Moreover, many families and individuals amongst the refugee and migrant populations who have lost their livelihoods are exposed to increasing levels of discrimination, violence, exploitation and abuse.

In a region characterized by high levels of informal labour, the implementation of curfews and other movement restrictions has had a disproportionately grave impact on refugees and migrants. Without savings or alternative social safety nets, the loss of employment has resulted in many being unable to cover their rent. As a result, the past month has seen a spike in the levels of evictions, and subsequent homelessness and destitution of refugees and migrants.

Many Venezuelan refugees and migrants are now unable to cover regular basic needs such as shelter, food, hygiene and healthcare needs, and are equally unable to comply with the quarantine measures and social distancing. An increasing number of Venezuelans are left with no alternative but to consider returning to Venezuela in an unregulated and potentially perilous manner that poses significant additional protection and health risks for the region at large. Incidents of xenophobia and stigmatization by host communities, including negative perceptions associated with a fear of the spreading virus, have further aggravated the situation of refugees and migrants, and impede their integration.

Overstretched public health services are expected to be challenged in 2020 throughout the region. Availability of hygiene items and personal protective equipment is a challenge for people on the move, as well as response actors. In these conditions, unimpeded access by refugees and migrants, many of which are already in very vulnerable situations, to health and sanitary facilities will be key, also for containing the virus.

Food insecurity and poor nutrition levels among refugees and migrants have been reported, especially among those having lost their livelihoods. This indirect health impact is particularly serious for those with specific needs.

Resulting from prolonged confinement and isolation, risks and prevalence of gender-based violence (GBV) have exacerbated, impacting especially women and children in violent relationships. With schools and universities closed across the region, education of children and youth is of rising concern as many refugees and migrants have limited capacities to access on-line schooling and other forms of education currently available for nationals.

RMRP Review and Response

With everyone being at risk, the Regional Inter-Agency Coordination Platform (R4V) promotes a comprehensive “whole of society” approach. In that context, the R4V response advocates for full inclusion of refugees and migrants in the national COVID-19 responses of the 17 countries covered by the RMRP. Resulting from such advocacy good practices have been adopted by some governments in the region and include: a suspension of evictions and systematic exemptions from movement restrictions for humanitarian responders in Colombia, measures to remotely extend legal stay arrangements in Argentina and Ecuador, provision of emergency basic financial assistance in Aruba, Brazil and Costa Rica, and the access to COVID-19 testing and treatment in most countries.

As part of the emergency response to the COVID-19 pandemic, a review of the RMRP has been undertaken, taking into account particular COVID-19-related needs and priorities of host governments. A particular focus of this review and reprioritization has been on responding to refugees’ and migrants’ particular needs in the areas of Health, Protection, Shelter, WASH, Nutrition, Food, and Livelihoods and Integration, through targeted and context-sensitive interventions (such as through enhanced cash assistance) to complement national authorities’ response capacities.

Reflective of the rapid reprioritization of the 151 RMRP partners’ activities, the COVID-19-related review of the regional inter-agency response plan has resulted in a notable increase of planned humanitarian interventions targeting 3.1 million refugees and migrants from Venezuela and almost 1 million affected host community members.

Across the region, various R4V Platforms have conducted joint contingency preparedness exercises, response mapping and rapid needs assessments & analysis exercises in order to plan and coordinate a more effective and tailored response. At the regional level, Regional R4V Sectors and Working Groups produce and disseminate COVID-19-specific guidance, communication materials as well as key messages for refugees and mi-

grants and for local authorities, and collate best practices on the inclusion of refugees and migrants for advocacy with policy-makers and R4V partners to guide the response.

Resulting from the review of the RMRP, many R4V partners plan to deliver live-saving activities and COVID-19 prevention activities, with adapted, largely remote, response modalities. Some of the specific COVID-19-related responses include: emergency and life-saving assistance to vulnerable refugees and migrants and affected host communities (e.g. mobile health interventions for testing and referral of COVID-19 cases; upgrading of shelters with adequate spacing and WASH arrangements; development of adapted GBV pathways; remote education mechanisms), focused provision of technical support to authorities to enhance their capacities to the COVID-19 pandemic; the establishment of early warning systems and rapid response mechanisms to contain the spread of COVID-19 among refugees and migrants; as well as enhanced monitoring and analysis of the impact of COVID-19 on refugees and migrants.

The Inter-Agency Coordination Platforms for the Response for Refugees and Migrants from Venezuela are co-led by UNHCR and IOM, with a range of different agencies and organizations co-leading the various thematic sectors that are in place at regional and national levels. In the context of the COVID-19 response, in-line with its global leadership, WHO/PAHO leads the health-related aspects of the response plan. The objective of the R4V Platform is to complement the governments’ responses in the region. R4V partners, jointly with donor entities, provide a coherent and coordinated analysis, strategic planning and response in the areas of emergency assistance, protection, and socio-economic and cultural integration of refugees and migrants from Venezuela.

MULTIPURPOSE CBI



Updated Sector Situation

COVID-19 is exacerbating refugees' and migrants' entrenched vulnerabilities related to inadequate access to public services (such as healthcare and education), food and accommodation, as well as limited economic opportunities and consequential risks of poverty and unemployment. While Governments have quickly reacted to the emergency, this population has only gradually and partially been considered in critical public responses delivered through social protection systems. A large part of the refugees and migrants from Venezuela, most of them

working in the informal sector, are seeing how COVID-19 has disrupted their livelihoods, driven primarily by movement restrictions and concerns about leaving the home due to a risk of contagion and increased xenophobic sentiments. Their ability to send remittances to their families is being hampered, and an increasing number of Venezuelans are left with no alternative but to consider returning to Venezuela in an unregulated and potentially dangerous manner that poses significant protection and health risks.

Response Priorities

The Response will simultaneously respond to the humanitarian needs, heightened by COVID-19, while continuing to support stakeholders to seek durable solutions for refugees and migrants and affected host communities. Cash transfers, especially multipurpose cash transfers (MPC) are a rapid, efficient, and flexible tool to respond to the diverse needs and act as a safety net for refugees and migrants during the current health and economic crisis. The extension of isolation measures in many countries will worsen conditions for refugees and migrants if safeguards are not put in place. Given the current COVID-19 situation, partners were asked to review their activities under the RMRP. As a result, some USD154 million in assistance are to be disbursed through multipurpose cash transfers in 2020. With the support of 45 partners across 17 countries working on Cash and Voucher Assistance (CVA) in the region, the Platform plans to reach 1 million refugees, migrants, and host communities with multipurpose cash transfers.

In this new scenario, partners are adjusting their implementation modalities to ensure the continuity of delivery, implementing measures to mitigate COVID-19 transmission risks, and expanding the current programming to mitigate some of the negative socio-economic impacts of COVID-19 on refugees, migrants and affected host communities. The Regional Cash Working Group (CWG), in consultation with National CWGs and partners, emphasizes the increased efforts that operational agencies are making to adapt their cash programs to the current situation, namely (i) shifting from in-person to remote registration, assessment and prioritization processes, wherever feasible; ii) monitoring the continuous risks associated with the different modalities of assistance under the COVID-19 situation; (iii) investing in collaborative efforts to assess and monitor the level of access and functionality of markets of key essential items, due to the disruption in supply chains and mobility restrictions; and the capacity of Financial Service Providers to respond at scale, with quality, and reaching marginalized refugees and migrants, such as the elderly and people with disabilities; (iv) using digital tools as a preferred option for payments, for instance, scaling up mobile wallets and e-transfers or minimizing the use of digital fingerprints or signatures (v); adjusting targeting mechanisms and processes, to include refugees and migrants and affected host communities that are now at a higher risk, given the impact of the pandemic and to reduce the risk of contagion (e.g. remote targeting or targeting through local authorities or field-based organizations); (vi) communicating, listening and receiving

feedback from cash recipients by phone, for instance, and contributing to the delivery of COVID-19 prevention key messages.

The response priorities vary country by country but in summary:

- National and Sub-Regional Platforms advocate, support, and collaborate with governments to include refugees and migrants from Venezuela as part of their social protection and livelihood response to COVID-19, in collaboration with the Integration Sector.
- CWGs focus on increasing local organizations' capacity in cash and market assistance and work with financial service providers to reach remote areas and marginalized groups.
- To address refugees' and migrants' increased economic barriers when accessing essential goods and services during the COVID-19 crisis, inter-sectoral collaboration with all Sectors and Working Groups will be reinforced to make sure CVA, along with other activities reach intended sectoral outcomes that can contribute to protection.
- It is becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease are not only increasing GBV-related risks and violence against women and girls but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support⁴. By mainstreaming GBV considerations in CVA throughout the program cycle and by utilizing CVA within GBV case management services, where appropriate, CVA can be optimized as a tool to enhance the protection of refugees and migrants and to mitigate risks of recurrent violence .
- the Platform's information management services will be key to have consolidated and harmonized information on CVA across sectors at the district, country, and regional level, to minimize duplication, expand coverage of organizations during this crisis in hard to reach areas, and strengthen linkages with Governments' social assistance schemes.
- Provide sound technical support to all partners to respond to refugees and migrants affected by the COVID-19 pandemic with cash assistance.

⁴ <https://gbvguidelines.org/cctopic/covid-19/>



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	1.52 M	398 K	\$ 49.89 M	\$ 9.69 M	47
REFUGEES & MIGRANTS	1.32 M	234 K			
HOST COMMUNITY	203 K	164 K			

Updated Sector Situation

As COVID-19 has spread in Latin America and the Caribbean (LAC), Ministries of Education have progressively closed schools at the preschool, primary and secondary levels. As of 21 April, schools had been closed in 23 countries and 12 independent states in the region. As a result, it is estimated that more than 159 million children and adolescents⁵ have been affected in the region, representing more than 95% of the students enrolled throughout the region. The suspension of education services has impacted all education systems in the world, and the LAC region has not been spared; this has meant the emergence of multiple education in emergencies responses by governments. These initiatives seek to ensure the quality of education and to give continuity to their school calendars, using various resources and methodologies. The magnitude of this situation has resulted in making invisible the situation of special vulnerability in which children and adolescents in a situation of mobility find themselves, and national actions have to consider the structural and specific gaps that impede the access of this priority group to services and other benefits involved in the educational response. At least half a million of

these children and adolescents⁶ in a situation of mobility are refugees and migrants from Venezuela who have been in need of support in terms of educational needs, but also for health, water and sanitation, and nutrition, but who, because of the closure of educational services, no longer have access to these fundamental services.

The lack of access to distance learning modalities, such as digital platforms, access to computer equipment or internet connection, adaptation of content to specific needs, accessible formats for children and adolescents with disabilities, are other pressing challenges during the closure of schools that face the general population, but which is even more pressing for refugee or migrant children and adolescents.

In addition to guaranteeing educational continuity during school suspensions, the pandemic imposes new requirements for the reopening of schools, from cleaning and hygiene measures to school accompaniment programmes that allow for the inclusion and integration of this population.

Response Priorities

Based on the needs and risks identified that derive from the temporary suspension of the on-site educational service and its related services (nutrition, protection, WASH, among others) that affect the refugee and migrant population, the Regional Education Sector has prioritized the following support and advocacy actions for:

- Caring for the social and emotional well-being of students, their families and teachers: the education systems play a fundamental role in protecting children and adolescents, which is why actions will be taken to provide support for the social and emotional well-being of students, their families and teachers during the closure of schools and the return to classes.
- Ensure educational continuity in an inclusive manner: this process has accentuated the pre-existing learning gaps among different vulnerable groups, where we highlight refugee and migrant children with disabilities. The curricular content must reach this population. Therefore, they need to be included in follow-up processes that allow them to continue the process of integration into the educational system of the host countries.
- Support the return to classes: the risk of abandonment caused by the interruption of classes must be minimized and the education of the groups that are lagging behind must be leveled out. Similarly, it is necessary to ensure that schools have the necessary conditions to allow a safe return to face-to-face classes.
- Ensure the continuation of school feeding and WASH programmes, especially for refugee and migrant children (in coordination with the Food Security and WASH sectors).
- Delivery of pre- and post-school education kits (for Venezuelan families with no income) to enable children to continue their education through distance learning and/or when they join face-to-face activities (dates yet to be defined in many of the host countries)
- Delivery of cash-based interventions (CBI) (for Venezuelan families without income) to ensure that children's basic needs are met (including food and shelter), allowing the family to integrate them into distance or face-to-face educational activities once they start classes again.

5 UNESCO Institute of Statistics <http://data.uis.unesco.org/#>

6 <https://www.unicef.org/press-releases/venezuela-migrant-crisis-11-million-children-across-region-will-need-assistance-2019>



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	3.23 M	1.82 M	\$ 242.60 M	\$ 81.12 M	66
REFUGEES & MIGRANTS	2.55 M	1.59 M			
HOST COMMUNITY	679 K	229 K			

Updated Sector Situation

Impact on refugees' and migrants' food security

Refugees and migrants from Venezuela are heavily dependent on informal work and/or daily income opportunities. An early 2020 WFP survey (WFP Remote Assessment on Venezuelan Migrants and Host Communities in Colombia, Ecuador and Peru⁷) indicates that 44 per cent of refugees and migrants in the three countries surveyed rely on casual and intermittent activities. An additional 15 per cent rely on help from relatives and friends or from institutional support (governments, NGOs or charities). Overall, even before the COVID-19 outbreak, 62 per cent of the Venezuelans refugees and migrants in the three Andean countries most affected by the displacement crisis, expressed their concern about not having enough food to eat. In comparison to 2019, the 2020 food security surveys indicate a worsening of the situation, with people who have been displaced recently being the most affected.

Restrictions applied by countries to contain the spread of the virus are significantly impacting refugees' and migrants' incomes, livelihoods and access to essential needs. It is anticipated that due to COVID-19, severe food insecurity will increase among refugees and migrants, as well as in affected host communities. Those who were already vulnerable including malnourished, people living with HIV, or suffering from chronic diseases, are of particular concern.

Impact on social and assistance programmes

COVID-19 containment measures, including social distancing, limited gathering of people, school closures and border restrictions significantly impact the ability of organizations to implement existing programmes, including those providing food assistance and school feeding.

Local and international food security partners are unable or face severe limitations to move to field locations to implement activities. These limitations make the identification and registration of beneficiaries, who are under lockdown measures, much more complicated, in turn affecting the ability of vulnerable refugees and migrants to benefit from assistance. These operational constraints apply also to the monitoring of activities, such as regular post-distribution monitoring in the field.

With the closure of schools, school meals programmes have temporarily been put on hold. Most community kitchens ("comedores") have been closed or have been attending a significantly reduced number of people. Particularly in borders areas with Venezuela, assistance to populations in-transit ("caminantes") through distribution of essential needs kits has been put on hold to comply with national constraint measures, which aim to limit cross-border movements.

Response Priorities

The impact of COVID-19 on refugees and migrants from Venezuela, as well as on the operational capacities of humanitarian and development organizations have required a review, re-design and adaptation of response modalities to ensure that the most vulnerable Venezuelan refugees and migrants can continue receiving assistance.

Examples of such modified methods of delivery are the provision of take-home rations which have replaced meals distributed in schools, and that in some community kitchens, partners have started distributing take-home packages. Some partners have swiftly moved to cash-based interventions instead of in-kind modalities, as markets and food supply chains permit. Remote registration systems have been put in place to bypass limited physical access. Cash-based interventions have been extended in time or lifted pre-existing conditionalities to secure continued assistance to vulnerable refugees and migrants.

A key new focus of the Food Security Sector is to advocate with governments, which have activated COVID-19 national response plans, to ensure that all vulnerable Venezuelans have access to national social protection systems or

national assistance packages, regardless of their legal status. Partners have been providing technical assistance to governments to adapt their social programmes to the new crisis environment, re-enforcing shock-responsive social protection systems.

The Food Security Sector has also been monitoring food availability and food systems. Some partners have promoted social protection programs aimed at vulnerable small producers to encourage the reactivation of food production for self-consumption. Rapid reactivation of nutrition-sensitive agricultural production is also being supported. A Food Security and nutrition communication strategy adapted to the context of the pandemic has been developed and ICT capacities for farmers have been strengthened in order to access food markets.

The Sector continues to assess food supply chain bottlenecks due to transport and movement restrictions. In addition, the Sector continues to monitor food prices to assess the impact of the pandemic on food security situation to better adapt transfer values and assistance packages.

⁷ WFP Migration Pulse, February 2020-- HYPERLINK "<https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000114697.pdf>" Remote Assessment Venezuelan Migrants and Host communities Colombia, Ecuador and Peru



<p>POPULATION PROJECTION 2020</p> <p>TOTAL 8.31 M</p> <p>REFUGEES & MIGRANTS 3.37 M</p> <p>HOST COMMUNITY 633 K</p>	<p>PEOPLE IN NEED</p> <p>4.00 M</p> <p>3.37 M</p> <p>633 K</p>	<p>PEOPLE TARGETED</p> <p>2.30 M</p> <p>1.96 M</p> <p>338 K</p>	<p>FINANCIAL REQUIREMENTS</p> <p>\$ 258.11 M</p>	<p>COVID 19 FINANCIAL REQUIREMENTS</p> <p>\$ 131.63 M</p>	<p>RMRP PARTNERS</p> <p>72</p>
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Updated Sector Situation

The COVID-19 pandemic in Latin America and the Caribbean has impacted the social and economic development of the different countries and has generated a huge demand for health services, including sexual and reproductive health services. It has affected the continuity of and access to essential health services, including sexual and reproductive services and treatment, especially for the most vulnerable people, such as refugees and migrants from Venezuela.

In the current context, where countries have imposed strict travel restrictions and reduced population movements in order to curb the spread of COVID-19, the regional Health Sector has identified the most pressing health-related needs of refugees and migrants from Venezuela, as well as their host communities. Refugees and migrants, having frequently lost their livelihoods, living in precarious conditions, and often without a realistic ability to adhere to social distancing and quarantine measures, are at increased vulnerability to COVID-19. In many countries in the region, they continue facing challenges accessing health services and treatment, even more so where they lack basic documentation or find themselves in irregular situations. Noting that the virus does not distinguish between per-

sons' nationality, status or gender, the systematic inclusion of all refugees and migrants in national responses to the COVID-19 situation, irrespective of their status in a country, therefore remains a priority – also with a view to protecting all persons in a country from the effects of the Coronavirus.

Additionally, institutional arrangements to continue and provide access to comprehensive and high-quality health services are urgently needed. This includes: (a) the elimination of barriers to accessing health services, based on cultural, gender, ethnic, age, language or bureaucratic reasons (incl. documentation and status requirements); (b) provision of direct primary health services, and complementing national health services wherever needed, without duplicating existing health services and medical supply chain mechanisms; (c) support to health actors, as well as other sectoral responders with information on prevention, identification and access to treatment of COVID-19, as well as the provision of support towards the implementation of quarantine and isolation measures; and (d) the enhancement of coordination across borders to improve information sharing and gathering on health services, especially in border areas to protect the refugee and migrant population.

Response strategies and priorities

In view of the continuously growing COVID-19 related health needs of refugees and migrants, as well as affected host communities, the Regional Health Sector will focus on the following priority areas of engagement:

Strengthen cooperation and coordination among all R4V actors, as well as with national healthcare providers to support the implementation of health actions stated in Buenos Aires Chapter of the Quito Process Roadmap, and to support the response and recovery to the COVID-19 pandemic.

Follow-up, monitoring and support to countries' efforts to address the health needs of refugees and migrants due to the COVID-19 pandemic, including a comprehensive analysis of the implemented actions with multi-sectoral, gender, age and diversity considerations, so to ensure access to health services and health supplies without discrimination. This includes access to health services and treatment, with a rights, gender and culturally sensitive approach, general vaccination coverage, surveillance of communicable and non-communicable diseases as well as community event-based surveillance by linking mobility information to disease surveillance data, vector-borne diseases, outbreak response, as well as communication with communities and social behavior, particularly among border communities, points of entry, migrant and refugees dense areas and displacement sites.

