

Cover photo credits
from left to right, top to bottom

01. © **Americares** / Ana María Ariza / Colombia

02. © **Oxfam** / Mario Niño / Colombia

03. © **UNHCR** / Allana Ferreira / Brazil

04. © **OIM** / Rocío Sanhueza Repetto / Chile

-

05. © **Tearfund** / Colombia

06. © **WFP** / Ana Buitrón / Ecuador

07. © **Profamilia** / Colombia

08. © **WFP** / Ana Buitrón / Ecuador

-

09. © **UN Women** / Edgar Beltrán Rubio / Colombia

10. © **UNFPA** / Ecuador

11. © **Plan Internacional** / Gina Piñeros / Colombia

12. © **RET** / Peru

-

13. © **Mercy Corps** / Ana Solano / Colombia

14. © **UNICEF** / Christian Schneider / Uruguay

15. © **Save the Children** / Glenna Gordon / Colombia

16. © **NRC** / Nadège Mazars / Colombia

RMRP 2021

**FOR REFUGEES AND MIGRANTS
FROM VENEZUELA**

Regional Refugee and Migrant Response Plan
January - December 2021

TABLE OF CONTENTS

6. FOREWORD

9. REGIONAL

- 10. REGIONAL RMRP AT A GLANCE
- 13. KEY FIGURES BY NATIONAL AND SUB-REGIONAL PLATFORM
- 14. BACKGROUND AND CONTEXT
- 15. PLANNING ASSUMPTIONS IN 2021
- 18. COVID-19 IN LATIN AMERICA AND THE CARIBBEAN
- 20. PARTNERSHIP AND COORDINATION
- 22. GENDER
- 24. ENVIRONMENT
- 25. CENTRALITY OF PROTECTION
- 26. PROTECTION AGAINST SEXUAL EXPLOITATION AND ABUSE (PSEA)
- 26. ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)
- 27. COMMUNICATION WITH COMMUNITIES / COMMUNICATION FOR DEVELOPMENT (CWC/C4D)
- 27. CASH AND VOUCHER ASSISTANCE (CVA)
- 30. CAPACITY BUILDING AND SUPPORT
- 31. EDUCATION
- 33. FOOD SECURITY
- 35. HEALTH
- 37. HUMANITARIAN TRANSPORTATION
- 39. INTEGRATION
- 41. NUTRITION
- 43. PROTECTION
- 46. CHILD PROTECTION
- 48. GENDER-BASED VIOLENCE
- 51. HUMAN TRAFFICKING AND SMUGGLING
- 53. SHELTER
- 55. WASH

57. BRAZIL

- 58. BRAZIL AT A GLANCE
- 61. COUNTRY OVERVIEW
- 64. EDUCATION
- 65. FOOD SECURITY
- 67. HEALTH
- 68. INTERIORIZATION, INTEGRATION AND HUMANITARIAN TRANSPORTATION
- 70. NUTRITION
- 72. PROTECTION
- 73. CHILD PROTECTION
- 74. GBV
- 76. HUMAN TRAFFICKING AND SMUGGLING
- 77. SHELTER
- 78. WASH

81. CHILE

- 82. CHILE AT A GLANCE
- 85. COUNTRY OVERVIEW
- 88. EDUCATION
- 89. HEALTH
- 91. INTEGRATION
- 92. MULTISECTOR
- 93. PROTECTION

95. COLOMBIA

- 96. COLOMBIA AT A GLANCE
- 99. COUNTRY OVERVIEW
- 101. RESPONSE STRATEGY
- 105. EDUCATION
- 106. FOOD SECURITY AND NUTRITION
- 108. HEALTH
- 109. PROTECTION
- 112. CHILD PROTECTION
- 113. GBV
- 116. SHELTER AND HUMANITARIAN TRANSPORTATION
- 117. SOCIO-ECONOMIC AND CULTURAL INTEGRATION
- 119. WASH

121. ECUADOR

- 122. ECUADOR AT A GLANCE
- 125. COUNTRY OVERVIEW
- 126. COUNTRY RESPONSE STRATEGY
- 129. EDUCATION
- 131. FOOD SECURITY
- 132. HEALTH SECTOR
- 133. HUMANITARIAN TRANSPORTATION
- 134. INTEGRATION
- 136. NUTRITION
- 137. PROTECTION
- 138. CHILD PROTECTION
- 140. GENDER-BASED VIOLENCE
- 141. HUMAN TRAFFICKING AND SMUGGLING
- 142. SHELTER
- 144. WASH

145. PERU

146. PERU

AT A GLANCE

149. COUNTRY OVERVIEW

- 151. EDUCATION /
- 153. FOOD SECURITY
- 155. HEALTH
- 157. HUMANITARIAN TRANSPORTATION
- 158. INTEGRATION
- 160. NUTRITION
- 162. PROTECTION
- 164. CHILD PROTECTION
- 165. GENDER-BASED VIOLENCE (GBV)
- 167. HUMAN TRAFFICKING AND SMUGGLING
- 169. SHELTER
- 170. WASH

173. CARIBBEAN

174. CARIBBEAN AT A GLANCE

177. SUB-REGIONAL OVERVIEW

- 180. EDUCATION
- 182. FOOD SECURITY AND NUTRITION
- 184. HEALTH
- 186. INTEGRATION
- 188. SHELTER
- 189. PROTECTION
- 191. CHILD PROTECTION
- 192. GENDER-BASED VIOLENCE
- 193. HUMAN TRAFFICKING AND SMUGGLING
- 195. WASH

197. CENTRAL AMERICA AND MEXICO

198. CENTRAL AMERICA AND MEXICO AT A GLANCE

201. SUB-REGIONAL OVERVIEW

- 204. EDUCATION
- 205. FOOD SECURITY
- 207. HEALTH
- 208. INTEGRATION
- 210. PROTECTION
- 211. GENDER-BASED VIOLENCE
- 213. CHILD PROTECTION
- 214. HUMAN TRAFFICKING AND SMUGGLING
- 215. SHELTER
- 216. WASH

217. SOUTHERN CONE

218. SOUTHERN CONE AT A GLANCE

221. SUB-REGIONAL OVERVIEW

- 224. FOOD SECURITY / NUTRITION / SHELTER /
HUMANITARIAN TRANSPORT / WASH
- 226. HEALTH
- 228. INTEGRATION AND EDUCATION
- 230. PROTECTION

233. ANNEXES

234. ABBREVIATIONS AND ACRONYMS

236. FINANCIAL REQUIREMENTS BY PLATFORM,
SECTOR AND ORGANIZATION

248. RMRP 2021 PARTNER ORGANIZATIONS



FOREWORD

By Eduardo Stein

In recent years, countries of Latin America and the Caribbean have been facing one of the largest humanitarian crises and exoduses ever experienced in the history of the region. To date, more than 5.4 million refugees and migrants from Venezuela are outside their home country, an estimated 4.6 million of which reside within the region. The COVID-19 pandemic has further aggravated the already dire living conditions of refugees and migrants from Venezuela. In addition to the grave health risks that mobile populations, including those in vulnerable situations, have been exposed to, the COVID-19 pandemic has caused widespread economic disruptions and exacerbated protection concerns.

Prolonged, but necessary lockdown measures and mobility restrictions have had a detrimental impact on refugees' and migrants' capacity to maintain livelihoods and access to basic goods and services, with many refugees and migrants from Venezuela having suffered loss of income while at the same time not being systemically included in social safety nets that have been established for local populations. Their dire situation has led some refugees and migrants to consider returning to Venezuela, often through irregular channels, raising additional protection and health concerns. However, at the same time pre-existing dynamics such as pendular movements and an increasing number of re-entries to neighbouring countries have been recorded in the last quarter of 2020.

While the pandemic has both highlighted existing fragilities and introduced new challenges for already vulnerable populations and strained communities, there have also been encouraging examples of inclusion of refugees and migrants in national responses. It is also central in this respect to highlight the contributions of refugees and migrants on the 'frontline', joining the fight against COVID-19. Many countries in the region have made commendable efforts to promote the incorporation of Venezuelan refugees and migrants as health personnel. Their contribution in other essential sectors has also been key, further adding to the evidence of studies conducted by financial and economic institutions on the significant added value that refugees and migrants bring to host communities.

Complementing host countries' efforts, the work of the Regional Inter-Agency Coordination Platform (R4V), now composed of 159 organizations throughout the subcontinent, has been vital in providing for a coherent and consistent response and global visibility to the needs of the Venezuelans and their host communities within the region. The response to their needs remains

essential and will complement government efforts while strengthening links with intergovernmental fora such as the Quito Process and drawing on the commitment of the international community, the private sector and the Venezuelan diaspora.

In the course of 2020, R4V partners have provided support to over 2.2 million persons including refugees, migrants and members of host communities. This achievement has been accomplished despite the fact that partners have received 46 per cent of the required funds required under the Regional Refugee and Migrant Response Plan (RMRP) 2020 (at the time of writing). The efforts of coordination and collaboration among the partners for the consolidation of this RMRP 2021, and building on lessons learned and achievements are commendable, including as the work of the Regional Inter-Agency Coordination Platform continues to include the diverse expertise and joint commitment of so many different organizations working under a sectorial approach.

I congratulate all for the important work and efforts made by the Regional, Sub-regional and National Platforms, as well as their Sectors and Working Groups in responding to the changing context and increasing challenges posed by the COVID-19 pandemic and for an RMRP 2021 that clearly articulates the needs of refugees and migrants from Venezuela in the region. They require our collective support more than ever – both in terms of the urgently required humanitarian assistance as well as in terms of longer-term development approaches that aim at sustainable solutions.

Despite several complexities posed by the uncertainty and deepening of the humanitarian crisis, the sustained engagement and work of all partners, the RMRP 2021 provides a clear articulation of how to complement host government's efforts in this respect.



Eduardo Stein

UNHCR-IOM Joint Special Representative
for Venezuelan refugees and migrants



REGIONAL



REGIONAL RMRP AT A GLANCE

© NRC / Nadège Mazars / Bogotá Colombia



POPULATION
PROJECTION 2021
8.13 M

↑ 34.2%
↓ 15.2%
↑ 34.0%
↓ 16.6%

VENEZUELAN IN DESTINATION	5.28 M
VENEZUELAN PENDULAR	1.87 M
COLOMBIAN RETURNEES	980 K
* IN TRANSIT	331 K



PEOPLE
IN NEED
7.20 M

↑ 35.6%
↓ 14.9%
↑ 34.4%
↓ 15.1%

VENEZUELAN IN DESTINATION	3.84 M
VENEZUELAN PENDULAR	992 K
COLOMBIAN RETURNEES	625 K
HOST COMMUNITY	1.75 M
* IN TRANSIT	285 K



PEOPLE
TARGETED
3.30 M

↑ 37.5%
↓ 17.9%
↑ 27.8%
↓ 16.8%

VENEZUELAN IN DESTINATION	2.27 M
VENEZUELAN PENDULAR	188 K
COLOMBIAN RETURNEES	174 K
HOST COMMUNITY	660 K
* IN TRANSIT	212 K



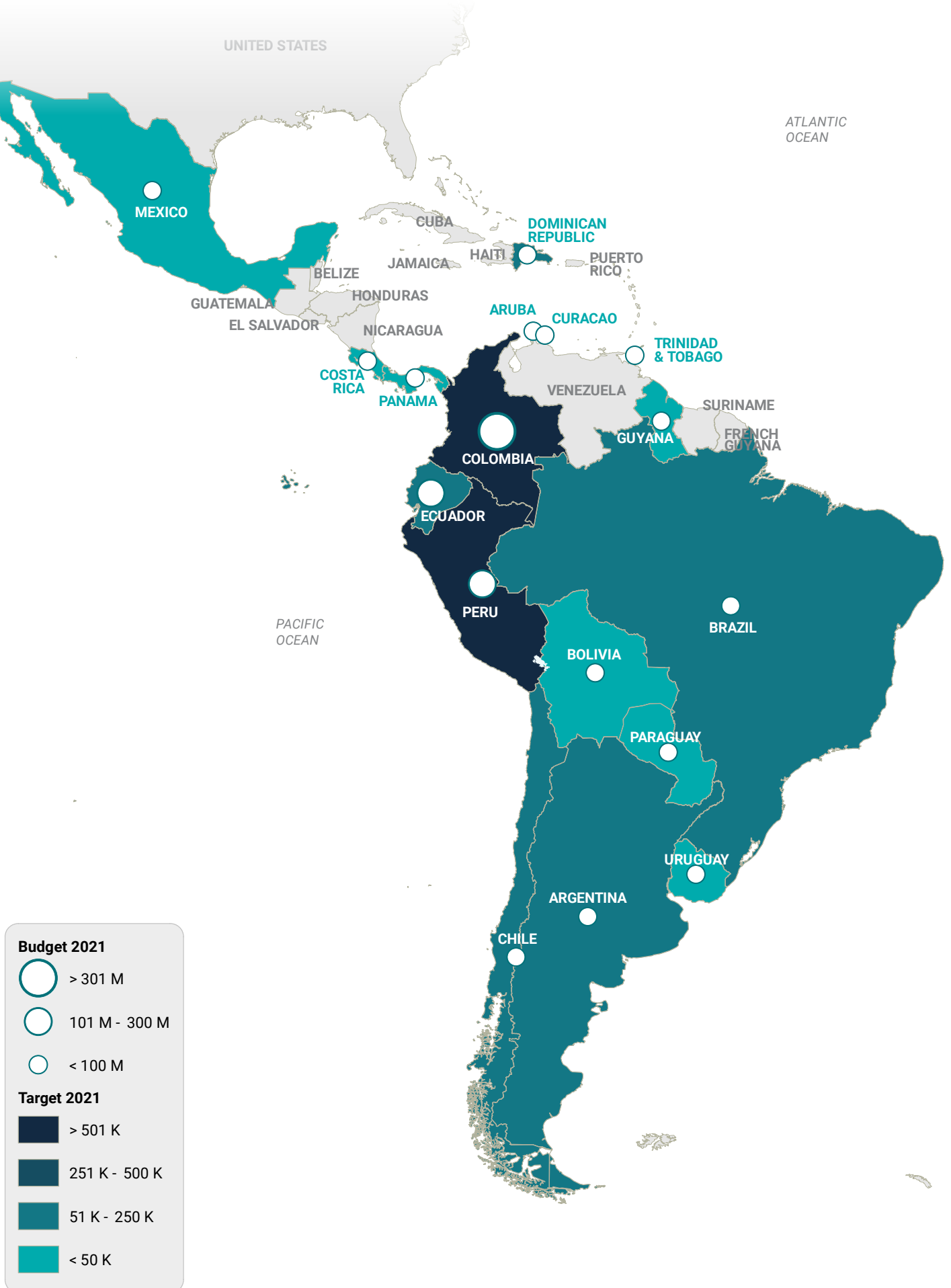
TOTAL REQUIREMENTS
\$1.44 B



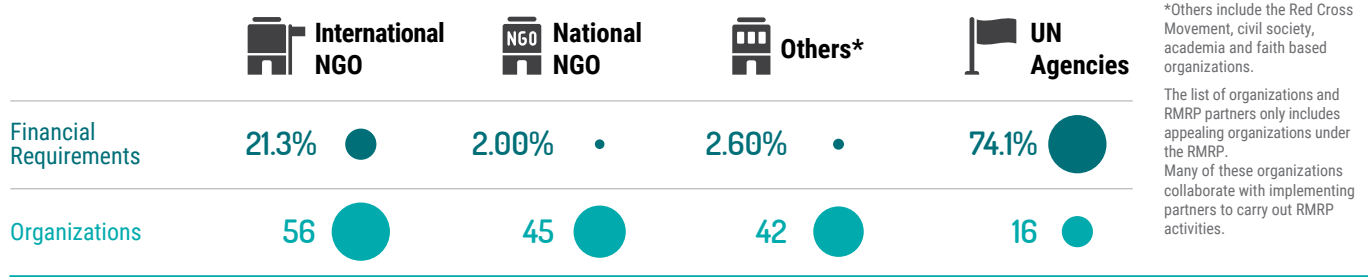
RMRP PARTNERS
159

*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.























































REQUESTED FUNDING AND BENEFICIARIES TARGETED



NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need*	People targeted*	Financial Requirements (USD)	Partners
 Education	3.03 M 	574 K	84.0 M 	56 
 Food Security	5.03 M 	1.68 M	191 M 	62 
 Health	5.19 M 	1.80 M	213 M 	74 
 Humanitarian Transportation	118 K 	64.4 K	10.9 M 	16 
 Integration	6.37 M 	658 K	265 M 	97 
 Nutrition	1.14 M 	272 K	12.2 M 	13 
 Protection**	5.63 M 	1.29 M	142 M 	86 
 Child Protection	1.70 M 	349 K	42.9 M 	43 
 GBV	1.92 M 	162 K	37.9 M 	54 
 Human Trafficking & Smuggling	504 K 	14.4 K	18.7 M 	22 
 Shelter	4.15 M 	483 K	70.1 M 	51 
 WASH	4.10 M 	1.10 M	42.4 M 	60 
 Multipurpose Cash Assistance			248 M 	46 
 Common services***			63.1 M 	65 

*Figures for refugees and migrants in-transit to other countries are not included in the totals as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

This includes Support Spaces | * This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

KEY FIGURES BY NATIONAL AND SUB-REGIONAL PLATFORM

©PH: Oxfam / Mario Niño / Colombia

REGIONAL



8.1 M

7.2 M

3.3 M

\$1.4 B

159

LEGEND

POPULATION PROJECTION 2021

PEOPLE IN NEED

PEOPLE TARGETED

TOTAL REQUIREMENTS

RMRP PARTNERS

BRAZIL



381 K

379 K

184 K

\$98.1M

34

CHILE



479 K

370 K

143 K

\$46.1 M

17

COLOMBIA



5.1 M

4.0 M

1.7 M

\$641 M

63

ECUADOR



523 K

602 K

313 K

\$237 M

43

PERU



1.1 M

1.2 M

622 K

\$275M

43

CARIBBEAN



224 K

214 K

129 K

\$40.7 M

26

CENTRAL AMERICA & MEXICO



262 K

125 K

42.3 K

\$24.15 M

7

SOUTHERN CONE



234 K

276 K

163 K

\$41.7 M

33

*Figures for refugees and migrants in-transit to other countries are not included in the totals as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

BACKGROUND AND CONTEXT

The political, human rights and socio-economic developments in the Bolivarian Republic of Venezuela (hereinafter “Venezuela”) have led to the largest movement of refugees¹ and migrants in the recent history of Latin America and the Caribbean. As of November 2020, of the approximately 5.4 million refugees and migrants from Venezuela outside of their country of origin, some 4.6 million are hosted in the region alone, including an estimated 1 million with an irregular status. Despite the devastating and ongoing socioeconomic and human impact of COVID-19, countries in Latin America and the Caribbean have continued to show great solidarity towards Venezuelans and to facilitate access to basic rights and lifesaving services as well as supporting their integration. However, the already precarious situation of many refugees and migrants from Venezuela and affected host communities is reaching alarming levels, as national and local capacities have been dangerously strained due to the continued impact of COVID-19 in Latin America and the Caribbean, threatening the overall social fabric in the 17 countries covered by the Regional Refugee and Migrant Response Plan (hereinafter “RMRP” or “the Plan”). In a region characterized by high levels of informal labour, the implementation of measures aiming to curb the spread of COVID-19 (including border closures, lockdowns, curfews and other quarantine measures) 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 basic needs or access vital services.

As a result of the complex economic and political outlook, increased dependency on emergency humanitarian assistance in the areas of health, shelter, food, Water, Sanitation and Hygiene (WASH), as well as access to education, protection and integration is reflected in the increased needs outlined in the RMRP 2021. The COVID-19 pandemic has also resulted in a dramatic increase of reported cases of gender-based violence (GBV) and mental health needs, while leading to widespread food insecurity, rising levels of malnutrition and growing destitution especially among the most vulnerable, namely unaccompanied and separated children (UASC), single-headed households, women and girls at risk of GBV and trafficking, the elderly, those with chronic diseases, the lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) community and those in situations of irregularity. Xenophobia and stigmatization are on the rise, often based on negative perceptions associated with fear of the spreading virus and rising rates of evictions and homelessness, leading to a vicious cycle of irregularity, vulnerability, and stigmatisation. Indeed, the RMRP

2021 will need to consider the increasing number and needs of those in irregular situations who are highly vulnerable to exploitation and abuse, including violence and discrimination as well as smuggling and trafficking.

The RMRP was first developed in 2018 (implemented throughout 2019) as a strategic regional response plan and advocacy tool to support country and sub-regional operations and to ensure the most pressing humanitarian, protection and integration needs of refugees and migrants from Venezuela, as well as those of host communities, were met. As in previous years, the RMRP 2021 provides a comprehensive analysis of the movement dynamics to be expected for 2021 and the corresponding needs of refugees and migrants from Venezuela as well as of affected host communities. It further describes the response strategies and priority activities and indicates the financial needs of all partners of the Inter-Agency Coordination Platform to be able to continue assisting the population in need in an effective and coordinated manner.

Reflective of its inter-agency and multisectoral character, the RMRP 2021 is based on joint needs assessments carried out by RMRP partners at national and sub-regional levels on an ongoing basis, and on continuous exchanges with host governments, civil society actors and affected populations. The planning phase started in August after consultations with key strategic partners of the Platform, host governments, as well as the donor community.

Importantly, the RMRP 2021 is the result of an intra-regional field-driven strategic planning process, bringing together 159 appealing organizations, in consultation with all host governments, local communities and authorities, United Nations agencies, civil society, including international and national non-governmental organizations (NGOs) and faith-based organizations, the Red Cross Movement², the donor community, as well as consultations with refugees and migrants from Venezuela. The structure of the RMRP 2021 reflects the sectoral set-up of the Regional Inter-Agency Coordination Platform (see following chapter) and all strategies and activities articulated in this Plan have been reviewed and cleared by the different Platforms and Sectors, both at regional and national/sub-regional levels, and have been elaborated in complementarity with the work of host governments.

The RMRP 2021 strives to maintain a balance between responses focusing on immediate humanitarian and protection assistance, and activities that bridge the humanitarian-development-peace nexus by responding to the longer-term resilience and integration needs of affected populations and host communities.

1. For the purposes of this document, any reference to “refugees” shall be read to include asylum-seekers.

2. For the purposes of this Plan, the “Red Cross Movement” includes national Red Cross societies, the International Federation of Red Cross (IFRC) and the International Committee of the Red Cross (ICRC).

To enhance this complementarity between humanitarian action and development support, the Regional, Sub-regional and National Platforms will serve as a forum for convening humanitarian and development partners for efficiently coordinated assistance. This approach is in line with the UN Secretary-General's Agenda for Humanity, the UN Development System Reform, the Grand Bargain global commitments and the principles of the New Way of Working, calling for collective and coherent support to reduce people's needs and vulnerabilities, based on comparative advantages of 159 humanitarian and development RMRP actors across the region.

RMRP partners at the regional and national levels have continued to show commitment and dedication throughout the preparation of this Plan. The RMRP 2021 intends to build upon the best practices and lessons learned from 2020, presenting a more comprehensive plan for 2021, for an even more effective, coordinated and holistic response for refugees and migrants from Venezuela in Latin America and the Caribbean.

PLANNING ASSUMPTIONS IN 2021

The outflow from Venezuela and trends in population figures throughout the region have become considerably more complicated due to the COVID-19 pandemic, including as increasing vulnerabilities of refugees and migrants from Venezuela have resulted in new population movements. Many refugees and migrants from Venezuela have adopted riskier coping strategies, including irregular means of travel. Despite the resilience demonstrated by refugees, migrants, and host communities, the prevailing health emergency will continue to undermine coping strategies and place national resources under further strain. While over 135,000 people were reported to have returned to Venezuela since the onset of the pandemic, population movement trends since September 2020 indicate that refugees and migrants are now re-entering their previous host countries.

Based on extensive collaborative analysis and consultation processes with RMRP partners and national authorities throughout the region, a gradual but modest increase in the number of refugees and migrants leaving Venezuela is projected for the RMRP 2021. This takes into account the pre-existing entry requirements throughout the region, as well as the more recent widespread border closures due to COVID-19. It is expected that there will be further increases in irregular entries leading to greater protection and health risks.

Bearing in mind the various political and socioeconomic developments unfolding in Venezuela as well as in numerous host states, and the ongoing impact of the COVID-19 pandemic, the outlook for 2021 remains particularly complex and fragile. These dynamics have been reflected throughout the planning exercise and in all chapters of this RMRP. In this spirit, RMRP partners will continue to regularly and transparently report on implementation of activities under the RMRP dedicated monitoring and reporting framework, and will continue to be highly responsive to newly arising challenges or changes impacting on refugees and migrants from Venezuela as well as affected host communities. In 2021, the RMRP also seeks to complement and further strengthen the national and regional responses of governments, including specifically the Quito Process as the main technical regional intergovernmental coordination forum in which key policies towards refugees and migrants from Venezuela are discussed and adopted.³

Scope and outlook of the Response

The RMRP 2021 aims to address the needs of new arrivals and primarily focuses on the needs of refugees and migrants from Venezuela living in host countries. In addition, populations in-transit throughout the region, as well as pendular population movements are also reflected in the number of refugees and migrants to be assisted. Vulnerable members of host communities are also included in the scope of this plan.

As part of the 2021 RMRP planning process, the overall planning assumptions underwent considerable revisions at national and regional levels in comparison to what had been the assumptions for the early months of 2020. The uncertainty brought about by the impact of COVID-19, prospects of additional waves of the virus, and the possible availability of a vaccine at some point in 2021 have made population projections and corresponding planning complicated for R4V partners and authorities throughout the region.

The guiding planning assumptions for RMRP 2021 center on the following:

- Refugee and migrant outflows from Venezuela will continue in 2021 but not at the same rate as evidenced in previous years;
- The proportion of people in an irregular situation will increase as a result of border closures, entry restrictions, as well as expired visa and residency

3. The Quito Process was initiated in 2018 to promote communication and coordination between countries receiving Venezuelan refugees and migrants in Latin America and the Caribbean. It currently brings together 13 national governments. For more information, see also www.procesodequito.org.

arrangements. Related to this the risks of smuggling and trafficking will increase considerably, including for refugees and migrants already in vulnerable situations.

- As the overall needs of refugees, migrants and host community members will continue to grow, RMRP partners will scale-up and adapt their outreach and response programmes to these new challenges;
- The number of people undertaking pendular movements along the Colombian-Venezuelan border will continue to increase, however many may remain on the Colombian side for longer periods;
- Despite the efforts of authorities and RMRP partners throughout the region, and driven by the persistence of COVID-19 and related economic challenges impacting livelihoods and host communities, xenophobia will likely become an even bigger challenge negatively affecting refugees and migrants from Venezuela;
- Numbers of asylum-seekers will continue to increase albeit with variations in application across countries and in a context of increasing obstacles to access asylum due to border restrictions. States will continue facing challenges and requiring support to process asylum claims in a fair and efficient manner. Some states will apply simplified modalities for cases processing that might include the application of both the expanded regional refugee definition of the 1984 Cartagena Declaration on Refugees, and the refugee definition of the 1951 Convention relating to the Status of Refugees and its 1967 Protocol;
- States will largely continue their efforts to provide legal pathways for residency and regular stay, generally without restrictions, nor limitations to access basic services. However, in some states, documentation requirements and high application fees or waiting periods to process claims may hinder access to regular stay;
- Overstretched national capacities, as well as economic and political difficulties in some host countries may adversely affect refugees and migrants from Venezuela;
- Women and girls will continue to be disproportionately affected in this crisis, especially in terms of risks of GBV and human trafficking;
- Countries will require continued institutional strengthening considering overstretched services and capacities due to the scale of current needs;
- The roadmap of the Quito Process will lead to a stronger commitment and support to host countries as well as increased coherence in approaches throughout the region;

Definition of Population Groups, Needs and Targets

Since the establishment of the Regional Inter-Agency Coordination Platform in 2018, the understanding of the diverse population groups and their needs has evolved considerably. The high degree of mobility and sheer scale of the outflow in the last years has now been further complicated by the volatility and radical adjustment to coping strategies as required by COVID-19 and its impacts.

The groups referenced in this Plan and for whom people in-need and target estimations were derived, include:

- In-destination: Individuals who have left their usual place of residence with the intention to remain in a host country. Some countries in the region have incorporated an estimation of those in an irregular situation.
- Pendular movements: temporary and usually repeated population movements, which may represent a movement pattern between Venezuela and another country.
- Returnees: individuals who have left Venezuela and return to their country of origin.
- In-transit: individuals that have left Venezuela and are transiting through a country prior to entering their intended country of destination.
- Host community: a population in a country of intended destination that share the same geographical location with refugees and migrants from Venezuela and/or are in need of access to the same services.

The number of people in irregular situations which has drastically increased in 2020 will be a primary concern for National and Sub-regional Inter-Agency Coordination Platforms (“hereinafter “National Platforms” and “Sub-regional Platforms”). This has been substantiated by joint data collection and analysis processes carried out in 2020 across the region, which also pointed to greater needs in practically all Sectors, but particularly in the fields of food, shelter, healthcare, WASH protection, integration and education, and often resulting from loss of incomes due to the impact of COVID-19. Efforts on the part of national authorities and RMRP partners to quantify and better understand the needs of those in irregular situations continue despite the difficulties to reach out to them in many places. For the purposes of RMRP planning, people in irregular situations are comprised of two broad categories:

- Those who have crossed borders without complying with all the legal and administrative requirements for entry into the state. This population may not have the required documentation or resources to do so.
- Those who entered a country through regular means and their regular status has been impacted due to various factors that may include but are not limited to expired visas or permits.

Both of these groups are at increased risk of human trafficking, exploitation and abuse at the hands of criminal networks, face constraints in accessing essential services, and face other serious protection and health risks, especially while transiting through the region.

Out of the total estimate of 7.2 million persons in need of assistance (PiN) in 2021, some 3.8 million individuals are projected as being in-destination, 990,000 in pendular situations and 625,000 are returnees from Venezuela. Of these persons in-need, a total of 3.3 million are to receive assistance through this Response Plan. This target population is composed of 2.3 million in destination, 188,000 in pendular situations and 174,000 returnees. In addition, it is also estimated that over 660,000 host community members will be targeted with some form of assistance, including particularly vulnerable host community members. RMRP partners analyzed their operational and outreach capacities to estimate targets based on realistic assessments to scale up the response in 2021.

Over 212,000 refugees and migrants in-transit will be targeted for assistance in 2021, with the majority of transit movements occurring along the Andean Corridor (Chile, Colombia, Ecuador and Peru). Moreover, in the last 18 months, in-transit trajectories in the Southern Cone region as well as Brazil have become more prominent. In order to avoid double-counting target populations, those in-transit are presented apart as they will eventually form part of in-destination, pendular or returnee population groups in host countries. Therefore, a projection of this population, at country level, will be added to countries'

planning figures and targets wherever relevant.

The population projections, estimations of PiNs and targets were developed by National and Sub-regional Platforms with RMRP partners in each country and were based on analyses of needs, collected through various assessments and data sources, including government-led exercises. A successful effort to arrive at sex-age disaggregated data was made for 2021 planning. All numbers were validated during dedicated workshops by R4V partners and wherever possible, with government authorities.

The various population groups included in this Plan reflect the diversity of movements and types of assistance required. These population groups provide an overview for planning purposes. For the purposes of RMRP 2021, appealing organizations were engaged in substantive discussions and collaborative analysis of the diverse profiles and needs of vulnerable groups. These may include women, children, elderly, indigenous and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) communities, who face considerable risks while on the move and in host countries.

Host governments involved in the Quito Process have identified and committed to working towards developing a common information system as a key output to ensure that the diverse population groups and individual needs are recorded, and protection safeguards are put in place. Such an integrated system would allow for improved delivery of assistance by providing access to disaggregated data and the ability to analyze trends over time and between countries.

COVID-19 IN LATIN AMERICA AND THE CARIBBEAN

Since its onset in late-2019, COVID-19, the disease caused by the novel Coronavirus, has reached all corners of the world and has severely affected entire societies. It is estimated that by end-2020, the global recorded deaths from COVID-19 could reach more than 2 million.⁴ Owing to stretched national resources, many more could go unrecorded. Since the start of the pandemic, the weekly cases logged by the World Health Organization (WHO)⁵ in the Latin American and Caribbean region have been trending upwards and may well reach 12 million by end-2020. The region has been declared an epicenter of the pandemic even before a possible second wave.

The pandemic has caused tremendous suffering for refugees, migrants and host communities alike, many of whom will likely grapple with the long-term damages of the pandemic for years to come. In many countries of the region, the situation is compounded by increasing poverty rates and growing food insecurity, as documented in numerous assessments conducted by National Platforms and their partners across the region and reflected in the different sectorial chapters of the RMRP 2021.

Despite the above, treatments and medicines developed throughout the second half of 2020 provide some hope for relief - new vaccines and drugs may soon add to their effects. Governments have implemented mechanisms to control the disease, ranging from the wearing of personal protective equipment (PPE) to the closures of borders, physical distancing and other measures leading to shutdowns of economies – with the latter severely impacting the ability of host communities, refugees and migrants to maintain their livelihoods.

Throughout 2020, access to testing and treatments, some of which are based on relatively cheap steroids, and which notably reduce mortality of seriously ill patients have expanded to ever-greater parts of the population, especially the most vulnerable, including refugees and migrants from Venezuela. As other parts of the world have demonstrated, fatalities have dropped in relative terms from the spring of 2020. While this trend is positive, it is concerning that refugees and migrants have had only partial access to treatment and in some cases are excluded from national plans providing relief.

As an outlook for 2021, even if/when a reliable vaccine becomes available, the pandemic will likely remain a part of daily life and struggles for refugees and migrants from Venezuela and their host communities, including as the production and eventual administration of a vaccine to hundreds of millions of persons in the region will take time. In this context, regional efforts, through the Regional Platform as well as in intergovernmental fora (including the Quito Process) will need to ensure equitable access in order to avoid retaining pockets of contamination and related discrimination and stigmatization.

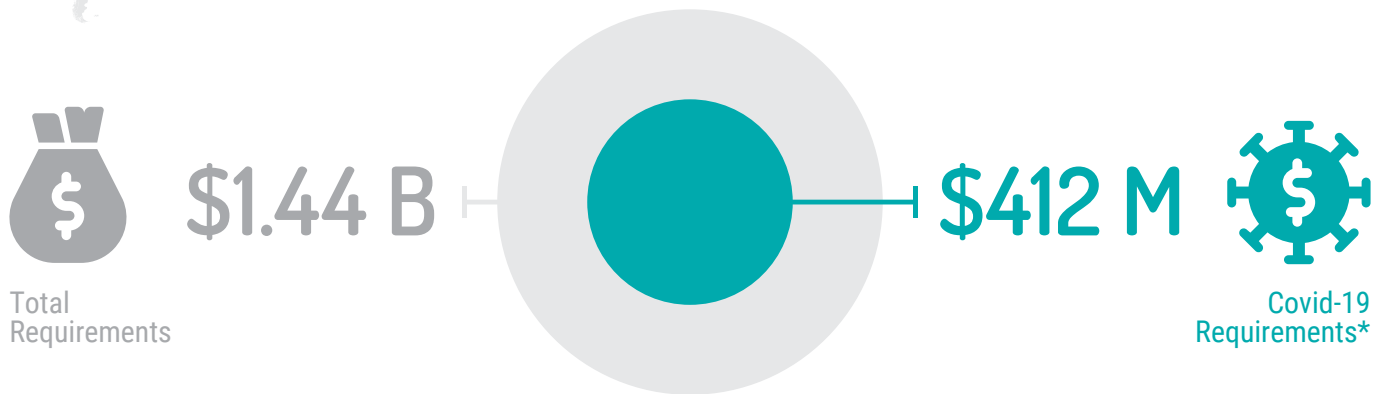
Building on the above, the Regional Platform will continue to advocate and engage with host governments for inclusive and equitable access for refugees and migrants to testing and tracing, to share information on responsible behaviours, including physical distancing, and to promote inclusion of refugees and migrants into national and local social welfare and protection mechanisms, as well as in the eventual vaccination programmes.

In line with the global approach agreed upon following the expiry of the Global Humanitarian Response Plan 2020 – COVID-19, of which the RMRP 2020 was an integral part, in 2021 activities by R4V partners that respond to COVID-19-related needs of refugees, migrants and host communities are mainstreamed in this Response Plan, but inasmuch as activities are directly linked to addressing the impact of COVID-19 they are separately reflected in the following overview.

4. Institute for Health Metrics and Evaluation (IHME), University of Washington: <https://covid19.healthdata.org/global?view=total-deaths&tab=trend>

5. Continuously updated data on confirmed cases of COVID-19 as recorded by the WHO: <https://covid19.who.int/>

TOTAL FINANCIAL REQUIREMENTS VS TOTAL COVID-19 REQUIREMENTS*



COVID-19 REQUIREMENTS* BY SECTORS AND COUNTRIES

Platforms	Total Requirements	Covid-19 Requirements*	Total Requirements	Covid-19 Requirements*	
Brazil	\$98.1 M	\$17.9 M	Peru	\$275 M	\$126 M
Chile	\$46.0 M	\$4.21 M	Caribbean	\$40.7 M	\$5.20 M
Colombia	\$641 M	\$166 M	Central America and Mexico	24.1 M	\$8.14 M
Ecuador	\$237 M	\$60.3 M	Southern Cone	41.7 M	\$8.23 M

Sectors	Total Requirements	Covid-19 Requirements*	Total Requirements	Covid-19 Requirements*	
Education	\$84.0 M	\$30.9 M	Protection**	\$142 M	\$16.3 M
Food Security	\$191 M	\$16.0 M	Child Protection	\$42.9 M	\$13.7 M
Health	\$213 M	\$114 M	GBV	\$37.9 M	\$8.48 M
Humanitarian Transportation	\$10.9 M	\$14.6 K	Human Trafficking & Smuggling	\$18.7 M	\$3.60 M
Integration	\$265 M	\$69.9 M	Shelter	\$70.1 M	\$17.0 M
Multipurpose Cash Assistance	\$248 M	\$71.6 M	WASH	\$42.4 M	\$27.5 M
Nutrition	\$12.2 M	\$2.79 M			

*Directly related COVID-19 requirements | ** This includes Support Spaces

PARTNERSHIP AND COORDINATION

In response to the unprecedented outflow of more than 5.5 million refugees and migrants from Venezuela, 4.6 million alone in the Latin American and Caribbean region significant response capacities and resources have been mobilized across the region, foremost by the affected governments, leading at national levels and seeking common solutions at the regional level, most notably through the Quito Process as the main regional intergovernmental forum concerning the impact of the outflows of refugees and migrants from Venezuela across the region.

The RMRP 2021 intends to complement these efforts and the interventions of national and local government authorities in particular, by providing support in areas where specific assistance and expertise is required, or where the governments' own response capacities are overwhelmed.

As such, this Plan is developed to be implemented in line with the 2016 New York Declaration for Refugees and Migrants. This document states that the protection of refugees and migrants, and support for the countries that shelter them, are a shared international responsibility – to be borne equitably and predictably. As a result, activities under the RMRP bridge the nexus between a humanitarian emergency response and the longer-term perspective to build resilience at the individual beneficiary level as well as at the institutional level.

Since its establishment in 2018, the Regional Inter-Agency Coordination Platform (also known as Response for Venezuelans "R4V") has acted as an inclusive and accountable forum that steers and monitors the operational response under the RMRP. Drawing on experiences from other mixed refugee-migrant situations around the world, and pursuant to the directions of the UN Secretary-General, it is convened by the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) and brings together the 159 appealing organizations of the RMRP, host governments and the donor community.

The Regional Platform covers interventions across 17 countries of the Latin American and Caribbean region and combines the responsibilities and expertise of United Nations (UN) agencies, international and national Non-Governmental Organizations (NGOs), civil society and faith-based organizations and the Red Cross Movement, to ensure robust humanitarian, protection and integration responses to the growing needs of refugees and migrants from Venezuela, as well as of affected host communities.

At national and sub-regional levels, the Regional Platform is complemented by local coordination mechanisms (National and Sub-regional Platforms) that work in

close collaboration with host governments. Such dedicated National and Sub-regional Platforms, tasked with the operational coordination and implementation of the RMRP, are in place in Brazil, Chile, Colombia, Ecuador and Peru - at the national levels - and in the Caribbean, Central America & Mexico and Southern Cone - at sub-regional levels. Their configuration is based on each situational context and the operational capacities of governments and RMRP partners, taking into account existing coordination structures.

To ensure that the humanitarian, protection and integration needs of refugees and migrants from Venezuela and of impacted host communities are identified, planned for and met, sector groups focusing on education, food security, health, humanitarian transport, integration, nutrition, protection (including child protection, gender-based violence (GBV) and human trafficking and smuggling), shelter and WASH are established at regional and national/sub-regional levels. Corresponding to their thematic expertise and competence, sectoral groups at regional level are co-led by some 20 different UN agencies and NGOs/civil society actors⁶ regularly convene with thematic focal points (on Gender; Environment; and PSEA) and Working Groups (on Cash and Voucher Assistance⁷ (CVA); Communication; Communication with Communities/Communication for Development (CwC/C4D); Fundraising; and Information Management) in the regional Inter-Sector Coordination Group (ISCG).

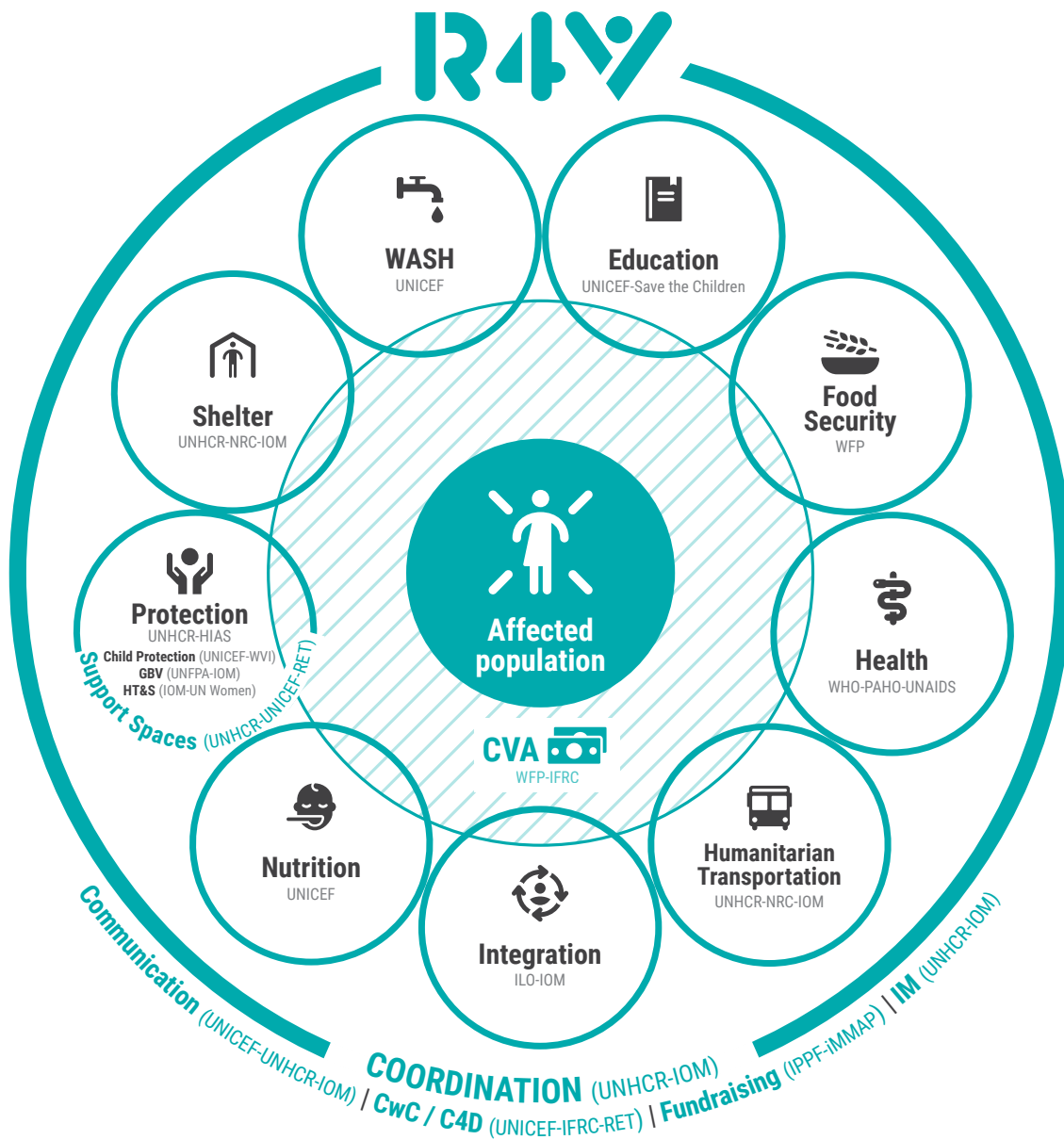
Details on country specific coordination arrangements, operational updates and responses, analysis on movements and other related matters are available on the R4V web portal which also features sectoral and country-level subsites (<https://r4v.info>).

By participating in the RMRP 2021, and in order to provide timely and transparent information on the implementation of the RMRP, as well as on the use of resources, all RMRP appealing organizations commit to engaging in the existing regional, sub-regional and national coordination mechanisms, adhering to agreed standards spelled out in the RMRP and complementary sectoral strategies, and to reporting on their achievements (disaggregated by age and gender) and on funds received through the RMRP framework. Monitoring and reporting procedures are agreed in consultation between the Platforms, and the corresponding data is regularly published on the R4V web portal, while continuously updated financial information is available on the website of United Nations Office for the Coordination of Humanitarian Affairs' (OCHA) Financial Tracking System (FTS), as well as on the R4V web portal.

6. At the time of the drafting of this RMRP, 7 NGOs, the IFRC, and 12 UN agencies led regional Sectors, Working Groups and thematic areas.

7. The term as Cash and Voucher Assistance (CVA) is used throughout the RMRP 2021, but is equivalent and/or encompasses other terms used in other contexts, such as Cash-Based Interventions (CBI), Cash-Based Assistance (CBA) and Cash Transfer Programming (CTP).

Regional sector structure RMRP 2021



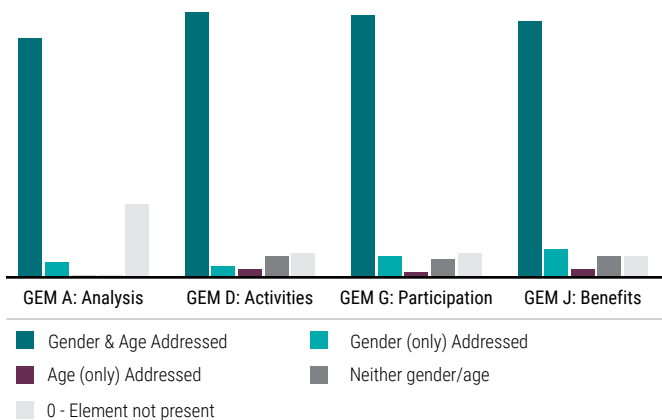
*These are all of the active sectors under the RMRP. Sector lead organizations only represent regional-level leadership.

GENDER

The gender perspective will continue to be strengthened as an important cross-cutting priority of the RMRP 2021. For the first time, in 2021, a gender and age desegregation has been included at all levels of the response planning, including in population projections, when defining persons in-need, as well as for targets. This is a crucial step to better visualize the gender dimension of the response for refugees and migrants from Venezuela and having a comprehensive overview of this data will allow further analysis of trends (please see the following table). As the data analyzed from the Gender with Age Marker (GAM)⁸, conducted as part of the activity submission process demonstrates, R4V partners have paid considerable attention to gender- and age-related considerations which is going to be reflected in more gender-responsive actions which impact on refugee and migrant women, girls, and LGBTQI+ people from Venezuela and affected host communities in 2021.

At the regional level, 80 per cent of submissions from appealing organizations completed the GAM in the RMRP 2021 planning phase. Most of the submissions which completed the GAM (91 per cent) aim to mainstream gender equality, which shows a great commitment to promoting the gender perspective in the RMRP, while 8 per cent of them planned actions to reduce discrimination or inequality. In accordance with this commitment, 80 per cent of submissions that completed the GAM plan to respond to both gender and age differences (Code 4), 5 per cent intend to address gender but not age (Code 3), and 16 per cent appear unlikely to be gender or age responsive (Codes 1, 0).

Gender & Age in Key Action Elements (Codes) RMRP 2021 - Planning Phase - Regional

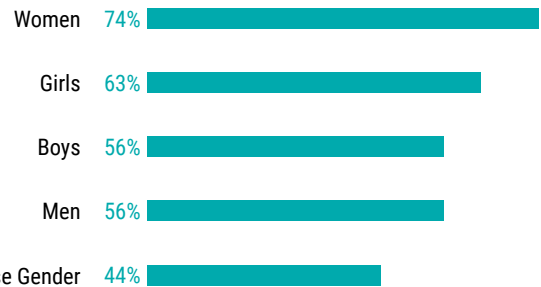


The GAM examines four programmatic elements in project design: analysis, activities, participation, and benefits. Over 70 per cent of submissions demonstrate a good analysis of gender and/or age inequality while, gender analysis should be improved by 22 per cent of submissions.⁹ Regarding the activities, while 41 per cent will adapt activities according to specific needs, roles, and gender dynamics, 44 per cent

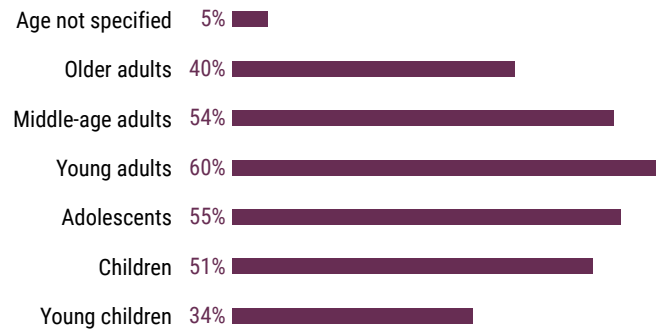
of activities do not address gender and age needs as a targeted part of the programming actions planned. Most submissions attest that beneficiaries have been involved in assessing needs (79 per cent) while only 27 per cent state the same for involvement in all aspects of response management. Thirty-seven per cent of submissions intend to report on both needs met and activities delivered.

Participation in the RMRP 2021 Planning Process

Gender Groups



Age Groups

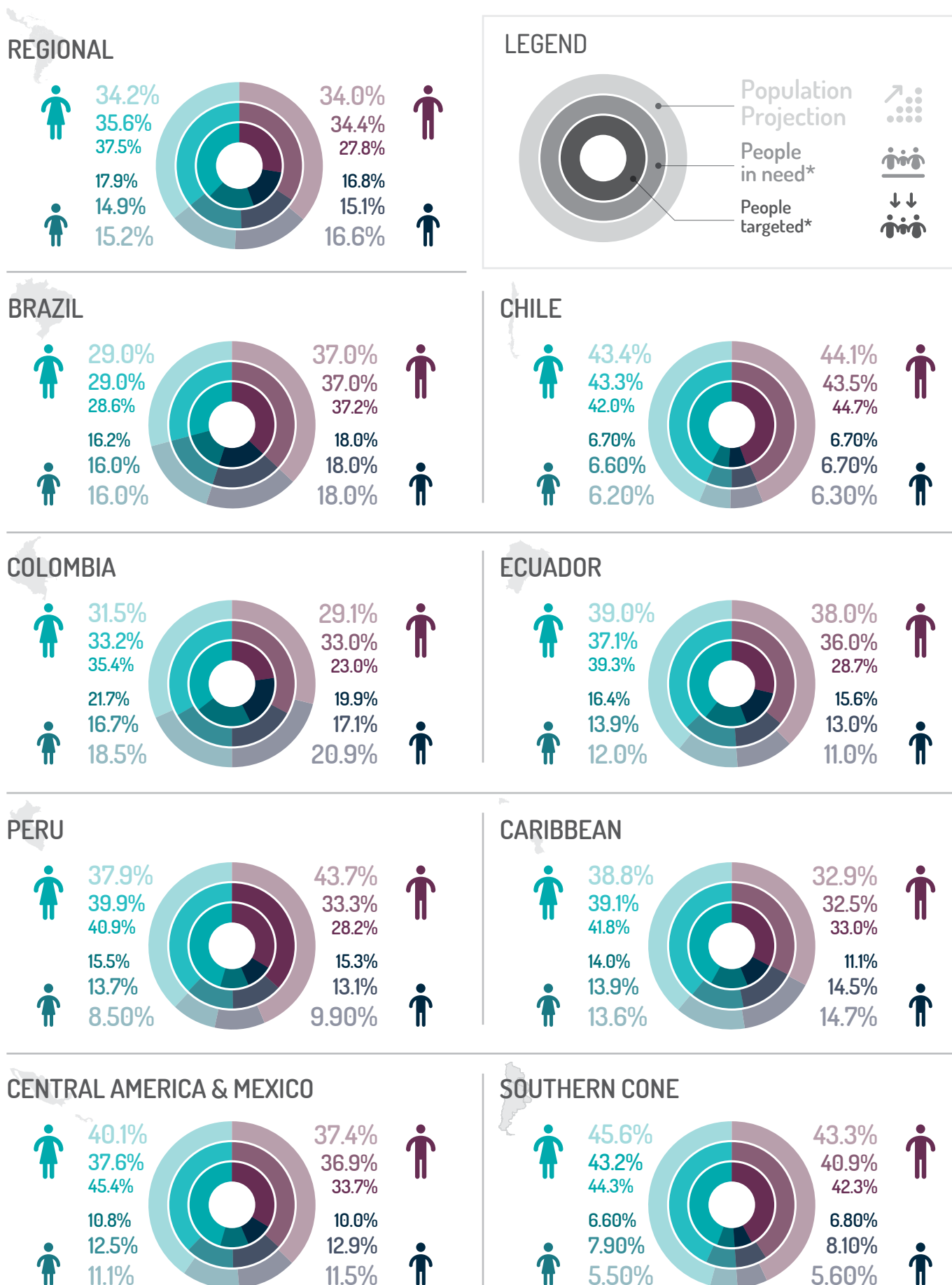


Considering the above, the Regional Platform will continue to promote gender-responsive programming by developing key regional actions in order to strengthen partners' coordination, engagement, and capacities on gender. Moreover, it will establish a Regional Gender Task Force composed of R4V focal points from across the region to support gender integration. A key priority for 2021 will be to integrate gender perspectives in needs assessments, information management, communication, and sectoral programming. In addition, strategic technical support will be provided to include gender in the development and/or adaptation of a R4V mapping on good practices, training, tools and guidance on integrating gender perspectives to strengthen partners' capacities in programming, with a special focus on rights of women, girls and LGBTQI+ persons.

8. Established by the Inter-Agency Standing Committee (IASC) and administrated by OCHA and GenCap. More information: <https://www.iascgenderwithagemarker.com/>

9. Two submissions indicated that for their actions the GAM does not apply (8%).

AGE AND GENDER DISAGGREGATION



ENVIRONMENT

The movement of people from Venezuela has had a variety of environmental impacts, including an increase in waste, pollution, the participation of Venezuelans in illicit environmental economies¹⁰ for income, as well as the environmental impact associated with informal settlements and the inter-agency response to their needs. In turn, these situations can contribute to conflict with host communities and increase the politicisation of the situation of refugees and migrants and the response. The integration of vulnerable people into illicit environmental economies such as informal mining or charcoal manufacture significantly affects the protection environment, due to the association of these economies with exploitation, forced labour in some cases and even the financing of armed groups.¹¹ The environmental determinants of health affect people's needs in the Sectors of Health, WASH, Nutrition and Food Security in particular. The overall R4V response also generates environmental impacts, notably in shelter, mass feeding activities and distributions. While the use of cash, vouchers and mobile money may reduce the visible environmental impacts associated with such distributions, cash and voucher assistance (CVA) is not per se environmentally neutral, since refugees and migrants may make choices with environmental impacts as a result of receiving cash support. Environmental dimensions of CVA programming will be explored in a project by R4V partners in Colombia during 2020-2021.

R4V partners will continue to take environmental mainstreaming into account. Efforts have redoubled to integrate environmental considerations into project design, although methodological improvements to the RMRP 2021 environmental self-assessment process, compared to last year, impede a direct comparison of levels of environmental mainstreaming to previous years. While applied across all 17 countries of the RMRP, the highest levels of environmental mainstreaming appear in Uruguay and the Caribbean sub-region, possibly due to the local prioritisation that actors there give to the issue. Some Sectors have shown increased enthusiasm for making use of the opportunities of an environmental perspective to further their Sector objectives. In Brazil, a partner developed a study on opportunities in the labour market for the integration of Venezuelans into green jobs.¹² With these developments in mind, continuity is key in the support given to addressing the environmental dimensions of the emergency, both through national environmental field advisers and the Regional Platform's environmental focal point.

Gaps and challenges remain. Enhanced prioritization of environmental considerations, during all stages of the programme cycle, by the international community, including hosting and supporting governments, would likely impact positively on the attention given to environmental impacts and lead to greater analysis of the role that the environment plays in humanitarian needs, as well as greater allocation of partner capacity to mainstreaming environmental considerations in their interventions. With this in mind, synergies are being explored with some key Sectors, including Integration (green jobs), Protection (illicit environmental economies) and the regional Cash Working Group – synergies which could be developed and scaled up more effectively.

10. Meaning economic activities related to natural resources that finance groups on the margin of the law or economic activities that do not comply with legal obligations.

11. See: <https://latinamericanperspectives.com/modern-slavery-and-human-trafficking-in-latin-america/>
<https://www.aljazeera.com/programmes/slavery21stcenturyevil/2011/10/20111010114656316634.html>
<https://journals.sagepub.com/doi/abs/10.1177/0094582X17699909>

12. https://www.acnur.org/portugues/wp-content/uploads/2020/09/GreenJobs_English.pdf

CENTRALITY OF PROTECTION

In 2020, refugees and migrants from Venezuela faced increased protection risks while transiting across the region or after reaching their country of destination. A surge in irregular movements and situations made them increasingly vulnerable to human rights and protection risks, including GBV, trafficking in persons and forms of exploitation, abuse and/or violence, including at the hands of criminal networks. Additionally, refugees and migrants from Venezuela are increasingly vulnerable to xenophobia and discrimination, aggravated by public fears of COVID-19. The overall protection environment in the region has been significantly affected across the region despite governments' efforts to mitigate emerging protection risks. This has included the strengthening of asylum systems and access to regularization, the development of temporary measures and specific legal actions to avoid deportations and to address the vulnerabilities that irregular status is generating for an increasing number of refugees and migrants and to improve access to basic services and temporary shelter alternatives, amongst other notable initiatives taken.

There is an urgent need for reinforced coordination between governments, the international community and R4V members, including to leverage the complementary roles and responsibilities among the 159 humanitarian and development partners within the R4V that contribute to protection outcomes aimed at achieving common protection goals and developing long-term solutions for refugees and migrants from Venezuela. With the impact of COVID-19 in the region, it is important to ensure that refugees and migrants from Venezuela – regardless of the regularity of their situation – are not discriminated against and/or excluded from national responses, but are fully included in these responses, including in health, education, housing, assistance and livelihood programmes.

An important part of this is to create increased awareness for the rights that refugees and migrants have regardless of legal status while ensuring that those in need of international protection and those in need of other forms of protection, and/or specialized services have full access to corresponding mechanisms. In this respect, the Platform fully subscribes to the need to recognize and address *“the special needs of all people in vulnerable situations who are travelling within large movements of refugees and migrants, including women at risk, children, especially those who are unaccompanied or separated from their families, members of ethnic and religious minorities, victims of violence, older persons, persons with disabilities, persons who are discriminated against on any basis, indigenous peoples, victims of human trafficking, and victims of exploitation and abuse in the context of the smuggling of migrants”*.¹³ Based on the forgoing, the RMRP will strengthen the protection environment for refugees and migrants from Venezuela, including for those

in vulnerable situations through a multisectoral approach, as reflected in all sectors and activities of the Plan.

In the RMRP 2021, the Regional Platform will:

1. Address protection issues that cut across sectors in a coordinated manner, developing common criteria to prioritize the identification of needs and cohesive strategies to intervene amplifying the impact of the response with the available resources from different sectors (such as those identified for regularization/integration, GBV/health, psychosocial support/health, temporary protection/shelter).
2. Engage collectively to achieve meaningful protection outcomes linked to regularization and legal stay arrangements, access to and quality of asylum, mitigation of emerging risks from the COVID measures (human trafficking and smuggling, double affectation, involvement in illicit economies, homelessness, evictions) by enhancing capacities and working towards decreasing threats and protection risks
3. Promote efforts towards the inclusion of refugees and migrants in protection, assistance and socio-economic national programmes, including access to adequate health, housing, education and livelihoods; this will be aligned with advocacy steps towards the regularization of those who remain undocumented and/or in an irregular situation.
4. Promoting effective participation of refugees and migrants throughout the process, guaranteeing in situ capacity building of relevant actors and strengthening community-based processes, as well as promoting information sharing and in-depth protection analysis as the basis for developing response strategies.
5. Monitor and evaluate compliance with the fundamentals of the centrality of protection in order to adjust, as required, intervention mechanisms, strategies, modalities that could compromise essential humanitarian principles (e.g. 'Do No Harm'), reduce humanitarian space and/or increase protection exposure of refugees and migrants.

All Sectors and Groups from the Regional Platform are committed to maintaining the Centrality of Protection principle with an age, gender and diversity (AGD) approach that highlights special protection considerations for most affected groups (including survivors of violence, indigenous, separated/unaccompanied children, evicted persons, those in irregular situations) and are further committed to the Inter-Agency Standing Committee's (IASC) definition of protection¹⁴ and statement on the Centrality of Protection.¹⁵

13. [New York Declaration for Refugees and Migrants](#), A/RES/71/1, 19 September 2016, para. 23.

14. IASC, [Policy on Protection in Humanitarian Action](#), 2016, "... all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL))."

15. IASC, [The Centrality of Protection in Humanitarian Action](#), 2013.

PROTECTION AGAINST SEXUAL EXPLOITATION AND ABUSE (PSEA)

Protection against Sexual Exploitation and Abuse (PSEA) is an integral component of the RMRP 2021. Sexual Exploitation and Abuse (SEA) will be recognized as a form of GBV and an egregious breach of Accountability to Affected Populations (AAP) requiring robust prevention, mitigation and response measures, as well as coordination. The Regional Platform will create a regional Community of Practice (CoP) whose main role will be to promote a collective in-country prevention, mitigation and response approach to SEA at both technical and strategic levels. The regional CoP will further develop an inter-sectoral PSEA strategy and action plan which will be the common reference for all PSEA-related activities under the RMRP for 2021. Coherence will be ensured with PSEA global commitments and developments.

The CoP will serve as a support body for National and Sub-regional Platforms and partners, as well as regional Sectors and Sub-sectors, promote information and knowledge sharing, monitor collective PSEA achievements, and strengthen collaboration between agencies to build capacity on PSEA among R4V partners. Based on the results of an inter-agency PSEA mapping undertaken in 2020, the Regional Platform will prioritize a series of PSEA activities in the areas of 1) management and coordination; 2) engagement with and support to affected populations; 3) prevention; 4) mitigation; and 5) response. These activities will include, inter alia, capacity building such as the development and rollout of a standardized PSEA

Training of Trainers (ToT) for PSEA focal points or high level dialogues and best practice seminars on PSEA; technical support for the adoption and implementation of codes of conduct that integrate PSEA; development and rollout of a R4V risk assessment methodology for platforms; collective design and dissemination of PSEA messaging; field-level implementation of principles and standards for the establishment of interagency Community-Based Complaint Mechanisms (CBCMs); and integrating specialized assistance for SEA victims within GBV and Child Protection Sub-sectors' referral pathways, among others.

These activities seek to ensure that R4V members guarantee assistance and protection to every child and adult victim of SEA. This means ensuring that every complainant/survivor has access to a safe, accessible, age and gender-sensitive pathway to report SEA; is offered immediate, adequate and quality assistance (including medical care, psychosocial support, legal assistance, non-food items (NFI) assistance); has meaningful access to services; can choose whether or not to participate in the investigation process, as per the IASC PSEA acceleration plan; and has the right to receive assistance regardless of whether they decide to participate or not in said process. Ultimately, the objective is that every SEA allegation is investigated in a prompt, safe, and survivor-centered manner. The CoP will monitor collective R4V PSEA achievements in-country through a mid-year and end-year review.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

As part of the commitment by the Regional Platform to put affected populations at the center of the regional response for refugees and migrants from Venezuela, the RMRP 2021 will integrate a strong Accountability to Affected Populations (AAP) component, adhering to the IASC definition of AAP as "an active commitment by humanitarian actors to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist". Affected populations under the R4V include refugees and migrants from Venezuela, as well as affected host communities. The Regional Platform will create a regional CoP whose main role will be to promote inter-agency, in-country initiatives and mechanisms for collective accountability. The aspiration is to support R4V partners to deepen their collaboration with communities, not only through the sharing of information but also through fostering the incorporation of feedback from communities to, in turn, inform and enable an adapted response.

The RMRP 2021 incorporates activities as part of the Regional AAP Action Plan for 2021, which encompass five main areas: Planning and Design, Coordination and Leadership, Capacity Building, Advocacy, and Monitoring, Evaluation and Reporting.

Activities under these areas include:

- Strengthening leadership for AAP by conducting high level seminars on accountability mechanisms and AAP best practices,
- Developing communications materials on AAP for partners and CwC on AAP for affected populations,
- Developing and implementing trainings on inter-agency AAP practices under the R4V, training of trainers for AAP focal points from national and sub-regional Platforms as well as R4V partners on CBCMs
- Advocacy with R4V partners to strengthen internal PSEA efforts, especially the establishment and strengthening of internal complaint and feedback mechanisms
- Collect lessons learnt, best practices and experiences from partners generated through a biannual monitoring and evaluation exercise led by the Regional Platform

These activities are planned with the primary aim of building a foundation for AAP practice and to develop a common vision for AAP within the framework of the R4V.

COMMUNICATION WITH COMMUNITIES / COMMUNICATION FOR DEVELOPMENT (CWC/C4D)

GENERAL OBJECTIVE

The overall objective of the Communication with Communities / Communication for Development Working Group (CwC/C4D WG) is to facilitate the implementation of strategies and activities aiming to strengthen communication mechanisms with refugees, migrants and host communities, as well as contribute to the objectives of other sectors and groups through communication and accountability to target populations.

The CwC/C4D WG will assist in this by gathering and disseminating needed information on security, protection, health, nutrition, and prevention of main risks faced by people on the move from Venezuela, by establishing communication and feedback mechanisms and by developing communication tools according to the communication needs of refugees and migrants from Venezuela.

STRATEGIES / PRIORITIES

- Coordinated delivery of coherent, timely and lifesaving information for refugees and migrants considering cultural / language factors
- Implementation of a tool to provide information and receive feedback from affected people in the region
- Strengthen CwC/C4D coordination mechanisms, both at regional and national levels, and intersectoral linkages.

