

FEBRUARY and MARCH 2021



REFUGEES AND MIGRANTS FROM VENEZUELA IN:

THE WORLD LATIN AMERICA &amp; CARIBBEAN

5.6 M 4.6 M



1.8%

FUNDING SITUATION\*

FUNDED: USD 26.2M

REQUIREMENTS: USD 1.44 BN

## Situation

By the end of March, **increasing COVID-19 case rates in multiple countries of the region resulted in countries returning to or imposing new or more extreme movement restrictions and border closures.**

In **South America**, **Chile** reported more than 6,000 active COVID-19 cases per day by the end of March, and returned to a complete quarantine for 42 municipalities, affecting over 14 million people out of a total population of 19 million. The pandemic in **Brazil** entered its worst stage so far, with a daily death toll averaging 3,000 by end-March, while the government worked to ensure a steady flow of vaccines as part of its immunization schedule. Several state healthcare systems were reported to be at maximum capacity or already collapsed, with ICU occupation rates above 90 percent, and the border remained closed at Pacaraima for the month of March. **Bolivia** also closed its border with Brazil; **Argentina** suspended all flights from Brazil, Chile and Mexico out of fears of a “second wave”; **Uruguay** noted a rise in COVID-19 cases linked to the identification of the Brazilian strain in 7 departments of the country; and the case rate soared in **Paraguay**, with the health system under strain, although its borders remained open albeit with stricter implementation of entry requirements, and new movement restrictions enacted on 27 March.

In **Central America**, **Mexico** for the first time imposed restrictions on land traffic for non-essential activities on its southern border with Guatemala, starting 19 March, and extended existing restrictions on its northern border. **Panama** implemented restrictions on travelers arriving from South American countries. In **Costa Rica**, the border with Panama remained closed in March.

In the **Caribbean**, several countries reported spikes in COVID-19 infections, including **Curaçao**, **Aruba** and **Trinidad & Tobago**. Curaçao went into lockdown on 24 March; Aruba extended its border closure with Venezuela for an additional 3 months; the **Dominican Republic** revised and expanded a curfew order on 3 March; and **Guyana** announced limitations on gatherings for upcoming celebrations of Holi.

Meanwhile, **increased military forces along borders in Peru, Ecuador, Brazil and Chile impeded access to territory and protection for Venezuelans fleeing their country.** On 19 February, the [Ombudsperson's Offices of Ecuador, Colombia and Peru issued a joint statement](#) urging governments to prioritize the humanitarian response to Venezuelan refugees and migrants and reduce the use of military and police forces. At the end of March, the [Inter-American Commission on Human Rights \(IACHR\) called on governments to maintain a human rights approach](#) to border management.

## Platforms' Response\*\*

In **Brazil**, rising numbers of homeless and undocumented Venezuelans in Boa Vista prompted the reactivation of the Nova Canaã shelter to receive members of indigenous populations, in an effort coordinated between R4V partners and the Government-led Operation Welcome. Meanwhile, the BV8 Transit Centre, which shelters newly arrived vulnerable individuals, reached its capacity of 1,000 persons in February. R4V partners also installed Refugee Housing Units (RHUs) and set up a COVID-19 isolation area at the 13 de Setembro Emergency Site in Boa Vista, Roraima. Vaccination campaigns began in Roraima, Amazonas, Pará and the Distrito Federal, which included refugees and migrants from Venezuela among the targeted population, as a result of advocacy efforts in which R4V partners participated.

In **Chile**, R4V partners assisted Venezuelans in cities such as Colchane and Huara in the north with food and non-food items (NFIs) and registered refugee and migrant families staying temporarily in the central park of Iquique, referring the most vulnerable to shelters or transitory quarantine centers. In Santiago, R4V partners focused on livelihoods support and economic inclusion, to transition from a COVID-19 humanitarian response to a post-COVID-19 recovery response.

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\* Source: <https://fts.unocha.org/appeals/944/summary>

\*\*These are examples of activities carried out by National/Sub-Regional Platforms and/or Regional Sectors. For further details, please see [R4V.info](https://www.r4v.info).

Meanwhile, more than 30 per cent of the population received one or more vaccine doses by end-March, including Venezuelan refugees and migrants, who were [eligible to be vaccinated regardless of documentation or legal status](#).