- Strengthening of partnerships, networks and multi-country frameworks to understand, promote and protect the health of refugees and migrants and their integration in the host communities, through joint actions and multisectoral public health policies and guidance. The mentioned policies and guidance shall consider the impact among women, girls,

boys, LGBTIQ+ people, survivors of gender-based violence (GBV), and indigenous and afro-descendant communities. Furthermore, trans-sectoral, multi-country and inter-agency coordination and collaboration mechanisms will be enhanced. This includes strengthening of the community response in health promotion and health education, aimed at reducing risks and promoting the empowerment and active participation of the host community during health responses.

- Technical and operational cooperation specialized in health through direct support to relevant authorities of host countries and organizations implementing preventive and protective health care actions for refugees and migrants from Venezuela, including the coordination, management and information exchange (disaggregated by sex and age). Moreover, through an assessment of regional needs, considering the gender and age dimensions, a prioritization of efforts for the planning of gender sensitive responses, and the allocation of resources with a comprehensive and regional vision of short, medium and long term including the measures to mitigate the impact of the COVID-19 pandemic.
- Risk communication and community engagement to ensure that mobility is properly considered when providing public health information that will ensure access to timely, context-specific and correct information. This involves communication with communities, cross-border community-level awareness raising and feedback along mobility corridors, points of entry, displacement sites, fragile communities, and among existing migrant and mobile population networks.

HUMANITARIAN TRANSPORTATION



<p>POPULATION PROJECTION 2020</p> <p>TOTAL 8.31 M</p> <p>REFUGEES & MIGRANTS</p> <p>HOST COMMUNITY</p>	<p>PEOPLE IN NEED</p> <p>68 K</p> <p>67 K</p> <p>1 K</p>	<p>PEOPLE TARGETED</p> <p>38 K</p> <p>37 K</p> <p>1 K</p>	<p>FINANCIAL REQUIREMENTS</p> <p>\$ 9.88 M</p>	<p>COVID 19 FINANCIAL REQUIREMENTS</p> <p>\$ 144 K</p>	<p>RMRP PARTNERS</p> <p>17</p>
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Updated Sector Situation

Restrictions and measures implemented in response to COVID-19 have exacerbated the already critical situation of refugees and migrants from Venezuela and host communities, exposing them to greater risks of several forms. Particularly vulnerable groups including women and children at risk of gender-based violence (GBV), people at risk of human trafficking and smuggling, the elderly, persons living with HIV, those with chronic illnesses, among others, will be taken in special consideration in the RMRP. The Humanitarian Transportation Sector aims to identify and address the needs of these groups, as well as other refugees and migrants from Venezuela in need, within the regional response and in complementarity with host country governments' efforts.

Most in-kind humanitarian transportation activities in the region have been suspended due to the travel restrictions in place during the pandemic, however the need remains due to the continued movements of

refugees and migrants in the region and their consequent exposure to protection and health risks. Given the current context, the Humanitarian Transportation Sector's scope will focus firstly on in-kind transportation assistance for urgent protection cases who require a safe place to stay or to be referred to other services, in coordination with the Protection Sector. Secondly, it will focus on transportation assistance through a CBI modality to enable those in need to be mobile around their host communities to buy essential goods and to access services and assistance, whilst adhering to movement restrictions in place in host countries.

In remaining in-kind transportation cases, particular hygiene and health measures are implemented to ensure physical distancing on buses and the provision of alcoholic gel before boarding. Corresponding guidance is being developed in coordination with the Health and WASH Sectors.

Response Priorities

In responding to the changed humanitarian transportation needs of refugees and migrants from Venezuela in the COVID-19 context, the Sector's response takes into account travel restrictions as well as prevailing hygiene and public health guidance, and refocuses on activities which are feasible and those which are urgent or life-saving.

- Only in cases of emergency, in-kind transportation assistance will be provided for vulnerable refugees and migrants for the purposes of protection, for example transporting a GBV survivor or a victim of trafficking from the household to a specialized shelter, or transportation support to facilitate family reunification.
- Transport vouchers (CBI) will also be provided in order to support refugees and migrants in need of mobility to obtain essential goods, services and other assistance, in line with travel restrictions.

- For all in-kind transportation services that continue to be implemented, health and hygiene measures such as the use of personal protective equipment, following recommended hygiene practices, and physical distancing on vehicles and in waiting areas, are implemented.
- Once travel restrictions are lifted, regular humanitarian transportation services will be resumed. Collaboration with the Human Trafficking & Smuggling Sub-sector will be prioritized for the provision of transportation as a preventative method to human trafficking.



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	4.57 M	1.60 M	\$ 282.26 M	\$ 23.34 M	97
REFUGEES & MIGRANTS	3.66 M	1.03 M			
HOST COMMUNITY	919 K	568 K			

Updated Sector Situation

The movement restrictions and quarantine measures adopted as responses to COVID-19 across the region have had a significant economic impact on vulnerable populations, including refugees and migrants from Venezuela and affected host communities. The economic contraction has especially impacted those working in the informal sector, such as street vendors, and those working in the service sector (hotels, restaurants, tourism) and in construction. Large, medium and small enterprises (SMEs) have also been affected, having to shorten working hours or lay off workers. Likewise, domestic and care workers are affected as many have lost their jobs or are on unpaid leave, and as this affects mostly women whose children are unable to attend schools (due to their suspension), they have the additional challenge of taking care of children. As a result, the COVID-19 measures have led to a substantial increase in unemployment and an increase in poverty among the refugee and migrant population. At the same time, some governments have opened employment opportunities for refugees and migrants, in particular for those with a public health or medical background and who could contribute to COVID-19 response efforts. Others, have provided monetary support to unemployed refugees and migrants, providing them with a vital social safety net. It must be noted, however, that most refugees and migrants

from Venezuela do not have formal work contracts or legal documentation, and many regularization processes have been put on hold or are delayed due to government teleworking measures. As such, most refugees and migrants from Venezuela have been excluded from national responses or support programs, access to health services and social protection. The income loss and lack of social protection implies that many are not able to meet their basic needs, especially food and rent, with many having been evicted. As a result, a growing number of refugees and migrants see no alternative but to consider returning to Venezuela. Such conditions also contribute to a heightened risk of domestic violence, survival sex, sexual exploitation, trafficking, negative coping mechanisms, and a drop in the amount of remittances sent to families. With drastically fewer employment opportunities, competition over remaining jobs increases and can translate into rising xenophobic sentiments. The closure of learning institutions contributes to delays in educational or professional advancement and recognition of professional and educational titles and degrees. Integration programs across the region, which focus on access to employment and education opportunities, as well as anti-xenophobic campaigns and voluntary relocation initiatives have been either put on hold or are required to adapt to the new context.

Response Priorities

The Integration Sector will prioritize four key areas:

- Promote cash-based interventions (CBI) and other short-term support, such as food distributions, to support refugees and migrants from Venezuela and host community members, who have lost income, in close coordination with existing social protection programs and the CBI WG and GBV sub-sector.
- Disseminate innovative solutions to support the continuity of educational and capacity building initiatives, preserve existing Small and Medium Enterprises (SMEs), and promote livelihood opportunities for refugees and migrants that contribute to the COVID-19 response (e.g. allowing refugees and migrants with a medical/health background to access the labour market to support the health response or promote direct consultations with women's community-based organizations, through online platforms or other remote mechanisms).
- Design strategies for the recovery of the labour market and the creation of job opportunities for those who lost their sources of income during the pandemic, including informal, domestic and care workers, and women at risk. The Sector will keep identifying, compiling and sharing best practices and innovative approaches (taking into account gender differentiated needs), as well as funding and capacity-building opportunities with national and sub-regional platforms, to ensure timely and regular information sharing and learning.
- Develop key messaging and guidance that target various audiences: governments, refugee and migrant workers and employers, media and the general population. These will highlight migrant workers' specific vulnerabilities, labor rights and migrants' contributions in key sectors within the COVID-19 context (e.g. migrant women in domestic care and health sector face a higher likelihood of exposure to the disease), and provide guidance on how to mitigate risks within the workplace. These will also ensure gender disaggregated data and gender analyses.

NON-FOOD ITEMS (NFI)



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	1.49 M	373 K	\$ 31.8 M	\$ 10.56 M	44
REFUGEES & MIGRANTS	1.25 M	343 K			
HOST COMMUNITY	247 K	30 K			

Updated Sector Situation

Restrictions and measures implemented in response to COVID-19 have exacerbated the already critical situation of refugees and migrants from Venezuela and host communities, exposing them to greater risks of several forms. Particularly vulnerable groups including women and children at risk of gender-based violence (GBV), people at risk of human trafficking and smuggling, the elderly, persons living with HIV, those with chronic illnesses, among others, will be taken in special consideration in the RMRP. The NFI Sector aims to identify and address the needs of these groups, as well as other refugees and migrants from Venezuela in need, within the regional response and in complementarity with host country governments' efforts.

The COVID-19 crisis has increased and diversified the need for non-food items (NFIs) in several ways. Firstly, refugees and migrants in transit, and those who are taking alternative routes to border areas, with less availability of shelter along these routes, are now in need of life-saving emergency shelter kits and household items. These will include, for example: plastic sheeting to ensure physical separation between individuals or families to prevent transmission of the virus; individual kitchen utensils to avoid sharing and the associated risk of transmission; and personal protection equipment (PPE) such as masks and gloves to protect against infection. In countries which are entering winter, there is a growing need for 'winterization'⁸ kits including for example sleeping bags and insulation materials.

Secondly, where refugees and migrants in individual households or in collective shelters, encounter cases of confirmed or suspected COVID-19, so to avoid contagion, they urgently require additional bedding, plastic sheeting divisions, as well as additional clothes and individual kitchen utensils. In coordination with the WASH Sector, the need for

cleaning products to disinfect household items, surfaces, furniture and clothes has been identified.

Beyond the immediate NFI needs of refugees and migrants, there are also challenges of supply, distribution and access to NFIs. Production and supply of NFIs has been affected by the pandemic as much manufacturing has been halted and some logistics actors in the supply chain are unable to continue operating, negatively impacting the availability of items. Recognizing the need to improve the availability of key supplies, the Sector will collaborate with the UN COVID-19 Supply Chain Task Force led by WHO and WFP, which has established global supply chain system to enable national partners to request critical supplies including PPEs. Distribution of NFIs by R4V partners has been affected due to the health crisis; partners have adopted distribution measures to include adequate distance between individuals collecting NFIs at distribution points, and avoid mass distributions altogether.

Finally, the loss of livelihoods has left many refugees and migrants without income, meaning a reduction in capacity to purchase regular essential items as well as COVID-19-specific ones leading to their dependence on NFI assistance from R4V actors.

These impacts highlight the need for NFI interventions including the following: the adaptation of NFI kits to suit the changing needs of refugees and migrants in transit and in shelters, boosting regular NFI provision given the need for an increased volume of regular NFIs, following health recommendations for physical distributions, and realize market assessments to address the issue of supply.

Response Priorities

- In responding to the changed NFI needs of refugees and migrants from Venezuela in the COVID-19 context, the Sector's refocus is on tailoring the contents of NFI kits according to COVID-19-related needs, as well as on boosting the quantity of provision of NFIs, while making appropriate alterations to distribution methods.
- The NFI COVID-19 response is informed by existing NFI programming as well as through coordination with Health and WASH sectors. The content of NFI kits will be defined through participatory approaches to the greatest degree possible. Throughout all NFI kit provision, mainstreaming the provision of health and hygiene items along with key health and WASH messages will be done, in accordance with WHO recommendations.
- Emergency shelter and household NFI kits may contain blankets, mats, bed sheets, plastic sheeting, individual kitchen utensils, sleeping bags, insulation materials, lanterns and whistles.
- Implementation modalities include cash-based interventions and, where possible, due to the movement and crowding restrictions, in-kind distributions.
- In-kind distributions will remain subject to availability of items affected by the current COVID-19 situation. Market assessments, conducted jointly with other concerned sectors, will be part of a market-based programming approach, taking into account the availability and accessibility of commodities.
- Post distribution monitoring will be realized, where possible, including the use of remote methodologies.

⁸ Winterization kits contain items to protect those in need from the harsh climate of the winter season.



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	256 K	129 K	\$ 6.45 M	\$ 772 K	20
REFUGEES & MIGRANTS	141 K	97 K			
HOST COMMUNITY	115 K	32 K			

Updated Sector Situation

The impact of the COVID-19 pandemic on the nutritional situation of refugees and migrants from Venezuela has been grave. Prevailing movement restrictions in countries across the region have severely affected the ability of R4V partners providing targeted nutritional assistance, including through community kitchens and school feeding programs. Equally these measures have led to the loss of employment and accommodation of many, directly contributing to a greater proportion of refugees and migrants becoming susceptible to nutritional vulnerability. In recent Rapid Needs Assessments, conducted in Colombia and Ecuador, access to food and nutrition was identified as the most urgent need among surveyed refugees and migrants.

Up to 79 per cent of surveyed refugees and migrants in Colombia stated that they face considerable challenges in accessing adequate amounts

of food. As a result, with over 80 per cent of refugees and migrants surveyed only eating one to two times a day (24 per cent only eat once a day; in a similar needs assessment conducted in Ecuador, only 28 per cent of refugees and migrants confirmed having sufficient food), increases in acute malnutrition are expected especially among the most nutritionally vulnerable groups, being children under five, pregnant women, those with low birth weight and with micronutrient deficiencies (especially in iron, vitamin A and zinc). Considerable risks associated with such malnutrition include increased mortality of young children, complications in pregnancy, stunting and impaired cognitive ability of children, affecting their performance at school.

Response Priorities

Taking into account the identified needs and risks arising from the nutritional situation of refugees and migrants from Venezuela, the Regional Nutrition Sector is focusing its priorities around the following:

- Enhance the immediate and regular access to nutrition for particularly vulnerable populations with the greatest need, for example through the provision of nutritional supplements (micronutrient powders and tablets), while adjusting the response modality according to locations and the specific population (e.g. a differential approach based on gender, age or type of refugee and migrant population).
- Prevent all forms of malnutrition and ensure the recovery of acutely malnourished children under 5 years of age.
- Communication and dissemination of key recommendations on breastfeeding and infant young feeding (IYF) in the context of COVID-19.
- Assessment of COVID-19 contingency measures and the impact on nutrition in migrants and refugees children.

Building on the above, the Sector intends to improve and expand the response capacity of response actors to serve the most nutritionally vulnerable refugees and migrants, expanding the response in nutritional care, through multifunctional teams who, in addition to providing ba-

sic care (vaccination, prenatal care, nutritional screening, care of acute malnutrition and delivery of micronutrients), complement their actions with food and nutrition education, and parenting guidelines. In this context, safe spaces will be enhanced for mothers to conduct breastfeeding activities, as will the provision of micronutrient tablets to pregnant and lactating women with a particular focus on pregnant adolescents, as well as counselling on infant and young child feeding practices and nutritional supplementation for children aged 6-59 months.

The dissemination of nutritional and hygiene recommendations in the preparation of food, jointly with Ministries of Health, will continue, as will the dissemination of messages on the importance of continuing to breastfeed even in cases where COVID-19 infection is confirmed. In this framework, messages will also continue to be disseminated with practical recommendations for preserving nutritional security in rural contexts. As will the provision of support with nutritional education activities on topics such as breastfeeding, so to strengthen integrated care for moderate-severe acute malnutrition in children aged 0 to 5 and to address hidden malnutrition through the provision of micronutrients. In this context, the collaboration with national authorities will be key to enhance nutritional surveillance and reporting of acute malnutrition cases, as well as referral and management of identified cases.



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	3.62 M	2.1 M	\$ 203.04 M	\$ 30.28 M	106
REFUGEES & MIGRANTS	3.09 M	1.89 M			
HOST COMMUNITY	531 K	212 K			

Updated Sector Situation

In the context of COVID-19, many countries in the region have declared a state of emergency, closed borders and banned non-resident foreigners to enter their territories. Lockdown measures have diminished monitoring capacities at borders and in the main areas of residence of refugees and migrants. Movement restrictions have affected the provision of in-person assistance and protection services for refugees and migrants, limiting the identification and referral of cases and protection analysis. Border closures and increased presence of armed forces at entry points have limited access to the territory even for persons in need of protection. Regularization remains a challenge due to the magnitude of the situation, continued irregular access as well overwhelmed institutional capacities. As such, protection needs for those in irregular situations have increased as many face difficulties accessing basic services.

Access to asylum and alternative stay arrangements such as temporary and humanitarian visas remain inaccessible in many countries, despite efforts made by many countries in the region to mitigate COVID-19 measures and its impacts on refugees and migrants. While refugee status determination (RSD) processes in some countries were adapted to current conditions, it is expected that regularization efforts will resume as COVID-19 related quarantine measures are gradually relaxed. The provision of services to refugees and migrants, including social services and programmes administrated by local authorities have been adapted to remote assistance modalities (telephone hotlines, on-line platforms). Lack of trust, information and limited connectivity hampers, in many cases, access to existing services, national systems of protection and communication with communities.

Movement restrictions applied to the population at-large have also limited refugees' and migrants' access to livelihoods opportunities and have impacted their coping and survival mechanisms. The loss of jobs and incomes is aggravating and is leading to serious protection challenges and risks. Refugees and migrants unable to cover the rent and basic expenses are increasing their debts. This situation is resulting in forced evictions in different countries in the region, leaving refugees and migrants homeless or living on the streets and without legal assistance or protection to face instances of discrimination and xenophobia. Measures and dispositions adopted by States to alleviate the housing situation of the most vulnerable are not systematically applied to informal housing arrangements to which most refugees and migrants have had to resort. Prevailing movement restrictions also limit the operational capacity of protection sector members and other humanitarian actors to provide assistance to populations in human mobility contexts and to meet existing needs with available resources. This dire situation of refugees and migrants from Venezuela has forced some to consider returning to their home country. Spontaneous return movements caused by this situation and in this restricted context has had an impact on the use of irregular entry/exit points increasing the risks of exposure to gender-based violence, sexual exploitation, human trafficking and abuse at the hands of smuggling networks, particularly for women and girls and other vulnerable groups. Gender-based violence (GBV), including domestic violence, has reported significant increases in the region during the pandemic. The closure and/ or shifting to only remote service by state institutions has also affected GBV survivors' access to medical and judicial services.

Response Priorities

Existing priorities linked to regularization, documentation, access to territory and asylum, as well as to assistance and protection services will continue. Additional impacts identified in the COVID-19 context require supplementary efforts to guarantee effective inclusion of refugees and migrants in national protection systems, development plans and stimulus as well as concrete tools and actions to mitigate identified regional protection challenges and risks. These include strengthened relationships of R4V partners with the states, improved follow-up to legal/normative and institutional framework developments and amendments linked to the mitigation and reduction of protection impacts of the COVID-19 measures, as well as specific actions to improve protection response in key affected areas, especially those where gradual lifting of the measures could represent greater protection needs. This includes: i) the provision of technical support and guidance to host states on family reunification in terms of existing standards, good practices and prioritization criteria; ii) the strengthening of mechanisms for the identification and referral of protection cases with specific needs, as well as updated information and

dissemination through the adapted services provided by existing community structures, including the Support Spaces Network and in coordination with the subsectors on GBV, Human Trafficking & Smuggling and Child Protection; iii) improved border protection monitoring with a regional approach to guarantee information sharing and improved preparedness and contingency plans; iv) the collection and analysis of information on spontaneous returns to identify protection risks and protection measures to ensure regional coherence; v) continued protection analysis of specific impacts (e.g. evictions) and related protection risks, vi) monitoring and advocacy to guarantee fulfilment of the non-refoulement principle and access to asylum systems, vii) strengthened risk communication and responsive approaches to Communicating with Communities (CwC), viii) contingency and preparedness planning in coordination with other relevant sectors.