Specific activities of the WG will include the following:

1. Update the 2019 information and communication needs assessment in the context of COVID-19.
2. Continue the implementation of [U-Report "Joining Voices"](#).
3. Capacity building for the implementation of common feedback mechanisms.
4. Harmonization of lifesaving and protection information materials in seven countries around the response for refugees and migrants from Venezuela
5. Consolidation and dissemination of a regional message bank with lifesaving and protection information adaptable to national contexts.
6. Design and implementation of a regional campaign with youth networks to promote integration in the context of COVID-19.
7. Support to other R4V Sectors and Working Groups with protection campaigns and initiatives.
8. Dissemination of good practices and lessons learned on CwC/C4D within the context of COVID-19.
9. Strengthen Risk Communication and Community Engagement, through the dissemination of innovative efforts and good practices across the region in the context of COVID-19. Overall, the WG will seek to work towards developing more harmonized key messages to support information needs in different Sectors and Working Groups including health, protection, integration, and others. In this respect it will strengthen intersectoral linkages and sectoral coordination mechanisms at both regional and national levels.

CASH AND VOUCHER ASSISTANCE (CVA)

PRIORITY NEEDS

Socio-economic status, the lack of financial resources and regulatory barriers are key factors impacting refugees' and migrants' ability to cover their basic needs. The COVID-19 crisis and preventive measures, such as widespread lockdown measures and the closure of businesses, have exacerbated entrenched vulnerabilities related to inadequate access to food, housing, healthcare, education and employment. A majority of refugees and migrants from Venezuela have experienced difficulties accessing the markets: fear to

go out due to the pandemic, limitations of movement, and security concerns have been reported as the top three limitations, jointly with a general increase in food prices compared to before the pandemic¹⁶. In general, data shows that the priorities of refugees and migrants from Venezuela are access to food, shelter, and finding a job (or income sources). Many refugees and migrants from Venezuela pay rent for their housing, however the risk of eviction has increased extensively during the pandemic. For instance, in Ecuador, the Joint Needs Assessment showed that 44 per cent of the surveyed population had been evicted because they could not

16. WFP, Remote Assessment COVID-19-Migrants in Colombia, Ecuador and Peru, June 2020

afford to pay their rent and 36 per cent had to move to a place with lower rental costs.¹⁷ In Colombia, 72 per cent of households prioritizing food and 80 per cent of those prioritizing shelter stated that they preferred cash transfers as an assistance modality.¹⁸

RESPONSE STRATEGY

The response will respond to the humanitarian needs, heightened by COVID-19, while simultaneously continuing to support stakeholders to seek durable solutions for refugees and migrants and affected host communities. In general, cash transfers, namely multipurpose cash transfers (MPC) are an appropriate and practical tool to respond to the identified needs, minimizing the use of negative coping strategies and acting as a safety net for refugees and migrants during the health and economic crisis expected to continue in 2021, while at the same time supporting local markets, enabling continuity of delivery and mitigating COVID-19 transmissions risks.¹⁹ As a result, some USD 183 million in assistance will be disbursed through multipurpose cash (MPC) transfers in 2021. With the support of 47 partners across 17 countries, National and Sub-regional Platforms are planning to reach 1.3 million refugees, migrants, and host communities with multipurpose cash transfers.

The Regional Cash Working Group (CWG) aims to ensure greater levels of complementarity and coherence between the multiple sectoral CVA²⁰ to be provided under the RMRP, and to facilitate the scale-up of effective MPC in the region, in support of National and Sub-regional Platforms (including their Cash WGs) and Sectors. As the results from a regional survey show, promoting linkages between humanitarian assistance and social protection systems is a key priority for partners.²¹ Therefore, the Regional CWG will continue fostering dialogue and collaboration between national and sub-regional Cash Working Groups, and national authorities to strengthen those links, leveraging partners' presence on the ground and long-standing work with social protection systems, to increasingly support them to assist Venezuelan refugees and migrants with cash assistance.²²

MPC will be distributed in countries with a presence of refugee and migrant populations, as well as affected host communities where socio-economic vulnerabilities are identified. The cash response will focus on vulnerable households who, due to a lack of financial resources, are unable to meet their basic needs, are exposed to protection risks (including GBV survivors or those at risk of GBV or evictions), suffer from food insecurity, cannot access decent and safe housing, use negative coping mechanisms to meet their needs, or are unable to engage in activities to achieve their socio-economic integration, to name a few. It is also important to have a better understanding of the role that CVA may play in the protection and empowerment of persons with disabilities in humanitarian contexts, or the risks that persons with disabilities may face when they access to cash in these settings.

It is foreseen that partners will implement CVA as a complementary tool to facilitate access to goods and services that contribute to specific sectoral objectives, especially Food Security, Protection (including GBV), Shelter (rental assistance) and Integration. Furthermore, in the regional survey, partners highlight the importance of putting the protection of refugees and migrants at the centre of CVA, and that gender analysis has been a priority to evaluate the different modalities of assistance, as well as building mechanisms to enable the provision of information, participation, and feedback mechanisms in CVA activities for 2021.²³

17. GTRM (2020), Evaluación conjunta de necesidades. Agosto, 2020.

18. Evaluación Conjunta de Necesidades del GIFMM (ECN - julio 2020)

19. How partners and CWGs are adapting their cash programs to the COVID-19 situation, April 2020 <https://r4v.info/es/documents/details/76140>

20. The term Cash and Voucher Assistance (CVA) is used throughout the RMRP 2021, but is equivalent and/or encompasses other terms used in other contexts, such as Cash-Based Interventions (CBI), Cash-Based Assistance (CBA) and Cash Transfer Programming (CTP)

21. Open survey. Regional Cash Working Group, September-October 2020, <https://r4v.info/es/documents/details/82706>

22. Ibid.

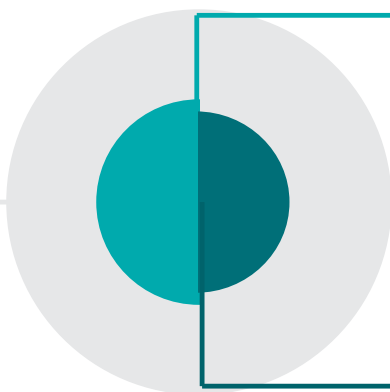
23. Ibid.

TOTAL FINANCIAL REQUIREMENTS VS TOTAL CVA REQUIREMENTS*



Total Requirements

\$1.44 B



\$219 M

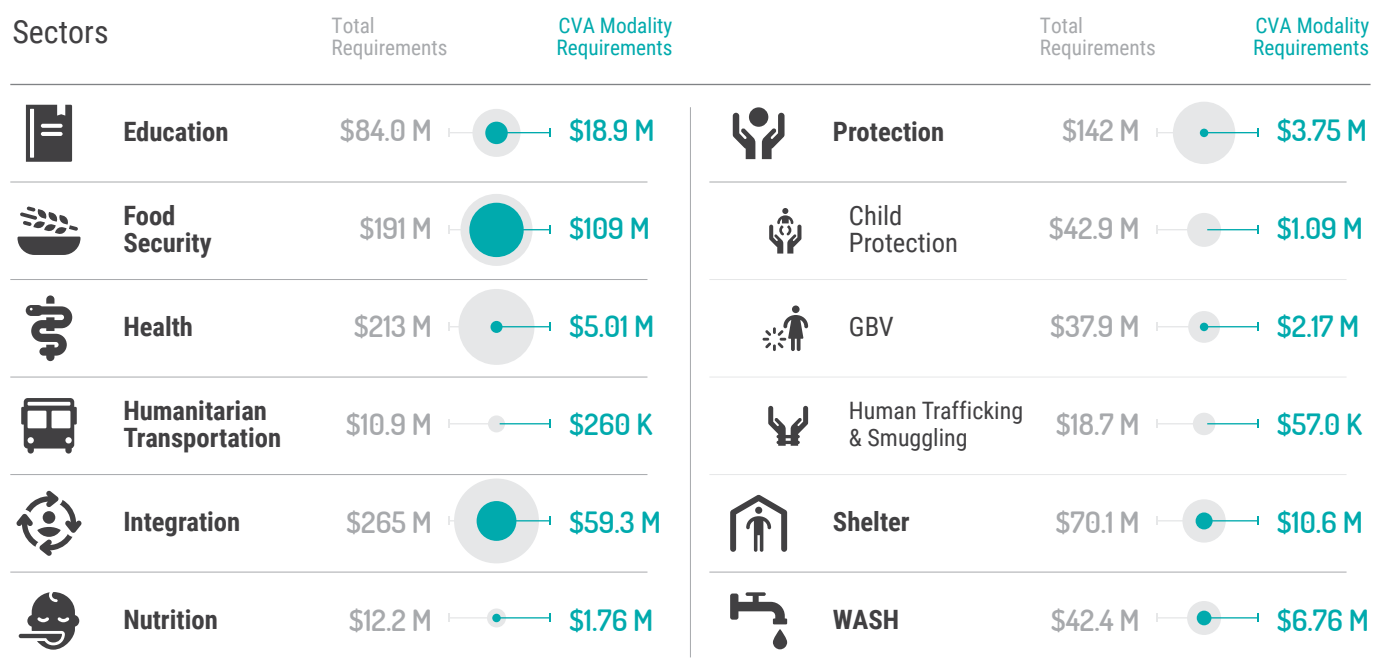
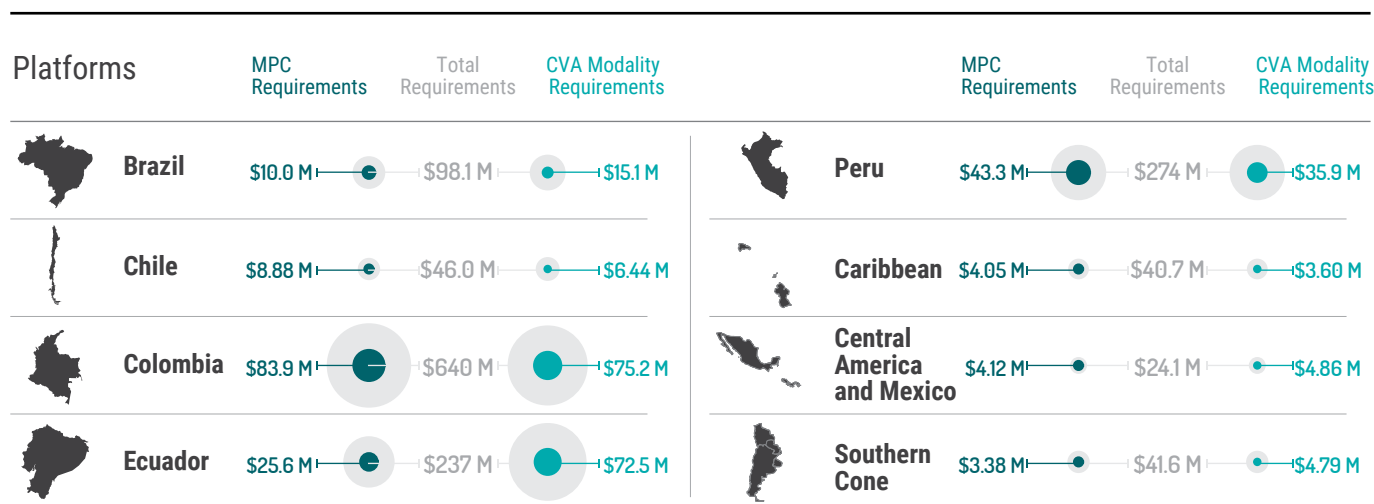
Cash and Voucher Assistance (CVA) Modality Requirements



Multipurpose Cash Assistance (MPC) Requirements

\$183 M

CVA REQUIREMENTS* BY SECTORS AND COUNTRIES



CAPACITY BUILDING AND SUPPORT

Efforts under this RMRP for capacity building and support will be informed by identified needs, organized and coordinated by the respective Sectors, including through regional R4V Inter-Sector Coordination Group (ISCG). Capacity-building measured will also be implemented following direct requests by partners, host governments or through relevant multilateral fora, such as the intergovernmental Quito Process.

Amidst the COVID-19 pandemic, appealing organizations, together with all Platforms and Sectors, will explore different methods including increasingly virtual formats to undertake coordinated capacity building activities benefitting national and local partners by pooling resources, joint planning, and sharing knowledge and specialized assistance. Capacity building efforts will be strengthened to reinforce the skills and technical capabilities and competences of host government institutions and authorities, as well as of R4V partners (including the staff of civil society and faith-based organizations, UN agencies and associations of the refugee and migrant community) to respond to the humanitarian, protection and socio-economic integration needs of refugees and migrants from Venezuela and affected host communities. In 2021, an additional emphasis will be put on capacity building of the private and public sector in the field of recruitment procedures and labour rights to facilitate the hiring of refugees and migrants from Venezuela, in a context of wide-spread unemployment as a result of the impact of COVID-19.

With the objective of complementing efforts of host governments, including their institutions and authorities, to respond to the needs of refugees and migrants, the focus of the capacity building activities of RMRP actors will be on:

- Contingency preparedness and response capacities of national and local authorities especially in case of emergencies, including health-related ones, that could take place at border areas or locations with presence of high numbers of refugees and migrants from Venezuela.
- Technical and financial support to increase the capacities of the national migration authorities and national refugee commissions on registration, regularization, documentation, asylum, including the implementation of simplified modalities to case processing, as well as on the recognition of academic and professional degrees and titles in order to facilitate access to work, continued education and integration.

- Technical support and specialized workshops on protection, child protection and on response mechanisms for cases of GBV, exploitation, abuse and to build capacities on addressing transnational crimes such as human trafficking and smuggling.
- Technical support to ministries of education and health to improve service delivery as well as inclusion of refugees and migrants in national health programmes, and the enrollment and maintenance of refugee and migrant children in education systems.
- Technical support to national human rights institutions (NHRIs) to enhance refugees' and migrants' access to legal remedies, including legal orientation and assistance to ensure access to rights, and strength NHRIs' protection monitoring role.
- Technical support to Platforms, Sectors and R4V partners in all sectorial areas, transversal themes, coordination, monitoring and reporting, according to needs identified, in order to strengthen the overall response.

Additional sector-specific capacity building efforts will be implemented in coordination with host governments to respond to large-scale mobility contexts, especially in terms of management, gender- and age-sensitive approaches, interculturality and the development of protocols and standard operating procedures (SOPs). Also, infrastructure capacities for the transit, temporary hosting or delivery of humanitarian assistance to refugees and migrants will be improved and/or established, especially in border areas and settlements with high concentrations of refugees and migrants from Venezuela.

In 2021, approximately 600 activities implemented by R4V partners throughout the region include capacity building elements, targeting over 240,000 individuals among national and local authorities, as well as R4V organizations' personnel and their partners.



EDUCATION

© Mercy Corps / Ana Solano / Cesar Cururami, Colombia

PEOPLE IN NEED

3.03 M

↑ 27.0% ↑ 24.9% ↑ 23.7% ↑ 24.4%



PEOPLE TARGETED

574 K

↑ 3.10% ↑ 47.7% ↑ 6.80% ↑ 42.4%



TOTAL REQUIREMENTS

\$84.0 M



RMRP PARTNERS

56



SECTOR LEADS

SAVE THE CHILDREN-UNICEF

EDUCATION

PRIORITY NEEDS

The challenges in education have been severely exacerbated by the impact of the COVID-19 pandemic across the region. Since March 2020, as COVID-19 spread in the Latin America and the Caribbean (LAC) region, Ministries of Education (MoE) progressively closed schools at preschool, primary and secondary levels. It is estimated that over 159 million children (69.5 million girls) have been affected in LAC, representing more than 97 per cent of enrolled learners.²⁴ Refugees and migrants from Venezuela have been particularly harshly affected. For example, the National Platform in Peru (GTRM, by its Spanish acronym) estimates that by the end of August, over 50 per cent of refugee and migrant children remained outside of the Peruvian education system while the Platform in Colombia (GIFMM, by its Spanish acronym) reports that during the COVID-19 emergency, 27 per cent of households with children from Venezuela aged between 6 to 11 years with the intention to stay, and 37 per cent of households with children aged between 12 to 17 years did not have access to formal learning activities. Similar findings have been made in other countries of the region. Among the reasons for Venezuelan children not attending school are reduced financial resources of refugee and migrant households, lack of access to IT devices and internet connectivity, discrimination and xenophobia, and lack of documentation.

Across the region, there is an urgent need to fully include refugee and migrant children into education systems and policies. This urgent need is exacerbated for those refugee and migrant children and adolescents from Venezuela who arrive without documentation. There is also a significant absence of frameworks or mechanisms for the recognition, validation, and accreditation for non-formal and informal learning outcomes of undocumented refugee and migrant children and adolescents.²⁵ This situation has become one of the main barriers to access education in host countries. In some cases, children can attend schools, but without the possibility of certifying their grades due to a lack of such documentation. Finally, girls and adolescents face additional vulnerabilities and barriers to return to schools due to household responsibilities, child labor, gender-based violence (GBV), and early pregnancy.

24. UNICEF LACRO Covid Updates.

25. One of the most valuable instruments that the Organization of the Andrés Bello Agreement (CAB) is the Table of Equivalences for the recognition of studies at the levels of primary or basic and secondary or non-technical secondary education, in the countries of the organization. The equivalency table still has its limitations as it is only applicable to refugees and migrants who have the relevant documentation.

RESPONSE STRATEGY

Scope of the sector response:

The regional Education Sector promotes region-wide coherence in the education response through evidence generation and knowledge management for advocacy and policy dialogue, capacity development, monitoring and reporting and resource mobilization integrating gender, age and diversity approaches. The regional response will focus predominantly on the countries hosting the largest numbers of refugees and migrants from Venezuela (Colombia, Ecuador, Chile, Peru and Brazil), but will seek to expand its support to the Southern Cone, the Caribbean and to Central America and Mexico (CAM) in 2021.

Response priorities:

Complementing national efforts, the regional Education Sector aims to:

Generate Advocacy and Policy Dialogues:

Implement evidence-based policies and normative frameworks to increase access and retention of refugee, migrant and host community children in education with quality, dignity and ensuring equity, non-discrimination, and inclusion.

Capacity Development: Enhance the capacity of regional and national education stakeholders to ensure, access, permanence and learning outcomes for refugee, migrant and affected host community children, as well as to increase the resilience of the education system.

Evidence Generation: Ensure MoEs have access to reliable, accurate, relevant, and timely data disaggregated by gender and age on access and learning of refugee and migrant children to strengthen the education planning capacities of hosting countries.

Integrated response approaches:

For the Education Sector, the promotion of actions with a multisectoral and gender- and age-responsive approach will be maintained within its scope of coordination and advocacy. For the sub-regional (CAM, Caribbean, Southern Cone) and national Education Sectors (Brazil, Colombia, Chile, Ecuador, Peru), interventions will continue in coordination with other Sectors, particularly with Child Protection, both in the processes of distance learning and for the return to face-to-face classes. As such, the Sector will collaborate with relevant Sectors, Working Groups and Focal Points on issues related to Child Protection, Gender, Gender Based Violence (GBV) and Protection from Sexual Exploitation and Abuse (PSEA). The Education Sector will further coordinate closely with the Health Sector (on mental health and psychosocial support

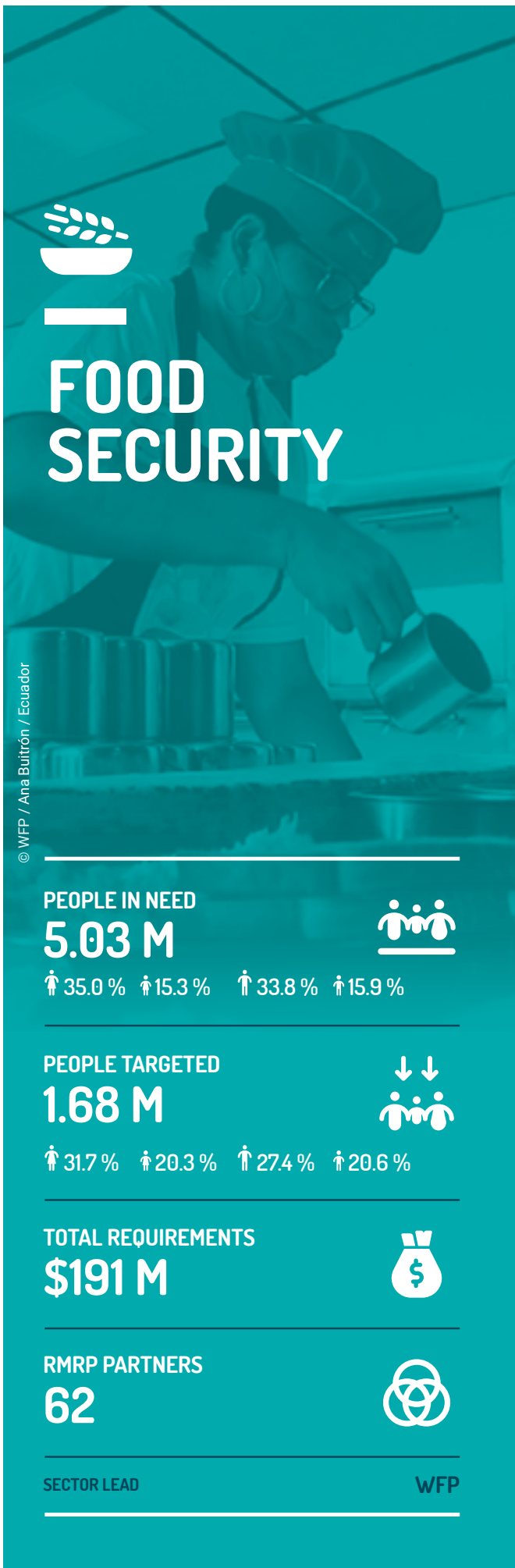
(MHPSS) and sexual and reproductive health), so to jointly contribute in designing strategies and tools to contribute towards an eventual safe return to schools through the prevention and detection of COVID-19 cases and other prevalent diseases and mitigating protection risks. Finally, the Sector will develop and apply joint strategies with the Water, Sanitation and Hygiene (WASH) Sector to enhance safe water and hygiene measures (repairs to sanitary facilities, safe water points, and handwashing supplies) in schools and will work with the Nutrition and Food Security Sectors for improving the provision of school meals for refugee and migrant children from Venezuela.

Response modalities:

The Education Sector's actions will be oriented towards advocacy, articulation and coordination, to address the common education needs between countries or across borders, focusing on a better response impact to the crisis. Actions for the articulation and linkage between the sub-regional and national strategies will be developed in the regional, sub-regional and national Sectors, who propose direct actions with the target population such as delivery in-kind (educational kits, school meals, handwashing and safe water kits), cash and voucher assistance (CVA) (for transportation, food or others), public service support (capacity building, development of tools, equipment and others), advocacy and communication. The Education Sector, in coordination with other Sectors, will also integrate age, gender and diversity perspectives, at the political, as well as technical levels, within refugee, migrant and host communities.

Good programming/collective accountability considerations:

Accountability to Affected Populations (AAP) will be promoted through different mechanisms throughout the activities of the Sector, ensuring consultations during all stages of the programme cycle (including through workshops, focus groups, digital feedback mechanisms, etc.), as well as feedback to the programme staff, and transparency in the processes and investment of funds. Strategies will ensure that all actions are gender-sensitive and inclusive, ensuring equal opportunities for refugee and migrant girls and adolescents, children with disabilities or other vulnerable conditions, and strategies for valuing gender equality and inclusion in all strategies such as Protection, school nutrition, WASH and Health. These strategies will be included through policy dialogues and advocacy actions, strengthening public sector capacities and generation of evidence through studies, monitoring and evaluation of actions.



FOOD SECURITY

PRIORITY NEEDS

By jeopardizing households' purchasing power, food production and supply chains, as well as national response capacities, among others, the COVID-19 pandemic has significantly increased food insecurity across the globe. Across Latin America and the Caribbean – the region incurred the highest relative increase of people in severe food insecurity, increasing from 4.3 million in 2019 to 17.1 million by August 2020²⁶ – refugees and migrants from Venezuela are among those most affected, particularly women, including female-headed households and children.

With their income highly dependent on livelihoods tied to the informal sector and/or remittances, having access to a more limited local support network and being largely excluded from underfunded national safety nets, Venezuelan refugees and migrants have seen their food security status deteriorate continuously since the pandemic began. As for the three main host countries, 1.3 million refugees and migrants are food insecure in Colombia, 600,000 in Peru and 300,000 in Ecuador.²⁷ This represents 73 per cent of the refugee and migrant population in Colombia in August (up from 52 per cent in April);²⁸ prompting many to adopt negative coping strategies. For example, in Ecuador, 77 per cent of refugees and migrants reported regularly reducing food portions and the number of meals.²⁹ Similarly, in Peru, some 40 per cent reported regularly skipping meals or spending entire days without eating.³⁰ Facing a 9 per cent contraction of the regional GDP, this severe economic downturn is putting pressure on host communities and governments across Latin America and the Caribbean, leaving them incapable of supporting vulnerable national populations and increasing the risks for refugees and migrants to be excluded.

The deteriorating state of food security among refugees and migrants, combined with the particularly diverse nutritional needs of children, pregnant and lactating women, girls and the elderly in all household types, represents the main challenge for the Sector.

26. WFP Remote Food Security Survey, August 2020. Note: the survey covers countries where WFP has presence and therefore accounts for Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru, and the Dutch and English-speaking Caribbean.

27. World Food Programme (August 2020). Remote Assessment COVID-19: Venezuelan Migrants in Colombia, Ecuador and Peru.

28. FSN Evaluation (WFP, August 2020). By August 2020, 73 per cent of the refugee and migrant population in Colombia faces food insecurity, which reflects a significant increase compared to the April 2020 results (52 per cent). Within these figures, severe food insecurity has reached 23 per cent in August from 14 per cent in May. 69 per cent report their income has reduced since the start of the COVID-19 crisis. 31 per cent report having lost their jobs in August, 13 per cent more than in April.

29. GTRM (2020), Joint Needs Assessment. August 2020. Quito, Ecuador.

30. World Food Programme (August 2020). Remote Assessment COVID-19: Venezuelan Migrants in Colombia, Ecuador and Peru.

RESPONSE PRIORITIES

Regional activities will focus on further strengthening sectoral coordination and information management to fill gaps between R4V partners in harmonized planning, food security assessments, monitoring and reporting, as well as resource mobilization and advocacy with gender-response targeting and programme design. The regional Sector will support the broader Regional Refugee and Migrant Response Plan (RMRP) 2021 food security response characterized by the following elements:

Increased scope of response

In line with increased needs derived from the pandemic's impact on the food security of vulnerable populations, the RMRP 2021 presents an overall increase of the refugee, migrant and host community target population for food assistance. As the country hosting the highest number of refugees and migrants, partners in Colombia continue to target the largest number of people for food assistance, while Peru registers the highest increase in comparison to the RMRP 2020. Food security partners in Ecuador and Brazil also increased their target populations over 2020 levels.

A response spanning expanded programmatic approaches

The acute food security needs caused by losses of income and access to basic services during the pandemic – particularly among women and children – have prompted partners to increase initiatives targeting immediate and urgent food needs in a gender- and age-responsive manner. Additionally, if movement restrictions are reimplemented and refugees and migrants reduce their movements, and due to their predominant vulnerability, female overload of care work, and lack of childcare services, R4V partners will increasingly focus on activities designed to improve livelihoods opportunities, including by increasing farming capacities. Supporting women's agricultural productivity and marketing will be essential to increase the welfare of rural populations. Other activities will seek to address the quality of diet among refugees and migrants, who often rely on unhealthy alternatives in the absence of traditional Venezuelan products in host countries or knowledge of the nutritional value of local products and barriers to access these and adequate livelihoods. Finally, partners will seek to facilitate the inclusion of refugees and migrants in existing social protection programmes via pilot projects, advocacy efforts and technical assistance, recognizing that without access to these services, refugees and migrants will remain particularly vulnerable in this period of economic uncertainty.

A response prioritizing cash and voucher assistance

The RMRP 2021 budget for food security activities prioritizes cash and voucher assistance, aiming to maximize the welfare of beneficiaries and accommodate their consumption preferences. As required, in-kind operations will continue to address the needs of refugees and migrants considering their gender and age, including in remote areas characterized by transport and/or market constraints.

A response ensuring adapted modalities and targeting

The closure of borders during the pandemic affected population flows, including pendular movements between Venezuela and Colombia, and reduced the number of refugees and migrants transiting through regular channels. As such, partners have adapted their targeting strategies, temporarily suspending support in transit where necessary, and shifting attention to refugees and migrants residing in host countries, particularly in urban centers. As increased outflows from Venezuela are expected in 2021, both through regular and irregular channels, partners will be required to constantly adapt and shift their modalities of assistance between in-kind, CVA, as well as livelihoods and capacity strengthening, to ensure the most vulnerable populations are assisted in a safe manner, including those of girls, boys, pregnant and lactating women, the elderly and people living with disabilities. Through mechanisms such as focus groups and strong feedback and complaints mechanisms, interventions will be designed, delivered, and monitored with the engagement and participation of women, men, girls, and boys from different social and indigenous groups.

An integrated response

With a wide spectrum of programmatic approaches, Food Security partners have outlined links across sectors as key to their success, including, among others, with the WASH Sector for the prevention of malnutrition and other diseases through clean water provision; the Nutrition Sector to address specific food and nutrition needs of the most nutritionally vulnerable, including households with identified cases of malnutrition; and the Education Sector by means of school feeding. Similarly, protection concerns including GBV (heightened risk during periods of food shortages and increased food insecurity) are emphasized in-line with the diversity of risks facing target populations according to age and gender, prompting the Sector to support the institution of effective accountability to affected populations, including feedback mechanisms, and the collection of disaggregated data.



HEALTH

© OIM / Diego González / Cúcuta, Colombia

PEOPLE IN NEED

5.19 M



↑ 35.3 % ↑ 14.9 % ↑ 34.2 % ↑ 15.6 %

PEOPLE TARGETED

1.80 M



↑ 40.4 % ↑ 18.2 % ↑ 28.3 % ↑ 13.1 %

TOTAL REQUIREMENTS

\$213 M



RMRP PARTNERS

74



SECTOR LEADS

UNAIDS-WHO/PAHO

HEALTH

PRIORITY NEEDS

Amongst the key challenges identified by the Health Sector are the barriers preventing refugees and migrants from Venezuela from accessing essential health services, which are often related to their regular status and frequently result in the exclusion from comprehensive healthcare coverage. Other barriers in the region relate to language issues in non-Spanish speaking countries when coming into contact with health services.

Taking into account the information from joint needs assessment conducted at country-levels on countries about the health needs of refugees and migrants from Venezuela, the Health Sector has identified we can identify the following specific priority needs:

Venezuelans face challenges in accessing medical diagnostic services and treatments for cancer and non-communicable diseases which need more complex or longer-term care at the secondary, tertiary and specialised healthcare levels. Timely and adequate medical care and access to treatment for refugees and migrants from Venezuela is a priority for reducing the risk of mortality and complications associated with such diseases; the same applies to access to medicines and continuity of medical follow-up in these communities. Amongst refugees and migrants from Venezuela, vulnerable groups such as children and adolescents, pregnant women, the elderly, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) persons, indigenous people, afro-descendants, and persons with special needs require systematic adequate access to healthcare, including emergency obstetric and newborn care, safe childbirths, emergency care, clinical management of sexual violence, care for survivors of GBV, as well as MHPSS.

The COVID-19 pandemic and the measures adopted by some governments, including economic lockdowns, resulted in reduced operations of primary healthcare in some places, affecting the access to basic public health programs, such as vaccinations, treatment for Tuberculosis and/or HIV/AIDS, sexual and reproductive healthcare including family planning, among others. In this sense, it is necessary to resume non-COVID-19-related support interventions for refugees and migrants and their access to basic healthcare in order to ensure that they meet annual vaccination schedules and to access medicines and medical supplies for their specific needs. An increasing number of refugees and migrants from Venezuela in irregular situations have lost access to some of these services and need to be fully included in national health responses.

Potential recurrences of outbreaks of COVID-19 would be a significant challenge for national health systems across the region in 2021. Moreover, they may endanger sustained access to public healthcare for refugees and migrants. As such, it is necessary to reinforce

national frameworks to provide refugees and migrants with full access to emergency and critical care services and include them in public health measures and policies, such as information and vaccination campaigns. There is a critical lack of data on health conditions and healthcare that Venezuelan refugees and migrants receive especially while in transit and the needs of refugees and migrants from Venezuela are often not captured in assessments conducted to inform public health policies. Therefore, improving sectoral information management is a priority.

In a survey conducted by an R4V partner in April 2020, 61 per cent of people identified as migrants living with HIV, indicated that they did not know of organizations or institutions they could turn to for information for help and 69 per cent did not know where to go in case of an emergency, including violence or discrimination for living with HIV/AIDS.³¹ In line with this, the Regional Health Sector has identified the exchange of information, community empowerment and awareness raising regarding the promotion of health as urgent priorities for the RMRP 2021.

RESPONSE STRATEGY

The regional Sector will develop technical guidelines to help countries achieve sectoral objectives and share good practices to improve interventions by R4V partners in coordination with ministries of health (MoH) in the concerned countries. Health interventions under the RMRP 2021 will respond to the health-related needs of targeted refugees, migrants and affected host communities with a particular focus on short- and medium-term health promotion and interventions, while keeping a focus on vulnerable groups such as children, adolescents, women of reproductive age, pregnant women, the elderly, LGBTQI+ persons, indigenous people, persons with specific needs, as well as refugees and migrants in irregular situations.

The Health Sector's overall objectives are to:

- I. Improve the access to healthcare services and commodities at every care level, including access to specialized care, during the transit and stay of refugees and migrants, whilst considering needs from a gender, age, ethnicity, diversity and language perspective.
- II. Strengthen international and national frameworks, such as policies and plans, to ensure greater protection of the health of refugees and migrants, especially in face of highly complex health conditions and new outbreaks of COVID-19 and other health emergencies, taking into account priority groups, in line with the vulnerability criteria noted above.

The following key strategies will be implemented by the Health Sector at national levels with support of the regional Sector:

1. Support for the coordination with, and direct support to national authorities by R4V partners, including in the form of management and exchange of information (disaggregated by sex, origin, ethnicity and age) and support to joint needs assessments to be carried out in close coordination with MoHs and National Platforms that take into account gender, age and intercultural dimensions or other national organizations.
2. Support for cross-border and regional health coordination and cooperation between national authorities with the support of R4V partners for the implementation of health interventions for people in transit, as well as for the preparedness, response and recovery with respect to new COVID-19 outbreaks and other health emergencies, as well as any potential vaccination programs against the Coronavirus.
3. Support for strengthening community participation and promoting the involvement and engagement of host communities in the response, including to guarantee equal access to the right to health without discrimination.

31. UNAIDS survey: <http://onusidalac.org/1/images/resultados-cuestionario-new.pdf>



HUMANITARIAN TRANSPORTATION

© WFP / Ana Buitrón / Ecuador

PEOPLE IN NEED

118 K

↑ 30.8 % ↑ 17.1 % ↑ 33.8 % ↑ 18.3 %



PEOPLE TARGETED

64.5 K

↑ 31.3 % ↑ 16.8 % ↑ 34.5 % ↑ 17.4 %



TOTAL REQUIREMENTS

\$10.9 M



RMRP PARTNERS

16



SECTOR LEADS

IOM-NRC-UNHCR

HUMANITARIAN TRANSPORTATION

PRIORITY NEEDS

Movements of refugees and migrants from Venezuela in the region are expected to continue in 2021, whether they relate to persons transiting through host countries, undertaking pendular movements to and from Venezuela, or traveling towards a destination country with intention to stay. Since March 2020, with the onset of the COVID-19 pandemic, many regular movements were halted due to the closures of borders and movement restrictions. Since August 2020, many countries in the region gradually began reopening their borders and relaxing travel restrictions, impacting on refugees and migrants keen to recommence their movements. In Colombia, for example, it is estimated that 153,000 people in transit are likely to require inter-municipal, departmental or border-to-border transportation to safely continue their journey in 2021.³²

As many refugees and migrants from Venezuela lack the financial means to pay for safe transport, and in view of growing levels of destitution resulting from the severe impacts of the COVID-19 pandemic, an increasing number resort to irregular and high-risk forms of travel, such as walking, where the risks of exposure to various forms of GBV, human trafficking or smuggling exacerbates their already desperate situation. Moreover, in order to gain the financial means to pursue their voyage, it is reported that some women are resorting to survival sex.³³

Once in-destination or while staying temporarily in a given location, many refugees and migrants from Venezuela need to move within or in-between cities, districts or provinces in order to access e.g. protection and health services, the labour market or basic goods. In a situation in which refugees or migrants cannot afford such travel due to a lack of financial capacity they may not be able to access these goods and services, or may not be able to find employment or seek regularization and documentation services. This exacerbates the vulnerability of refugees and migrants - especially pregnant and lactating women, persons with disabilities or serious health conditions, and the elderly - exposes them to increasing health and protection risks.

32. Conclusions from the GIFMM planning sessions for the RMRP 2021

33. Principales consideraciones sobre la situación de riesgos de violencia de género en contra de las mujeres y niñas refugiadas y migrantes de Venezuela, con especial énfasis en el período entre marzo y agosto de 2020, R4V, sept. 2020

RESPONSE STRATEGY

Scope of the sector response:

The programmatic focus of the Humanitarian Transportation response is to provide the most vulnerable refugees and migrants from Venezuela with border-to-border³⁴, internal and day-to-day transportation assistance in a safe, humane and dignified manner, within host countries, whilst ensuring that the following three objectives are met: The first is that of **protection**, which includes support to the mitigation of the risks of human trafficking and smuggling and GBV, particularly among women, girls and persons of diverse gender identities and sexual orientation. This also includes transportation support to facilitate access to protection services. The second objective is for **integration**, by supporting refugees and migrants to travel to their destination, for family reunification particularly for unaccompanied and separated children (UASC), and to access to the labour market to seek employment. The third objective is to facilitate **access to basic goods and services** through transport assistance for those who otherwise cannot physically access e.g. food, non-food items (NFIs), healthcare, and psychosocial support.

The Sector response will be implemented across 11 countries: Brazil, Chile, Colombia, Ecuador, Guyana, Mexico, Peru and all four countries of the Southern Cone. Most of the funds requested for 2021 are for internal transportation activities (around 80 per cent), compared to around 20 per cent for daily transport and 5 per cent for border-to-border transportation. This indicates that there is a growing need for transportation assistance among those intending to settle and integrate into their host countries. In the case that movement restrictions are reintroduced in 2021 if there is a second wave of COVID-19 in the region, transportation activities will be suspended again.

Response priorities:

The first response priority is to provide **border-to-border transportation** assistance for persons in-transit, meaning primarily the provision of in-kind transport in the form of vehicles arranged by R4V partners to transport people from one border within a host country to another border, to facilitate onward travel. For example, buses are arranged in Ecuador from the border with Colombia to the border with Peru, to facilitate onward travel to Peru. The second response priority is to provide **internal transportation** assistance for instance between a border and an internal location within a host country or between provinces to facilitate integration. The most significant example of this is found in Brazil's interiorization programme, whereby refugees and migrants are provided with transportation from the Roraima or Amazonas State towards other states of Brazil to facilitate integration and to prevent overburdening of the states bordering Venezuela where most refugees and migrants first arrive. The third response priority is the provision of assistance for **day-to-day local transport** at the city or municipality level to facilitate access to basic goods and services for the most vulnerable, as

well as access to protection services and to the labour market. For example, the provision of travel assistance for a person with disabilities to reach a health clinic within their host community for medical attention.

Integrated response approaches:

As highlighted above, there exists an inter-sectoral complementarity between the Humanitarian Transportation, **Human Trafficking and Smuggling and GBV** Sectors/Sub-sectors, as interventions of the former aim to reduce the protection risks that the latter two represent. Additionally, information and awareness raising activities on human trafficking and GBV will be conducted in transport terminals and onboard vehicles. Under the assumption that the COVID-19 pandemic will continue to impact the region in 2021, it will be necessary to prioritize the prevention of the spread of the virus throughout the Sector's response. Therefore, the regional Humanitarian Transportation Sector plans to collaborate closely with the **WASH** and **Health** Sectors to ensure that refugees and migrants receiving in-kind transport assistance are provided with face coverings, alcoholic hand gel and handwashing facilities at transport terminals and aboard vehicles and have their temperature checked before boarding. In collaboration with the regional **Environment** focal point, additional methods have been identified to reduce the environmental impact of the response, including contracting waste management services or organising the cleaning of transport hubs and prioritising the least polluting vehicles in tenders for transport services.

Response modalities:

The main response modalities for the Humanitarian Transportation Sector will be in-kind transport services and cash and voucher assistance towards public transport services. Collaboration with the regional Cash Working Group will add value to the response and improve the cost-efficiency of transport interventions.

Good programming/collective accountability considerations

In order to prioritize considerations for AAP, the Humanitarian Transportation Sector has included in its strategy consultations with the affected population to understand their main transportation-related needs and how to best respond to them from their own perspective, as well as the opportunity to provide feedback on transportation services provided, for example through a survey with people on board vehicles upon arrival at their destination to learn about their perspectives on their travel. This in turn can inform future programming and adapt interventions during the implementation phase. Regarding the Protection from Sexual Exploitation and Abuse (PSEA), the regional strategy includes the implementation of risk assessments, led by the PSEA Community of Practice, to identify points in which refugees and migrants may be vulnerable to SEA while benefitting from transport services. In response, the Sector will ensure that the risk is reduced at these points through awareness-raising, training partners in PSEA and establishing complaint mechanisms.

34. In line with the position of the Regional Platform, this type of intervention does not aim to facilitate returns to Venezuela.



INTEGRATION

© UNFPA / Ecuador

PEOPLE IN NEED

6.37 M

↑ 36.1% ↑ 14.3% ↑ 35.0% ↑ 14.6%



PEOPLE TARGETED

658 K

↑ 47.6% ↑ 4.80% ↑ 42.7% ↑ 4.90%



TOTAL REQUIREMENTS

\$265 M



RMRP PARTNERS

97



SECTOR LEADS

ILO-IOM

INTEGRATION

PRIORITY NEEDS

The Regional Integration Sector, based on consultations with National and Sub-regional Integration Sectors, and in line with priorities highlighted in the Quito Process, has identified three priority socio-economic integration needs for refugees and migrants from Venezuela. The first need relates to **regularization processes**³⁵ and its linkages to those that promote integration. Regular status and documentation were reported as the main concerns by refugees and migrants from Venezuela,³⁶ and largely impact access to the formal labour market and essential services. During crises such as COVID-19, those in an irregular situation are often excluded from national responses and social security systems, further impeding their recovery and long-term integration.

The second need focuses on access to **livelihood opportunities**, in particular for women and youth. Barriers include local languages in some countries (e.g. Brazil and the Caribbean), costly and bureaucratic processes for the recognition of professional titles, degrees and qualifications, lack of childcare services that would enable parents to work, inability to access financial services, discrimination, limited (self-) employment opportunities, or lack of awareness by employers of labour rights and recruitment processes concerning Venezuelan refugees and migrants.³⁷

The third need is related to **social cohesion** between refugees and migrants and their host communities. The long-term presence of refugees and migrants from Venezuela, coupled with limited employment opportunities and increasing pressures on essential services and the environment, as well as the spread of false information (particularly on social media), have contributed to increasing xenophobia and discrimination, including gender discrimination faced by women and LGBTIQ+ people. This has worsened with the pandemic, where some perceive foreigners as possible spreaders of the virus³⁸ and competitors over decreasing employment opportunities.³⁹

35. Note that in terms of access to regularization processes and documentation, this is being addressed by the Protection Sector. Please see corresponding discussion in chapter of the Regional Protection Sector.

36. Based on DTM 2019 reports across 11 countries in Latin America and the Caribbean, 38% of survey respondents indicated that migration status and relevant legal documents as their main concern.

37. Based on inputs from national sector leads as well as the "Regional Strategy for the Socio-Economic Integration of Refugees and Migrants from Venezuela and their Host Communities."

38. IOM (2020), "[Combatting Xenophobia is Key to an Effective COVID-19 Recovery](#)"

39. According to the UNSDG "[Policy Brief: The Impact of COVID-19 on Latin America and the Caribbean](#)," the LAC region will experience a 9.1% contraction in its GDP from 2019 to 2020 and it is expected that an additional 18 million persons will be unemployed in the same time period.

RESPONSE STRATEGY

The Integration Sector intends to explore and support **approaches, partnerships and tools** to promote socio-economic integration of refugees and migrants from Venezuela in a gender, age and diversity-responsive manner, while contributing to overall local sustainable development, including through the implementation of the recommendations elaborated in the Sector's "*Regional Strategy for the Socio-Economic Integration of Refugees and Migrants from Venezuela and their Host Communities*." The Sector's response will focus on **promoting socio-economic integration** (during and post-COVID-19) of refugees and migrants from Venezuela and **reducing xenophobia and promoting social cohesion**. The response will focus on those affected economically by the COVID-19 pandemic, in particular those who are a) unemployed or underemployed, b) working in the informal sector, including domestic services, and c) workers not included in social protection systems, with a cross-cutting focus on women, youth, marginalized groups (indigenous people, persons with specific needs, or LGBTQI+ people), GBV survivors and those at risk of GBV or evictions. Response priorities will be tailored to the various socio-economic profiles and the locations' particular contexts (e.g. urban, rural, border area, etc.).

The first response priority aims to link **regularization processes** with others that promote integration, for example by advocating for access to work in the formal sector and to work-related documentation requirements, such as work permits, and *de-facto* access to work by sensitizing relevant actors (e.g. ministries of labor, employment agencies and the private sector) on labour rights and the mechanisms for the recruitment of refugees and migrants. The second response priority aims to facilitate economic recovery and access to **livelihood opportunities** for refugees and migrants from Venezuela by identifying and sharing best practices on easing administrative processes for degree and qualifications recognition, alternatives to the apostille and solutions to address high processing costs. At national level, the Sector will promote financial inclusion by addressing administrative barriers and facilitating linkages with national and international financial and micro-finance institutions, map and advocate for financial services available to refugees and migrants (including green microcredit) and promote financial education. The Sector will advocate for the inclusion of refugees and migrants in social security systems and childcare services. Finally, the Sector will target refugees and migrants to build relevant skills that can facilitate their entry into the formal labour market and/or successfully start their own businesses, based on labour profiles and analysis of labour market

demands, including identifying job opportunities in the green economy. The third response priority will promote **social cohesion**, through campaigns and/or sensitization initiatives that strengthen civic coexistence and cultural exchanges and contribute to eradicating sexualized stereotypes of Venezuelan women and girls. The regional Sector will support conflict-sensitive context analyses and the sharing of best practices and concrete programming examples with National and Sub-regional platforms to promote actions that address the root causes of inter-community tension and xenophobia, such as structural and socio-economic causes, including issues relating to competition over local resources and access to livelihoods opportunities.

The Integration Sector will work closely with the **GBV Sub-sector** to promote the economic empowerment of GBV survivors and mitigate GBV risks that women face searching for income generating activities and with the **Child Protection Sub-sector**, to coordinate on childcare services. The Sector will also collaborate with the **Protection Sector** to coordinate and advocate on regularization and social protection initiatives as well as link livelihood opportunities with the objective of mitigating protection risks, such as evictions and homelessness in pandemic and post-pandemic contexts. The Integration Sector will continue coordinating with the **Cash Working Group** to identify joint activities that can be best delivered through CVA, such as expanding cash transfers to those not included in social protection systems or through cash grants to enable livelihood opportunities, including opportunities to develop environmentally-beneficial entrepreneurship activities.

The Integration Sector will focus on **strengthening the capacities** of local actors, such as local authorities, employment agencies, worker's organizations, the private sector and civil society, in the design and implementation of policies and strategies. Assistance will include technical guidance, material support, and promotion of inter-regional exchanges, dialogues and research. The Sector will equally provide **support to the affected population** to strengthen their self-reliance and resilience, including through tailored and relevant trainings (vocational, technical, soft skills, entrepreneurship, language, etc.), as well as seed capital or material support for business startups. The Integration Sector will focus on **conflict-sensitive approaches** and gender and age-disaggregated **context analysis** (including through relevant data collection and analysis, research, information exchanges) to identify specific opportunities and barriers, in order to ensure adherence to the Do No Harm principle.



NUTRITION

© Tearfund / Colombia

PEOPLE IN NEED

1.14 M

↑ 33.7% ↑ 18.0% ↑ 30.1% ↑ 18.2%



PEOPLE TARGETED

273 K

↑ 42.2% ↑ 24.3% ↑ 12.4% ↑ 21.1%



TOTAL REQUIREMENTS

\$12.2 M



RMRP PARTNERS

13



SECTOR LEAD

UNICEF

NUTRITION

PRIORITY NEEDS

The nutrition situation of refugee and migrant children remains an issue of concern, in particular acute malnutrition, as shown by nutritional screenings of refugee and migrant children under the age of five in 2019-2020 in Brazil⁴⁰, Ecuador⁴¹, and Peru⁴². This situation has been exacerbated by the COVID-19 crisis and will most likely continue in the years to come, putting refugees and migrants at higher risk of nutritional deficiencies. As a matter of fact, an increase in malnutrition cases may be expected in 2021 as a result of the pandemic, mainly due to the deterioration of the level of food security among refugees and migrants (in particular access to diverse foods in sufficient quantity) and the limited access to health and nutrition services to prevent and treat undernutrition, due to disruption of health services by isolation measures and the avoidance of visiting a healthcare facility due to the fear of contracting COVID-19.

RESPONSE STRATEGY

Scope of the sector response:

Addressing the needs of the most nutritionally vulnerable, namely children under the age of five (in particular of children under the age of two), and pregnant and lactating women will be at the core of the nutrition response in the region, particularly in areas with a high number of refugees and migrants from Venezuela.

Response priorities

At regional level, the main response priorities are:

- Provision of technical support and guidance to National and Sub-regional Platforms in the implementation, monitoring and reporting of response activities at the country level
- Capacity development of National and Sub-regional Platforms in key sectoral topics
- Facilitation of knowledge sharing and exchange of countries' experiences, lessons learnt and best practices

40. R4V (July 2020) Brasil: Principais ações realizadas e prioridades para o Setor de Nutrição no contexto da crise migratória venezuelana. Available at: <https://data2.unhcr.org/es/documents/details/78575>

41. See for more detail the nutrition sector discussion within the Ecuador country chapter below.

42. Vargas-Machuca, R., Rojas-Davila, C. E., Jimenez, M. M., Piscocoy-Magallanes, C. R., Razuri, H., & Ugaz, M. E. (2019). Nutritional Situation of Venezuelan Migrant Children Upon Entry into Peru and The Actions Taken to Protect Their Health and Nutrition. Revista Peruana de Medicina Experimental y Salud Pública, 36(3), 504-510. Available at: <https://pubmed.ncbi.nlm.nih.gov/31800946/>

At the country level, main priorities are:

- Prevention of malnutrition in vulnerable groups through: infant and young child feeding counseling, targeting caregivers of children aged 6-23 months (focusing on appropriate breastfeeding and complementary feeding practices); micronutrient supplementation for children under the age of five, to fortify foods when these are not sufficiently nutritionally diversified; and promotion of an adequate diet in pregnant and lactating women and provision of micronutrient supplementation (iron and folic acid).
- Identification and treatment of acute malnutrition: screening refugee and migrant children under the age of five to monitor their nutritional status and identify cases of acute malnutrition, and referral of identified cases to adequate treatment and follow-up until nutritional recovery.

Adapting these activities to the COVID-19 context according to global guidelines⁴³ will be key to avoid contamination risks. This will include the introduction of programmatic changes or adaptations to ensure the continuity and safety of prevention and treatment services.

Integrated response approaches:

Coordination with the Health Sector will be pursued to ensure access to essential nutrition services, while coordination with the Food Security Sector will ensure that specific nutrition needs of vulnerable groups, in particular children, pregnant and lactating women, people with chronic conditions and the elderly, are taken into account in food assistance. Coordination with the Water, Sanitation and Hygiene (WASH) Sector will be done to guarantee quality drinking water, basic sanitation and promote food hygiene practices.

Response modalities:

The Nutrition Sector will mainly work through three modalities. Firstly, support to strengthen local nutrition services and capacities of community-based actors, health actors, R4V partners and local entities to ensure that the needs of refugees, migrants and the affected host community are met. Advocacy to ensure continuity of essential nutrition services will be required. Secondly, provision of supplies for the prevention and treatment of malnutrition (multiple micronutrient powders for children under the age of five, micronutrient supplements for pregnant and lactating woman, ready-to-use therapeutic food to treat acute malnutrition). Finally, through social and behavior change communication/awareness raising to promote healthy dietary practices/healthy diets, including feeding of children under the age of two, using local foods.

Good programming/collective accountability considerations:

Communication with National and Sub-regional Platforms, Sectors and Working Groups will permit the identification of lessons learnt from nutrition responses in the contexts of migration and COVID-19. Support regarding AAP will be provided to National and Sub-regional Platforms to ensure feedback and accountability mechanisms are integrated into country activities.

43. WHO and UNICEF. 2020. Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months through National Health Systems in the Context of COVID-19. Available at: <https://www.nutritioncluster.net/node/19161>



PROTECTION

© Profamilia / Colombia

PEOPLE IN NEED

5.63 M

↑ 34.8 % ↑ 15.5 % ↑ 33.7 % ↑ 16.0 %



PEOPLE TARGETED

1.29 M

↑ 43.2 % ↑ 11.6 % ↑ 33.6 % ↑ 11.6 %



TOTAL REQUIREMENTS

\$142 M



RMRP PARTNERS

86



SECTOR LEADS

HIAS-UNHCR

PROTECTION

PRIORITY NEEDS

The adverse socio-economic effects of the COVID-19 pandemic and relating governmental mitigation measures have increased protection risks for refugees and migrants from Venezuela, with a disproportionate impact on vulnerable groups. Limited access to territory, as a result of border closures, has posed additional challenges to the identification of those in need of protection, while access to asylum and regular stay arrangements have been disrupted by the suspension of asylum and migration regularization and visa systems.

In this context, people who are lacking or are unable to access services and socio-economic opportunities are exposed to various forms of violence, including GBV, human rights violations, and erosion social cohesion. Women-headed households, children, including unaccompanied and separated children (UASC), the elderly, youth, people with disabilities and indigenous people are among the most vulnerable groups, facing even higher risks, and in need of tailored services. The Sector has also identified threats to physical and mental well-being and denial of basic housing rights as critical risks affecting refugees and migrants during the pandemic.

Lack of documentation remains the most pressing protection concern for refugees and migrants in the region, especially for those living in countries without asylum systems or alternative regular stay pathways in place. These refugees and migrants are unable to access basic rights and have limited access to formal and stable employment opportunities.

With compounded effects due to the limited access to economic and social rights, people's exposure to protection threats has increased as they seek limited resources with some at risk of involvement in illicit activities, child labour, street begging, basic needs deprivation, survival sex, among others.

Refugees and migrants continue to be affected by restrictive access to some countries due to visa requirements and have become more affected due to COVID-19 related measures such as border closures and movement restrictions. Thus, it is expected that a steadily growing number of refugees and migrants will enter host countries through non-official crossings and/or by paying smugglers for their illicit services, increasing protection risks along the route.

Governments' protection capacities continue to be severely tested, while the ongoing pandemic and the economic crisis have profoundly impacted community-based social and resilience capacities. Most national protection mechanisms in the region do not include refugees and migrants, particularly those without proper documentation, in policies or plans reducing the opportunities to obtain access to legal remedies and social services.

RESPONSE STRATEGY

Scope of the response:

The Regional Protection Sector will continue to work in coordination with all three Sub-sectors and the Support Spaces Working Group, regional organizations, and national Protection Sectors, to consolidate a regional protection- and solutions-oriented strategic response that addresses the protection needs prioritized through the consultation process for the RMRP 2021. The sector will increase participation from refugees and migrants and host communities and promote efficient use of available resources, strengthening national systems and responses.

Response priorities:

As a result of a consultative process involving national sectors and its regional members⁴⁴, the Regional Protection Sector will be guided by the following strategic priorities:

1. Enhancing border monitoring activities to uphold the access/quality of asylum for Venezuelans in the region, to ensure adherence to the non-refoulement principle, and compliance with other fundamental international and regional human rights standards by enhancing the identification and referral of cases in need of protection and supporting asylum system in expediting the adjudication of asylum claims.
2. Strengthen states' regularization and regular stay arrangements with protection safeguards as well as access to birth registration/nationality and documentation as key measures to guarantee access to basic rights and specialized national protection systems, including to prepare for a gradual lifting of the measures in place (including ensuring protection safeguards for re-entries⁴⁵) or a reversal in the lifting due to resurgence of the pandemic;
3. Promote the inclusion of refugees and migrants in national protection systems and mechanisms/ public policies/legal and institutional frameworks to guarantee durable solutions; focusing on access to housing, livelihoods, social assistance and protection services, including by enhancing the Supports Spaces network;
4. Support multi-stakeholder and coordinated efforts to mitigate the disproportionate impacts of at heightened-risk population groups, promoting compliance with standards, good practices exchange and prioritization of criteria across national legal frameworks guaranteeing effective participation of refugees and migrants with special consideration of most affected groups (women, children, indigenous, persons with disabilities, LGBTIQ+ persons, evicted persons, persons living with HIV/AIDS, persons affected by mental health issues) and taking into

account the needs of the host communities. Support efforts to ensure the civil registration and appropriate documentation and access to nationality. Ensuring legal orientations and representation on asylum, access to documentation, regularization, birth registration and nationality documentation, access to justice and national protection mechanisms;

5. Improve the collection and analysis of disaggregated data to identify protection risks/measures, ensuring protection safeguards and regional coherence leveraging technical expertise and capacities for improved protection response linked to impacts of the COVID-19 measures;
6. Provide capacity building to regional sub-sectors, national sectors and regional organizations in key thematic areas (e.g. evictions, referral systems, protection alternatives, etc.);
7. Maintain advocacy efforts to make visible emergent protection risks, impacts, most affected populations engaging key actors and a sustained allocation of resources.

Integrated, equitable and inclusive response approaches:

Key protection needs will be addressed in a coordinated manner seeking multisectoral approaches to improve impact and response and considering the needs of the host communities (Shelter, Integration, CVA, Communicating with Communities).

Response modalities:

The Regional Protection Sector will continue to provide technical guidance on protection/assistance services; it will improve its regional capacity building on specific thematic areas (evictions, double affectation⁴⁶, international protection, differential approaches, etc.) in coordination with the Sub-sectors and the Support Spaces Working Group to consolidate regional capacities and improved technical support to national authorities, sector members and other key actors. Regional advocacy will contribute to bring visibility to specific impacts (e.g. double affectation, indigenous situation, disproportionate impact on groups with specific needs) by consolidating protection strategies with key stakeholders such as the Organization of American States (OAS), Inter-American Commission on Human Rights (IACHR), academia and authorities engaged in the Quito Process. Technical support will be provided to those countries and national/ sub-regional sectors with less operational capacity in protection and throughout the design of adjusted operational response and advocacy strategies.

44. Results from the Regional Protection Sector survey to members (July 29th to August 3rd 2020): [LINK](#)

45. Re-entries refers to refugees and migrants from Venezuela that might have returned to a country of transit/destination/asylum during the pandemic, once some measures were more flexible and/or the economy in said country was reactivated. Despite lack of concrete data on re-entries (besides Colombia), concerns regarding protection safeguards have become key for the Regional Protection Sector response.

46. Term referred to refugees and migrants from Venezuela that could have impacts linked to additional contexts during their movements linked to, for example, natural disasters or armed conflict in countries of transit and/or asylum

Good programming/collective accountability considerations:

Critical links between PSEA and the Protection Sector will be established. PSEA will be included in the Regional Sector TORs and active participation in the work plan will be promoted. Environmental impacts will also be surveilled to identify more efficient solutions in

coordination with other Sectors. AAP will be at the center of the Sector's response in 2021 by setting community-based mechanisms through local leaders or animators to guarantee participation and inclusion, communication and transparency, feedback and response with an age, gender, and diversity approach. Strengthening regional initiatives such as the Support Spaces network will be prioritized.



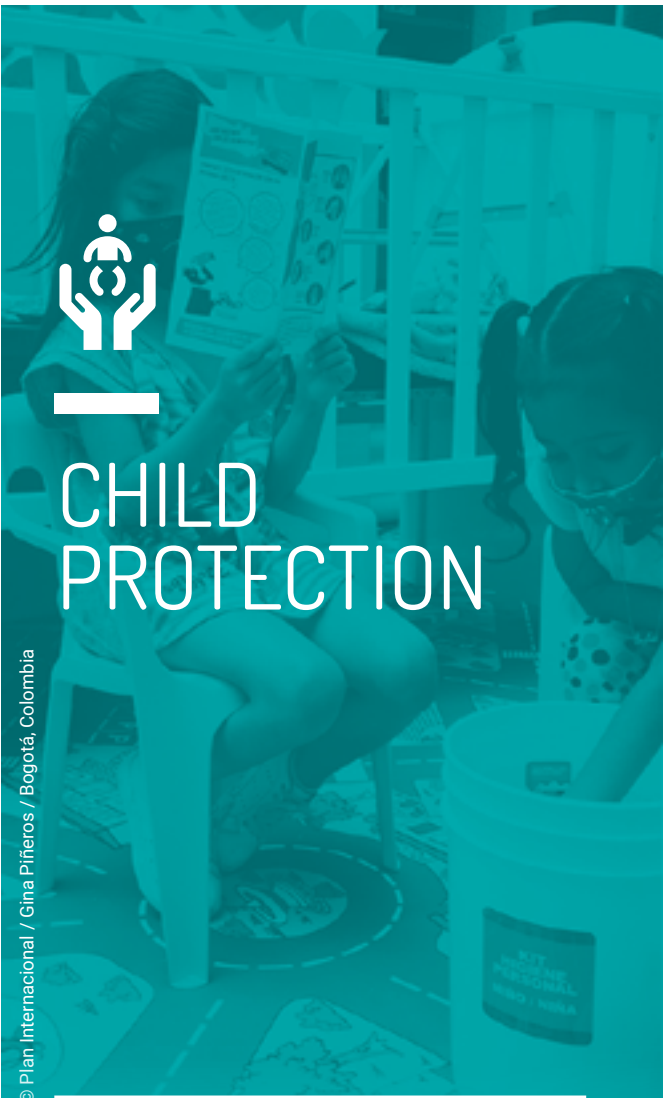
SUPPORT SPACES

The Support Spaces Working Group is an inter-agency initiative of the R4V Platform to promote a coordinated network of 168 spaces in seven countries⁴⁷ (Colombia, Ecuador, Peru, Chile, Brazil, Argentina and Bolivia) where refugees and migrants from Venezuela can receive information, orientation, and basic services that respond to their urgent needs. In 2020, the challenges for refugees and migrants increased exponentially due to the COVID-19 pandemic and the deteriorating conditions at borders and in host countries. Support Spaces played a crucial role in guaranteeing access to information on rights, essential and specialized services and assistance, adapting their work to remote and virtual attention. Implementation is coordinated with a wide range of actors including civil society, faith-based organizations, grassroots organizations and community networks, national and local governments and UN agencies, among others. In 2021, the strategic priorities of the R4V Support Spaces network under the Protection Sector will focus on:

1. Strengthening access to in-person, remote and virtual service provision and improving the quality of services for refugees and migrants at border crossings, along the routes and in urban areas in the region. Reinforcing the identification and referral of persons with specific needs and adapting the service provision to respond to emerging needs as a result of the pandemic (e.g. health, nutrition, evictions, GBV and trafficking, among others). Expanding coverage to key locations and other countries of the Venezuela response in coordination with National and Sub-regional Platforms.
2. Updating the regional Support Spaces toolkit and monitoring its implementation. All tools and materials incorporate an age, gender and diversity approach. Coordination with all Platforms and Sectors is essential to guarantee that protection mainstreaming is effectively implemented in all the sectoral activities.
3. Promoting the strengthening of the community-based protection approach, including working closely with community networks and community structures which will be key in the reopening of Support Spaces and during the post-pandemic period. The focus will be in the development of operational guidance for National and Sub-regional Platforms, which are fundamental for sustainability, building social cohesion to mitigate and combat increasing numbers of incidents of discrimination and xenophobia and to facilitate integration processes with the communities.
4. Ensuring that communication with communities is enhanced through a multifunctional approach with the CwC/C4D and Communications Working Groups. Refugees and migrants from Venezuela receive updated, useful and accessible information that responds to their needs, improving digital platforms such as the R4V regional Service Mapping tool⁴⁸
5. Strengthening community complaints and feedback mechanisms, committed to PSEA and reinforcing overall AAP. Monitoring and implementation of the Support Spaces network will be prioritized, identifying lessons-learned and good practices in the region.
6. Enhancing the coordination and advocacy with regional and multi-sectoral processes, including the Quito Process.

47. Support Spaces are currently implemented in seven countries of the region; however, the implementation is not limited to that, and aims to continue expanding to more countries in 2021.

48. Available at: <https://espacios.r4v.info/es/map>.



© Plan Internacional / Gina Piñeros / Bogotá, Colombia



CHILD PROTECTION

PEOPLE IN NEED

1.70 M



↑ 11.9 % ↑ 41.5 % ↑ 8.40 % ↑ 38.2 %

PEOPLE TARGETED

349 K



↑ 10.2 % ↑ 42.4 % ↑ 7.10 % ↑ 40.3 %

TOTAL REQUIREMENTS

\$42.9 M



RMRP PARTNERS

43



SUB-SECTOR LEADS

UNICEF-WORLD VISION

CHILD PROTECTION

PRIORITY NEEDS

Refugee and migrant children and adolescents from Venezuela face many challenges in transit and in destination due to the lack of safe pathways for them and their families. Based on the high prevalence of irregular status across the region, which may be aggravated by factors related to ethnicity, gender and disability⁴⁹, they are highly vulnerable and often encounter different forms of violence, abuse, and neglect, including recruitment by irregular armed groups, labour and sexual exploitation, while also being at heightened risk of GBV, human trafficking, smuggling, and discrimination.⁵⁰ In this context, girls face additional risks, such as sexual violence and GBV, which have become systematic mechanisms of oppression and coercion.⁵¹

Girls and boys with particular vulnerabilities include: those outside the educational system, who lack its protective environment and are therefore exposed to child labour, forced recruitment, or exploitation through survival sex as a means of contributing to household incomes; children who experienced traumatic events before or during their displacement, such as sexual violence; children who are chronically ill and those with disabilities; children who take care of family members or who are heads of households; children from households “trapped” in borderland regions with limited livelihood options, especially boys and girls of single-headed households, and those with many small children; children whose families have been evicted or are living on the street; and unaccompanied or separated children (UASC).⁵²

2020 was marked by the global COVID-19 pandemic, which dramatically challenged countries’ healthcare and social welfare systems and sorely compounded the situation of already vulnerable groups. Venezuelan refugee and migrant children are among the most-affected by the socioeconomic implications of the pandemic. It is estimated that due to the impact of COVID-19 every third Venezuelan refugee and migrant child goes to sleep hungry, 63 per cent are not studying, every fourth child is separated from both parents and there is an overall increase in xenophobia towards Venezuelan refugees and migrants, also affecting children.⁵³

49. https://www.unicef.org/lac/media/14396/file/Nota_tecnica_regularizacion_migratoria_y_derechos_nna.pdf

50. Office of the High Commissioner for Human Rights, Input from a child rights perspective to the United Nations High-level Political Forum on Sustainable Development Empowering people, ensuring inclusiveness and equality, OHCHR, July 2019, p.6

51. <https://plan-international.org/blog/2019/12/migrant-girls-and-adolescents-require-special-attention>

52. https://www.savethechildren.org.co/sites/savethechildren.org.co/files/resources/STC_Venezuela%20FINAL%20web%20ESP%20290719ultimaaprobada.pdf

53. *Migration and COVID-19: Venezuelan children between a rock and a hard place*, World Vision International, June 2020

RESPONSE STRATEGY

To give continuity to activities of 2020 and to address new challenges, in consultation with national Sub-sectors, regional Sub-sector partners and affected populations, the following objectives have been set for the Child Protection Sub-Sector in 2021:

1. Support the provision of assistance and specialized services to protect refugee and migrant children and adolescents according to their needs and in coordination with national authorities, especially in response to COVID-19.
2. Strengthen the capacities of the different stakeholders (governments, non-governmental organizations (NGOs), international and community-based organizations, and civil society) at the regional, national and local levels, in order to improve and establish guidelines and legislation for an articulated inter-institutional coordination, and to enhance the access to child protection services, including access to national child protection mechanisms, to justice, international protection and fundamental rights, integrating gender, ethnic and intersectoral approaches.
3. Advocate at national and regional levels to enhance access to rights and protection of children, adolescents and their families, while sensitizing and disseminating coherent information among populations to ensure their safety and protection, considering gender, ethnic, and diversity approaches.

