

The Southern Cone


 REFUGEES AND MIGRANTS
 IN THE SUBREGION

167,746

 PEOPLE REACHED WITH SOME
 FORM OF ASSISTANCE*

2,040


FUNDING SITUATION**

FUNDED: NOT AVAILABLE
 REQUIREMENT: USD 31,969,522

Situation

- On **March 11**, the **World Health Organization (WHO)** declared the **Coronavirus disease (COVID-19) outbreak a pandemic disease**. By the end of March, the number of infected persons in the subregion exceeded more than 1,000, with the most cases present in Argentina. In order to contain the spread of the disease, governments in the Southern Cone implemented a series of measures that include self-isolation and the closure of borders.
- Due to the self-isolation measures, many regularization procedures have been put on hold, leaving many refugees and migrants with irregular status. However, governments in the subregion have implemented exemplary measures to protect the rights of refugees and migrants such as the automatic extension of residencies (Argentina and Bolivia), access to territory for those in need of international protection and seeking family reunification (Uruguay) and remote registration of asylum claims (Paraguay).
- The economic consequences of the COVID-19 pandemic has a greater impact on the most vulnerable groups, such as informal workers. Several reports of refugees and migrants from Venezuela who work in the informal sector or who have been fired from their jobs have been received by partners in the Southern Cone, leaving this population with no means of income and increasing their vulnerability.
- Discriminatory manifestations have been reported across the subregion, with some cases of refugees and migrants being evicted from or not admitted into accommodation facilities for fear of contagion. Also, some refugees and migrants from Venezuela find it hard to meet quarantine requirements as they live in crowded spaces with their whole families.



Venezuelan hosted in a shelter in El Alto, Bolivia
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Response



ARGENTINA: 100% Diversidad, ADRA, CAREF, FCCAM, IOM, Mirares Foundation, Red Cross Argentina, UNHCR.
BOLIVIA: Caritas Bolivia, Caritas Suiza, IOM, Munasim Kullakita Foundation, Red Cross Bolivia, Scalabrini Foundation, UNHCR, World Vision.
PARAGUAY: IOM, Semillas para la Democracia, UNHCR.
URUGUAY: APEJUVENUR, Casa del Migrante, El Paso, Idas y Vueltas, IOM, Manos Veneguayas, SEDHU, UNHCR.

- The focus of the assistance has been on the provision of shelter solutions, NFIs (especially hygiene kits and medicines), food assistance and cash-based interventions to the most vulnerable refugees and migrants from Venezuela in border areas and in the main urban centers.
- In order to provide a coordinated response and avoid duplications, meetings have taken place in the four countries to assess the needs and capacities of partners.
- Remote psychosocial support and information on social services and documentation continues to be provided by partners.
- Refugees and migrants from Venezuela generally have access to social services in the sub-region. However, some of the social protection policies put in place in response to the C-19, such as food baskets or cash-based assistance, are not accessible to refugees and migrants who do not meet certain criteria, such as documentation. Therefore, advocacy with governments is taking place so that refugees and migrants from Venezuela are included in their host countries' social protection systems.
- The platform is advocating for the incorporation of Venezuelan health professionals in the C-19 response.
- Partners in the sub-region have also been providing primary and emergency health services, including culturally sensitive activities.
- Constant border monitoring has also been taking place in order to assess the needs of stranded populations.
- Despite the focus on humanitarian assistance, refugees and migrants from Venezuela have also been provided with financial inclusion support and employment and entrepreneurship support.



PEOPLE REACHED*


 Food
 Security

527


Health

92

 Hum.
 Transp.

79


Integration

85


NFI

68


Protection

639


Shelter

812


CBI

412

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