In the midst of the COVID-19 situation, the Protection Sector will provide guidance on the adaptation of protection services, facilitate the exchange of

good practices, as well as support the regular update of information about the situation in Venezuela and hosting countries. The Protection Sector will continue supporting regional approaches to address challenges, needs and protection gaps identified in the region providing constant support to national protection sectors. Cooperation with regional protection structures for example through the Quito Process, the Ombudsmen's regional network and

other relevant networks across the region will be reinforced to that end, taking into consideration identified regional protection impacts linked to the implementation of the COVID-19 measures in the areas mentioned above. An effective regional approach will also seek to develop consolidated monitoring and reporting capacities as well as a more cohesive advocacy and incidence strategy on policy setting and development by states and other stakeholders.

GENDER-BASED VIOLENCE



Updated Sub-sector Situation

The COVID-19 pandemic poses serious additional GBV risks to refugee and migrant women, girls, LGBTQI persons and people with disabilities from Venezuela. COVID-19-related phenomena include movement restrictions, loss of income and subsequently unfulfilled basic needs, increased discrimination and xenophobia, increased risks of homelessness and unsafe living arrangements, isolation from support networks and heightened exposure to violent partners. This, coupled with pre-existing gender inequalities, has resulted in increased exposure to sexual violence, survival sex, and domestic violence, mainly intimate partner violence. The increase in risks, and in reports of GBV (an increase of 50 per cent)⁹, are occurring while access to life-saving GBV services have

been severely compromised. National authorities and GBV partners are facing challenges in providing quality and timely support to all survivors in a context where health facilities are overburdened, other essential services, such as safe shelters for survivors are interrupted, and support packages (e.g. psychosocial support, legal assistance) are significantly reduced and provided through mechanisms (e.g. through hotlines, which may, however, not be available to a subset of survivors willing to seek help). In this context, refugee and migrant women and girls, including trans women, face additional social, institutional and material barriers to access information and the essential multi-sectoral resources that could support their safety and recovery.

Response Priorities

Working with authorities and R4V partners to address barriers to care and ensure that refugee and migrant survivors can access quality GBV response services in a timely manner, while enhancing GBV risk mitigation and longer-term recovery strategies remain the highest priorities of the Sub-sector amidst the COVID-19 pandemic. To this end, the Sub-sector will:

- Provide technical guidance to national sub-sectors so they can adjust GBV service delivery models to the current operational environment: Develop context-specific and safe service delivery models and tools (e.g. remote services). These will address different scenarios and enable service providers to adapt support systems based on risks identified by both staff and survivors, available financial/human resources and government restrictions.
- Enhance accessibility of services for GBV survivors: Support national platforms to create advocacy strategies to ensure that the impact of COVID-19 on refugee and migrant women, girls and other at-risk groups is documented. This will ensure that duty bearers secure access to GBV services for these groups. Support national sub-sectors to update and widely disseminate new and updated referral pathways capturing interruptions and new services, and preventative information in an accessible format. Lastly, support the establishment of safe entry points for survivors who need to seek support in the context of social isolation (including alert chains).
- Build the capacity of GBV responders and entry point personnel: Implement regional capacity development activities to ensure activities meet GBV minimum standards and fulfill principles of safety, confidentiality and respect in all actions that support survivors, particularly in a context of remote services and new entry points. This will include virtual workshops for remote GBV responders on how to provide compassionate and survivor-centered care that emphasize managing personal safety and well-being during confinement. The Clinical Management of Rape and GBV Minimum Standards trainings will continue to be conducted remotely, and further capacity development opportunities will include responding to needs of adolescent survivors and providing remote psychosocial support. Entry points system personnel (non-GBV staff) will be trained on GBV core concepts, how to activate referral pathways and providing first-line support.
- Address GBV risks and promote resilience: Support national platforms to find alternative ways of consulting with persons especially vulnerable to GBV on strategies to address GBV risks and work with other sectors to integrate risk mitigation into their COVID-19-related programming. In particular, the sub-sector will work with the Shelter and NFI sectors on mainstreaming; and with the Integration Sector to promote interventions both for immediate material support and longer-term recovery and economic empowerment (e.g. joint CBI programming and training for remote employment based on market needs).

⁹ Based on compilations of national government statistics and GBV service provider reports. See: CEPAL "Mapeo de Iniciativas impulsadas por los gobiernos de América Latina y el Caribe para abordar las dimensiones de género en la respuesta a la pandemia del Covid-19" Accessed via <<https://reliefweb.int/report/world/mapeo-de-iniciativas-impulsadas-por-los-gobiernos-de-am-rica-latina-y-el-caribe-para-april-22-2020>>; Observatorio de Mujeres Colombia, Quinto Boletín sobre la atención de líneas de atención telefónica a mujeres en el contexto de medidas de aislamiento preventivo por Coronavirus en Colombia, accessed via: <http://www.equidadmujer.gov.co/oag/Documents/linea-155-boletin-5.pdf>; Observatorio Nacional de la Violencia Contra las Mujeres y los Integrantes del Grupo Familiar, La Pandemia de la Violencia de Género, accessed via <https://observatorioviolencia.pe/pandemia-de-violencia-de-genero/>.

- Support violence prevention activities: Support partners to advance activities that invite communities to challenge patriarchal gender norms, promote respectful behaviors and strategies for

self-regulation in the wake of COVID-19. Develop a campaign focused on equitable relationships and positive expressions of masculinity, particularly in the context of the COVID-19 crisis.

CHILD PROTECTION



Updated Sub-sector Situation

Venezuelan refugee and migrant children and adolescents face many challenges in transit and at their destination, often because many of them have limited options to move through safe routes and with their families. Prevailing border closures across the region have limited access to territories and the protection of potential asylum seekers from Venezuela, and has led to an increase of irregular border crossings, exposing children and women in particular to increased protection risks. They are highly vulnerable and often encounter different forms of violence, abuse, neglect, including recruitment by armed groups, labor and sexual exploitation and are at heightened risk of GBV, human trafficking, smuggling or discrimination. Since the pandemic impacted the region, reports indicate that 20 percent of refugees and migrants from Venezuela do not have regular access to water or soap; 84 percent of them reported challenges in accessing sufficient food and every third child goes to bed hungry. Also, their housing situation has been affected with over 40 per cent of surveyed families forced to look for cheap-

er housing, 28 percent facing the risk of eviction and 6.4 percent moving to shelters¹⁰. Unaccompanied and separated refugee and migrant children face even greater risks of abuse and exploitation and challenges to access national child protection systems for basic services, as well as being at higher risk of being deprived of their liberty. An outbreak of a respiratory disease such as COVID-19 could spread easily through the overcrowded confined and unsafe conditions typical of many shelters or settlements.

Many children are disproportionately affected not only by their age, but also by factors such as gender, ethnicity and disability, which can pose additional challenges in accessing the limited services available. Therefore, the response strategies for Child Protection are focused on vulnerable groups of refugee and migrant children with specific protection needs, which include unaccompanied and separated children, child survivors of GBV, children with disabilities, indigenous children and child labourers.

Response Priorities

At regional level, the Sub-sector will support national platforms to ensure that appropriate systems and high quality, coordinated and age appropriate health, protection, psychosocial and justice services are available and sensitive to the needs of refugee and migrant children and adolescents, taking into consideration the increasing risks, associated with COVID-19, through the following interventions:

- Capacity building within National Platforms for the authorities, civil society and humanitarian actors to strengthen the inclusion of refugee and migrant children in national child protection systems.
- Support and advocacy at regional and national levels to put in place regional and national guidelines and national legislation on safe, child friendly, and accessible reception, including through remote provision of services and integration, public policies, child protection systems and public services.
- Provision of specialized support¹¹ to National Platforms and authorities to assist unaccompanied and separated refugee and migrant children and adolescents, avoiding institutionalization and promoting family-based solutions.

- Generation, collection, analysis and dissemination of data to help improve systematic data collection and analysis at national level on child protection needs, including information disaggregated by age and gender to generate evidence for development policies, programme design and advocacy.
- Support and advocate at the national and regional level for the improvement of information diffusion on rights and procedures to asylum and regularization of migratory status.
- Support and advocate at regional and national level for the inclusion of refugee and migrant children in national COVID-19 response and mitigation plans, including access to medical care, psychosocial support and other essential services.
- Support and advocate at regional and national level to ensure that restriction of movement policies permit family reunifications and guarantee that children can be cared for by their families.
- Provision of specialized support¹² to National Platforms and authorities to assist unaccompanied and other children affected by COVID-19, avoiding the institutionalization and promoting family- and community-based solutions.

¹⁰ World Vision April 2020 Survey with refugee and migrant children in Brazil, Peru, Ecuador, Bolivia, Colombia, Chile.

¹¹ Including support for family reunification.

¹² Ibid.

HUMAN TRAFFICKING AND SMUGGLING



Updated Sub-sector Situation

Human trafficking (HT) and smuggling of migrants (SoM)¹³ are crimes with serious human rights implications that are accentuated in crisis times. With the outbreak of COVID-19, refugees and migrants from Venezuela face specific vulnerabilities to these crimes. Unprecedented travel and mobility restrictions intended to prevent the spread of COVID-19 have impacts which may lead to an environment where refugees and migrants could be abused and exploited, particularly those in irregular situations. For example, these restrictions can increase reliance on smugglers and illicit groups that may charge even higher fees for their services or use extortion. This situation also exacerbates the challenges to identify, protect and assist cases of abused and exploited refugees and migrants while ensuring the investigation and prosecution of traffickers and smugglers.

The identification of victims of trafficking (VoTs) is difficult because of the clandestine nature of the crime. The pandemic risks further curtailing identification efforts due to measures of confinement, priorities of law enforcement shifting from the apprehension of traffickers and smugglers to the monitoring of confinement and other measures

against COVID-19, and the suspension of social services. Additionally, the dynamics of trafficking for sexual exploitation, particularly impacting women, adolescents and girls, have shifted from the more traditional forms of exploitation to various forms of online trafficking. The protection of VoTs are also impacted by the pandemic, especially when they have experienced pre-existing socio-economic difficulties, when governments leave protection systems not functioning at full potential and when the programmes are not inclusive of refugees and migrants. For example, movement restrictions also limit the ability of service providers who provide assistance to VoTs to maintain their operations (safe houses/shelter, legal assistance, food and other basic needs, health and psychosocial support, livelihoods, face-to-face interviews, etc.). Refugees and migrants in vulnerable situations also face a higher risk of re-exploitation and repeated patterns of abuse and violence when they cannot benefit from assistance and care because of the suspension of services or the closure of specialized shelters for VoTs as a result of COVID-19.

Response Priorities

The Regional Sub-sector will work with governments and partners to combat HT and SoM while addressing barriers to protect and assist refugees and migrants at high risk of HT and SoM with a focus on the 4Ps approach. In prevention, it will monitor the situation of the COVID-19 outbreak, gather information about emerging issues, trends, patterns, and caseload disaggregated by gender, age and diversity; it will develop key messages regarding the differentiated impact of COVID-19 and risk factors for HT and SoM for refugees and migrants children, women, men and LGBTIQ+ persons ; and it will develop an online capacity building training plan on HT and SoM. In protection, it will develop new strategies for service providers for the continuation of essential protection services for the protection of refugees and migrants from HT and SoM with a gender, age and diversity perspective; and the establishment of a Regional Assistance Fund for VoTs. In prosecution, it will promote the development of rapid assessment tools for countries to evaluate the impact of the pandemic on law enforcement and justice capacities. In partnership, it will advocate with governments (Quito Process and the Caribbean Migration Consultation-CMC) for the continuation of essential protection services for VoTs and with donors to continue funding HT and SoM prevention and response, including communicating on how HT and SoM is shifting/increasing due to COVID-19. It will support and join synergies with other sectors to integrate risk mitigation into their COVID-19 related programming.

The exchange of information and technical support will continue with the national platforms. The national HT & SoM subsectors will i) monitor the situation of COVID-19 and advocate for opportunities for case identification, ii) identify VoTs whose assistance has been interrupted by the crisis and support them with alternative measures, iii) develop alternative plans to provide services including: access to accommodation, safety, food, livelihood, health care, and legal assistance with a gender, age and diversity approach iv) advocate for opportunities for regularization or for accessing to asylum systems for VoTs, v) advocate for inclusion in socio-economic integration activities, vi) support states and service providers to map and monitor the continuity of specialized service providers (hotlines, health centers, safe houses, health and psychosocial support, livelihood, etc.); vii) shift or adapt prioritized case management services to remote operation or alternative ways (telephone counselling, creation of online platform/chats/peer support groups); and ix) evaluate and review the existing referral pathways to reflect changes in capacity (staff, movement restriction, hours) to provide assistance considering vulnerabilities for women, girls, boys, men and LGBTIQ+ persons, among others.

¹³ The Sub-Sector uses the terminology of the United Nations Convention against Transnational Crime (UNTOC) on the term migrant smuggling but recognizes that this crime also affects refugees.



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 8.31 M	1.88 M	357 K	\$ 68.87 M	\$ 18.78 M	51
REFUGEES & MIGRANTS	1.59 M	327 K			
HOST COMMUNITY	284 K	30 K			

Updated Sector Situation

Restrictions and measures implemented in response to COVID-19 have exacerbated the already critical situation of refugees and migrants from Venezuela and host communities, exposing them to greater risks of several forms. Particularly vulnerable groups including women and children at risk of gender-based violence (GBV), people at risk of human trafficking and smuggling, the elderly, persons living with HIV, those with chronic illnesses, among others, will be taken in special consideration in the RMRP. The Shelter Sector aims to identify and address the needs of these groups, as well as other refugees and migrants from Venezuela in need, within the regional response and in complementarity with host country governments' efforts.

In light of the rapid spread of COVID-19 and the counter-measures implemented by governments across the region to contain the pandemic, including physical distancing and/or isolation policies in many countries, access to shelter has been rendered even more so a life-saving measure, being essential for compliance with isolation measures, thereby helping to mitigate the transmission of the virus. Considering this situation, ensuring individual and collective shelter options, as well as community infrastructure solutions, it is even more critical to ensure the safety, well-being and health of refugees and migrants and host communities.

The mentioned measures have led to the loss of livelihoods for many refugees and migrants from Venezuela, especially those working in the informal sector, leaving many unable to pay their rents. In addition, there is a growing stigma towards refugees and migrants from Venezuela who are perceived as a population with a higher risk of infection, due to their greater exposure to the virus under the vulnerable conditions in which many are living. These factors are increasing the barriers to access shelter, leaving many with no option but to give up their rented properties, and even leading to a growing number of evictions. Authorities have been creating extraordinary legal measures to protect tenants unable to meet their financial commitments from eviction. However, these are often not applicable to refugees and migrants

without formal tenancy agreements, while there is a general lack of capacity for the enforcement of these protective measures. The implications of COVID-19 on refugees and migrants living in individual shelters (those renting or hosted in rooms, apartments, houses and hotels) are that people struggle more in complying with health recommendations due to their often-overcrowded living conditions, substandard housing structures, and with a lack of adequate ventilation and lighting facilities, which renders them more vulnerable to infection. Additionally, the lack of access to Water, Sanitation and Hygiene (WASH) facilities hinders the maintenance of good hygiene practices. Aside from the infrastructure, there is a lack of information among household members on how to ensure minimum standards and a healthy living environment within their household to prevent infection.

The COVID-19 response has impacted collective shelters¹⁴ (transit sites and collective centers) in terms of both physical infrastructure as well as the management of shelters. While at the onset of the pandemic, many collective shelters had to be closed, partners have been working with governments to reopen existing collective shelters and establish new ones, recognizing the need to continue to provide shelter to refugees and migrants in need, while also implementing measures to prevent transmission of the virus within collective shelters. Operational measures to reduce shelter capacity in order to lower density of inhabitants, to implement physical distancing measures and to create isolation and quarantine spaces for suspected and confirmed cases, need to be reinforced throughout the year.

Refugees and migrants residing in high density, low income settlements which lack adequate basic services, have a lower capacity to prevent infection from COVID-19. For example, the lack of physical distancing measures and community handwashing hygiene facilities within public spaces, social community infrastructure and connecting pathways, and the lack of access to health facilities in the case of infection, makes these individuals and families more vulnerable. The need to address community infrastructure in such settlements is now more acute.

14 Collective centres are considered as pre-existing buildings and structures where large group of displaced people find shelter for a short time while durable solutions are pursued. A variety of facilities may be used as collective centres - community centres, town halls, hotels, gymnasiums, warehouses, unfinished buildings, disused factories.

Response Priorities

The following priorities reflect the refocused response of the Shelter Sector in light of COVID-19. As per the below points, the Sector will focus primarily on the emergency response to the COVID-19 situation, and secondly on the transition to a post-pandemic situation.

- The priority shelter solution is to enable access to individual shelters for refugees and migrants at risk of eviction, with reduced capacity to pay their rents, and those living on the streets. Support will be provided through cash-for-rent programming, in coordination with the CBI Working Group.
- Where possible, maintain existing collective shelters (transit sites and collective centers), while also conduct spatial reallocations and building improvements to create reception and access control spaces and rooms to accommodate suspected COVID-19 cases, pending the activation of health response protocols. This will ensure continuity in service provision while reducing the risk of COVID-19 transmission.
- Establish additional collective shelters (collective centers and/or planned sites) following COVID-19-mitigation measures.
- Develop an exit strategy for the emergency shelter solutions. For example, the implementation of cash-for-rent schemes to enable those moving out of collective shelters to access individual shelters, and supporting host communities to provide rental space.
- In coordination with the WASH sector, ensure that adequate facilities and key hygiene messaging are in place in shelter and settlement solutions to support COVID-19-prevention.
- Under the leadership of, and at the request of the Health Sector, support host country health services with the construction and expansion of public emergency health infrastructure.
- Given the reported rise in GBV incidents across the region, enhance collaboration with the GBV Sub-sector to integrate GBV prevention considerations into the participatory design, planning and implementation of shelter and settlement programmes. For example, support the creation and scale up of additional safe spaces for GBV survivors, continue guaranteeing privacy for women, girls and boys, create non-mixed gender spaces, and ensure lighting of risk areas.
- The medium-term shelter and settlement response will include rental programming and area-based approaches to address settlement infrastructure needs wherever relevant.
- Compile, promote and share among R4V partners shelter and settlement key messages, technical and policy guidance, SOPs, capacity building, training and advocacy adapted to new COVID-19 requirements.



<p>POPULATION PROJECTION 2020</p> <p>TOTAL 8.31 M</p> <p>REFUGEES & MIGRANTS 1.53 M</p> <p>HOST COMMUNITY 633 K</p>	<p>PEOPLE IN NEED</p> <p>2.17 M</p> <p>1.53 M</p> <p>633 K</p>	<p>PEOPLE TARGETED</p> <p>1.09 K</p> <p>741 K</p> <p>345 K</p>	<p>FINANCIAL REQUIREMENTS</p> <p>\$ 45.97 M</p>	<p>COVID 19 FINANCIAL REQUIREMENTS</p> <p>\$ 14.46 M</p>	<p>RMRP PARTNERS</p> <p>38</p>
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Updated Sector Situation

Refugees and migrants have been disproportionately impacted by the COVID-19 outbreak and associated measures such as social distancing. In line with the global guidance of the WHO on regular hygiene practices, the demand for soap and handwashing facilities has significantly risen for households, communities, shelters and public spaces. Yet, many refugees and migrants, including those in irregular and/or already in vulnerable situations do not have access to some of these most basic items and facilities. Informal urban, peri-urban and rural settlements, particularly in border areas which host many refugees and migrants from Venezuela, already had very limited access to WASH services before the COVID-19 outbreak. Many such settlements lack access to potable water, for example via aqueducts and via tanks; they have limited basic sanitary infrastructure and often deficient systems for waste collection and management. For handwashing, many settlements lack basic hygiene products such as soap and alcoholic gel. As a result thereof, few opportunities for maintaining basic hygiene practices such as regular handwashing, or cleaning and disinfection of clothes, surfaces, houses and communal spaces, exist, thereby exposing refugees and migrants in these settlements as well as host communities to contracting COVID-19.