**In Colombia**, the Protection Sector coordinated R4V partners' technical inputs on the draft Resolution to implement [Decree 216](#), signed on 1 March by President Duque, which officially created Temporary Protection Status for Venezuelans (ETPV). The ETPV seeks to achieve [the regularization of 1.8 million Venezuelans by August 2022](#). Meanwhile, beginning on 21 March, [R4V partners responded to an influx of more than 5,800 Venezuelans and Colombians from Apure State in Venezuela](#), who arrived in the municipality of Arauquita as a result of clashes between the Venezuelan armed forces' *Fuerza Aérea Nacional Bolivariana* (FARB) and an irregular armed group in Venezuela. R4V partners also coordinated with local authorities on implementation of the national vaccination plan concerning the inclusion of refugees and migrants from Venezuela and provided support to health brigades for COVID-19 prevention activities (including by distributing PPE, sunshades, hygiene kits and menstrual kits). GIFMM partners also provided support to local primary healthcare providers and COVID-19 symptomatic patients (including with rapid testing and active case search).

**In Ecuador**, increased presence of law enforcement and military personnel at the southern border with Peru exposed Venezuelans in transit to protection risks (including issues related to family separation due to family members not being able to continue their intended journeys, increased risks when crossing the border irregularly, and general insecurity related to refugees and migrants spending more time in border areas unable to cross). Meanwhile, the borders with Colombia and Peru remained closed. R4V partners identified health needs rising in priority for Venezuelans in transit and making their journeys primarily by foot. Meanwhile, as the Ministry of Education launched a "return to school" pilot, R4V partners anticipated challenges for Venezuelan children and adolescents to access public schools, due to registration difficulties and discrimination. The national R4V coordination platform (GTRM) strengthened inter-agency coordination efforts by launching two new local GTRMs in Ambato and Manta, bringing the total number of local GTRMs in Ecuador to nine. The GTRM Coordination Team also developed a tool and SOPs for Rapid Inter-Agency Assessments (ERIs in Spanish) to be conducted by local GTRMs in emergencies.

**In Peru**, full lockdowns were implemented in 10 regions, including Lima and Callao where most Venezuelan refugees and migrants reside. At the same time, the government launched its vaccination campaign with 700,000 Sinopharm vaccines. Expanded registration efforts for Venezuelans were linked to vaccine efforts, as the Ministry of Health confirmed that all foreign citizens will be included in the national COVID-19 vaccination scheme, using the Superintendence of Migration's (SNM) registration dataset, which will also allow foreigners to obtain the new stay permit (CPP). As of 23 March, over 322,000 Venezuelan nationals had registered through the online SNM portal. Meanwhile, with the start of the school year, R4V partners coordinated with the Ministry of Education to ensure enrolment and access to public education for refugee and migrant children. R4V partners supported the most vulnerable refugees and migrants and host community members with the distribution of hot and cold meals, food kits, hygiene kits and installed handwashing facilities, and provided cash and voucher assistance (CVA) to buy food, cover rents and health services.

**In the Caribbean sub-region**, R4V partners in Aruba, Curaçao, the Dominican Republic, Guyana and Trinidad and Tobago identified shelter, food, NFIs (including hygiene kits) and livelihoods as priority needs. As such, R4V partners directed assistance to these areas, as refugees and migrants continued to experience the impact of job losses and reduced working hours due to the COVID-19 pandemic. In Curaçao, one R4V partner's NFI distribution center was closed due to pandemic restrictions. In Aruba and Curaçao, Venezuelans accessed food e-vouchers and relief packages through a Government/Red-Cross distribution [campaign, funded by the Dutch Government](#), with R4V partners coordinating referrals. CBI and psychosocial support were provided to the most disproportionately affected refugees and migrants. Some partners assisted with the purchase of medications, for example in the Dominican Republic, where assistance was also provided for specialized medical care. Partners in Trinidad and Tobago also assisted 51 Venezuelan trafficking victims with food and NFI vouchers.

In **Central America and Mexico**, vaccination efforts gained momentum, with over 190,000 people in Costa Rica vaccinated; over 87,000 people in Panama vaccinated, including Venezuelan refugees and migrants; and in Mexico, President López Obrador [announced](#) that all refugees and migrants would be included in the country's COVID-19 vaccination programme. As part of the COVID-19 response under the RMRP, R4V partners in **Panama** donated 2 mobile units for primary medical care to the Ministry of Health, to support access to health for host communities as well as refugees and migrants. R4V partners provided training to SENAFRONT officials stationed in the Darien on the topics of international protection, migration, border management and human rights, while officials identified more than 26 Venezuelans crossing from Colombia into Panama during the reporting period. In **Costa Rica**, by 14 March, a total of 707 Venezuelans had received health insurance through the National Social Security entity (Caja del Seguro Social in Spanish), as part of an agreement negotiated by an R4V partner. In **Mexico**, R4V partners provided information and legal assistance to Venezuelans, and 205 Venezuelan asylum-seekers received cash and voucher assistance (CVA). A total of 29 Venezuelan households in Costa Rica and 80 households in Panama also received CVA during the reporting period.