Scope of the Sub-sector response:

At the regional level, the Sub-sector will provide ongoing support to all Platforms to ensure high quality, coordinated, and gender, age and ethnically appropriate, protection, psychosocial and legal services are available for children and adolescents. These will be sensitive to refugee and migrant children's and adolescents' needs, considering the increasing risks associated with COVID-19.

Response priorities:

The Child Protection Sub-sector objectives for 2021 embrace the regional Protection Sector priorities, contributing and supporting all of them, ensuring that child protection risk factors are understood and integrated into social protection programs with the aim of preventing and mitigating violence against children, exploitation, family separation, and GBV. Child protection activities will aim to increase the capacity of child protection actors and strengthen protection mechanisms in prevention, mitigation and response, supporting the strengthening of national child protection systems considering population needs and the COVID-19 context, especially regarding UASC. Tools and capacities will be developed for addressing mental health and strengthening psychosocial support and learning among organizations who are working to strengthen alternative care, access to justice, safe return to learning or schools. Other specialized services, such as appropriate GBV services, will be promoted, with a

special focus on the needs of the adolescent population. Advocacy activities will be implemented, research and awareness-raising conducted on key issues affecting child protection, including evictions, returns, access to the territory, status regularization, alternative stay arrangements, access to asylum, access to birth registration and documentation, and the response to particularly vulnerable populations, while guaranteeing the quality of services and differentiated services based on conditions and needs. Finally, mechanisms will be promoted to solicit feedback from children on their perspectives, needs and opinions in order to strengthen child protection systems and services.

Integrated response approaches:


The Sub-sector will continue working in close coordination with the Protection Sector, its other Sub-sectors and the Support Spaces Working Group in order to generate protection strategies with a comprehensive vision and pertinent to the needs of refugee and migrant children and adolescents. In addition, coordination with other Sectors such as Education, Health (concerning the COVID-19 response), Integration, and the Communicating with Communities (CwC) and Cash Working Groups, to enhance the comprehensive integration of child protection in other Sectors to effectively achieve common goals with gender, ethnic, age, and cultural approaches. Also, the Sub-sector will support the Quito Process to promote child protection outcomes and to continue strengthening national capacities for child protection systems.

Response modalities:

The Sub-sector will continue fostering learning and experience-sharing with its partners while building a vibrant online community with child protection resources in a dedicated virtual space. The regional Sub-sector will support national Sub-sectors and their partners in the development of child protection activities and strategies in prevention, mitigation, and response child protection needs, while effectively engaging with regional initiatives such as the Support Spaces, using regional tools such as the R4V Service Mapping and the U-Report: *Uniendo Voces*.

Good programming/collective accountability modalities:

The Sub-sector will contribute to the Protection Sector accountability process and, in particular, will promote meaningful and effective engagement and participation of the affected population, especially children, to include their priorities and receive feedback in the entire programme cycle, by promoting child-friendly feedback mechanisms in child protection activities. The Sub-sector will integrate PSEA commitments and will work with the emerging R4V PSEA Community of Practice. The promotion of children and adolescents' participation in the entire programme cycle is one of the axes that the Sub-sector will be supporting in all Platforms.




GBV

© UN Women / Edgar Andrés Beltrán Rubio / Colombia

PEOPLE IN NEED


1.92 M



↑ 55.9 % ↑ 24.6 % ↑ 8.60 % ↑ 10.9 %

PEOPLE TARGETED


163 K



↑ 56.7 % ↑ 11.2 % ↑ 24.7 % ↑ 7.40 %


TOTAL REQUIREMENTS

\$37.9 M



RMRP PARTNERS

54



SUB-SECTOR LEADS **IOM-UNFPA**

GENDER-BASED VIOLENCE

PRIORITY NEEDS

As host countries grapple with the COVID-19 pandemic, reports of GBV have risen across the region.⁵⁴ As GBV is under-reported, it is likely that these reports represent only the tip of the iceberg. The risk of experiencing GBV is also higher for refugees and migrants given that the key forms of violence experienced in humanitarian settings include domestic violence/intimate partner violence (DV/IPV), sexual violence, early and forced marriage, survival sex and sexual exploitation often linked to trafficking. In consultation with regional and national R4V partners, the Regional Sub-sector has identified the following three priority needs:

- 1. GBV survivors face challenges in accessing life-saving and essential services.** To respond to increased needs, accessible, age-appropriate, multi-sectoral services adapted to the COVID-19 context are urgently required. These include health, sexual and reproductive health (SRH), case management, livelihoods, legal, safety/security and psychosocial support services.
- 2. Those most vulnerable to GBV lack economic support/safety nets.** Existing difficulties in accessing formal labour markets have been compounded by the COVID-19-related loss of livelihoods. Refugee and migrant women and youth face risks of evictions and incidents of xenophobia. The most vulnerable, albeit not the majority of the population, have been forced to seek refuge in collective centres and some have returned to their home country. These movements, together with irregular border crossings, often happen through dangerous routes which heightens the risk of GBV. To mitigate exposure to GBV and negative coping strategies, it is necessary to secure access to humanitarian assistance.
- 3. DV and IPV have worsened during the pandemic:** Refugee and migrant women and adolescent girls are not safe at home either, as the escalation of reports have highlighted the continuity and the exacerbation of GBV.⁵⁵ In addition to providing care to survivors, it is necessary to roll out new and/or scale up existing prevention initiatives that address the pre-existing gender inequalities and harmful gender norms that are at the root of GBV.

54. For example, reports of violence against women increased in Colombia by 250 per cent and in Argentina feminicides increased by 25 per cent during lockdown. See [Child Protection Learning Brief # 1](#). August 2020 UNICEF. Taking stock of GBV risks and responses. In addition, Ecuador registered 14,208 GBV incident reports between March and May 2020 and in March and July 2020 which is double the reports as compared to 2019. 78% of GBV incidents against migrants in Colombia affect Venezuelan women (see [Colombian Ministry of Health's GBV Integrated Information System \(SIVIGE\) Specific report](#) for Sep 2020).

55. For information on GBV incidents affecting children, See [Save the Children article](#). Also, see [Care rapid gender analysis](#)

RESPONSE STRATEGY

The Sub-sector will work with stakeholders to identify and support innovative, participatory and collaborative approaches to: 1) address barriers to care and ensure that refugee and migrant survivors⁵⁶ can access quality, coordinated, survivor-centered and age-appropriate GBV response services in a timely manner; 2) support and enhance GBV risk mitigation, increase safety nets and promote longer-term recovery strategies; and 3) prevent GBV by addressing harmful practices and promoting positive masculinity. The response will focus particularly on vulnerable refugees and migrants including women, adolescent girls, LGBTQI+ persons and persons with disabilities. The Sub-sector will support national/sub-regional GBV Sub-sectors to adapt GBV service delivery guidance produced in 2020 to local GBV drivers and patterns and to the needs expressed by survivors and the context. The Sub-sector will monitor GBV trends to better understand the impacts of GBV on refugees and migrants, particularly during the COVID-19 crisis. Specifically, the Sub-sector will equip and support national Sub-sectors to conduct periodic GBV assessments as well as audits of the quality of and access to GBV services. The assessment results will inform advocacy around continuity and quality of care and the design of appropriate, evidence based, multisectoral GBV response interventions that takes into account the voices of at-risk population. The Sub-sector will implement the following initiatives to meet the priority needs:

1. To address barriers to lifesaving and GBV response services, the Sub-sector will promote and support the adaptation of inter-agency referral systems and operational protocols to ensure continuity and integration of GBV services. The Sub-sector will roll out, test and adapt service provision models, guidance and tools that its members developed in 2020. This will enable GBV service providers across the region to improve their programme design processes, organizational infrastructure, staffing, and capacity development plans to provide survivor-centered care through remote/semi-remote modalities as required. Training initiatives and peer-to-peer support for GBV responders will focus on delivering crisis services amidst the COVID-19 context. Specifically, trainings on GBV case management, clinical management of rape, remote psychosocial support for survivors, minimum standards for service provision and empowerment activities for adolescent girls on the move will be delivered to NGOs and government entities providing care for survivors. The sub-sector will also roll out trainings for frontline non-GBV specialists (such as to Support Spaces staff) on how to handle GBV disclosures, provide support and make referrals to GBV services
2. To promote access to economic support/safety nets for those most vulnerable to GBV, it is necessary to work together with other R4V sectors to integrate GBV prevention and mitigation strategies in their activities. Based on lessons learned in 2020, partners will roll out an evidence-based learning package on how to address GBV through cash-based interventions, in collaboration with the Regional Integration Sector and the Regional Cash Working Group. The sub-sector will work with these two groups to design targeted economic empowerment strategies to mitigate the economic impacts of COVID-19, build resilience for future shocks, and ensure that recovery plans are based on gender analyses that address women's roles, needs and work skills, care giving burdens and specific GBV risks. The GBV Subsector will collaborate with the Protection Sector to design measures that advocate against evictions and make available regularization opportunities as a mechanism for populations at risk to access their rights and strengthen protective factors against GBV.
3. To strengthen GBV prevention strategies, the sub-sector will continue to work on communication and educational packages aiming to transform harmful gender norms that give rise to and justify violence, developing skills for healthy relationships and creating improved awareness of GBV. Training packages on engaging men and boys and positive masculinities will also be developed for field level interventions.

56. While the majority of survivors are women and adolescent girls, this category is inclusive of male survivors of sexual violence, child survivors, and at-risk groups like people with diverse gender identity or living with disability.

Overall, the Sub-sector will work closely with the Integration Sector and the Cash Working Group, as well as the Health Sector on the provision of health and MHPSS services for GBV survivors. In addition, the subsector will liaise with the Protection Sector to identify vulnerable groups in need of targeted GBV responses, such as indigenous people, adolescent girls, persons with disabilities, and LGBTQI+ and older persons. This entails joint initiatives with other sub-sectors including Human Trafficking and Smuggling given that a subset of trafficking incidents targeting Venezuelan women are often associated with sexual exploitation.⁵⁷ The Sub-sector will use various response modalities, with a focus on strengthening the capacities of humanitarian actors, in particular of national and sub-regional Sub-sector coordinators, GBV responders/service providers and local authorities.⁵⁸ Such support will include the provision

of technical guidance, design of tools, and promotion of intra-regional exchanges, dialogues and assessments. It will also entail regional GBV trend analysis.

All Sub-sector activities will be carried out based on the principles of safety, confidentiality, respect, non-discrimination and do no harm. In line with collective commitments to accountability, the Sub-sector will integrate the global PSEA commitments, work with the PSEA Community of Practice (CoP) to implement community complaints and feedback mechanisms and identify gaps in GBV services to ensure that services are tailored to meet the needs of SEA survivors, do not stigmatize, isolate or discriminate and do not create disparities between the assistance available for SEA survivors and other GBV survivors.

57. According to [UNODC's Global Report on Trafficking in Persons](https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_BOOK_web_small.pdf), 83 per cent of victims of trafficking in persons suffer sexual exploitation. See: https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTIP_2018_BOOK_web_small.pdf. For more information see also [Trafficking in Persons Report, June 2020, Department of State, United States of America](https://www.state.gov/reports/2020-trafficking-in-persons-report): <https://www.state.gov/reports/2020-trafficking-in-persons-report>.

58. The GBV Sub-sector will continue to work jointly with Child Protection Sub-sector to formulate harmonized responses for child/adolescent survivors and with Human Trafficking and Smuggling Sub-sector to design a response strategy that ensures victims of trafficking for sexual exploitation purposes receive survivor centered care. In addition, coordination with the Support Spaces Working Group will be enhanced in order to strengthen the response at entry points and guarantee prevention, mitigation and response mechanisms are in place.



HUMAN TRAFFICKING & SMUGGLING

© Save the Children / Glenna Gordon / Colombia

PEOPLE IN NEED

504 K

↑ 39.5 % ↑ 12.4 % ↑ 36.0 % ↑ 12.1 %



PEOPLE TARGETED

14.3 K

↑ 45.2 % ↑ 11.1 % ↑ 34.0 % ↑ 9.70 %



TOTAL REQUIREMENTS

\$18.7 M



RMRP PARTNERS

22



SUB-SECTOR LEADS

IOM-UNWOMEN

HUMAN TRAFFICKING AND SMUGGLING

PRIORITY NEEDS:

Human trafficking (HT) and smuggling of migrants (SoM)⁵⁹ 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 have led to an environment where refugees and migrants are abused and exploited, particularly those in irregular situations. The increasing use of dangerous routes and inadequate means of transportation, risks related to lack of regular status or access to regularization, lack of information, loss of income, increase of risks of GBV and discrimination, and limited access to rights and basic services all compound these situations of vulnerability.⁶⁰

The current situation has exacerbated the challenges for the identification, protection and comprehensive assistance of people affected by these crimes, as investigations and prosecutions of the perpetrators, as well as the functioning of coordination and prevention mechanisms, have been equally put on hold and/or been impeded. Women, girls, boys, adolescents, LGBTQI+ persons, indigenous people, afro-descendants, and people with disabilities are particularly vulnerable to trafficking and exploitation as well as to abuse, extortion and violence by smugglers. In addition, online recruitment by transnational criminal networks through the use of digital media has increased significantly in times of COVID-19.⁶¹ Trafficking is frequently detected in sectors such as the garment industry, agriculture and farming, manufacturing, domestic work and the informal sector. Those working in these industries may face even greater exploitation risks due to the need to lower production costs given economic difficulties, as well as due to less regular controls by the authorities.

As part of the Sub-sector's response in 2021, it is necessary to consider increasing risk factors in the context of COVID-19 for both human trafficking and migrant smuggling.⁶²

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

60. See similarly also: DTM: [Vulnerabilidad de las personas venezolanas a la explotación, la trata de personas y la discriminación: https://reliefweb.int/sites/reliefweb.int/files/resources/07092019_dtm_venezuelans_espanol_0.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/07092019_dtm_venezuelans_espanol_0.pdf)

61. [Aggravating Circumstances: How Coronavirus Impacts Human Trafficking](https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf)

62. See also: Impact of the COVID-19 pandemic on trafficking in persons: Preliminary findings and messaging based on rapid stocktaking. https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf

Border closures, and other measures that restrict mobility and can increase dependence on smugglers and illicit groups. With state capacities overwhelmed in dealing with human trafficking and smuggling, the onset of COVID-19 has added additional pressure on already strained state capacities and resources, which may be reallocated due to more immediate health priorities.⁶³ The regional Sub-sector will give high priority to strengthening the current national/sub-regional mechanisms and structures to contribute to the reduction and visibility of the impact of this type of transnational crime.

RESPONSE STRATEGY:

The response strategies of the regional Sub-sector and its partners, in close coordination with the Protection Sector, will focus on the 4Ps of prevention, protection, prosecution and partnerships:

In terms of **prevention of trafficking and smuggling**, the Sub-sector in coordination with National and Sub-regional Platforms will continue implementing efforts in order to inform refugees and migrants of the risks of human trafficking and smuggling. The Sub-sector's work will also include the development of information materials and their dissemination, as well as articulation with the Support Spaces Working Group and strengthening of the regional R4V Service mapping to allow for the identification of referral routes. The efforts will consider gender, age and diversity approaches. Also, the implementation, follow-up and monitoring of the awareness campaigns on trafficking and smuggling will be carried out jointly with the Protection Sector and its Sub-sectors.

The Sub-sector will also develop a post-COVID-19 diagnosis to collect information on emerging issues and trends in trafficking and smuggling, disaggregated by gender, age and diversity. The diagnosis will include an analysis of capacities and needs of the different actors involved in the prevention and response (government institutions, NGOs, others) and the changes in the *modus operandi* of trafficking and smuggling networks related to recruitment and exploitation, among others. The results of this diagnosis will facilitate the development of key messages regarding the differentiated impact of COVID-19, the risk factors for human trafficking and SoM, and will facilitate the design of strategies for risk mitigation, the definition of routes of action with communities, and the improvement of organizational processes for risk prevention, in addition to offering elements for the design of improved legislation, policies and monitoring tools.

In terms of **protection**, the Sub-sector will continue to support the development of tools to ensure access to comprehensive and specific assistance and protection services for Venezuelan refugees and migrants who are victims of trafficking or who are smuggled, along with their families. On the one hand, addressing the dimensions of gender, age and diversity, and on the other, considering the need for assistance to victims of trafficking according to the type of exploitation, will be necessary. The Sub-sector will provide technical support to national Sub-sectors and partners to generate a regional assistance mechanism to address urgent and immediate resource gaps. This mechanism will also be available for cases involving special needs in terms of protection and direct assistance, and referral of cases of refugees and migrants from Venezuela who have suffered or are at risk of violence, abuse and/or exploitation.

Likewise, actions will be supported in the field of documentation and regularization, access to refugee status determination procedures, reintegration, relocation, family reunification and socioeconomic integration for victims of trafficking and smuggled migrants in close coordination with relevant regional Sectors including in particular Protection, Education, Health, Food Security, Shelter, Humanitarian Transportation and Integration, as well as the Regional Cash Working Group.

On **prosecution**, the Sub-sector will continue to support the national Sub-sectors in their work to promote the development of tools and technical actions that allows access to justice and effective protection for victims of trafficking and/or for smuggled migrants in the region, supporting national justice systems and integrating gender, age, and diversity approaches. These actions will be based on the findings of the aforementioned diagnosis, in order to being able to assess the impact of COVID-19 on the application of the normative and policy framework in terms of trafficking and smuggling, and the capacities of national justice systems by generating information and tools to respond appropriately.

Lastly, in terms of **partnership**, this Sub-sector will strengthen regional coordination between the national, sub-regional and regional Human Trafficking and Smuggling sub-sectors in the different RMRP countries, encouraging spaces for dialogue and exchange of experiences, good practices, tools and information, the creation and/or strengthening of working groups, coalitions, and key regional advocacy actions on trafficking and smuggling (Quito Process, Mercosur and Migratory Consultations from the Caribbean).

63. For more information see: *El impacto de COVID-19 en personas refugiadas y migrantes de Venezuela vulnerables a la trata de personas y el tráfico ilícito de migrantes*, available at [this link](#).



SHELTER

© Unicef / Érico Hiller / Brasil

PEOPLE IN NEED

4.15 M

↑ 36.0% ↑ 14.2% ↑ 34.9% ↑ 14.9%



PEOPLE TARGETED

484 K

↑ 42.4% ↑ 11.0% ↑ 35.5% ↑ 11.1%



TOTAL REQUIREMENTS

\$70.1 M



RMRP PARTNERS

51



SECTOR LEADS

IOM-NRC-UNHCR

SHELTER

PRIORITY NEEDS

Access to shelter for refugees and migrants from Venezuela has become more critical since the onset of the COVID-19 pandemic. Needs assessments conducted in Colombia⁶⁴ and Ecuador⁶⁵ identify shelter as the second greatest need of refugees and migrants from Venezuela. Movement restrictions implemented by host countries to curb the spread of COVID-19 have had a strong impact on income generation capacities, leading many to lose their livelihoods and unable to pay their rent. In addition, refugees and migrants often lack documentation, formal tenancy agreements, and knowledge of their rights. Moreover, many, particularly those with an irregular status, often do not seek orientation from authorities. Consequently, rates of eviction of refugees and migrants have spiked.⁶⁶ Despite efforts made by different countries to mitigate the risk of evictions through the adoption of laws to temporarily prohibit them during the COVID-19 pandemic, evictions continue to occur, implying several protection risks (violence, GBV, exploitation and abuse by landlords, children dropping out from school, homelessness, among others), in particular for women.

Refugees and migrants from Venezuela attempting to settle must increasingly resort to longer stays in temporary collective shelters. Moreover, some collective shelters were forced to close their doors to new entries during the pandemic to ensure sufficient space for physical distancing, while others suspended operations entirely due to the lack of Infection Prevention and Control (IPC) measures in place. Those collective shelters that remained open reduced their capacity significantly. Adding to these challenges, movements across the region are expected to continue in 2021, putting increased pressure on limited capacity in temporary collective shelters.

Access to housing and settlement infrastructure remains a priority. Refugees and migrants residing in high density, low-income settlements commonly live in overcrowded conditions, lacking sufficient public space, infrastructure (water and sanitation, energy, roads) and access to basic services, including health facilities. Therefore, refugees and migrants, along with affected host communities are even more exposed to protection and health risks associated with COVID-19, and there is a greater skepticism towards migration among host countries.⁶⁷

64. [GIFMM Colombia: Evaluación Conjunta de Necesidades ante COVID-19 | Julio 2020](#)

65. Ecuador: GTRM (2020), *Joint Needs Assessment*. July – August 2020.

66. [R4V Guidance Note: Mitigation of risks of eviction for refugees and migrants from Venezuela](#)

67. Inmigrantes venezolanos, crimen y percepciones falsas: Un análisis de los datos en Colombia, Perú y Chile, Sept. 2020, MPI & Brookings

RESPONSE STRATEGY

Scope of the sector response:

The Shelter response will continue to focus on providing access to temporary and longer-term adequate shelter and settlement infrastructure solutions to refugees and migrants from Venezuela, in compliance with agreed minimum standards and IPC measures. This will be done by prioritizing the most vulnerable groups such as the homeless, persons with special needs, women, children, GBV survivors, victims of trafficking, exploitation and/or abuse, amongst others. The Shelter response, consisting of temporary collective shelter interventions and longer-term shelter and settlement infrastructure solutions, is focused in border areas and in urban centers where refugees and migrants intend to settle.

Response priorities

The Shelter Sector will focus on three main interconnected priorities to provide a holistic approach enabling refugees and migrants from Venezuela to access adequate shelter and settlement infrastructure from the emergency phase towards seeking durable solutions.

- The Sector will focus on the reinforcement of temporary collective shelter solutions through infrastructure improvements and provision of tools and materials to increase shelter capacity in compliance with agreed minimum standards and IPC measures. Sector coordination mechanisms will be strengthened to monitor the provision and quality of services, and to develop temporary collective shelter guidelines. Capacity building activities such as specialized training in shelter management will be carried out to provide tools to and strengthen coordination structures for temporary collective shelter managers with an additional focus on the development of exit strategies and links with more sustainable housing options.

Refugees and migrants from Venezuela with the intention to stay in their host countries will be supported with individual shelter solutions. The primary activity will focus on rental assistance through the following: provision of technical information and awareness raising on adequate accommodation; cash and voucher assistance (CVA); housing, land and property (HLP); conflict resolution; and rental market assessments. The Sector will also seek to enable access to individual housing, by supporting the host community to create shelter options through housing improvements, and by advocating and supporting national authorities in establishing action plans to promote refugees' and migrants' access to their right to housing.

- The Sector will support area-based approaches and facilitate collaboration between the host community, refugees and migrants and public institutions for joint planning and construction of infrastructure such as public space, lighting, energy, roads, and commercial infrastructure to facilitate socio-economic integration and peaceful coexistence.

The provision of essential household items and shelter kits needed to allow safe and dignified living conditions will be mainstreamed. These essential items will be distributed to refugees and migrants in-destination and in-transit, and will include kitchen utensils, bedding and clothes, plastic sheeting, lanterns, winterization kits, among others.

Integrated response approaches

The Sector response and related procedures will be harmonized to reduce duplication in the response and to support a complementary multi-sectoral approach, by providing technical support to various sectors upon demand. Protection will be mainstreamed to contribute to the mitigation of protection risks including evictions and GBV. The Sector will continue to work alongside the Sectors of WASH, Health and Food Security to ensure access to services and assistance through shelter and settlement solutions, including actions to mitigate the spread of COVID-19. In addition, the link with the Support Spaces Working Group will be strengthened to provide timely information regarding adequate shelter solutions available across the region. It will collaborate closely with the Integration Sector to encourage the transition from emergency assistance towards durable solutions.

Response modalities

The Shelter Sector response will strengthen the collaboration with the regional Cash Working Group, prioritizing the CVA modality for rent, temporary accommodation in hotels, and essential household items. Secondly, in-kind assistance will include the development of infrastructure and basic community facilities, supporting self-construction initiatives, and the distribution of construction tools, materials, household items and shelter kits. Finally, the Sector will implement capacity building and community engagement activities amongst partners, host communities, refugees and migrants and governments to reinforce an adequate shelter and settlement response, with the development of technical guidelines and advocacy strategies, including information and awareness campaigns.

Good programming / collective accountability considerations

Partners will work to promote the participation of refugees, migrants and host communities in the decision-making process throughout the programme cycle. Continuous monitoring and evaluation of shelter interventions, while mainstreaming an intersectional approach, will guarantee that all groups participate. Inter alia, joint needs assessments, complaint and feedback mechanisms, and trainings will be carried out to ensure AAP, PSEA, and to ensure that partners adhere to the "Do No Harm" principle.



WASH

© UNHCR / Lucas Novaes / Brasil

PEOPLE IN NEED

4.10 M



↑ 34.9 % ↑ 15.3 % ↑ 34.0 % ↑ 15.8 %

PEOPLE TARGETED

1.10 M



↑ 35.8 % ↑ 18.8 % ↑ 28.0 % ↑ 17.4 %

TOTAL REQUIREMENTS

\$42.4 M



RMRP PARTNERS

60



SECTOR LEAD

UNICEF

WASH

PRIORITY NEEDS

Access to water, basic sanitation and improved hygiene conditions in households, educational institutions, informal settlements, community kitchens, border crossings, collective and individual shelter solutions, health centers, and Support Spaces are amongst the most crucial needs of refugees and migrants from Venezuela as well as of the affected host communities in all countries covered by the RMRP; and these needs have become further exacerbated as a result of the dramatic impact of the COVID-19 pandemic

Joint Needs Assessments indicate that there is a significant need for Water, Sanitation and Hygiene (WASH) services in all areas hosting Venezuelans. Access to sufficient and clean water is fundamental for drinking, domestic purposes and hygiene. In the context of COVID-19, water is also fundamental for infection prevention and control (IPC) when it comes to handwashing. Safe drinking water prevents diarrhea disease which greatly impacts children under 5. Storage containers for water are also highlighted as a key need.

Likewise, the assessments indicate sanitation as a key need. Inappropriate sanitation services lead to unhygienic conditions in many facilities hosting refugees and migrants from Venezuelan in the region. Sanitation facilities need to be gender segregated and in well-lit areas to ensure to reduce any protection risks such as sexual assault. Excreta management is also a key need highlighted especially where the sanitation infrastructure is not sufficient for the numbers hosted in accommodations. The assessments also indicate how crucial hygiene message and supplies are for the families to prevent and control COVID-19, retain their dignity and prevent disease. Regarding the hygiene kits provided, women and girls highlight the need to continue receiving sanitary pads and menstrual hygiene management kits to ensure appropriate menstrual hygiene management.

RESPONSE STRATEGY

The main priorities and strategic areas in the field of WASH for 2021 include:

- Provision of safe and quality water and sanitation services that are sensitive to gender and age needs as well as inclusive to people with disabilities.
- Provision of hygiene services including menstrual hygiene management, supplies and messages and in line with the Global Hand Hygiene for All Campaign.
- Strengthen environmental and public health measures to reduce COVID-19 transmission.
- Strengthen national WASH sector governance to embed the needs of refugees, migrants and affected host communities in the national and local policies, plans, budget and monitoring

To do so, the WASH Sector will:

1. Support sectoral and inter-agency coordination to focus on targeting and prioritization of most at risk settlements/collective shelters/reception centres/transit sites and communities that refugees and migrants' access.
2. Curb the spread of COVID-19 by working with national governments and supporting them with WASH and Infection Prevention and Control (IPC) supplies, equipment and capacity - strengthening efforts to ensure access for refugees and migrants to basic services.
3. Continue the regional mapping initiative of public policy measures in WASH to capture good practices and examples to influence other countries including around governance, resilience and public and environmental health. This includes ensuring the affordability and continuity of services through community and infrastructure resilience for water, sanitation and hygiene
4. Provide technical capacity and guidance to ensure climate resilience is integrated in all WASH responses and with the participation of children and adolescents
5. Develop and provide a platform for exchange of technical and educational materials on water, sanitation and hygiene and risk communication strategies that are inclusive of persons with disabilities and special needs.
6. Provide capacity development efforts to ensure scale and quality of the WASH response. Managing knowledge and documenting evidence will be key to reach scale and quality and support evidence-based advocacy
7. As much as possible the WASH Sector will integrate cash and voucher assistance to support local markets and recovery efforts.

Due to the cross-sectoral nature of the WASH Sector, the holistic nature of the challenges raised by the migration flow, and the COVID-19 pandemic, WASH Sectors throughout the region will adopt a multi-sectorial approach, particularly in collaboration with Education, Shelter and Health Sectors, as well as with inter-sectoral groups such as the CwC/C4D and Cash Working Groups and Gender focal points.

In order to integrate the humanitarian-development nexus and utilize humanitarian investments strategically, WASH services will aim to meet the Sustainable Development Goal (SDG) 6 level of basic service as much as possible to ensure humanitarian funds leave lasting impacts. For water, the Sector has committed to meet at least basic service level according to SDG6 definition. For sanitation, the service level will focus on provision of improved and shared sanitation facilities. For hygiene, the objective is to ensure basic hygiene services and supplies are delivered and are sustainable and resilient to impacts from emergencies, disease outbreaks and mainstream gender needs. As such, the monitoring of the Sector includes a combined indicator for hygiene and menstrual hygiene management to ensure hygiene programs always integrate the needs of women and girls.

BRAZIL









BRAZIL

AT A GLANCE

© UNHCR / Allana Ferreira / Brazil







POPULATION
PROJECTION 2021
381 K

 29.0%
 16.0%
 37.0%
 18.0%







PEOPLE
IN NEED
379 K

 29.0%
 16.0%
 37.0%
 18.0%

VENEZUELAN IN DESTINATION 271 K
HOST COMMUNITY 108 K



PEOPLE
TARGETED
184 K

 28.6%
 16.2%
 37.2%
 18.0%

VENEZUELAN IN DESTINATION 143 K
HOST COMMUNITY 41.5 K

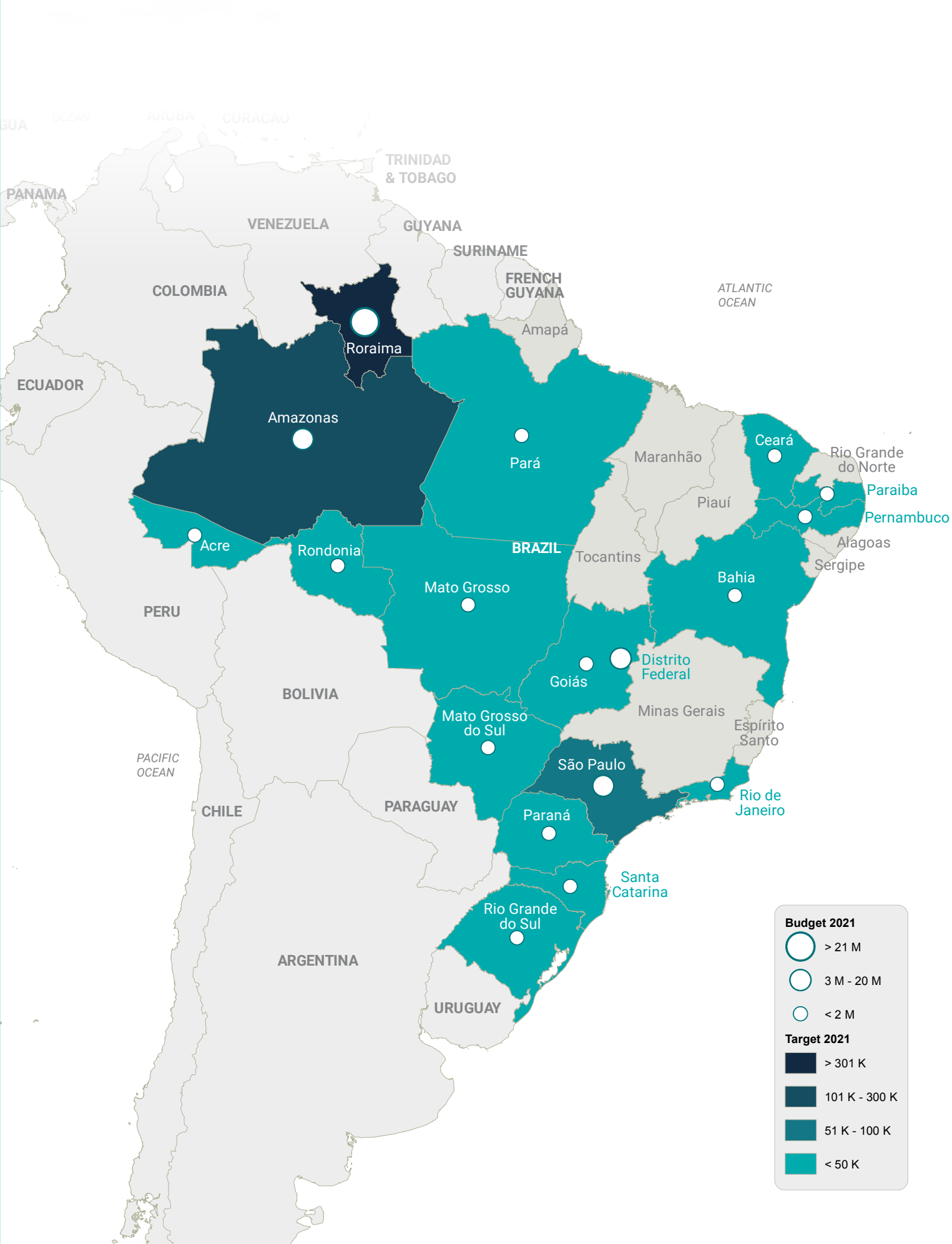


TOTAL REQUIREMENTS
\$ 98.1 M



RMRP PARTNERS
34

REQUESTED FUNDING AND BENEFICIARIES TARGETED



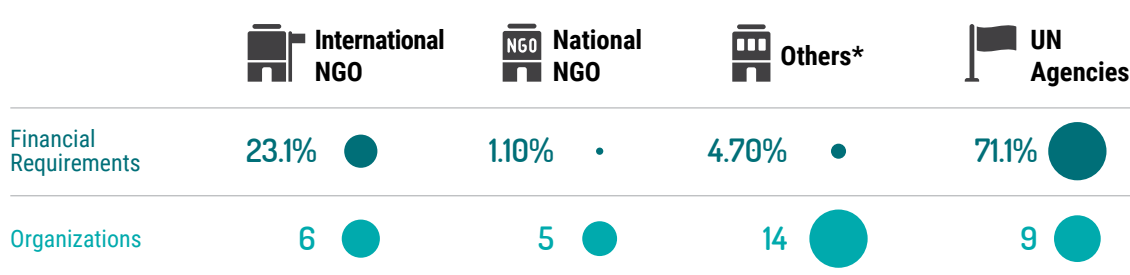
Budget 2021

- > 21 M
- 3 M - 20 M
- < 2 M

Target 2021

- > 301 K
- 101 K - 300 K
- 51 K - 100 K
- < 50 K























































NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



*Others include the Red Cross Movement, civil society, academia and faith based organizations.

The list of organizations and RMRP partners only includes appealing organizations under the RMRP. Many of these organizations collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	74.5 K 	51.6 K	\$5.44 M 	15 
 Food Security	145 K 	67.6 K	\$3.15 M 	14 
 Health	157 K 	86.5 K	\$7.90 M 	15 
 Humanitarian Transportation	45.4 K 	41.2 K	\$8.25 M 	6 
 Integration	142 K 	68.5 K	\$17.6 M 	21 
 Nutrition	109 K 	83.0 K	\$3.65 M 	4 
 Protection*	283 K 	143 K	\$8.78 M 	18 
 Child Protection	79.7 K 	52.3 K	\$3.57 M 	10 
 GBV	100 K 	12.6 K	\$536 K 	11 
 Human Trafficking & Smuggling	25.9 K 	1.20 K	\$501 K 	5 
 Shelter	98.9 K 	73.5 K	\$12.5 M 	13 
 WASH	152 K 	71.3 K	\$10.5 M 	13 
 Multipurpose Cash Assistance			\$11.3 M 	9 
 Common services**			\$4.48 M 	9 

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

COUNTRY OVERVIEW

Prior to the closure of borders due to the COVID-19 pandemic, Brazil had experienced a significant arrival of refugees and migrants from Venezuela, crossing primarily into the northern state of Roraima, one of the most isolated and economically challenged states of the country. As of August 2020, 148,782 Venezuelans had been granted temporary residency permits⁶⁸ and the country hosted 102,504 asylum seekers⁶⁹ and 46,141 recognized refugees.⁷⁰ Entry restrictions by land and sea for foreign nationals have been in place since 19 March and have been periodically renewed with decrees explicitly stating that Venezuelans, would not benefit from exceptions, regardless their status or family ties in Brazil.⁷¹ The closure of the border has impacted on access to asylum and regularization processes in Brazil, including impeding refugees and migrants from reuniting with family members who remained behind in Venezuela.

The Brazilian Government remains committed to supporting refugees and migrants from Venezuela through its *Operação Acolhida* (Operation Welcome) focused on the northern states of Roraima and Amazonas where reception services, including registration, documentation, shelter, health and other services are provided jointly with R4V partners, and from where the government continues to operate its voluntary internal relocation programme: *Interiorização*.⁷² As of October 2020, 41,146 refugees and migrants were relocated to some 600 municipalities across other Brazilian states. The federal government and R4V partners, created 12 regional clusters for relocation (*Núcleos Regionais de Interiorização* -NURINs) to support local governments and civil society organizations (CSOs) in their efforts to sustain the relocation program and promote the local integration of Venezuelan refugees and migrants. In addition, a contingency plan to respond to the COVID-19 emergency was adopted by *Operação Acolhida*, including the creation of a field hospital in Boa Vista that is managed by the army with the support of R4V partners and the private sector.

Although authorities recognize the validity of all identity documents that expired after March 2020

(including residence permits and asylum applications), the closure of some essential services due to the COVID-19 pandemic generated a backlog in the renewal of residence and asylum permits. In this context, Venezuelans face barriers in accessing key services such as housing and employment.

While documented refugees and migrants have unlimited access to public services, challenges have been identified in their access to education and healthcare. The lack of available slots in public schools, coupled with other barriers such as the unavailability of information on educational rights, has led to low enrollment rates at the national level. Already in December 2019, 58 per cent of refugee and migrant children between 6 and 14 were not enrolled in schools⁷³, lacking fundamental opportunities for meaningful activity, engagement, peer support and resilience and left vulnerable to child labour, economic exploitation, early marriage and pregnancy, as well as other forms of gender-based violence (GBV). While no additional assessment could be carried out since, it is likely that the impact of COVID-19 may have worsened the situation. Similarly concerning, while an estimated 30 per cent of refugees and migrants will require healthcare in 2021, public hospitals, especially those in the northern region, are overstretched due not only to the significant impact of COVID-19, but also because of persons requiring other health services. These services include sexual and reproductive health services, prenatal and post-natal care, assistance to persons with disabilities, mental health and psychosocial support, as well as overall management of non-communicable diseases.⁷⁴

The measures adopted to combat COVID-19 have exacerbated the economic vulnerability of refugees and migrants, who were already impacted by high unemployment rates (more than 50 per cent) in some of the states such as Amazonas, in the northern region. Among those employed in March 2020, 61 per cent reported earning less than the legal minimum salary, which is the equivalent of US\$ 200.⁷⁵ The economic contraction has especially impacted refugees, migrants and host communities working in the informal sector and

68. Brazilian Federal Police (August 2020). Imigração Venezuela/Brasil

69. Ibid

70. Data from Conare and UNHCR. Accessible at [this link](#).

71. Brazilian Federal Government (October 2020) Portaria Número 470, de 2 de outubro 2020. Available at [this link](#).

72. The "Interiorization" program is an integration strategy of *Operação Acolhida* that enables Venezuelan refugees and migrants living in Roraima and Amazonas states to safely move to other parts of Brazil, so to ease pressure on the northern region and facilitate integration. The process is voluntary, free and accessible to those refugees and migrants who obtained a temporary residence or were registered as asylum seekers. After completion of medical checks, beneficiaries are transferred via military or commercial flights to their destination municipality where they are received by local authorities, civil society entities, family members already residing those locations, private companies or individuals interested in receiving and supporting Venezuelans to settle and work in other Brazilian states.

73. UNHCR (December 2019) Venezuelans in Brazil: Integration with labour market and access to social safety nets. Available at [this link](#).

74. LIMA KUBO, H. K., Campiolo, E. L., OCHIKUBO, G. T., & Batista, G. (2020). Impacto da pandemia do covid-19 no serviço de saúde: uma revisão de literatura. *InterAmerican Journal of Medicine and Health*, 3. <https://doi.org/10.31005/iajmh.v3i0.140>

75. IOM DTM in Manaus op.cit.

has led to higher levels of poverty.⁷⁶ 42,519 refugees and migrants have been meeting their most pressing needs by relying on a monthly emergency basic income provided by the Federal Government, that was reduced by half in September, and is expected to be discontinued at the end of 2020.⁷⁷ This loss of support by the government implies that fewer refugees and migrants will be able to meet their basic needs, especially for food and rents. Families with children and lactating mothers are particularly at risk of undernourishment and stunting, which exposes them to illness, and to damages to their physical and cognitive development. Moreover, such conditions contribute to a heightened risk of domestic violence, sexual exploitation, trafficking, negative coping mechanisms such as begging and survival sex.

Refugees and migrants from Venezuela living outside collective shelters (i.e. in other types of accommodation) in Amazonas and Roraima, reported access to food as their second priority need.⁷⁸ Moreover, access to housing remains a challenge, especially for the estimated 3,000 refugees and migrants living in the spontaneous settlements of Boa Vista and Pacaraima.⁷⁹ In these settlements, as well as in overcrowded and precarious rental accommodations where many thousands of refugees and migrants live, sub-standard Water, Sanitation and Hygiene (WASH) and privacy conditions remain a concern. Refugees and migrants lack access to drinking water, hygiene and cleaning products and have limited basic sanitary infrastructure, which exposes them to contracting diseases, including COVID-19.⁸⁰ In spontaneous settlements, the proportion of persons lacking access to water is of 73 per cent in Pacaraima⁸¹ and 56 per cent in Boa Vista.⁸²

RESPONSE STRATEGY

The Regional Refugee and Migrant Response Plan (RMRP) 2021 planning for Brazil is based on the assumption that the borders will gradually reopen, regardless of the availability of a COVID-19 vaccine. Due to an expected further deterioration of the political and socio-economic situation in Venezuela, an average of 400 daily arrivals are expected throughout the year, via the Pacaraima entry point.

It is also anticipated that the Brazilian Federal Government will maintain overall favorable policies towards refugees and migrants from Venezuela, including *prima facie* refugee status determinations based on the expanded refugee definition under the Cartagena Declaration and other channels for regularization, including residence as per the Migration Law enacted in May 2017. Moreover, the Federal Government will continue to sustain the humanitarian response under *Operação Acolhida* for which, as of September 2020, a transition plan is being discussed in order to gradually reduce overall costs and handover oversight of activities from the military task force to civil authorities. The proposed plan foresees an expansion of the internal relocation process, aiming to reach monthly targets of up to 3,500 relocated refugees and migrants.

However, municipal elections scheduled for November 2020 and political campaigning related to it could lead to a shift in the public discourse and political agenda in some locations, potentially creating a more adverse environment for refugees and migrants. To mitigate the impact of these possible changes, R4V partners will enhance their efforts to improve the socio-economic integration of Venezuelans, including advocacy and capacity building of local authorities and local stakeholders.

In Roraima and Amazonas, the two states which are at the frontline of the response, the Government is expected to guarantee humanitarian access for R4V partners at all times, also in the event of additional waves of COVID-19 outbreaks.

Based on the planning scenario and the needs analysis conducted by R4V partners, the response in Brazil envisages the implementation of coordinated activities for Venezuelan refugees and migrants considering the country as their destination, as

76. Revista de Administração Pública vol.54 no.4 Rio de Janeiro (July/Aug. 2020). Available at https://www.scielo.br/scielo.php?pid=S0034-76122020000400969&script=sci_arttext

77. Data from Poder 360/Caixa Econômica Federal.

78. IOM (March 2020), Displacement Tracking Matrix (DTM) in Manaus; IOM (November 2020), Displacement Tracking Matrix (DTM) in Roraima State. Available at https://brazil.iom.int/sites/default/files/Publications/27.01.2020%20IOM%20Brasil-%20DTM%20Rodada%205_0.pdf

79. IOM Situação dos refugiados e migrantes desabrigados em Pacaraima. op.cit. /IOM Situação dos refugiados e migrantes desabrigados em Boa Vista op.cit.

80. UNICEF. Inter-sectoral Multi-partner Child focused Rapid Needs assessment. August 2020.

81. UNHCR (May 2020), Monitoramento de Proteção de Ocupações Espontaneas- Pacaraima, Available at <https://data2.unhcr.org/en/documents/details/76385>

82. UNHCR (June 2020), Monitoramento de Proteção de Ocupações Espontâneas- Boa Vista, <https://data2.unhcr.org/en/documents/details/77556>

well as for the most impacted host communities.

The response main strategic objectives are to:

- Complement and strengthen the State's response on documentation, shelter, internal relocation and public health care capacities in response to the Venezuelan humanitarian crisis, considering the additional consequences of the COVID-19 pandemic.
- 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, in synergy with sustainable development assistance.
- Strengthen prevention, mitigation, and response of/to protection risks, while strengthening access to rights, particularly the most vulnerable and those with specific needs.
- Mitigate the negative impacts of COVID-19 on socio-economic integration and social cohesion of refugees, migrants and host communities, by supporting access to income and assistance, formal employment and entrepreneurship, housing, education, and other basic services.

Moreover, attention will be paid to the estimated 5,000 indigenous refugees and migrants (mainly Warao, Eñepa and Pemón) who are concentrated in the northern states of Amazonas, Roraima and Pará, but have also established themselves in 13 additional states. The key priorities of intervention for this population are:

- Provide an adequate and immediate emergency response in areas of health, nutrition, shelter, food and non-food items.
- Complement existing shelter exit strategies in order to promote resilience and self-sufficiency in the host destinations.
- Strengthen the capacity of local and state governments to develop culturally appropriate policies that facilitate the access to basic needs and livelihoods and their local integration.

RESPONSE PRINCIPLES

Protection will be at the centre of the Platform's response, with all RMRP activities in Brazil aiming at promoting and ensuring the safety, dignity and rights of persons in need, as well as mitigating exposure to additional risks and threats, in accordance with the "Do No Harm" principle. To achieve this, regular consultations will be conducted with refugees, migrants and host communities to identify the major areas of concern of different population segments, mainstreaming the age, gender and diversity (AGD) approach. Needs assessments, including inter-agency multisectoral exercises with disaggregated data by sex and age, will enable R4V partners to have a common understanding on existing protection mechanisms available in the community and the additional support requested

by affected populations in order to adjust ongoing interventions. Great attention will be given to the analysis of the roles, experiences, opportunities and barriers encountered by women, girls, men, boys, elderly persons, persons with disabilities, ethnic minorities, as well the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex LGBTQI+ population, to promote their participation and empowerment, as well as their equal and meaningful access to assistance, services and rights.

Accountability to affected populations (AAP) will be ensured by promoting inter-agency initiatives for the provision of accessible information to the community on partners' roles and responsibilities, entitlements and targeting criteria but also community-based feedback and reporting mechanisms. The latter will be streamlined across all locations, including in the cities receiving relocated refugees and migrants, through the adoption of a joint action plan that will involve staff inductions, trainings, the inclusion of a commitment to AAP into partnership agreements, but also the provision of support to local organizations and authorities in the establishment of internal feedback mechanisms and the handling of complaints about breaches in policy and stakeholder dissatisfaction.

Particular attention will continue to be paid to the Protection against Sexual Exploitation and Abuse (PSEA) and against sexual harassment which has been a priority of the Brazilian response since the outset of the emergency. Inter-agency trainings to raise awareness on this form of abuse of power and failure of accountability will be regularly conducted, targeting all actors involved in *Operação Acolhida* and the R4V partners. Information sessions and communication materials on existing reporting mechanisms and confidential response services will also continue to be provided to refugees, migrants and host community in the framework of the Inter-agency Community Outreach and Communications Fund on PSEA that has been established by the Protection Sector. In order to avoid duplications and ensure complementarity, all R4V initiatives in this domain will be coordinated with the Action Plan of the United Nations Country Team (UNCT) to prevent and respond to SEA that is currently being drafted for Brazil.

Lastly, the mainstreaming of the environment as a cross-cutting theme in the RMRP will be enhanced through the provision of trainings and the development of tools that will allow response actors to identify, mitigate, and reduce potential environmental impacts of their actions. Moving towards durable solutions, R4V partners will promote livelihoods interventions that will prioritize the access of refugees and migrants to the green economy and other income-generating activities with positive environmental impacts. These activities will be conducted placing protection at the center, with the aim of preventing or mitigating risks associated with environmental determinants of health as well as illegal and environmentally degrading economies.



EDUCATION

PEOPLE IN NEED

74.5 K

↑ 7.00% ↑ 40.0% ↑ 10.0% ↑ 43.0%



PEOPLE TARGETED

51.6 K

↑ 6.98% ↑ 42.3% ↑ 7.42% ↑ 43.3%



TOTAL REQUIREMENTS

\$5.44 M



RMRP PARTNERS

15



SECTOR LEADS

UNESCO-UNICEF-WVI

PRIORITY NEEDS

In the context of a projected increase of the Venezuelan population in Brazil, significant challenges arise both in terms of guaranteeing access to education, as well as ensuring educational continuity for refugee and migrant pupils. There is an urgent need to ensure the well-being of these children and adolescents, who make up a third of the Venezuelan community, and especially to support those who face additional barriers such as gender, language, ethnicity and culture.

By law, refugee and migrant students have free access to public schools as any Brazilian citizen. However, the last comprehensive assessment undertaken shows that already in December 2019, 58 per cent of children aged 6-14 and 69 per cent of the adolescents aged 15-17 were not enrolled in schools.⁸³ Significant efforts will be needed to address this situation, including as there is also a lack of adequate material and a need for more supportive environments to facilitate learning and address the educational disadvantage that vulnerable groups are facing. Such disadvantages in part also

stem from a lack of information on educational rights among refugees and migrants from Venezuela as well as amongst stakeholders of the education system itself. In addition, the COVID-19 pandemic has resulted in serious challenges, such as increased school dropout rates, due to the suspension of classes and the inability to follow remote learning for many students due to the lack of equipment or internet connectivity, as well as health risks associated to school reopening.

Another urgent need related to the integration of Venezuelan children, adolescents and adults into primary school, high-school, and technical education, respectively, and into the “Basic Education for Youth and Adults” (Educação de Jovens e Adultos - EJA) – an inclusive system coordinated by the Brazilian Federal Government to provide basic education for adults and adolescents that have not concluded their education. Challenges with local language skills, validation of diplomas, school transfers, reduce the chances of refugees and migrants accessing the formal education system.

The specific needs of Venezuelan girls and female adolescents, who are affected by sexual violence, early pregnancy and child labour, as well as those of single women with young children, indigenous populations, the LGBTQI+ population, and people with disabilities, hinder their access to education.

RESPONSE STRATEGY

The Education Sector aims to harmonize and optimize its efforts by expanding the scope of educational actions for Venezuelan refugees and migrants in Brazil and improving the quality of the interventions, counting on new members to enhance this effort and always considering specific needs.

The priorities of the Education Sector for the RMRP 2021 are:

- Strengthen local capacities to guarantee quality primary education, including access to enrollment, school materials, feeding and transport;
- Promote access to secondary education, technical courses and to the Basic Education for Youth and Adults System (EJA) coordinated by the Ministry of Education;
- Facilitate integration into schools for internally relocated children and adolescents and the recognition of diplomas.

The scope of the response will be expanded beyond existing shelters and the border region for 2021, enhancing appropriate and quality education for Venezuelan refugees and migrants living in spontaneous settlements and in their destination cities after they are settled throughout the country.

The capacity of local education systems will be

83. UNHCR Estudo sobre integração de Refugiados e migrantes da Venezuela op.cit.

strengthened through awareness-raising and capacity-building activities for education professionals, the adaptation of educational and informative materials as well as the delivery of non-food items (NFI), such as school supplies and uniforms, according to the needs identified through surveys and assessments. Advocacy activities will be conducted with the public sector to promote greater access to basic and higher education, enrollment strategies, diploma recognition, and to increase the number of places available for refugees and migrants, always considering specific needs. In addition to assistance for refugee and migrant children and adolescents, the Sector will enhance the inclusion and follow up of young and adult Venezuelans in educational programmes. Also schools that receive Venezuelan refugees and migrants will be identified through official data on school enrollment and will be supported with the development of appropriate guidelines for reopening of schools and the provision of sufficient sanitary facilities and hygiene items to adequately prevent and respond to the COVID-19 pandemic.

The inclusion of internally relocated students into the formal education system will require coordinated interventions of the Education and Integration/ Humanitarian Transport Sectors. The school transfers and inclusion processes will be facilitated through local supporting entities (government and R4V partners), with the aim of providing school support for children and adolescents and the absorption of young people into the labour market, when appropriate. The Education Sector will work in close cooperation with the Protection and Shelter Sectors to ensure successful enrollments and the follow up of children and adolescents' wellbeing and access to rights. Also, the support for school reopening will be coordinated with the Health and WASH Sectors to ensure COVID-19 prevention measures are in place. Finally, the dialogue with the Indigenous Peoples Working Group is considered fundamental for education interventions involving indigenous people.

The focus on diversity, such as gender, race, ethnicity, nationality, sexual orientation and gender identity, disability, as well as environmental aspects, will be cross-cutting and considered in all actions promoted in the Education Sector. The Sector will make sure that communities are consulted in the design of interventions as well as in the implementation, monitoring and evaluation of activities, to ensure AAP. Moreover, the educational spaces supported by R4V partners will be sustainably managed, ensuring the identification of environmental impacts and factors, as well as any subsequent vulnerability. Finally, environmental education will also be promoted within these institutions.



FOOD SECURITY

PEOPLE IN NEED

145 K

↑ 29.0% ↑ 16.0% ↑ 37.0% ↑ 18.0%



PEOPLE TARGETED

67.6 K

↑ 29.9% ↑ 15.9% ↑ 36.3% ↑ 17.9%



TOTAL REQUIREMENTS

\$3.15 M



RMRP PARTNERS

14



SECTOR LEADS

IOM-AVSI-UNHCR

PRIORITY NEEDS

Assessments carried out since 2018 show a growing vulnerability among Venezuelan refugees and migrants arriving in Brazil in recent years,⁸⁴ including as it relates to food security. Challenges related to availability and access to food have been identified particularly in the northern region, in indigenous communities and in spontaneous settlements. In March 2020, refugees and migrants reported access to food as their second greatest priority need in the Amazonas state, northern region.⁸⁵ In Boa Vista and Porto Velho, 15 per cent of those surveyed had a poor dietary profile, according to the Food Consumption Indicator (FCS).⁸⁶ In spontaneous settlements in Boa Vista, 53 per cent of the Venezuelan population still has difficulties in accessing food and nutrition, with 35 per cent having access to only two

84. Comparison of all the DTM rounds conducted since 2018 in Roraima and Amazonas states

85. IOM- DTM Manaus op.cit. p.6

86. The Food Consumption Indicator (FCS) is an indicator developed by the World Food Program (WFP) to measure a family's food security status, as it considers not only food diversity and food frequency, but also the relative nutritional importance of different food groups. https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf and Caritas (March 2020) Capacity assessment of Venezuelan refugees and migrants.

meals a day and 3 per cent having only one.⁸⁷ Increased food distribution is urgently needed to avoid an increase of cases of malnutrition, especially among children. The three packed meals, also known as *marmitas*, distributed daily in Boa Vista and Pacaraima by the Federal Government in the framework of *Operação Acolhida* are not enough to meet the nutritional requirements of the most vulnerable refugees and migrants. The distributions are primarily received by the population living in shelters, with any excess delivered to those living on the streets or spontaneous settlements, while R4V partners also provide limited food support on an ad-hoc basis.

In 2020, some 42,519 refugees and migrants have been recorded as meeting their most compelling needs by relying on a monthly emergency basic income provided by the Federal Government. This support was reduced by half in September and is expected to be discontinued at the end of the year.⁸⁸

Lastly, the measures adopted as responses to COVID-19 across the country, including in richer states, such as São Paulo, have had a significant impact on the livelihoods of the most vulnerable refugees and migrants reducing significantly their access to food. This impact has been greater for those without a support network, driving many to engage in child labour and survival sex in order to meet their basic needs, including food.

RESPONSE STRATEGY

The Sector's objective is to work with authorities to ensure that refugees and migrants from Venezuela have regular, efficient, coordinated and culturally appropriate access to food, taking into account the specific nutritional needs of the most vulnerable such as those with chronic diseases, elderly people, indigenous communities and children. The geographical scope of the response will include the northern region and the states with the highest number of relocated refugees and migrants. The Sector will provide regular, culturally appropriate, efficient and coordinated access to food to the most vulnerable refugees and migrants. In addition, it will complement the government's efforts in food distribution in shelters for the most vulnerable Venezuelans, including those with chronic diseases, elderly people, and indigenous communities. The geographical scope of the response will include the northern region and the states with the highest number of relocated refugees and migrants, such as São Paulo, Santa Catarina, Parana, Rio Grande do Sul, Mato Grosso do Sul, Minas Gerais and Rio de Janeiro.

The Food Security Sector's priorities for 2021 are to:

- Provide food to complement daily intake for vulnerable refugees and migrants living on the streets, in spontaneous settlements, rented houses, and in

indigenous communities in both urban and rural areas, according to the identified needs of each region.

- Improve procedures for the preparation and distribution of food by supporting the infrastructure where food is provided and/or prepared. This will be implemented through the rehabilitation, improvement and provision of equipment/facilities and will be complemented by the organization of capacity-building workshops for the staff of these institutions on food assistance and nutrition, taking into account sanitary, nutritional and protection standards, including specific issues related to gender, as well as identifying and mitigating the social and environmental impacts of the response.
- Provide agricultural inputs (seeds, fertilizers, tools) and financial support to indigenous communities to promote long-term food security. In coordination with Protection counterparts, the Sector will seek to raise awareness and promote access to social welfare benefits provided by local and national governments. With the Shelter Sector, the Food Security Sector will identify solutions for the installation of communal kitchens, provision of items for food preparation in different types of shelter solutions (collective, individual, settlements), with a focus on sustainability and special attention to food origin, cooking fuels and waste management. Working closely with the Nutrition Sector, a survey will be carried out to assess populations with specific dietary needs, in order to jointly define the composition of baskets and meals that can address those. Finally, the Sector will seek, in collaboration with the Integration Sector to support livelihoods for refugees and migrants and guarantee their continued access to food. In addition, solutions will be developed to enhance the self-reliance of indigenous refugees, migrants and host communities in terms of food production and commercialization, with an approach that considers cultural characteristics.

Strategies to respond to the different profiles of the target population will be reinforced, including regular consultations with the community to design interventions and assess beneficiaries satisfaction with the services provided. The modalities of food assistance will be the following: mainly in-kind in the northern region, especially in spontaneous settlements, whereas in-kind deliveries will be coupled with conditional and unconditional cash transfers in the states receiving relocated refugees and migrants. Similar cash-based modalities will be considered in Roraima state in 2021 in partnership with the national Cash Working Group (CWG).

87. UNHCR (June 2020), Monitoramento de proteção de ocupações espontâneas em Boa Vista. Available at <https://data2.unhcr.org/en/documents/details/77556>

88. Data from Poder 360/Caixa Econômica Federal



HEALTH

PEOPLE IN NEED

157 K

↑ 29.0% ↑ 16.0% ↑ 37.0% ↑ 18.0%



PEOPLE TARGETED

86.5 K

↑ 29.1% ↑ 18.4% ↑ 33.4% ↑ 19.1%



TOTAL REQUIREMENTS

\$7.90 M



RMRP PARTNERS

15



SECTOR LEADS

UNFPA-WHO/PAHO

PRIORITY NEEDS

According to projections calculated by the Health Sector in Brazil, 32.6 per cent of the estimated total population of Venezuelans will require healthcare (hospital, maternity care, most-common morbidities) in 2021⁸⁹. Out of this total, 64 per cent will require care due to chronic diseases (diabetes and hypertension) and 3.5 per cent due to transmissible diseases. Additionally, the Health Sector estimates that more than 47,300 women of reproductive age will require sexual and reproductive health services, and approximately 2,300 pregnant women will require maternal care.⁹⁰ According to the Epidemiological Bulletin issued by the Brazilian Ministry of Health in 2019, the state of Roraima has the highest rate of HIV/AIDS in Brazil, and the Venezuelan population accounted for almost 50 per cent of all HIV/AIDS cases diagnosed in the

state in 2019. In addition, there currently are over 5,000 indigenous refugees and migrants living in vulnerable conditions in Brazil, who either live in communities located far from essential services, in collective shelters, or are homeless. The COVID-19 pandemic has posed additional challenges and increased the complexity of the situation for the Health Sector.⁹¹ Access and availability of routine healthcare service for chronic and communicable diseases has been impacted at various levels. This situation could continue in 2021 as recurrent outbreaks and waves in different locations, simultaneously or at different points in time, are expected as economy activities progressively resume.

RESPONSE STRATEGY

After conducting needs assessments, consultations with refugees and migrants, meetings with the Ministry of Health, local public health officials and the coordinators of *Operação Acolhida*, the Health Sector identified the following priorities:

1. Support the expansion of vaccination campaigns, particularly for children under the age of 5, pregnant women, indigenous populations, the elderly and persons with chronic medical conditions for each specific disease;
2. Support the expansion of universal access to health services by refugees and migrants (Brazilian Unified Health System – SUS), with emphasis on the most vulnerable populations, such as women (for prenatal and reproductive health services), children, the elderly, and indigenous populations; in close coordination with the federal response strategy to the inflow of refugees and migrants from Venezuela and considering federal, state and municipal capacities.
3. Support to the provision of healthcare during the interiorization process led by authorities in Brazil; as well as support national and local health authorities in planning and providing healthcare after the reopening of the borders.

The Sector's response strategies include advocacy with public health officials, mobilization, monitoring, workshops with community leaders, social workers, education and health professionals, as well as the elaboration of informative material, Standard Operating Procedures (SOPs), guidelines, and other orientation documents. The response strategy also includes: the monitoring of chronic diseases, prenatal care, obstetric health, maternal and child health, counseling, distribution of contraceptives, and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Sexually Transmitted

89. The assessment methodology was based on official data from information systems of the Ministry of Health of Brazil, such as Hospital Information System (SIH), Information System for Notifiable Diseases (Sinan), SIVEP Malaria, VIGITEL, among others.

90. According to the UNFPA MISP calculator.

91. LIMA KUBO, H. K., Campiolo, E. L., OCHIKUBO, G. T., & Batista, G. (2020). Impacto da pandemia do covid-19 no serviço de saúde: uma revisão de literatura. *InterAmerican Journal of Medicine and Health*, 3. <https://doi.org/10.31005/iajmh.v3i0.140>

Infection (STI) testing; the use of mobile units and mobile health teams in close coordination with SUS, and considering cultural and ethnic contexts (such as indigenous populations); the purchase and donation of hospital and obstetric equipment and medicines; the strengthening of information management capacity for strategic planning and decision-making; training and capacity-building for public health officials and professionals to sensitize on the needs of the most vulnerable; and support for the management transition in the Area of Protection and Care (APC).

The prevention of COVID-19 and its impacts will be addressed in a cross-cutting manner through community-based actions, and the strengthening of government capacities, civil society, integrating key community actors and Venezuelan healthcare workers in the national health response.

To enhance the response and ensure strategic complementarity, the Health Sector will coordinate its actions with other Sectors of the Platform, especially with Shelter, Integration, Food Security, Nutrition, WASH, Protection and Education, as well as with the Indigenous Peoples Working Group. To mitigate the vulnerability of refugees and migrants, considering the impacts of COVID-19, an integrated approach will be taken, such as health promotion and education activities in shelters and informal settlements; healthcare provision and assistance during the internal relocation process (*interiorização*), particularly to people with disabilities, the elderly and people with specific medical conditions; and an intercultural approach considering the health needs of indigenous peoples.

The primary modality which will be employed by the Health Sector in 2021 is the strengthening of government capacity at the Federal, State and Municipal administrative levels. Other modalities include the purchase and donation of equipment and medicines; the strengthening of information management capacity for strategic planning and decision-making; training and capacity-building for public health professionals and communities.

The programming and collective responsibilities will be defined among the members of the Sector in cooperation with the federal government and *Operação Acolhida*, including community engagement, participation and information provision and other measures to ensure AAP and PSEA.



INTERIORIZATION, INTEGRATION | HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED

142 K | 45.4 K

↑ 29.0% | 29.0% ↓ 16.0% | 16.0% ↑ 37.0% | 37.0% ↑ 18.0% | 18.0%



PEOPLE TARGETED

68.5 K | 41.2 K

↑ 38.3% | 28.7% ↓ 9.10% | 16.4% ↑ 42.9% | 36.6% ↑ 9.70% | 18.3%



TOTAL REQUIREMENTS

\$17.6 M | \$8.25 M



RMRP PARTNERS

21 | 6



SECTOR LEADS

IOM-UNHCR-WVI

PRIORITY NEEDS

Due to the scarcity of livelihood opportunities and overburdened public services in the northern region of the country, interiorization - the voluntary relocation from Roraima or Amazonas to other states - as well as the support to travel to destination cities became key in linking the humanitarian response to the long-term sustainable socio-economic integration of refugees and migrants from Venezuela. As of October 2020, 41,146 Venezuelans were relocated to 608 municipalities. The voluntary relocation entails four different modalities, which include: leaving Roraima and Amazonas shelters for shelters in one of the destination cities; family reunification; social reunification; and relocation to start a confirmed job placement. The process is voluntary, free and accessible to those refugees and migrants who obtained a temporary residence or were registered as asylum seekers. After completion of medical checks, beneficiaries are supported with humanitarian transportation, either via military or commercial flights to their destination municipality, where they receive orientation and assistance to settle in.

Local integration is a complex and gradual process with legal, economic, social and cultural dimensions. It aims to allow refugees and migrants to live free from discrimination and violence and with economic self-sufficiency.

Even before the pandemic, and despite the high level of formal education among Venezuelans, they reported a lack of economic opportunities in Roraima and Manaus, where more than half of the population was unemployed.⁹² By December 2019, only 10 per cent of working-age Venezuelans were engaged in the formal labour market, in contrast to 34 per cent of the Brazilian population in the entire country.