At the same time, communal water and sanitation facilities can pose a risk factor for COVID-19 transmission, therefore, measures to prevent further transmission are required. While ensuring that refugees and migrants living in areas with poor water and sanitation services access basic WASH services, including also free access to public/communal toilets and connection to existing sewers. As an indirect impact of COVID-19, this has become more crucial for those who have lost their previous income, often in the informal

sector, and are now homeless. Refugees and migrants living on the streets are extremely vulnerable to infection, as well as other risks associated with not having shelter. Moreover, many existing shelters do not have adequate WASH facilities, including baths, showers, sinks and washing machines. Hygiene items and menstrual hygiene management needs are likewise in heightened demand, while local markets are struggling to maintain the supply of these essential items. Another at-risk group are the ‘caminantes’, refugees and migrants walking across countries towards or from border areas. These people do not have access to regular water supplies, hygiene items or sanitation services along their journey to be able to comply with hygiene recommendations. Given that the virus is propagated by human-to-human contact, as well as through contact with contaminated surfaces, there is a critical need to install handwashing points with running water and soap at community levels and in critical sites of interest for public health (market places, canteens, kindergartens, educational institutions, shelters, prisons). Other needs include alcoholic gel, paper towels, products to disinfect surfaces such as sodium hypochlorite, as well as the provision of personal protection items, once the reopening of public spaces begins. In all of this, there is a lack of information available to refugees, migrants and affected host communities, and key hygiene messaging has not always reached them.

Governments have taken some public policy measures to ensure the provision of WASH services and improvement of information-sharing, including by targeting those areas hosting vulnerable refugees and migrants, but there is a need for continued advocacy and direct support services by governments and R4V partners for vulnerable refugee and migrant populations.

Response Priorities

Under the revised RMRP, the WASH Sector is prioritizing actions for the improvement of access to personal, family-based, school-based and community-based water, sanitation and hygiene services in critical sites such as health centers, settlements, shelters, child development centers, market places, transport terminals, educational institutions and canteens, among others. A particular focus will be placed on adequate handwashing facilities with water and soap, disinfection of surfaces and the management of solid waste, with the aim of reducing the transmission of COVID-19, while the emergency endures, as well as after restrictions are lifted. Together with the Communications Working Group, the Sector will work on community strategies for the promotion of hygienic practices.

Strategic priorities for the WASH Sector include:

- Support sectoral and inter-agency coordination at the country and regional level focusing on the prioritization of most at risk collective sites and communities that refugees and migrants access.
- Limit human-to-human transmission and protect individuals from exposure to COVID-19 by providing guidance to refugees, migrants and

affected host communities on risk communication and community engagement (RCCE) focused on handwashing and other prevention messages associated with WASH.

- Increase infection prevention and control (IPC) in health care facilities, refugee and migrant shelters, working with refugee and migrant communities and hosting communities in collaboration with the Health, WASH and Education sectors.
- Curb the COVID-19 spread by working with national governments and supporting them with WASH and IPC supplies, equipment and capacity-strengthening efforts to ensure access for refugees and migrants to basic services.
- Map public policy measures in WASH and capture good practices and examples to influence other countries’ WASH response to COVID.
- Continued safe delivery of essential WASH services in shelters and to refugee and migrant communities, including through cash-based interventions.
- Development of technical and educational materials on water, sanitation and hygiene and risk communication strategies.



COUNTRIES OVERVIEW



BRAZIL



POPULATION PROJECTION 2020

TOTAL 361 K

IN DESTINATION 361 K

HOST COMMUNITY

PEOPLE IN NEED

399 K

289 K

110 K

PEOPLE TARGETED

287 K

226 K

61 K

FINANCIAL REQUIREMENTS

\$ 87.51 M

COVID 19 FINANCIAL REQUIREMENTS

\$ 24.13 M

RMRP PARTNERS

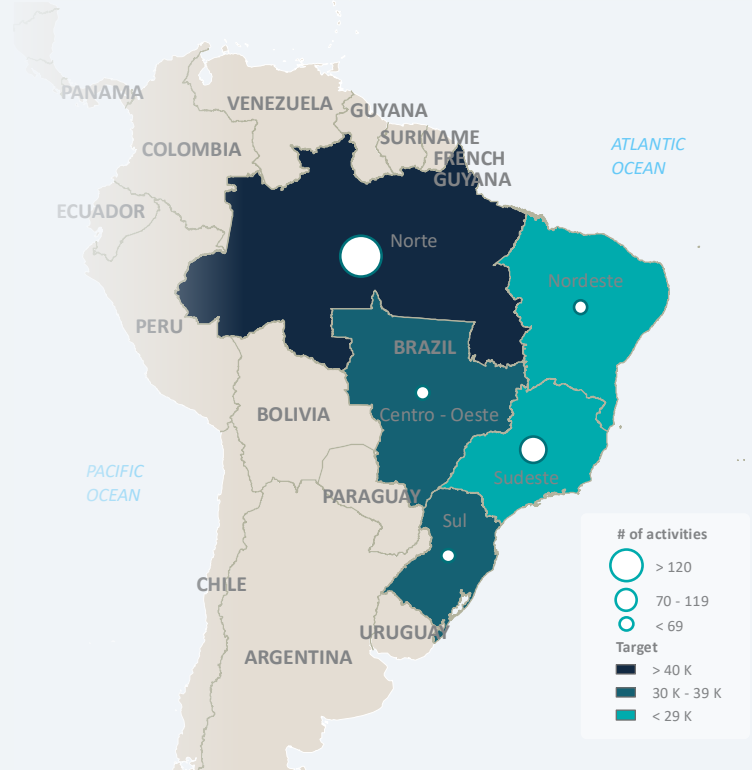
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Updated Country Scenario

All borders were closed in mid-March due to the COVID-19 pandemic, with few irregular movements at the Venezuelan border being reported. For foreigners in the country, the validity of documentation providing legal stay was extended until the end of the emergency.

Furthermore, following the declaration of a state of emergency by the federal government, state governors adopted a series of measures to prevent the spread of the virus, including the closure of public institutions, business, schools and places of worship. Although freedom of movement has been maintained throughout the country, some states have restricted intercity and interstate passenger transport.

R4V partners have had to reduce their activities in some locations, but life-saving activities that require in-person attendance continue to be implemented with the necessary protective gear. In April, the Federal Government introduced a monthly emergency basic income of 600 BRL (USD 120) for persons who lost their livelihoods because of the pandemic, regardless of their nationality, for up to 3 months. Refugees and migrants from Venezuela continue to have access to public healthcare services, but as the COVID-19 crisis advances, the public system's capacity to respond is further strained, affecting not only people infected with the coronavirus, but also those in need of other health services.



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	70 K	39 K	\$ 5.39 M	\$ 30 K	9
Food Security	58 K	31 K	\$ 2.08 M	\$ 68 K	12
Health	274 K	110 K	\$ 8.21 M	\$ 3.3 M	10
Integration	195 K	103 K	\$ 15.9 M	\$ 1.61 M	23
NFI	234 K	160 K	\$ 5.44 M	\$ 3.79 M	12
Nutrition	39 K	28 K	\$ 921 K	\$ 256 K	3
Protection*	313 K	245 K	\$ 19.1 M	\$ 1.16 M	20
Shelter	117 K	103 K	\$ 11.09 M	\$ 8.86 M	13
WASH	151 K	128 K	\$ 4.77 M	\$ 240 K	6
Humanitarian Transportation			\$ 6.2 M	\$	4
Multipurpose CBI			\$ 4.32 M	\$ 3.95 M	7
Support Services**			\$ 4.09 M	\$ 851 K	9

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

In order to assist possible confirmed COVID-19 cases, the Government response to the inflow of refugees and migrants from Venezuela, referred to as “Operação Acolhida” (OA) has developed a contingency plan in partnership with the R4V Platform and state and municipal authorities in Roraima and Amazonas, including the establishment of a field hospital in Boa Vista (Area of Protection and Care – APC), with the capacity to host up to 2,200 Venezuelans and host community members. Additional isolation facilities are being established in Manaus. The internal relocation programme continues to operate, following contingency protocols before and after boarding.

Refugees and migrants from Venezuela are severely affected by the crisis, mainly those living on the streets, in overcrowded shelters and spontaneous occupations in the northern states of Roraima and Amazonas, relying on inadequate or non-existent WASH facilities. This includes 4,000 indigenous Venezuelans (Warao, Eñepa, Pemón) whose health was already extremely vulnerable, leading to malnutrition, infections and respiratory diseases. Moreover, refugees and migrants

across the country are losing their livelihoods, as containment measures affected the informal economy and many employers cut their staff due to the downsizing of their business. In this scenario, they are struggling to meet their most basic needs, including shelter and food. Families with children and lactating mothers are particularly at risk of undernourishment and stunting, exposing them to illness and damage to physical and cognitive development. This situation also exposes Venezuelans to homelessness and negative coping mechanisms, such as begging, child labour and survival sex.

Organizations involved in the response are witnessing an increase in domestic violence and violence against children. Children and adolescents are also severely affected by the closure of schools and child friendly spaces managed by R4V partners, which also provided them access to safe spaces for protection and support. In parallel, unpaid care work has increased with children out-of-school, and this burden of care needs is usually a responsibility of women.

Response priorities

The revised RMRP in Brazil has four main strategic objectives:

- Complement and strengthen the State’s response on documentation, shelter, internal relocation and public health capacities in response to the COVID-19 pandemic in the country.
- Provide and improve effective access to basic goods and services, including those that can contribute to the prevention and response to the COVID-19 pandemic.
- Strengthen prevention, mitigation and response to protection risks and access to rights, in particular of those with vulnerability and specific needs.
- Mitigate the negative impacts of COVID-19 on socio-economic integration, supporting the access to cash-based interventions, formal employment and entrepreneurship, housing, education, and other basic services.
- The updated plan aims at supporting the State in the prevention of, and response to, COVID-19 for Venezuelans and host communities, while also maintaining previously stated priorities by adopting remote delivery mechanisms and adjusting activities to ensure adequate physical distancing. COVID-related interventions by the R4V Platform are concentrated on

supporting the adoption and implementation of contingency plans through technical assistance, equipment and direct service provision. General efforts also focus on preventive measures such as information campaigns on COVID-19 transmission, provision of hygiene and cleaning kits, improvement of WASH conditions and re-allocation of population of concern to alternative shelters to promote physical distancing. Special attention is given to persons at heightened risk of contracting COVID-19 and persons with specific needs including ethnic minorities, persons with disabilities, survivors of GBV, victims of human traffic, women at risk, LGBTIQ+ persons, unaccompanied and separated children, children head of household, among others. These will receive protection, but also concrete assistance for their economic integration, through the provision of CBI and support in applying for economic relief programs. These activities are undertaken in consultation with, and the active participation of, the community, taking into account the specificities of women, men, boys and girls in accordance with an age, gender and diversity approach.

CHILE

POPULATION PROJECTION 2020

TOTAL 472 K

IN DESTINATION 472 K

HOST COMMUNITY

PEOPLE IN NEED

415 K

295 k

120 k

PEOPLE TARGETED

250 K

144 k

106 k

FINANCIAL REQUIREMENTS

\$ 35.09 M

COVID 19 FINANCIAL REQUIREMENTS

\$ 2.72 M

RMRP PARTNERS

18

Updated Country Scenario

On 18 March 2020, the President of Chile announced a state of emergency and the closure of all land, air and sea borders. Despite the border closures, small-scale irregular movements into the country have continued and, as the crisis in Chile has deepened, increasing numbers of refugees and migrants are in a position where they see no alternatives but to consider returning to Venezuela. The closure of businesses and the precarity of employment has affected refugees and migrants from Venezuela in particularly harsh ways as many find themselves without employment and unable to pay for basic amenities, including rent, food and basic non-food items. The closure of schools has increased the vulnerability of Venezuelan children and adolescents, especially considering that complementary services, such as school feeding programs, are maintained at reduced intervals and only on a discretionary basis for students with an irregular legal status.

While refugees and migrants with documentation are in theory able to access national health services, access challenges remain, especially for those in an irregular situation who are not covered by the national health systems, and for whom the prices of COVID-19 testing (approx. USD 30) and hospital stays are largely unaffordable. The current suspension of Refugee Status Determination (RSD) processing and the slowdown of renewal processes for IDs has further deteriorated access to crucial healthcare services.



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	56 K	51 K	\$ 1.18 M	\$	5
Food Security	34 K	31 K	\$ 1.64 M	\$ 1.55 M	6
Health	48 K	44 K	\$ 1.12 M	\$ 892 K	6
Integration	191 K	174 K	\$ 13.69 M	\$ 6.74 M	11
NFI	32 K	29 K	\$ 1.79 M	\$ 53 K	3
Protection*	180 K	164 K	\$ 5.03 M	\$ 377 K	10
Shelter	7 K	6 K	\$ 2.74 M	\$ 204 K	5
WASH	1 K	1 K	\$ 11 K	\$ 11 K	2
Multipurpose CBI			\$ 7.06 M	\$ 6.31 M	4
Nutrition			\$ 26 K	\$	1
Support Services **			\$ 793 K	\$ 27 K	7

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

Response priorities

At national level, the Government response has focused on movement restrictions, health cordons around major urban hubs and at transit points across the country, the reinforcement of medical services, hospitals and respirators as well as the issuance of a financial support package to assist small and medium sized enterprises in country. Early on, substantial efforts were undertaken by R4V partners to disseminate information about the virus, as well as on the prevention measures and services in place to address questions and concerns raised by refugees and migrants from Venezuela. Response priorities in Chile focus on short-term humanitarian action, to ensure access to relevant medical services and increased disease prevention as well as to address basic needs by expanding access to housing solutions for refugees and migrants, to distribute much-needed food and non-food items. This is reflected in the revised plan, which has seen an increase

of activities in the areas of health, food, NFIs and cash-based assistance. In addition, efforts are being made to address specific protection concerns emerging as a result of continued quarantine and mobility restrictions, in particular with regard to gender-based violence (GBV), and considering the increasing number of domestic violence reports. Additional measures are being put in place to provide access to emergency safe shelters and to strengthen institutional responses.

Recognizing the substantial impact that COVID-19 has had on the socio-economic situation in Chile, Platform partners are adapting and revising existing activities to focus on access to documentation, employment rights, distance learning modalities and livelihood opportunities, so to ensure continued counseling and support is provided using popular online communication tools, including social media channels.

COLOMBIA



POPULATION PROJECTION 2020

TOTAL 5.17 M

IN DESTINATION	2.40 M
PENDULAR	2.09 M
RETURNEES	680 K
HOST COMMUNITY	600 k

PEOPLE IN NEED

3.22 M

	1.77 M
	501 K
	350 K
	600 k

PEOPLE TARGETED

2.26 M

	1.31 M
	365 K
	250 K
	336 K

FINANCIAL REQUIREMENTS

\$ 782.26 M

COVID 19 FINANCIAL REQUIREMENTS

\$ 296.77 M

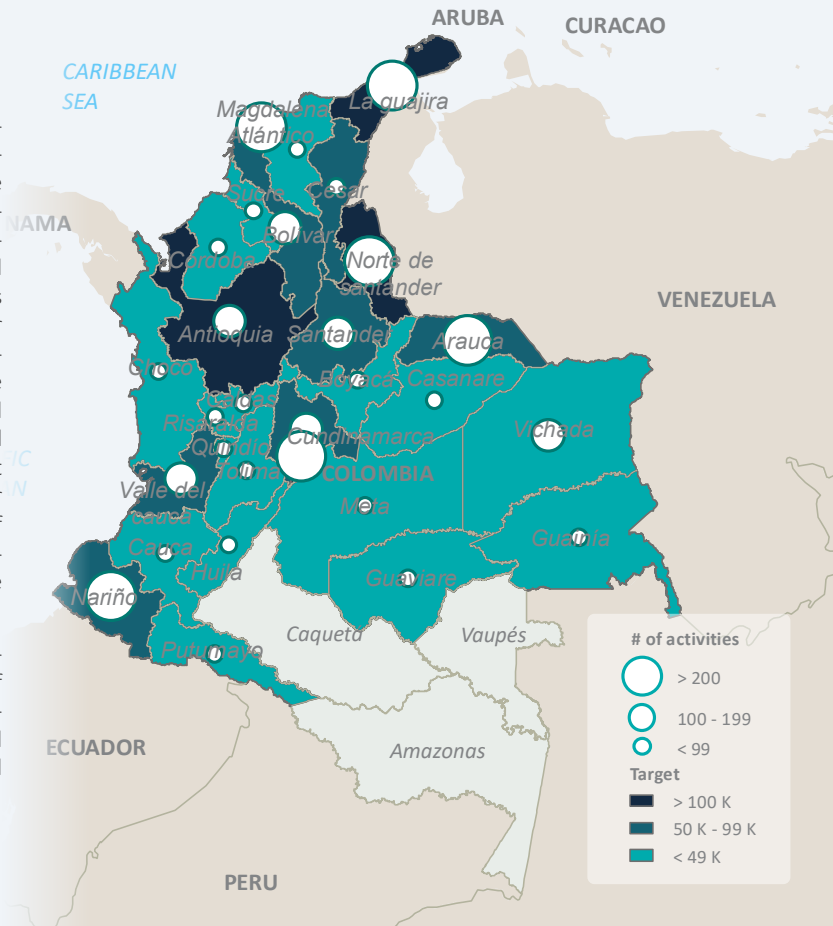
RMRP PARTNERS

64

Updated Country Scenario

Colombia is the country that has received the largest number of refugees and migrants from Venezuela (over 1.8 million as of 29 February 2020). In addition, hundreds of thousands of Colombians have returned from Venezuela, and many more Venezuelans have transited through the country or engaged in circular movements. The pandemic, as well as the measures to mitigate and prevent the spread of COVID-19, have impacted refugees and migrants in Colombia as well as host communities. Preventive measures have included border closures and a nationwide quarantine to limit the exposure of refugees, migrants and host communities to COVID-19. By late March, the Government adopted a 6-point plan outlining its strategy to respond to refugees and migrants in the context of COVID-19. The national coordination platform (GIFMM) coordinated with the Government and produced guidelines to maintain and expand critical services for these populations and host communities, while reducing the risk of transmission. This has reduced the scale and reach of ongoing operations, requiring adaption of service provision to ensure delivery at the household level when possible.