In the **Southern Cone sub-region**, R4V partners responded to identified needs of Venezuelan refugees and migrants in Argentina, Bolivia, Paraguay and Uruguay with the provision of shelter, NFIs, food assistance, and cash and voucher assistance. R4V partners reinforced their field presence and expanded assistance in border areas of the sub-region where crossings have increased, such as in Oruro, Bolivia, where R4V partners began regular monitoring activities. R4V partners in Uruguay prepared for the arrival of the winter season by distributing vouchers to Venezuelan refugees and migrants to assist them to find and move into adequate shelters. Partners in Paraguay also coordinated with the *Administración de los Servicios de Salud del Estado (ASSE)* to guarantee vaccine coverage for Venezuelans, provide hygiene vouchers, and support contingency centers to guarantee obligatory and preventative isolation in border areas.

## Regional Sectors\*\*

**The Regional Education Sector** launched the campaign “En la Escuela Estoy Mejor” to promote the integration of refugee and migrant children and adolescents in the educational systems of host countries. The sector also continued the roll-out of the “Creando Aula” virtual course for Latin American and Caribbean teachers on education in emergencies. As of March 2021, only 7 countries in the region had fully opened their schools, while in 12 countries and territories schools remained fully closed, and in 17 countries schools were partially closed.

**The Regional Food Security Sector** worked with R4V partners in the Caribbean who expressed concerns over growing levels of food insecurity in that region, as they provide assistance primarily in the form of cash and voucher assistance (CVA). The sector also noted the findings of the latest [food security assessments](#) conducted in February 2021 and presented to R4V Partners, which showed that 70% of refugees and migrants in Colombia suffered from food insecurity, as well as 63% in Ecuador and 64% in Peru.

**The Regional Health Sector** monitored the impact of COVID-19 outbreaks among refugees and migrants and the advances of vaccinations programs at national levels, and followed-up on the health needs of people displaced into Arauca (Colombia) due to violence in Apure (Venezuela).

**The Regional Integration Sector** shared a [recently launched Socio-Economic Integration Strategy](#). The Strategy aims to provide host countries with strategic guidelines that can be implemented to achieve greater socioeconomic integration of Venezuelan refugees and migrants.

**The Regional Protection Sector**, together with the IACHR, launched a [report, toolbox and communication materials on mitigating the risk of evictions](#) and held a high-level dialogue in follow-up. The sector also carried out its regional planning process for 2021 together with regional organizations and national sectors, holding separate dialogues on the response to the displacement of indigenous Venezuelans (in Colombia, Guyana and Brazil) and on the protection response in the Caribbean (with Aruba, Curacao, the Dominican Republic, Guyana and Trinidad and Tobago).

**The Gender-Based Violence (GBV) Sub-sector** continued efforts with R4V partners to improve access to essential, lifesaving GBV services adapted to the COVID-19 context, and promote access to economic support and safety nets for those most vulnerable, to mitigate risks of GBV and reduce negative coping strategies.

**The Regional Nutrition sector** organized a webinar on *Nutrition in Emergencies in the context of COVID-19 and migration* in collaboration with the Global Nutrition Cluster Technical Alliance to train partners from the Nutrition Sectors at the national levels on how to adapt programmatic nutrition actions to these contexts. A total of 775 people participated in the webinars, most of them public service providers, followed by national and international NGO staff.

**The Regional Shelter sector**, in collaboration with the Cash Working Group, held a mini-workshop providing an introduction to Rental Market Interventions: Tools for Data Collection and Analysis on Accommodation Prices. The workshop was part of the focus on the mitigation of the risks of evictions in the COVID-19 pandemic context.

**The Regional WASH sector** coordinated the provision of WASH services and discussed with partners who can support the public policy and system strengthening components of the 2021 RMRP, linking humanitarian-development agendas and service delivery with inclusion of Venezuelan needs in local plans, policies and budgets.