The COVID-19 pandemic in Brazil has caused a severe decline in economic activity, leading to higher rates of unemployment and poverty. According to the National Household Data Survey (PNAD), about three million people lost their jobs and shelter since July 2020.⁹³ This increase in national unemployment has also hampered access to employment and entrepreneurship opportunities for refugees and migrants from Venezuela. Research developed by Brazilian universities (UNICAMP and PUC Minas) regarding the impact of the COVID-19 pandemic on refugees and migrants in Brazil with a participation of 2,475 individuals responding to an online questionnaire. The research found that almost half of the participants lost their jobs and source of income.⁹⁴

RESPONSE STRATEGY

The response of the Interiorization, Integration and Humanitarian Transportation Sector will focus on addressing the urgent economic and social integration needs of refugees and migrants from Venezuela, which have been further exacerbated by the impact of the COVID-19 pandemic with dramatic effects on their income and subsequent social and economic integration, as well as on their ability to meet basic needs, including food and housing.

The Sector's priorities are to:

- In collaboration with the Logistics-Humanitarian Task Force of *Operação Acolhida*, support the strengthening of the national humanitarian transportation strategy and the government's interiorization programme in an organized and sustainable manner, including a contingency plan for COVID-19 prevention and actions to support local integration in destination cities;
- Facilitate and support the equal access of Venezuelan refugees and migrants to formal employment and entrepreneurship, and improve their access to livelihood opportunities, financial services and validation of professional titles countrywide;

- Facilitate community building processes that promote the equal access to rights and services for Venezuelan men, women, children and youth, to actively support their social inclusion; stimulate social cohesion and integration through peaceful coexistence activities, including positive environmental actions such as those that stimulate the green economy for both Venezuelan and host communities;
- Support socio-economic integration by strengthening the capacity of local governments and state institutions, support CSOs and engage with the private sector to promote corporate social responsibility and the employment of Venezuelan refugees and migrants.

Regarding the interiorization strategy, the Sector will provide logistical support, considering age, gender and diversity (AGD) aspects, including registration, air and land transportation, medical assessments, in-transit assistance on flights and support for travel to final destinations, along with travel pocket money and luggage, financial assistance and pre-departure orientation, to facilitate informed and voluntary interiorization; support for integration in destination municipalities, enhancing their entry into the green economy, promoting positive environmental impacts and stimulating exit strategies from interiorization shelters, when appropriate. Feedback mechanisms will be implemented to monitor and evaluate the results of the Sector's interventions, with an AGD perspective, to ensure AAP.

The Sector will also foster social and economic integration through strengthening capacities of local and federal government officials to promote public policies, protection mechanisms and services that respond to the needs of refugees and migrants. This will be complemented by market assessments and socioeconomic profiles, generating data disaggregated by age, gender and diversity- and recommendations for the development of strategies for labour insertion. Partners will support entrepreneurs and raise awareness in the private sector to encourage the hiring of refugees and migrants. The Sector will pay special attention to employability in green companies and will foster entrepreneurship in areas that generate positive environmental impacts. Partners will complement the public and private sectors' offer of vocational trainings and Portuguese language classes, especially those with an online format.

To enhance social cohesion, the participation of the host community will be encouraged in the planning of the Sector's response. Partners will develop procedures that consider AGD aspects and pathways to refer refugees and migrants for assistance.

92. IOM DTM Manaus, op.cit. p.4

93. IBGE (July 2020) Pesquisa nacional por amostra de domicílios continua. Available at <https://www.ibge.gov.br/estatisticas/sociais/populacao/9171-pesquisa-nacional-por-amostra-de-domicilios-continua-mensal.html?=&t=o-que-e>

94. Duval Fernandes; Rosana Baeninger (Coords.). Impactos da pandemia de Covid-19 nas migrações internacionais no Brasil - Resultados de Pesquisa Campinas, SP: NEPO/UNICAMP, 2020, p. 56. Available at https://www.nepo.unicamp.br/publicacoes/livros/impactos_pandemia/COVID%20NAS%20MIGRA%C3%87%C3%95ES%20INTERNACIONAIS.pdf

Through participatory methodologies and community projects, they will also develop safe spaces and promote peer support and solidarity networks. The Sector will lead an awareness-raising campaign on the rights of the affected population, so to facilitate refugees' and migrants' access to public services. In addition, the Sector will sustain its advocacy efforts with local governments and partner institutions responsible for the identification of, and response to, cases of violence against women and girls and trafficking in coordination with the protection Sector.

The Sector will adopt an integrated response approach to integration upon arrival in destination cities/states, promoting inter-sectoral actions through collaboration with the Education Sector (to offer online courses, support the validation of diplomas and facilitate access to language courses and education for children); the Protection Sector (to promote safe employment, prevent labour exploitation, child labour, forced labour and human trafficking; integrating protection needs into the voluntary relocation programme); the Shelter Sector (for access to housing and temporary shelters for refugees and migrants awaiting transfer to other cities); the Health Sector (to respond to the pandemic, promote access to health care, including pediatric care, assistance to people with disabilities, the elderly and people with specific medical conditions); and the Communications Working Group (campaigns to tackle xenophobia and discrimination; AGD sensitive materials on refugees' and migrants' rights, and access to public services; and responses for indigenous populations, such as income-generating activities and initiatives to promote the self-sufficiency of indigenous Venezuelans).



NUTRITION

PEOPLE IN NEED

109 K

↑ 35.0% ↑ 30.0% ↑ 10.0% ↑ 25.0%



PEOPLE TARGETED

83.0 K

↑ 35.0% ↑ 30.1% ↑ 9.90% ↑ 25.0%



TOTAL REQUIREMENTS

\$3.65 M



RMRP PARTNERS

4



SECTOR LEADS

ADRA-UNICEF

PRIORITY NEEDS

Anthropometric evaluations conducted among refugees and migrants from Venezuela living in Roraima, Amazonas and Pará showed that in some places more than 20 per cent of children had some level of malnutrition, with the proportion of malnourished indigenous children being significantly higher.⁹⁵ For refugee and migrant populations in precarious housing conditions, access to potable water and sanitation is especially challenging. Thus, these groups need to be actively identified and monitored by nutritional surveillance. An inter-sectoral assessment has shown that 58 per cent of refugees and migrants living in Roraima, Amazonas and Pará do not have access to sufficient drinking water and food,⁹⁶ while 40 per cent of the population living in spontaneous settlements have access to two meals per day or less.⁹⁷ The food currently provided in official shelters by Brazilian authorities does

95. R4V (July 2020) Brasil: Principais ações realizadas e prioridades para o Setor de Nutrição no contexto da crise migratória venezuelana. Available at <https://data2.unhcr.org/es/documents/details/78575>

96. Intersectoral rapid needs assessment - key informant. Unicef - August / 2020

97. UNHCR Monitoramento de proteção de ocupações espontâneas em Boa Vista op.cit.

not include specific meals for children, pregnant women and nursing mothers, people with chronic conditions, as well as the different ethnic groups assisted.

Capacities for therapeutic responses in Brazil are still limited. In addition, refugees and migrants have had limited access to primary health care and nutrition services in many municipalities such as Manaus, Belém and Santarém. The COVID-19 pandemic led to a disruption of health services with a critical lack of nutrition professionals available for assistance, making difficult to measure the real impact of the pandemic on the nutritional status of affected population in the region.

RESPONSE STRATEGY

The Nutrition Sector response will target refugees and migrants from Venezuela and affected members of the host communities, with a particular focus on vulnerable groups, such as pregnant women and children under the age of five years in Pacaraima, Boa Vista (Roraima), Manaus (Amazonas), Belém and Santarém (Pará), to prevent and treat the occurrence of malnutrition.

The Nutrition Sector priorities for RMRP 2021 are:

- Reduce the prevalence of acute malnutrition through the identification, referral and systematic treatment of children under the age of five, pregnant women and malnourished lactating women;
- Strengthen humanitarian preventive nutrition services for vulnerable population groups; and
- Support local nutrition services to ensure that the needs of refugees, migrants and the affected host community are met.

To achieve these objectives, the capacity of the nutritional surveillance systems will be strengthened to better detect the type, degree and extent of malnutrition, identify the most vulnerable population and respond in a timely and appropriate manner. To this end, the Sector will seek to strengthen human resources, equipment and provide technical training to the local network of nutritional surveillance professionals from the Brazilian Ministry of Health and support R4V partners to conduct regular nutritional assessments in a systematic manner.

The prevention of stunting, wasting and micronutrient deficiencies in children under the age of five will be achieved through the support to caregivers, as well as to pregnant and lactating women to practice optimal infant and young child feeding (IYCF). Moreover, the Sector will promote the expansion of preventive supplementation programmes for vitamin A, ferrous sulfate and folic acid for children, pregnant women and lactating mothers living outside of the shelters. Another approach will be to increase informational activities on breastfeeding and healthy complementary feeding, including waste management, focused on caregivers (women and men) of children under the age of two.

Finally, support to local services will be provided by strengthening public policies for nutritional security, and by hiring professionals that will carry out surveillance and nutritional support activities in direct support of primary health care facilities and community monitoring. The creation and activation of regional nutritional surveillance committees will be encouraged, by strengthening the coordination with local governments and agencies for the continuous supply of therapeutic and preventive inputs, as well as nutritional surveillance services for refugees and migrants which should consider social factors as well as potential environmental impacts of each activity.

Periodic meetings will be held to ensure intersectoral planning and evaluation of activities. Together with the Health Sector, joint primary health activities and strategies will be implemented with the aim of optimizing resources and better promoting the health of refugees and migrants, considering COVID-19 impacts and the necessary biosafety measures. Together with the Food Security and Shelter Sectors, a more sensitive nutritional approach will be sought in shelters and other locations, to promote the creation of spaces that encourage healthy eating and breastfeeding, as well as kitchens and community gardens. Moreover networks of local food producers and suppliers will be identified and organized to ensure a sufficient supply and higher quality of food provided in shelters for malnourished children and woman. The Sector's strategy will consider the environmental conditions that affect food security and nutrition, such as pollution and land contamination, as well as the environmental impacts generated by its activities, mainly waste generated by food supply; moreover, it will create positive impacts, such as reducing deforestation for cooking fuel, through cash and voucher assistance (CVA).

Evidence will be generated to support the WASH Sector in advancing specific demands and strengthening public policies aimed at guaranteeing quality drinking water, basic sanitation and food hygiene practices. Data will also be made available for the Indigenous Peoples Working Group for the planning of food security policies targeting Venezuelan indigenous refugees, migrants and host communities.



PROTECTION

PEOPLE IN NEED

283 K

29.0%
 16.0%
 37.0%
 18.0%



PEOPLE TARGETED

143 K

30.4%
 15.6%
 37.2%
 16.8%



TOTAL REQUIREMENTS

\$8.78 M



RMRP PARTNERS

18



SECTOR LEADS

SJMR-UNHCR

PRIORITY NEEDS

Venezuelan refugees and migrants who attempt to enter Brazil, continue to face considerable protection risks. The closing of land borders due to the COVID-19 pandemic has made it difficult for Venezuelans to access the territory and asylum procedures⁹⁸, often causing family separations and significantly restricting the overall access to protection. In Brazil, incidents involving discrimination, xenophobia, violence and exploitation, and limited livelihood opportunities have challenged the resilience of Venezuelan refugees and migrants,⁹⁹ with many having been forced to resort to begging and/or

survival sex¹⁰⁰, while the exposure to domestic violence has steadily increased.¹⁰¹ The COVID-19 pandemic has not only increased the occurrence rates of those incidents¹⁰² but has also created additional challenges, such as increased evictions faced by those unable to sustain incomes to pay rents. With the increased demand for assistance and documentation that will persist in the post-pandemic context, local protection networks are already overburdened, making it difficult to effectively identify, respond to and monitor protection cases in an effective manner, especially in relation to mental health and psychosocial support (MHPSS) and for those who live outside of shelters, who live on the streets or in spontaneous settlements. Comprehensive mechanisms to identify and address exploitation and trafficking as well as the vulnerabilities arising from smuggling cases need to be scaled up significantly. This includes the need for safe community and family care arrangements for unaccompanied and separated children (UASC), and for women at risk, to complement institutional care arrangements. Refugees and migrants often lack awareness of their rights and available services, and the absence of effective accountability and participation mechanisms to empower adolescents persists.

RESPONSE STRATEGY

Additional impacts identified in the COVID-19 context, such as challenges in accessing territory, the asylum process and in requesting a migratory status, increased rates of GBV, violence against children, exploitation, evictions, risks associated with returns, family separation and denial of rights, due to lack of clarity about the validity of documents, all require special attention in order to ensure the effective inclusion of refugees and migrants in national protection systems. R4V partners in 2021 will respond to these additional protection challenges with a particular focus on women and children at risk, victims of trafficking, LGBTQI+ persons, persons with disabilities, the elderly, and indigenous groups. In 2021, R4V partners will also considerably scale up advocacy and capacity-building activities with local protection networks in order to mitigate protection risks, expand the Support Spaces network, strengthen community-based and age, gender and diversity (AGD) approaches, as well as accountability mechanisms. The Protection Sector will continue to support the strengthening of the government's capacity at different administrative levels, aiming to prevent, mitigate and respond to protection risks and specifically to:

98. R4V Brasil, COVID-19 - Flash Update - 19 de Março de 2020, available at <https://data2.unhcr.org/es/documents/details/75080>.

99. According to an assessment conducted in 2020 with Venezuelan refugees and migrants, 26.4 per cent of respondents faced physical abuse in Brazil and 72 per cent indicated protection against xenophobia as a critical need. Moreover, the study found that the household average income (all family members) was of 161 USD per month, against the Brazilian minimum wage of 257 USD. Caritas Switzerland, "Livelihoods capacity and market assessment in response to the Venezuela crisis", March 2020, pp.6, 8 and 65.

100. UNHCR & ILO, "Livelihoods for Migrants and Refugees in Brazil", 2019, <https://www.acnur.org/portugues/wp-content/uploads/2019/05/Livelihood-for-Migrants-and-Refugees-ACNUR-e-OIT.pdf>, p. 7.

101. Humanitarian Practice Network, "Out of the shadows: the precarious lives of Venezuelan LGTBIQ+ asylum seekers in Brazil", March 2020, <https://odihpn.org/blog/out-of-the-shadows-the-precarious-lives-of-venezuelan-lgbtqi-asylum-seekers-in-brazil/>

102. ACNUR Brasil: Relatório da Resposta à COVID-19 do ACNUR Brasil – Maio 2020, available at <https://data2.unhcr.org/es/documents/details/76798>.

- Enhance access to territory, asylum, migratory regularization procedures and documentation, including registration updates and renewal of documents after interiorization, in accordance with international standards;
- Provide protection assistance and specialized services through a community-based and an AGD approach, seeking to prevent and mitigate protection risks, assess and address the protection needs of vulnerable groups such as indigenous peoples, the LGBTQI+ community, persons with disabilities, women, children, adolescents at risk and victims of trafficking, aiming at strengthening peaceful coexistence with host communities;
- Promote international protection standards in the humanitarian response at the federal, state and municipal levels by supporting relevant actors in improving access to protection systems, guaranteeing that all basic needs are met through the adoption of a comprehensive approach that integrates cross-cutting themes (e.g. environmental aspects), and promoting the peaceful coexistence with host communities.

The Protection Sector will ensure its presence at border areas in order to receive refugees and migrants, monitor protection risks and return movements, and provide assistance to vulnerable cases. The Sector will continue to provide pre-documentation information and counselling and to promote family tracing and reunifications. The standardization in protection case management and the strengthening of the Support Spaces network will be prioritized to ensure that the identification, referral and management of individual cases is conducted in a coordinated manner, including in interiorization contexts. Access to culturally appropriate information and communication with communities will continue to be key in order to enhance accountability mechanisms as well as refugees' and migrants' access to rights and services.

Another essential activity will be the strengthening of local protection networks through specific capacity-building actions. This activity is important to guarantee that refugees and migrants with specific needs – including indigenous groups – are effectively integrated into national protection systems, including in interiorization contexts. Addressing the increased risk of evictions will also be key and will be analyzed further through assessments with the affected population and complemented by legal information on the right to housing to national and local stakeholders, host communities, concerned refugees and migrants. By actively promoting protection mainstreaming, the Protection Sector will work with all Sectors to ensure the Centrality of Protection principle is reflected in all R4V interventions. In parallel, the Sector will also develop activities that incorporate the environment as a cross-cutting theme. The Protection Sector will continue to work with the Integration/Interiorization Sector to guarantee that interiorized refugees and migrants have access to documentation in their cities of destination,

and that their fundamental rights, such as labour rights, right to housing, and access to national social protection systems, are upheld. The Protection Sector will also continue to strengthen its partnership with the Education Sector to guarantee that refugees and migrants have access to basic and higher education, while also maintaining a close partnership with the Indigenous working group, to ensure that indigenous refugees and migrants have access to the national protection systems.



CHILD PROTECTION

PEOPLE IN NEED

79.7 K

↑ -- ↑ 45.0% ↑ -- ↑ 55.0%



PEOPLE TARGETED

52.3 K

↑ -- ↑ 45.0% ↑ -- ↑ 55.0%



TOTAL REQUIREMENTS

\$3.57 M



RMRP PARTNERS

10



SUB-SECTOR LEADS

ALDEIAS INFANTIS-UNICEF

PRIORITY NEEDS

Migrant and refugee children and adolescents are extremely vulnerable to different forms of violence, neglect and exploitation, such as physical, psychological, sexual and GBV, child labour and trafficking. According to a needs assessment conducted in August 2020 with Venezuelan refugees, migrants and host communities across 7 municipalities of Roraima, Amazonas and Pará, 12 per cent of respondents indicated having observed or experienced physical violence against children.¹⁰³ Children and adolescents who are separated, unaccompanied,

103. Inter-sectoral Multi-Partner Child Focused Rapid Needs Assessment, UNICEF - August 2020.

undocumented, indigenous, out of shelters, or living on the streets are in even more vulnerable and need specialized, coordinated and timely child protection services as well as alternative care arrangements. Refugee and migrant children and adolescents also need to be better integrated into public policies. According to the same assessment, 29 per cent of respondents lack knowledge on existing help channels to report cases of violence against children¹⁰⁴ and 42 per cent indicated that the fact of being foreigners impeded access of children and adolescents to the child protection system.¹⁰⁵ Moreover, 57 per cent indicated that children and adolescents are in need of MHPSS, while 56 per cent indicated not having access to these services.¹⁰⁶ Lastly, UASC also face specific protection needs linked to illegal adoptions, inadequate emancipatory processes and trafficking, as well as the need for tailored alternative care and autonomy arrangements, strategies for family and social reunification and case management mechanisms.

RESPONSE STRATEGY

The key objective of the Child Protection Sub-sector is to address all forms of violence affecting refugee and migrant children and adolescents, together with aligning inter-agency work for a coherent, harmonized and upgraded response with common frameworks and tools. As such, the following three priorities have been identified:

Support the provision of specialized child protection services and alternative care arrangements for refugee and migrant children and adolescents – especially those who live outside of shelters, on the streets or those who are undocumented;

Strengthen the capacities of different local and community actors, enhancing and integrating public policies for the protection of children and adolescents aiming at the prevention, identification and response to all forms of violence (sexual, physical, psychological, neglect, discrimination, xenophobia, and child labour);

Consolidate strategies for family and social reunification of UASC, strengthening case management mechanisms and empowerment projects.

Methodological approaches of the Sector focus on: (i) ensuring specialized, qualified and immediate assistance for protection cases, as well as guaranteeing that children have access to a family life; (ii) strengthening and integrating the public protection network; and (iii) fostering community-based initiatives, especially those that promote the empowerment, autonomy, protagonism and participation of children and adolescents.

104. Ibid.

105. Ibid.

106. Ibid.

107. UNFPA, UNHCR, European Union (October 2020). *Violência de gênero, nacionalidade e raça/etnia em duas cidades de Roraima (resumo executivo)*. Access on 20 October 2020. Available at: https://brazil.unfpa.org/sites/default/files/pub-pdf/violencia_de_genero_nacionalidade_e_raca-etnia_em_duas_cidades_de_roraima.pdf



GBV

PEOPLE IN NEED

100 K

↑ 50.0% ↑ 30.0% ↑ 10.0% ↑ 10.0%



PEOPLE TARGETED

12.6 K

↑ 50.0% ↑ 30.0% ↑ 10.0% ↑ 10.0%



TOTAL REQUIREMENTS

\$536 K



RMRP PARTNERS

11



SUB-SECTOR LEADS

UNFPA-UNWOMEN

PRIORITY NEEDS

Refugee and migrant women, girls and LGBTQI+ persons from Venezuela face the risk of GBV, coupled with difficulties in the access to specialized assistance and response mechanisms. GBV in its multiple forms is underreported due, among other factors, to a fear of stigmatization, retaliation and *refoulement* when seeking institutional support, which brings additional challenges to properly address its causes and impacts. Recent data¹⁰⁷ shows that 10.8 per cent of Venezuelan and Brazilian women survivors in Boa Vista and Pacaraima reported GBV incidents to the police and only 6 per cent received safety and security support. 20.7 per cent of respondents reported having experienced sexual violence at least once in their lives, while the prevalence is also expected to be higher because of

underreporting. COVID-19 has exacerbated domestic and intimate partner violence, created additional barriers in the access to specialized services and further challenged the capacity of government and R4V partners in addressing humanitarian needs, including GBV. Refugees and migrants face a harsh context in Roraima state which presents increasing rates of violence against women¹⁰⁸ including femicide.¹⁰⁹ The discrimination against LGBTQI+ persons and high prevalence of violence in Brazil also raise special concerns. The worsening of refugees' and migrants' socioeconomic condition, aggravated by the COVID-19 pandemic, exacerbates their vulnerability, exposing them to sexual exploitation and negative coping mechanisms, such as survival sex. Moreover, the internal relocation programme requires specific attention to ensure that single women and LGBTQI+ refugees and migrants receive adequate support upon arrival, to reduce their exposure to different forms of GBV, including survival sex and intimate partner violence.

RESPONSE STRATEGY

In order to ensure an adequate response to GBV, the Sub-sector considers three main priorities:

- Build the capacity of humanitarian actors, municipal, state, and federal public service providers, as well as the armed forces, to ensure the fulfillment of rights and the availability of quality multisectoral response services on GBV. Ensure sufficient coverage and accessibility of health, including sexual and reproductive health (SRH), psychosocial support, access to justice, safety, livelihoods and case management services for survivors;
- Strengthen strategies for the prevention and mitigation to GBV, taking into account the COVID-19 pandemic context, to ensure that refugees, migrants, and host communities build resilience, engage in meaningful participation mechanisms and have access to medium- and long-term recovery options, including social protection;
- Mainstream a risk mitigation perspective in the initiatives of R4V partner organizations and other Sectors to ensure women, girls and those vulnerable to GBV do not face harm when accessing essential services to meet their needs.

Aiming at strengthening the capacity to provide adequate and comprehensive assistance to survivors of GBV, service providers will be trained on case management, psychosocial support and clinical management of rape, based on national and international guidelines, to ensure that services are survivor-centered, culturally sensitive, provided within adequate time frames and without discrimination, taking into account gender, age and diversity as well as all necessary adaptations in the COVID-19 context. The Sub-sector will also promote the integration of the public GBV protection network, including gender and age disaggregation of data since there is a considerable gap in GBV data. Community resilience initiatives will be carried out in order to promote the empowerment, leadership and participation of the refugees and migrants, raising awareness of their rights, especially those related to access to GBV services. Moreover, the Sub-sector will promote micro protection networks and support initiatives among women, thus contributing to the creation of a protective environment that mitigates the effects of violence among survivors and improves the well-being and enhances protective factors of other persons at risk. All actions developed will aim to empower and guarantee the broader participation of women and girls, the LGBTQI+ persons, indigenous people and afro-descendants, persons with disabilities, men and boys, both in the northern region of Brazil and in the interiorization locations.

108. IPEA, 2020. Atlas da Violência. Available at <https://www.ipea.gov.br/atlasviolencia/download/24/atlas-da-violencia-2020>. Accessed on 22 October 2020.

109. Monitor da Violência, an initiative between G1, the University of São Paulo and the Brazilian Security Forum (Fórum Brasileiro de Segurança Pública). Available at <https://nev.prp.usp.br/projetos/projetos-especiais/monitor-da-violencia/>. Accessed on 22 October 2020.



HUMAN TRAFFICKING & SMUGGLING

PEOPLE IN NEED

25.9 K

↑ 29.0% ↑ 16.0% ↑ 37.0% ↑ 18.0%



PEOPLE TARGETED

1.22 K

↑ 32.2% ↑ 0.96% ↑ 65.4% ↑ 1.44%



TOTAL REQUIREMENTS

\$501 K



RMRP PARTNERS

5



SUB-SECTOR LEAD

ALDEIAS INFANTIS-IOM

PRIORITY NEEDS

Refugees and migrants are particularly vulnerable to human trafficking and smuggling. The limited access to rights and services has been identified as a critical factor that increases vulnerability and protection risks. This may force Venezuelans refugees and migrants into begging or domestic work under exploitative conditions, and other work under inhumane conditions. The unavailability of specialized institutions and services contribute to an inadequate identification, assistance and care of those affected, leading to revictimization in some cases. The number of refugees and migrants resorting to smugglers and unofficial entries due COVID-19 and border restrictions is increasing, raising exploitation and protection risks. A contributing factor identified is that refugees and migrants lack access to appropriate information on rights, services, and protection strategies to prevent and to respond to trafficking and smuggling.¹¹⁰

RESPONSE STRATEGY

The identified response priorities should be addressed through a comprehensive approach towards refugees and migrants as well as the host communities. These priorities are:

- Ensure the timely identification of the victims of trafficking (VoTs) and through an AGD perspective ensure their access to protection; this also applies to prevention and assistance services to Venezuelans at risk of exploitation and/or for those who may have experienced abuse at the hands of smugglers;
- Promote capacity building initiatives to improve services for victims of trafficking, exploitation and abuse and supporting the establishment and improvement of corresponding governmental mechanisms and services;
- Provide access to information on prevention of human trafficking and smuggling for Venezuelans refugees, migrants and host community, including throughout the internal relocation process.

The Sub-sector will work to ensure complementarity with services provided by national and local governments, CSOs and international organizations in addressing protection needs. Assistance will be provided in a victim-centered approach to address specific needs of victims of human trafficking and smuggled persons who are likewise often vulnerable to exploitation, abuse and violence. Initiatives to ensure access to regularization procedures for irregular migrants will be a priority. Improvement of case management and safe spaces are also of great importance. Local governmental and non-governmental institutions will be provided with training and support to improve their services. Culturally appropriate awareness-raising activities and lifesaving information on prevention of human trafficking and smuggling will be delivered to refugees and migrants from Venezuelan, including those participating in the internal relocation process.

110. IOM Diagnóstico Sobre la Situación e Incidencia de la Trata de Personas en Contextos Humanitarios en América del Sur (June 2020), p.44/54. Available at <https://brazil.iom.int/sites/default/files/Publications/Diagn%C3%B3stico%20Sobre%20la%20Situaci%C3%B3n%20e%20Incidencia%20de%20la%20Trata%20de%20Personas%20en%20Contextos%20Humanitarios%20en%20Am%C3%A9rica%20del%20Sur.pdf>



SHELTER

PEOPLE IN NEED

98.9 K

↑ 29.0% ↓ 16.0% ↑ 37.0% ↓ 18.0%



PEOPLE TARGETED

73.5 K

↑ 29.4% ↓ 15.6% ↑ 37.3% ↓ 17.7%



TOTAL REQUIREMENTS

\$12.5 M



RMRP PARTNERS

13



SECTOR LEADS

AVSI-IOM-UNHCR

PRIORITY NEEDS

In Brazil, the Platform supports government efforts to provide shelter in the border states of Roraima and Amazonas, where most refugees and migrants from Venezuela arrive in precarious conditions and in urgent need of humanitarian assistance. During 2020, more vulnerable profiles amongst refugees and migrants have been observed, with a lower level of education compared to individuals who arrived in previous years,¹¹¹ which in turn hampers their access to livelihoods and, consequently, access to adequate housing arrangements.

While referral to collective shelters is a last resort, from March 2018 to September 2020 in the states of Roraima (Boa Vista and Pacaraima) alone a cumulative total of

25,488 Venezuelan refugees and migrants (indigenous and non-indigenous) were received in 14 shelters¹¹². Among them, more than 2,000 indigenous people (mostly Warao, Eñepa and Pemon) were provided shelter in two overcrowded medium-term collective centres, with inadequate WASH conditions and insufficient space to maintain their culture and traditions.¹¹³

Despite the Federal Government's interiorization programme as the main exit strategy from collective shelters, the need for accommodation outpaces the number of people leaving the sites. This means that in the state of Roraima alone, around 3,000 people sleep in the open or in spontaneous settlements, exposed to extreme weather conditions and protection risks.¹¹⁴

The COVID-19 pandemic also impacted shelter provision, as the need to observe social distancing and to create isolation areas for suspected cases imposed a re-organization of available spaces and a reduction in the capacity of these facilities. Moreover, movement restrictions reduced the possibility of refugees and migrants to earn a living and pay for private accommodation, reducing even further the population turnover in these sites. In the case of people living in rented homes, consultations conducted by R4V partners with the community show that in general, refugees and migrants do not have formal rental contracts, relying on verbal agreements that can result in arbitrary evictions, forfeiture and abuse of property.

Although the largest concentration of sheltered persons is in the northern state of Roraima, it is important to note that there are additional shelters, both public and managed by civil society, in the 600 municipalities that receive internally relocated refugees and migrants providing reception services for a few days ("transit houses"; Casas de Passagem) or a few months (reception shelters). These facilities offer their services with different approaches and, therefore, it is necessary to integrate humanitarian and protection standards in their management to ensure an appropriate response to profiles with specific needs, considering the challenges imposed by COVID-19.

RESPONSE STRATEGY

The Shelter Sector's response will focus on the reception facilities of Roraima, Amazonas and Pará, but also considers "transit houses" (*Casas de Passagem*) and reception centres for refugees and migrants benefitting from the interiorization strategy or those who have voluntarily resettled by their own means. It also includes rental support to refugees and migrants who are renting

111. Planejamento para o Plano de Resposta para Refugiados e Migrantes Venezuelanos de 2021, "Oficinas de análise conjunta de dados", July 2020.

112. UNHCR, "Monthly report Roraima (September 2020) - Registration and Sheltering" (October 2020), available at <https://reliefweb.int/report/brazil/monthly-report-roraima-registration-and-sheltering-september-2020-enpt>

113. Ibid

114. IOM Situação dos refugiados e migrantes desabrigados em Pacaraima. op.cit. /IOM Situação dos refugiados e migrantes desabrigados em Boa Vista op.cit.

private accommodations. Its interventions consider the needs and specificities of each region and facility.

The Shelter Sector's priorities for 2021 are:

- Strengthening the capacities of government authorities and R4V partners in managing reception spaces (including in shelters, emergency and transitory facilities, spontaneous settlements and transit houses) as well as exit strategies for spontaneous settlements, aiming to guarantee international standards and the protection of specific groups (indigenous people, LGBTQI+, children, the elderly, single men, women, families and people with reduced mobility).
- Supporting the shelter response for refugees and migrants from Venezuela through various strategies, ranging from reception spaces to housing solutions, such as rental assistance.
- Reinforcing Sector coordination mechanisms to monitor the provision and quality of services (including NFIs and/or financial assistance) to refugees and migrants from Venezuela, indigenous and non-indigenous, inside and outside reception facilities according to the response of each region. Likewise, the Sector will develop a coordination mechanism to find service gaps and solutions to address them, in partnership with all agencies and government.

Integrated approaches with other Sectors are essential. Among them, coordination with the Protection Sector, the Communicating with Communities (CwC) and Indigenous Peoples Working Groups will be vital for identifying and responding to specific groups' needs, as well as coordinated action to prevent evictions and provide legal support to evicted persons. The delivery of services will be conducted jointly with the WASH, Food Distribution, Nutrition and Health Sectors to mitigate the vulnerability of refugees and migrants from Venezuela. Also, a joint approach with the Integration, Interiorization and Humanitarian Transportation Sectors is being devised for building shelter solutions, searching for exit strategies from occupied areas that present risks to the affected population and developing durable solutions.

The Sector will carry out a series of capacity building activities such as workshops, training of trainers (ToT) and training for shelter management committees, to ensure sustainability to the response, and mainstreaming protection to prevent and mitigate risks, including GBV.



WASH

PEOPLE IN NEED

152 K

↑ 29.0% ↑ 16.0% ↑ 37.0% ↑ 18.0%



PEOPLE TARGETED

71.3 K

↑ 27.6% ↑ 18.9% ↑ 32.9% ↑ 20.6%



TOTAL REQUIREMENTS

\$10.5 M



RMRP PARTNERS

13



SECTOR LEADS

ADRA-UNICEF

PRIORITY NEEDS

Most refugees and migrants in Brazil live outside of shelters, in locations such as spontaneous settlements, rented housing or on the streets. The WASH conditions in these areas remain largely precarious and inadequate, with limited or inexistent access to sewage systems, leading to open defecation by 14 per cent of its residents, as reported in a rapid needs assessment (RNA) conducted in 50 localities across 7 municipalities in Roraima, Amazonas and Para.¹¹⁵ Punctual WASH services, monitoring and items distribution are in urgent need of significant enhancement in order to meet the critical needs. The RNA indicates that 51 per cent of communities have access to public tap water; 47 per cent to a private bathroom and 61 per cent to handwashing stations with water and soap; while 51 per cent have access to basic hygiene items. 31 per cent of respondents identified lack of handwashing after using toilets or before eating as a negative health practice.¹¹⁶

In shelters, the WASH infrastructure requires regular

115. UNICEF. Inter-sectoral Multi-partner Child focused Rapid Needs assessment. August 2020

116. Ibid

monitoring and upgrades. Water quality testing and chlorination must be sustained, and additional handwashing stations installed. For sanitation, poor maintenance and water spillage must be mitigated through intensified monitoring, provision of cleaning materials and services. Additional investment is required for shelters hosting indigenous communities, for menstrual hygiene management and to adapt facilities for safe and adequate access for women, girls and LGBTQI+ persons.

Hygiene promotion activities to improve awareness on COVID-19 prevention measures must be sustained especially in shelters with high turnover rates. Moreover, to support a safe return to school and safe environments in key public spaces such as health and social assistance/protection spaces, targeted WASH interventions and supplies will be required (based on assessments of selected facilities).

RESPONSE STRATEGY

WASH interventions will target refugees and migrants from Venezuela, as well as host communities, mainly focusing on the northern states of Roraima, Amazonas and Pará for populations both in and outside shelters.

The WASH strategy will promote and ensure improved access to basic and safely managed services relating to the provision of safe water, basic sanitation and hygiene services which are sustainable and resilient to impacts from emergencies including disease outbreaks. In particular, the WASH Sector will promote actions to prevent COVID-19 transmission. R4V partners will adopt measures to ensure provision of safe water to reduce risks of water shortage, such as table water depletion, and to reduce water consumption and waste.

Overall identified priorities are:

1. Delivering water, sanitation and hygiene (WASH) services and technical support to institutions, including health institutions and schools, and other COVID-19 hotspots, in addition to supporting municipalities in coordinating provision of services and monitoring systems.
2. Delivering WASH services and technical support in communities, shelters, spontaneous settlements and other locations within municipalities, including at the areas with the greatest spread of COVID-19 (hotspots) and with special attention to Venezuelan indigenous communities.

The WASH Sector will support municipalities in the provision of services in neighborhoods with high concentrations of refugees and migrants, including through installation of safe water points and sanitation facilities as well as supporting the provision of adequate WASH facilities in schools, health and public child protection structures. These are to be combined with hygiene services and items distributions. The Sector will also support municipal health, water and sanitation

authorities in handling increased demands due to the COVID-19 pandemic (e.g. safe return to schools) and provide training to health and water and sanitation professionals involved in the response on basic guidelines, quality standards and monitoring with an AGD perspective in order for them to continue ensuring the inclusion of refugees and migrants in all public services.

As for the delivery of WASH services and technical support to Venezuelan refugees and migrants and host communities, response modalities will include both in-kind and Cash and Voucher assistance. These will be also implemented beyond the northern region, targeting those who settled elsewhere in the country, either through the interiorization scheme or a spontaneous process.

The Sector will promote efforts for a robust and harmonized CwC/C4D strategy and corresponding materials on hygiene promotion, including on menstrual hygiene management, considering age, gender, cultural, linguistic and other diversity considerations and counting on the engagement of Venezuelan adolescents and community mobilisers. Moreover, through community-based and empowerment approaches, the Sector will further invest in mechanisms to promote accountability to refugees and migrants from Venezuela, to ensure service users' feedback, recommendations and insights directly inform WASH interventions and response (i.e. systematization and documentation of AAP). This is partially already in place through community WASH Committees and Venezuelan WASH monitors who are trained, hired and directly responsible for the operation and maintenance of some WASH services while community group discussions are undertaken at least once per week to gather feedback and recommendations on quality and needed improvements of WASH services in shelters. In this sense, R4V partners will strengthen existing response strategies that allow for the transfer of skills and knowledge to the Venezuelan community, for informed decision making and to ensure responses are driven and in line with their needs and priorities.

Finally, the Sector interventions will mainstream gender throughout all WASH services with specific considerations in all capacity development activities. In particular, the Sector will use age and gender disaggregated data, to identify at risk individuals/groups as well as vulnerability factors, in close coordination with the Health and Nutrition Sectors (as hygiene practices and water quality are amongst key determinants of poor health/nutrition). The WASH Sector will coordinate closely with the Education, Protection and Shelter Sectors (including on infrastructure and hygiene items and distribution), as well as the Indigenous Peoples and the CwC Working Groups to align community-based strategies as well as leverage technical expertise and resources. The WASH Sector's activities will also be implemented incorporating the environment as a cross-cutting theme, identifying and mitigating potential environmental impacts, implementing sustainable solutions, and increasing environmental consciousness through its capacity building activities, promoting long-lasting positive environmental impacts.

CHILE



CHILE AT A GLANCE

© OIM / Rocio Sanhueza Repetto / Colchane, Chile



POPULATION
PROJECTION 2021
479 K

- ↑ 43.4%
- ↓ 6.21%
- ↑ 44.1%
- ↓ 6.29%



PEOPLE
IN NEED
370 K

- ↑ 43.3%
- ↓ 6.55%
- ↑ 43.5%
- ↓ 6.65%

VENEZUELAN IN DESTINATION	316 K
HOST COMMUNITY	54.4 K



PEOPLE
TARGETED
143 K

- ↑ 42.0%
- ↓ 6.65%
- ↑ 44.7%
- ↓ 6.65%

VENEZUELAN IN DESTINATION	135 K
HOST COMMUNITY	8.33 K

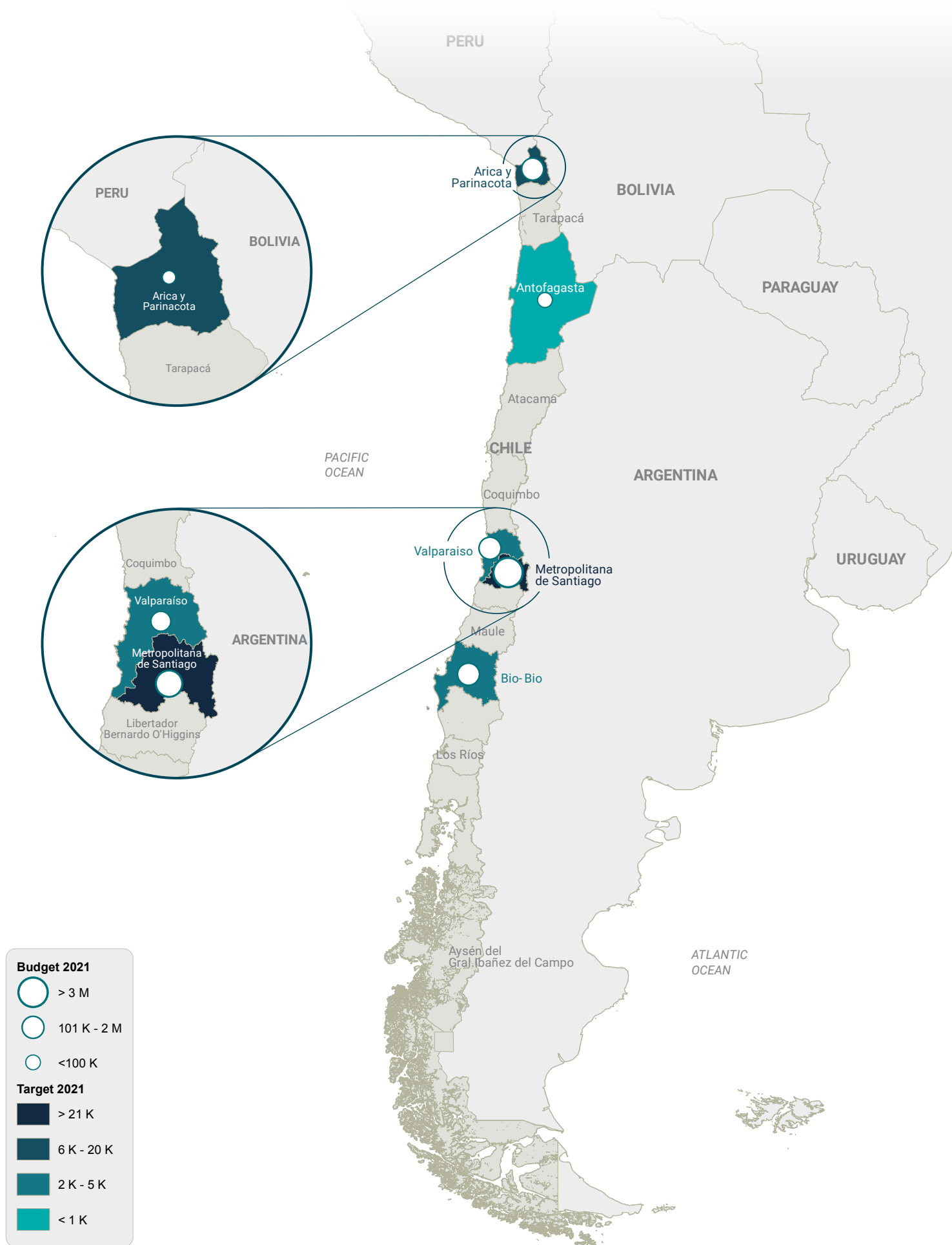


TOTAL REQUIREMENTS
\$46.1 M

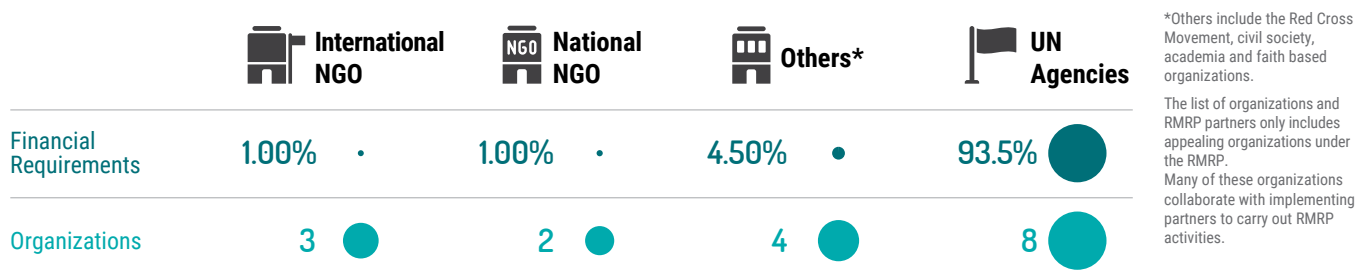


RMRP PARTNERS
17



















































REQUESTED FUNDING AND BENEFICIARIES TARGETED



NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	169 K 	6.00 K	\$1.02 M 	5 
 Food Security	123 K 	41.2 K	\$2.33 M 	4 
 Health	110 K 	15.2 K	\$1.30 M 	6 
 Humanitarian Transportation	4.80 K 	0.80 K	\$150 K 	1 
 Integration	294 K 	92.9 K	\$13.3 M 	10 
 Protection*	316 K 	41.7 K	\$7.95 M 	6 
 Child Protection	16.2 K 	2.80 K	\$742 K 	4 
 GBV	22.0 K 	-	\$455 K 	1 
 Human Trafficking & Smuggling	28.7 K 	0.40 K	\$375 K 	1 
 Shelter	158 K 	59.3 K	\$4.68 M 	4 
 WASH	216 K 	36.1 K	\$2.29 M 	2 
 Multipurpose Cash Assistance			\$9.51 M 	4 
 Common services**			\$1.92 M 	4 

COUNTRY OVERVIEW

In 2020, Chile was the country hosting the third largest refugee and migrant population from Venezuela amongst countries in the region. According to data from the Chilean Department of Foreigners and Migration (DEM) as of August 2020, Chile hosted 457,324 Venezuelans, representing about 30 per cent of the foreign population resident in the country. Despite incidents of social unrest throughout 2020 and the global COVID-19 pandemic, the country has remained a key destination for refugees and migrants from Venezuela seeking protection, family reunification, and other long-term opportunities.

The COVID-19 pandemic has severely impacted Chile economically and socially, as it has the rest of the world. Refugees and migrants from Venezuela were critically affected by mitigation measures put in place to curb the spread of the virus. This has included the closure of borders to foreigners and non-residents for several months in 2020 and delays in regularization processes. In addition, due to the prolonged impacts of the pandemic, many businesses closed including many which had employed refugees and migrants from Venezuela. As of November 2020, the unemployment rate in Chile had reached its highest value in the last 10 years and it is estimated that the pandemic has left almost 100,000 refugees and migrants without a job.¹¹⁷ Refugees and migrants find themselves in increasingly vulnerable situations and with no income. Aggravating the concerning situation is the fact that those lacking documentation have been struggling to access basic goods and support services (including healthcare, food and housing).

A secondary data analysis and sectorial needs assessments, such as health, education, protection, food security, and integration were carried out by the National Platform and its partners to identify the key needs of refugees and migrants from Venezuela in Chile and to agree on corresponding strategic priorities for 2021. According to the review, the greatest needs of the Venezuelan exist in the following key areas:

1. Access to healthcare services. This is a key challenge due to a lack of documentation, limited

financial resources, and compounded by a lack of information by refugees and migrants from Venezuela regarding healthcare access and their rights in the country.¹¹⁸ Medical attention is particularly urgently required by refugees and migrants due to the pandemic and for those arriving at the northern border from Peru and Bolivia after long journeys by foot crossing high altitudes and arid areas with harsh climatic conditions and causing many to arrive with visible signs of heatstroke and hypothermia.¹¹⁹

2. Integration support: Refugees and migrants from Venezuela face significant barriers to their socio-economic integration. This includes the lack of recognition of their diplomas¹²⁰, and the high prevalence of those working without a contract. There are reports of refugees and migrants from Venezuela working excessive hours with considerable salary inequities.¹²¹ Xenophobia and discrimination towards Venezuelan refugees and migrants has been reported in work settings and in local communities, including related to the spread of COVID-19 in border communities and the saturation of social services (i.e. public healthcare facilities and schools).¹²² Finally, refugees and migrants from Venezuela are largely unaware of their labour rights and obligations, and live in fear of being reported to the authorities by their employers, since they often do not have a regular status.¹²³

3. Protection: Reports from the Investigation Police of Chile (PDI, by its Spanish acronym) have showed an increase in the number of refugees and migrants using unofficial border points. The Regional Prosecutor's Office of Arica and Parinacota (at the border with Peru) detected that smuggling of migrants had increased by 53 per cent between January and August 2020, compared to the same period in 2019.¹²⁴ In addition, current policies impact and in some cases delay regularization processes.¹²⁵ It has been reported that obtaining a stay permit/visa in the country can be difficult, especially for those with no documents, sufficient funds or information on their

117. <https://clapesuc.cl/assets/uploads/2020/08/informe-laboral-empleo-inmigrante-en-tiempos-de-pandemia.pdf>

118. https://chile.iom.int/sites/default/files/monitoreo_de_flujo_de_la_migracion_venezolana_en_chile-ronda_nde_3.pdf

119. IFRC Information bulletin no.1 – Americas: Population Movement Available at: <https://www.ifrc.org/docs/Appeals/20/IB26102020.pdf>

120. <https://clapesuc.cl/assets/uploads/2018/07/09-07-18-doc-trab-48-inmigrantes-jul-2018-vf.pdf>

121. https://chile.iom.int/sites/default/files/la_experiencia_migratoria_de_venezolanos_que_se_desplazan_a_chile_0.pdf

122. <https://www.migracionenchile.cl/wp-content/uploads/2020/06/MIGRACION-EN-CHILE-V7.pdf>

123. La experiencia migratoria de venezolanos que se desplazan a Chile. Organización Internacional para las Migraciones (OIM) 2019. Available at: https://chile.iom.int/sites/default/files/la_experiencia_migratoria_de_venezolanos_que_se_desplazan_a_chile_0.pdf https://chile.iom.int/sites/default/files/la_experiencia_migratoria_de_venezolanos_que_se_desplazan_a_chile_0.pdf

124. Policía de Investigaciones de Chile. Reporte Interno 2020: Tráfico de migrantes sube 53 per cent y 91 per cent de extranjeros ingresados ilegalmente tiene educación media y superior completa. Available at: <https://www.latercera.com/la-tercera-pm/noticia/trafico-de-migrantes-sube-53-y-91-de-extranjeros-que-usa-este-servicio-tiene-educacion-media-y-superior-completa/ODMSFEIDNRCYDAYUFDI7UE3H2U/>

125. According to the UNHCR Protection Monitoring Tool.

rights. These different factors and the interplay of increasing irregularity and concerns with access to regularization have increased vulnerabilities of refugees and migrants from Venezuela with some having been forced to beg and being increasingly exposed to additional risks, including trafficking and gender-based violence (GBV).¹²⁶

According to secondary data reviewed, the living conditions of refugees and migrants from Venezuela vary depending on their location in the country. In the main cities of the north (Arica and Parinacota, Tarapacá, Antofagasta, Coquimbo), the center (Metropolitan Region, Valparaíso), and south-center (Maule, Los Lagos) conditions are particularly concerning with many refugees and migrants from Venezuela in need of assistance.¹²⁷

The Government of Chile continues to work to identify solutions and to respond to the needs of refugees and migrants from Venezuela and affected host communities. For example, the Government is in the process of developing a new Migration Bill, which will update the existing legislation dating back to 1975. This new bill, embedded in a human rights perspective, aims to provide a more comprehensive response to the current needs of the country and those of refugees and migrants. R4V partners will continue to support this process and advocate for the inclusion of the needs of refugees and migrants from Venezuela within the new bill and stand ready to support the Government in its eventual implementation.

In line with the trends over the past two years and the negative impact that measures to curb the spread of COVID-19 have had on Venezuelan refugees' and migrants' livelihoods and regularization in the country, Regional Refugee and Migrant Response Plan (RMRP) 2021 submissions reflect that their needs in these areas will continue to increase. In order to cope, an increasing number of refugees and migrants from Venezuela have reportedly had to sell their remaining assets, sleep on the streets and/or resort to begging.

Those who entered the country irregularly through the arid and high-altitude regions of Arica and Parinacota (border with Peru) and Tarapacá (border with Bolivia) after long journeys by foot are amongst those with the most severe needs. They frequently arrive without enough water and food and exposed to the sun during the day while facing very cold temperatures during the night, arriving in Chile in very poor physical and psychological conditions¹²⁸, often requiring medical attention.

Based on R4V partners' case management data, the profiles of Venezuelan refugees and migrants in Chile has diversified, with an increasing population at risk and/or with specific needs¹²⁹, including unaccompanied and separated children (UASC), the elderly, people with critical or chronic diseases, people with disabilities, people living with HIV/AIDS, pregnant women, and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) people, among others.

RESPONSE STRATEGY

For 2021, the National Platform expects a moderate increase in the number of refugees and migrants from Venezuela in Chile. It is expected that there will be reduced numbers of regular entries of Venezuelans, due to a reopening of borders that is expected to be only gradual, existing visa requirements and relating delays and processing times for entry visas at Chilean consulates. However, an increase of entries via irregular border points is expected.¹³⁰ The scenario also provides for the possibility that Venezuelans who have lost their livelihoods as a result of the difficult socio-economic situation throughout 2020, as aggravated by the pandemic¹³¹, may consider leaving Chile.

The Platform in Chile will increase its efforts to counter xenophobia and discrimination towards Venezuelan refugees and migrants in local communities in 2021, especially in light of possibly increased anti-immigration rhetoric in the leadup to national elections in 2021.¹³²

126. <https://data2.unhcr.org/es/documents/details/73955>; <https://data2.unhcr.org/es/documents/details/74048>

127. Departamento de Extranjería y Migración. DEM 2020 <https://www.extranjeria.gob.cl/estadisticas-migratorias/> http://www.oas.org/documents/spa/press/Informe_Situacion-de-los-migrantes-y-refugiados-venezolanos-en-Chile.pdf <https://data2.unhcr.org/es/documents/details/74048>

128. In September 2020, media picked up on a story of the dire situation a group of Venezuelans crossing irregularly from Peru to Chile, after paying smugglers who abandoned them and rescued by a group of moto cyclers. Available at: <https://www.bbc.com/mundo/noticias-america-latina-54192069>.

129. According to UNHCR Protection Monitoring Tool for the second half of 2019, 26 per cent of interviewees reported having some kind of specific need (11 per cent had some kind of disability, 11 per cent were with critical or conic medical condition, 20 were elders at risk, and 44 per cent were single head of households) compared to 19 per cent for the first half of 2019. Available at: <https://data2.unhcr.org/es/documents/details/73955>

130. According to governmental figures more than 5,000 people entered Chile through irregular border points amidst the pandemic between January and August 2020. Some 80 per cent of those who entered in August, and 90 per cent in September, were Venezuelan. By October 2020, there were some 41 cases of human smuggling registered in the Arica and Parinacota regions (274 persons), most of them Venezuelans.

131. According to the Chilean National Institute of Statistics, the unemployment rate measured during the November 2019 - January 2020 quarter, after the protests that began in October, stood at 7.4 per cent (highest level since 2010), and then reached 13.1 per cent for May-July 2020, registering an increase of 7.5 per cent in 8 months. The sectors mostly affected have been those related to services, hotels and construction, where many Venezuelans work.

132. According to the National Bicentennial Survey of the Catholic University of Chile, the percentage of those who believe that there is an excessive number of immigrants in the country as remained above 50% over the last three years (Available at <https://encuestabicentenario.uc.cl/wp-content/uploads/2020/09/Sociedad-EB-2020-2.pdf>).

The Platform has also considered possible impacts arising from the adjustment of migration categories and regularization processes following a possible adoption of the new Migration Bill, which (based on the parliamentary discussions at the time of the drafting of this Response Plan) would not contemplate allowing changes of migratory status (e.g. changes from a tourist visa to a temporary/permanent visa). This scenario is also expected to lead to increased applications for family reunifications, which under the current regulatory framework is foreseen only for refugees. For R4V partners, there will thus be an enhanced focus on inclusion of children and adolescents in the national public education system.

Chile's National Platform will seek to strengthen partnerships with government institutions, and in particular with the Department of Migration (attached to the Ministry of Interior and Public Security), local governments and the Ministry of Education in order to support accelerating processes for the recognition of academic titles and degrees.

Overall, the National Platform will build on its response in 2020, with an increased focus on the additional needs resulting from the impact of the COVID-19 pandemic. In this sense, creating a favorable protection environment and integration of Venezuelans into host communities remains the priority. For 2021, the National Platform aims to improve access to information for refugees and migrants from Venezuela on requirements to enter the territory through regular channels, on Refugee Status Determination (RSD) procedures, and regularization processes and access to rights in general. It will promote initiatives to protect the most vulnerable amongst the migrant and refugee population (including children, women, LGBTQI+ community) from risks of GBV, sexual exploitation and abuse, trafficking and will inform about the risks of smuggling of persons. To increase integration opportunities, the response will aim to provide training on technical skills, soft skills and job placement schemes, as well as advocating for and supporting refugees' and migrants' access to financial services. Moreover, it will promote specific technical support and assistance for the inclusion of refugees and migrants in national social programmes.

In terms of healthcare, partners will expand their mental health and psychosocial support, primary medical care, access to laboratory tests and medications and specialized medical care through cash and voucher assistance (CVA) and will refer refugees and migrants living with HIV/AIDS to health centers to access vital medication. Food security will be addressed through the delivery of food ration cards, cash and food kits for the most vulnerable families. Temporary shelter

options will be established covering emergencies, as well as rental subsidies for families to prevent evictions. Partners will also distribute warm clothing during the winter season, as well as hygiene kits and other sectoral non-food items (NFIs). In terms of education, partners will provide specialized technical assistance to strengthen institutional capacities to provide an efficient educational response for Venezuelan children and adolescents, as well as for the recognition of academic diplomas and qualifications. Finally, partners will develop anti-xenophobia campaigns and will provide technical training for government officials and institutions for strengthened public capacities for the implementation of migration and asylum policies and procedures.

The response priorities set forth by the Platform are consistent with the findings of the needs assessments its partners carried out and will have a cross-cutting approach sensitive to age, gender and diversity considerations, prioritizing people with greater vulnerabilities. Similarly, R4V partners will ensure frequent contact with representatives of Venezuelan refugee and migrant communities throughout the RMRP's implementation in Chile, including so that strategic interventions can be adjusted to emerging or changing needs throughout the year. Accountability to the refugee and migrant population is an integral part of all programmes and will play an important role in ensuring that the assistance reaches the most vulnerable. In order to achieve this, two-way communication channels will be put in place and regularly complemented with focus group discussions to assess the impact of all interventions and outreach to Venezuelan associations.

As an additional measure to maintain the highest standards of protection and accountability in all interventions, partners are committed to establishing mechanisms and systems for the prevention of sexual exploitation and abuse (PSEA) and implementing a zero-tolerance sexual harassment (SH) policy. A total of 78 per cent of the interventions of the National Platform for 2021 have taken age and gender considerations into account in their submissions, according to the Gender with Age Marker (GAM). This is an important basis for promoting the mainstreaming of differentiated needs at all stages of the programme cycle.

The National Platform plays an important part not only in the humanitarian response, but also in implementing protection mechanisms that contribute to a sustainable integration of refugees and migrants from Venezuela. In all of its work, the National Platform seeks to work with governmental institutions to complement their actions and to cover the urgent needs of refugees and migrants from Venezuela as well as affected host communities.



EDUCATION

PEOPLE IN NEED

169 K

↑ 46.8% ↑ 2.82% ↑ 47.5% ↑ 2.88%



PEOPLE TARGETED

6.00 K

↑ 10.8% ↑ 40.7% ↑ 7.30% ↑ 41.2%



TOTAL REQUIREMENTS

\$1.02 M



RMRP PARTNERS

5



SECTOR LEADS

UNESCO-UNICEF

PRIORITY NEEDS

The COVID-19 pandemic has had a serious impact on the education of refugees and migrants in Chile. Due to the closure of schools, children have been forced to rely on virtual lessons however this is not available to most refugee and migrant children from Venezuela even though in 2020, R4V partners in Chile made significant efforts to ensure that Venezuelan students can continue to access both distance learning modalities and school feeding programmes, regardless of their

status in the country. The inclusion of refugee and migrant students from Venezuela in formal education systems¹³³, including modalities of distance learning, has been a key challenge. Among the reasons for this are a lack of reliable internet access and technological equipment for Venezuelan students.¹³⁴ In general, risks pertaining to refugee and migrant children from Venezuela dropping out of schools based on their vulnerabilities have further increased in 2020.

With regard to the adult population, priority needs stem from obstacles faced in the recognition of educational degrees and certificates, as these administrative processes remain time- and cost-intensive.

Moreover, it is necessary to strengthen the development of pedagogical practices that promote intercultural dialogue, training of teachers to address the educational needs of refugee and migrant children especially in a context of remote teaching, and to promote strategies that promote curriculum flexibility in contexts of cultural diversity.¹³⁵

RESPONSE STRATEGY

The response of the Education Sector will focus on providing specialized technical assistance to the Ministry of Education for institutional capacity building for full inclusion of refugee and migrant children from Venezuela in the national education system and to provide information to refugees and migrants from Venezuela on processes of recognition of educational titles, specifically higher education titles.

Key elements of the response strategy of R4V partners for 2021 relate to educational planning, the inclusion of refugee and migrant children in the formal education system and the provision of safe educational spaces, free of xenophobia and discrimination. Such activities also focus on the recognition of primary, secondary, and higher education titles and the safe return to schools.

Geographically, the strategy of the Education Sector will focus on areas with a high concentration of Venezuelans, mainly in the Metropolitan Region of Santiago. The Sector will target some 6,000 persons directly, across the country, benefiting also their educational communities. This will include technical assistance to the Ministry of Education for the development of complementary

133. In comparison to national pupils, the proportion of the refugee and migrant population attending Chilean schools is significantly lower; at the preschool level (63 per cent vs 79 per cent of nationals), as well as higher level (11 per cent vs 39 per cent); as well as a lower rate of net attendance to basic education (76 per cent vs 92 per cent). Acceso e inclusión de personas migrantes en el ámbito educativo – January 2020. Available at: <https://www.migracionenchile.cl/wp-content/uploads/2020/06/Informe-2-Educaci%C3%B3n-2020.pdf>

134. Data collected by R4V partners in September 2020 through interviews with groups of children and adolescents, indicate that difficulties in accessing internet plans and the associated high costs restrict their possibilities to continue their education remotely; as well as the lack of electronic devices to access classes (tablets or mobile phones); there is also uncertainty among them regarding the form of evaluation schools will undertake as long as the pandemic lasts; and stress due to the uncertainty of the classes as they did not manage to have face-to-face classes since the onset of the pandemic.

135. A study carried out by the Chilean Agency for the Quality of Education Jesuit Migrant Service reveals that Chilean schools are in need of more adequate tools to manage the inclusion of refugee and migrant pupils, both pedagogical and social. Other elements requested are protocols for the recognition of studies of those who arrive from other countries; and specific support for the inclusion of refugee and migrant students who have been out of school for a longer time. Interculturalidad en la escuela - Orientaciones para la inclusión de estudiantes migrantes Available at: http://archivos.agenciaeducacion.cl/Interculturalidad_en_la_escuela_vf.pdf

instructions for schools facilitate access to school for refugees and migrants from Venezuela. The three priorities of the Education Sector for 2021 are:

- To provide specialized technical assistance to strengthen the capacities of the Ministry of Education and municipal departments of education to provide formal education services for refugees and migrants from Venezuela;
- To implement face-to-face and online workshops for refugees and migrants from Venezuela on procedures applicable to the recognition of academic studies, titles and degrees;
- To develop information, awareness-raising, advocacy and outreach activities on the importance of education and the availability and quality of education, with a gender inclusive and cross-sectoral approach working in collaboration with the Protection and Integration Sectors.

The aggregated data collected in the framework of strengthening education systems and educational management systems will be shared with the Protection Sector in order to better identify key protection trends and needs amongst these refugee and migrant children from Venezuela. Such analysis will allow for more targeted support to students in the formal education system and of those who access to complementary services offered by schools.



HEALTH

PEOPLE IN NEED

110 K

↑ 43.3% ↑ 6.40% ↑ 43.8% ↑ 6.50%



PEOPLE TARGETED

15.2 K

↑ 42.3% ↑ 7.61% ↑ 42.3% ↑ 7.78%



TOTAL REQUIREMENTS

\$1.30 M



RMRP PARTNERS

6



SECTOR LEADS

IFRC-WHO/PAHO

PRIORITY NEEDS

Chilean law provides for the right to health for all persons in the country¹³⁶ and the Government is committed to improving access to healthcare for refugees and migrants, including those in an irregular situation, by providing a mechanism for their coverage under the Public Health Insurance Fund (FONASA). That notwithstanding, refugees and migrants face difficulties in accessing adequate healthcare, due to a lack of information on their rights and the functioning of national social protection mechanisms, and stigma or lack of cultural pertinence of public health services. Also, due to the increased demand for healthcare in the wake of the COVID-19 pandemic, acute health needs could not be resolved. A survey from National Institute of Statistics (INE, by its Spanish acronym) with an R4V partner, shows that (i) many have been postponing medical treatments because health facilities had limited capacities, (ii) patients avoided health facilities due to a fear of exposing themselves to a risk of contracting the COVID-19

136. National Policy for international migrants in Chile. Available at:

<https://www.minsal.cl/wp-content/uploads/2015/09/Res-Exenta-1308-2017-Politica-de-Salud-de-Migrantes-Internacionales.pdf>

virus, and (iii) that many had to cut back on their healthcare costs, due to the loss of incomes resulting of the pandemic and related economic impacts.¹³⁷

In their dialogue with the National Platform, national academic and health experts have confirmed that refugees and migrants face poor living conditions in the country. In addition to being exposed to multiple health and protection risks during their travel to Chile, many work in precarious conditions. Moreover, the Chilean health system presents gaps in its medical attention mechanisms (related to dealing with interculturality) and lack of protocols (knowledge of health workers on the right to access to health) when it comes to providing medical care to refugee and migrants from Venezuela.¹³⁸ These are important determinants of the health status of refugees and migrants, affecting also their mental health, exposing them to health risks such as communicable diseases (especially where they live in overcrowded conditions), and jeopardizing equal access to healthcare and continuity of care for chronic conditions, including HIV/AIDS.¹³⁹

Due to the socioeconomic impact of the COVID-19 pandemic and the continued influx of Venezuelans in the country, an increase in the overall vulnerability to health risks of refugees and migrants from Venezuela is expected and an increased number of homeless refugees and migrants requiring healthcare and support to comply with preventive measures for COVID-19 (including basic information, personal protective equipment (PPEs) and products for personal hygiene).¹⁴⁰

RESPONSE STRATEGY

In line with the secondary data review carried out by the National Platform, the Health Sector considers the following priority areas, which will target some 11,000 refugees and migrants from Venezuela:

- Increase access to healthcare services for refugees and migrants from Venezuela, through the adaptation of public health programmes, strengthening the capacities of the public healthcare system to meet the needs of the refugee and migrant population, including capacity building and the provision of equipment and supplies to public services in areas with high demand.
- In the context of the COVID-19 pandemic, due to saturation of public health services, R4V partners will

provide complementary services. This will include activities at the community level on basic healthcare and psychosocial support, as well as CVA as a mechanism to provide access to basic healthcare for refugees and migrants from Venezuela.

- Information related to legal and administrative regulations on health rights will be produced and disseminated and R4V partners will advocate for effective access to healthcare benefits, and for the systematic inclusion of refugees and migrants from Venezuela in the national healthcare system, irrespective of their status in the country.
- Carry out training and awareness campaigns to develop the competencies of healthcare personnel, civil society organizations (CSOs) and communities, with a focus on empowerment (guidance and support for access to healthcare and on the rights and cultural relevance of healthcare for the refugees and migrants from Venezuela as well as for host communities). Sector members will also identify and empower community health promotion agents among the refugee and migrant population to gather information on the health status of their communities, to promote good health practices and refer those in need of medical treatment to healthcare services). Prevention tools for COVID-19 will be mainstreamed in all capacity-building initiatives.
- Improve the availability of statistical data on the health situation of refugees and migrants from Venezuela and their access to services.