The current context, including preventive measures, is having a significant impact on refugees and migrants, including over 1 million of whom have an irregular status. Many depend on informal jobs, or life-saving assistance. During a Rapid Needs Assessment (RNA¹⁵) carried out by the GIFMM in April 2020, Venezuelan households interviewed



15 <https://r4v.info/en/documents/details/76031>

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	753 K	112 K	\$ 25.41 M	\$ 6.49 M	16
Health	2.54 M	1.64 M	\$ 219.15 M	\$ 115.17 M	35
Integration	2.2 M	506 K	\$ 107.27 M	\$ 10.51 M	31
Multisector*	1.62 M	253 K	\$ 48.94 M	\$ 7.36 M	19
Protection**	1.89 M	829 K	\$ 77.46 M	\$ 14.72 M	43
Food Security & Nutrition	2.22 M	1.44 M	\$ 184.25 M	\$ 75.46 M	29
WASH	1.45 M	780 K	\$ 30.33 M	\$ 8.3 M	32
Multipurpose CBI			\$ 78.93 M	\$ 58.07 M	24
Support Services***			\$ 10.51 M	\$ 692 K	15

*Shelter/NFI/Humanitarian Transportation | **Includes GBV, Child Protection, Human Trafficking & Smuggling | ***Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

prioritized their main needs in the context of COVID-19 as food (95 percent of households), housing (53 percent), employment (45 percent), and medical attention (26 percent). Over half of all households interviewed have problems complying with quarantine measures, mainly due to the need to generate income to cover their basic needs (43 percent of households) or access food (36 percent). An increase in protection concerns has been reported, including gender-based violence (GBV), discrimination and xenophobia and the risks associated with informal border crossings. Due to the situation, there are Venezuelans who see no alternative but to return to their country despite the health and protection risks. Priority needs include increased access to sources of income, food, health care, water, hygiene items, and safe housing, as well as protection for GBV and continuation of education for children. Inclusion of refugees and migrants in the response to COVID-19 and programmes to overcome the impact of the

current context is critical as is addressing the needs of those in the most vulnerable situations.

As some initial restrictions are progressively lifted or modified, it could be expected that some services will resume or continue to be adapted, in line with biosecurity and health measures as required. Such services need to be prepared for an increase in demand by refugees and migrants in the country and those arriving, transiting or engaging in circular movements as well as host communities. GIFMM partners will continue to be required to adapt humanitarian assistance interventions, protection and integration activities to the changing measures and context, in order to adequately respond to the needs of this population. Refugees and migrants will need additional support to recover from the impact of COVID-19 on their living conditions, livelihoods and well-being.

Response priorities

The GIFMM's strategy focuses on responding to refugees, migrants, Colombian returnees and host communities' needs in close coordination with and support to the government response. The response includes activities during the ongoing mitigation phase of the pandemic, in which the GIFMM has created guidelines to suspend activities that could increase risk of infection, adapt activities to reduce this risk, and expand those which are critical in the context of COVID-19. The key areas are health care, prevention and response to COVID-19, WASH, cash-based assistance, food security, protection, shelter and continuation of education for children, assist individuals to comply with quarantine measures, and thus prevent the spread of COVID-19 and address urgent humanitarian and protection needs. Life-saving responses of the GIFMM and its partners include increasing cash and voucher assistance (including multipurpose cash assistance, vouchers, cash for rent, etc.), temporary shelter and other housing alternatives, and basic humanitarian assistance, such as food assistance and non-food items to those most in need and impacted by the current context. In addition, many services are now available online or by phone, providing information and orientation on protection, GBV prevention and response mechanisms, child protection, health, psychosocial support and referrals to other services and assistance.

The response will continue to adapt according to changes in measures adopted to confront the pandemic and needs of the targeted population. As restrictions are gradually eased, including the reopening of the border with Venezuela, the response will focus on adapting, reopening and expanding key humanitarian assistance activities in border, transit and reception areas, including provision of health care, WASH, cash assistance programs, access to food, housing, humanitarian transport, communication with communities, protection, prevention and response to GBV and campaign to combat discrimination and xenophobia, while ensuring adequate measures are in place to reduce the risk of contagion. In addition, support is needed for children currently not engaged in learning activities (almost 50 percent of children covered by the Rapid Needs Assessment) to continue their education and later return to school.

The response includes activities to support livelihoods, self-sufficiency, employability and entrepreneurship to promote recovery after income loss during the quarantine. Doubling efforts on integration of refugees and migrants to support their access to, and recovery of livelihoods will be critical, this includes adapting ongoing activities, as well as taking advantage of possible new opportunities as sectors of the economy will start to re-open.

ECUADOR



POPULATION PROJECTION 2020

TOTAL 658 K

IN DESTINATION 658 K

HOST COMMUNITY

PEOPLE IN NEED

741 K

468 K

273 K

PEOPLE TARGETED

446 K

329 K

117 K

FINANCIAL REQUIREMENTS

\$ 200.38 M

COVID 19 FINANCIAL REQUIREMENTS

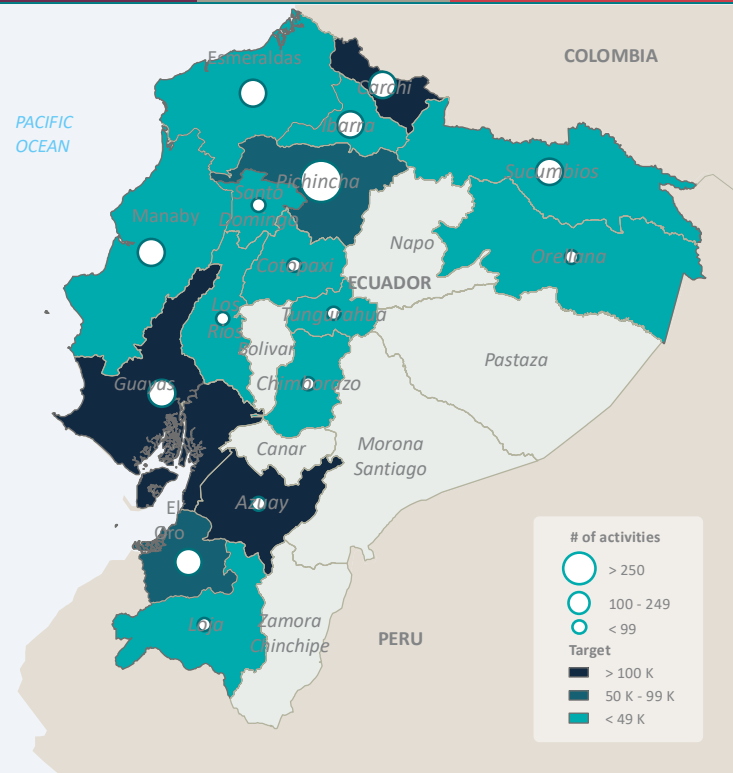
\$ 29.54 M

RMRP PARTNERS

40

Updated Country Scenario

A few days after the declaration by the WHO of COVID-19 as a pandemic on 11 March, the Government of Ecuador (GoE) declared a state of emergency, closing its borders and imposing mobility restrictions and confinement measures. The first confirmed case of COVID-19 in Ecuador was reported on 28 February in the Province of Guayas. The city of Guayaquil, which hosts the second largest Venezuelan refugee and migrant community in the country, soon became the epicenter of the disease. According to Ecuador's Constitution, refugees and migrants with regular residence in the country have the same rights and obligations as Ecuadorians, and both the public health and education systems in Ecuador do not distinguish between nationalities or status, whereas COVID-19 related financial assistance programmes (in particular the "Bono de proteccion familiar por emergencia") are not extended to non-nationals. Restrictions on mobility and confinement measures have resulted in a loss of daily income for refugees and migrants from Venezuela, most of whom worked in the informal sector and could no longer go out to work. Despite a government statement ordering the suspension of all evictions, many were evicted from their homes because they were no longer able to pay their rent. Some temporary shelters (i.e. hostels and hotels) that usually hosted refugees and migrants either closed or decided against receiving them due to increasing levels of xenophobia and the fear of infection. Some ref-



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	120 K	69 K	\$ 10.26 M	\$ 841 K	17
Food Security	462 K	255 K	\$ 44.37 M	\$ 2.71 M	15
Health	302 K	124 K	\$ 4.57 M	\$ 1.66 M	17
Humanitarian Transportation	27 K	0 K	\$ 202 K	\$	1
Integration	609 K	224 K	\$ 55.21 M	\$ 1.2 M	30
NFI	71 K	42 K	\$ 3.46 M	\$ 1.36 M	11
Protection*	445 K	351 K	\$ 41.15 M	\$ 1.12 M	27
Shelter	122 K	9 K	\$ 5.96 M	\$ 672 K	15
WASH	124 K	83 K	\$ 4.58 M	\$ 1.34 M	9
Multipurpose CBI			\$ 24.55 M	\$ 18.17 M	15
Nutrition			\$ 217 K	\$ 30 K	2
Support Services**			\$ 5.85 M	\$ 433 K	24

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

ugees and migrants have been left homeless, which further exposes them to protection concerns and health risks. A multi-agency Rapid Joint Needs Assessment was conducted across 13 provinces in early April to assess primarily 1) the situation of refugees and migrants from Venezuela and others along with host communities during COVID-19; and 2) to collect key data to inform the RMRP review. Based on the results, the top priorities have been identified, in order of importance, as follows: food security (94 percent of the total households), employment opportunities (52 percent), shelter (43 percent), health and medicines (36 percent). As far as host communities are concerned, the main preoccupation is food security (79 percent), followed by health and medicines (48 percent), lack of job (37 percent) and shelter (6 per-

cent). Additionally, the assessment showed that livelihoods have been severely impacted by the pandemic, with 63 percent of the reached refugees, migrants and host communities having mentioned not having a job during the lockdown. Confinement measures have also impacted on R4V partners' ability to deliver assistance: out of 266 activities reported to assist refugees, migrants and host communities 47 percent were suspended. Others have been required to adapt their modality of intervention (i.e. telephone or remote assistance). Additionally, many partners are adapting their strategies to focus on cash-based assistance, as in-kind delivery is restricted. The situation is expected to continue until physical access is possible again. The GTRM will regularly monitor the situation of partners and their ability to stay and deliver.

Response priorities

The Food Security sector is taking measures to maintain planned activities despite the new challenges, such as targeting new beneficiaries through remote mechanisms. In addition, partners have shown greater flexibility to temporarily assist more beneficiaries by extending the period of assistance through the delivery of extra kits, vouchers, or cash for food, as well as by expanding the qualifying criteria. Regarding Health, partners will seek to provide personal protection supplies and equipment for health centres, health personnel and patients, while ensuring the provision of tele-assisted comprehensive health care for refugees and migrants. Additionally, the sector will disseminate key messages concerning COVID-19 preventive measures. WASH activities will focus on cash-based interventions (CBI) to enable vulnerable Venezuelan refugees and migrants to access essential personal hygiene items and hygiene-promotion activities. The health crisis has depleted stocks of essential personal hygiene items available on the market or has caused a surge in prices that many refugees and migrants cannot afford to pay. Also, the sector will prioritize the improvement of water delivery systems and the installation of hand-washing stations. Shelter activities will aim at improving existing and providing new accommodation, while providing adequate support, space and cleaning supplies to address the COVID-related needs. Additionally, the sector will continue providing rental support for vulnerable populations for the following three to six months. Lastly, the sector will work hand in hand with the Government to update guidelines and protocols for temporary shelters, hostels and hotels receiving refugees and migrants. Multi-purpose CBI will be prioritized for refugees and migrants to meet their basic needs through remote delivery mechanisms. CBI will also support survivors or people at risk of gender-based violence (GBV) and trafficking. Cash grants will support recovery and reactivation of micro-businesses as part of

the Integration sector strategy, which will also include online training programmes for developing entrepreneurial skills and a series of orientation sessions for women to access employment opportunities. Similarly, several advocacy activities in partnership with the private sector will be launched to inform employers on labour laws and mobility rights, including provisions relating to refugees and migrants. This stems from the fact that new ways of working were introduced as a result of the lockdown measures. The Protection sector will include initiatives on remote psychological support for vulnerable groups, direct assistance to victims, information and referral pathways for specific services and protection interventions, e.g. aimed at preventing forced evictions. Improvements will also be made to special shelters for Trafficking in Persons (TiP) and GBV survivors, child protection and LGBTI spaces. With respect to Child Protection and GBV, dedicated communication campaigns and protection initiatives will be launched to address a spike in domestic violence due to extended confinement. Protection monitoring will continue with local national human rights institutions (e.g. defensoria del pueblo). Furthermore, institutional strengthening will include online trainings on protection standards for refugees and migrants, prevention of GBV and sexual exploitation, and delivering key messages on isolation measures. The regularization process will continue to be supported. In order to alleviate the impact of confinement on children, the Child Protection sub-group will focus on recreational games for children and emotional/psychological support for them and their parents. Training for teachers, students, counsellors, and pedagogical staff will complement the Education Sector needs through scholarships for children, the provision of tablets and remote connectivity opportunities. These measures aim to strengthen access to education and monitor school enrolment.

PERU



POPULATION PROJECTION 2020

TOTAL 978 K

IN DESTINATION **978 K**

HOST COMMUNITY

PEOPLE IN NEED

886 K

617 K

269 K

PEOPLE TARGETED

552 K

277 K

275 K

FINANCIAL REQUIREMENTS

\$ 148.64 M

COVID 19 FINANCIAL REQUIREMENTS

\$ 52.52 M

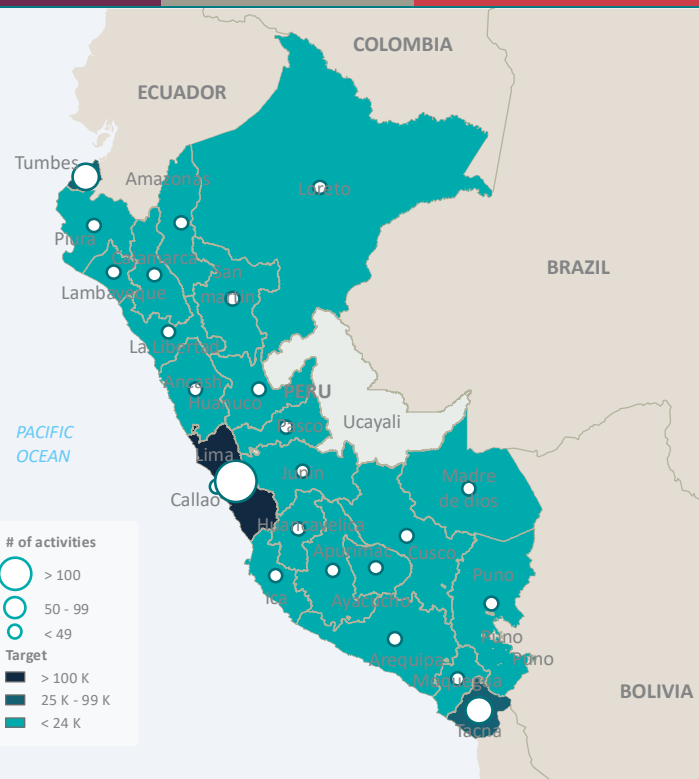
RMRP PARTNERS

35

Updated Country Scenario

On 15 March, the Peruvian government declared a 90-day state of emergency due to the COVID-19 pandemic. Measures include a mandatory quarantine, closure of borders now controlled by the military, early curfew and restrictions to constitutional rights and liberties. All measures have been enforced and adapted by the national police and military. Exceptions have been made for accessing pharmacies, banking institutions and commercial establishments selling basic goods. Quarantine and mobility restrictions have impacted all economic sectors as a majority of activities were suspended. The government has implemented measures to economically support vulnerable communities, namely with a cash bonus for families in poverty and extreme poverty, and for independent workers. This support has not yet been extended to refugees and migrants, the majority of which subsist from the informal economy, and depend on a daily income. This increased economical vulnerability has translated into food insecurity and difficulties to afford housing and other basic goods. Most vulnerable refugees and migrants also live in areas with limited access to WASH services, resulting in increased health risks.

Amid the declaration of the state of emergency and the mobility restrictions, many partners suspended a significant number of activities across the country and at the borders, where limited ser-



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	442 K	110 K	\$ 3.6 M	\$ 1.55 M	9
Food Security	386 K	92 K	\$ 10.01 M	\$ 1.57 M	10
Health	618 K	203 K	\$ 9.57 M	\$ 7.17 M	16
Integration	886 K	277 K	\$ 49.71 M	\$ 6.41 M	24
NFI	608 K	30 K	\$ 1.86 M	\$ 1.23 M	6
Nutrition	116 K	30 K	\$ 462 K	\$ 70 K	4
Protection*	430 K	250 K	\$ 25.71 M	\$ 6.33 M	28
Shelter	434 K	52 K	\$ 8.15 M	\$ 904 K	9
WASH	416 K	84 K	\$ 5.75 M	\$ 4.51 M	4
Humanitarian Transportation			\$ 2.07 M	\$ 9 K	4
Multipurpose CBI			\$ 24.77 M	\$ 20.36 M	17
Support Services**			\$ 6.99 M	\$ 2.38 M	27

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

vices are being provided by partners using safe conduits. The asylum and migration systems are temporarily suspended and access to territory is restricted increasing the risk of refoulement at the border. However, the government announced that for the duration of the emergency all foreigners pending regularization are considered as

regulars. The government decreed both the inclusion of foreign health professionals to strengthen the national healthcare capacity during the emergency, and the temporal affiliation of refugees and migrants to the health insurance system (SIS for its acronym in Spanish) specifically for those suspected or confirmed as COVID-19 positive.

Response priorities

The GTRM has increased its focus on humanitarian-emergency assistance needed to respond to urgent COVID-19 related needs. Cash-Based Interventions (CBI) have strategically enabled the GTRM to support vulnerable refugee and migrant households to cover expenses for food security and other basic goods and services, including housing. Considering the negative economic and social impact of the current crisis, CBI will enable refugees and migrants from Venezuela to integrate and have an active role in the development of local economies. CBI also mitigates the effects of unemployment, discrimination, and the increase of health and protection risks, and exploitation and human trafficking.

Supporting self-reliance is key in responding to the needs of refugees, migrants and affected host communities. Partners focus on supporting self-employment and entrepreneurship to sustain the gradual reactivation of the local economy and generate livelihoods. Such activities are also oriented towards supporting women's empowerment and financial independence.

The GTRM's protection strategy focuses on building the capacity of authorities to respond to the heightened risks of children, survivors of GBV and victims of human trafficking in the context of the emergency, and its protracted effects. In close cooperation with government authorities the GTRM prioritizes the establishment of clear protocols to identify persons at risk, irrespective of nationality, and to support virtual and distant case-management. The reactivation of the asylum

system, the regularization of the status of Venezuelan nationals and the possibility of family reunification also lie at the core of the protection priorities.

Alongside multipurpose CBI, GTRM partners plan to ensure food security assistance to the most vulnerable households through the distribution of basic goods baskets, by providing logistical and technical support to the National Institute of Civil defense (INDECI by its acronym in Spanish). The response in Peru also prioritizes the provision of safe shelter to overcome the risks associated with evictions and homelessness. Partners are identifying housing solutions that strictly comply with new COVID-19 guidelines to reduce the risk of infection. WASH efforts are a priority to reduce the risks of infection and to comply with the government measures; they will include the distribution of hygiene kits. Support is still needed to ensure that the sector can aid the governmental efforts during and after the quarantine. Finally, the GTRM focuses on ensuring access to the virtual education system as an opportunity for children who have not previously been able to find a vacancy near their residency and safeguard their permanence. With the temporal inclusion of refugees and migrants in the health insurance system, partners will support public health structures to grant treatment, and increase their isolation and storage capacity. The GTRM will support primary health access and strengthen the provision of psychosocial support.

CARIBBEAN

POPULATION PROJECTION 2020

TOTAL 150 K

IN DESTINATION 150 K

HOST COMMUNITY

PEOPLE IN NEED

190 K

124 K

66 K

PEOPLE TARGETED

142 K

80 K

62 K

FINANCIAL REQUIREMENTS

\$ 46.36 M

COVID 19 FINANCIAL REQUIREMENTS

\$ 11.95 M

RMRP PARTNERS

25

Updated Country Scenario

The COVID-19 pandemic has considerably increased the vulnerability of Venezuelan refugees and migrants in the five countries of the sub-region (Aruba, Curacao, the Dominican Republic, Guyana and Trinidad and Tobago), at the same time as it impacted the economy and public health of the host countries. In an effort to limit the expansion of the outbreak, the Caribbean countries adopted measures such as border closures for all travelers, stay-at-home orders and suspension of non-essential businesses and services. Governments have also scaled back on immigration controls and assured that all individuals affected by COVID-19, regardless of nationality and legal status, have access to testing and treatment. But the pandemic has disproportionately impacted Venezuelans' livelihoods, causing a sudden loss of income and undermining their capacity to meet basic needs. Many Venezuelans already before the outbreak lived without a regular status, which had been hindering their ability to access rights, public services and formal livelihoods. They are now exposed to heightened protection risks, including evictions and are in need of counselling and assistance. The pandemic has also raised additional concerns about inadequate housing space and overcrowding, which increase health risks, mental distress and exposure to violence, including gender-based violence (GBV). Following the adoption of stay-at-home measures, the number of requests for food and cash assistance by refugees and mi-



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	18 K	7 K	\$ 2.3 M	\$ 259 K	7
Food Security	98 K	13 K	\$ 2.13 M	\$ 587 K	6
Health	66 K	68 K	\$ 6.45 M	\$ 1.34 M	10
Integration	175 K	194 K	\$ 7.36 M	\$ 1.21 M	11
NFI	25 K	12 K	\$ 1.88 M	\$ 302 K	6
Nutrition	17 K	1 K	\$ 87 K	\$	2
Protection*	120 K	83 K	\$ 15.27 M	\$ 3.67 M	16
Shelter	25 K	5 K	\$ 3.08 M	\$ 1.78 M	4
WASH	17 K	7 K	\$ 275 K	\$ 25 K	2
Humanitarian Transportation			\$ 10 K	\$	1
Multipurpose CBI			\$ 5.44 M	\$ 2.17 M	5
Support Services**			\$ 2.06 M	\$ 595 K	4

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

grants from Venezuela received through R4V partners' hotlines dramatically increased in the five countries. A spike in domestic violence against women and child abuse cases has been reported, as well as a need for psychosocial support to cope with higher levels of anxiety. Regarding healthcare, in practice, Venezuelans in some Caribbean countries have reported barriers such as an absence of insurance coverage or prioritization of nationals by healthcare providers who com-

ply with the usual insurance and documentary requirements. Since the outbreak, some countries have set up social security relief packages, however undocumented Venezuelans are not included. In this context, more Venezuelan refugees and migrants depend on humanitarian assistance for their survival and find themselves at heightened risks of having to resort to negative coping mechanisms and subjected to increasing violence, abuse and exploitation.

Response priorities

Since the outbreak of the pandemic, the Caribbean R4V Sub-Regional Platform has advocated for the inclusion of refugees and migrants from Venezuela in the COVID-19 national response plans. It has advocated for their access to testing and treatment and to essential services and assistance, without discrimination against undocumented persons. The R4V Platform has also called for the adoption of measures to regularize stays and to suspend evictions for all. In addition, Platform partners have developed preparedness, contingency and response plans to avoid the spread of the COVID-19 and to assist governments in their response. Communication with communities has been rapidly adjusted to remote modalities and stepped up. Governments' communications to the general public were translated into Spanish to keep the Venezuelan community informed of public advisories related to COVID-19. In Guyana, efforts were made to reach Venezuelan indigenous communities with translations into Warao language.

In light of the revised operational context and latest needs assessments, R4V partners have adjusted their plans for the rest of 2020 and have prioritized CBI, food and NFI distribution, medical aid, psychosocial support, shelter emergency assistance and protection interventions to mitigate the effects of the crisis and reinforce the resilience of affected refugees and migrants from Venezuela. R4V partners will support the COVID-19 long-term response with medical items and protective equipment, including masks locally produced through livelihoods projects, where possible, as well as quarantine facilities. Partners will also expand CBI as multi-purpose cash grants allow recipients to meet their most pressing needs, as is the case in Aruba, the Dominican Re-

public and Trinidad and Tobago. Regarding food distribution, partners will ensure the delivery of standardized food packages and will reach out to local food banks to establish durable cooperation schemes. The provision of primary health care services to Venezuelan refugees and migrants will continue through the support of medical clinics, enhanced with the set up of triage and quarantine areas in Curaçao, and with telemedicine arrangements in Trinidad and Tobago. Mobile medical brigades in the Dominican Republic and Guyana will resume as soon as movement restrictions are lifted. In the five countries, R4V partners will focus on remote delivery of legal assistance, livelihoods interventions and the delivery of life-saving assistance (NFI, food, shelter) for vulnerable individuals, as well as psychosocial support and counseling in order to respond to additional stress and newly identified risks. Support for GBV prevention and response and case management remain a priority, with the provision of shelter, medical care, MHPSS and legal assistance. In Guyana and Trinidad and Tobago, partners will continue to prioritize registration and documentation of Venezuelan refugees and migrants in support of the Government. Finally, R4V partners will focus on resuming education activities as soon as COVID-19 social distancing measures are lifted. In Trinidad and Tobago, with Child Friendly Spaces temporarily closed, R4V partners will keep ensuring that Venezuelan children continue to have access to education through the Equal Place Programme, which has shifted from a blended format to being fully online and will seek to improve the e-learning platform with additional content and functionalities in order to improve interaction between facilitators and students.

CENTRAL AMERICA & MEXICO



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID 19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 283 K	142 K	56 K	\$ 18.40 M	\$ 7.60 M	8
IN DESTINATION 283 K	117 K	50 K			
HOST COMMUNITY	25 K	6 K			

Updated Country Scenario

Refugees and migrants in Costa Rica, Mexico and Panama have been severely impacted by COVID-19 and by the preventative measures established to curb the spread of the virus. Governments have ordered the full or partial closure of borders, restrictions on mobility, the closure of all non-essential businesses and prohibition of public gatherings. With preventative measures enacted across the sub-region, refugees and migrants from Venezuela face increased protection risks and economic vulnerabilities. The most pressing needs reported include access to employment and income generation, food and hygiene materials, medical treatment, psychosocial support and secure housing. Due to a generalized decrease in revenues and partial shutdown of the economy, businesses have been forced to close, reduce hours and salaries, and lay off workers, affecting Venezuelans employed in the formal and informal economies. Venezuelans have reported threats of eviction as a result of their inability to pay their rents as well as due to xenophobic perceptions that they may be responsible for the spread of COVID-19.

Although in Costa Rica, the Government provides universal medical access for COVID-19 and life-threatening conditions, Venezuelans with pre-existing conditions are dependent on employment to secure health insurance for medical treatment. The mentioned loss of employment heightens their risk of not being able to seek necessary treatment. In Mexico, Venezuelans, especially those living in the south of the country, face increased vulnerabilities following the slowdown of industrial production and loss of tourism-related incomes. In Panama, the government launched its Plan Panama Solidario, designed to respond to COVID-19 through the provision of food, hygiene and medical



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	49 K	8 K	\$ 306 K	\$ 63 K	5
Food Security	32 K	9 K	\$ 315 K	\$ 221 K	3
Health	60 K	11 K	\$ 829 K	\$ 306 K	5
Integration	142 K	21 K	\$ 3.71 M	\$ 730 K	7
Protection*	126 K	53 K	\$ 4.19 M	\$ 1.57 M	7
Shelter / NFI	59 K	7 K	\$ 1.5 M	\$ 1.37 M	2
Humanitarian Transportation			\$ 34 K	\$ 34 K	1
Multipurpose CBI			\$ 6.29 M	\$ 2.18 M	5
Support Services**			\$ 1.23 M	\$ 1.13 M	4

*Includes GBV, Child Protection, Human Trafficking & Smuggling | **Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

products to the most vulnerable segments of the population. Although some Venezuelans have already received these benefits, access to services and equitable access is at times limited due to incorrect or lacking documentation and/or a limited understanding of the rights of refu-

gees and migrants by service providers. Partners have also received requests for information about rights and access to these social protection initiatives.

Response priorities

The main response priorities of the revised RMRP for Central America and Mexico aim to reduce vulnerability and mitigate the impact of COVID-19 on refugees and migrants from Venezuela. A particular focus will be on the increased use of cash-based interventions (CBI) with updated assistance criteria, including for those at risk of eviction, loss of employment, and engagement in negative coping strategies, as well as on enhancing psychosocial support. With a view to the eventual lifting of government restrictions, enhancing livelihood and employment opportunities of refugees and migrants is planned to ensure that they are able to regain their self-reliance and employment and further their local integration. Anti-xenophobia campaigns, including Somos Lo Mismo, and communicating with communities' activities are adapting messaging and information shared in the context of COVID-19. Finally, additional support is being provided to strengthen government services.

In Costa Rica, assistance criteria for CBI has been modified to also include those with chronic medical conditions who are at heightened risk, as a result of loss of employment and health insurance. In Mexico, an additional CBI top up has been adopted for those with increased protection risks amidst the COVID-19 crisis, with additional consideration for those located in areas where other forms of humanitarian assistance are not available. In Panama, revisions to CBI criteria are being adapted to take into account and to complement social protection policies enacted. Considering the impact of the pandemic on mental

health, including the risk of domestic violence and negative coping mechanisms, and the disproportionate impact on women, increased access to psychosocial support, referrals and coordination with stakeholders is ongoing in Costa Rica and Panama.

In terms of livelihoods and employment, R4V partners in Costa Rica, have been modifying vocational training through the delivery of virtual trainings and have established entrepreneurship programmes to produce personal hygiene products. In Mexico, full coordination will continue with the Federal Government and the Servicio Nacional de Empleo, to improve employment matching for the Venezuelan population in support of their re-entry into the formal workforce.

In Mexico, to prevent further discrimination towards refugees and migrants from Venezuela, exacerbated by COVID-19, a television broadcast campaign targeting children will be launched. In Panama, communicating with communities' activities are ongoing to ensure refugees and migrants are informed about their rights, COVID-19 response programmes and social protection initiatives, through varied messaging on health, hygiene, official government announcements and legal measures.

Finally, in Mexico, technical assistance for the Mexican Commission for Refugee Assistance (COMAR) is being provided to ensure refugee procedures can continue while reducing concentrations of persons who come to the offices for assistance.

SOUTHERN CONE



POPULATION PROJECTION 2020	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS	COVID-19 FINANCIAL REQUIREMENTS	RMRP PARTNERS
TOTAL 236 K	175 K	119 K	\$ 34.1 M	\$ 6.82 M	39
IN DESTINATION 236 K	148 K	89 K			
HOST COMMUNITY	27 K	30 K			

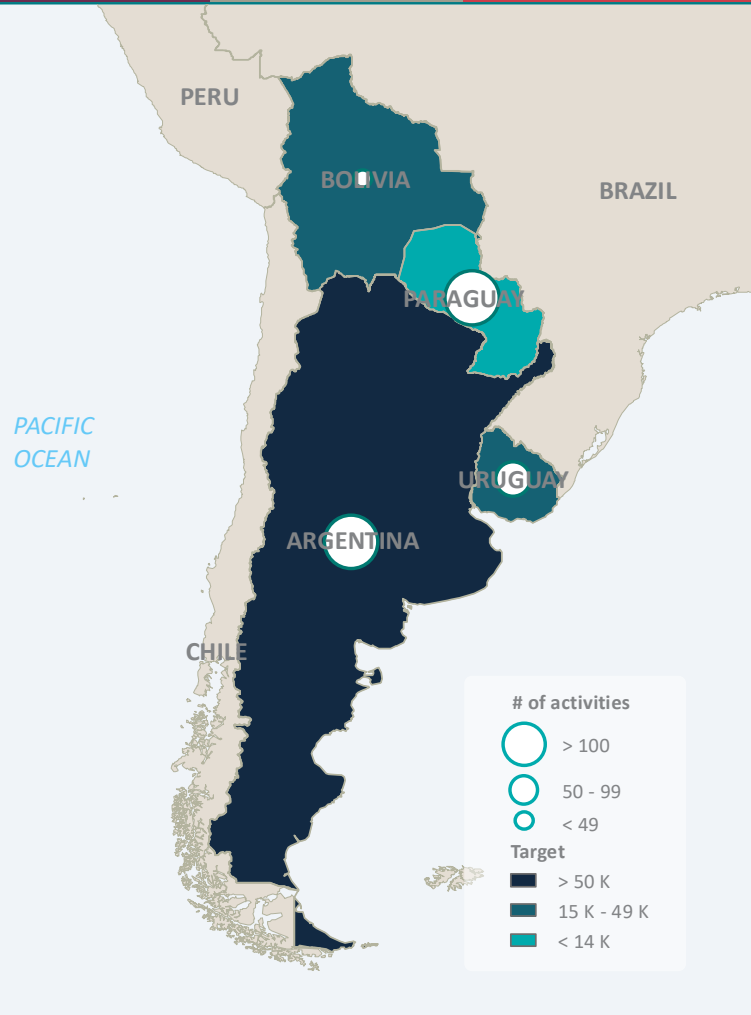
Updated Country Scenario

Argentina, Bolivia, Paraguay and Uruguay, the four countries that constitute the Southern Cone chapter, were characterized, in general, for maintaining an open-door policy towards the entrance and permanence of refugees and migrants from Venezuela in their territories. However, since the outbreak of the COVID-19 pandemic, the governments in the sub-region implemented mitigation and response measures such as the closure of borders and mandatory self-isolation/lockdown policies, which brought public life to a standstill, including public services and the possibility to access asylum systems and regularization pathways for refugees and migrants.

The border closures imposed by the governments have left refugees and migrants from Venezuela who were trying to enter the sub-region by land in very vulnerable conditions, as, in some cases, the border closures also hindered asylum-seekers or people in need of humanitarian admissions (i.e. family reunification) gaining regular access. This also resulted in heightened risks of trafficking, abuse and exploitation for those pursuing irregular access to the countries. In this regard, Uruguay introduced safeguards to allow asylum and family reunification requests to be launched in border areas, while the other countries consider admissions on a case-by-case basis.

Additionally, the restrictions in place have de facto put on hold many regularization procedures, leaving refugees and migrants from Venezuela with a precarious and/or irregular status. The measures have likewise negatively impacted living conditions of the refugees and migrants in the four countries where they were already among the most vulnerable groups of society.

As economic activities have been severely reduced and, in most cases, completely put on hold, many refugees and migrants, especially those working in the informal sector, are left with no means of income to cov-



SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS	COVID-19 REQUIREMENTS	PARTNERS
Education	14 K	2 K	\$ 290 K	\$ 63 K	9
Health	96 K	94 K	\$ 2.95 M	\$ 1.89 M	16
Integration	175 K	101 K	\$ 10.55 M	\$ 926 K	23
Multisector*	83 K	47 K	\$ 8.07 M	\$ 2.3 M	20
Protection**	111 K	82 K	\$ 6.62 M	\$ 588 K	24
Multipurpose CBI			\$ 3.2 M	\$ 746 K	8
Support Services ***			\$ 2.43 M	\$ 311 K	19

*Shelter/NFI/Humanitarian Transportation/Food Security/Nutrition/Wash | **Includes GBV, Child Protection, Human Trafficking & Smuggling
 ***Communication, Coordination, Information Management, Fundraising and Communication with Communities (CwC).

In order to avoid duplication, refugees and migrants in-transit to other countries are not included in the key population figures. However, the total budget and sector specific requirements include activities targeting this population group.

er the most basic needs and services, many facing evictions. Although measures to prohibit evictions during the quarantine have been implemented in some of the countries, many cases have already been reported and there is a concrete risk of a considerable increase of such cases in the short term.

Several of the social protection policies put in place in response to COVID-19 are not accessible to those who do not meet minimum criteria such as documentation and minimum years of residence (i.e. economic subsidies, food distribution, etc.) or work in the informal sector (i.e. unemployment insurance, loans or subsidies for companies to continue paying wages, etc.). As a result, food insecurity and lack of livelihoods opportunities have considerably increased, becoming one of the biggest challenges for refugees and migrants from Venezuela in the four countries¹⁶.

While, in general, refugees and migrants enjoy universal access to public health, the pandemic had a considerable impact on the system, putting further strain on already limited resources. Governments are

scaling up their public health response progressively but have made it clear that external assistance will be crucial in the months to come.

The situation of children is particularly worrying, especially taking into consideration that schools and childcare facilities have been closed and that there are limited capacities to implement digital learning platforms. Moreover, gender-based violence (GBV) poses a special challenge in this context as there has been a raise of reported cases since the self-isolation/lockdown was implemented. Psycho-social assistance in general but particularly for children and survivors of GBV were limited before COVID-19 and are further constrained by the requirements of virtual or teleworking modalities.

The COVID-19 pandemic has caused a shift in the way refugees and migrants from Venezuela are received by their host communities in the Southern Cone, with increasing xenophobic manifestations reported, and refugees and migrants being stigmatized and evicted from departments/hostels or not admitted into emergency shelters/hostels for fear of contagion.

Response priorities

The COVID-19 pandemic led partners in the Southern Cone to update and complement their RMRP priorities for 2020 as the needs for emergency assistance increased, especially in terms of temporary shelter, NFIs and food, in many cases operationalized by cash-based interventions.

In this context, the need for longer-term shelter solutions, such as housing has increased drastically, mainly due to the sudden reduction of incomes, resulting in the risk of evictions particularly in overcrowded urban centres such as Buenos Aires and its surroundings in Argentina and Montevideo in Uruguay.

Another priority for the Southern Cone is the reinforcement of the health sector. With the onset of COVID-19, all countries in the sub-region require more robust support through direct assistance from RMRP partners, coupled with continued advocacy for inclusion of refugees and migrants in national response systems. Mental and reproductive health responses are of high importance especially during a time of lockdown and strict isolation policies and will need to be adapted to remote service provision as well as to the scenario post COVID-19.

Meanwhile, the protection sector will maintain its priorities with a particular emphasis on: information and support with regularization and asylum procedures, access to documentation, access to rights and family reunification, with an even stronger focus on advocacy to include migrants and refugees in public policies, among others. Additionally, RMRP partners will reinforce activities to prevent, mitigate and respond to GBV.

The integration sector has shifted its strategies to link activities of fostering labor inclusion and income generation opportunities with an early recovery scenario, including the provision of support in the design and implementation of labor inclusion policies and programs aimed at refugees and migrants from Venezuela who can contribute to mitigate the effects of the pandemic, such as health professionals. Entrepreneurship support and financial inclusion activities will be combined with providing minimum survival assistance to allow for economic activities being more sustainable in the medium term, while continuing a strong advocacy with the governments, private sector and international financial institutions to increase inclusion of refugees and migrants in economic support programs.

¹⁶ PROVEAR. Survey of Venezuelans in Argentina between 2-5 April, 2020." AND "Manos Veneguayas. Survey of 1970 Venezuelans in Uruguay between 9-21 April 2020.