The national Health Policy for International Migrants of 2017¹⁴¹ constitutes the general framework developed by R4V partners in the area of health for refugees and migrants. It aligns with the National Action Plan on Migration and Health developed in 2019¹⁴² and which will continue to be a key point of reference in 2021.

The actions by the Sector will be framed in this Policy and its Action Plan and will focus on the regions with the greatest prevalence of refugees and migrants from Venezuela, such as the Metropolitan Region, Valparaíso, Antofagasta, Tarapacá, and Arica-Parinacota.

137. <https://www.cl.undp.org/content/chile/es/home/presscenter/pressreleases/2018/encuesta-de-mds-ine-y-pnud-revela-impactos-de-la-crisis-en-el-de.html>

138. <http://revista.colegiomedico.cl/migrantes-y-salud-desafios-para-nuestro-sistema-sanitario/>

139. <https://www.pauta.cl/ciencia-y-tecnologia/enfrentar-el-covid-19-desde-la-migracion>
<https://lyd.org/wp-content/uploads/2019/01/tp-1384-inmigracion-casen-2017.pdf>
<https://www.uchile.cl/noticias/162392/expertos-visibilizan-la-realidad-de-los-migrantes-frente-al-covid-19>

140. https://www.cnnchile.com/pais/venezolanos-afuera-embajada-piden-maduro-repatricularlos_20200521/
<https://www.latercera.com/nacional/noticia/migrantes-sin-respuesta-la-dramatica-situacion-de-los-venezolanos-que-duermen-afuera-de-su-embajada-en-chile/ROIRS2QZ3RH4ZH4PL4FDTMLR6Y/>

141. This national policy applies also to asylum-seekers and refugees.

142. Ibid.



INTEGRATION

PEOPLE IN NEED

294 K

↑ 44.6% ↑ 5.26% ↑ 44.8% ↑ 5.34%



PEOPLE TARGETED

92.9 K

↑ 43.5% ↑ 6.10% ↑ 44.1% ↑ 6.20%



TOTAL REQUIREMENTS

\$13.3 M



RMRP PARTNERS

10



SECTOR LEADS

ILO-IOM-VPS

PRIORITY NEEDS

The needs assessments and the secondary data review carried out by the National Platform indicate that due to the COVID-19 pandemic and the ensuing economic downturn, income opportunities for refugees and migrants in the informal sector, in which a majority of refugees and migrants worked prior to the outbreak of the pandemic, sharply fell. According to the data of the Bicentennial Survey of the Catholic University of Chile, applied between June and August 2020, 64 per cent of refugees and migrants report having lost all, almost all, or more than half of their incomes.¹⁴³ Being largely dependent on employment in the informal sector, refugees and migrants from Venezuela are among the most affected by these developments, especially those working in the domestic service sector.

Against this backdrop, the priority needs of refugees and migrants from Venezuela relate to their livelihoods

143. Encuesta UC revela que más de la mitad de los hogares consultados perdieron "todo o casi todos" sus ingresos durante la pandemia. Available at: <https://www.elmostrador.cl/mercados/2020/09/13/encuesta-uc-revela-que-mas-de-la-mitad-de-los-hogares-consultados-perdieron-todo-o-casi-todos-sus-ingresos-durante-la-pandemia/>

144. According to UNHCR's Protection Monitoring Tool for the second half of 2019, 50 per cent of Venezuelan refugees and migrants had the intention to remain in Chile. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Aspectos%20claves%20monitoreo%20de%20protecci%C3%B3n%20-%20Venezolanos%20en%20Chile%20-%28julio%20-%20diciembre%202019%29.pdf>

and access to formal labour opportunities. In order to gain access to jobs which match their competence levels, the system of recognition of professional titles and degrees, especially in the field of medicine, needs to be improved. Additionally, in the context of the COVID-19 health emergency, it is necessary to develop protocols, in a tripartite manner (employers' and workers' organizations together with the government) for a safe and healthy return to work, including for refugees and migrants from Venezuela.

RESPONSE STRATEGY

Taking into account the intention of the majority of refugees and migrants from Venezuela in Chile to settle in the country¹⁴⁴, the integration response in 2021 focuses mainly on providing and promoting access to decent work and entrepreneurship opportunities, targeting some 90,000 refugees and migrants in the country.

Also, the Integration Sector will promote skills and financial training workshops for refugees and migrants from Venezuela, with a special focus on women and young people, and aiming to improve business management skills. In order to promote employment, partners will conduct job fairs for refugees and migrants from Venezuela as well as for affected host communities in order to establish links between the private sector and refugee and migrant and host communities. Additionally, with the aim to promote entrepreneurship, partners will provide seed capital for refugees and migrants.

Given reported cases of poor treatment of refugees and migrants in the informal sector, partners will support refugees and migrants from Venezuela in increasing their knowledge of labour rights, to capacitate them to claim fairer treatment from their employers and to seek redress in cases of labour abuse and/or exploitation.

The actions planned by the Integration Sector will be carried out in collaboration with other Sectors, primarily with the Education Sector, with which the improvement of the system for the recognition of professional and academic titles and degrees will be pursued, especially in the field of medicine. As a result, the access to jobs, matching the individuals' competences and skills will be facilitated. Refugees and migrants from Venezuela benefiting from assistance (shelter, WASH, food security) from multisector partners, will also be targeted by integration interventions, as part of a comprehensive response for refugees and migrants to achieve self-sufficiency, relieving host communities of the burdens of humanitarian and social assistance.









The actions of the Integration Sector also seek to develop synergies with government organizations, who,

as regulators, can ensure a smoother integration of refugees and migrants into the formal labour market, and the private sector, so to provide sustainability to the actions carried out by the Platform.











MULTISECTOR









FOOD SECURITY

PEOPLE IN NEED: 123 K	 42.1%	 7.90%	 41.9%	 8.10%
PEOPLE TARGETED: 41.2 K	 42.6%	 7.22%	 42.8%	 7.38%
TOTAL REQUIREMENTS: \$2.33 M	RMRP PARTNERS: 4			









SHELTER

PEOPLE IN NEED: 158 K	 43.4%	 6.21%	 44.1%	 6.29%
PEOPLE TARGETED: 59.3 K	 43.4%	 6.25%	 44.0%	 6.35%
TOTAL REQUIREMENTS: \$ 4.68 M	RMRP PARTNERS: 4			

HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED: 4.79 K	 43.4%	 6.21%	 44.1%	 6.29%
PEOPLE TARGETED: 769	 49.9%	 --	 50.1%	 --
TOTAL REQUIREMENTS: \$150 K	RMRP PARTNERS: 1			

WASH

PEOPLE IN NEED: 216 K	 43.4%	 6.21%	 44.1%	 6.29%
PEOPLE TARGETED: 36.1 K	 43.4%	 6.26%	 44.0%	 6.34%
TOTAL REQUIREMENTS: \$2.29 M	RMRP PARTNERS: 2			

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

According to World Bank data, Chile's economy began to decline as of October 2019 due to the prolonged social unrest in the country, with forecasts projecting further negative growth due to the impact of COVID-19 and the uncertainties associated with national political processes.¹⁴⁵ Although, the Central Bank of Chile estimates that the economy will gradually recover in

2021¹⁴⁶, several reports estimate that the unemployment rate will remain around 8 per cent in the first half of 2021¹⁴⁷, which means that around 50 per cent of commercial services may face layoffs. This will directly affect refugees and migrants from Venezuela, as many of them are working in sectors affected by the economic downturn and in the informal labour market, impacting their ability to meet their basic needs.

The rising rates of unemployment in Chile has created increased needs in several areas among refugees and migrants from Venezuela, especially as many enter the country in impoverished conditions.

The priority needs of refugees and migrants to be tackled by multisectoral assistance partners will relate to: temporary accommodation (shelters and hostels); support for rental payments for those at risk of evictions (since they can no longer pay the rent); hygiene measures and hygiene and food kits and well as PPEs for those in-transit and to prevent the spread of COVID-19; access to potable water, especially for those who recently arrived in Chile and those who reside in unsuitable settlements; and connectivity for refugees and migrants to access channels for requesting aid provided by the government and for children to pursue remote education. Finally, recognizing that Chile is a country with a length of 4,329 kilometers and the journeys are often long and expensive, and that during the COVID-19 pandemic, national health protocols are to be respected, humanitarian transport will be provided to mitigate the risks of human trafficking, smuggling and GBV.

RESPONSE STRATEGY

The Multisectoral Assistance strategy will be based on four key areas of intervention, namely:

1) WASH

Partners will seek to improve access to WASH services and facilities in the northern part of the country, such as Arica, Tarapacá and Antofagasta, where irregular border crossings by refugees and migrants trigger the need for these services. At different transit points, partners will provide bottled water and hygiene items taking into account the required COVID-19 sensitive measures. Partners will also provide water and sanitation services to refugee and migrant households in places of temporary shelter.

145. World Bank Chile Overview. Available at: <https://www.worldbank.org/en/country/chile/overview>

146. https://www.bcentral.cl/documents/33528/2475116/ipom_sep_2020.pdf/1ebcbbc2-b0f2-eef8-139d-e092da2b170b?t=1599065310770

147. <https://www.latercera.com/pulso/noticia/la-recuperacion-del-empleo-tardara-en-chile-y-el-mundo-segun-el-fmi/JUTV5K6WRNGNHEFWJTLX424PE/>
<https://www.fundssociety.com/es/noticias/mercados/bci-estudios-proyecta-que-la-cuarentena-se-flexibilizara-en-chile-en-junio-y-que-el-crecimiento-economico-volvera-en-2021>

2) Shelter

R4V partners will establish new, and equip existing temporary shelters, particularly in the north of the country, with beds, mattresses, bedding and kitchen equipment, and will also support such facilities with personnel to manage them. Partners will support with the payment of rooms in hostels/hotels for refugee and migrant families from Venezuela with children and adolescents, as well as for the elderly and those with chronic diseases. Rental assistance in the form of cash will be provided to vulnerable households, especially for those at-risk of eviction due to the loss of employment, for a period of one to three months. Partners will also distribute household items and warm clothes during the winter season.

3) Food Security

R4V partners will provide food boxes to vulnerable refugees and migrants and households, focusing on those unable to access government-run programmes. Families with children, the elderly or people with chronic diseases will be prioritized. Distributions will be focused on the northern areas of Arica, Tarapacá and Antofagasta, as well as the Metropolitan Region (Santiago). Partners will also deliver food kits to those who have entered through irregular border points and at different transit points in the country identified by R4V partners.

4) Humanitarian Transportation

The Humanitarian Transportation strategy is focused on assisting refugees and migrants located in the northern part of the country, particularly in Arica, Tarapacá and Antofagasta, who entered the country using irregular border points, who started the procedures for their regularization and who have family and friends in other parts of Chile. These actions will be carried out by partners who will accompany the concerned individuals throughout the travel and will address their food and needs for transitory stays (where applicable) to ensure that families arrive safely at their final destinations.



PROTECTION

PEOPLE IN NEED

316 K

↑ 43.4% ↑ 6.21% ↑ 44.1% ↑ 6.29%



PEOPLE TARGETED

41.7 K

↑ 39.1% ↑ 10.2% ↑ 40.5% ↑ 10.2%



TOTAL REQUIREMENTS

\$7.95 M



RMRP PARTNERS

6



SECTOR LEADS

UNHCR-WVI

PRIORITY NEEDS

As a result of the impact of the COVID-19 pandemic, the protection risks faced by Venezuelan refugees and migrants increased considerably during 2020. There has been an increase in cases of women and children becoming victims of GBV, including domestic violence, and of human trafficking. Additionally, refugees and migrants from Venezuela face barriers in the enjoyment of their rights and access to basic services, including national social benefits. In many cases, this is due to a lack of information and documentation. The closure of borders and the introduction of the Democratic Responsibility Visa in 2018 (VDR, by its acronym in Spanish, a temporary residence visa for Venezuelans for a period of one year and extendable for the same period) and the Consular Tourism Visa (VCT, by its acronym in Spanish) for Venezuelans in June 2019 (both can only be obtained before travelling to Chile), have contributed to an increase in irregular movements. Many of these movements are facilitated by smuggling networks, entailing risks to individuals' physical and mental wellbeing, in addition to the extreme weather conditions in northern Chile and the risk of anti-personnel mines that exist in the area.¹⁴⁸

148. Chile reported areas under its jurisdiction or control in which anti-personnel mines are known or suspected, in accordance with its

During 2020, efforts were made to improve access to information on the requirements for entering the country, as well as on accessing RSD procedures, migratory regularization and access to other rights, such as education, health and housing. During 2021, these efforts need to be reinforced, as the lack of information remains one of the main barriers for refugees and migrants in accessing their rights. There is an additional need to facilitate family reunification, which remains a priority for refugees and migrants from Venezuela, as well as the need to enhance the protection provided to UASC.

RESPONSE STRATEGY

According to the needs described above, interventions of the Protection Sector, which will target some 40,000 refugees and migrants from Venezuela and will focus on the following:

- Facilitate and promote access to information and legal advice to ensure regular and secure access to the territory, RSD procedures, migratory regularization procedures, as well as to basic services throughout the country. Information materials will be produced and disseminated, both in hard copy and digital (including through the Regional R4V Service Mapping tool), and through instant messaging systems. Support Spaces will be consolidated as a network of coordinated and connected facilities in which integrated services are provided in accordance with regional Standard Operating Procedures (SOPs), and in response to the needs of the Venezuelan population. Persons may access additional information and services in these facilities which are located throughout the country.
- To address protection risks faced by refugee and migrant children, comprehensive childcare centres will be established (or strengthened) to provide them with access to psychosocial care tailored to their needs. In addition, advocacy actions will be conducted with relevant authorities, to advocate for better access to rights and living conditions for refugee and migrant children and adolescents. Regionally coordinated efforts by partners will facilitate family reunifications, prioritizing the protection of the best interests of children through updated SOPs and referral mechanisms in close coordination with national child protection authorities.
- In line with the commitments made within the framework of the intergovernmental Quito Process and in coordination with government authorities, partners will promote initiatives to strengthen asylum mechanisms, including the possibility of implementing regional projects to achieve this objective. This will be achieved through the promotion of, capacity building for and strengthening of the Refugee Status Recognition Commission and national asylum and migration authorities.
- In order to prevent instances of human trafficking, and to strengthen the capacities to identify potential victims of trafficking, training will be developed and implemented in coordination with the relevant national authorities and provided to public officials, R4V partners, CSOs and Venezuelan community organizations. Partners' institutional response for victims of trafficking will also be strengthened and promoted, by providing shelters and direct psychosocial support and CVA to the victims.
- To address the increasing incidents of GBV, partners will carry out joint work with relevant national and local authorities. In close coordination with national authorities for women's rights and gender equality and the regional Support Spaces network, R4V partners will conduct trainings for CSOs on case management, relating SOPs and referral pathways.
- Partners will conduct capacity building and awareness-raising sessions on international protection for police, border control officers, National Migration Department, which will seek to improve protection responses and exchange of best practices between public officials, R4V partners and civil society.

The activities of the Sector will be implemented in the Metropolitan Region (Santiago), in the municipalities in the north with a high presence of Venezuelan refugees and migrants, such as Arica, Iquique, and Antofagasta, in the center of the country, such as Valparaiso, and in the south, prioritizing Puerto Montt, Concepción, Valdivia and other areas where the concentration of refugees and migrants from Venezuela has increased in recent years. Coordination between the multiple stakeholders (CSOs, local governments, public institutions, academia, the private sector, intergovernmental organizations, etc.) will be enhanced and promoted, as well as cross-border coordination with different R4V partners based in neighbouring countries such as Peru, Bolivia and Argentina, as well as with the regional Protection Sector.

R4V partners will ensure frequent contact with representatives of Venezuelan refugee and migrant communities throughout the activities' implementation, so that strategic interventions can be adjusted to emerging or changing protection needs throughout the year. Two-way communication channels will be put in place and regularly complemented with focus group discussions to assess the protection impact of all interventions and outreach to Venezuelan associations.

COLOMBIA





COLOMBIA AT A GLANCE



POPULATION
PROJECTION 2021
5.10 M

- 31.3%
- 18.7%
- 29.6%
- 20.4%

VENEZUELAN IN DESTINATION	2.08 M
VENEZUELAN PENDULAR	1.87 M
COLOMBIAN RETURNEES	980 K
* IN TRANSIT	162 K



PEOPLE
IN NEED
4.13 M

- 33.2%
- 16.7%
- 33.0%
- 17.1%

VENEZUELAN IN DESTINATION	1.64 M
VENEZUELAN PENDULAR	992 K
COLOMBIAN RETURNEES	625 K
HOST COMMUNITY	742 K
* IN TRANSIT	127 K



PEOPLE
TARGETED
1.80 M

- 35.7%
- 21.4%
- 23.4%
- 19.5%

VENEZUELAN IN DESTINATION	942 K
VENEZUELAN PENDULAR	188 K
COLOMBIAN RETURNEES	174 K
HOST COMMUNITY	396 K
* IN TRANSIT	102 K



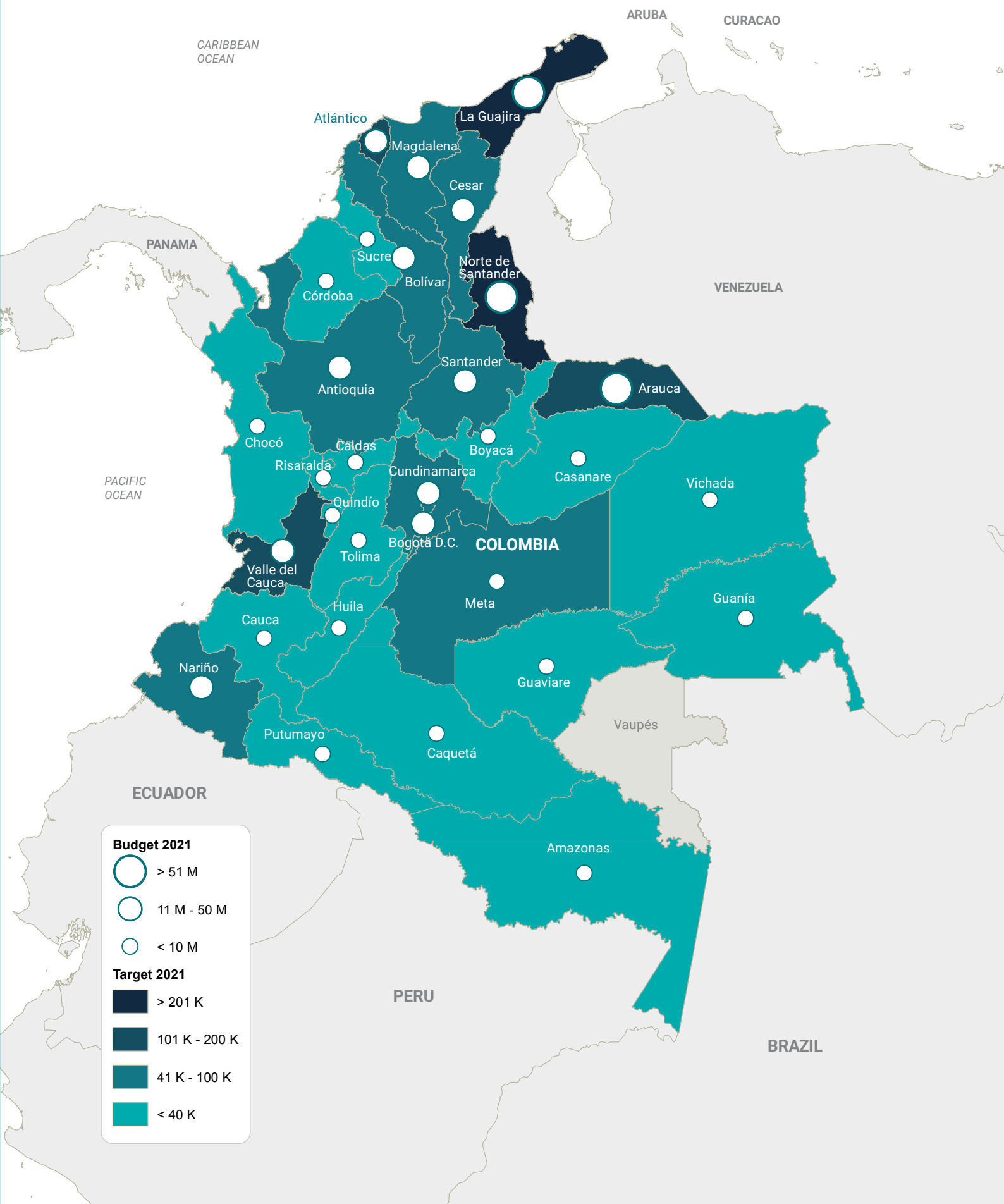
TOTAL REQUIREMENTS
\$641 M



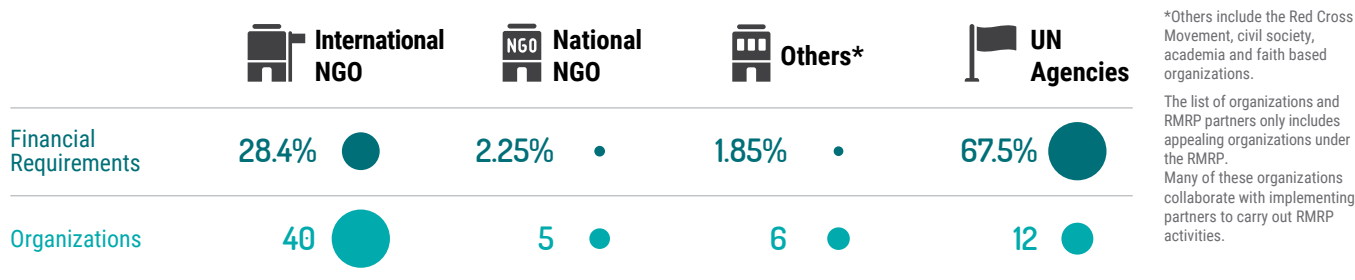
RMRP PARTNERS
63

*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.























































REQUESTED FUNDING AND BENEFICIARIES TARGETED



NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	2.17 M 	382 K	\$45.5 M 	17 
 Food Security	3.20 M 	1.14 M	\$111 M 	18 
 Health	3.52 M 	1.13 M	\$145 M 	34 
 Humanitarian Transportation	153 K 	25.5 K	\$967 K 	8 
 Integration	3.86 M 	151 K	\$72.6 M 	31 
 Nutrition	752 K 	171 K	\$7.98 M 	9 
 Protection*	3.44 M 	463 K	\$36.3 M 	27 
 Child Protection	1.11 M 	248 K	\$23.4 M 	22 
 GBV	760 K 	118 K	\$16.3 M 	28 
 Human Trafficking & Smuggling	- 	-	\$8.30 M 	8 
 Shelter	2.94 M 	225 K	\$21.6 M 	14 
 WASH	2.82 M 	633 K	\$17.9 M 	32 
 Multipurpose Cash Assistance			\$121 M 	20 
 Common services**			\$12.5 M 	22 

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

COUNTRY OVERVIEW

In 2020, Colombia continued being the recipient of the highest number of refugees and migrants from Venezuela, hosting an estimated 1.72 million people¹⁴⁹, or approximately 37 per cent of the 4.6 million Venezuelans in the region.¹⁵⁰ In addition to this population, the country hosts Colombian and binational returnees (nearly 845,000 in August 2020¹⁵¹), Venezuelans in transit and crossing the border in pendular movements.

The Government of Colombia has shown commitment and continued efforts to support the regularization of the Venezuelan population, notably through three rounds of renewal of the Special Stay Permit (Permiso Especial de Permanencia, PEP) and the implementation of two additional rounds, including the Special Permit to Stay for the Promotion of Formalization (PEP-FF¹⁵²), with a total of 693,694 PEP issued as of October 2020.¹⁵³ In addition, the Colombian government has presented draft legislation for a comprehensive migration policy, including sections especially covering refugees. The Government has also supported the prevention of statelessness by granting Colombian nationality to 47,617 children born in Colombia to Venezuelan parents.¹⁵⁴ Notwithstanding the above efforts by the Colombian government, 56.4 per cent of Venezuelans in Colombia are estimated to be in an irregular situation.¹⁵⁵ Such irregularity increases the exposure to protection risks during border crossing and transit, including sexual exploitation, trafficking and smuggling of persons, recruitment and use of children by armed actors, gender-based violence (GBV), family separation and incidents with irregular armed groups operating at the border, impacting also their

health and well-being. For refugees and migrants with the intention to stay in Colombia, the lack of regular status creates additional barriers and limitations to accessing rights, services and opportunities.

The third round of the Joint Needs Assessment (JNA III¹⁵⁶) conducted by the National Platform in Colombia, known as the Inter-Agency Group on Mixed Migratory Flows (GIFMM¹⁵⁷) in July 2020 - shows that the living conditions of refugees and migrants with the intention to stay in Colombia have deteriorated significantly following the introduction of the COVID-19 preventive isolation measures. The loss of income from formal and informal jobs has decreased their ability to access basic goods and services, such as food, health, and education: 60 per cent of households reported to have a source of income from employment, compared to 86 per cent before COVID-19.¹⁵⁸ 69 per cent of those surveyed stated that they had been deprived of at least one meal a day out of the three required, with 60 per cent of the households eating twice a day, and 9 per cent eating only once; 42 per cent of households surveyed reported having to beg for money on the street.¹⁵⁹

The reduced ability to pay rents and other housing costs has resulted in evictions, mostly affecting women, with an estimated one in four households left homeless after such incidents.¹⁶⁰ The limited access to water, sanitation and hygiene, and situations of overcrowding have had negative impacts on physical and mental health.¹⁶¹ In addition, many families are reporting that they cannot access the basics required to protect themselves from the virus such as PPEs

149. According to Colombia Migration, as of 30 August 2020, a total of 1,722,919 Venezuelans with intention to stay in Colombia, <https://bit.ly/2lC5zFh>

150. Venezuelan refugees and migrants in the region, November 2020: <https://r4v.info/es/documents/details/82846>

151. Source: National Civil Registry Office, reporting period: 01 January to 30 August 2020.

152. Permiso Especial de Permanencia para el Fomento de la Formalización, for its Spanish acronym.

153. Source: Colombia Migration - PEP Public dashboard, available at: <https://tabsoft.co/33nPpH5>.

154. Source: National Civil Registry Office, reporting period: August 2019 (start of this disposition) to 30 August 2020.

155. Source: Colombia Migration, as of June 30: <https://bit.ly/3bFYhKP>.

156. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <https://r4v.info/es/documents/details/79281>. These results are representative for the 128,000 households that are in the databases that correspond to the evaluation's sample population. The fact that households surveyed may have more access to humanitarian assistance means that these results may not necessarily be representative for all refugees and migrants from Venezuela in Colombia.

157. Grupo Interagencial sobre Flujos Migratorios Mixtos, by its Spanish acronym.

158. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <https://r4v.info/es/documents/details/79281>. See more about the scope and limitations of this assessment in footnote 9.

159. For additional information deriving from the first two rounds of the GIFMM's JNAs, please see: <https://r4v.info/es/documents/details/78013> (June 2020) and <https://r4v.info/en/documents/details/76032> (May 2020).

160. Through a monitoring exercise with GIFMM partners, 466 incidents were reported between June and October 2020 affecting more than 1,909 people, of which 53.8 per cent were women: of those, 15 per cent were pregnant or lactating women. 7 per cent of the total number of evicted children were unaccompanied and separated. 25 per cent of the evicted households have been left in the street. Additionally, there is evidence that a significant number of women have had to resort to survival sex to avoid eviction.

161. According to the third round of the [GIFMM Joint Needs Assessment \(JNA\)](#) in July, in terms of water and basic sanitation, 33 per cent of households surveyed do not have access to improved water sources and 36 per cent of households do not have access to drinking water when required. In addition, in terms of housing and shelter, 67 per cent of households are in a situation of overcrowding in their residence, as defined by the National Census of Population and Housing (DANE 2018), where overcrowding occurs when three or more people occupy a room. In 18 per cent of the homes surveyed, seven or more people have slept per room in the week prior to data collection. See footnote 22 for further detail on the scope and limitations of this assessment.

(personal protective equipment). This situation has increased instances of discrimination and xenophobia against refugees and migrants from Venezuela who are scapegoated or considered vectors of the pandemic.¹⁶²

The crisis has also affected already vulnerable host communities, some of which are displaced and/or residing in areas with limited access to basic services.

The measures adopted to prevent the spread of COVID-19, including border closures, except for entries and exits for reasons of education or *force majeure*¹⁶³, have led Venezuelans to cross borders at informal pathways and crossing points known as “trochas”. Between March and November 2020, more than 119,000 Venezuelans returned to their country mostly due to their limited and sometimes precarious socioeconomic conditions in Colombia.¹⁶⁴ During the third quarter of 2020, it has been observed that an increasing number of Venezuelans is coming back to Colombia from Venezuela. Colombian migration authorities estimate that some 80 per cent of Venezuelans who had previously returned to their home country are expected to re-enter Colombia over a period of three to six months, accompanied by one more person.¹⁶⁵

This could translate into an influx of approximately 200,000 individuals by end-2020 (an estimation made at time of drafting of this Response Plan¹⁶⁶).

Although the projected increase in the refugee and migrant population in 2021 is lower than that of 2020, the proportion of people in need is higher, reflective of increased vulnerabilities, as described in the July 2020 GIFMM needs assessment, particularly for pregnant and lactating women, and youth, people with disabilities or chronic diseases, the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) population¹⁶⁷ with specific measures for the response to refugees and migrants within the COVID-19 emergency context, such as authorized border crossings to Venezuela under exceptional circumstances, multi-sectoral humanitarian assistance, and increased coordination of the response with the national authorities. The plan expresses the need for additional funding to ensure effective and long-term integration. This illustrates the relevance and urgency of continued funding to address the needs of this population. The GIFMM is aiming to continue the joint work in complementarity with the Government.

162. According to a phone-based survey by *Semana* magazine (Migración Venezuela project), with support from ACIDI/VOCA to 1,003 people in 91 cities and municipalities in the country, “71 percent of those surveyed consider that migration increases poverty; 64 percent, that migration imposes a burden on the State’s social services; and only 28 percent see it as an opportunity for the country’s development”, stating also that “from confinement, those surveyed showed greater rejection of migrants than in July 2019, when the baseline of the same survey was conducted”. See more about this analysis -including technical data- at: <https://bit.ly/3iFMdLs>

163. Following the declaration of the Sanitary Emergency under Resolution 1385 (12 March 2020), the Colombian Government ordered the closure of the border with Venezuela, under Decree 402 (13 March 2020), with exceptions related to educational activities undertaken by pendular children and adolescents, or unforeseeable circumstances (*force majeure*).

164. Source: Colombia Migration (22 October 2020). These returns include some pendular movements from the first days of the border closure.

165. Source: Colombia Migration (30 June 2020). For the second consecutive month the number of Venezuelans living in Colombia decreased: <https://bit.ly/3hvlwYf>

166. Source: <https://www.semana.com/nacion/articulo/la-razon-de-200000-venezolanos-para-volver-a-colombia-en-los-siguientes-meses/202028/>

167. Source: Colombian Presidency (6 April 2020). Colombia includes migrants in its response to COVID-19 but needs more international support: <https://bit.ly/35zoMjQ>. The plan includes measures taken on: i) border management ii) access to healthcare iii) adaptation of humanitarian assistance programmes iv) specific attention to vulnerable refugees and migrants v) focalized programmes in high-impact spots vi) coordination and information.

RESPONSE STRATEGY

COUNTRY-SPECIFIC PLANNING SCENARIO

The planning scenario for Colombia, developed in close consultation with GIFMM members, partners and other stakeholders, including the national Government, should be interpreted in the context of the unpredictable evolution of the COVID-19 crisis in 2021. The most likely scenario is a moderate increase in the number of refugees and migrants arriving in Colombia, as well as Colombian returnees. Developments such as increased prevention of COVID-19 transmission and a gradual reopening of the economy are likely to allow for the progressive lifting of restrictive measures at the borders and across the country. Therefore, and considering the on-going crisis in Venezuela, a gradual re-entry¹⁶⁸ is foreseen for those who had returned to Venezuela during 2020, as well as a continued inflow of other refugees and migrants and Colombian returnees, possibly with exacerbated needs.

Under this scenario, by end-2021, 2.08 million refugees and migrants with intention to stay are projected to reside in Colombia; 979,000 Colombian and binational returnees, including first-generation (born in Colombia) and second-generation returnees (children of Colombians born in Venezuela). Furthermore, it is estimated that 162,000 people will transit to neighboring countries as the borders (especially with Ecuador and Peru) gradually reopen. In parallel, counter-flows of some 19,400 Venezuelans entering from Ecuador are expected, with the intention to return to their home country. An additional 1.87 million Venezuelans are expected to continue crossing the border in pendular movements¹⁶⁹ between Venezuela and Colombia.

Overall, it is estimated that, by end-2021, some 4.13 million people will require one or more types of assistance in Colombia, including 1.64 million refugees and migrants from Venezuela with the intention to stay in Colombia, 625,000 Colombian and binational returnees; 127,000 in-transit; 992,000 people crossing the border in pendular movements, as well as 742,000 members of host communities.

SCOPE OF THE RESPONSE

While the Plan covers 31 of the country's 32 departments, the response prioritizes the border areas with Venezuela and Ecuador as regions with a high concentration of refugees and migrants with an intention to stay, as well as remote areas with

limited capacities to respond to people's needs. The Plan is aligned with the regional strategic objectives to provide humanitarian assistance, protection, and promote socioeconomic and cultural integration.

Complementing the Government's response, the Plan seeks to provide and improve safe and dignified access to essential goods and services, in synergy with sustainable development approaches, taking into account environmental considerations. This will be developed through the provision of in-kind assistance and services related to physical, mental, sexual and reproductive health, access to food, safe water, hygiene and sanitation, temporary and mid-term shelter interventions, and emergency education. In the mid-term, the Plan seeks to mitigate barriers to integration in the formal labour market and promote self-employment, improve access and inclusion in national healthcare and education systems, strengthen nutrition and livelihood interventions, and develop local care and response capacities of partners and institutions, including for the formulation, implementation and monitoring of public policies. Activities to prevent and mitigate protection risks and respond to protection incidents are also prioritized, including the strengthening of the conditions for safe access and transit through the territory, access to documentation, regularization processes and procedures to seek asylum. Interventions to reduce risks associated with GBV, human trafficking and smuggling will be strengthened, prioritizing the care and protection of people with specific needs (unaccompanied and separated children (UASC), women, girls and adolescents, elders, people with disabilities, the cross-border indigenous population, the LGBTQI+ community, and people who are living in areas with the presence of armed groups). Furthermore, the response seeks to strengthen opportunities for socio-economic integration and social cohesion through inclusive processes, improving the standards of living and resilience of the affected population considering age, gender and diversity approaches. This includes promoting social cohesion with host communities through increased access to regular and formal employment opportunities and financial inclusion, in line with the requirements for peaceful coexistence and prevention of xenophobia. The response integrates approaches to prevent COVID-19 transmission, through the adaptation of infrastructure, hygiene promotion and increased access to virtual platforms to support remote learning.

168. The gradual - not massive - nature of this re-entry would have to do with possible restrictions on access to Colombia at border crossings due to the possible COVID-19 prevention measures.

169. Pendular movement refers to temporary and repeated population movements across the Colombia-Venezuela border. Venezuelans in pendular movement usually cross the border to buy goods (mainly food), to access services such as health and education, and to work in the informal labour market for income generation.

RESPONSE APPROACH AND MODALITIES

The response covers a diverse range of assistance modalities: in-kind assistance includes the provision of food, household items, water treatment products, hygiene and dignity kits, inputs to support businesses, and the adaptation of health, WASH and education infrastructure. Furthermore, some of the healthcare, legal assistance, protection, and integration services, including case referrals, will be provided directly by GIFMM members. Additionally, initiatives will be implemented to strengthen partners' and institutions' operational and technical capacity around topics related to protection, socio-economic and cultural integration, health, shelter, education, as well as joint contingency and preparedness planning with national and local authorities. The intersectoral nature of the response is evidenced by joint actions, such as the provision of WASH services in and around essential infrastructure coordinated by other Sectors, as well as the provision of transportation for medical emergencies and protection cases. Cash and voucher assistance (CVA) has increased and been an essential response modality during the pandemic. Their multipurpose use will continue, as will interventions to achieve sector-specific objectives related to emergency healthcare and GBV, shelter and food assistance, to promote financial inclusion (Integration sector) and to facilitate access to hygiene items.

RESPONSE PRINCIPLES (AAP, PSEA, ENVIRONMENT, CENTRALITY OF PROTECTION, GENDER)

Gender, Centrality of Protection, and environmental approaches have been integrated into every stage of the planning process. Partners have self-evaluated their Regional Refugee and Migrant Response Plan (RMRP) 2021 interventions using the Gender-Age Marker (GAM), as seen in 89 per cent of the submissions. 80 per cent of organizations reported having integrated gender analysis to identify the needs and response strategy; this proportion is 18 per cent points higher than the one included in the RMRP 2020. In addition, the protection mainstreaming approach is strengthened across all Sectors through capacity building on the principle of Centrality of Protection to partners, ensuring safety and dignity, avoiding incidental harm, promoting safe access without discrimination, participation, and empowerment of affected people, particularly the ones with specific needs.

Partners also evaluated their interventions by using the RMRP's Environment Marker: 94 per cent of organizations state that they have assessed - partially or entirely - the environmental aspects that may impact and/or be impacted by their interventions, or that they will still consider environmental issues in the ongoing planning process.

During the 2021 planning process, the perspectives of refugee and migrant communities were integrated through three joint needs assessments of the GIFMM, during which households¹⁷⁰ expressed their needs and priorities, and through consultations with various Venezuelan organizations in Colombia before and during the RMRP planning workshops. The principle of accountability to affected populations (AAP) was integrated within the response planning, promoting the participation of affected people in decision-making regarding the response through the creation of community spaces for monitoring. Similarly, actions related to the protection from sexual exploitation and abuse (PSEA) have been integrated. They include the integration of PSEA into codes of conduct; raising awareness among staff of R4V partners about compliance with standards of conduct and a Zero Tolerance Policy, and the establishment of secure and confidential reporting channels for SEA complaints.

170. This included >730 households (Round 1), >2,500 (Round 2) and >3,100 (Round 3). It should be noted that, as the JNAs include a panel analysis, some households were contacted during both round 1 and round 2



CASH & VOUCHER ASSISTANCE

PRIORITY NEEDS

The relevance of multipurpose cash transfers is clearly reflected in the main needs of the refugee and migrant population in the JNA III GIFMM: access to food (91 per cent), shelter or housing support (67 per cent), and employment (or income sources, 54 per cent). During this assessment, 72 per cent of the households prioritizing food and 80 per cent of those prioritizing shelter stated that they preferred cash transfers as an assistance modality.

Similarly, the results of monitoring exercises by the Cash Working Group in Colombia show that beneficiaries of these programs allocate resources mostly to food and housing. The third need identified during the GIFMM JNA III (access to employment) is directly linked to the lack of economic resources to cover basic needs, which cash transfers seek to address. In addition, a cash intervention is considered a more dignified form of assistance than in-kind assistance. Furthermore, other sectoral needs directly related to the lack of economic resources were identified in the JNA III GIFMM, particularly barriers to access to education, WASH, household items and healthcare.¹⁷¹

RESPONSE STRATEGY

The response will focus on vulnerable households that are unable to meet their basic needs and face food insecurity, lack access to decent and safe housing, resort to selling assets and begging on the streets to meet their needs, are exposed to protection risks, or are unable to engage in activities to further their socio-economic integration.

Multipurpose cash transfers will aim to reduce economic vulnerabilities and their consequences, jointly with other sectoral interventions; also seeking to contribute to specific Sector outcomes, such as increased food security, protection, access to housing, socio-economic and cultural integration. Multipurpose cash transfers will provide refugees and migrants with a dignified manner to choose what type of assistance they want. Accordingly, GIFMM members will coordinate with the Cash Working Group, to ensure a harmonized intervention in terms of targeting criteria and processes (based on socioeconomic vulnerability and through referral systems for sectoral interventions), intersectoral coordination and exit strategies (e.g. linkages with the social protection system).

Multipurpose transfers will be accompanied, where feasible (depending on the operational constraints posed by the COVID-19 context), by joint interventions whose objective is to promote access to public services (e.g. health or education), raise awareness and provide training on topics such as GBV, regularization processes, nutrition, legal advice or entrepreneurship.

Members will implement Cash and Voucher Assistance (CVA) activities in compliance with the Government's guidelines respecting the maximum transfer amount, co-responsibility and inclusion of host communities. In parallel, partners are committed to increase efforts to systematically integrate AAP, community participation, Communication with Communities (CwC) tools and cross-cutting issues such as PSEA, gender, age and diversity within their response.

171. According to the third round of the GIFMM Joint Needs Assessment (July 2020), in Education, the lack of income has made it difficult for children to access education even before the COVID-19 emergency, a situation that is aggravated for those between 12 and 17 years old, who even report the need to work. The WASH and Multisector Sectors identified lack of income as a barrier to accessing hygiene, cleaning and disinfection items, personal protection items and household items. In terms of health, the high cost of services and medicines is a limitation to accessing medical treatment.



COMMUNICATION WITH COMMUNITIES (CWC)

PRIORITY NEEDS

Communication with Communities/Communication for Development (CwC/C4D) plays a key role in ensuring protection and effective access to accurate information on services available to refugees, migrants and host communities. Under the framework of the GIFMM, a Task Force has been set up to guide and monitor implementation of this aspect of the Platform's work. During the COVID-19 emergency, the levels of vulnerability among refugees and migrants increased due to the isolation measures, border closures and the limitations in accessing healthcare.

Therefore, it is a priority for the CwC Task Force to adjust and adapt communication strategies to ensure the participation and representation of population with specific protection needs such as UASC, GBV survivors, victims of trafficking and smuggled migrants, pregnant and lactating women and people in transit, who often have difficulties accessing media and communication channels.

RESPONSE STRATEGY

The CwC/C4D approach seeks to promote the dissemination of timely messages adapted to the needs of the refugee and migrant population on protection and risk prevention, regulatory advances and self-care practices (particularly in relation to COVID-19). The response is aimed at strengthening two-way participation and communication through mechanisms tailored to age, gender, and diversity profiles among refugees, migrants, and host communities.

The response priorities of the Task Force include:

1. Promote the participation of refugees and migrants through Accountability to the Affected Population (AAP) strategies, promoting two-way communication and feedback mechanisms.
2. Promote strategies to disseminate awareness messages about risks and vulnerabilities.
3. Provide guidance to Sectors on good practices in feeding back information to communities, including leading the design and support of cross-sectoral initiatives.

The CwC Task Force will ensure the creation and dissemination of key prevention messages on COVID-19, along with Health, Water, Sanitation and Hygiene and the Health Sector, to disseminate referral pathways and the implementation of initiatives to promote affiliation to the health system.



EDUCATION

PEOPLE IN NEED*

2.17 M

↑ 26.3% ↓ 25.8% ↑ 22.5% ↓ 25.4%



PEOPLE TARGETED*

382 K

↑ 1.25% ↓ 49.1% ↑ 7.05% ↓ 42.6%



TOTAL REQUIREMENTS

\$45.5 M



RMRP PARTNERS

17



*Includes figures for in-transit population

SECTOR LEADS

NRC-SAVE THE CHILDREN-UNICEF

PRIORITY NEEDS

During the COVID-19 emergency, 27 per cent of households with Venezuelan children aged between 6 to 11 years with the intention to stay, and 37 per cent of households with children aged between 12 to 17 years report not having access to formal learning activities.¹⁷² Even before the COVID-19 crisis, many children and youth faced difficulties in accessing education due to adverse economic conditions and a lack of places in schools, particularly for children from bi-national indigenous communities and those with disabilities.

Taking into special consideration the COVID-19 preventative measures, such as temporary school closures and implementation of virtual learning models, the main needs for 2021 are: i) access to and inclusion in the Colombian education system; ii) educational models adapted to the needs of refugee and migrant children and youth, including

with pedagogical and curricular adjustments in case of a reopening of schools and in compliance with COVID-19 prevention measures, to support school returns in a gradual and safe manner; and, iii) access to materials and devices required to continue learning, through virtual education and other alternative learning modalities. In addition, for girls and boys in-transit, non-formal learning strategies are required, including early childhood education as well as educational activities in temporary shelters and in Support Spaces along transit routes.

RESPONSE STRATEGY

Scope of the sector response

An estimated 2.17 million people will be in need of one or more interventions related to education, while the target population corresponds to 382,000 people. The Sector response will focus on supporting ongoing access to education for girls, boys and adolescents in regular and irregular situations as well as early childhood education. Likewise, projects will integrate pedagogical and methodological adjustments to ensure the education response is adapted to refugee and migrant children and youth, including approaches tailored to the differing needs according to gender, ethnicity and disability. To estimate the people in-need of an education intervention, the Sector considered girls, boys and adolescents that were not enrolled in formal education before the onset of COVID-19, children who lag behind their peers, and those living in households without internet access (37 per cent of households according to the GIFMM's joint needs assessment of July), due to the particular importance of having access to telecommunications in the COVID-19 context.

Response priorities

The three priorities for the Sector's response are:

1. Promote increased continuous access to education including early childhood education, provision of educational materials and increased connectivity for refugee and migrant girls, boys and adolescents and those from host communities.
2. Strengthen the capacities of schools and educational authorities at the local level by adapting and implementing flexible educational models certified by the Ministry of Education to reduce the pressure in the national educational system and to offer education alternatives to girls, boys and adolescent refugees and migrants, Colombian returnees and host communities, including learning loss recovery and reinforcement programmes.
3. Strengthen the alternation learning model¹⁷³ by building teachers' capacities, protocols for distance learning and pedagogic approaches to blended education, as well as continuous dissemination of COVID-19 prevention messages.

172. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <https://r4v.info/es/documents/details/79281>

173. The 'alternation learning model' refers to the option, promoted by the Ministry of Education, of combining strategies of educational work (classes) at home with face-to-face meetings in educational establishments, approved by families and students, and complying with COVID-19 prevention measures.

Integrated response approaches

The Sector strategy includes coordination with the Protection Sector and its Sub-sectors to develop comprehensive educational materials, the activation of referral pathways, identification of possible GBV cases, prevention of xenophobia, exploitation and sexual abuse, interventions to promote a safe learning environment in educational institutions and with school committees and strengthening early childhood education inside the protection spaces for children between 0 and 5 years of age, in coordination with the Child Protection Sub-sector.

Likewise, coordination will be undertaken with the WASH Sector to implement COVID-19 prevention measures targeting students and staff, such as training in handwashing practices and reinforcement of WASH services and infrastructure at schools, among others, with the Multisector Group to provide computers and internet connectivity for access to online learning modalities directly to refugees and migrants as well as in schools, with the Integration Sector to accredit and certify prior learning for both adolescents and adults, and with the CwC Task Force for the promotion of COVID-19 prevention messages.

Response modalities

The response will prioritize the strengthening of the capacities of the Ministry of Education, the Colombian Institute of Family Welfare (ICBF for its Spanish acronym), the local Secretariats of Education, schools and teaching staff. Furthermore, in-kind deliveries of school kits, supplies and school refurbishments will be provided. Likewise, the Sector will evaluate potential multipurpose cash strategies for families to encourage school attendance, ensuring cross-cutting approaches such as gender, age, diversity and environment throughout 2021.

Good programming / collective accountability considerations

The continuity of school feeding programmes is essential as a complementary action to ensure sound learning outcomes. Likewise, coordination with the Ministry of Education will be prioritised to ensure synergies between the response and the needs of school-age children at national and local level. Also, strategies to raise awareness, disseminate information on PSEA with communities and training to stakeholders, beneficiaries and implementing partners, aiming to strengthen their skills to identify risks of sexual exploitation and abuse in line with national and international protection standards will be undertaken. Additionally, affected communities will be involved during the different stages of projects' implementation. Furthermore, the creation of confidential and accessible feedback mechanisms will be prioritized.



FOOD SECURITY | NUTRITION

PEOPLE IN NEED*

3.20 M | 752 K

↑ 34.0% | 33.7% ↑ 15.9% | 16.0% ↑ 33.2% | 33.1% ↑ 16.9% | 17.2%



PEOPLE TARGETED*

1.14 M | 171 K

↑ 31.7% | 45.5% ↑ 21.0% | 22.7% ↑ 26.2% | 11.7% ↑ 21.1% | 20.1%



TOTAL REQUIREMENTS

\$111 M | \$7.98 M



RMRP PARTNERS

18 | 9



*Includes figures for in-transit population

SECTOR LEADS

FAO-UNICEF-WFP

PRIORITY NEEDS

According to the three JNAs conducted by GIFMM during 2020 and recent assessments by the Food Security and Nutrition Sector, the population from Venezuela has identified food security and nutrition as their main overall need in light of the impact of COVID-19 (access to food: 91 per cent of households, livelihoods: 54 per cent, 73 per cent of refugees and migrants face food insecurity). Even before the pandemic, households faced difficulties in accessing sufficient levels of income to provide for adequate amounts of nutritious food; the impact of the COVID-19 measures has aggravated the situation, further limiting access.

The main Sector needs identified are: i) access to diverse, sufficient and high-quality food items, to ensure an adequate and balanced diet required to mitigate moderate to severe food insecurity as has been observed on a large scale since the onset of COVID-19 and its impact on the refugee and migrant populations; ii) access to nutritional supplements to treat acute and other forms of malnutrition, especially

among children under five, as continued food deprivation impacts their physical and cognitive development, causes learning difficulties and, in critical cases, can lead to death; and iii) access to and strengthening of agricultural and non-agricultural livelihoods.

RESPONSE STRATEGY

Scope of the sector response

The estimated number of people in need (3.2 million people in need of food security assistance and 751,000 people in need of one or more nutrition interventions) and the target population (1.14 million people targeted for Food Security interventions and 171,000 targeted for Nutrition) is based on available assessments that identified the most vulnerable population and the highest needs in terms of food security, nutrition and related livelihoods, such as pregnant and lactating women, older persons, afro-descendant and indigenous populations. The geographic areas prioritized are the departments of La Guajira, Norte de Santander, Cesar, Arauca and Nariño, due to the high number of refugees and migrants residing in and transiting through these border regions, as well as the departments of Antioquia, Atlántico, Boyacá, Cauca, Bogotá and Valle del Cauca, given the high levels of needs of refugees, migrants, returnees and host communities there.

Response priorities

The Sector's response priorities are: i) Immediate and regular access to quality and nutritional food assistance for the most vulnerable, considering the geographic context, demographic profile, gender and age requirements and vulnerabilities; ii) Preventing all forms of malnutrition, promoting an adequate diet in pregnant and lactating women and guaranteeing the treatment and recovery of children under five years of age with acute malnutrition; iii) Building productive skills and agricultural and non-agricultural livelihoods and related access to employment for refugees, migrants, returnees and host communities, while at the same time promoting resilience and socioeconomic inclusion, taking into account differential approaches such as gender and ethnicity as well as environmental considerations.

Integrated response approaches

The Sector's response includes joint strategies with: Protection and GBV, integrating actions to minimize risks to the integrity and violations of human rights (such as situations of survival sex and begging or rummaging through garbage to find food); Health¹⁷⁴, WASH and Education, to coordinate actions to ensure access to safe water for food preparation and access to basic services including school meals; CVA, to complement existing interventions and avoid duplication. The strategy also includes joint activities with the Integration Sector and local authorities, essential due to the close link between income generation and access to food. Finally, the strategy

will also have strong linkages with the Support Spaces network, where access to food is a key element of the services provided at these multisectoral facilities.

Response modalities

Modalities for food assistance include assistance in-kind (hot meals, e.g. at community canteens – “comedores”, food kits for those in-transit, food baskets for those with the intention to stay) and CVA. Nutrition interventions include nutritional screening and delivery of micronutrients to mothers and children, referral of acute malnutrition cases, promotion of infant and young child feeding and development of community capacities to strengthen livelihoods and productive skills, taking into account the environmental sustainability of agricultural interventions. Additionally, technical assistance and agricultural inputs (e.g. seeds and tools) for rapid food production will be provided. Furthermore, the strategy includes cross-cutting capacity building activities to strengthen nutrition knowledge and practices of community-based actors, health actors, implementing partners and local entities. The Sector's response will be carried out in close coordination with local authorities and adapted to beneficiaries' specific condition (in-transit, with the intention to stay, pendular, host communities, etc.).

Good programming/collective accountability considerations

The Sector will guide partners on the prioritization and design of activities, as well as the monitoring and mapping of interventions, verifying targets, achievements and challenges in order to provide feedback on these interventions, guarantee their effectiveness, and provide AAP. Activities to prevent incidents of sexual exploitation and abuse (PSEA) will be mainstreamed throughout the response and according to already established protocols, including awareness activities, dissemination of information on PSEA and design of participatory, safe and confidential complaint mechanisms.

Coordination with the Regional Platform and its Sectors and Working Groups will continue, in order to further develop knowledge and information the dynamics of refugee and migrant movements and the situation faced by host communities, thereby anticipating, guiding and strengthening the response.

174. In particular in the COVID-19 context and referral of acute malnutrition cases.



HEALTH

PEOPLE IN NEED*

3.52 M

↑ 33.5% ↑ 16.4% ↑ 32.6% ↑ 17.5%



PEOPLE TARGETED*

1.13 M

↑ 40.0% ↑ 21.0% ↑ 25.7% ↑ 13.3%



TOTAL REQUIREMENTS

\$145 M



RMRP PARTNERS

34



*Includes figures for in-transit population

SECTOR LEADS

WHO/PAHO

PRIORITY NEEDS

The three key needs for the Health Sector in Colombia in 2021 are:

- Affiliation¹⁷⁵ to Colombia's hybrid public/private healthcare system: As of July 2020, the Health Ministry found that only 33 per cent of people holding Special Stay Permits (PEP) had such affiliation¹⁷⁶. Furthermore, 84 per cent of refugees and migrants report that they are not part of the national healthcare system (JNA III GIFMM¹⁷⁷). In addition, 37 per cent of households interviewed as part of the JNA in June indicated that at least one member of the household required medical treatment in the three months before data collection.

175. The regulation in Colombia requires individuals to affiliate to the Colombia healthcare system to access the overall healthcare services integral, including treatment, diagnosis, medicines, etc. To this effect, children usually only become affiliated with a health insurance scheme through their parents. The affiliation procedures and requirements of the national health system are regulated by the Ministry of Health and Social Protection.

176. Source: <https://public.tableau.com/profile/migraci.n.colombia#!/>

177. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <https://r4v.info/es/documents/details/79281>

- Increased access to screening, early detection and comprehensive health services, mainly maternal and care for children under the age of 5, children and adolescents, including vaccination; sexual and reproductive health services, treatment of chronic diseases (including HIV/AIDS), prevention against and care following violent incidents, prevention of psychoactive substance consumption, as well as mental health and psychosocial support (MHPSS).
- Strengthen public health surveillance, including community-based preventative healthcare for risk management as well as the response to emergency situations, including for COVID-19 cases. Refugees and migrants have so far had free access to COVID-19 diagnosis and hospital treatment, information on healthcare as well as personal protection items.

RESPONSE STRATEGY

Scope of the sector response

In line with the local development plans of the departments and municipalities that assist refugees, migrants, returnees and host communities, as well as with COVID-19 prevention guidelines, the response will focus on facilitating and complementing comprehensive, timely and quality access to healthcare services for refugees and migrants, particularly in the departments bordering Venezuela and Ecuador, as well as the regions in the interior of the country where there is a high number of Venezuelans with the intention to stay. The response will integrate human rights, gender and diversity, as well as geographic and inter-sector approaches. An estimated 3.51 million people are considered in-need of health services, including refugees and migrants with the intention to stay, in-transit and in pendular movements, as well as Colombian returnees, which was calculated based on the results of needs analysis results, as well as the programmatic, demographic and geographic priorities of the Sector. The Sector's target population is 1.12 million people.

Response priorities

The Sector's response priorities are to i) promote and facilitate inclusion into the national healthcare system; ii) provide maternal and child care, mental healthcare and psychosocial support, sexual and reproductive health, care for chronic diseases (including HIV/AIDS treatment), and the prevention of psychoactive substance abuse; iii) strengthen local public healthcare capacities in emergency response; iv) community monitoring, as part of epidemiological surveillance; v) increase access to diagnosis, prevention, treatment and management of COVID-19 cases, including a possible articulation for national vaccination campaigns.

The population groups prioritized by the Sector, taking into consideration their special needs identified during GIFMM joint needs assessments are: children under the age of 5, teenagers, women between 10 and 54 years (of reproductive age), pregnant and lactating women, older persons, indigenous people, people with disabilities, LGBTQI+ and people who suffer from chronic diseases, including HIV/AIDS.

Integrated response approaches

The response will undertake joint interventions with the following Sectors: Water, Sanitation and Hygiene (WASH), to ensure access to safe water and adequate basic sanitation conditions, including support to healthcare institutions in the prioritized geographic areas; CVA, to provide financial resources to people with urgent healthcare needs, Protection and its Sub-sectors, ensuring access to other services, including case management for survivors of sexual violence and GBV, and the response for the population at risk, including child protection, as well as regularization, which is a requirement to facilitate the affiliation of refugees and migrants to the healthcare system; and Food Security and Nutrition to prevent malnutrition and promote maternal and child nutritional health.

Response modalities

The Sector response will focus on direct service provision to the target population, through the provision of access to health services and the development of institutions' and partners' operational and technical response capacity. Cash transfers (or service vouchers) will be the preferred modality to assist urgent health cases with specific needs. In-kind interventions will include the strengthening of health institutions with medical equipment, and capacity building of Health Sector partners and health personnel in the healthcare system is prioritized.

Good programming / collective accountability considerations

The considerations for effective Sector programming include:

- Co-leadership with the Ministry of Health and Social Protection, aiming to increase the geographic scope and develop a closer relationship between Sector partners and local health authorities, including improved coordination with the local health working groups (Mesas de Salud).
- Intersectoral coordination and advocacy with key actors to provide essential healthcare services to refugees and migrants not covered by the healthcare system.
- Promoting actions to prevent sexual exploitation and abuse (PSEA) by humanitarian actors.
- Encouraging coordination with local actors and municipalities for community-based preventative health activities that reduce the burden on healthcare facilities.

- Implement a training strategy on key health issues, particularly with local actors.
- Coordination with humanitarian response structures, as part of the back-to-back architecture.



PROTECTION

PEOPLE IN NEED*

3.44 M

👤 33.5% 👤 16.4% 👤 32.6% 👤 17.5%



PEOPLE TARGETED*

463 K

👤 47.1% 👤 10.6% 👤 33.7% 👤 8.60%



TOTAL REQUIREMENTS

\$36.3 M



RMRP PARTNERS

27



*Includes figures for in-transit population

SECTOR LEADS

DRC-UNHCR

PRIORITY NEEDS

Refugees and migrants from Venezuela and Colombian returnees continue to face protection challenges in-transit and in destination, especially those crossing through unofficial points or "trochas" with limited options to move through safe entry points and pathways due to lack of documentation and regular status. Presence and control over specific territories and irregular armed actors continue to affect refugees and migrants to several forms of exploitation and/or abuse including recruitment by irregular armed groups, forced displacement, sexual exploitation and are at heightened risk of GBV, human trafficking, smuggling and/or discrimination.¹⁷⁸

178. Almost half (44%) of refugees and migrants interviewed on July 2020 during the joint-needs assessment reported to have suffered

Although the national Colombian protection systems¹⁷⁹ have acknowledged the need to register and provide regular status to refugees and migrants, 55.5 percent of the total refugee and migrant population in the country is in an irregular situation impacting on their effective access to rights, essential and quality services, and specialized state protection mechanisms.

Negative attitudes towards refugees and migrants are often based on their gender, age, ethnicity and disability, among others.¹⁸⁰ Increased incidents of xenophobia and discrimination have been observed by GIFMM partners, including linked to the impacts of COVID-19. Such incidents require community-based protection actions that improve social cohesion and enhance integration strategies for refugees, migrants, Colombian returnees and host communities.

The economic impact of COVID-19 has had a direct effect on the protection and well-being of refugees and migrants due to income or livelihood losses, leading to an increase in evictions, people living on the streets and even returns to Venezuela. The JNA III highlighted that 8 per cent of the households surveyed had at least one member intending to return to Venezuela in the month following data collection. The main reasons reported for having the intention to return relate to: limited opportunities to access income-generating activities in Colombia, as a result of the COVID-19 crisis (46 per cent); family reunification in Venezuela (36 per cent); housing in Venezuela (19 per cent); and limited access to food in Colombia (18 per cent)¹⁸¹ The situation of refugees and migrants who are in irregular situation¹⁸², female-headed households, pregnant and lactating women, children (particularly UASCs), people with chronic diseases (including people with HIV/AIDS) or with disabilities, indigenous populations living in the border areas, older women and men without a support network, LGBTQI+ population at risk, victims of human trafficking, smuggled persons, survivors of GBV including victims of exploitation and sexual abuse, and victims of crimes committed by irregular armed groups, continue to be of particular concern for the Protection Sector due to their high vulnerability to protection risks.

RESPONSE STRATEGY

Scope of the sector response

It is estimated that 3.44 million people will need one or more protection interventions, while the target population for the Sector is 463,000 people. The Protection Sector will focus on promoting the recognition of access to rights for refugees and migrants, including Colombian returnees, and access to regular stay arrangements and international protection, particularly for vulnerable groups with specific protection needs. The Sector will continue to strengthen community-based protection activities to guarantee social cohesion and integration with the host communities and to prevent protection risks related to GBV, human trafficking and smuggling, use and recruitment of children and adolescents, exploitation, and discriminatory and xenophobic practices.

The protection response will continue to prioritize departments along the border with Venezuela (particularly La Guajira, Norte de Santander and Arauca) and with Ecuador (Nariño, Putumayo). These are areas with a high presence of refugees and migrants with the intention to stay as well as those crossing the border in pendular movements, exposed to greater protection risks related to the presence of irregular armed groups and restrictions on safe access to the territory. They have needs caused by the collapse in basic services, saturation of local response capacities and increasing xenophobia. Priority is also given to departments with a high concentration of refugee and migrant populations with an intention to stay (Bogotá, Atlántico, Valle del Cauca and Antioquia), and in which refugee- and migrant-hosting internally displaced persons, indigenous peoples and afro-descendant communities, often in vulnerable conditions, are concentrated.

from a situation of discrimination due to their nationality. Perceptions of discrimination vary according to the age of the interviewees; people between 35 and 55 years reported higher number of discriminatory events.

179. Including the ICBF (Colombian Family Welfare Institute) and the Public Ministry, which includes the Office of the Attorney General, the General Prosecutor's Office and the Ombudsman's Office.

180. Caribe Afirmativo, a Colombian organization monitoring the level of violence against LGBTQI+ population, reported the killing of 10 LGBTQI+ Venezuelan refugees and migrants in Colombia during 2020 (up to 24 July): <https://bit.ly/3ejCBW5>. Moreover, structural discrimination towards indigenous people in Colombia has also impacted binational indigenous peoples, see for instance: <https://bit.ly/327eEMZ>.

181. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <ps://r4v.info/es/documents/details/79281>

182. According to the JNA III, only 16 per cent of the people surveyed have a legal status in Colombia. Also, in 12 per cent of households, there is at least one member who does not hold a document identifying them as Venezuelan (in the case of indigenous households the proportion increases to 17 per cent), which could expose them to a risk of statelessness. It is important to consider that the JNA III is focused on Venezuelan households with the intention to stay; which means that these figures do not include the information about population in transit and in pendular movements.

Response priorities

The response priorities of the Sector include:

1. Strengthen actions to ensure that Venezuelans can access the territory in a safe manner and that they can access refugee status determination procedures or regularize their migratory status.
2. Improve the identification, prevention and mitigation of protection risks and the response to rights violations, especially for populations with specific needs (including people affected by evictions and in areas where irregular armed groups are present), as well as strengthening access to rights, essential services and referral pathways of the Colombian state.
3. Strengthen organizational and participatory processes, including community protection networks and Support Spaces alongside community-based mechanisms that reinforce the integration of refugees and migrants as well as social cohesion with host communities.

Integrated response approaches

The Sector will coordinate CwC strategies on protection and access to rights, as well as on the promotion of regularization, international protection and prevention of risks of statelessness for children born in Colombia. It will also ensure the prevention of and response to evictions in coordination with other sectors (such as CwC and Multisector), including legal assistance, dissemination of information about referral pathways and advocacy, as well as the through provision of cash-based assistance. In addition, the response will promote access to education for children, adolescents and young refugees and migrants, as well as recognition of professional qualifications. The provision of CVA, as well as the scaling-up of the Support Spaces have proved an efficient multisectoral assistance for refugees and migrants, keeping protection at the center of the response, also promoting community-based strategies and a social cohesion environment with host communities.

Response modalities

The Protection Sector will provide orientation (e.g. legal counselling) on rights and how to access protection mechanisms through direct engagement with populations in-need and the Colombian Government. At the same time, awareness activities and technical support to state entities will be developed to strengthen regular stay arrangements and international protection measures. Support will be provided to local and national authorities on response mechanisms to protection risks aiming to contribute to the design of regulations and public policies. The technical assistance will focus on international protection, regularization mechanisms as well as access to rights and services, and will target, among others, the Ministries, Governor's and Mayor's Offices, Colombia Migration, the Ministry of Foreign Affairs as well as the Colombian Institute of Family Welfare (ICBF) and the Ombudsperson's Office.

Likewise, the Sector will provide intersectoral support to prevent specific risks and strengthen protection spaces, with assistance tailored to the specific needs of children, women, youth, indigenous population, LGBTQI+ population, population with disabilities, as well as effective mechanisms for case referral to Colombian state institutions.

Good programming/collective accountability considerations

In view of the complementarity of the Sector's response with the Government's efforts, joint work with state institutions will be promoted in each area of protection: joint actions will be developed with authorities to encourage protective environments, considering the specific needs of each population group. At the same time, coordination will continue with associations of Venezuelans in Colombia as well as the strengthening of their capacity, while at the same time ensuring that all actors involved in the response have access to complaint and response mechanisms for possible cases of sexual exploitation and abuse (PSEA). The principle of Centrality of Protection will continue to guide all actions, and priority will be given to participation and accountability to affected communities through participatory assessments and AAP mechanisms. Also ensuring the inclusion of age, gender and diversity, and integrate environmental education actions at the community level will be prioritized, to raise awareness about waste generation through joint activities and refugee and migrant's actions, considering cultural differences (e.g. in water and waste management, etc.), and thus generate social cohesion and combat xenophobia, in a cross-cutting manner throughout the response in 2021.



CHILD PROTECTION

PEOPLE IN NEED*

1.11 M

↑ 12.0% ↑ 43.0% ↑ 7.00% ↑ 38.0%



PEOPLE TARGETED*

248 K

↑ 10.8% ↑ 43.5% ↑ 6.60% ↑ 39.1%



TOTAL REQUIREMENTS

\$23.4 M



RMRP PARTNERS

22



*Includes figures for in-transit population

SUB-SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

The main needs identified by the Child Protection Sub-sector are centered on identifying, reducing and responding to protection risks faced by refugee and migrant children and adolescents, acting in the child's best interest, and in line with the needs of and risks faced by children from host communities. The main threats to which children from Venezuela are exposed to are abuse and violence (including sexual violence), neglect, exploitation and child recruitment by irregular armed groups (especially of

UASC).¹⁸³ These situations are particularly worrisome for children and youth in-transit in regions where there is a presence of such irregular armed groups.