ANNEXES



FINANCIAL REQUIREMENTS BY COUNTRY, SECTOR AND ORGANIZATION (USD)

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Regional	\$1,135,108.00		\$5,266,580.00		\$18,891,032.43	\$381,000.00		\$505,440.00	\$8,504,440.24	\$152,205.00	\$19,788,905.62	\$205,200.00	\$54,829,911.29
ACAPS											\$750,000.00		\$750,000.00
Danish Refugee Council (DRC)									\$350,000.00		\$450,000.00		\$800,000.00
Hebrew Immigrant Aid Society (HIAS)											\$60,000.00		\$60,000.00
IMMAP											\$1,070,000.00		\$1,070,000.00
IMPACT Initiatives (REACH)											\$1,000,000.00		\$1,000,000.00
International Labour Organization (ILO)					\$3,930,000.00						\$340,000.00		\$4,270,000.00
International Organization for Migration (IOM)			\$2,118,998.00		\$14,065,532.43				\$2,912,520.24	\$135,205.00	\$6,298,460.62		\$25,530,716.29
Joint United Nations Programme on HIV/AIDS (UNAIDS)			\$218,000.00		\$370,000.00						\$1,385,000.00		\$1,973,000.00
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)	\$90,000.00		\$1,500,000.00		\$60,000.00				\$332,000.00	\$17,000.00	\$168,000.00		\$2,167,000.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$88,600.00								\$85,000.00		\$173,600.00
Plan International	\$213,008.00								\$30,000.00		\$202,040.00		\$445,048.00
RET International	\$65,000.00				\$99,500.00				\$138,000.00				\$302,500.00
Save the Children International (SCI)	\$22,500.00								\$6,500.00		\$52,500.00		\$81,500.00
United Nations Children's Fund (UNICEF)	\$291,600.00		\$591,840.00			\$162,000.00		\$505,440.00	\$1,134,000.00		\$3,902,020.00	\$205,200.00	\$6,792,100.00
United Nations Development Programme (UNDP)					\$178,000.00								\$178,000.00
United Nations Educational, Scientific and Cultural Organization (UNESCO)	\$250,000.00				\$160,000.00								\$410,000.00
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)	\$3,000.00				\$28,000.00				\$34,000.00		\$24,000.00		\$89,000.00
United Nations High Commissioner for Refugees (UNHCR)						\$135,000.00			\$1,291,000.00		\$2,219,602.00		\$3,645,602.00
United Nations Office of the High Commissioner for Human Rights (OHCHR)									\$1,485,156.00				\$1,485,156.00
United Nations Population Fund (UNFPA)			\$749,142.00						\$461,264.00		\$328,283.00		\$1,538,689.00
World Food Programme (WFP)											\$1,174,000.00		\$1,174,000.00
World Vision	\$200,000.00					\$84,000.00			\$330,000.00		\$280,000.00		\$894,000.00

Organization		Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Brazil		\$5,394,912.00	\$2,080,489.00	\$8,214,558.00	\$6,196,526.00	\$15,901,136.00	\$4,321,451.00	\$5,438,365.00	\$921,000.00	\$19,096,747.15	\$11,091,549.00	\$4,088,155.15	\$4,768,909.00	\$87,513,797.30
Adventist Development and Relief Agency (ADRA)			\$30,000.00	\$121,000.00		\$2,875,000.00			\$6,000.00	\$251,700.00			\$200,000.00	\$3,483,700.00
AVSI Foundation		\$1,500,000.00				\$180,000.00		\$600,000.00	\$330,000.00	\$1,559,627.00	\$750,000.00	\$200,000.00	\$588,708.00	\$5,708,335.00
Caritas Brazil						\$35,000.00							\$1,000,001.00	\$1,025,001.00
Caritas Rio de Janeiro			\$49,847.00	\$24,443.00		\$54,499.00				\$28,654.00				\$157,443.00
Caritas São Paulo			\$30,000.00	\$6,300.00		\$10,500.00		\$36,000.00		\$12,000.00				\$94,800.00
Caritas Switzerland		\$7,880.00	\$21,738.00		\$166,166.00	\$132,245.00	\$202,608.00	\$309,715.00		\$1,209,771.00	\$188,074.00			\$2,238,197.00
Center for Integrated Studies and Programs for Sustainable Development (CIEDS)					\$640,808.00									\$640,808.00
Center for Migration and Human Rights of the Diocese of Roraima (CMDH)			\$60,500.00			\$5,500.00				\$7,700.00				\$73,700.00
Charitable and Cultural Association Amigos do Noivo		\$750.00	\$6,300.00			\$300.00		\$3,750.00		\$150.00	\$6,000.00			\$17,250.00
Guaulhos Human Rights Defense Center (CDDH)		\$962.00	\$2,404.00	\$820.00	\$1,360.00					\$721.15	\$4,200.00			\$27,388.30
IMPACT Initiatives (REACH)														\$600,000.00
Institute for Migration and Human Rights (IMDH)						\$20,000.00		\$10,000.00						\$30,000.00
International Organization for Migration (IOM)			\$1,850,000.00	\$2,100,000.00	\$5,980,000.00	\$3,727,000.00	\$1,000,000.00	\$1,410,000.00		\$2,630,000.00	\$1,131,000.00	\$770,000.00	\$440,000.00	\$21,038,000.00
Jesuit Service for Migrants and Refugees (JSMR)					\$49,000.00	\$27,000.00				\$34,149.00	\$67,155.00			\$177,304.00
LGBT+ Movement Brazil			\$4,600.00	\$20,000.00		\$3,500.00	\$5,800.00			\$9,600.00	\$13,200.00			\$56,700.00
Migrant Service Center (CAM)		\$10,000.00	\$6,600.00			\$29,421.00		\$4,400.00			\$82,620.00			\$50,421.00
Missão Paz														\$82,620.00
Nice Institute						\$15,000.00		\$2,000.00		\$1,100.00	\$42,000.00			\$60,100.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)				\$2,252,000.00										\$2,252,000.00
SOS Children's Villages										\$881,503.00				\$881,503.00
United Nations Children's Fund (UNICEF)		\$2,500,000.00		\$2,480,000.00		\$1,190,000.00			\$585,000.00	\$2,400,000.00	\$8,800,000.00	\$853,000.00	\$2,539,000.00	\$12,547,000.00
United Nations Development Programme (UNDP)						\$130,000.00								\$130,000.00
United Nations Educational, Scientific and Cultural Organization (UNESCO)		\$1,230,000.00		\$220,000.00		\$800,000.00								\$2,250,000.00
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)						\$630,739.00				\$220,165.00		\$11,295.00		\$862,199.00
United Nations High Commissioner for Refugees (UNHCR)						\$3,800,000.00	\$2,700,000.00	\$3,000,000.00		\$8,143,372.00	\$8,800,000.00	\$1,576,039.00		\$28,019,411.00
United Nations Office for Project Services (UNOPS)				\$989,995.00		\$3,000.00		\$30,000.00		\$1,590,336.00		\$60,900.00		\$2,674,231.00
United Nations Population Fund (UNFPA)			\$6,500.00		\$800.00			\$2,500.00		\$7,300.00	\$7,300.00		\$1,200.00	\$25,600.00
Vale da Benção Educational and Charitable Association (AEBVB)			\$12,000.00		\$1,600,824.00		\$413,043.00	\$30,000.00		\$108,899.00				\$2,310,086.00
World Vision		\$145,320.00												

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Caribbean	\$2,303,826,00	\$2,129,674,00	\$6,451,249,00	\$10,000,00	\$7,361,623,00	\$5,442,614,00	\$1,881,470,00	\$87,000,00	\$15,268,126,00	\$3,081,000,00	\$2,063,575,00	\$275,000,00	\$46,355,157,00
Adventist Development and Relief Agency (ADRA)	\$145,500,00						\$8,120,00		\$71,000,00				\$224,620,00
Bolivarian Society of Curaçao					\$426,000,00				\$25,000,00				\$451,000,00
Caritas Willemstad									\$650,000,00				\$650,000,00
Colonia Foundation of Venezuelians in the Dominican Republic (FUNCOVERD)		\$100,000,00	\$30,000,00						\$30,000,00				\$160,000,00
Famia Planea			\$1,358,000,00						\$75,000,00				\$1,433,000,00
Family Planning Association of Trinidad and Tobago			\$100,000,00										\$100,000,00
Fundacion pa Hende Muhe den Dificultad (FHMD)									\$1,000,000,00				\$1,000,000,00
Globalizate Radio					\$135,000,00								\$135,000,00
Heartland Alliance International (HA)		\$35,000,00	\$2,000,00						\$-				\$37,000,00
Hebrew Immigrant Aid Society (HIAS)		\$60,000,00			\$50,000,00	\$60,000,00	\$61,850,00		\$552,000,00				\$783,850,00
Human Rights Caribbean Foundation (HRC)									\$394,680,00				\$394,680,00
International Labour Organization (ILO)					\$250,000,00								\$250,000,00
International Organization for Migration (IOM)		\$881,650,00	\$1,797,000,00	\$10,000,00	\$2,782,000,00	\$537,500,00	\$1,160,000,00	\$25,000,00	\$1,559,625,00	\$2,455,500,00	\$1,064,828,00	\$35,000,00	\$12,308,103,00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$507,500,00										\$507,500,00
Salú pa Tur Foundation			\$867,000,00										\$867,000,00
Stichting Slachtofferhulp Curaçao									\$115,000,00	\$80,000,00			\$195,000,00
Stima Foundation	\$330,000,00				\$47,500,00								\$377,500,00
United Nations Children's Fund (UNICEF)	\$570,000,00		\$30,000,00		\$165,000,00	\$75,000,00		\$62,000,00	\$560,000,00			\$240,000,00	\$1,702,000,00
United Nations High Commissioner for Refugees (UNHCR)	\$1,047,326,00	\$853,024,00	\$1,372,765,00		\$3,332,123,00	\$4,540,829,00	\$618,000,00		\$9,868,243,00	\$462,500,00	\$913,747,00		\$23,008,557,00
United Nations Population Fund (UNFPA)			\$386,984,00				\$20,000,00		\$278,078,00		\$30,000,00		\$715,062,00
United Nations Programme for Human Settlements					\$32,000,00						\$55,000,00		\$87,000,00
VenAruba Solidaria	\$16,000,00				\$12,000,00				\$75,000,00				\$103,000,00
VenEuropa	\$195,000,00												\$195,000,00
Venex Curaçao Foundation		\$200,000,00			\$130,000,00		\$13,500,00		\$14,500,00	\$83,000,00			\$441,000,00
World Vision						\$229,285,00							\$229,285,00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Central America & Mexico	\$306,074.00	\$314,862.00	\$828,794.00	\$34,250.00	\$3,706,668.00	\$6,291,467.00	\$330,700.00	\$-	\$4,191,432.00	\$1,167,350.00	\$1,231,900.00	\$-	\$18,403,497.00
Hebrew Immigrant Aid Society (HIAS)					\$385,000.00	\$210,000.00			\$1,103,200.00				\$1,698,200.00
International Organization for Migration (IOM)	\$110,550.00	\$214,750.00	\$686,100.00	\$34,250.00	\$1,643,650.00	\$125,000.00	\$330,700.00		\$1,634,800.00	\$1,152,350.00	\$1,129,900.00		\$7,063,050.00
Norwegian Refugee Council (NRC)					\$130,000.00	\$40,000.00			\$300,000.00				\$470,000.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$25,000.00								\$10,000.00		\$35,000.00
Red Cross Panama	\$11,506.00	\$93,612.00	\$15,006.00		\$38,918.00				\$54,268.00				\$213,310.00
RET International	\$9,200.00	\$6,500.00	\$11,000.00		\$46,000.00	\$174,348.00			\$6,500.00	\$15,000.00			\$268,548.00
United Nations Children's Fund (UNICEF)	\$50,000.00				\$180,000.00				\$110,000.00		\$60,000.00		\$400,000.00
United Nations High Commissioner for Refugees (UNHCR)	\$124,818.00		\$91,688.00		\$1,283,100.00	\$5,742,119.00			\$982,664.00		\$32,000.00		\$8,256,389.00
Chile	\$1,184,552.00	\$1,641,613.33	\$1,117,141.00		\$13,651,632.87	\$7,059,084.00	\$1,793,168.02	\$26,000.00	\$5,029,161.50	\$2,741,204.00	\$832,916.31	\$10,963.00	\$35,087,436.03
Adventist Development and Relief Agency (ADRA)	\$101,000.00							\$26,000.00	\$298,500.00	\$51,000.00			\$476,500.00
Inmigrante Feliz Association	\$1,000.00		\$3,800.00		\$14,400.00				\$70,000.00				\$89,200.00
International Federation of the Red Cross (IFRC)		\$23,582.00	\$246,710.00		\$39,000.00	\$501,111.00	\$281,230.00		\$1,668,414.00	\$204,280.00		\$10,963.00	\$1,475,290.00
International Labour Organization (ILO)					\$199,500.00						\$22,000.00		\$221,500.00
International Organization for Migration (IOM)	\$925,000.00	\$1,500,000.00	\$775,560.00		\$10,584,719.92	\$5,000,000.00	\$1,500,000.00		\$1,222,093.79	\$600,000.00	\$410,000.00		\$22,517,373.71
Jesuit Migrant Service (JMS)	\$77,552.00				\$128,642.00					\$34,352.00	\$65,262.00		\$305,808.00
Joint United Nations Programme on HIV/AIDS (UNAIDS)			\$6,500.00										\$6,500.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$36,000.00										\$36,000.00
Scalabrini International Migration Network					\$278,683.95				\$106,778.70		\$34,500.31		\$419,962.97
Social Assistance Foundation of the Christian Churches (FASCC)		\$33,571.00	\$48,571.00						\$65,714.00		\$99,997.00		\$247,853.00
Trabajo para un Hermano Foundation					\$137,700.00								\$137,700.00
United Nations Children's Fund (UNICEF)									\$12,000.00		\$16,000.00		\$28,000.00
United Nations Educational, Scientific and Cultural Organization (UNESCO)	\$80,000.00												\$80,000.00
United Nations High Commissioner for Refugees (UNHCR)		\$24,460.33			\$1,677,987.00	\$757,973.00	\$11,938.02		\$2,985,661.00	\$1,851,572.00	\$185,157.00		\$7,494,748.35
United Nations Population Fund (UNFPA)									\$10,000.00				\$10,000.00
Vicaria de Pastoral Social Caritas				\$276,000.00									\$276,000.00
World Food Programme (WFP)		\$60,000.00											\$60,000.00
World Vision					\$315,000.00	\$800,000.00			\$90,000.00				\$1,205,000.00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Colombia	\$25,413,497,17	\$89,311,00	\$1,984,071,70	\$842,266,23	\$1,369,865,00	\$4,174,010,75	\$14,921,570,57	\$4,047,556,00	\$77,459,262,54	\$33,172,611,54	\$10,511,947,14	\$30,330,205,57	\$4,529,021,75
ACTED		\$89,311,00				\$4,174,010,75	\$160,000,00					\$105,700,00	\$4,529,021,75
Action against Hunger		\$512,111,40	\$1,984,071,70		\$1,369,865,00	\$5,395,550,00		\$1,407,091,00		\$148,400,00	\$2,000,00	\$1,228,377,71	\$12,047,466,81
Adventist Development and Relief Agency (ADRA)			\$3,676,792,00									\$823,208,00	\$4,500,000,00
AID FOR AIDS			\$204,000,00										\$204,000,00
AIDS Healthcare Foundation (AHF)			\$14,154,675,31										\$14,154,675,31
Americares Foundation			\$5,259,157,00										\$5,259,157,00
Bethany Christian Services		\$27,999,00	\$142,874,92		\$8,108,00			\$759,740,68			\$222,000,00		\$1,160,722,60
Blumont		\$922,773,00	\$943,228,00		\$581,832,00				\$568,763,10				\$2,073,368,10
CARE			\$43,658,91			\$237,167,00	\$52,441,90		\$931,250,00		\$5,000,00		\$2,116,645,00
Caritas Germany		\$157,889,27	\$43,658,91	\$57,053,23			\$60,000,00		\$100,939,16	\$226,616,04		\$20,298,86	\$658,897,36
Caritas Switzerland	\$43,350,00	\$27,069,00		\$66,200,00	\$268,700,00	\$236,500,00	\$60,000,00		\$483,780,00	\$175,400,00		\$75,140,00	\$1,386,139,00
Cuso International					\$155,000,00	\$10,000,00							\$165,000,00
Danish Refugee Council (DRC)					\$2,290,000,00	\$8,300,000,00			\$3,385,000,00	\$900,000,00		\$1,850,000,00	\$16,725,000,00
Development Support Association-APOYAR					\$329,000,00				\$578,000,00			\$189,000,00	\$1,096,000,00
Diakonie Katastrophenhilfe						\$340,000,00		\$50,000,00	\$1,500,000,00			\$395,000,00	\$2,285,000,00
Doctors of the World			\$1,200,000,00						\$285,000,00		\$45,000,00		\$1,530,000,00
First International Emergency and Solidarités International		\$440,000,00	\$935,000,00						\$200,000,00	\$1,000,000,00		\$730,000,00	\$3,305,000,00
Halü Bienestar Humano Foundation (HALU)			\$1,130,000,00			\$520,000,00						\$900,000,00	\$2,550,000,00
Heartland Alliance International (HA)			\$628,000,00						\$552,000,00			\$13,200,00	\$1,193,200,00
Hebrew Immigrant Aid Society (HIAS)					\$163,815,00				\$357,042,20				\$520,857,20
HelpAge International					\$7,665,00						\$3,300,00	\$60,250,00	\$71,215,00
Humanity & Inclusion			\$729,000,00			\$39,000,00			\$73,400,00				\$841,400,00
IMMAP											\$1,850,000,00		\$1,850,000,00
IMPACT Initiatives (REACH)											\$1,513,000,00		\$1,513,000,00
International Committee for the Development of People (CISP)			\$600,000,00		\$80,000,00							\$560,000,00	\$1,240,000,00
International Labour Organization (ILO)	\$869,734,00			\$4,891,389,00					\$294,000,00				\$6,055,123,00
International Organization for Migration (IOM)	\$964,840,00	\$3,033,333,00	\$45,891,461,00	\$615,000,00	\$27,611,329,69	\$4,000,000,00	\$9,100,000,00		\$9,319,332,00	\$14,800,000,00	\$5,182,857,14	\$5,300,000,00	\$53,000,000,00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
International Rescue Committee (IRC)	\$700,000.00		\$4,585,000.00		\$1,800,000.00	\$9,750,000.00			\$2,714,000.00			\$150,000.00	\$19,699,000.00
INTERSOS			\$336,000.00						\$929,200.00				\$1,265,200.00
Jesuit Refugee Service (JRS)					\$110,000.00	\$60,000.00			\$85,000.00	\$120,000.00			\$375,000.00
Jesuit Refugee Service Foundation Colombia (JRS)		\$61,055.00	\$8,484.08		\$53,125.00				\$70,998.92				\$193,663.00
Lutheran World Federation		\$340,542.43	\$48,000.00	\$18,013.00	\$272,343.00		\$24,000.00		\$155,967.76			\$204,000.00	\$1,062,866.19
Malteser International		\$400,000.00	\$1,811,767.30		\$573,581.00		\$700,545.00	\$632,000.00	\$46,767.00	\$591,200.00		\$250,000.00	\$5,005,860.30
Mercy Corps					\$3,000,000.00	\$14,449,999.00			\$3,000,000.00			\$1,800,000.00	\$22,249,999.00
Norwegian Refugee Council (NRC)	\$4,870,083.00				\$16,146,000.00	\$1,880,526.70	\$624,572.67		\$1,788,587.37	\$829,219.50		\$624,000.00	\$26,762,989.24
Organización Fuerza Internacional de Capellanía DDHH y DIH OFICA ICC	\$132,900.00	\$322,500.00	\$89,028.00		\$562,411.00		\$756,000.00	\$359,000.00	\$758,603.00		\$31,390.00	\$865,000.00	\$3,876,832.00
OXFAM		\$280,039.00					\$79,279.00		\$221,238.00			\$251,716.00	\$832,272.00
Panamerican Development Foundation (FUPAD)		\$1,029,600.00	\$766,800.00		\$1,518,500.00					\$988,000.00			\$4,302,900.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)													
Plan International	\$550,000.00	\$90,000.00	\$1,098,756.86			\$516,000.00			\$788,380.00		\$3,300.00	\$1,151,000.00	\$4,197,436.86
Profamilia Asociation		\$200,000.00	\$2,386,355.53						\$320,000.00		\$145,000.00		\$3,051,355.53
Project Hope			\$2,441,000.00		\$465,000.00			\$305,000.00	\$530,000.00				\$3,741,000.00
Red Cross Colombia	\$200,000.00		\$8,070,000.00	\$6,000.00	\$2,890,000.00	\$272,000.00	\$315,000.00	\$174,000.00	\$550,000.00	\$34,000.00	\$20,000.00	\$2,717,000.00	\$15,248,000.00
RET International	\$1,975,000.00	\$280,000.00				\$5,500,000.00			\$5,050,000.00			\$496,000.00	\$13,301,000.00
Samaritan's Purse							\$635,733.00			\$487,509.00			\$1,123,242.00
Save the Children International (SCI)	\$5,791,231.08		\$4,120,000.00		\$9,544,000.00	\$8,000,000.00		\$176,908.00	\$6,815,066.92		\$40,000.00	\$1,097,760.00	\$35,584,966.00
SOS Children's Villages	\$220,000.00	\$531,200.00		\$60,000.00					\$430,000.00	\$750,000.00		\$381,200.00	\$2,392,400.00
Tearfund		\$147,000.00	\$45,000.00			\$400,000.00		\$500,000.00			\$100,000.00	\$64,000.00	\$1,256,000.00
TECHO		\$100,000.00	\$156,000.00							\$1,460,000.00			\$1,808,000.00
Terre des Hommes Foundation Lausanne									\$1,128,000.00				\$1,128,000.00
Terre des Hommes Italy (TDH)	\$92,700.09	\$284.21				\$78,000.00			\$151,350.00			\$987,758.00	\$1,310,092.30
The Israel Forum for International Humanitarian Aid (IsraAID)	\$10,000.00				\$20,000.00				\$315,000.00				\$345,000.00
United Nations Children's Fund (UNICEF)	\$5,688,659.00		\$1,034,967.00		\$56,800.00			\$443,557.00	\$3,375,110.21		\$50,000.00	\$4,238,597.00	\$14,887,690.21