Pregnant and lactating teenage mothers, young people on the move alone, indigenous children, children with disabilities, and children with diverse sexual orientations and gender identities continue to be at higher risk due to the lack of specialized protection services available to them and their heightened risks because of their age, gender and/or diversity. A tailored response, including safe transportation, prenatal check-ups, alternative protection mechanisms for profiles with specific needs and a differential approach to indigenous peoples living in border areas is needed for these specific population groups. Refugee and migrant children and youth also require assistance in mitigating barriers to accessing education, family reunification, and basic rights and services (food, healthcare, education, among others), which were exacerbated during the COVID-19 emergency. For example, the JNA II¹⁸⁴ showed that before the COVID-19 crisis, 70 per cent of households with children had access to the recommended three meals a day. At the time of data collection, three months after the introduction of the COVID-19 related preventative isolation measures, this proportion dropped to only 25 per cent; children in 15 per cent of these households consumed only one meal a day.

RESPONSE STRATEGY

1. Scope of the sectoral response

The Child Protection response will focus on preventing and responding to the protection risks to which refugees and migrants are exposed, especially for those who undertake the journey alone, prioritizing border departments (particularly Guainía and Vichada to respond to the needs of indigenous children) and areas with high rates of recruitment and use of children by irregular armed groups. Activities will be implemented to continue supporting the Government's initiative "Primero la Niñez"¹⁸⁵ and extend Colombian nationality to children of Venezuelan refugees and migrants born in Colombia, thereby reducing the risks of statelessness, as well as addressing gaps in civil documentation available to refugees and migrants. It is estimated that 1.10 million people will need one or more interventions under this sub-sector, while the target population corresponds to 248,000 people.

183. According to the JNA III - GIFMM, the high percentage of children without access to these educational activities (27 per cent of households with children from 6 to 11 years old and 37 per cent of households with children from 12 to 17 years old) is worrisome. In addition to delaying their educational process and increasing the possibilities of dropping out of school altogether, this situation implies that children have limited access to structured activities during the day; this could result in the adoption of negative coping mechanisms (parents taking children in search of a livelihood, leaving them in the care of others, etc.), which in turn exposes them to other child protection risks, including child labour, child recruitment, begging, abuse, and other types of violence.

184. For more information please refer to the GIFMM Joint Needs Assessment (JNA II) second round report, May 2020: <https://r4v.info/es/documents/details/76032>

185. Resolution No. 8470 of 2019 grants Colombian nationality to children born in Colombia to Venezuelan parents as well as to those with undetermined nationality. The Resolution applies to those born in Colombia as from 19 August 2015 onwards. Children receive an annotation in their Civil Registry of Birth which constitutes proof of nationality, or an entry in their civil registries of "valid as proof of nationality". More information available at: <https://www.migracioncolombia.gov.co/primerolaninez/>

2. Response priorities

- Support assistance modalities and flexible strategies developed by the Colombian Institute of Family Welfare (ICBF) implemented by local authorities, as well as child protection spaces
- Strengthen referral pathways for assistance and protection as well as the legal framework to improve the response, particularly for UASC, while exchanging good practices on prevention and response.
- Promote access to refugee status determination for boys and girls, and access to protection mechanisms through communication strategies for development and social integration.
- Develop community and institutional strategies for the protection of girls and boys and the prevention of risks associated with human trafficking and smuggling, (commercial) sexual exploitation, child labour and sexual violence.

3. Integrated response approaches

The Child Protection Sub-sector will coordinate actions with the WASH and Health Sectors to adapt the response to COVID-19 preventative measures and for the prevention and care of adolescent pregnancy; and with Education, to promote access to educational institutions and flexible learning models, supporting the social Integration of children and adolescents.

4. Response modalities

The Child Protection response will include direct service provision (including for parents and caregivers), the delivery of in-kind assistance through the building and strengthening of protection spaces and child friendly spaces, the development of technical capacities and methodologies for care and prevention, and cash transfers, promoting access to education and community protection models.



GBV

PEOPLE IN NEED*

760 K

↑ 49.0% ↑ 28.0% ↑ 10.0% ↑ 13.0%



PEOPLE TARGETED*

118 K

↑ 59.0% ↑ 8.40% ↑ 26.4% ↑ 6.20%



TOTAL REQUIREMENTS

\$16.3 M



RMRP PARTNERS

28



*Includes figures for in-transit population

SUB-SECTOR LEADS

UNFPA-UNHCR-UNWOMEN

PRIORITY NEEDS

The GBV Sub-sector has identified the following priority concerns: i) An alarming increase of GBV during the COVID-19 mandatory isolation measures¹⁸⁶, mainly intimate partner and ex-partner violence. For instance, 7 per cent of women and transgender persons interviewed in the JNA III¹⁸⁷ know a woman who has experienced violence by her partner, ex-partner, or a family member since the start of the COVID-19-related restrictions. Most of these events are associated with physical violence, highlighting a possible risk to the physical integrity and life of survivors. ii) A weak institutional response, in several cases re-victimization, gender stereotypes, xenophobia, which often coincides with barriers to access basic services and livelihoods, especially for female-headed households

186. According to the Ministry of Health, between 1 January and 15 September 2020, 3,197 cases of GBV were registered among the Venezuelan population, which represents an increase of 39.7 per cent compared to the same period in 2019. Additionally, the Colombian Institute of Legal Medicine and Forensic Science reports 31 homicides of Venezuelan women during the period of mandatory isolation measures, an increase of 47.6 per cent with respect to the same period in 2019.

187. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) third round report, July 2020: <https://r4v.info/es/documents/details/79281>.

with an intention to stay and host communities. iii) Detrimental living conditions, which have increased the risks associated with GBV, including survival sex, sexual exploitation or transactional sex, forced relationships and sexual exploitation especially in girls, LGBTQI+ people, and female-headed households, especially when they face situations such as the risk of eviction or loss of livelihoods. These risks become more critical in places with a presence of irregular armed groups. Ensuring access to prevention and response actions for survivors is a priority need.

Some high-risk profiles are female headed-households, indigenous and afro-descendant women, women with disabilities, pregnant and lactating women, girls and adolescents (especially those unaccompanied and separated), people from the LGBTQI+ community, mainly trans-women, and women engaged in sex work.

RESPONSE STRATEGY

Scope of the sectoral response

The response to GBV will promote the strengthening of communication and information strategies for inter-sectoral GBV prevention and care; institutional capacity building and reinforcing case management and follow-up for access to services and integral response to refugee and migrant survivors of GBV and at high risk. Assistance for the LGBTQI+ population will also be prioritized, particularly in border areas, in temporary shelters, Support Spaces and care centers. Finally, community protection strategies with Colombian and/or Venezuelan social organizations will also be implemented. The Sub-sector's target population is 118,000 people, with an estimated 760,000 people at risk of GBV.

Response priorities

1. Design and implement communication and information strategies for the prevention of, protection from, and response to GBV.
2. Strengthen institutional capacities for case management and assistance to GBV survivors in order to provide them with integral access to quality services.
3. Promote the cross-cutting inclusion of the gender and GBV approach in the RMRP 2021 response, especially in collective shelters, attention centers, etc.

3. Integrated response approaches

The GBV Sub-sector will coordinate actions with the Health Sector around sexual and reproductive health, as well as coordinated and comprehensive inter-sectoral case management, particularly those related to sexual violence. In addition, joint advocacy with the Protection Sector will guarantee access to GBV rights and services. With the Multisector Group, shelter and transportation for GBV survivors will be ensured in a protection-sensitive way, including to cater for special needs. Joint initiatives with CVA, Food Security and Integration to reduce risks related to GBV will also be undertaken.

4. Response modalities

The Sub-sector response will include in-kind assistance and cash transfers to GBV survivors at high risk, direct service provision for case management and referral, and institutional capacity building on GBV prevention, assistance and psychological first aid, and with social organizations for community-based protection.



HUMAN TRAFFICKING AND SMUGGLING

PRIORITY NEEDS

According to the Ministry of Interior, from 2013 to October 2020, 698 cases of human trafficking have been registered in Colombia. In 2020 alone, 73 cases were registered, and 30 percent of them correspond to refugees and migrants from Venezuela¹⁸⁸, revealing the risks that refugees and migrants, and particularly women and girls, face when they cross the borders. Also, the COVID-19 situation has increased the risk for recruitment in virtual contexts and has created additional barriers for victims to access assistance. Even considering the efforts by the Colombian Government to address these situations, there is still a lack of information about the crime characteristics, actors involved and trafficking routes.

Regarding smuggling, there is no official data about people smuggled in recent years, nevertheless, the Attorney General's office points out that some of the main routes used by smugglers for the commission of this crime correspond to those where refugees and migrants transit through Colombia. Hence, the generation and dissemination of information on the risks related to smuggling of refugees and migrants and the recommendations to raise awareness on rights violations associated (forced recruitment, human trafficking and GBV) is a priority.

Against the above context, the main needs identified are: i) a lack of tools and skills relating to the identification of human trafficking and smuggling and corresponding responses to address the increasing risks, especially affecting refugees and migrants in-transit and in pendular movements, and in border areas where there is a limited presence of national authorities; ii) a need to reinforce the human rights-based approach in the prevention, identification and comprehensive assistance to victims of human trafficking as well as for smuggled refugees and migrants who may be in situations of vulnerability; iii) limited access to basic services for refugees and migrants who have been victims of human trafficking or have been smuggled and subject to abuse, extortion and/or violence.

RESPONSE STRATEGY

The response to Human Trafficking and Smuggling is aimed at reducing the risks related to the violation of rights related to both crimes, and to promote

comprehensive, yet targeted and specialized care in accordance with the needs of affected population groups. This will be done by strengthening strategies for prevention, protection (including identification, case referral and assistance) and prosecution; as well as providing information about the triggers and dynamics of these events, therefore combatting under-registration and invisibility of both phenomena.

Regarding human trafficking, in close coordination with the territorial committees against human trafficking, the priority is to improve the capacities of local institutions to prevent, protect and prosecute. Additionally, actions to avoid risks and to assist those who have been smuggled and have become victims of exploitation, abuse and/or violence in the course of the process, will be prioritized in articulation with local institutions and civil society organizations (CSOs).

The Human Trafficking and Smuggling Task Force identified the main response priorities:

1. Design and implement strategies, aimed at refugees and migrants, to prevent human trafficking and protection risks associated with the modus operandi of smuggling.
2. Promote the exchange and dissemination of information on the dynamics of human trafficking and the smuggling of refugees and migrants, to contribute to the reduction of underreporting and invisibility of both phenomena.
3. Strengthen the capacities of local authorities and CSOs to identify and provide comprehensive assistance to refugees and migrants who are victims of human trafficking and those at risk of being exposed to violations associated with smuggling.

The Human Trafficking and Smuggling Task Force will strengthen the technical capacities of other Sectors to identify refugees and migrants affected by trafficking and smuggling, while also promoting complementary actions with the authorities according to the available services offered at the local level.

The Human Trafficking and Smuggling Task Force will implement direct interventions for case identification and referral to the relevant authorities, promoting access to comprehensive assistance while strengthening state and partners' capacities in this field.

188. Source: Human Trafficking Crime Observatory, Ministry of Interior: <https://bit.ly/324QdPW>.



SHELTER | HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED*

2.94 M | 153 K

↑ 34.5% | 31.8% ↑ 15.4% | 18.0% ↑ 33.6% | 31.0% ↑ 16.5% | 19.2%



PEOPLE TARGETED*

225 K | 25.5 K

↑ 43.8% | 35.9% ↑ 12.7% | 19.4% ↑ 31.3% | 27.5% ↑ 12.2% | 17.2%



TOTAL REQUIREMENTS

\$21.6 M | \$967 K



RMRP PARTNERS

14 | 8



*Includes figures for in-transit population

SECTOR LEADS **IOM-NAT. RED CROSS SOCIETY-UNHCR**

PRIORITY NEEDS

The Multisector Group, covering Shelter and Humanitarian Transportation matters, has identified three main needs:

- Access to short-term shelter solutions in compliance with COVID-19 prevention measures, including hotels/ hostels, temporary collective shelter solutions, host families and foster homes that provide accommodation for refugees and migrants following evictions, shelter solutions for those in a critical health situation, in case of border closures, and in support of GBV survivors and UASC as well as the homeless and those without shelter who test positive for COVID-19.
- Access to mid and long-term shelter solutions in compliance with COVID-19 prevention measures,

through direct support to those renting their accommodation, providing better housing options, and supporting local authorities in the implementation of action plans for access to housing and improvement of housing environments. Furthermore, access to essential household items to improve living standards is a priority need.

- Access to safe humanitarian transportation in compliance with COVID-19 prevention measures, from border-to-border¹⁸⁹ or across departments, including the provision of formal transportation services and delivery of basic items required during this transit.

RESPONSE PRIORITIES

Scope of the Sector response

An estimated 153,000 people are considered in-need of humanitarian transport¹⁹⁰ while the target population corresponds to 25,000 people. More than 2.93 million people are considered as in-need of one or more interventions related to shelter and/or household items, with an overall target of 225,000 people. The response will focus on short, medium and long-term shelter solutions, rent support strategies, refurbishment of community infrastructure, as well as the provision of household items in prioritized departments (the border with Venezuela and Ecuador, the Caribbean region, Bogotá, Medellín, Cali). The Sector response will target the population groups most in-need: people in-transit, with the intention to stay and returnees. People with specific needs, such as pregnant and lactating women, children and adolescents (especially those unaccompanied), persons with disability and with chronic illnesses, and older persons will be prioritized, ensuring an inclusive response through referral pathways and referrals to special services.

Response priorities

The main priorities for the Sector are: i) provision of shelter solutions in compliance with COVID-19 prevention measures through the re-opening of the shelter facilities (for refugees and migrants in-transit and those with an intention to stay) which were closed during the first months of the COVID-19 mandatory isolation measures in Colombia; as well as mid and long-term strategies such as rental support, housing improvement and support for those in informal settlements; ii) provision of shelter kits and household items for refugees and migrants with an intention to stay and in-transit in prioritized cities; and iii) reactivation of humanitarian transportation (which was suspended for most of 2020 due to the COVID-19 emergency), in compliance with COVID-19 prevention measures, particularly from border-to-border¹⁹¹ for the population in-transit, and internal transport to reduce protection risk.

189. Transport from the Colombian with Venezuela to the border with Ecuador. This type of transport does not include support for returns to Venezuela.

190. Conclusions from the GIFMM planning sessions included that a part of the population in-transit is likely to require inter-municipal, departmental or border-to-border transportation to safely continue their journey, while the Sector also identified a need for transportation among other population groups in case of a medical emergency.

191. In line with the position of the Regional Platform, this type of intervention does not aim to facilitate returns to Venezuela.

Integrated response approaches

The key Sectors and activities identified for an intersectoral response are:

- Cash Transfers: design and implementation of a response strategy to support rent and mid-term shelter solutions (cash-for-rent programme).
- Protection: monitoring of and support to refugees and migrants evicted or at risk of eviction. Also, the response will be coordinated with the relevant actors to provide safe shelter and transportation of GBV survivors for relocation purposes, as well as in support of child protection in coordination with the Colombian Institute for Family Welfare (ICBF), and for prevention of human trafficking and smuggling through the provision of safe transportation.
- Health: joint elaboration of guidelines for the reactivation of multi-sector services and activities.
- Socio-economic integration: coordination of a joint strategy to support longer term solutions for those who leave shelters.

Response modalities

The Sector partners will provide assistance directly to the population in need, which could sometimes also benefit landlords, for instance in cases of cash-for-rent or housing rehabilitation assistance. In addition, cash transfers and vouchers will be provided to pay rents or other forms of accommodation (hotels), to pay for transport services where appropriate and to purchase household items; their use will depend on the partner's objective, either through multipurpose payments or those restricted for rent. The Sector will also support the development of operational and technical capacities of Sector partners and local institutions through operational support and technical guidance.

Good programming / collective accountability considerations

The Sector will ensure effective programming and a differential approach through:

- Partnership between actors, including partners, government entities, local organizations and host communities. The strategy will also have strong linkages with the Support Spaces network, where access to short-term shelter is essential as part of the services provided at these intersectoral facilities. Multi-sector partners implementing humanitarian response actions are required to develop a mechanism and protocol for the prevention and response to sexual abuse, exploitation and harassment. Additionally, the Sector will promote a comprehensive response to the needs identified, and partners are required to have mechanisms for disseminating information and guidance to affected individuals and communities, using appropriate, relevant and inclusive language, so as complaint and feedback mechanisms regarding the services provided and the role of humanitarian workers.

- Coordination with the Government at the national and local level, and state entities, in order to promote joint interventions that are effective and sustainable in the mid-term.



INTEGRATION

PEOPLE IN NEED*

3.86 M

↑ 33.3% ↑ 16.3% ↑ 33.0% ↑ 17.4%



PEOPLE TARGETED*

151 K

↑ 51.7% ↑ 4.05% ↑ 40.2% ↑ 3.95%



TOTAL REQUIREMENTS

\$72.6 M



RMRP PARTNERS

31



*Includes figures for in-transit population

SECTOR LEADS

PADF-IOM-UNDP

PRIORITY NEEDS

Effective integration enables refugees and migrants to access essential goods and services, such as food, education and health, without having to rely on assistance. Considering the Colombian socio-economic context, which has been severely impacted by the COVID-19 preventative measures, the Sector has identified the following priority needs:

1. Enhanced access to employment opportunities in the formal sector of the economy that provides adequate labour and salary conditions, and thereby meets the standards for decent work.
2. Access to economic opportunities through entrepreneurship and strengthening of micro-enterprises or small businesses.

3. Increased social cohesion between refugees and migrants and host communities and support to the effective enjoyment of social and political rights.

The main barriers to addressing these needs, which increased as a result of the COVID-19 preventative measures are: i) the high economic vulnerability that refugees and migrants face and which affects their ability to find employment (particularly for indigenous populations, women and youth); ii) scarce income generating opportunities in the formal sector of the economy as a result of the limited economic activities due to the COVID-19 preventive measures, especially for women and indigenous people; iii) the high percentage of refugees and migrants with irregular status that impedes them from engaging in regular and formal labour contracts, particularly for the youth (with high labour instability/rotation and low wages); iv) lack of knowledge among the private sector on how to employ Venezuelans; v) instances of xenophobia and discrimination due to increased competition over limited economic opportunities, including gender biases and gaps.

RESPONSE STRATEGY

Scope of the sector response

An estimated 3.86 million people will be in need of one or more interventions related to socio-economic integration, including refugees and migrants with an intention to stay, those in transit and those in pendular movement, as well as Colombian returnees and host communities. The Sector seeks to promote programs to develop economic opportunities for refugees and migrants, tailored to the different needs of the population, through entrepreneurship, labour integration and financial inclusion. As such, the Sector will strive to enhance the effective enjoyment of social and political rights by encouraging social cohesion and preventing xenophobia. In addition, the Sector will strengthen public and private institutions and organizations' capacities to respond to integration needs taking into account the needs of the Colombian labour market. The population targeted corresponds to 151,000 people, including those who will be provided with services and training on employability, entrepreneurship and social cohesion, while a larger number of people will be reached indirectly by information campaigns on social cohesion.¹⁹²

The response will take into consideration the socio-economic context, labour conditions and dynamics in the departments with a higher concentration of refugees and migrants, and the needs of refugees and migrants with the intention to stay (including Colombian returnees).

Response priorities

The Sector's response priorities are to: i) reinforce services offered to mitigate barriers to social and economic integration, promoting decent employment and workplace safety; ii) promote access to entrepreneurship, financial inclusion and contribute to the revitalization of the productive sector, thereby creating economic opportunities; iii) encourage social cohesion, peaceful coexistence, sustainable development and the prevention of xenophobia, strengthening institutional capacities to improve their response related to livelihoods and social cohesion.

These interventions will be sensitive to considerations of age, gender and diversity, with a special focus on women, indigenous populations and the youth.

Integrated response approaches

To ensure a comprehensive response, the Sector will coordinate with the Protection Sector to prevent GBV, xenophobia, and labour exploitation, and to disseminate information related to referral pathways on regularization and integration; with Education to certify competencies (including professions titles) and vocational training; with the Multisector Group towards a joint strategy to support longer-term solutions for those who leave temporary shelters¹⁹³, with Food Security and Nutrition to support agricultural livelihoods; with Health to support the integration of the population within the Colombian healthcare system; and with Multipurpose Cash to design and launch projects to facilitate the transition from a humanitarian to a social protection approach.

Response modalities

The response of the Sector will be mainly provided in-kind, by strengthening both capacities of refugees, migrants and host communities, as well as those of national institutions. In addition, assistance will be provided through CVA, such as cash grants for diploma validation, transport to and food during vocational training or by financing small businesses. In addition, CVA will promote access to financial services for refugees and migrants.

192. Interventions to strengthen socio-economic integration can benefit large groups of people, for instance through anti-xenophobia information campaigns with a large social media reach. However, for the purposes of the RMRP, the target population only includes direct beneficiaries, which refers to those who can be individually identified and supported.

193. Particularly to link medium-term housing solutions to integration opportunities, in particular access to employment or livelihood opportunities.

Good programming / collective accountability considerations

The Sector's activities will be in line with the income generation strategy led by the national Government as well as the support provided to increase the regularization of the refugee and migrant population and its economic integration. To avoid the duplication of interventions and to enhance the response, the Sector will coordinate with public and private stakeholders such as the Public Employment Service network, local entities and the financial sector. In addition, coordination with Venezuelan associations and other CSOs and workers' organizations will be promoted to coordinate a comprehensive response.

Consideration of the particular needs of women, young people, people with disabilities and indigenous populations continues to be a priority. Activities taking into consideration the environment and those that prevent sexual exploitation and abuse will be promoted. This includes trainings to GIFMM partners (particularly to staff who interact directly with the communities) and to the communities to promote skills of identifying risk of exploitation and sexual abuse and creation of participative, safe and confidential complaint procedures, as well as CwC strategies to disseminate information on PSEA.



WASH

PEOPLE IN NEED*

2.82 M

↑ 34.2% ↑ 15.7% ↑ 33.3% ↑ 16.8%



PEOPLE TARGETED*

633 K

↑ 33.1% ↑ 22.3% ↑ 24.0% ↑ 20.6%



TOTAL REQUIREMENTS

\$17.9 M



RMRP PARTNERS

32



*Includes figures for in-transit population

SECTOR LEADS ACTION AGAINST HUNGER-UNICEF

Access to water, basic sanitation and hygiene practices in households, educational institutions, informal settlements, community kitchens, border crossings, shelters, health centers, and Support Spaces is essential for the refugee, migrant, returnee, and host communities. Being further accentuated since the onset of the COVID-19 pandemic.

The refugee and migrant population continues facing limited access to safe and quality water. According to the third round of the GIFMM's JNA, 33 per cent of Venezuelan households do not have access to improved water sources, 41 per cent are at risk of not washing their hands adequately, 36 per cent do not have access to drinking water when required, and 46 per cent have environmental pollution in their vicinity.¹⁹⁴ These needs are highly prevalent for populations in-transit as for those with an intention to stay, where 67 and 53 per cent of them, respectively, do not have access to WASH services. Therefore, the resulting main sectoral needs are:

194. For more information please refer to the GIFMM Joint Needs Assessment (JNA III) report, July 2020: <https://r4v.info/es/documents/details/79281>

1. Access to safe water, sanitation and hygiene infrastructure, including adequate solid waste management, to reduce the risk of waterborne diseases associated with insufficient sanitation and poor hygiene practices.
2. Guidance on and adoption of key hygiene practices to reduce the spread of the COVID-19 virus as well as other/preventable diseases, including through handwashing with soap and water or alcoholic gel, treatment of water at the point of use, proper excreta and solid waste management, appropriate handling of menstrual hygiene, and cleaning and disinfection of surfaces.
3. Access to hygiene, cleaning and disinfection items, as well as personal protection equipment (PPE) to protect refugees and migrants from contracting COVID-19, particularly children, women, people with disabilities, ethnic populations (such as indigenous, afro-descendant, among others), older persons and people living on the streets.

Scope of the sector response

The Sector will identify and promote actions to improve access to quality water, sanitation and hygiene services, through the provision of infrastructure and delivery of critical WASH elements and articles. In addition, local authorities will be supported to ensure access to these services, through assistance on knowledge and skills, and technical support to public entities.

These activities will be implemented considering the differing needs according to gender, age and diversity approaches. Activities will also incorporate interculturality and the participation of affected communities and mechanisms to express their needs, in order to implement actions considering the AAP, and also environmental sustainability, through solid waste management and analysis in the environmental impacts and the viability of the interventions in the long-term. Furthermore, interventions for people in-transit, those engaged in pendular movements, those living on the streets, and in informal settlements will be prioritized. Based on the prevalence of refugees and migrants, the Sector intends to focus its response on the departments of La Guajira, Norte de Santander, Arauca, Nariño, Atlántico, Cesar, Magdalena, Bolívar, Córdoba, Antioquia, Valle de Cauca, Cundinamarca, Santander, Casanare, Vichada, Putumayo, Boyacá and Meta.

Response priorities

The Sector's response priorities are:

1. Improve access to water, sanitation and hygiene services to optimize installed capacities under agreed quality standards and promote compliance with regulations and good environmental practices.
2. Implement strategies to improve essential hygiene practices, including the provision of hygiene, cleaning and disinfection kits, and water treatment devices at the household level.

3. Promote synergies across response frameworks in areas affected by multiple crises, due to the presence of armed actors, natural disasters and COVID-19.

Integrated response approaches

The Sector will facilitate the provision of WASH services to other Sectors, seeking an integrated response and the sustainability of these services. As such, the Sector will promote joint efforts to provide access to WASH services in strategic points with and for the Education, Multisector, Food Security and Nutrition and Health Sectors, as well as for the Support Spaces network. The Sector will support the implementation of COVID-19 prevention measures, alongside campaigns to improve key hygiene practices. As it relates to the Protection Sector, access to private, dignified, and safe WASH services with adequate lightning will be promoted to reduce the risk of GBV.

Response modalities

The response strategy will include the construction, rehabilitation or improvement of WASH infrastructure in households, Support Spaces, learning centers, and other community and/or public spaces. The Sector will promote behavioral change strategies around hygiene practices, cleaning, disinfection, solid waste management and responsible water use. These activities will be carried out through the provision of in-kind items or cash transfers.

In addition, technical assistance will be provided to communities, authorities, and WASH providers to expand coverage, ensuring quality services. This includes support for the coordination and implementation of contingency and preparedness plans, COVID-19 prevention measures, public policies to address existing gaps, as well as the creation and strengthening of community WASH committees.

Good programming/collective accountability considerations

WASH activities will comply with national and global quality standards as well as emergency standards and those related to environmental sustainability.¹⁹⁵ Interventions will ensure a participatory approach to identify needs, as well as monitoring the response (including its impact), and will implement accountability processes through mechanisms for collecting opinions, complaints and claims throughout the programme cycle, which guarantee anonymity, impartiality, and a timely response to the communities, including mechanisms that allow the registry and response of cases of PSEA. Also, other actions will be implemented, such as PSEA training for Sector partners aiming to integrate this approach in their actions. These processes will ensure the involvement of children, women, the elderly, and people with disabilities. The response will be implemented in coordination with the regional WASH Sector, as well as relevant national and local WASH authorities and coordination spaces to facilitate a timely and complementary response.

195. The main standards are: Law 142 of 1994, Decree 1575 of 2007, Decree 1898 of 2016, Resolutions 330 and 501 of 2017 of the Ministry of Housing, Cities and Territory (MVCT for its Spanish acronym), Resolution 844 of 2018, Resolution 680 of 2020 of the Ministry of Health and Social Protection (MSPS for its Spanish acronym), NTC 1500, NTC 1499, Sphere standards and the WASH Alliance International.

ECUADOR





ECUADOR AT A GLANCE

© WFP / Ana Buitrón / Ecuador

	POPULATION PROJECTION 2021	<ul style="list-style-type: none"> 39.5% 10.9% 39.4% 10.2% 	VENEZUELANAS IN DESTINATION	523 K
	613 K		* IN TRANSIT	90.3 K

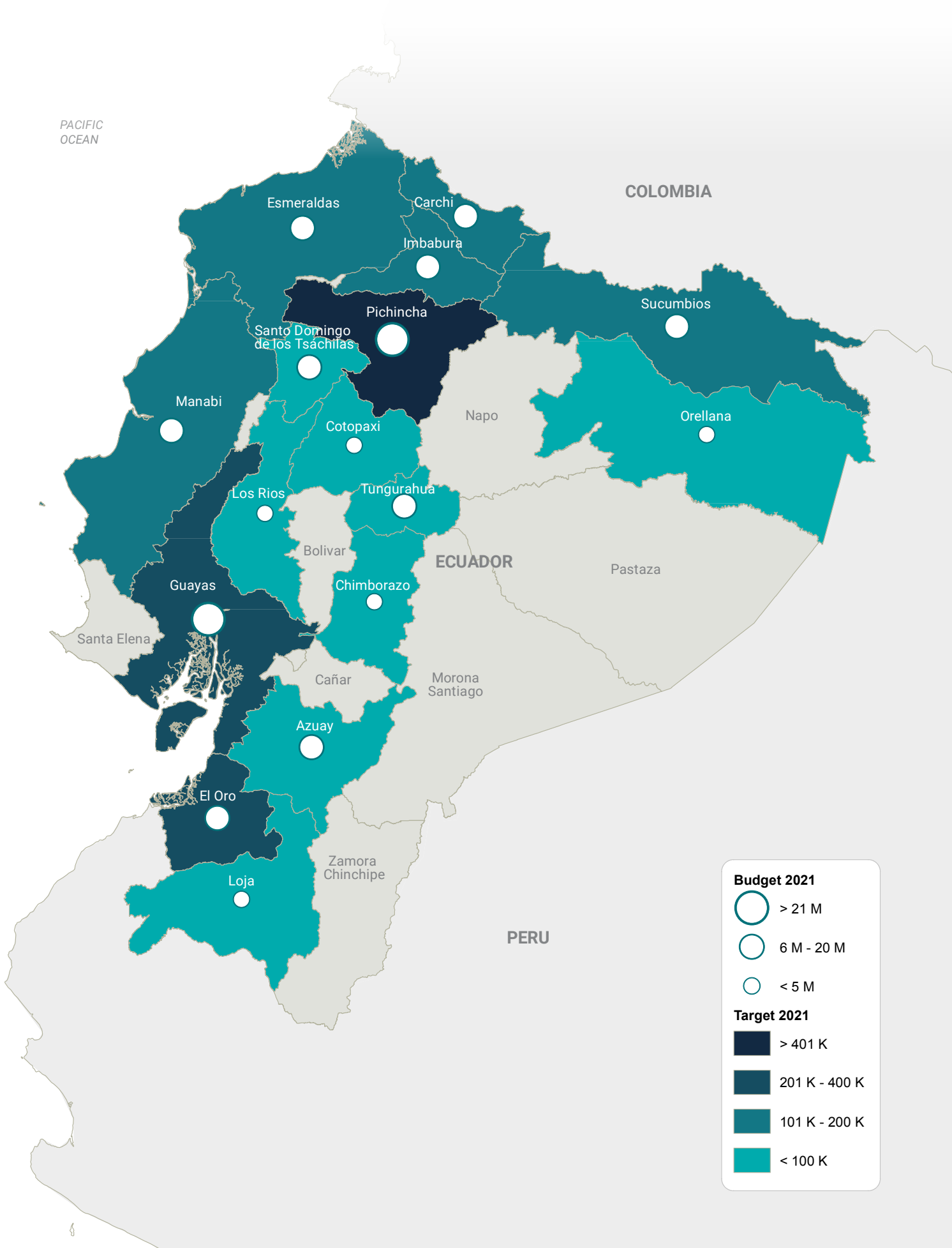
	PEOPLE IN NEED	<ul style="list-style-type: none"> 37.7% 12.8% 37.4% 12.1% 	VENEZUELANAS IN DESTINATION	395 K
	682 K		HOST COMMUNITY	207 K
			* IN TRANSIT	80.0 K

	PEOPLE TARGETED	<ul style="list-style-type: none"> 40.6% 15.0% 30.0% 14.4% 	VENEZUELANAS IN DESTINATION	235 K
	362 K		HOST COMMUNITY	77.8 K
			* IN TRANSIT	49.4 K

	TOTAL REQUIREMENTS	\$237 M		RMRP PARTNERS	43
--	---------------------------	----------------	--	----------------------	-----------

*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

REQUESTED FUNDING AND BENEFICIARIES TARGETED



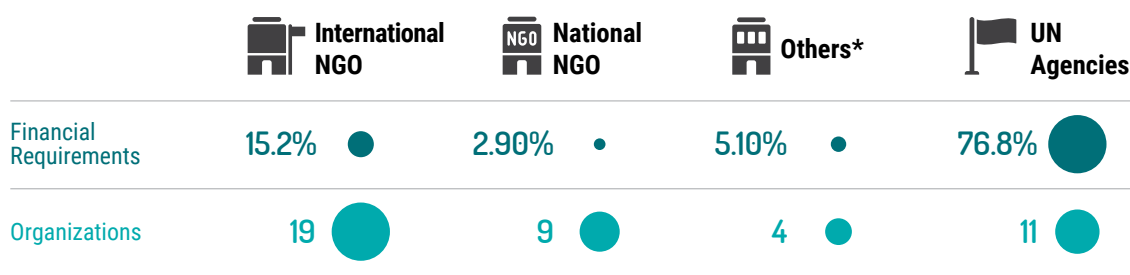
Budget 2021

- > 21 M
- 6 M - 20 M
- < 5 M

Target 2021

- > 401 K
- 201 K - 400 K
- 101 K - 200 K
- < 100 K























































NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



*Others include the Red Cross Movement, civil society, academia and faith based organizations.

The list of organizations and RMRP partners only includes appealing organizations under the RMRP. Many of these organizations collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	143 K 	68.5 K	\$15.2 M 	18 
 Food Security	458 K 	252 K	\$41.2 M 	17 
 Health	427 K 	136 K	\$9.83 M 	19 
 Humanitarian Transportation	39.7 K 	5.08 K	\$88.8 K 	2 
 Integration	582 K 	87.6 K	\$75.6 M 	31 
 Nutrition	56.0 K 	7.81 K	\$151 K 	2 
 Protection*	573 K 	266 K	\$26.6 M 	28 
 Child Protection	160 K 	17.9 K	\$6.20 M 	15 
 GBV	322 K 	34.5 K	\$5.16 M 	16 
 Human Trafficking & Smuggling	113 K 	2.88 K	\$3.03 M 	5 
 Shelter	257 K 	75.5 K	\$12.6 M 	18 
 WASH	502 K 	254 K	\$4.51 M 	14 
 Multipurpose Cash Assistance			\$30.3 M 	17 
 Common services**			\$6.05 M 	18 

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

COUNTRY OVERVIEW

SUMMARY FINDINGS OF JOINT NEEDS ASSESSMENT AND ANALYSIS

During 2020, the National Platform in Ecuador (GTRM by its acronym in Spanish) conducted two rounds of Joint Needs Assessments (JNA), through which the needs of Venezuelan households and host communities, including those needs that arose due to the COVID-19 pandemic, were identified. The most recent assessment that was conducted in July/August surveyed 3,356 Venezuelan households and had a wider geographic coverage (23 out of 24 provinces). The results showed that the main need of the Venezuelan population is access to food (30 per cent), with 12 per cent of surveyed households reporting not having regular access to food at all. Access to shelter was the second need expressed (27 per cent), followed by access to livelihoods (21 per cent).

The challenges for refugees and migrants from Venezuela in accessing livelihoods directly affect their ability to meet their basic needs. Through the JNA, 55 per cent of the respondents reported not having sufficient income to provide for their household's basic needs, and 39 per cent indicated not having a job at all. In addition, 42 per cent of Venezuelans work in the informal Sector, which poses protection risks and barriers to income security. Lack of income has also resulted in challenges in accessing adequate housing: 72 per cent mentioned having faced problems related to paying rent; out of those, 17 per cent reported facing risks of eviction. These problems have increased as a result of the pandemic lockdown measures. As a result, 30 per cent had to change their residence - with almost half of them having been evicted during the pandemic. Moreover, although most of the surveyed households stated that they had access to drinking water (83 per cent), findings were alarming for specific locations, especially in the

coastal region, where access to drinking water is more intermittent and involves significant additional costs.

Protection needs are cross-cutting characteristics among Venezuelan households as some of these issues prevent them from accessing rights and services in Ecuador: 36 per cent of Venezuelans surveyed stated not having any personal documentation, while 20 per cent stated that their visa applications were in process, and 13 per cent indicated that they had obtained an "exceptional temporary visa for humanitarian reasons" (VERHU, by its acronym in Spanish). Lack of documentation puts them in a situation of high vulnerability, hindering their socio-economic integration. Additionally, discrimination on based on nationality and status obstruct their access to basic needs.

Other key needs identified are access to education, with 46 per cent of surveyed households indicating that none of their children are attending schools, mainly because of the lack of economic resources to buy uniforms and school supplies, as well as access to connectivity and technological resources needed to access remote schooling during COVID-19-related school closures. Regarding access to healthcare services (for issues other than COVID-19), 71 per cent of Venezuelan households said they did not have any problem accessing the public healthcare system.

Despite these challenges, 88 per cent of the surveyed households stated that they do not intend to move to other countries or within the country. In addition, 27 per cent stated that they have family and/or friends who intend to arrive in Ecuador by end-2020.

COUNTRY RESPONSE STRATEGY

COUNTRY-SPECIFIC PLANNING SCENARIO

The COVID-19 health emergency has brought about new challenges in terms of human mobility. On 16 March 2020, the country's land and air borders were closed. As a result, the main border crossings with Colombia (Rumichaca) and Peru (Huaquillas) reported large numbers of Venezuelans stranded at the border. In this context, it was estimated that as of 30 August 2020, some 420,000 refugees and migrants were living in Ecuador.

Between 2016 and mid-2019, more than 1.7 million refugees and migrants from Venezuela entered the country in a regular manner. However, the issuance of Executive Decree No. 826 on 26 July 2019 triggered a policy shift that influenced the operational context in 2020: visas were required for Venezuelans to enter the country and a registration and regularization process was established. However, access to the regularization process has been conditional on a series of requirements and was put on hold during a period of time due to the pandemic. In total, 165,761 Venezuelans registered with the Ministry of the Interior, and approximately 36 per cent of them obtained VERHUs. For 2021, it is expected that the entry visa requirements remain valid, even if the VERHU ceases to exist. Venezuelans can, however, regularize their situation through other visas, but their cost is around five times higher than the VERHU.

Considering the deteriorating situation in Venezuela and the resulting continued displacement and mobility, including of those who previously returned to their home country due to COVID-19, and assuming that Venezuelans will continue entering through irregular channels, it is estimated that approximately 522,000 Venezuelan refugees and migrants will be living in Ecuador by December 2021. Moreover, it is expected that approximately 80,000 will be transiting to third countries. It is important to note that presidential elections will take place in February 2021, which could lead to policy shifts impacting refugees and migrants in the country.

SCOPE OF THE RESPONSE AND PRIORITIES

The COVID-19 pandemic will continue to significantly impact refugees and migrants from Venezuela in 2021. An increased flow, as compared to 2020, is expected for Venezuelans transiting through Ecuador and for those with the intention to settle in the country. It is expected that entry requirements will continue to impact regular access to the territory, leading Venezuelans to rely on irregular channels and associated protection risks. Vulnerabilities and protection concerns arising from irregular movements will thus be a priority consideration for 2021. The socio-economic impact of the COVID-19 pandemic will also affect refugees, migrants and host communities, and strategies to promote access to livelihoods and foster integration will be drawn and implemented.

In this context, the GTRM's response strategy will focus on the protection and integration needs of refugees and migrants as well as on those of their host communities, including through the provision of technical support and assistance to government bodies. Priorities in this field will be to improve access to territory, as well as promote the regularization of Venezuelans in Ecuador, strengthen the national asylum system and mainstream human mobility considerations into public policies so as to foster the inclusion of refugees and migrants into national systems. Improving access to documentation will be key to enable access to basic rights and services for refugees and migrants.

Support to the Government, both at the national and local levels, will also aim to boost the capacity of basic services such as health, education, and water and sanitation. Emphasis will be placed on communities hosting substantial numbers of Venezuelans, advocating for their inclusion in government plans and services. Given that the impact of the COVID-19 pandemic is expected to continue for a great part of 2021, the Plan will encompass the specific COVID-19 response, while simultaneously engaging in interventions to maintain essential healthcare and nutrition service delivery. Moreover, Sectors will collaborate closely with relevant Government actors in order to prevent and mitigate protection risks, including those related to exploitation at the workplace, unaccompanied and other children at risk, gender-based violence (GBV), smuggling and trafficking, and other risks faced by persons with specific needs.

Partners will also work to promote access to livelihood opportunities for refugees and migrants and their host communities, so as to foster integration. Self-reliance will be promoted through improved access to documentation, financial services, social safety nets, access and permanence in education, and sustained access to basic services, amidst a difficult economic context and incidents of discrimination

and xenophobia. Close coordination will be ensured with government and development actors in order to promote sustainability of interventions and a long-term vision for refugees' and migrants' integration in Ecuador. Where appropriate, partners will assist through coordinated cash and voucher assistance (CVA) to support entrepreneurship and to facilitate refugees' and migrants' access to national safety nets, promoting the complementarity between cash assistance and access to livelihoods opportunities.

The response will address shelter solutions and delivery of food and sectoral non-food items (NFIs) in order to cover immediate needs of the population and safeguard their wellbeing. These interventions will target refugees and migrants in-transit through Ecuador as well as those willing to stay in the country, and vulnerable Ecuadorians in hosting areas, taking into consideration the impact of the COVID-19 situation. The response will prioritize interventions in provinces with the highest concentration of Venezuelans, such as Quito, Guayaquil, Cuenca and Manta. These four cities concentrate more than 50 per cent of the refugee and migrant population. About 80 per cent of the refugees and migrants are concentrated in eight provinces, but Venezuelans are scattered across the country's three continental regions. Besides urban centres, border provinces are the most impacted by the movement of Venezuelans both in-transit to third countries and settled in Ecuador. The highest prevalence occurs in the province of Carchi, as Rumichaca is the main point of entry. The city of Huaquillas, which is the point of exit in the south, has also been highly impacted.

Partners' responses will be informed by the findings of the JNA as well as other relevant data, prioritization methodologies and regular consultations with affected populations. Geographical prioritization will be based on needs, while considering an age, gender and diversity (AGD) approach to the profiles of the populations included in this Plan.

RESPONSE PRINCIPLES

The considerations related to AGD, accountability to affected populations (AAP) as well as the principle of Centrality of Protection were assessed during the development of this Plan. 37 of the 43 appealing organizations in Ecuador completed the Gender with Age Marker (GAM) during the planning phase, with most submissions (89 per cent) aiming to mainstream gender equality, and 11 per cent of the submissions targeting actions to reduce discrimination or inequality. Of the organizations that completed the GAM, 84 per cent plan to respond to both gender and age differences through their intervention. Moreover, 57 per cent of the organizations plan to tailor their interventions to the specific needs of persons of diverse sex, sexual orientation and gender identities.

AAP and Communication with Communities (CwC) will be at the centre of sectoral interventions while implementing the Plan. Different tools and platforms developed by national Sectors and R4V partners will continue to be used in order to collect feedback from refugees and migrants of different age, gender and backgrounds and incorporate their views into planning and design of Sector activities. Sectors will ensure that needs assessments, implementation, monitoring and evaluation reflect the inputs, concerns and feedback of affected populations, and that complaints are safely addressed using effective two-way information flows. As a result of the COVID-19 situation, Sectors will work to strengthen remote programming modalities to ensure continued participation of migrants and refugees. For instance, Sectors will work to disseminate information through remote channels, such as social media and instant messaging applications, in line with the feedback from Venezuelans collected through the JNA. Moreover, when implementing activities, partners will work to mitigate risks of GBV and will anchor interventions within the Centrality of Protection principle. Building upon the work done in 2019 and 2020 to train humanitarian workers on protection against sexual exploitation and abuse (PSEA) and in establishing reporting mechanisms, as well as the tailoring of activities to the COVID-19 context, in 2021, partners will roll-out adapted activities such as online PSEA trainings and Standard Operating Procedures (SOPs) on PSEA inter-agency referral mechanisms, among others.



CASH AND VOUCHER ASSISTANCE

In light of the global pandemic and the imposed lockdown measures, access to food, shelter and health became increasingly challenging for Venezuelan refugees and migrants. Data collected in May 2020¹⁹⁶ showed that over 25 per cent of the Venezuelans surveyed lacked the resources to cover their basic needs. Of the 53 per cent who reported they could cover them, almost 30 per cent managed thanks to donations and humanitarian assistance. In August 2020, according to the JNA¹⁹⁷, food (30 per cent) and shelter (27 per cent) remained the main concerns for Venezuelans, alongside finding a job (21 per cent).

In addition to the increasing socio-economic vulnerabilities of the refugee and migrant population, the COVID-19 pandemic required a shift to remote delivery of assistance, which translated into an increased number of actors using cash and vouchers as the preferred modalities. In 2021, this tendency continues to grow, with 17 members of the GTRM in Ecuador planning to distribute USD 25,6 million through multipurpose cash assistance (MPC) across the country. Under the coordination of the GTRM's Cash Working Group (WG), actors distributing MPC will work on the complementarity of their interventions to act as a collaborative safety net and extend the assistance provided to each household for as long as possible. Having 17 actors delivering cash to cover basic needs will require close coordination to optimize the resources available to reach the highest number of people in-need, ensuring cost-efficiency and impact. A certain alignment will be required from the partners, especially regarding the transfer value, to avoid tensions and the possible creation of pull factors, where people in-need move to specific areas where the amount distributed is higher.

Moreover, USD 71 million will be provided through sectorial cash and voucher transfers, representing 35 per cent of the total budget requirement in Ecuador. Technical support will be provided to different sectors on cash assistance strategies through the GTRM's Cash WG. Although most of the cash assistance planned will be delivered in Pichincha and Guayas, a total of 17 provinces will be reached, such as El Oro, Carchi, Imbabura, Manabí and Azuay. It will be important to avoid a geographical concentration of cash actors, to make sure all persons in-need have access to the required assistance, even if they are not in the main cities.

Despite the lockdown, basic products are still available in markets, with 40 per cent of the population purchasing them in local stores¹⁹⁸. Based on this pre-requisite, the cash modality remains feasible and appropriate in 2021, but market monitoring is needed to adjust the transfer value to changing prices and to ensure continued availability of basic items.

Work with financial service providers will continue through the GTRM's Cash WG to increase and improve the delivery mechanism options, with a view to contributing to financial inclusion, and in close collaboration with the Protection and Integration Sectors in order to provide complementary strategies for economic inclusion.

196. GTRM (2020), *Rapid Joint Needs Assessment*. May 2020, available at <https://r4v.info/es/documents/details/76586>

197. GTRM (2020), *Joint Needs Assessment*. July-August 2020, available at <https://r4v.info/es/documents/details/78865>

198. GTRM (2020), *Rapid Joint Needs Assessment*. May 2020, available at <https://r4v.info/es/documents/details/76586>



EDUCATION

PEOPLE IN NEED*

143 K

↑ 12.5% ↓ 40.5% ↑ 9.40% ↓ 37.6%



PEOPLE TARGETED*

68.5 K

↑ 7.30% ↓ 42.4% ↑ 5.30% ↓ 45.0%



TOTAL REQUIREMENTS

\$15.2 M



RMRP PARTNERS

18



*Includes figures for in-transit population

SECTOR LEADS

UNESCO-UNICEF

PRIORITY NEEDS

Refugees and migrants from Venezuela have been significantly impacted by the socioeconomic situation in Ecuador, particularly in the field of education. Furthermore, in recent years the percentage of children and adolescents among the Venezuelan refugee and migrant population has significantly increased¹⁹⁹, posing a challenge for their education inclusion. Therefore, a main need is ensuring that refugees, migrants and vulnerable host community children and adolescents have access to the education system, despite the challenges posed by the COVID-19 pandemic.

According to the latest official data, approximately 33,611 Venezuelan school-aged boys and girls are out-of-school as of July 2020.²⁰⁰ According to the GTRM's JNA, key reasons for not attending school among Venezuelan children include a lack financial

resources, lack of access to IT devices and internet connectivity, discrimination and xenophobia, and lack of documentation.²⁰¹ The latter indicates that access barriers due to lack of documentation continue to affect Venezuelan refugee and migrant children despite the current Ministerial Agreement 25A, which outlines the Ecuadorian state's responsibility to register all children and adolescents in the education system regardless of their origin, nationality or legal status.

Moreover, Venezuelan families face crucial disadvantages in terms of income, which creates a gap in their access to connectivity and technology to benefit from virtual education, which has largely substituted presence-based classes since the onset of the COVID-19 pandemic and related school closures. They also encounter great difficulties to settle and integrate in communities, which becomes an important barrier to children's access to education. This situation has exacerbated due to the COVID-19 pandemic where refugees and migrants were forced to leave their host communities in search of new survival strategies.

The country's education system is greatly challenged by new requirements and adjustments due to school closures and remote education, in addition to multiple pre-COVID-19 barriers, such as documentation requirements, difficulties in covering additional educational costs like uniforms and transportation, and discrimination of Venezuelan students within the education system (e.g. by other students, teachers, administrative staff), making refugees and migrants a population with double vulnerabilities.

RESPONSE STRATEGY

The Sector will work towards the inclusion of all children and adolescents into the national education system, guaranteeing universal access, regular attendance, quality learning, protection and completion of education in emergency contexts. Interventions will address the current challenges posed by the pandemic, as well as those that were present before the pandemic, such as discrimination and xenophobia within the education system, barriers to access public education due to difficulties in allocating Venezuelan students places in public schools.

In 2021, 17 R4V partners will contribute to the Sector's objectives with interventions in 15 provinces across the country, mainly in Pichincha and Guayas which have the highest concentration of Venezuelan school-aged children and adolescents. Based on the priority needs the Education Sector will focus on:

- Ensuring safe access to education services for refugees, migrants and host community children and adolescents, that are currently out-of-school. Partners

199. Ministerio de Gobierno (2020), Flujo migratorio acumulado 2010 – 2020.

200. Ministry of Education (2020), Administrative Records.

201. GTRM (2020), Joint Needs Assessment. August 2020. Quito, Ecuador.

will prioritize individual orientation and the delivery of school items for the most vulnerable families in order to promote access to and continuity of education in pandemic and post-pandemic scenarios. This assistance will be provided mainly in-kind, but also through CVA. Assistance will be aligned with the “*Aprendamos Juntos en Casa*” Plan from the Ministry of Education, which is a contingency plan to continue the education process and maintain student learning rhythms in a context of remote education.

- Working towards the reduction of discrimination in schools, and other barriers faced by refugee and migrant students for their continuity in the education system. Special monitoring activities will be performed for those who have dropped out of school and those who are reintegrated into the education system after having dropped out.
- Promoting the achievement of holistic learning outcomes for refugee, migrant and host community children and adolescents, despite the context of education in emergency.
- Providing assistance to promote successful completion of education for refugees and migrants that are enrolled in the education system, as well as recognition of academic diplomas and qualifications for Venezuelan students.
- Working closely with the Ministry of Education in order to guarantee the application of the Ministerial Agreement 25 A across all education districts, with a special focus on locations with the highest number of Venezuelan school-aged children, but also to ensure that refugees and migrants are covered by the Ministerial Agreement 44 A which guarantees the permanence of students in the educational system, applying contextualized strategies and tools within the COVID-19 pandemic.
- Providing mental health care and psychosocial support (MHPSS) to all levels of the educative response, both for students, teachers and school officials to whom guidelines to promote inclusion in schools will be provided along with training sessions and capacity building. Toolkits will compile a series of methodologies that have been validated by the Ministry of Education and developed by several organizations and stakeholders from the GTRM.

The Sector will articulate and coordinate activities in order to consider the response provided by other Sectors, mainly from the Child Protection, GBV, WASH, Integration and the Cash Working Group, to have a comprehensive response that intervenes directly with the refugee and migrant population, but also among the educational community which includes capacity building of teachers and other school staff, improvement of school's infrastructure (including WASH), and awareness activities with other students and members of the community to mitigate discrimination. Coordination will particularly focus on enabling access to child protection services, and the prevention of GBV for refugee, migrant and host community children and adolescents and their families.

All interventions within the Education Sector will apply an AGD approach to ensure that different groups within refugees and migrant students, households and parents are represented, taking into consideration that girls and female adolescents are especially vulnerable due to the onus of domestic work that is socially imposed to them. Groups that need specific support such as people with disabilities or pregnant adolescents will be also approached by the Sector's strategy in order to address their special education needs. Feedback mechanisms, mainly through post-delivery assistance surveys, will take in consideration all actors involved in the educational system, mainly refugee and migrant students, but also parents and caregivers, students from host communities, teachers, and other school staff who are part of the comprehensive intervention provided by the GTRM partners.



FOOD SECURITY

PEOPLE IN NEED*

458 K

↑ 38.4% ↓ 12.3% ↑ 37.9% ↓ 11.4%



PEOPLE TARGETED*

252 K

↑ 36.4% ↓ 17.5% ↑ 28.8% ↓ 17.3%



TOTAL REQUIREMENTS

\$41.2 M



RMRP PARTNERS

17



*Includes figures for in-transit population

SECTOR LEADS

HIAS-WFP

PRIORITY NEEDS

Due to COVID-19, severe food insecurity has increased among refugees and migrants as well as in host communities. According to available information, before the onset of COVID-19 in Ecuador, 36 per cent of surveyed Venezuelans already lived in poverty and 11 per cent in extreme poverty. During the pandemic, refugee and migrant populations largely lost their income and experienced increased food insecurity. According to the latest data,²⁰² 55 per cent of Venezuelan households cannot cover their basic needs and 39 per cent do not have a job.

In a JNA carried out in July and August 2020,²⁰³ 61 per cent of refugees and migrants from Venezuela surveyed reported they had partial access to food, whilst 12 per cent of households indicated they did not have any food for their families— which reflects extreme or severe food insecurity and a higher risk to develop nutritional diseases. Their needs were increased during the pandemic and

access to food was the first listed when they were asked.

The main coping strategies implemented by refugees and migrants to ease this situation are to reduce their food portions (77 per cent), which is applied on an average of 4 days a week; reduce the number of meals (77 per cent), on an average of 3.5 days a week; and to eat less preferred or cheaper foods (73 per cent) on an average of 3.8 days a week.

RESPONSE STRATEGY

In 2021, 16 Sector partners will provide direct food assistance across 16 provinces to people intending to settle in the country, as well as providing assistance in emergencies and to people in-transit. The Sector will emphasize the sectoral coordination and the mainstreaming of the gender approach in a comprehensive manner in its actions planned for 2021.

A key focus of the Sector will be to ensure food assistance and access to affordable and nutritious food to Venezuelans at high risk due to their vulnerability, such as families with children, lactating and pregnant women, the elderly, people with disabilities and people with serious illnesses, whose access to livelihoods and national protection systems have been affected due to the pandemic. The Sector will also seek to support public policies and programmes regarding food security, bearing in mind the variety of challenges posed by the current context.

Based on the identified needs, the Sector will mainly focus on food assistance to the various population groups covered by this Response Plan, through three key response priorities:

- One-off assistance, with the distribution of food kits or vouchers in 15 provinces to vulnerable refugees and migrants, especially those in-transit, ensuring an integral response to their immediate needs in coordination with other Sectors.
- Medium-term food assistance delivered in 15 provinces, to refugee and migrant families from Venezuela living in Ecuador to cover their food needs until they can access livelihoods and attain greater stability. This assistance will be delivered through vouchers or cash transfers, in coordination with other Sectors such as WASH and the Cash Working Group.
- Food assistance provided in shelters or community kitchens, in coordination with other response groups such as Shelter and WASH. Partners' response will also include supporting facilities where food is provided, through the rehabilitation, improvement and provision of equipment. This will be complemented by capacity-building workshops for the staff of these institutions on food assistance and nutrition. Food delivery in schools will also be a part of the response.

202. GTRM (2020), *Joint Needs Assessment*. August 2020. Quito, Ecuador.

203. Ibid.

In order to ensure accountability, all actions will apply an AGD approach to ensure that different groups within refugees and migrants are assisted according to their specific vulnerabilities. Feedback mechanisms will be applied to food assistance mainly through post-distribution monitoring with people that received direct food assistance in-kind and through vouchers, in order to evaluate future programming, as well as the adaptation of interventions during the implementation phase itself. Regarding PSEA, the strategy includes the implementation of risk assessments within institutions that provide food delivery such as shelters and community kitchens, where refugees and migrants can be vulnerable to SEA while receiving the service and with service providers, and appropriate follow up actions will be taken such as PSEA trainings and awareness raising.



HEALTH

PEOPLE IN NEED*

427 K

↑ 38.6% ↑ 12.1% ↑ 38.1% ↑ 11.2%



PEOPLE TARGETED*

136 K

↑ 41.2% ↑ 16.5% ↑ 28.1% ↑ 14.2%



TOTAL REQUIREMENTS

\$9.83 M



RMRP PARTNERS

19



*Includes figures for in-transit population

SECTOR LEADS

UNFPA-UNICEF-WHO/PAHO

PRIORITY NEEDS

During 2020, the COVID-19 pandemic was the main factor affecting the Ecuadorian population, as well as refugees and migrants living in and transiting through the country. The country was severely impacted by the pandemic and given the rapid spread of the virus all Ecuadorian provinces were affected. The first confirmed case of COVID-19 in the country was reported on 28 February in the Province of Guayas, which hosts the second largest Venezuelan refugee and migrant community in the country, and soon became the epicenter of the virus.

The declaration of a state of emergency included the closing of international borders, which meant that refugees and migrants could neither leave nor enter the country - leading to irregular crossings by the Venezuelan population both on the northern and southern border - making access to healthcare services even more difficult for this population, particularly due to fear of xenophobia as well as fear of not having adequate documentation to stay in the country. In addition, it was challenging for many Venezuelans to comply with mobility restrictions and confinement measures, due to the lack of economic resources, making this population particularly vulnerable to contagion, but also to protection risks.

As a result of the pandemic, a significant increase in the number of pre-hospital care, emergencies, and hospital care for COVID-19 was observed. In parallel, there was a drastic reduction in care for other pathologies, especially chronic diseases and regular vaccination campaigns, and a substantial reduction in health promotion and disease prevention as well as in referrals of patients from the public network to the complementary private network. The promotion of maternal health, pre-natal controls, contraception and family planning, detection and treatment of HIV/AIDS, and pediatric and neo-natal care were also reduced due to the pandemic. An increase in mental health problems was observed, as well as a slowdown in the control of vector-borne diseases, such as malaria, dengue and others. This situation affected the general population, but particularly refugees and migrants who reported²⁰⁴ not being able to access healthcare services (29 per cent), mainly due to fear of contagion (27 per cent) or because they simply were not treated when approaching state healthcare facilities (25 per cent). However, it is important to note that access to healthcare is considered universal in the country.

Data provided by the Ministry of Public Health showed that from January to April 2020, 145,941 refugees and migrants from Venezuela had accessed national healthcare services. However, maintaining such essential services during the pandemic has been challenging due to the lack of healthcare professionals, who were prioritized to respond to COVID-19 cases, and the strain on healthcare facilities during the pandemic.

RESPONSE STRATEGY

It is necessary to balance the demands of responding to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential healthcare service delivery to the entire population, guaranteeing access for refugees and migrants as well as working towards the mitigation of the risk of system collapse and strengthening the government actions. In this context, the main priorities for the Sector's response are:

- Strengthening of existing public healthcare capacities both at the national and local level, taking into consideration that the healthcare system faces challenges resulting from an increased demand due to COVID-19. The activities will include capacity building on diverse health topics, in addition to providing essential equipment for health centres and other public institutions, in order to curb the spread of COVID-19;
- Direct assistance to refugees and migrants, including psychosocial support, primary health consultations, delivery of medication, personal protection equipment (PPE), as well as sensibilization activities that include sexual and reproductive health, health promotion, among others; and,
- Support to the most vulnerable groups such as women with children, people with disabilities, people with chronic conditions, and elderly.

In 2021, 19 R4V partners will be performing the above-mentioned activities by providing services directly to refugees and migrants either on-site or in a remote manner, distribution of vouchers or cash to access medical consultations or medicines, and the provision of specific kits such as PPEs or sexual and reproductive health kits. The interventions will take place in 16 provinces, mainly in Pichincha, Guayas, El Oro, Carchi, Manabí, Imbabura and Santo Domingo de los Tsáchilas. Complaint and feedback mechanisms will be put in place when providing assistance, such as post-delivery assistance surveys.



HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED*

39.7 K

↑ 42.3% ↑ 4.67% ↑ 47.8% ↑ 5.28%



PEOPLE TARGETED*

5.08 K

↑ 41.8% ↑ 8.08% ↑ 42.0% ↑ 8.08%



TOTAL REQUIREMENTS

\$88.8 K



RMRP PARTNERS

2



*Includes figures for in-transit population

SECTOR LEADS

IOM

PRIORITY NEEDS

The need for humanitarian transportation will increase in 2021 due to the continued flow of people coming from Venezuela in precarious conditions and lacking resources to continue their journey to their destinations in a safe manner. Closed borders and government restrictions to enter the country have driven refugees and migrants to using non-official access routes, leading to heightened protection risks. Due to a lack of resources to pay for transportation after entering Ecuador, refugee and migrant families are often forced to walk long distances to reach to their destinations, encountering health and protection risks during their journey.

The priority needs for the Sector are to ensure internal transportation for people in vulnerable situations in need of family reunification in Ecuador, and to improve access to safe transportation considering COVID-19 sanitary recommendations and restrictions for traveling along the country.

RESPONSE STRATEGY

In 2021, the two main priorities for the Sector's response are:

- Provision of vouchers, bus tickets and cash for internal transportation for refugees and migrants from Venezuela to travel to their destination within Ecuador, as well as for refugees and migrants in Ecuador who opt to continue their journey to a third country²⁰⁵;
- Dissemination of basic information regarding COVID-19 and biosecurity items to facilitate safe travel to refugees' and migrants' destination.

As a cross-cutting consideration, persons in vulnerable situations will be prioritized to receive transportation assistance.

Two R4V partners will provide humanitarian transportation support for Venezuelan refugees and migrants. This activity will be coordinated to be implemented on the northern and southern border provinces, mainly in Carchi and El Oro, where the flow of Venezuelan refugees and migrants is concentrated. However, internal transportation support will be also coordinated (depending on the need of people in vulnerable situations) to cities that are mostly the first point of arrival for Venezuelan refugees and migrants in destination. Assistance will be provided through vouchers and cash. When planning the delivery of assistance, partners will perform risk assessments in order to identify points where refugees and migrants can be vulnerable to sexual exploitation and abuse while receiving the transportation service. Additionally, partners will implement feedback surveys on the transportation services provided when delivering the assistance in order to learn about refugees' and migrants' perspectives and respond to complaints as appropriate on the experience.



INTEGRATION

PEOPLE IN NEED

582 K

↑ 37.1% ↑ 13.9% ↑ 35.9% ↑ 13.1%



PEOPLE TARGETED

87.6 K

↑ 50.7% ↑ 1.40% ↑ 46.6% ↑ 1.30%



TOTAL REQUIREMENTS

\$75.6 M



RMRP PARTNERS

31



SECTOR LEADS

IOM-UNDP

PRIORITY NEEDS

Considering the growing number of Venezuelan refugees and migrants who have settled in Ecuador since 2019 and the economic impacts that the pandemic has brought on the livelihoods of refugee and migrant families in the country, the need for their socioeconomic integration continues to be a priority focus for GTRM partners and the Government of Ecuador. In fact, the JNA shows that 55 per cent of Venezuelan and mixed households have an insufficient income to cover their basic needs, while 39 per cent indicated that they currently do not have a job - in addition to the almost 700,000 formal jobs that have been lost in the country due to the pandemic²⁰⁶. Additionally, refugees and migrants struggle to access financial services, particularly due to lack of required documentation (such as visas, Ecuadorian ID, or medical insurance for some cases) but also credit history and personal references. Therefore, the Sector will focus its efforts and frame its actions

205. In line with the Regional Platform's position on assistance for refugees and migrants intending to return to Venezuela, transportation assistance will not include the facilitation of such return movements.

206. GTRM (2020), *Joint Needs Assessment*. August 2020. Quito, Ecuador.

on the needs of economic and social integration of refugees, migrants and host communities. These priorities are employment (including entrepreneurship), financial inclusion and social cohesion.

RESPONSE STRATEGY

The interventions of the 30 R4V partners will be carried out in 16 provinces of Ecuador, focusing on those with a greater concentration of Venezuelan population, such as Pichincha, Guayas, El Oro, Imbabura, Esmeraldas and Carchi.

Partners will focus on the following three main axes:

- Formal employment will be supported in order to integrate refugees and migrants into the formal labour market, since most of them are currently engaged in the informal sector, where exposure to labour exploitation, precarious situations such as extensive working hours without appropriate remuneration, constant COVID-19 exposure without biosecurity measures, and a lack of appropriate work spaces, where they are at risk of incurring accidents or health problems without health coverage or social security access, and risks of human trafficking are common. Considering that the market often does not offer them enough job opportunities, the creation of small businesses has turned out to be the most suitable alternative to the current situation. Therefore, the interventions will focus on the generation and/or consolidation of own businesses to allow them to provide for themselves as entrepreneurs and assist in their economic recovery. In this regard, partners will intervene in 15 provinces. Additionally, at the national level partners will support training and capacity building to improve safety, health, and hygiene conditions in the workplace.
- Financial inclusion: Partners will focus on seeking the financial inclusion of refugees and migrants who do not have access to the financial system through microfinance, financial education, and technical assistance in 15 provinces. These interventions include the delivery of seed capital, generation of savings groups and access to credit and banking services. Access to credit and savings capacity will be offered to Venezuelan refugees and migrants through the creation of community savings banks and the strengthening of knowledge of family economy and household financial management.

- Social cohesion: Partners will allocate efforts to promote campaigns against discrimination and strengthening the social fabric. Training on labour rights and obligations will be provided to stakeholders and private companies, local and national public institutions as well as refugees and migrants in order to promote decent working conditions. At the national level partners will support the strengthening and technical support to the public and private sectors. Additionally, partners will carry out activities to promote social cohesion in 11 provinces. Therefore, the development of support networks between host communities and Venezuelans and initiatives that promote the participation of local communities will be promoted to prevent discrimination and xenophobia. Income-generating interventions that benefit Venezuelans will also include people from host communities and will be combined with initiatives to foster social cohesion.

In terms of modalities of interventions, most of the partners have planned to work on conditional CVA and providing in-kind support (such as technical equipment for their businesses), after the targeted individuals have completed their training process or received technical assistance for the consolidation of their business idea or the strengthening of their business model. Post-delivery of assistance surveys will take place in order to monitor the experience of the affected population benefitting from services but also in order to obtain feedback on the services provided. Additionally, partners will perform risk assessments prior to delivering the assistance in order to identify possible risks of sexual exploitation and abuse.



NUTRITION

PEOPLE IN NEED*

56.0 K

↑ 6.40% ↑ 44.9% ↑ 4.40% ↑ 44.3%



PEOPLE TARGETED

7.81 K

↑ 6.58% ↑ 46.1% ↑ 1.22% ↑ 46.1%



TOTAL REQUIREMENTS

\$151 K



RMRP PARTNERS

2



*Includes figures for in-transit population

SECTOR LEADS

UNICEF

PRIORITY NEEDS

Ecuador's latest health and nutrition survey²⁰⁷ illustrates the challenges faced in reducing child stunting and preventing overweight and obesity in children. These are development problems that affect the country but are not limited to local populations but are also of concern for refugees and migrants. During 2018 to 2019, partners²⁰⁸ carried out a nutritional screening of Venezuelan children on the move at northern border posts to identify the main nutritional issues amongst children under five years old. This screening identified that 20 per cent of children under the age of two were stunted and 3 per cent were acutely malnourished. It is also of concern that around 30 per cent of screened children suffered from anemia. Moreover, it was identified that only 63 per cent of children under the age of two were breastfed. It is a priority to ensure the

adequate nutritional state of children on the move, considering that their lived realities and contexts put them at higher risk of facing nutritional deficiencies that hamper their growth and development.

RESPONSE STRATEGY

The nutrition response will be based in regions with a high presence of refugees and migrants from Venezuela. These interventions aim to support access to nutrition services. The strategy is based on two main activities:

- Ongoing monitoring of the nutritional status of children on the move and host communities, in order to identify children under the age of five and provide them with nutritional screening of their weight and height together with hemoglobin tests to identify anemia. This action will be accompanied by support to access health and nutrition services in public healthcare facilities and combined with monetary transfers to support treatments and expenses related with nutritional needs (when needed);
- Infant and young feeding counseling integrated across different actions to ensure children's adequate nutrition through breastfeeding and complementary food counselling for caretakers. This is a key action, given the challenges faced by migrant caretakers to maintain breastfeeding children under two years old.

These interventions will be coordinated with the Child Protection Sub-sector, particularly as regards the identification of children in-need, with the Food Security Sector in order to ensure tailored food supplies are provided to children, and also with the Health Sector particularly concerning the nutritional evaluations and the referral mechanisms with special services of the Ministry of Public Health. Post-delivery assistance surveys will take place in order to identify possible gaps and best practices of the services provided.

207. 210 INEC (2019): *Encuesta Nacional de Salud y Nutrición (ESANUT) 2018*, Quito, Ecuador. Available at: https://www.ecuadorencifras.gob.ec/documentos/web-inec/Estadisticas_Sociales/ENSANUT/ENSANUT_2018/Boletin%20ENSANUT%2028_12.pdf

208. 211 Massive screenings applied to children under 5 years old undertaken by partners between September 2018 and August 2019. Unpublished information.



PROTECTION

PEOPLE IN NEED*

573 K

38.5%
 11.9%
 38.4%
 11.2%



PEOPLE TARGETED*

266 K

43.5%
 11.7%
 32.8%
 12.0%



TOTAL REQUIREMENTS

\$26.6 M



RMRP PARTNERS

28



*Includes figures for in-transit population

SECTOR LEADS

NRC-UNHCR

PRIORITY NEEDS

The legal requirements established by Decree 826 in 2019²⁰⁹ will continue to impact regular access to the territory and access to regularization processes for Venezuelans in 2021. According to official government data, by August 2020 approximately 200,000 Venezuelans held a regular status in Ecuador. The registration process that started in 2019 reached 165,761 Venezuelans, out of which approximately 40,500 were granted VERHU visa. With the VERHU process having come to an end in August 2020, other types of visas will still be required for entering the country, which will limit regular entries and increase irregular movements and associated protection risks.

The JNA²¹⁰ showed that 36 per cent of the surveyed population is in an irregular situation. 14 per cent struggle to produce the required documents, such as passports or apostilled documentation, and lack the financial resources to pay for a visa. The impact of evictions on the affected population also stands out as risk factor, affecting or having affected 44 per cent of surveyed individuals. Several actions have been taken to prevent further instances of evictions, as explained below through coordination and advocacy action with Public Defenders Offices, resulting in direct interventions in six Cantonal Boards.²¹¹

The number of asylum claims from Venezuelans in 2020 reached an average of 419 petitions per month, showing a reduction due to the COVID-19 pandemic and the consequent suspension of asylum processes. However, in 2021 it is expected that the number will increase and reach the levels of previous years, as conditions in Venezuela continue to deteriorate.

The COVID-19 emergency adds to Ecuador's pre-existing political and economic challenges, overstressing the capacity of the country's national health sector and having a negative impact on most vulnerable groups, including refugees and migrants. Therefore, access to rights (health, work opportunities, education) and the coverage of food and housing needs have become increasingly urgent in the COVID-19 context, while the demand for services on status regularization and documentation remains.

RESPONSE STRATEGY

The response of the Sector will focus on those most vulnerable within the affected population, as an increase is foreseen (from moderate to substantial) in the number of people in need of protection services. As described in the actions below, priority will be given to individuals and families that meet the vulnerability and specific needs criteria agreed upon by the 27 R4V partners implementing protection actions, utilizing tools such as scorecards, protection surveys and needs assessments. The sectorial priorities will be the access to territory, border monitoring and access to the asylum process and immigration regularization, the identification and assistance to Venezuelans with specific protection needs, and strengthening the capacities of national institutions to provide targeted protection responses.

In order to achieve these priorities, partners will implement the following:

- Promote access to territory for refugees and migrants from Venezuela. Mechanisms to ensure border monitoring and the identification of people in need of international protection and access to

209. Executive Decree No. 826 of 26 July 2019 provided for the introduction of a visa requirement for Venezuelan nationals. Additionally, it established a registration and regularization process for obtaining said visa. Among the requirements of this visa are that the applicant must be registered in Ecuador's migratory registry, must provide a valid or expired national passport and pay a visa application fee of USD 50.

210. GTRM (2020), *Joint Needs Assessment*. August 2020. Quito, Ecuador.

211. Cantonal Boards are rights protection bodies whose functions is to grant immediate administrative protection measures, aimed at avoiding or ending the vulnerability of rights and / or restoring over time the rights that have been threatened or violated.

regular status will be strengthened (including by the deployment of new border monitoring strategies and tools), to promote access to the territory and prevent potential cases of *refoulement*.

- Support the regularization of refugees and migrants from Venezuela, including through advice, guidance and information regarding access to regularization options and the asylum system, and financial assistance to those most vulnerable so that they can obtain or legalise documents and access resident permits.
- Technical and material support to the government to promote accessible regularization alternatives. Strengthening of registration processes and further promotion of public policies to this end, as well reinforcing the capacities of relevant state actors to facilitate access to territory and access to asylum.
- Identification, referral and response mechanisms for the most vulnerable will be supported and strengthened through advocacy efforts, capacity building of actors within the national and local protection systems, and with continuous and reinforced protection monitoring activities at border areas and at locations with high concentration of refugees and migrants.
- Free and quality legal orientation and representation will continue to be provided regarding the refugee status determination (RSD) process, regularization alternatives, access to services and enjoyment of rights, particularly those affected by the COVID-19 situation.
- Dissemination of information and provision of legal assistance related to housing rights, especially when preventing risks of eviction and strengthening access to CVA to mitigate protection risks to complement the services.
- Advocacy, coordination, and technical support to government institutions to enhance the response to and prevention of rights violations.
- Campaigning and advocacy actions against discrimination and xenophobia of refugees and migrants, supporting initiatives that provide positive examples of peaceful coexistence and successful local integration opportunities.

In terms of response modalities, the Sector will continue to deploy a number of strategies to achieve its protection objectives, including but not limited to: capacity-building with national institutions, advocacy for the amendment of appropriate national legislation and regulations, information and communication campaigns (xenophobia and discrimination), in-kind and CVA, and direct impact support activities such as legal counselling and referrals to existing protection mechanisms, in particular with national institutions such as the Public Defender's Office and the Ombudsman Office (DPE). Interventions will take place in 16 provinces, focusing mainly on Pichincha, Guayas, El Oro, Carchi, Sucumbios, Manabí and Esmeraldas.

The protection response strategy will reinforce a cross-sectoral approach and promote complementary of interventions, including through the enhancement of inter-sectorial referral pathways. The Sector will anchor its interventions within the Centrality of Protection principle and will ensure effective two-way information flows in order to promote the meaningful participation of refugees and migrants throughout the protection programme cycle. Partners will apply a community-based lens, putting the capacities, rights and dignity of refugees and migrants at the center of the response. Moreover, complaints and feedback from the community will be safely collected and addressed and will inform the Sector's activities.



CHILD PROTECTION

PEOPLE IN NEED*

160 K

↑ 25.2% ↑ 25.8% ↑ 24.1% ↑ 24.9%



PEOPLE TARGETED*

17.9 K

↑ 16.2% ↑ 36.0% ↑ 12.5% ↑ 35.3%



TOTAL REQUIREMENTS

\$6.20 M



RMRP PARTNERS

15



*Includes figures for in-transit population

SUB-SECTOR LEAD

UNICEF

PRIORITY NEEDS

Children on the move have several needs once they reach Ecuador requiring the support of R4V partners. According to the JNA conducted, 36 per cent of the Venezuelan population in Ecuador do

not have identification documents²¹². In this regard, 38,734 children were registered in the registration process, and only around 8,000 children were granted a VERHU during the regularization process (October 2019 to August 2020). This situation poses serious challenges to children's rights and to guaranteeing access to specialized services.

Many Venezuelan refugee and migrant children are in need of psychosocial support (PSS) due to their exposure to displacement and often separation from caregivers, which increases their vulnerability to violence, abuse and exploitation. Needs also persist as concerns alternative care arrangements for those travelling unaccompanied, and in strengthening family reunification processes. Moreover, the economic strain caused by the COVID-19 situation and the consequent lack of access to livelihood opportunities negatively impacted children's wellbeing, access to services, and exposed them to protection risks such as child labour and school drop-out.

RESPONSE STRATEGY

The Sub-sector strategy will focus its activities on 14 provinces, with special attention to municipalities located at the border, such as Tulcán, Lago Agrio, Ibarra, and Huaquillas as well as the main cities of residence of Venezuelans such as Quito, Guayaquil, and Manta. The interventions will benefit approximately 40,000 children on the move and their families.

The Sub-sector's main objective is to guarantee adequate protection services for children on the move and their families. This includes providing specialized legal assistance with guidance and orientation to children, adolescents, and their families. It also involves providing alternative care services, where children on the move and their families receive first psychosocial support, sensitization on prevention of violence, abuse and GBV, benefit from recreational activities (child-friendly spaces), and receive guidance on family reunification and settling possibilities in the host country. Finally, it also includes the strengthening of local authorities' capabilities and advocacy at the national level for the implementation of specialized procedures of attention and referral.

These actions are reinforced with the following activities:

- Strengthening the Child Protection System by working with municipalities and local institutions of host communities and providing specialized child rights training and technical support;
- Providing information and awareness-raising messages so that children and their families know their rights and how to access child-related services;
- Advocacy, jointly with the Protection Sector as well as other Sectors, in order to promote the best interests of refugee and migrant children in national systems.

- Establishing Child-friendly Spaces to provide children and adolescents with psychosocial support, deliver messages on prevention of violence, abuse and exploitation including GBV and human trafficking, and provide information on safe routes and services in the host country. Where these interventions are provided at transit or destination locations, these spaces provide an opportunity to work with both local and Venezuelan children and adolescents to foster integration, empathy and social cohesion at a young age;
- Modalities of alternative care that are implemented for unaccompanied and separated children (UASC) in line with their best interests. This also includes specialized attention that supports and accompanies UASC in the process of family reunification; and,
- Monitoring of the status of Venezuelan children on the move. Technical assistance for the continuous monitoring of the status in which children and families face the journey, their access to institutional services, and humanitarian assistance. This includes strengthening the partners' capacities in the use of monitoring tools and bilateral coordination to improve information on the conditions of refugee and migrant children and their families entering through irregular border crossing points.

These activities will be implemented in constant coordination with national authorities and other Sectors, at the national and regional levels. Specific coordination will be strengthened with the Education, Nutrition and Protection Sectors as well as the GBV Sub-sector in order to enhance identification, referrals and multi-sectorial response services to refugee and migrant children at risk. In addition, it is expected to integrate the network of PSEA focal points and AAP mechanisms. The response will adhere to child safeguarding principles in order to ensure the safety and well-being of all children encountering partners. Safe, accessible and child-friendly reporting mechanisms will be strengthened, and the safety and best interests of the child will be a fundamental consideration in all alleged or suspected cases of violation against children.

212. 221 GTRM (2020), *Joint Needs Assessment*. August 2020. Quito, Ecuador.



GBV

PEOPLE IN NEED*

322 K

52.8%
 16.9%
 14.3%
 16.1%



PEOPLE TARGETED*

34.5 K

54.2%
 13.2%
 23.0%
 9.63%



TOTAL REQUIREMENTS

\$5.16 M



RMRP PARTNERS

16



*Includes figures for in-transit population

SUB-SECTOR LEADS

UNFPA-UNWOMEN

PRIORITY NEEDS

In Ecuador, it is estimated that 65 per cent of women have experienced some type of violence throughout their lifetime and 32 per cent over the past twelve months.²¹³ This number is concerning for refugees and migrants from Venezuela as about half of the refugees and migrants that entered the country self-identified as women (48 per cent).²¹⁴ Indeed, data from R4V assessments shows that 14.3 per cent of those surveyed²¹⁵ were aware of incidents of GBV experienced by Venezuelans on the route; of the total respondents, 74 per cent reported being aware of incidents of physical violence, 27.3 per cent of sexual violence, and 19.35 per cent of other type of violence. Additional data shows that 30 per cent of women

from Venezuela surveyed²¹⁶ experienced some type of violence themselves in host countries. Venezuelan women and girls are often exposed to various vulnerabilities due to their gender and age. R4V data indicates that a large number of women experience sexual harassment and violence when crossing borders, particularly when crossing through irregular border points, as well as other forms of discrimination, exploitation and violence both on the road and in the cities of destination. High levels of sexual violence are evident; however, complaints to public institutions by Venezuelan women concerning GBV incidents are scarce, mainly because there is a general fear on the part of the survivors of suffering discrimination or reprisals due to their legal status in the country.²¹⁷ Additionally, the effects of COVID-19 on the lives of women have been devastating, since many female heads of households have faced evictions with higher levels of intimidation and violence by their landlords (as compared to incidents reported by couples).

RESPONSE STRATEGY

The response priorities identified by the Sub-sector are: strengthening the capacities of the state and civil society actors in preventing, mitigating and responding to GBV; implementing and disseminating referral pathways and protocols; and, providing access to safe spaces and psychosocial support, legal assistance, justice, health, sexual and reproductive health, and helplines for GBV survivors.

The scope of the response will be at the national level, with emphasis on the northern and southern borders, and on host cities with high concentrations of refugees and migrants. 16 R4V partners will deliver mainly in-kind assistance and services, such as:

- Facilitate and coordinate the interventions for prevention, risk mitigation, and response to GBV within the framework of the humanitarian emergency caused by COVID-19;
- Provide technical advice to public institutions and civil society to strengthen capacities for prevention and response to GBV. Advocacy work for better coordination among state entities that work on GBV;
- Strengthen GBV case management systems that are in line with data protection standards. Strengthen and improve safe spaces and shelters for survivors of GBV, including training to personnel who work with GBV survivors;
- Provide self-care training for personnel who care for GBV survivors;

213. INEC (2019), Encuesta nacional sobre relaciones familiares y violencia de género contra las mujeres – ENVIGMU. Quito, Ecuador.

214. Ministerio de Gobierno (2020), Flujo migratorio acumulado 2010 – 2020.

215. OIM (2019), Displacement Tracking Matrix (DTM). Round 6 and 7. <https://www.oim.org.ec/2016/iomtemplate2/dtm>

216. CARE (2019), Análisis Rápido de Género.

217. Ibid.

- Delivery of dignity kits as part of a strategy to enhance community networks;
- Provision of livelihoods support for GBV survivors and persons at risk, including those who lost their income due to the COVID-19 emergency;
- Creation and enhancement of telecare systems that allow safe access to services, including to digital literacy;
- Dissemination of information on reporting mechanisms, support the roll-out of relevant SOPs, and development of information, education and communication materials;
- Promote the integration of a gender sensitive approach and of the GVB guidelines in humanitarian interventions across different Sectors; and,
- Work on non-violent masculinities, the elimination of androcentric sociocultural patterns, and other GBV prevention strategies.

Close coordination with the general Protection and other Sectors will continue to ensure that GBV incidents disclosed to non-GBV actors are safely referred to GBV partners through the established referral pathways. Additionally, coordination with other Sectors such as Shelter, Integration, and the Cash Working Group will be ensured as part of a multisectoral GBV response. In order to enhance accountability to the affected populations, in 2021 the Sub-sector will strengthen feedback and complaint mechanisms, including through virtual channels. Additionally, building upon the GTRM's efforts during 2019 to carry out PSEA trainings for more than 500 individuals, in 2021 the Sub-sector will work to strengthen safe and survivor-centered referral mechanisms and GBV response services for survivors of SEA.



HUMAN TRAFFICKING & SMUGGLING

PEOPLE IN NEED*

113 K

↑ 39.7% ↑ 10.4% ↑ 40.1% ↑ 9.77%



PEOPLE TARGETED

2.88 K

↑ 42.3% ↑ 10.9% ↑ 33.8% ↑ 13.0%



TOTAL REQUIREMENTS

\$3.03 M



RMRP PARTNERS

5



*Includes figures for in-transit population

SUB-SECTOR LEAD

IOM

PRIORITY NEEDS

Human trafficking and smuggling are crimes with underreported human rights implications that affect refugees and migrants from Venezuela, as well as host communities in Ecuador. As regards trafficking, the number of rescued victims in Ecuador since 2018 and the first trimester 2020 comprises a total of 110 victims of trafficking (VoTs) and 17 smuggled persons (while no nationality disaggregation information is available). Several partners have also reported high numbers of smuggling, mainly in border areas, such as Tulcán and Huaquillas. Since the partial closure of borders, due to the implementation of Decree 826 and later, with the closure of borders due to the COVID-19 pandemic, irregular border crossings have increased, both on the northern and southern borders. During July and September 2020, a daily average of 50 to 70 refugees and migrants crossed into Ecuador through irregular passages at the northern border.²¹⁸ Given the complexity and clandestine nature of both crimes, there

218. Banco Mundial (2019), *Retos y oportunidades de la migración venezolana en Ecuador*.

is a significant amount of underreporting of these crimes at the time of capturing the information related to human trafficking and smuggling, and there is evidence that women are more exposed to the considerable risks that both crimes represent to their safety and wellbeing.

RESPONSE STRATEGY

The interventions of the Sub-sector will include actions to address human trafficking and smuggling comprehensively, including (i) mitigation of risks of human trafficking and smuggling, and protection of VoTs and Venezuelans who have been subjected to abuse, extortion or violence by smugglers, and (ii) capacity building to prosecute perpetrators of both crimes. The activities will cover nine provinces of Ecuador.

In this regard, the direct assistance to VoTs and smuggled Venezuelans with a victim-centered approach will be delivered by two partners in different modalities as in-kind and psychosocial support to address immediate and long-term needs. Close coordination with protection and other partners will take place in order to ensure that VoTs and/or refugees and migrants that have encountered abuse and violence at the hands of smugglers are safely referred to partners in this Sub-sector through established referral pathways.

The implementation of public policy and preventive actions, as well as the strengthening of coordination mechanisms at national and regional levels are key activities that will benefit Venezuelans and host communities in the country. These activities will be carried out through joint efforts with the different sectorial partners, governmental institutions, and other relevant actors, and will be delivered through different modalities such as capacity building and technical support for local and national actors, and mainstreaming AAP guidelines, in order to promote safe reporting and referral mechanisms.



SHELTER

PEOPLE IN NEED*

257 K

↑ 38.9% ↑ 11.3% ↑ 39.1% ↑ 10.7%



PEOPLE TARGETED*

75.5 K

↑ 42.9% ↑ 9.60% ↑ 38.2% ↑ 9.32%



TOTAL REQUIREMENTS

\$12.6 M



RMRP PARTNERS

18



*Includes figures for in-transit population

SECTOR LEADS

IOM-NRC-UNHCR

PRIORITY NEEDS

Due to the COVID-19 pandemic as well as a combination of pre-existing factors in the country (further described below), the housing and shelter situation of Venezuelan refugees and migrants as well as host communities will remain a pressing need in 2021. Refugees and migrants often lack access to adequate shelter and safe housing solutions and must increasingly resort to temporary shelters, which are under strain and struggle to meet the minimum standards needed for the population's protection. This situation has worsened as a result of the COVID-19 pandemic, with less space available and greater restrictions to prevent contagion. Additionally, while borders are closed, the need for shelter increases for those in transit.

Shelter and housing solutions were identified by 27 per cent of surveyed refugees and migrants²¹⁹ as one of their three top priorities, and 21 per cent²²⁰ considered

219. GTRM (2020), *Joint Needs Assessment*. August 2020. Quito, Ecuador.

220. Excluding refugees and migrants living in temporary shelters and those who do not have accommodation.

their current accommodation unsuitable. Out of those who reported living in unsuitable accommodation, the concerns mentioned include lack of privacy (30 per cent), poor living conditions (24 per cent), lack of furniture, lack of basic services (11 per cent), safety concerns (6 per cent), and other reasons (5 per cent).

With almost 80,000 refugees and migrants projected to transit through the country by 2021, the risks they may be exposed to during their journey will be aggravated if adequate shelter, NFIs and other forms of assistance are not provided as needed.

Challenges in accessing adequate and safe housing solutions have worsened due to political, social and legal barriers with a noticeable increase in xenophobia and abuses against the refugee and migrant population, as observed by partners when delivering assistance, especially concerning illegal evictions, as well as the worsening conditions of habitability. 30 per cent of those surveyed reported having to move during the pandemic, with 40 per cent reporting that they had to do so following evictions.

RESPONSE STRATEGY

The Sector's response will focus on border points, cities with a high concentration of refugees and migrants, and strategic points on transit routes to Peru and Colombia.

In line with the needs expressed above, the three main priorities for the Sector's response are:

- Increase the capacity and quality of the temporary collective shelters that receive Venezuelan refugees and migrants by implementing collective shelter solutions, providing equipment and assets, improving facilities and strengthening coordination and management capabilities. These activities will take place at border points and at strategic points along transit routes and cities with higher concentrations of refugees and migrants. Support for accommodation in hotels and hostels will also be provided on a short-term basis. Partners will closely work with shelter managers as well as hotels and hostels on the elaboration of specific guidelines in order to ensure physical distancing requirements are taken under consideration;
- Provide basic assistance through the distribution of NFIs tailored to the different populations' needs (including household items, winter kits, and travelers' kits), cash transfers for accessing basic items, both in reception centres at the borders and intermediate points along transit and settlement routes, but also at community centres that benefit and support refugees, migrants and host communities;
- Assist with sustainable housing strategies for Venezuelan refugees and migrants who intend to stay in the country through housing improvements (such as improvements of sanitary and hygiene spaces, building repairs, among others), dissemination of

information concerning rental rights, improvement of community infrastructure to foster integration, and cash-for-rent. These activities will be implemented in cities with a particularly high concentration of refugees and migrants from Venezuela.

The activities of the 18 shelter partners will be coordinated with the response provided by other Sectors, mainly with the Protection Sector on issues related to prevention and response to evictions, with the Food Security Sector with regard to distribution of food kits in temporary shelters, with the WASH Sector when it comes to improvements in temporary shelters as well as distribution of hygiene items, and with the Integration Sector on housing solutions for refugees and migrants living in temporary shelters (exit strategies from shelters). Harmonized systems and procedures will be put in practice to avoid duplications and ensure synergy between partners' activities. The Sector, due to its technical expertise, will provide technical support to other Sectors implementing infrastructure projects as needed, particularly to the Health, Education, WASH and Integration Sectors.

The modalities for the delivery of assistance will include in-kind modalities for the distribution of NFIs, such as household items, equipment and construction materials. Regarding CVA, the programmes will focus mainly on cash-for-rent and access to hotels / hostels, as well as on housing repairs. Capacity development will be oriented to the provision of trainings on shelter management and protection standards, technical support to other Sectors' partners, campaigns on housing and safe construction (build safer), and technical assistance for the adaptation of shelters and housing. As a community-based strategy, the improvement of community spaces and infrastructure will be coordinated with relevant actors in localities where the Venezuelan influx has impacted the most. Interventions will take place in 14 provinces, giving priority to border provinces (Carchi, El Oro, Sucumbíos) and those with highest concentration of Venezuelans, such as Pichincha, Guayas, Azuay, Imbabura, Manabí and Esmeraldas.

In order to ensure AAP, all actions will apply an age, gender, and diversity (AGD) approach to ensure that different groups within refugees and migrants as well as the host community enjoy their rights on an equal basis and participate meaningfully in the decisions that affect their lives, families, and communities.



WASH

PEOPLE IN NEED*

502 K

37.9%
 12.7%
 37.5%
 11.9%



PEOPLE TARGETED*

254 K

43.1%
 14.0%
 30.3%
 12.6%



TOTAL REQUIREMENTS

\$4.51 M



RMRP PARTNERS

14



*Includes figures for in-transit population

SECTOR LEAD

UNICEF

PRIORITY NEEDS

The priority needs in the WASH Sector are mainly linked to the change of context caused by the COVID-19 pandemic, which will continue to have an impact on refugees, migrants and affected host communities during 2021. Aspects that impact the access to WASH services and which determine relating priority needs are: the exposure of refugees, migrants and host communities to the Coronavirus; the socio-economic impact of the health emergency which jeopardizes the affordability of WASH services and increases the number of people relying on temporary shelters' WASH facilities; and the process of back-to-school of refugee, migrant and host community children. Based thereon, the priority needs are related to access to essential hygiene items and sanitation services, access to drinking water, and access to WASH in schools, healthcare facilities and temporary shelters.

RESPONSE STRATEGY

The WASH response will focus on the most critical and urgent needs, thereby prioritizing provinces with specific challenges in WASH service provision quality such as the coastal region, peri-urban areas with high population density (linked also with the vulnerability to COVID-19) and border provinces.

The response priorities will focus on providing essential hygiene items (through CVA or distribution of hygiene kits) and sanitation services, ensuring access to drinking water, and improving WASH services in schools, healthcare facilities and temporary shelters. A special focus on handwashing with soap will be transversal in the interventions due to the COVID-19 sanitary emergency context.

The WASH Sector will collaborate and coordinate mainly with the Shelter and Education Sectors for the improvement of WASH services in the institutional settings of shelters and schools. CVA will be promoted to ensure access to essential hygiene supplies and to cover the need of payment of water and sanitation service costs, the coordination with the Cash Working Group to improve mechanisms with other agencies and organizations implementing conditional or unconditional CVA will be key in order to guarantee access for a largest amount of targeted population and avoid duplications.

A context-specific objective will be the integration of the general WASH response and support towards the national Emergency Operations Committee (COE, by its Spanish acronym) in the framework of the COVID-19 sanitary emergency, and the WASH response to refugees, migrants and host communities.

The main response modalities which will be applied by partners are the distribution of sectoral NFIs, particularly related to hygiene promotion (although CVA will be encouraged) and public service support, mainly for WASH in temporary shelters, schools and in healthcare facilities.

The specific context of the sanitary emergency will create a dynamic situation, considering possible increases in movements, back-to-school processes and specific needs that may arise during 2021. Therefore, accountability arrangements and feedback mechanisms towards the served population will be essential in the WASH Sector response strategy, such as post-delivery assistance surveys, setting-up of specific telephone lines for complaints and feedback, and QR codes in hand washing stations to allow beneficiaries evaluate the quality of the service.

PERU





PERU

AT A GLANCE

© RET / Lima, Peru

	POPULATION PROJECTION 2021	<ul style="list-style-type: none"> 37.9% 8.53% 43.7% 9.87% 	VENEZUELAN IN DESTINATION	1.10 M
	1.17 M		* IN TRANSIT	75.6 K

	PEOPLE IN NEED	<ul style="list-style-type: none"> 39.7% 13.9% 33.2% 13.2% 	VENEZUELAN IN DESTINATION	735 K
	1.31 M		HOST COMMUNITY	500 K
			* IN TRANSIT	74.8 K

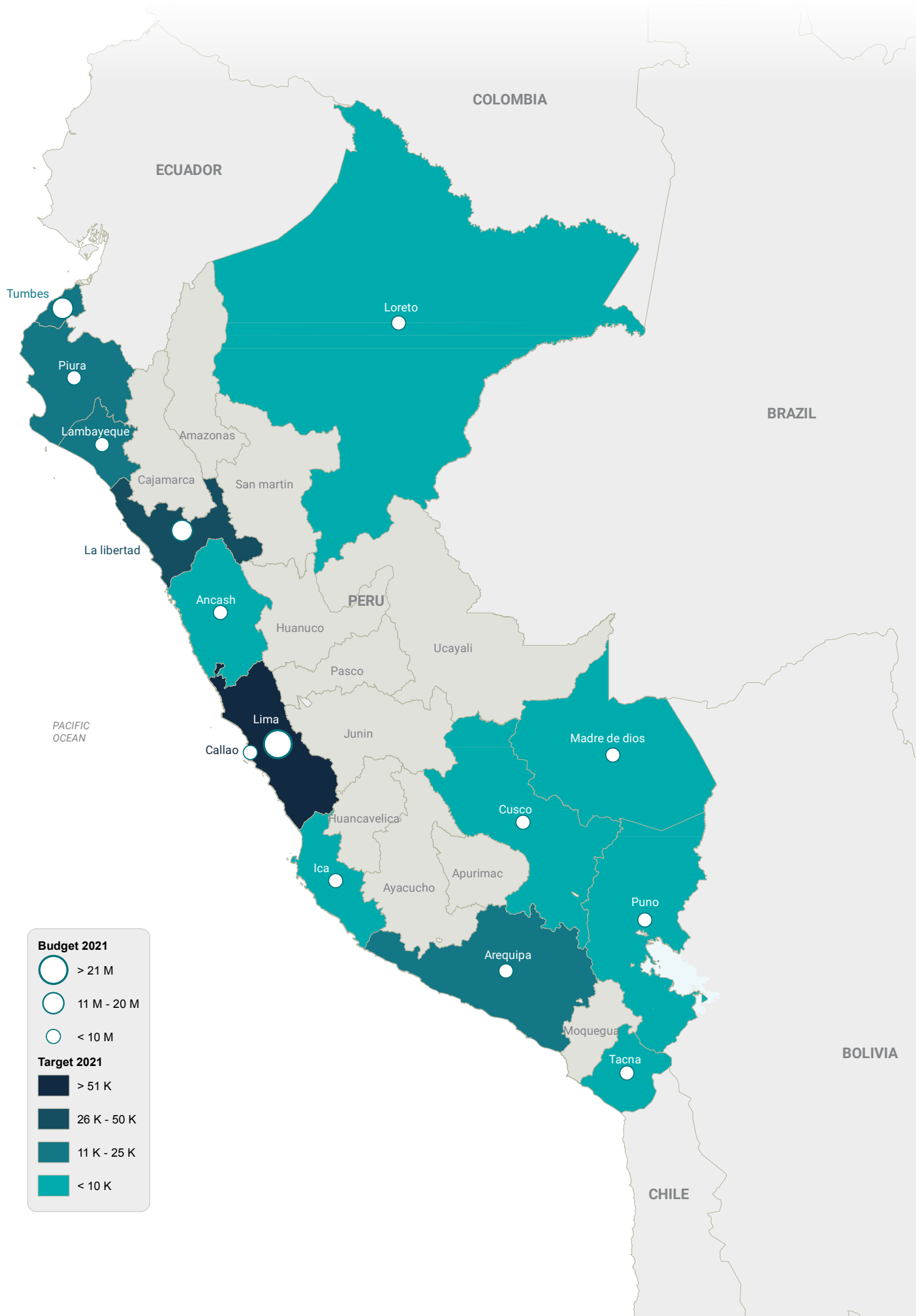
	PEOPLE TARGETED	<ul style="list-style-type: none"> 41.3% 15.3% 28.4% 15.0% 	VENEZUELAN IN DESTINATION	522 K
	680 K		HOST COMMUNITY	99.9 K
			* IN TRANSIT	57.8 K

	TOTAL REQUIREMENTS
	\$275 M

	RMRP PARTNERS
	43

*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

REQUESTED FUNDING AND BENEFICIARIES TARGETED



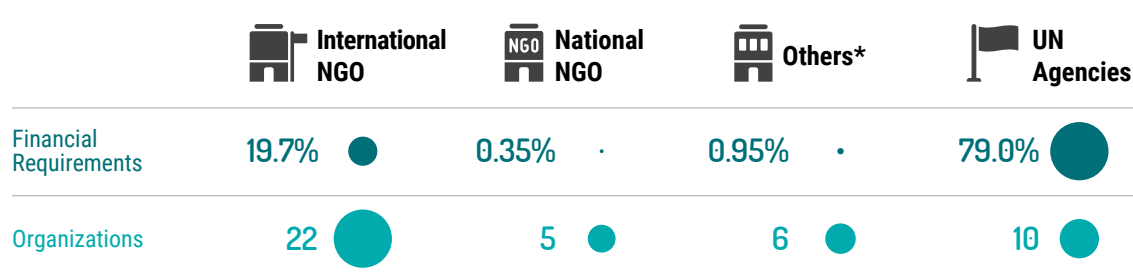
Budget 2021

- > 21 M
- 11 M - 20 M
- < 10 M

Target 2021

- > 51 K
- 26 K - 50 K
- 11 K - 25 K
- < 10 K























































NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



*Others include the Red Cross Movement, civil society, academia and faith based organizations.

The list of organizations and RMRP partners only includes appealing organizations under the RMRP. Many of these organizations collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	414 K 	56.6 K	\$11.7 M 	15 
 Food Security	966 K 	301 K	\$27.3 M 	13 
 Health	858 K 	491 K	\$37.7 M 	19 
 Humanitarian Transportation	70.7 K 	16.6 K	\$596 K 	3 
 Integration	1.02 M 	84.5 K	\$52.0 M 	27 
 Nutrition	211 K 	4.78 K	\$153 K 	4 
 Protection*	810 K 	361 K	\$38.8 M 	31 
 Child Protection	344 K 	40.0 K	\$6.07 M 	9 
 GBV	691 K 	10.3 K	\$8.37 M 	13 
 Human Trafficking & Smuggling	331 K 	8.88 K	\$2.31 M 	6 
 Shelter	721 K 	94.4 K	\$9.44 M 	10 
 WASH	580 K 	182 K	\$5.21 M 	13 
 Multipurpose Cash Assistance			\$60.2 M 	15 
 Common services**			\$14.7 M 	14 

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

COUNTRY OVERVIEW

Peru continues to be the second major host country for refugees and migrants from Venezuela worldwide, with some 1,043,000 persons residing in the country,²²¹ among them almost 500,000 asylum seekers.²²² Following the introduction of the humanitarian visa in Peru in June 2019, the flows of refugees and migrants considerably decreased during the second semester of 2019 and beginning of 2020. However, while regular movements decreased, irregular ones increased amid the closure of the borders,²²³ mobility restrictions and the declaration of a state of emergency on 15 March 2020 due to the COVID-19 pandemic.²²⁴

The COVID-19 pandemic has impacted the situation of refugees and migrants and dramatically increased their needs. According to a recent study, the poverty rate among refugees and migrants from Venezuela in Peru dramatically increased from 18 to 59 per cent due to the sanitary crisis,²²⁵ rising concerns in terms of coverage of basic needs, regularization mechanisms, and access to essential services. Irregular status creates barriers in accessing decent work and dignified livelihoods, already seriously impacted by the COVID-19 related economic contraction. These factors place refugees and migrants from Venezuela, especially women and girls, at risk of human trafficking, exploitation and abuse. In addition, the unavailability of legal transportation forces many to resort to smugglers to move across the closed borders.

Based on a Joint Needs Analysis (JNA) conducted by the National Inter-Agency Coordination Platform in Peru (GTRM by its Spanish acronym), the main needs of refugees and migrants from Venezuela are:

- Lack of access to regular job opportunities, and the need for long-term self-sufficiency solutions to cover their basic needs and to enhance their resilience as well as a more effective support to their host communities.
- Access to healthcare services is currently impaired by the lack of inclusion of refugees and migrants in the national healthcare system, due to insufficient documentation, legal status and normative framework. Chronic diseases, malnutrition, mental health issues, as well as precarious living conditions (unhealthy spaces/overcrowded) are some of the most pressing health issues among Venezuelans in Peru.
- **Protection** risks faced by refugees and migrants, associated with access to territory and safe transit, access to documentation and regularization processes, and heightened protection needs

for specific groups such as children, women and girls, survivors of gender-based violence (GBV), persons with disabilities and the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) community.

- **Food insecurity** soared as a result of the pandemic, and it is an immediate health and development concern for refugees and migrants, due to the potential for malnutrition and its effects. Vulnerable groups such as children, the elderly, persons with disabilities, persons living with HIV and pregnant women are experiencing increased risks. Food insecurity has also been linked with protection risks such as separation from their parents or caregivers, exploitation and abuse.
- Limited access to livelihoods because of the COVID-19 pandemic has increased the number of evictions among vulnerable refugees and migrants who cannot afford housing. During the prolonged sanitary emergency, available **shelter** has become scarce and many Venezuelans face homelessness and are forced to live in overcrowded and unsanitary conditions, or in areas without access to basic services.
- Access to **WASH** services and infrastructure remains a challenge in Peru. Access to drinking water, as well as to enough clean water for showering, washing hands and sanitation, as well as hygiene items (including menstrual hygiene products and baby diapers) are a priority.
- The limited resources and available quotas within the Peruvian education system, which hampers the opportunities for free universal access to basic education for Venezuelan children. Peru's public **education** system is also affected by infrastructural inadequacy within marginalized urban and rural communities.

RESPONSE STRATEGY

For 2021, support to refugees and migrants from Venezuela for accessing livelihoods and decent work will be key in view of the economic turmoil and the prolonged sanitary emergency consequences.

The GTRM foresees that some 1.1 million refugees and migrants from Venezuela will be residing in Peru by end-2021. Following a sectorial analysis, partners estimate that 713,000 refugees and migrants from

221. Validated with the Superintendence of Migration - includes people in a regular and irregular situation, September 2020.

222. Special Commission for Refugees (CEPR), June 2020.

223. Based on reports from R4V Field Offices and border monitoring.

224. Supreme Decree No. 044-2020-PCM. 15 March 2020.

225. World Bank (July 2020) Impact of COVID-19 on Venezuelan Migrants in Peru. <http://documents1.worldbank.org/curated/en/647431591197541136/pdf/Migrantes-y-Refugiados-Venezolanos-en-El-Peru-El-Impacto-de-la-Crisis-del-Covid-19.pdf>

Venezuela, as well as 539,000 members of the host communities will need some form of assistance. Assistance includes, among others, access to health services, food security, nutrition and shelter. It is important to highlight that, despite being key to the response, WASH assistance will remain limited due to the small number of actors operating in this field in Peru.

A strong working relationship with the Peruvian authorities remains paramount. Partners will continue to liaise and assist line ministries and relevant national and local institutions, including the Ministry of Interior, the Ministry of Foreign Affairs (MFA), the Ministry of Development and Social Inclusion (MIDIS), the Ministry of Women and Vulnerable Populations (MIMP), the Ministry of Labour and Promotion of Employment and Municipalities, the Special Commission for Refugees (CEPR, by its Spanish acronym) and the Superintendence of Migration (SNM).

Political developments in Peru before and during the emergency are an important factor to consider. The situation of refugees and migrants remains contested and politicized. In addition, the 2021 presidential and congressional elections will be closely observed as changes on the respective national public policies and government stakeholders could be anticipated.

An estimated 75 per cent of refugees and migrants from Venezuela reside in Lima. Thus, a major part of the Plan's activities will be focused on this city and its surrounding areas. In parallel, while population flows continue, main border regions of Madre de Dios, Puno, Tacna and Tumbes will continue to be a key focus of the response.

Based on the JNA and projections for 2021, the response in Peru aims to:

- Assist the Government (GoP) in processing documentation for refugees and migrants from Venezuela to enable access to basic rights and services in the country and continue to encourage the inclusion of refugees and migrants in national COVID-19 response plans, through access to health and basic services currently being provided to most vulnerable host population.
- Enhance and, where applicable, provide effective access to basic goods and services, including healthcare and education, in a complementary and coordinated manner to the national and local authorities' response.
- Increase opportunities for socioeconomic integration of refugees and migrants, namely by promoting access to decent work and livelihoods, and by reducing discrimination and xenophobia.
- Strengthen the prevention and mitigation of protection risks, especially those affecting children, women and girls, persons with disabilities and LGBTIQ+ community, and those related to GBV, trafficking and smuggling, and labour exploitation.

Partners will respond to immediate humanitarian

needs, heightened by the impact of the pandemic, and promote self-reliance activities, aimed at reducing dependency on humanitarian assistance and improving livelihoods among refugees, migrants and affected host communities. Building and advocating for self-reliance will empower communities and strengthen their resilience amidst crises.

GTRM partners will continue using cash and voucher assistance (CVA) to address immediate humanitarian and basic needs such as nutritious food, housing, hygiene items, healthcare, and rental support. CVA has proven to be an essential response modality that allows partners to deliver key support to persons in need without direct contact with beneficiaries, thereby decreasing the risks for spreading the virus. CVA contributes towards saving important financial resources linked to logistics as a direct distribution of emergency assistance as well as a stimulus to local economies. Combining cash and livelihood interventions promotes a rights-based and community-based approach increasing refugees' and migrants' self-reliance and dignity.

RESPONSE PRINCIPLES (AAP, PSEA, ENVIRONMENT, CENTRALITY OF PROTECTION, GENDER)

Of the 43 appealing organizations in the GTRM, 70 per cent completed the Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) for the Refugee and Migrant Response Plan 2021. Some 90 per cent of them aim to mainstream gender equality and 88 per cent plan to respond to both gender and age differences. Regarding gender analysis, 30 per cent of the appealing organizations have included all gender groups and 15 per cent all age groups in their analysis, while 15 per cent have not yet or not included an analysis of gender and/or age inequality, comparing conditions or barriers for different groups in the context. A gender analysis allows organizations to tailor activities in order to reinforce a gender-sensitive response.

As part of their submissions, partners have included comprehensive planning in terms of information provision to and receipt of feedback from the affected population. Refugees, migrants and host communities will be engaged in the planning and delivery of the response. With the expansion of activities, partners are seeking to increase their community-based complaint and feedback mechanisms on services supported by inputs from refugees and migrants, including on service providers, for positive and counteractive actions. A key part of protection mainstreaming in 2021 will be to strengthen prevention and response mechanisms to sexual exploitation and abuse (PSEA) in each activity and by each organization, as well as to strengthen their capacity on mainstreaming concepts related to accountability.



EDUCATION

PEOPLE IN NEED

414 K

↑ 33.6% ↑ 19.6% ↑ 29.2% ↑ 17.6%



PEOPLE TARGETED

56.6 K

↑ 4.76% ↑ 52.2% ↑ 4.34% ↑ 38.7%



TOTAL REQUIREMENTS

\$11.7 M



RMRP PARTNERS

15



SECTOR LEADS

MoE-UNICEF

SUB-SECTOR: BASIC EDUCATION

PRIORITY NEEDS

The three main priority needs of refugee and migrant children and adolescents relate to access to the education system, reducing dropouts, and the need to provide socio-emotional support within the school setting. By end-August 2020, over 96,500 Venezuelan children were enrolled in Peruvian public schools.²²⁶ The GTRM estimates that over 100,000 refugee and migrant children remain outside of the Peruvian education system. Lack of available places in schools close to their homes is one of the biggest challenges faced by refugees and migrants in the enrollment process. This is a widespread problem also faced by host communities as demand is higher than the availability in poor urban and rural areas.

Partners have also reported high rates of school dropouts among those students who were previously enrolled. The Regional Bureau of Education for Metropolitan Lima (DRELM) reported that seven per cent of the children enrolled in Lima dropped-out of school and did not participate in the *Aprendo en Casa* education strategy²²⁷ including refugees, migrants, and host communities. Amongst the key identified reasons for this, is that parents and caregivers often focus on immediate income generation solutions; the prevalence of child labour; children staying home alone and unable to follow the *Aprendo en Casa* strategy; lack of internet connectivity and related gadgets to continue following the virtual learning system; and the limited socio-emotional support provided to children and adolescents from Venezuela, associated with the lack of monitoring and trained personnel, as well as the lack of inclusion strategies.²²⁸

RESPONSE STRATEGY

Scope of the sector response

Partners will focus their response in Arequipa, Callao, Cusco, La Libertad, Lima, Piura, Tacna, and Tumbes. With financial resources in place it will be also possible to reach other key areas such as Lambayeque, Ica, and Ancash. The GTRM estimates that more than 50 per cent of refugee and migrant children are not registered in the Peruvian education system,²²⁹ the main strategy is to advocate and provide technical assistance to the Ministry of Education (MoE) and local education authorities to strengthen their capacity to enroll, integrate and retain refugee and migrant children in the school system, including those in an irregular situation.

Response priorities

Activities proposed by GTRM partners will prioritize improved school infrastructures and equipment, providing vulnerable refugee and migrant children and adolescents with school kits, tablets, and connectivity either by means of in-kind assistance or through conditional cash transfers, to ensure access to virtual learning amid the sanitary emergency. Partners will also implement after-school programmes to support new students in reaching similar levels as their classmates. These activities aim to improve access to education and retention of refugee and migrant students within academic programmes. A main priority is to advocate and ensure advocating for children and adolescents to access education regardless of their status. In addition, partners will provide support to create safe environments in schools, and training for school principals and teachers on inclusive education, including to strengthen the prevention of discrimination and xenophobia at school and allow for better socio-emotional support of refugee and migrant students.

226. Ministry of Education (August 2020).

227. Ibid.

228. World Vision (June 2020). *Niñez venezolana, entre la espada y la pared*.

229. Ministry of Education (August 2020). Estimate by GTRM based on MINEDU enrollment data.

Integrated response approaches

Activities designed to promote school enrolment and retention policies require a coordinated and complementary approach with Shelter and WASH responses to ensure the safety and adequacy of the available infrastructure. This includes the availability of clean water, hygiene items and sanitation or waste management services to prevent the spread of infectious diseases once schools reopen. Education actors will also coordinate with both the Protection and Health Sectors to enhance socio-emotional protocols directed towards training to develop teachers' capacities and to identify and refer cases to mental health services. Protection interventions will be paramount to support undocumented children and children at risk.

Response modalities

GTRM partners will provide technical assistance to Education authorities at the national and local levels to improve existing regulations and increase inclusiveness within the education system. In-kind assistance and conditional CVA for the most vulnerable students are key response modalities. The capacity development of school principals and teachers will range from key curricular issues to the prevention of discrimination and xenophobia.

Good programming/collective accountability considerations

Alongside with local authorities, partners' response will coordinate with refugee and migrant organizations and involve them in enrolment efforts to prevent children from dropping out of school. This will increase the participation of refugee and migrant parents and caregivers in school bodies, such as the parent's association (APAFA, by its Spanish acronym), and establish peer-to-peer support networks. Gender mainstreaming is an integral part in the planned programming to protect children and adolescents.

SUB-SECTOR: HIGHER EDUCATION

PRIORITY NEEDS

Some 70 per cent of working-age refugees and migrants arriving in Peru hold a higher education degree, either technical or undergraduate.²³⁰ A recent study shows that 60 per cent of Venezuelan women residing in Peru hold a higher education degree.²³¹ Nevertheless, and as of May 2020, only 5,780 persons, had validated their diplomas (an estimated 2 per cent of refugees and migrants with a diploma).²³² Lack of information on the process, high costs and difficulties to have their documentation authenticated often impedes the validation of academic diplomas and certificates. This limits opportunities for refugees and migrants from Venezuela to integrate, access decent work and ultimately access better salaries and benefits. The validation of academic degrees skills continues to be a priority in 2021 to improve access to the labour market and allow refugees and migrants from Venezuela to contribute to the development of the Peruvian economy.

In this respect, another key priority of this Sector is to assist refugees and migrants from Venezuela to overcome the various barriers that prevent them from joining collegiate professional institutions. These barriers include the lack of uniformity and clarity of the administrative procedures, related expenses, and the resistance of professional guilds to allow for the incorporation of Venezuelan professionals into the labour market.

Supporting access to technical and professional training is another key activity by GTRM partners. By improving refugees' and migrants' specific skills-sets and abilities, the response will ensure a more comprehensive inclusion of Venezuelans, including female heads of households.

230. World Bank (2019) Una Oportunidad para Todos. P. 25

231. CARE (2020) Las mujeres migrantes y refugiadas venezolanas y su inserción al mercado laboral peruano: dificultades, expectativas y potencialidades. P.10

232. National Superintendence of Higher Education (SUNEDU), (May 2020).

RESPONSE STRATEGY

Scope of the Sector response

The higher education Sub-sector will prioritize its interventions in four out of the 25 regions with notable populations in-need: Callao, Lima, Piura and Tumbes. Over 90 per cent of people targeted of the Sub-sector are in Lima, while the other regions were prioritized due to partner presence and according to the likewise sizable refugee and migrant population.

Response priorities

Partners' response will focus on the provision of guidance for improved access to information and validation procedures of academic degrees certifications. GTRM partners will provide financial support (CVA) to cover procedural costs and expenses.

Integrated response approaches

Partners' aim to ensure a coordinated and complementary effort with livelihoods initiatives to strengthen refugees and migrant's integration opportunities within their host communities through access to decent work and livelihoods. Offering better livelihood opportunities to highly skilled and qualified refugees and migrants will increase their self-reliance and contribute to the development of their host communities.

Response modalities

Partners will advocate for the validation of academic degrees skills as well as for the possibility of collaborating with relevant professional institutions. In this context, refugees and migrants will receive counseling and orientation on how to validate their academic degrees. Partners will also sponsor the current validation processes through complementary conditional CVA.

Good programming/collective accountability considerations

The Centrality of Protection principle is an integral part of the higher education response programming. A gender-based approach will aim at increasing job opportunities for Venezuelan women and thus reduce their risk of marginalization, exploitation and abuse.



FOOD SECURITY

PEOPLE IN NEED*

966 K

↑ 34.2% ↑ 17.9% ↑ 30.8% ↑ 17.1%



PEOPLE TARGETED*

301 K

↑ 29.5% ↑ 21.6% ↑ 28.9% ↑ 20.0%



TOTAL REQUIREMENTS

\$27.3 M



RMRP PARTNERS

13



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Food insecurity has been a key concern in the response for refugees and migrants from Venezuela in Peru. This concern has soared given the economic impact caused by the pandemic.²³³ Some 40 per cent of the refugee and migrant population has been found to be regularly skipping meals or spending entire days without eating, as a direct result of the loss of livelihoods and the increase of food prices.²³⁴ Most of the surveyed Venezuelans in the JNA were experiencing food insecurity; those assisted with multi-purpose cash assistance in 2020 reported using CVA to buy primarily food.²³⁵ The JNA also reports food security as one of the most pressing needs among refugees and migrants from Venezuela.

233. World Food Program (June 2020). Remote Assessment COVID-19: Venezuelan Migrants in Colombia, Ecuador and Peru.

234. World Food Program (June 2020). Remote Assessment COVID-19: Venezuelan Migrants in Colombia, Ecuador and Peru. IOM (July 2020). Informe de monitoreo Programa de transferencias monetarias.

235. World Vision (March 2020). Situación de la población migrante venezolana más vulnerable en relación a la cuarentena a causa del COVID-19

Vulnerable refugees and migrants were not included in some of the key government social and food programmes. The GoP's universal bonus created as an economic stimulus for vulnerable families affected by the pandemic and was distributed among those Peruvian households in poverty or extreme poverty included in the National Focalization Household System (SISFOH in Spanish). Refugees and migrants from Venezuela can apply to the GoP universal bonus programme but are yet to benefit from it.

GTRM partners will promote access to healthier and nutritious food, namely access to micronutrients and complementary food to children, pregnant and lactating women. Moreover, during Sector analysis meetings partners reported that refugees and migrants from Venezuela are sometimes unaware of available nutritious food at accessible prices, and therefore may follow an unhealthy diet. Partners aim to change this by disseminating relevant information.

RESPONSE STRATEGY

Scope of the sector response

Response activities will focus particularly on the regions of Callao, Lima, La Libertad, Piura, Tacna and Tumbes (the latter two focusing on persons in-transit). Response partners will be able to reach beneficiaries in other affected areas across the country. The refugees and migrants in destination target has increased by over 152 per cent, as compared to last year's Regional Refugee and Migrant Response Plan (RMRP), reflecting the overall higher financial requirements for the Sector in 2021, and the unique context of the pandemic.

Response priorities

The Sector response will focus on expanding outreach of food distributions to benefit a larger number of refugees and migrants, namely by:

- Distributing food baskets and kits as well as hot meals that meet the minimum nutrition standards and incorporate a cultural component to allow their effective use by refugees and migrants from Venezuela.
- Working closely with community kitchens in areas with high presence of refugees and migrants to establish supporting networks, and to identify and train community leaders among Venezuelans improving the food security response.
- Using CVA to cover basic food needs through different modalities and allow beneficiaries to prioritize according to their most urgent nutritional requirements.

Integrated response approaches

During the country's COVID-19 related quarantine in 2020, and at the request of the GoP, the GTRM coordinated food distributions donated by the private sector to refugees and migrants from Venezuela. The 2021 response will strengthen this coordination and maintain optimal level of distributions. In addition, it will allow advocacy efforts to include vulnerable refugees and migrants in food security social programmes. Furthermore, this Sector will liaise with Health, Nutrition, WASH and Protection Sectors in the implementation of its activities.

Response modalities

The overall response will prioritize CVA to support families under the current emergency. These interventions represent more than half of the planned financial requirements. Other activities include direct support to community soup kitchens and the distribution of warm rations and family food kits to vulnerable persons, particularly refugee and migrant families that are not included in social protection programmes.

Good programming/collective accountability considerations

Feedback mechanisms will be included to identify potential problems in food security assistance, through the evaluation and monitoring of the quality of food distributed, and food assessments with vulnerable populations with limited livelihoods and without access to social protection mechanisms or humanitarian programmes. Effective complaint mechanisms will be reinforced to identify potential SEA risks and access to food and food distribution problems, and to improve food security interventions.



HEALTH

PEOPLE IN NEED*

858 K

↑ 40.3% ↓ 12.0% ↑ 36.6% ↓ 11.1%



PEOPLE TARGETED*

491 K

↑ 44.0% ↓ 12.4% ↑ 32.7% ↓ 10.9%



TOTAL REQUIREMENTS

\$37.7 M



RMRP PARTNERS

19



*Includes figures for in-transit population

SECTOR LEADS

UNFPA-WHO/PAHO

PRIORITY NEEDS

The response to the COVID-19 pandemic in 2020 severely disrupted the provision of primary healthcare, including sexual and reproductive health services and mental healthcare, to refugees and migrants from Venezuela and the host community. In Lima and Callao, after the start of the pandemic, more than half of families in need of medical treatment reported not having access to healthcare services.²³⁶ This also links with concerning finding that refugees and migrants have been facing financial issues to pay for basic healthcare due to the economic contraction and access to work restrictions, and due unawareness of legal entitlements that should enable them to access key healthcare services. Whereas in 2019 almost 97,000 Venezuelan

refugees and migrants were assisted with healthcare services in Peru by healthcare providers registered with the Ministry of Health, in 2020, as of July, less than 26,000 managed to access medical assistance.²³⁷ The reasons provided for the lack of access to medical treatment for families living in Lima and Callao include the fear of discrimination at hospital facilities, not getting treated properly, the limited number of medical personnel, and the lack of money to pay for treatment.²³⁸

The restricted access is likewise the result of normative provisions within the public health system which are being reviewed by the Government to improve access for different groups. As of July 2020, less than 10 per cent of refugees and migrants from Venezuela were affiliated with the Comprehensive Health Insurance (SIS, by its acronym in Spanish), of which slightly more than half are children aged 0 to 5 years.²³⁹

The increasing need for information and advocacy towards the development of health public policies that absorb and respond to refugees' and migrants' health needs is crucial to address the supply vs demand gaps in the Peruvian public healthcare system.

The limited access to primary healthcare services raises the need to create community-based strategies to, among others, identify and assist pregnant women, distribute contraceptive methods, ensure access to vaccinations, and enable persons with HIV/AIDS to access prophylactic treatment. Mental health issues have escalated due to the pandemic. As of June 2020, over 40 per cent of reported mental health cases among Venezuelan citizens are related to anxiety disorders and depressive episodes, mainly impacting on women.²⁴⁰

This is linked to the deterioration of economic conditions, unemployment, evictions, and further instability for those who have an irregular status in the country.

Throughout the COVID-19 emergency, the Peruvian government enabled testing and COVID-19 related healthcare for all suspected cases, including refugees and migrants from Venezuela.

RESPONSE STRATEGY

Scope of the sector response

Around 450,000 vulnerable refugees and migrants from Venezuela and affected host communities are estimated in need of access to healthcare services. The Sector response will focus on primary healthcare in Arequipa, La Libertad, Lambayeque, Lima, Piura, and in border points of entry, such as Madre de Dios, Tacna, and Tumbes, considering the gradual reopening of land borders, which together account for more than 90 per cent of the resident refugee and migrant population in the country.

236. National Institute for Statistics (INEI), Principales Efectos del COVID-19 en los hogares de Lima Metropolitana y Callao, May 2020.

237. Ministry of Health (August 2020). Población venezolana atendida, 2019-2020.

238. National Institute for Statistics (INEI), Principales Efectos del COVID-19 en los hogares de Lima Metropolitana y Callao, May 2020.

239. Ministry of Health (August 2020). Extranjeros: Reportes de Asegurados, 2017-2020.

240. Ministry of Health (July 2020).

In addition, GTRM partners will complement and support GoP efforts on COVID-19 related care, working along with authorities to advocate to improve data collection and disaggregated data specific to refugees and migrants, through improved information management systems.

Response priorities

The Sector response will aim at increasing the access to healthcare services by:

- Strengthening the promotion of healthcare rights for refugees and migrants from Venezuela, especially those related to vaccination, COVID-19 treatment, and sexual and reproductive health services (including prenatal control and contraceptive methods). Partners will implement activities on risk communication, working with community key actors to organize information fairs and refer people in need to relevant and accessible health care facilities.
- Promoting the inclusion of refugees and migrants from Venezuela in health policies and plans, will entail developing a stronger advocacy strategy based on the needs and barriers of this vulnerable population and generating technical tools and assistance pathways to expand access to the Comprehensive Health Insurance (SIS).
- Promoting the right to access physical and mental health services without discrimination, including activities that raise awareness on government dispositions and that facilitate access to those services.²⁴¹
- Strengthening the provision of healthcare services, particularly at the primary healthcare level, and improve access to medical appointments and provision of medical supplies. Considering the pandemic, this includes providing technical assistance to reactivate healthcare services. GTRM partners will reinforce teleconsultation and online systems while distributing personal protective equipment (PPE) for health workers and patients.
- In coordination with the Ministry of Defense (MoD), the MINSA, and the Shelter Sector, set-up settlement infrastructure interventions²⁴² to continue supporting the national response, thus benefitting Venezuelan refugees, migrants, host community and the general COVID-19 pandemic response. These infrastructure support measures have been used to manage the increasing number of arrivals in public hospitals and will continue to assist the government's emergency response.

Integrated response approaches

Interventions will incorporate human rights based and multisectoral approaches, seeking the improvement of quality of life and protecting patients and healthcare workers. In addition to coordinating with the Ministry of Health, the response will foster articulation among GTRM partners, refugee and migrant families, and host communities. Under a comprehensive gender mainstreaming approach, the response will prioritize assisting refugees and migrants with high vulnerability situations, such as boys, girls and adolescents, pregnant women, LGBTQI+ community, and persons living with HIV/AIDS. The Health Sector will liaise with the GTRM's Basic Needs (WASH, Shelter, Humanitarian Transportation, Food Security) and Protection Sectors, for an integral approach to access livelihoods, GBV assistance, mental health, and psychosocial support.

Response modalities

The overall Sector response will strengthen resilience and community cohesion among refugees, migrants and host communities, emphasizing healthy lifestyles and prevention activities, especially against COVID-19. In addition to implementing referral pathways to access specialized healthcare services, GTRM partners will establish collaborative agreements with hospitals and other healthcare facilities (including outpatient centers and laboratories), to assist refugees and migrants from Venezuela mainly at primary healthcare level. Assistance through CVA will be considered for critical health interventions.

Good programming/collective accountability considerations

The Health Sector response will develop referral pathways and care procedures for refugees and migrants, taking into consideration their specific priority needs through feedback mechanisms. Ensuring confidentiality and consideration of gender and age needs will be paramount to reduce barriers and discrimination. Throughout the planned interventions, partners will raise awareness on protection against SEA by working with community leaders to reinforce and promote access to rights and adequate mechanisms to report incidents.

241. Such as the recently issued Supreme Decree 010-2020-IN (22 October) that temporarily facilitates the regularization of Venezuelan nationals and the National Superintendence for Migrations project, aimed at providing a humanitarian residency for all asylum seekers in the country (see Protection chapter).

242. Also known as Refugee Housing Units (RHUs).



HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED*

70.7 K

↑ 41.5% ↑ 11.6% ↑ 36.4% ↑ 10.5%



PEOPLE TARGETED*

16.6 K

↑ 36.8% ↑ 13.2% ↑ 36.8% ↑ 13.2%



TOTAL REQUIREMENTS

\$596 K



RMRP PARTNERS

3



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Humanitarian transportation needs have shifted in alignment with the migratory and asylum policies in Peru. The introduction of Humanitarian Visa requirements impacted the provision of humanitarian transport assistance in 2020, with terrestrial flows significantly reducing as compared to the first half of 2019. The closure of borders due to the sanitary emergency caused by COVID-19 has further disrupted this support by virtually stopping regular flows at border points. However, after the lifting of mobility restrictions in July, it has become evident that humanitarian transportation continues to be essential for the refugee and migrant population to reach safely to their destination in country, overcoming the current limited interprovincial transport service, following the mandatory COVID-19 protocols. Furthermore, the need for humanitarian transportation may increase in 2021 due to the reopening of land borders and to a new decree, published on 21 October 2020, with the intention to provide alternatives to refugees and migrants from Venezuela to regularize their status. Considering the limited economic resources of vulnerable

refugees and migrants, humanitarian transportation is needed to cover the high costs of formal transportation and PPEs heightened by the COVID-19 scenario.

RESPONSE STRATEGY

Scope of the sector response

Humanitarian transportation will be provided in border cities such as Puno and Tumbes, as well as in Lima, as a connection point to other destination cities. As such, activities will not only focus on border-to-border routes but also on internal transportation within the country. Partners will ensure adequate organization, registration, and COVID-19 prevention measures necessary for these activities, including the provision of PPEs while traveling.

Response priorities

The Sector response will focus on providing dignified and safe transport to ensure refugees and migrants in-transit from Venezuela reach their destination within Peru by:

- Providing humanitarian transportation through formal transport companies, which complies with biosafety protocols according to the current infection and prevention regulations.
- Promoting the use of safe transportation, developing awareness campaigns on risks related to the use of informal transportation, highlighting protection and security risks including human trafficking and smuggling of migrants.

Integrated response approaches

GTRM partners will follow strict protocols issued by the Peruvian Ministry of Transport and Communication. In departure cities, there will be a collaboration with the Superintendence of Land Transportation of People, Cargo and Goods (SUTRAN, by its acronym in Spanish). Partners will coordinate with the Protection Sector and the Human Trafficking and Smuggling Sub-sector to prevent, identify and assist cases of human trafficking and smuggling of migrants and will coordinate actions with the GBV Sub-sector, to establish referral pathways, disseminate information and share prevention best practices.

Response modalities

Assistance will be provided through direct assistance, especially in border areas, whereby partners will organize the transportation for persons transiting and those aiming to remain in Peru. Additionally, partners will also set up mechanisms to assist through cash transfers in specific situations and according to identified vulnerabilities.

Good programming/collective accountability considerations

Feedback mechanisms for refugees and migrants will include the identification of potential problems regarding humanitarian transportation, and will include evaluation and monitoring of the quality and safety of the transportation provided, once the service has ended.

Biosecurity and physical distancing measures will be followed in accordance to the country's regulation. In this context collaboration with formal transport companies, border officials and refugees and migrants, is key to raise awareness on risks linked to transportation, in order to prevent and identify potential trafficking and smuggling risks and problems, and to promote safer interventions.



INTEGRATION

PEOPLE IN NEED

1.02 M

↑ 40.8% ↑ 11.8% ↑ 36.7% ↑ 10.8%



PEOPLE TARGETED

84.5 K

↑ 54.0% ↑ 1.90% ↑ 42.0% ↑ 2.10%



TOTAL REQUIREMENTS

\$52.0 M



RMRP PARTNERS

27



SECTOR LEADS

ILO-UNDP

SUB-SECTOR: LIVELIHOODS

PRIORITY NEEDS

Access to employment is a growing priority as the pandemic impacts the economy. A recent study on the impact of COVID-19, shows that refugees and migrants are especially affected as they are overrepresented in the sectors of the population currently most affected by the economic crisis.²⁴³

In Lima, it is estimated that some 60 per cent of refugees and migrants have lost their jobs during the COVID-19 pandemic,²⁴⁴ which further limits access to livelihoods. Inadequate access to decent work is further exacerbated by the irregular situation of many Venezuelan nationals, along with the need to process recognitions of foreign academic degrees and titles and the non-recognition by many employers and state institutions of the asylum seeker card, among others, as valid documents entitling refugees and migrants to work. In addition, refugees and migrants often work in a predominantly informal national labour market which in turn rose to 74 per cent due to the COVID-19 pandemic²⁴⁵. There is also increased discrimination against hiring Venezuelans, which increases the risk of exploitation and abuse for many who do not have alternative choices.

Partners need to continue providing resources to promote and implement a consistent self-reliance strategy, including entrepreneurship initiatives. In Lima, only 14 per cent of refugees and migrants have access to some financial services or products²⁴⁶ including credits and loans.

Promoting health and safety in the workplace will also be key to mitigate the risks of contagion of COVID-19. Refugees and migrants may be forced to take jobs where they cannot follow the necessary sanitary measures or are not provided with the necessary protective items. Likewise, refugee and migrant entrepreneurs will need assistance to comply with the new health and safety regulations adopted because of COVID-19 in their activities and in their businesses.

RESPONSE STRATEGY

Scope of the sector response

The Integration Sector has prioritized its interventions in nine departments: Arequipa, Callao, Cusco, La Libertad, Lambayeque, Lima, Piura, Tacna and Tumbes, which together account for more than 90 per cent of the resident refugee and migrant population. In 2021, partners plan to reach approximately ten per cent²⁴⁷ of people in-need of the Sector's assistance.

Response priorities

GTRM partners plan to increase access to formal employment and decent work. To do so, in 2021 partners will provide training and support to gain professional and technical skills certifications. GTRM partners will launch service platforms, organize job fairs in coordination with municipalities and other stakeholders, and they will coordinate their work with the private sector to better integrate Venezuelans into the formal labour market.