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
United Nations Development Programme (UNDP)					\$19,760,500.00								\$19,760,500.00
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)		\$1,880,000.00			\$770,000.00				\$430,000.00		\$20,000.00		\$3,100,000.00
United Nations Food and Agricultural Organization (FAO)		\$7,050,000.00			\$100,000.00						\$60,000.00		\$7,210,000.00
United Nations High Commissioner for Refugees (UNHCR)	\$3,055,000.00		\$5,932,873.00		\$11,781,396.50	\$8,295,000.00	\$2,413,999.00		\$23,042,227.00	\$10,662,267.00	\$1,090,000.00	\$1,680,000.00	\$67,952,762.50
United Nations Office on Drugs and Crime (UNODC)									\$900,000.00				\$900,000.00
United Nations Population Fund (UNFPA)			\$3,283,264.60						\$3,383,291.21		\$137,100.00		\$6,803,655.82
United Nations Programme for Human Settlements					\$93,000.00				\$21,000.00		\$122,000.00		\$236,000.00
War Child		\$72,617.00							\$801,228.00				\$873,845.00
World Food Programme (WFP)						\$72,000.00							
World Vision	\$250,000.00					\$4,406,198.00			\$320,000.00				\$4,976,198.00
ZOA						\$2,000,000.00						\$900,000.00	\$2,900,000.00
Ecuador	\$10,261,757,33	\$44,370,803,29	\$4,567,614,37	\$202,220,00	\$55,208,271,55	\$24,551,659,50	\$3,458,808,00	\$216,947,00	\$41,154,423,80	\$5,962,627,53	\$5,848,551,47	\$4,575,818,56	
ActionAid		\$20,905.00			\$8,112.00	\$19,210.00			\$720.00	\$10,000.00	\$10,412.00		\$69,359.00
Adventist Development and Relief Agency (ADRA)	\$126,000.00	\$259,600.00	\$158,350.00		\$302,000.00	\$100,000.00	\$450,000.00		\$906,000.00	\$530,000.00		\$546,097.00	\$3,378,047.00
Alas de Colibri Foundation			\$36,300.00		\$2,000.00				\$223,500.00	\$14,400.00			\$276,200.00
AVSI Foundation	\$300,000.00	\$27,000.00			\$191,240.00				\$1,200.00		\$2,000.00		\$521,440.00
CARE		\$168,000.00	\$66,665.00		\$64,996.00	\$2,106,200.00	\$409,400.00		\$668,000.00	\$74,999.00	\$10,000.00	\$22,997.00	\$3,591,257.00
ChildFund International	\$48,800.00								\$53,700.00				\$102,500.00
Comité Permanente por la Defensa de los Derechos Humanos					\$9,050.00				\$29,200.00		\$4,200.00		\$42,450.00
ConQuito					\$32,093.67								\$32,093.67
COOPI- International Cooperation Foundation										\$120,000.00		\$120,000.00	\$240,000.00
Diálogo Diverso			\$77,998.00		\$24,999.00	\$24,999.00			\$54,950.00		\$30,000.00		\$212,946.00
FIDAL Foundation					\$40,467.00						\$11,562.00		\$52,029.00
Foundation of the Americas (FUDELA)	\$634,243.00				\$440,132.00				\$40,920.00		\$3,000.00		\$1,118,295.00
German Corporation for International Cooperation (GIZ)		\$34,000.00	\$23,000.00		\$839,656.00		\$3,998.00		\$1,324,258.00	\$90,000.00	\$176,137.00		\$2,491,049.00
Hebrew Immigrant Aid Society (HIAS)			\$537,048.00		\$1,792,602.00	\$141,440.00			\$655,820.00	\$42,500.00	\$118,755.00		\$3,288,165.00
IMMAP											\$1,000,000.00		\$1,000,000.00
IMPACT Initiatives (REACH)											\$150,000.00		\$150,000.00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
International Committee for the Development of People (CISP)	\$35,202,85	\$14,862,32	\$32,161,12		\$92,094,48		\$14,861,00		\$14,798,88		\$2,972,57	\$16,160,56	\$223,113,78
International Labour Organization (ILO)					\$712,556,00						\$50,001,00		\$762,557,00
International Organization for Migration (IOM)	\$4,304,637,50		\$1,648,783,25	\$202,220,00	\$37,646,223,40	\$3,176,562,50	\$411,950,00		\$13,561,448,92	\$1,884,500,53	\$2,220,981,90	\$687,364,00	\$65,744,672,00
Jesuit Refugee Service (JRS)	\$84,000,00	\$47,500,00	\$36,000,00		\$711,600,00		\$288,000,00		\$457,600,00	\$112,080,00	\$71,200,00		\$1,807,980,00
Kirimina Corporation			\$173,752,00										\$173,752,00
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)	\$38,500,00	\$72,000,00			\$8,000,00		\$500,000,00		\$84,975,00	\$4,150,00	\$15,000,00		\$722,625,00
Norwegian Refugee Council (NRC)	\$744,800,00				\$1,120,000,00	\$428,000,00	\$233,000,00		\$7,227,758,00	\$950,000,00		\$325,000,00	\$11,028,558,00
Organization of Ibero-American States for Education, Science and Culture (OEI)	\$71,596,98								\$25,000,00				\$96,596,98
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$175,000,00								\$60,000,00		\$235,000,00
Plan International	\$60,400,00	\$24,000,00	\$115,577,00		\$126,767,00	\$60,000,00			\$37,500,00		\$254,010,00		\$617,854,00
Red Cross Ecuador	\$60,400,00	\$165,000,00	\$194,980,00		\$56,625,00	\$8,000,00	\$111,600,00		\$145,500,00		\$70,820,00		\$812,925,00
RET International	\$208,000,00								\$20,000,00			\$48,500,00	\$276,500,00
Scalabrini International Migration Network	\$66,000,00				\$300,000,00					\$130,000,00	\$22,400,00		\$518,400,00
SOS Children's Villages		\$108,000,00			\$219,040,00	\$206,021,00	\$36,000,00		\$531,080,00				\$1,100,141,00
United Nations Children's Fund (UNICEF)	\$2,912,000,00		\$400,000,00		\$2,280,000,00			\$30,000,00	\$2,829,000,00		\$210,000,00	\$2,509,700,00	\$11,170,700,00
United Nations Development Programme (UNDP)					\$535,000,00								\$535,000,00
United Nations Educational, Scientific and Cultural Organization (UNESCO)	\$197,192,00												\$197,192,00
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)					\$1,041,742,00	\$160,000,00			\$539,995,00				\$1,741,737,00
United Nations Food and Agricultural Organization (FAO)	\$30,385,00	\$5,000,00			\$291,276,00			\$186,947,00					\$513,608,00
United Nations High Commissioner for Refugees (UNHCR)	\$400,000,00	\$2,000,000,00	\$750,000,00		\$6,000,000,00	\$15,000,000,00	\$999,999,00		\$11,490,880,00	\$1,999,998,00	\$1,250,000,00	\$300,000,00	\$40,190,877,00
United Nations Population Fund (UNFPA)			\$142,000,00						\$66,500,00		\$30,000,00		\$238,500,00
United Nations Programme for Human Settlements					\$20,000,00				\$8,000,00		\$75,100,00		\$103,100,00
World Food Programme (WFP)		\$40,969,310,97				\$2,821,227,00							\$43,790,537,97
World Vision		\$455,625,00			\$300,000,00	\$300,000,00			\$156,120,00				\$1,211,745,00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Perú	\$3,596,768.00	\$10,011,527.54	\$9,568,780.77	\$2,065,000.00	\$49,710,889.05	\$24,767,712.57	\$1,860,206.00	\$462,320.35	\$25,707,460.59	\$8,151,435.20	\$6,991,442.52	\$5,750,822.91	\$148,644,365.50
Action against Hunger		\$2,096,686.57	\$270,500.00		\$211,000.00	\$2,080,000.00			\$215,700.00	\$132,462.69	\$88,500.00		\$5,094,849.25
ActionAid						\$120,000.00			\$30,000.00				\$150,000.00
Adventist Development and Relief Agency (ADRA)	\$534,360.00	\$1,080,834.00	\$1,498,910.00		\$3,334,912.00				\$722,819.00				\$7,171,835.00
AVISI Foundation					\$142,000.00				\$35,000.00		\$82,000.00		\$259,000.00
CARE						\$480,000.00							\$480,000.00
Caritas Peru		\$122,300.88				\$197,658.70		\$58,038.35	\$144,513.27	\$35,929.20	\$34,968.99		\$593,409.40
Caritas Switzerland		\$13,000.00	\$3,000.00	\$34,000.00		\$1,000.00	\$30,000.00		\$82,000.00	\$314,500.00		\$11,000.00	\$488,500.00
CCEFIRO Association	\$50,000.00		\$100,000.00						\$160,000.00	\$30,000.00	\$240,000.00		\$580,000.00
Center for Studies and Solidarity with Latin America (CESAL)	\$89,908.00		\$35,481.00		\$189,426.60	\$70,588.00	\$35,294.00	\$120,000.00	\$162,972.00		\$17,050.00		\$720,719.60
Centro de Atención Psicosocial (CAPS)			\$14,000.00						\$79,000.00				\$93,000.00
Civil Society Forum on Health (Forsalud)			\$600,000.00						\$80,000.00		\$192,000.00		\$872,000.00
COOP! - International Cooperation Foundation				\$300,000.00	\$294,250.00	\$200,000.00			\$1,200,000.00	\$200,000.00	\$15,000.00	\$5,297,649.00	\$7,506,899.00
Cuso International					\$2,850,000.00								\$2,850,000.00
Encuentros Servicio Jesuita de la Solidaridad					\$150,000.00	\$602,382.35			\$594,802.48				\$1,347,184.83
Hebrew Immigrant Aid Society (HIAS)					\$246,930.00	\$1,990,806.00			\$229,983.00		\$46,708.00		\$2,514,427.00
HELVETAS					\$5,668.00	\$39,200.00			\$10,350.00				\$55,218.00
Humanity & Inclusion									\$15,815.00				\$15,815.00
IMMAP											\$1,000,000.00		\$1,000,000.00
IMPACT Initiatives (REACH)											\$150,000.00		\$150,000.00
International Labour Organization (ILO)					\$1,352,000.00				\$40,000.00		\$10,000.00		\$1,402,000.00
International Organization for Migration (IOM)	\$1,350,000.00	\$5,459,326.09	\$1,838,852.77	\$1,581,000.00	\$10,314,832.30	\$2,103,000.00	\$510,000.00		\$2,156,250.33	\$6,099,999.67	\$1,665,064.94	\$442,173.91	\$33,520,500.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$710,000.00								\$90,000.00		\$800,000.00
Pastoral of Human Mobility - Peruvian Episcopal Conference					\$1,695.00						\$6,570.00		\$91,870.00
Plan International	\$42,500.00		\$9,000.00		\$70,800.00	\$217,500.00	\$50,000.00		\$360,350.00		\$60,000.00		\$810,150.00
RET International	\$12,000.00	\$64,000.00		\$150,000.00	\$364,480.00	\$448,000.00			\$66,000.00	\$25,000.00	\$32,000.00		\$1,161,480.00
Save the Children International (SCI)	\$600,000.00		\$200,000.00		\$1,480,000.00	\$6,359,000.00		\$262,500.00	\$251,000.00		\$20,000.00		\$9,172,500.00
Scalabrini International Migration Network													\$-
TECHO	\$68,000.00				\$65,000.00								\$133,000.00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
United Nations Children's Fund (UNICEF)	\$850,000.00		\$154,000.00		\$251,748.00				\$567,000.00		\$208,500.00		\$2,031,248.00
United Nations Development Programme (UNDP)					\$7,600,000.00						\$800,000.00		\$8,400,000.00
United Nations High Commissioner for Refugees (UNHCR)		\$300,000.00	\$1,450,000.00		\$5,720,738.15	\$8,358,577.52	\$1,234,912.00		\$15,438,057.25	\$1,313,543.64	\$1,776,573.60		\$35,592,402.17
United Nations Population Fund (UNFPA)			\$2,664,380.00		\$48,000.00				\$2,289,300.00		\$133,600.00		\$5,135,280.00
United Nations Programme for Human Settlements					\$31,000.00				\$7,000.00		\$48,000.00		\$86,000.00
World Food Programme (WFP)		\$875,380.00				\$1,500,000.00					\$269,751.00		\$2,645,131.00
World Vision			\$20,657.00		\$14,986,409.00			\$21,782.00	\$685,943.25		\$5,156.00		\$15,719,947.25
Southern cone	\$289,511.00	\$1,842,120.00	\$2,947,474.00	\$531,373.00	\$10,552,386.00	\$3,195,391.00	\$2,113,744.00	\$179,675.00	\$6,624,676.00	\$3,351,033.00	\$2,426,151.00	\$50,000.00	\$34,105,534.00
100% Diversidad y Derechos		\$10,000.00				\$5,000.00			\$56,400.00				\$71,400.00
Adventist Development and Relief Agency (ADRA)		\$15,412.00	\$8,780.00	\$19,480.00	\$170,320.00	\$10,000.00	\$133,463.00	\$5,175.00	\$51,750.00			\$12,000.00	\$426,380.00
Argentine Catholic Migration Commission Foundation (FCCAM)					\$6,000.00						\$40,000.00		\$6,000.00
Argentine Commission for Refugees and Migrants (CAREF)									\$45,600.00				\$85,600.00
Asociación Mutual Israelita Argentina					\$586,500.00								\$586,500.00
ASOVEN		\$20,100.00	\$14,700.00				\$9,800.00				\$19,200.00		\$63,800.00
Caritas Bolivia	\$13,000.00		\$32,000.00	\$20,000.00	\$18,000.00		\$10,000.00	\$20,000.00	\$15,000.00	\$12,000.00	\$15,000.00		\$155,000.00
Caritas Switzerland	\$103,003.00	\$95,500.00	\$204,546.00	\$86,023.00	\$209,500.00	\$156,324.00	\$130,028.00	\$79,500.00	\$201,695.00	\$192,872.00	\$10,000.00		\$1,468,991.00
Catholic University of Uruguay (UCU)					\$10,848.00				\$24,544.00		\$2,345.00		\$37,737.00
Civil Association El Paso		\$1,300.00		\$120.00			\$800.00		\$22,000.00				\$24,220.00
Coordinadora por los Derechos de la Infancia y la Adolescencia									\$52,750.00		\$12,500.00		\$65,250.00
Fundación Huésped			\$45,000.00										\$45,000.00
Idas y Vueltas Association			\$8,000.00		\$14,000.00				\$16,000.00				\$38,000.00
International Labour Organization (ILO)					\$45,000.00								\$45,000.00
International Organization for Migration (IOM)	\$120,000.00	\$1,103,700.00	\$1,282,280.00	\$345,750.00	\$4,337,300.00	\$887,500.00	\$634,800.00	\$48,000.00	\$1,540,882.00	\$1,351,050.00	\$946,800.00	\$8,000.00	\$12,606,062.00
Jesuit Migrant Service (JMS)	\$6,508.00	\$146,978.00			\$372,450.00						\$26,245.00		\$552,181.00
Joint United Nations Programme on HIV/AIDS (UNAIDS)			\$11,000.00										\$11,000.00
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)	\$1,500.00	\$20,000.00	\$18,000.00		\$750.00		\$35,000.00		\$350.00		\$12,950.00		\$88,550.00
Manos Abiertas Foundation		\$6,130.00			\$4,950.00				\$2,500.00	\$8,210.00			\$21,790.00

Organization	Education	Food Security	Health	Humanitarian transportation	Integration	Multipurpose CBI	NFI	Nutrition	Protection	Shelter	Support Services	WASH	Grand Total
Manos Venezuolas Asociacion		\$75,000.00			\$70,580.00	\$24,000.00	\$169,200.00		\$4,000.00	\$280,400.00	\$21,800.00		\$644,980.00
Migrants, Refugees and Argentine Social Entrepreneurs (MIRARES)					\$11,000.00								\$11,000.00
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$248,000.00										\$248,000.00
Parroquia Nuestra Señora de la Asunción y Madre de los Migrantes		\$40,000.00			\$6,000.00		\$20,000.00			\$60,000.00			\$126,000.00
Red con Migrantes y Refugiados	\$6,500.00	\$10,000.00			\$45,000.00		\$10,000.00		\$42,000.00	\$10,500.00	\$6,500.00		\$130,500.00
Red Cross:Argentina		\$85,000.00	\$116,500.00	\$45,000.00	\$90,000.00		\$60,000.00			\$82,000.00	\$12,000.00		\$490,500.00
Red Cross Paraguay			\$8,000.00			\$5,000.00			\$15,000.00		\$50,000.00		\$78,000.00
Semillas para la Democracia	\$12,000.00				\$157,000.00			\$27,000.00			\$22,000.00		\$218,000.00
SES Foundation					\$2,100,000.00								\$2,100,000.00
United Nations Children's Fund (UNICEF)	\$15,000.00	\$50,000.00	\$15,000.00			\$80,000.00			\$115,000.00	\$20,000.00	\$50,000.00		\$345,000.00
United Nations Development Programme (UNDP)									\$65,000.00				\$65,000.00
United Nations Educational, Scientific and Cultural Organization (UNESCO)											\$15,000.00		\$15,000.00
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)					\$4,000.00				\$14,000.00		\$2,000.00		\$20,000.00
United Nations High Commissioner for Refugees (UNHCR)			\$380,000.00		\$2,139,188.00	\$2,027,567.00	\$856,460.00		\$3,836,958.00	\$1,176,965.00	\$1,131,811.00	\$30,000.00	\$11,578,949.00
United Nations Office of the High Commissioner for Human Rights (OHCHR)									\$8,500.00				\$8,500.00
United Nations Population Fund (UNFPA)			\$395,500.00						\$183,000.00				\$578,500.00
University of Buenos Aires (UBA)					\$40,000.00				\$40,000.00				\$40,000.00
UruVene	\$12,000.00	\$43,000.00			\$18,000.00		\$13,000.00						\$86,000.00
Venezuelan Civil Association in Paraguay		\$120,000.00		\$15,000.00	\$136,000.00		\$10,000.00		\$69,000.00	\$60,000.00	\$30,000.00		\$440,000.00
World Vision			\$160,168.00				\$21,193.00		\$202,747.00	\$97,036.00			\$481,144.00



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