A core strategy for the livelihoods response is to develop self-employment initiatives and entrepreneurship routes to overcome the obstacles of employability faced by

243. World Bank (July 2020). Migrants and Refugees from Venezuela in Peru: Impact of the COVID-19 Crisis.

244. WOCCU (September 2020). Estudio de inclusión financiera de refugiados y migrantes en Perú y Ecuador.

245. ILO (September 2020). Panorama laboral en tiempos de la COVID-19.

246. WOCCU (September 2020). Estudio de inclusión financiera de refugiados y migrantes en Perú y Ecuador.

247. People targeted: 84,500. Subsector PIN: 1,000,000.

many refugees and migrants. Livelihoods partners will provide seed capital and economic incentive packages to promote these ventures and ensure their sustainability. Partners will also deliver financial education training and raise awareness on how to access financial products. These response activities also include advocacy actions with financial institutions for the recognition of refugees' and migrants' documentation and the generation of public-private partnerships for their financial inclusion. All these actions have a special focus on strengthening the capacities of female business-owners. Access to livelihoods represents the largest share of interventions under the Integration Sector in 2021.

Partners in the response will promote joint advocacy and technical assistance to public and private institutions to introduce refugees' and migrants' rights vis-a-vis labour inspection protocols, normative and management frameworks, and national and local policies and programmes.

Integrated response approaches

Partners will work with Protection actors to ensure that documentation issues are addressed, including regularization mechanisms, and that livelihood interventions target also the different vulnerable groups. The GTRM will continue promoting joint responses and the active participation and complementarity of state counterparts in meetings and field activities.

Coordinated and complementary efforts with the Education Sector will strengthen refugees' and migrant's integration opportunities within their host communities through access to decent work and livelihoods. In this context, through its temporary Decree 90-2020, in mid-2020, the Peruvian government permitted foreign medical doctors to join the national health system and to work on the frontlines of the national COVID-19 response. This decree also exempts Venezuelan health professionals from the requirement of validating their degrees or having to join a professional body collegiate to practice medicine. Coordination and complementarity with the Health Sector will be essential to assist Venezuelan health professionals in gaining sustained recognition for their professional status in the country. The Sector will work on replicating such integrated practices wherever possible.

Response modalities

The response focuses mainly on assistance to access employment and to improve entrepreneurship, including capacity-development, counseling and technical assistance. In this context, CVA, representing approximately 20 per cent of the overall financial requirements for the Sector will include "seed capital" needed to open and/or maintain businesses. Partners will advocate for private sector partnerships to promote sustainable public policies to address human mobility, taking into consideration innovative solutions, and strengthening the nexus between humanitarian assistance and development.

Good programming/collective accountability considerations

Livelihoods initiatives aim to support refugees' and migrants' own priorities and strategies and increase their opportunities to access decent work. Guidance and support provided for the validation procedures relating to foreign professional degrees and titles aim to prevent labour exploitation of refugees and migrants and promote opportunities to access decent work. Efforts to ensure their integration in the labour market will be done in conjunction with the private sector and in-line GoP institutions. Regular surveys made in 2020 were used to plan for 2021 activities. Partners will keep adapting and promoting similar surveys and studies to develop and implement their response throughout the year. Planning will ensure a rights-based approach with a lens on diversity and gender mainstreaming. Feedback and complaint mechanisms will be included.

SUB-SECTOR: CULTURAL INCLUSION

PRIORITY NEEDS

Addressing negative perceptions of refugees and migrants by the local population is a priority to fight xenophobia and discrimination. These efforts include deconstructing hyper-sexualized stereotypes of Venezuelan women,²⁴⁸ as well as stereotypes around gender roles, criminality, and the LGBTQI+ population. As negative stereotyping has prevented refugees and migrants from accessing better working conditions, education and health services, its protraction increases the vulnerability of Venezuelans and their host communities, as this thwarts development efforts that would otherwise benefit both communities.

Partners aim to promote access to public social programmes and services. As of July 2020, there were no Venezuelan citizens included in aid programmes implemented through the Ministry of Social Inclusion and Development.²⁴⁹

RESPONSE STRATEGY

Scope of the sector response

Activities for the promotion of social cohesion will target mainly the city of Lima, as well as the departments of Cusco, La Libertad, Lambayeque, Piura, Tacna and Tumbes due to the high numbers of resident refugee and migrant population. These activities will target refugees, migrants and host communities, with campaigns addressing issues around discrimination and xenophobia, and having a national focus through social media. In this context, R4V partners plan to reach more than 300,000 persons amongst the refugee and migrant population and host community.²⁵⁰

248. CARE (June 2020). Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela.

249. Ministry of Social Inclusion and Development (MIDIS), (September 2020).

250. Due to its indirect nature, these activities are not counted towards the overall target of the Sector.

Response priorities

For 2021, the cultural inclusion Sub-sector will prioritize the fight against xenophobia and discrimination, improving access to social programmes, and the strengthening of integration mechanisms between refugees, migrants, and host communities.

Partners will work with and reinforce Venezuelan grassroots organizations and enhance joint leadership programmes for Venezuelan and Peruvian youth. This includes reinforcing Communicating with Communities (CwC), empowerment in human rights and mass communication strategies, and promoting active citizenship and community networks. The GTRM will continue developing new communication *#TuCausaEsMiCausa* campaigns, to bring together refugees, migrants, and host communities, namely through sports, culture, youth debates, among others.

Awareness raising among authorities on the needs, and on the added value of refugees and migrants to the cultural development of their host communities will continue to be a priority. These activities seek to encourage and influence the adoption of public policies that will include refugees and migrants in main national and local programmes.

Integrated response approaches

Efforts are coordinated in partnership with the Protection Sector and the Communication Working Group. Through joint programming, campaigns and activities align under *#TuCausaEsMiCausa* to prevent and mitigate protection risks resulting from xenophobia and discrimination.

Response modalities

The main response modalities include the organization of activities to promote integration and inclusion of refugees and migrants within host communities, including the remodeling of urban spaces, soup kitchens and other areas of interest identified through participative assessments. Partners will also work to develop the capacities of local and national institutions, as well as grassroots organizations and community leaders, towards the prevention of discrimination and xenophobia, issues surrounding refugees' and migrants' rights and address stereotypes. In addition, partners will deliver family counseling in managing experiences with xenophobia and discrimination and promote the development of community-based art activities that benefit cultural exchanges and the acknowledgement of cultural diversity.

Good programming/collective accountability considerations

Feedback mechanisms are implemented in programming considerations, including follow-ups of the messages received through social media. Partners are planning to develop further participation mechanisms, particularly in joint activities with governmental authorities. A rights-based approach will be ensured while age, gender and diversity are mainstreamed throughout the strategic response.



NUTRITION

PEOPLE IN NEED*

211 K

↑ 39.8% ↓ 12.4% ↑ 36.3% ↓ 11.5%



PEOPLE TARGETED

4.78 K

↑ 80.7% ↓ -- ↑ 19.3% ↓ --



TOTAL REQUIREMENTS

\$153 K



RMRP PARTNERS

4



*Includes figures for in-transit population

SECTOR LEADS

UNFPA-WHO/PAHO

PRIORITY NEEDS

Nutrition, nutritional support, and access to social services and programmes are priorities in the response to refugees and migrants from Venezuela. The lack of the latter will heighten their already vulnerable situation as the socioeconomic scenario worsens, and the mobility restrictions that intend to curb the spread of the pandemic continue to limit access to livelihoods and essential goods and services.

Unemployment, scarce financial resources, and inflated prices prevent families from accessing food with a higher nutritional value, and thus from maintaining a healthy and balanced diet. Around a third of Venezuelans regularly eat cheaper and less preferred foods.²⁵¹ Vulnerable refugees and migrants most often rely on *fast food*, which is widely accessible and more affordable. Given the current national legal framework, Venezuelan families are not considered in most of the national social programmes and services

251. WFP (June 2020). Remote Assessment COVID-19: Venezuelan Migrants in Colombia, Ecuador and Peru.

including food assistance, awareness campaigns and nutritional counselling from health facilities.²⁵² The limited information and nutritional support exacerbate the unfamiliarity of Venezuelan families with Peruvian products and their nutritional value, inhibiting them from benefiting from affordable and healthier food products.

RESPONSE STRATEGY

Scope of the sector response

The Nutrition Sector response will cover Arequipa, La Libertad, Lima and the northern coast given the significant numbers of refugees and migrants and the presence of nutrition actors in these regions. The GTRM will encourage partners to increase their focus on nutrition through the existing Sectors, particularly in its linkages to Health and Food Security to improve the nutritional conditions among refugees and migrants, especially of children aged between 0 to 5 years and breastfeeding women.

Response priorities

Partners' nutrition responses will focus on:

- Promoting access to information concerning food and nutrition best practices for refugees and migrants from Venezuela and affected host communities. Training and informative sessions, in addition to nutritionally adequate diet programmes that take into consideration locally available food, are some of the planned activities for refugees and migrants. Specific focus will be given to breastfeeding women with children under the age of five. Activities will also include awareness campaigns against anemia.
- Supporting nutritional management in healthcare facilities, while monitoring cases associated with severe acute malnutrition. As such, activities will include the distribution of nutritional supplements (provision of micronutrients, and fortified formula for children under the age of five), as well as support to community kitchens, to include developing intervention protocols.
- Advocating for the inclusion of refugees and migrants from Venezuela in nutritional assistance at the primary healthcare level is another priority to close existing gaps in the integral healthcare attention across the country. Attention encompasses, among others, the provision of iron supplements, the inclusion in the Growth and Development Control programme (CRED for its acronym in Spanish), and access to vaccination.

Integrated response approaches

Working closely with hospitals and other healthcare facilities at local level will allow GTRM partners to link up with specific nutritional programmes, such as breastfeeding and maternal nutrition programmes. Under the GTRM's Health and Nutrition Sectors, partners will liaise with Food Security and Protection Sectors to ensure interventions such as food distribution meet adequate nutritional standards, reach those in need of nutritional support, and are done in a safe and inclusive manner.

Response modalities

Activities will incorporate participatory and community-based approach to ensure the inclusion of children and pregnant or lactating women. GTRM partners will work together with community agents placed in local spaces such as community kitchens and health posts. Awareness-raising sessions will be held on best practices related to nutrition, especially focusing on lactation. Partners are also planning to implement the distribution of food supplements to children under five.

Good programming/collective accountability considerations

Partners will implement a comprehensive communication plan based on the feedback of trainings held on nutrition and breastfeeding to promote best practices in nutrition, aimed at users, health workers, host community agents and vulnerable refugee and migrant families with pregnant women, and children under the age of five. Throughout the planned interventions, an active participation of affected population will be promoted, both in design, implementation and feedback mechanisms.

252. Ministry of Development and Social Inclusion (MIDIS). In its letter Ref. n°71-2020-MIDIS/VMPES/DGSE. (September 2020), MIDIS reported that presently they do not have any registration by Venezuelan nationals in their Social Programmes' database, namely in *Juntos*, *Pension 65* and *Contigo*.



PROTECTION

PEOPLE IN NEED*

810 K

↑ 34.1% ↓ 18.2% ↑ 30.4% ↓ 17.3%



PEOPLE TARGETED*

361 K

↑ 43.3% ↓ 12.0% ↑ 32.4% ↓ 12.3%



TOTAL REQUIREMENTS

\$38.8 M



RMRP PARTNERS

31



*Includes figures for in-transit population

SECTOR LEADS

PLAN INTERNATIONAL-UNHCR

PRIORITY NEEDS

The limited access to regularization pathways, registration and to the asylum system remains a significant challenge for refugees and migrants from Venezuela. After the issuance of the temporary resident permit (PTP, in its acronym in Spanish) was suspended, as of July 2020, over 40 per cent of those who previously acquired it have obtained a

resident card.²⁵³ However, many other Venezuelan nationals with the PTP may not acquire another stay permit once their current documentation expires, mainly due to their lack of funds.²⁵⁴

The asylum system is overstretched with almost 500,000 pending Venezuelan asylum claims.²⁵⁵ Deportations of Venezuelans who have been seeking asylum may be at risk of constituting *refoulement*. The issues arising from increasing incidents xenophobia and discrimination, affecting both adults and children²⁵⁶ highlight the continued need to work with communities. Returnee movements have been reported throughout 2020 as a result of loss of livelihoods and forced evictions.²⁵⁷ This situation, in addition to the lockdown due to the COVID-19 pandemic, has been exacerbated by the lack of support networks, precarious legal status and increased needs for mental health and psychosocial support. To ensure an inclusive response, age, gender and diversity information gathering continues to be a priority need.

RESPONSE STRATEGY

Scope of the sector response

Partners' activities will respond to pressing protection needs on documentation, registration, and access to territory, aggravated by the COVID-19 pandemic. These activities target approximately 345,000 beneficiaries, the vast majority of which are refugees and migrants who are trying to settle, followed by refugees and migrants in-transit. Considering the geographical distribution of the population and the specific protection concerns arising at borders, activities will be implemented in Arequipa, Cusco, La Libertad, Lambayeque, Lima, Piura, which account for more than 90 per cent of the resident refugee and migrant population, and the main border cities of Madre de Dios, Puno, Tacna and Tumbes.

Response priorities

Advocacy, technical and financial support will be crucial to ensure access to territory, to fair and efficient asylum procedures and to alternative legal-stay arrangements, including opportunities for regularization for those in an irregular situation. Partners will continue supporting government authorities' technical capacities to enhance the access to residency permits and documentation

253. National Superintendence of Migration (August 2020).

254. On 22 October, the GoP published the supreme decree 010-2020-IN to exceptionally and temporarily facilitate the regularization of foreign nationals whose stay permit has expired or that entered the country irregularly, including Venezuelan population. The Decree will enter into force once the respective Administrative Provisions will be published by the Migration Office. Once in place, foreigners in Peru will have 180 days to apply. The main requirements to qualify include having a passport or an identity document which is recognized as a travel document, based on international agreements signed by Peru, and not having a criminal record. Contrary to previous initiatives, a sworn declaration will be sufficient for this purpose. For those who qualify, this permit will have a validity of one year and does not enable its holder to apply for the available social schemes, including access to free public healthcare. Several aspects about this measure still need further clarification.

255. Special Commission for Refugees, August 2020.

256. World Vision (June 2020). *Niñez venezolana, entre la espada y la pared*.

257. For more on evictions please see: World Vision (June 2020) *niñez venezolana entre la espada y la pared*, where 32 per cent of the refugees and migrants surveyed mentioned they were at risk of eviction, while 34 percent had to move to more affordable accommodations. Please also note that during UNHCR (June 2020) shelter monitoring, 10 percent of the participants to the survey mentioned that they entered the shelter after being evicted.

to Venezuelans. Efforts to enhance the legal and documentary status of Venezuelan asylum seekers through the issuance of humanitarian resident permits will be supported. This initiative, jointly developed by the SNM and MFA will benefit approximately 500,000 asylum seekers who will be issued 6-month renewable resident permits, and foreigners identity cards free of charge that will enhance their access to rights and services. The effort will require financial and technical support from the international community for its implementation. Complementarily, partners will continue to support the CEPR to further strengthen its online registration system. A stronger emphasis will be placed on increasing the CEPR's capacity to process and adjudicate the almost 500,000 pending asylum cases through the implementation of simplified case processing modalities and the use of online/remote mechanisms.

Strategies will also focus on broadening the recognition of the asylum seeker certificate by state entities and the private sector increasing opportunities for them to access better job opportunities and services, namely to financial services, health and education. GTRM partners will support refugees and migrants from Venezuela through legal orientation and case management to ensure access to state protection systems and services, including documentation for those in an irregular situation. A focus will be placed on the most vulnerable groups including children without birth registration and at risk of statelessness, the elderly, persons with disabilities, GBV survivors, and single-headed households.

Refugees and migrants will have access to orientation services, legal advice and representation, psychosocial support, and cash-based assistance. Protection partners will continue to deliver timely relevant information through communication channels provided by State and humanitarian actors including hotlines, chats, and custom-made information products. Partners will carry out capacity building and sensitization activities for the SNM, the Police, the CEPR, the Ministry of Social Inclusion, and other relevant authorities. The GTRM Protection Sector will further strengthen community groups and organizations to increase their capacity to identify, orient and refer protection-related cases. Similarly, partners will enhance and monitor existing protection networks at all main border crossings to gather information on access to the territory, access to asylum procedures and protection incidents. Integration efforts developed through the Integration sector will be supported as ways to advocate for inclusion and avoid involuntary returns. Finally, together with the Communication Working Group and the Integration Sector, the response will address the rising levels of xenophobia.

Integrated response approaches

The protection response goes hand in hand with responses in other Sectors and Sub-sectors, such as Integration, Education, Health, Shelter and WASH. Common projects include advocacy for the broader recognition of the asylum seeker certificate and the PTP to ensure access to formal work opportunities, financial inclusion and access to services provided by the Ministry of Employment. The fight against xenophobia, with a focus on Venezuelan women and girls, will continue to be key in 2021 and will be a cross-sector endeavour. The activities related to the provision of information on the SIS will be directly supported by health partners. Interventions in shelters will include documentation assistance for refugees and migrants in an irregular situation. Protection activities will also be coordinated across borders with neighbouring countries and with the regional protection response through the Regional Protection Sector.

Response modalities

Partners will provide direct support to strengthen institutional mechanisms and governmental entities, with the objective of improving access to documentation. These institutions include the CEPR and the SNM as previously mentioned. Another focus of assistance will consist of direct case management, general and legal orientation, psychosocial support and, where needed, referral to specialized services. This will also include telephone hotlines initiated during the COVID-19 emergency, as well as community support centers for refugees and migrants. Participatory assessments, and other surveys including Protection Monitoring and the Displacement Tracking Matrix, will provide evidence-based data to inform the protection response.

Good programming/collective accountability considerations

Protection activities will be planned, implemented, monitored and evaluated using age, gender and diversity approaches focusing on the rights and needs of vulnerable groups. Accountability is ensured through refugees' and migrants' involvement in different stages of the programming cycle and the availability of easily accessible complaint and feedback mechanisms. Response mechanisms are in place to prevent and address situations of sexual exploitation or abuse (SEA) for which regular trainings and sensitizations will be carried out.



CHILD PROTECTION

PEOPLE IN NEED*

344 K

↑ 10.0% ↑ 41.8% ↑ 10.0% ↑ 38.2%



PEOPLE TARGETED*

40.0 K

↑ 19.2% ↑ 33.6% ↑ 19.1% ↑ 28.0%



TOTAL REQUIREMENTS

\$6.07 M



RMRP PARTNERS

9



*Includes figures for in-transit population

SUB-SECTOR LEAD

UNICEF

PRIORITY NEEDS

Refugee and migrant children and adolescents face multiple vulnerabilities and are exposed to greater protection risks including different types of violence, abuse, neglect and discrimination. Disseminating these concepts is key to advocate with and provide support to the GoP to ensure a comprehensive design of public policies that grant access to quality protection services. It is crucial to prevent and respond to all forms of violence, particularly against girls. The COVID-19 context directly and indirectly increased risks of human trafficking, exploitation, GBV, child labour and school dropouts. This was highlighted by key informants in the JNA, who reported that, due to limited access to livelihoods, children often accompany their parents while they search for some sources of income on the streets of Peru. In certain instances, children are left with neighbors while the parents go to work. Lastly, some children cannot access online education services because they cannot afford the tools and/or the connectivity.

Refugee and migrant children and adolescents face increased risks of separation from their families and caregivers. These risks stem from the need of parents and caregivers to look for new livelihood and job opportunities, which often result in displacement to other areas and regions. Partners will continue to strengthen the protection system for unaccompanied or separated children (UASC) and adolescents, as well as for those at risk of vulnerability, even within their families. For these cases, it is a priority to provide family-type alternative care measures, respecting the principles of suitability, necessity, and the best interest of the child. Partners highlight the priority need to continue to advocate for regularization procedures and access to documentation for unaccompanied and separated children and adolescents, as well as access to birth registration and confirmation of nationality for children at risk of statelessness.

RESPONSE STRATEGY

Scope of the sector response

GTRM partners will focus their response on Lima, which alone accounts for approximately 75 per cent of the overall refugee and migrant population in the country, with activities also planned for Arequipa, Cusco, La Libertad, Lambayeque, Piura, Tacna, and Tumbes.

Response priorities

Partners will focus on strengthening authorities' technical capacities and institutional mechanisms related to the prevention of and response to protection risks. Jointly with relevant local authorities, partners will work directly with children, parents, and communities to prevent and mitigate risks through the dissemination of information, procedures, and safe routes to better protect children. While the vulnerability of refugee and migrant children has increased with the precarious economic situation, partners report on further risks of separation from their parents when they are left unsupervised or while they look for jobs or food; the protection environment was also impacted by the transition to home schooling amid the sanitary emergency. It will be crucial to continue advocating for the implementation of appropriate support mechanisms and strategies for home schooling for refugees and migrants. Support will be provided to document children at risk of statelessness.

Partners plan to develop a dedicated child protection protocol, among other protection tools, to strengthen the early identification and comprehensive case management for unaccompanied and separated refugee and migrant children and adolescents. This includes systematically conducting best interest assessments (BIA) while providing technical support and training to authorities tasked with regularization procedures and enabling access to documentation.

Integrated response approaches

The response foresees a coordinated strategy and inter-sectorial approach with partners working within other areas of protection such as access to territory, registration, and documentation, and on addressing human trafficking. Joint programming with the Education Sector is key to address school dropouts and the impact of the pandemic on the access to education.

Response modalities

The main response modalities include technical support and capacity development activities to strengthen the State's institutional capacities. In addition, partners will directly implement activities for childcare, focusing on unaccompanied and separated children and children at-risk.

Good programming/collective accountability considerations

An age, gender and diversity approach will be applied at all stages of the programming cycle, including analysis, planning, implementation, monitoring and evaluation of protection responses. To ensure accountability, partners will include feedback and complaint mechanisms throughout the program implementation, to include child friendly mechanisms. Response mechanisms are in place to address situations of sexual exploitation or abuse (SEA), also for which regular trainings and sensitizations will continue to be carried out for prevention.



GBV

PEOPLE IN NEED*

691 K

↑ 66.0% ↑ 23.0% ↑ 5.00% ↑ 6.00%



PEOPLE TARGETED

10.3 K

↑ 42.8% ↑ 8.61% ↑ 40.1% ↑ 8.49%



TOTAL REQUIREMENTS

\$8.37 M



RMRP PARTNERS

13



*Includes figures for in-transit population

SUB-SECTOR LEAD

UNFPA

PRIORITY NEEDS

This risk for refugees and migrants from Venezuela of being subjected to GBV has been exacerbated by the COVID-19 pandemic, which has restrained people to their homes and significantly impacted their capacity to generate income and be self-reliant. Key informant interviews conducted during the JNA highlighted cases where women were exploited by abusive partners to obtain incomes, or depended on these to pay for food. This increased need is combined with serious limitations of available services. Against this background, one of the main priority needs is ensuring access to services by overcoming barriers related to the pandemic but also to documentation, lack of knowledge of available assistance services and fear of discrimination when accessing these services. Another identified necessity is the creation or strengthening of family, social and community support networks to provide help and orientation to survivors, while also considering other factors such as discrimination towards the refugee and migrant population in social spaces, especially towards women and members of

the LGBTIQ+ community. Thus, prior to COVID-19, 63 per cent of LGBTIQ+ persons reported that they had been harassed, mainly in public places. Refugees and migrants face discrimination both because of their nationality as well as because of their gender identity and sexual orientation.²⁵⁸ Finally, there is a need to strengthen the capacities of service operators to ensure articulation across Sectors and the implementation of operational instruments for joint action to give visibility to the conditions and needs of survivors of GBV amongst the Venezuelan population in Peru.

RESPONSE STRATEGY

Scope of the sector response

The response will be provided across the country, with an emphasis on the regions of Arequipa, La Libertad, Lima, Tacna and Tumbes at borders, and other northern coast regions which have the largest refugee and migrant population from Venezuela.

Response Priorities

The GBV Sub-sector will focus its efforts on interventions of prevention, care and protection for refugee and migrant GBV survivors. In parallel, relevant information on the status of GBV survivors, given the impacts of the pandemic, will be collected, and analyzed in conjunction with other factors such as status, types of violence, and living conditions.

GBV partners will support refugees and migrants from Venezuela by:

- Increasing access to multisectoral services for prevention and care of GBV for refugee and migrant women from Venezuela, as well as their host communities. Empowerment, through awareness activities and campaigns, will be a key element in all interventions as an exercise of rights to lead a life free of violence for all survivors, including women, adolescent girls and LGBTIQ+ community, and to strengthen the knowledge of refugees and migrants from Venezuela about their rights to access care services, regardless of their status. Psychosocial support, legal guidance and access to justice will be promoted. Focusing on the national protection system, activities will elaborate and implement referral pathways through mapping available services. This is also aimed at creating a common model for GBV survivors case management in the COVID-19 context.
- Strengthen capacities of service operators both in state institutions and in organizations that assist refugees and migrants from Venezuela. Trainings will address case management, clinical management of rape, existing protocols, and normative frameworks, among others.

- Strengthen community support networks for GBV survivors, adapted to the COVID-19 context. Intersectoral actions will be developed to address those factors that contribute to GBV. This strategy includes the creation of safe spaces, prevention through communications and care campaigns, referral pathways and access to protection services against GBV, and key messages to raise awareness on issues such as construction of new masculinities and gender equality.

Integrated Response Approaches

Regarding a multisectoral, gender, human rights, and intersectional approach, interventions will be coordinated with public entities and institutions responsible for the prevention and care of GBV, such as the Ministry of Women and Vulnerable Population, the Ministry of Health, and the Ministry of Development and Social Inclusion. This will allow the strengthening of a multisectoral response for the prevention and care of GBV.

The response will strengthen articulation and coordination at national and regional levels in the intervention areas. Referral pathways will be established with the Child Protection Sub-sector, while in coordination with the Health Sector, articulation will ensure clinical intervention in the event of sexual violence and mental health services for GBV survivors. The mainstreaming of GBV prevention will be sought in partners' interventions in other Sectors to promote the comprehensiveness of the GBV response within the GTRM.

Response Modalities

Interventions will include the provision of both remote and face-to-face services to GBV survivors, in addition to safe spaces to provide physical safety and psychosocial support, adapted to the COVID-19 context. It encompasses delivering dignity kits and, where necessary, CVA. Trainings and standard operating procedures will include a multisectoral approach to facilitate joint action on GBV, under a collaborative, cross-functional, inter-agency, and community-based approach.

Good programming/collective accountability considerations

The response will foster both participation mechanisms for refugees and migrants, as well as alliances with key actors and coordination bodies created for prevention and care of GBV at regional and local levels. It will help to run communication campaigns for prevention in community spaces. Aside from consultation and feedback mechanisms adapted to specific local contexts, response mechanisms are also in place to prevent and address situations of sexual exploitation or abuse (SEA) for which regular trainings and sensitizations will continue to be carried out.

258. CARE (June 2020). Rapid Gender Analysis of the Refugee and Migrant Crisis in Colombia, Ecuador, Peru and Venezuela.



HUMAN TRAFFICKING & SMUGGLING

PEOPLE IN NEED*

331 K

39.7%
 12.4%
 36.3%
 11.6%



PEOPLE TARGETED*

8.88 K

43.0%
 15.2%
 29.1%
 12.7%



TOTAL REQUIREMENTS

\$2.31 M



RMRP PARTNERS

6



*Includes figures for in-transit population

SUB-SECTOR LEAD

IOM

PRIORITY NEEDS

With the sanitary emergency, refugees and migrants face a significant increase of specific vulnerabilities with regards to human trafficking and smuggling migrants (SoM).²⁵⁹ The COVID-19 pandemic has exacerbated already limited capacities to identify, refer and protect refugees and migrants who are victims of trafficking (VoTs) or those who have been subjected to abuse, extortion and violence at the hands of smugglers. The concurrence of several factors such as poverty, loss of income, and limited access to job opportunities, as well as scarce access to information on the risks and new modalities of these crimes contribute to the increase of vulnerabilities.²⁶⁰

259. Ibid.

260. Assessment on the Situation and Incidence of Human Trafficking in Humanitarian Contexts in South America (June 2020).

261. Ministry of the Interior (September 2020). Nota de Prensa 145-2020. <https://www.gob.pe/institucion/mininter/noticias/304246-presentan-guia-operativa-para-la-investigacion-del-delito-de-trata-de-persona>

262. Directorate against Human Trafficking and Smuggling of Migrants of the National Police (September 2020). Operativos 2020, at 15 September.

263. On trafficking see: R. Rivera and S. Royer (June 2020). *Trata de personas en tiempos de COVID-19*. <https://idehpucp.pucp.edu.pe/notas-informativas/trata-de-personas-en-tiempos-de-covid-19/>

Prior to the COVID-19, a growing number of refugees and migrants were affected by these crimes, representing almost 30 per cent of total cases reported in 2019.²⁶¹ As of August 2020, less than 15 per cent (around 80 cases) correspond to rescued foreign victims.²⁶² Data shows the impact of the pandemic on the reduction of police operations and proceedings of specialized prosecutors' offices in these crimes and underlines institutional challenges and limited state capacity to apply the frameworks related to human trafficking and SoM,²⁶³ including to identify Venezuelan refugees and migrants amongst those targeted by criminal networks for trafficking or smuggling. There is a need to strengthen inter-institutional coordination and to prioritize the inclusion of refugees and migrants who are VoTs in particular in public policies, expanding their access to rights, regularization, basic assistance services, reintegration, and ensure access to justice.

RESPONSE STRATEGY

Scope of the sector response

The response will be provided across the country, focusing on regions where human trafficking and smuggling cases are reported. While responses related to smuggling will focus on Tumbes, Tacna and Puno, border areas with relevant flows of refugee and migrant populations, human trafficking interventions will primarily be carried out in Arequipa, Cusco, La Libertad, Lima, Piura, and other regions with high reported incidence of this crime.

Response priorities

Developing interventions around prevention, persecution, protection, and partnership, the response strategy will focus on:

- Developing prevention actions based on recent evidence given the impact of COVID-19. This includes generating evidence on the dynamics of these crimes, VoT profiles, exploitation patterns (such as online exploitation), risk factors and other issues related to the pandemic effects and the measures to mitigate it. On this basis, campaigns, key messages, and hotlines will be established to support and alert vulnerable populations at-risk.
- Strengthening capacity building of law enforcement agents for a proactive identification and investigation of such crimes, to ensure a trauma-informed approach that protects victims and witnesses during the prosecution of the crime. It entails developing and socializing tools (protocols and guides) for

actors of the justice sector, labour and migration inspectors, and security force on the modalities as well as on the differences and similarities between human trafficking and smuggling and the characteristics of irregular flows of refugees and migrants, including specific protection considerations.

- Generating and strengthening effective referral pathways that allow refugees and migrants affected by trafficking, exploitation, abuse and/or violence at hands of criminal networks to access comprehensive protection services, at national and local levels. These protection services will include legal guidance as well as access to socio-economic and educational reintegration, strengthened shelters and the availability of services with an emphasis on trauma-informed approaches for VoTs.

Integrated response approaches

The Sub-sector will maintain close coordination with public institutions and fora linked to combating human trafficking and smuggling, to strengthen public policy and institutional response in the areas of prevention, prosecution, and protection. The Ministry of the Interior through the Permanent Multisectoral Commission against Human Trafficking and Smuggling of Migrants and the Directorate Against Human Trafficking and Smuggling of Migrants of the National Police, the Specialized Prosecutor for Human Trafficking Crimes, the Ministry of Women and Vulnerable Population, the Ministry of Health, the SNM, the Ombudsman Office, relevant regional and local governments and the Ministry of Foreign Affairs, including the section for consular assistance and the CEPR.

The Human Trafficking and Smuggling Sub-sector will liaise with the GTRM's Health and Nutrition, Basic Needs (WASH, Shelter, Humanitarian Transportation, Food Security), Education and Integration Sectors and the Communication Working Group to assure a favorable impact on the identification and referral of potential VoTs. This integrated response will also strengthen the implementation of prevention and awareness activities, as well will ensure that relevant services and interventions can contribute to assist and protect refugees and migrants targeted by human trafficking and SoM that often become victims of exploitation and abuse and survivors of GBV.

Response modalities

Taking into consideration gender, age and diversity, the overall response will include in-kind assistance through emergency kits, counselling, and targeted protection services but also, regarding critical cases, the provision of direct assistance for victims of human trafficking, exploitation, and abuse, including through specific cash and voucher assistance. Standard operating procedures and other tools will be developed to facilitate the work of public entities and humanitarian actors to detect, refer, assist and protect victims of human trafficking and smuggling. Trainings to public law enforcement agents, institutions, as well as beneficiaries, will be carried out through virtual platforms, not only to keep social distancing, but also to reach a larger number of justice operators and service providers. These trainings aim to sensitize public officials and improve their skills in identifying and assisting victims of trafficking, exploitation and/or abuse. These efforts will ensure that their protection needs, and risks are considered in public officials' responses.

Good programming/collective accountability considerations

The response will promote feedback mechanisms for refugee and migrant beneficiaries to adapt assistance and interventions for victims and people at-risk. This will be an important aspect for the design and dissemination of prevention strategies. Response mechanisms are in place to prevent and address situations of sexual exploitation or abuse (SEA) for which regular trainings and sensitizations will continue to be carried out. Likewise, a regular exchange will be maintained with relevant public entities and fora, to identify protection needs, evaluate the impact of actions, and adapt responses to specific contexts.



SHELTER

PEOPLE IN NEED*

721 K

40.2%
 12.1%
 36.5%
 11.2%



PEOPLE TARGETED*

94.4 K

50.8%
 6.36%
 35.4%
 7.44%



TOTAL REQUIREMENTS

\$9.44 M



RMRP PARTNERS

10



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Access to affordable housing for refugees and migrants from Venezuela already settled, or the provision of temporary shelters for those in-transit and/or just arriving, remains a key priority for refugees and migrants from Venezuela.

The measures imposed to curb the spread of COVID-19 included lockdowns and curfews which brought the national economic activity to a standstill also resulted in vulnerable refugees and migrants without sources of income and therefore unable to pay their rents or to cover other vital needs and services. According to the Ombudsman's Office, 39 per cent of refugees and migrants from Venezuela reported a medium or high risk of eviction during the emergency.²⁶⁴ GTRM partners assisted, mostly through CVA, vulnerable refugees and migrants to prevent further evictions from their homes, and in some cases even relocated them to temporary accommodations.

Despite the lifting of most of the COVID-19 restrictions in Peru, the risk of evictions persists as there is a scarcity of livelihoods opportunities in the contracted economy. The health crisis, in addition to the evictions taking place during 2020, demonstrated the need to support refugees and migrants with housing through rental assistance, and the relevance of CVA as a modality to assist with this pressing need, to provide support to families with reduced access to livelihoods.

The COVID-19 emergency proved that most available collective shelters do not meet the pandemic precautionary sanitary measures for social distancing nor the minimum standards of habitability, protection and services, therefore are not fully compliant with Sphere standards. This heightens the need to improve infrastructure, to meet minimum requirements within living spaces under the current COVID-19 related circumstances.

Availability of dignified and suitable accommodation and strengthening the capacities of shelter management are a priority as well as establishing exit plans, for more durable solutions for refugees and migrants still living in temporary shelters. Furthermore, there is limited information on available accommodations and the accessibility of community services including internet, soup-kitchens, and healthcare.

RESPONSE STRATEGY

Scope of the sector response

The response will seek to aid vulnerable refugees and migrants at risk of eviction with rental cash assistance as individual shelter solution. Promote dignified access to shelter solutions for refugees and migrants, as well as for affected host communities, with focus on the regions of Arequipa, Cusco, Lima, Piura, Puno, Tacna and Tumbes due to its high concentration of refugee and migrant population.

Partners will continue using assessments, including joint needs analysis, to address the concern over limited information available regarding the range of collective and individual shelter solutions and community services, and to inform the GTRM's corresponding response. It will be key to involve the national and local authorities and leverage their role in the response by promoting a thorough management of temporary shelters in the country. The 50 percent increase in targeted refugees and migrants in destination, compared to the RMRP 2020, reflects the higher financial requirements for the Shelter Sector in 2021, magnified by the COVID-19 pandemic over the risk of evictions.

Response priorities

The response will prioritize rental support (cash-for-rent programmes) directed towards families at-risk of evictions and as well as interventions focused on the improvement of existing shelter infrastructure, including

264. Peruvian Ombudsman Office. July 2020.

existing and new temporary shelters. This support may also be extended to community spaces like soup kitchens and Support Spaces. Improvements will include the provision of equipment and remodeling of spaces. Household items and shelter kits will also be distributed to refugees and migrants. To ensure compliance with minimum protection, sanitary and humanitarian standards, shelter managers and staff will be supported with regular capacity-development activities.

Integrated response approaches

A multi-sectorial approach will be ensured in coordination with partners involved in other Sectors of the response, particularly WASH, Protection, Food Security, and Health. Common projects include the improvement of WASH facilities within shelters to ensure the observance of prevention and control measures against infectious diseases. Joint efforts will be implemented with protection partners to ensure that shelters meet minimum safety protocols, including on prevention of GBV and child protection best practices. Privacy and dignity standards of shelters will be developed to better ensure management best practices and protection needs and risks assessments. Guidelines have been produced in collaboration with health actors to ensure that shelters follow the necessary COVID-19 related physical distancing and quarantine requirements. Food assistance will continue to be provided in shelters along infrastructural improvements and conditions of its soup-kitchens. This assistance will ensure the dignity and nutrition of vulnerable refugees and migrants that do not have the financial resources to cover food or housing expenses. Liaising with the Food Security Sector will be crucial to support new arrivals that have spent their resources traveling to Peru and have no income or support networks.

Response modalities

Assistance will focus particularly on in-kind assistance, capacity development and the provision of technical services through contractors. Partners will distribute shelter and household kits containing items such as blankets, kitchen sets and others. CVA for rental support directed at families at heightened risk of eviction and/or homelessness will be another main modality of implementation by shelter partners.

Good programming/collective accountability considerations

Participatory assessments will be conducted at the beginning, mid-year and in the last quarter of 2021 in order to assess and integrate identified needs into programming, while periodic visits and surveys will be carried out remotely and in the field. Feedback mechanisms will be included to identify main challenges or new needs, and the perspectives of those assisted, to adjust the response if needed or further strengthen areas that might not have been prioritized initially. Response mechanisms and regular trainings will also be in place to prevent and address situations of

sexual exploitation or abuse (SEA). Monitoring and evaluation of shelter interventions will be ensured, namely through data collection and analysis. To achieve the expected results a rights-based approach will be ensured while age, gender and diversity are mainstreamed throughout the strategic response.



WASH

PEOPLE IN NEED*

580 K

↑ 34.0% ↑ 18.7% ↑ 29.7% ↑ 17.6%



PEOPLE TARGETED*

182 K

↑ 39.2% ↑ 14.2% ↑ 34.6% ↑ 12.0%



TOTAL REQUIREMENTS

\$5.21 M



RMRP PARTNERS

13



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Refugee, migrant and host communities are affected by the limited access to sanitation, and hygiene services. The National Institute of Statistics and Information (INEI by its acronym in Spanish) reports that in Peru out of the 90.8 per cent of the population that have access to water through the public network, only 57 percent have access to running water 24 hours a day.²⁶⁵ Some regions in Peru, including La Libertad, Tacna, Tumbes, and the metropolitan area of Lima, experience water shortages and lack of access to other Water, Sanitation and Hygiene (WASH) services.²⁶⁶

265. INEI. (June 2020). Peru: Ways of accessing water and sanitation services- No. 09. Pg.42

266. INEI. (June 2020). Peru: Ways of accessing water and sanitation services- No. 09. Pg.45

In some areas, the population either relies on water tanker trucks deployed by the GoP or is compelled to buy water from private suppliers. People living in informal settlements often have no access to basic services, including water and sanitation. According to the Venezuelan Population Survey (ENPOVE) developed by INEI in 2018, 30 per cent of Venezuelans do not have access to water in their homes and 40 per cent do not have access to drainage.²⁶⁷

This situation poses a challenge for vulnerable refugees and migrants from Venezuela in the current economic and health crisis.

Overcrowded housing and shelter facilities are a growing concern as refugees and migrants more frequently share accommodation, in order to cover the rent, increasing the stress on the already limited access to water, sanitation and hygiene services, and escalating the protection and GBV risks of already vulnerable groups as well as the risk of COVID-19 spreading. Persons facing homelessness, persons in temporary accommodation and persons in-transit are in dire need of hygiene items as their access to these items is limited owed to increased costs and reduced availability.

RESPONSE STRATEGY

Scope of the sector response

The response will include activities aimed at the refugee, migrant and affected host communities, mainly focusing in the cities of Arequipa, Cusco, Lima and Piura, due to the high concentration of refugee and migrant population, and in other cities also targeting in-transit population. For the latter group, activities are focused on the border areas of Puno, Tacna and Tumbes. At these border areas, Sector members will work on improving access to water, sanitation and hygiene items as well as the dissemination of hygiene promotion messages to mitigate the risk of infection (including for COVID-19) during their arrival and transit within the country.

Response priorities

The response will prioritize interventions that will improve the existing sanitary infrastructure, such as showers, handwashing facilities and toilets, at selected community or public spaces. The distribution of hygiene kits and drinking water will also ensure that refugees and migrants in-transit and in-destination, either within shelters or housing, can follow the necessary sanitary measures to curb the spread of COVID-19. The response will also focus on the promotion and sensitization of personal hygiene to reduce the risk of diseases and infections, and to enhance access to clean water.

Integrated response approaches

An inter-sectorial approach will be ensured together with partners involved in Shelter, Health, Protection, Integration, Nutrition and Food Security Sectors to enhance the impact of the GTRM integrated response to provide adequate clean and safe hygiene utilities for refugees and migrants. Additionally, the provision of drinking water and sanitation facilities will aim to support the main health and nutrition objectives of preventing the spread of respiratory and gastrointestinal infectious diseases, one of the immediate causes of chronic malnutrition in Peru.

Response modalities

To meet its objectives, the main response modalities of the Sector consist of the procurement of services from technical suppliers to improve water and sanitary infrastructure for both refugees and migrants and affected host community. The in-kind distribution of hygiene kits and drinking water will target mostly refugees and migrants in-transit at border areas. In addition, capacity-development through remote training activities (and in the field when the context allows) will be carried out together with enhanced data collection efforts. Finally, differentiated communication and messaging strategies to disseminate key information tailored to different audiences will be developed

Good programming/collective accountability considerations

A continuous monitoring of WASH interventions will be ensured through data collection and analysis. To achieve the expected results, a participatory and rights-based approach will be streamlined while age, gender and diversity will be incorporated throughout the response. WASH partners aim to empower vulnerable groups including children, elderly, persons with disabilities and women through participatory assessments such as focus groups. The objective of this strategy is to ensure that vulnerable groups can voice their specific needs and concerns and provide feedback over the sectoral interventions. Partners acknowledge the risks of women and children to be subject to sexual exploitation and abuse; as a result, the centrality of protection and the principles of PSEA and AAP are mainstreamed in the design of every intervention. Ensuring the design of safe, private, and well-lit WASH facilities, as well as providing information and referral pathways are some of the mechanisms in place to protect vulnerable refugees and migrants.

267. ENPOVE. INEI 2018.

CARIBBEAN



CARIBBEAN AT A GLANCE

© IOM / Dominican Republic



POPULATION
PROJECTION 2021
224 K

- 👤 38.8%
- 👤 13.6%
- 👤 32.9%
- 👤 14.7%



PEOPLE
IN NEED
214 K

- 👤 39.1%
- 👤 13.9%
- 👤 32.5%
- 👤 14.5%

VENEZUELANAS IN DESTINATION	178 K
HOST COMMUNITY	37.0 K



PEOPLE
TARGETED
129 K

- 👤 41.8%
- 👤 14.0%
- 👤 33.0%
- 👤 11.2%

VENEZUELANAS IN DESTINATION	118 K
HOST COMMUNITY	10.9 K

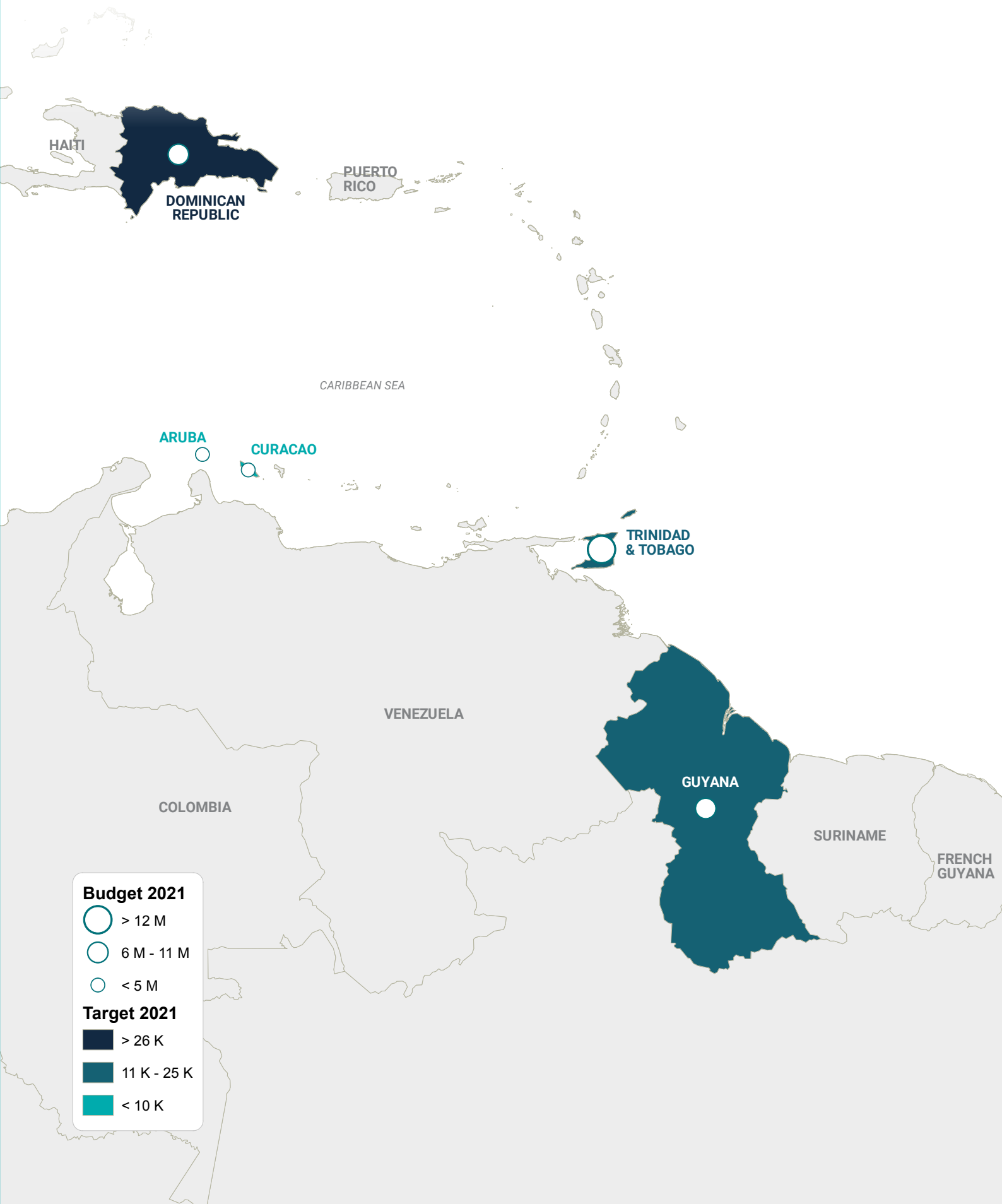


TOTAL REQUIREMENTS
\$40.7 M

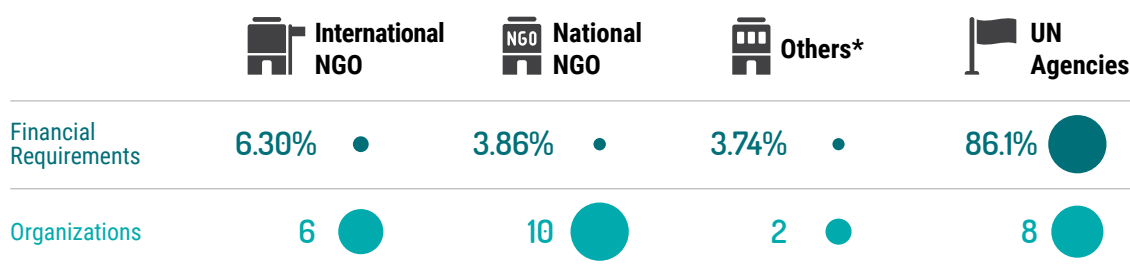


RMRP PARTNERS
26

REQUESTED FUNDING AND BENEFICIARIES TARGETED

















NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



*Others include the Red Cross Movement, civil society, academia and faith based organizations.

The list of organizations and RMRP partners only includes appealing organizations under the RMRP. Many of these organizations collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	28.3 K	6.86 K	\$2.04 M ●	9 ●
 Food Security	98.0 K	20.9 K	\$1.72 M ●	6 ●
 Health	104 K	18.6 K	\$4.30 M ●	13 ●
 Humanitarian Transportation	7.21 K	0.46 K	\$151 K ●	1 ●
 Integration	152 K	3.54 K	\$6.62 M ●	17 ●
 Nutrition	17.0 K	9.90 K	\$100 K ●	1 ●
 Protection*	192 K	105 K	\$9.13 M ●	9 ●
 Child Protection	33.8 K	2.05 K	\$473 K ●	3 ●
 GBV	49.2 K	-	\$3.16 M ●	10 ●
 Human Trafficking & Smuggling	27.5 K	0.67 K	\$2.15 M ●	3 ●
 Shelter	48.6 K	7.46 K	\$3.37 M ●	5 ●
 WASH	17.0 K	16.3 K	\$883 K ●	7 ●
 Multipurpose Cash Assistance			\$5.04 M ●	5 ●
 Common services**			\$1.59 M ●	11 ●

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

SUB-REGIONAL OVERVIEW

The five countries of the Sub-region (Aruba, Curaçao, the Dominican Republic, Guyana and Trinidad and Tobago) continue to witness the arrival of refugees and migrants from Venezuela into their territories, in spite of movement restrictions in place due to the COVID-19 pandemic. Since 2018, these countries hosted an increasing number of refugees and migrants from Venezuela, as well as significant numbers of Guyanese descendants returning from Venezuela. According to estimates developed by the Sub-regional Platform on the basis of Governments' projections there will be some 195,500 refugees and migrants from Venezuela in the Caribbean sub-region as of December 2020, and around 224,000 will have arrived by the end-2021.

Aruba, the Dominican Republic, and Trinidad and Tobago are signatories to the 1967 Protocol to the 1951 Convention relating to the Status of Refugees, while Curaçao does not consider itself bound by the 1951 Convention and its Protocol, individuals may apply for protection against refoulement pursuant to Article 3 of the European Convention on Human Rights, which also applies to Aruba. All Caribbean countries continue working towards the development of domestic legislation and policies related to refugees and migrants including also trafficking in persons (TiP) laws, to increase the protection of Venezuelan refugees and migrants. Trinidad and Tobago, for instance, is making efforts to draft a policy related to labour migration and has reviewed Foreign Labour Contracts.²⁶⁸ Guyana and the Dominican Republic participate in the Quito Process as a key regional consultative coordination mechanism between Governments aiming to coordinate a harmonized regional response for refugees and migrants from Venezuela.²⁶⁹

Refugees and migrants from Venezuela arrive to small and already strained Caribbean host communities. Apprehensions about their integration, cultural and language barriers, and access to services, coupled with the impact of COVID-19 on all communities and xenophobic sentiments create difficulties. Despite such challenges, most Caribbean governments continue to make considerable efforts to keep regular channels of entry open for Venezuelans, who increasingly see them as countries of final destination rather than countries of transit.²⁷⁰ Nevertheless, COVID-19 prevention

measures have resulted in the stricter enforcement of movement restrictions, such as temporary border closures affecting the arrival and entry of Venezuelans.

Some governments in the last months of 2020 scaled back on immigration controls and assured that all individuals affected by COVID-19, regardless of nationality and legal status, would have access to testing and treatment. In Trinidad and Tobago authorities extended work and stay permits until December 2020 for Venezuelans who had registered in the July 2019 government-led registration exercise.

Requirements for existing regularization pathways are often difficult to meet, and access to alternative stay arrangements which consider the specific situations and protection needs of Venezuelans remain limited. In a desperate attempt to enter these countries, Venezuelans continue to risk their lives through dangerous boat journeys, resulting in the loss of at least 116 lives²⁷¹ in incidents reported by the press in 2019 and 2020.²⁷² Venezuelans are also at an increased risk of human trafficking and abuses related to smuggling as a consequence of travelling irregularly; a situation that has been further aggravated by the closure of borders due to COVID-19.²⁷³

When temporary border closures and movement restrictions are considered necessary to curb the spread of COVID-19, measures should be in line with States' human rights obligations, particularly regarding instances of non-admission, arbitrary pushbacks and deportations. In light of reports concerning the return of Venezuelans from Curacao²⁷⁴, Aruba²⁷⁵ and Trinidad & Tobago²⁷⁶, and the temporary suspension of Guyana's open-border policy, as well as of the registration initiative facilitating Venezuelans' access to three-month stay permits, partners will continue supporting authorities to avoid pushbacks and deportations. In addition, R4V partners will expand their support in assessing the protection needs of Venezuelans in order to ensure that migratory measures fully observe due process. Support to enhance Venezuelans' access to legal-stay arrangements and regularization pathways will be strengthened. Moreover, initiatives to increase access to those in administrative detention, and the development of alternatives to the detention of refugees,

268. Labour Act Chap. 88:11, Employment Exchange Act, Chap 88:09.

269. The Dominican Republic also signed the Joint Declaration of the fifth and sixth round of the Quito Process.

270. <https://r4v.info/en/documents/details/71377>

271. Confirmed victims and persons unaccounted for, missing at sea.

272. <http://www.looppt.com/content/venezuelans-missing-sea-after-boat-sinks-near-bocas>; <https://www.guardian.co.tt/news/venezuelan-migrants-feared-drowned-6.2.849298.3e3f77402d>; <https://www.elcomercio.com/actualidad/naufrajo-migrantes-venezuela-brasil-curaçao.html>; <http://www.lavozdefalcon.info.ve/en-desarrollo-naufrajo-lancha-con-destino-a-isla-de-aruba/>

273. <https://r4v.info/en/documents/details/78543>

274. <https://awe24.com/50347>

275. <https://www.curacaochronicle.com/post/local/18-venezuelans-deported/>

276. Trinidad and Tobago: Deportation of 165 Venezuelans Violates International Law <https://www.amnesty.org/en/latest/news/2020/08/trinidad-tobago-deportation-165-venezuelans-violates-international-law/>

asylum seekers and migrants will be pursued.

Affected by COVID-19 containment measures, many Venezuelans and host communities have lost their livelihoods. Food insecurity, malnutrition and the need for safe and dignified shelter became main priorities, with increased numbers of refugees and migrants unable to fulfil basic needs and facing evictions. These are grave concerns, particularly in rural areas and indigenous communities as they require additional long-term support for food production, self-reliance and accessibility to markets. In addition to the aforementioned risks of pushbacks, deportation and *refoulement*, protection risks of trafficking, exploitation and abuse, and gender-based violence (GBV), are increasingly acute for the most vulnerable, such as unaccompanied and separated children (UASC) and female single parents. These groups are also particularly vulnerable to exploitative labour practices which risk their health and wellbeing.²⁷⁷

COUNTRY-SPECIFIC PLANNING SCENARIO

At the end of 2021, some 224,000 refugees and migrants from Venezuela are estimated to be hosted in the five countries of the Caribbean sub-region. Among them, 176,000 are considered to be in need of assistance, together with 36,700 host community members. New arrivals are expected to predominantly enter Caribbean territories by boat in areas that are within close proximity to Venezuela and which are easily accessible, especially if/when COVID-19-related border closures are eased. Irregular entries into Caribbean countries are expected to continue, further increasing risks of smuggling and trafficking in persons. Engagement of national and local authorities for the response to the inflow from Venezuela will continue, and existing partnerships and coordination mechanisms will be strengthened. Access to asylum and alternative legal pathways will improve but will remain limited as the countries in the Caribbean continue gradually building the capacities of their asylum and migration management systems. The arrival trends in 2020 and the challenges Venezuelans face in extending their regular stay, may result in Venezuelans remaining in the sub-region with irregular status, despite governments having extended stay permits due to mobility limitations.

Obstacles to accessing asylum and regularization are likely to contribute to increased vulnerabilities and heightened risks of exploitation and abuse of the Venezuelans, particularly affecting women, children, and persons with specific needs. Access to livelihoods in host countries will remain a primary challenge, further exacerbated due to the loss of incomes during the pandemic. Other challenges, such as the lack of documentation, including work permits, and language barriers will remain of concern. The economic impact of COVID-19 on host communities and small countries dependant on tourism, like Aruba and Curaçao, also

constrain the support available domestically to refugee and migrant populations. Additionally, many Venezuelans in Aruba have lost guarantors for work permits due to the economic crisis resulting from COVID-19, which forced the closure of businesses. As such, many refugees and migrants who had been on the island for lengthy periods with regular status, now risk being in irregular situations.

Scope of the response and priorities

The response in the Caribbean sub-region will focus on three main areas of intervention:

- Scaling up the provision of, and access to essential goods such as food, sectoral non-food items (NFIs), hygiene items and personal protective equipment (PPEs) among others, and services.
- Enhancing the prevention, mitigation, and response to protection risks of refugees and migrants from Venezuela by supporting the protective environment in affected countries.
- Support the resilience of refugees and migrants and strengthen integration opportunities.

The response will be structured through interventions by the Platform's Sectors including the Education, Food Security and Nutrition, Health, Integration, Shelter and NFIs, Protection and WASH Sectors. Through advocacy with governments and all relevant stakeholders, R4V partners will help develop preparedness plans (contingency and response) and contribute to their effective implementation. The aforementioned objectives will be fulfilled through the provision of technical assistance and capacity development to national institutions, through the provision of dedicated services, including protection and case management, legal assistance, cash and voucher assistance (CVA), awareness raising, and mental health and psychosocial support (MHPSS).

As COVID-19 measures continue, and with the sudden and unexpected loss of income and surge in needs, National Platforms will scale up the provision of life-saving and life-sustaining direct humanitarian assistance. Partners will provide food assistance, emergency shelter, rental support, hygiene, and life-saving NFI kits, such as essential household items, clothing, baby and hygiene/sanitation products, and psychosocial support. Efforts will continue to adapt assistance modalities to the current context, for example by conducting remote interviews and providing online CVA. Partners will complement and support governments' specialized services for survivors and persons at risk of GBV and victims of trafficking (VoTs) as well as prevention and mitigation efforts.

Additionally, R4V partners will advocate for the inclusion of refugees and migrants from Venezuela in national social protection programmes and public services (including work permits, grants health and

277. Inter-Agency GBV Assessment Guyana, 2019, US Department of State 2020 TiP Report: Aruba, US Department of State 2020 TiP Report: Curaçao, US Department of State 2020 TiP Report: Dominican Republic, US Department of State 2020 TiP Report: Guyana, and US Department of State 2020 TiP Report: Trinidad and Tobago.

education), for facilitated regularization mechanisms without the requirement to return to the country of origin, and for a strengthened, accessible and responsive asylum system. They will also advocate to prevent *refoulement*, non-admissions and immigration detention, and to ensure access to territory for refugees and migrants. Capacity building for R4V personnel and state officials such as border and immigration officials, police and prison guards will be a priority. Integration, regularization and residency opportunities will be promoted, aimed at expanding livelihoods initiatives, such as business grants, vocational training, matching refugees and migrants with employers, and advocating for the validation of diplomas.

RESPONSE PRINCIPLES (AAP, PSEA, ENVIRONMENT, CENTRALITY OF PROTECTION, GENDER)

Regional Refugee and Migrant Response Plan (RMRP) 2021 activities in the Caribbean will aim at ensuring an informed rights-based approach that is age, gender, and diversity sensitive. These considerations will be achieved through regular consultations with affected populations, including participatory assessments and will be reflected in available tools and mechanisms of the sub-regional platform such as protection monitoring and displacement and movement tracking²⁷⁸, focus group discussions, helplines, protection counselling, and complaint/feedback mechanisms at agency and community level. In addition, partners will maintain close ties with communities via social media and other outreach mechanisms to monitor the situation in the communities.

Protection is central to the response in the Caribbean sub-region and is at the core of this Plan's objectives and priorities. It will be mainstreamed across all sectors through advocacy and support for registration, refugee status determination, regularization and documentation of refugees and migrants. This will contribute to improving access to rights, essential services, livelihoods, and integration. Furthermore, partners have mainstreamed gender equality principles in the planning and implementation of their response, thanks to inter-agency participatory assessments completed in 2020²⁷⁹, which consulted different age, gender, and diversity groups. Main findings included that certain populations, specifically persons with disabilities and marginalized groups like the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) community need more specialized services and advocacy. To address this, all activities and advocacy efforts are aimed at ensuring access to rights according to national and international law.

A community-based and participatory approach will form the core response, thereby ensuring Accountability to Affected Populations (AAP). The Plan aims to build on and continue strengthening, existing community-based initiatives, including complaint and feedback mechanisms while following up on all complaints related to the quality of partners' responses. Following a community-based approach, R4V partners are in continuous communication with communities, to apply their inputs throughout the programme cycle. This will continue to be expanded through partners' continuous participation in meetings with community leaders, online and in-person community groups, including people with specific needs, LGBTQI+, the elderly etc. and through the expansion of available hotlines and the constant updating of relevant information to National Platforms.

Regarding Protection from Sexual Exploitation and Abuse (PSEA), several R4V partners have internal PSEA mechanisms, and regular trainings for partners and authorities will continue to take place. All partners are encouraged to establish and expand complaint mechanisms to expand the reporting of SEA as well as to establish a Code of Conduct.

278. The Displacement Tracking Matrix (DTM) is used to maintain periodic monitoring of migrants, as it relates to their profiles, characteristics, and socio-economic status. Data gathered through this process informs the locations, evolving needs and vulnerabilities of migrant populations.

279. See, among others, Participatory Assessments Curacao (2020) Internal doc; Participatory Assessments Aruba (2020)



EDUCATION

PEOPLE IN NEED

28.3 K

↑ 15.3% ↑ 36.0% ↑ 14.4% ↑ 34.3%



PEOPLE TARGETED

6.86 K

↑ 5.25% ↑ 45.8% ↑ 5.25% ↑ 43.7%



TOTAL REQUIREMENTS

\$2.04 M



RMRP PARTNERS

9



SECTOR LEADS

IOM-UNHCR

Although Caribbean countries are bound by international legal obligations to provide education to all children, accessing formalized and accredited education in practice remains a challenge. Even in countries where access is granted for public primary and secondary schooling regardless of the students' legal status, such as Aruba, Curaçao, Guyana and the Dominican Republic, Venezuelan children and youth face administrative, financial, linguistic and cultural barriers to quality education as well as limitations in accessing tertiary education, not to mention sentiments of xenophobia which have translated into cases of bullying at school.²⁸⁰

There are still challenges in guaranteeing quality education for all Venezuelan children, especially considering the impacts of COVID-19, which led to

the closure of schools and which has highlighted the digital gap as classes are delivered remotely on an intermittent basis or for long periods of time. The costs of connectivity, computer equipment, school supplies, uniforms, transportation, and the lack of information for parents on enrolment procedures often discourage families from enrolling their children in schools. Additionally, due to their unfamiliarity with some of the online educational platforms, often in a foreign language, refugee and migrant parents have difficulties in following and supporting their children's learning.²⁸¹

In all sub-regional countries, education is a key area of intervention although language barriers present bigger obstacles to learning in the four non-Spanish speaking countries. In Guyana, Aruba, and Curaçao, children have access to the public national school systems, but they face administrative or practical barriers to enrolment which places families with irregular status or limited financial means at a disadvantage.²⁸² In Trinidad and Tobago, all refugee and migrant children from Venezuela remain unable to access the public schools due to the requirement for student permits and mandatory school insurance for foreigners to attend schools.²⁸³ Schools also lack the capacity to include an ever-growing number of students, while teachers lack the training and capacity to work with second-language learners and with children that have protection and psychosocial needs. Additionally, a lack of documentation, such as that from the civil registry, national IDs or passports prevent many children from purchasing mandatory insurance or obtaining a certified diploma at the end of the school year, as is prevalent in Aruba and Curaçao. Many children of indigenous communities in Guyana and Trinidad and Tobago continue to lack access to education.²⁸⁴

Scope of the sector response

Access to primary and secondary education continues to be a key priority area of intervention across the Caribbean sub-region, particularly in Aruba, Curaçao, Guyana and Trinidad and Tobago. In 2021, RMRP partners will meet the education needs of 11,800 children and youth from Venezuela and 2,200 from the host community. The Sector's main response will focus on continued advocacy for access to accredited education for girls, boys, adolescents, and early childhood education, regardless of legal status. Additionally, interventions will include capacity building of relevant authorities and stakeholders, to better address the needs of refugee and migrant children from Venezuela, bridge language gaps and administrative barriers, and support vulnerable families in enrolling their children in schools.

280. Education Sector Background Notes, July 2020: <https://r4v.info/es/documents/details/77890>

281. UNICEF (2020) The Impact of COVID-19 on migrant children in Trinidad and Tobago.

<https://www.unicef.org/easterncaribbean/reports/impact-covid-19-migrant-children-trinidad-and-tobago>

282. See, among others: UNHCR, *Needs assessment on ESL in Region 1, June 2019, Guyana*; Civil Defence Commission, *Data gathering and field assessment mission in Region 1, February 2019, Guyana*; IOM, *Flow Monitoring of the Venezuelan Population In Guyana*, DTM Round 3, November-December 2018, Guyana; R4V, *Inter-Agency rapid Gender-Based Violence Assessment Report in Guyana*, April 2019, Guyana.

283. Refugees International, *Forced into Illegality: Venezuelan Refugees and Migrants in Trinidad and Tobago*, January 2019, Trinidad and Tobago.

284. To determine priority areas of intervention and main needs, partners conducted a needs assessment on Education for Venezuelans, Returning Guyanese and Venezuelan Warao communities. *Internal document, Guyana Needs Assessment, 2020*

Approaches will consider the distinct needs according to gender, ethnicity, varying abilities, specific needs and more. Interventions will also focus on improving existing infrastructure and investing in resources to accommodate all learners, including in devices and connectivity for remote learning, especially given the new context of COVID-19. To determine the numbers of persons in need of educational interventions, the Sector considered those persons previously enrolled, who might register again for education services, pre-registration lists and other participatory assessments.

Response priorities

For the education response, three strategic priorities have been identified to respond to needs of refugees and migrants and the varying legislative landscapes in the five countries. The three priorities for education response are:

1. Advocating for access to public primary, secondary and tertiary education, recognition of, and validation of diplomas while strengthening flexible education models and implementing formal education strategies in challenging contexts.
2. Improving school infrastructure, resources and connectivity given the COVID-19 context, including the delivery of supplies and implementation of temporary educational spaces where public services cannot be accessed.
3. Strengthen the capacities of teachers and stakeholders through training on teaching children of refugees and migrants, language, cultural awareness and psychosocial support while improving direct assistance to the socio-emotional recovery of children with the objective of promoting their learning and development.

Integrated response approaches

Key strategic education interventions will be carried out in coordination with the Protection Sector, and its Sub-sectors, especially child protection, with the aim of developing balanced and holistic education programmes, comprehensive and relevant educational resource materials, the activation of referral pathways, identification of possible GBV or other forms of child abuse. Likewise, coordination will be pursued with the Food and Nutrition and the Health Sectors to ensure that children can benefit from school feeding programs and in-school nutrition assessments, as well as through immunization campaigns carried out in learning centers. Synergies will be sought with the Integration Sector on advocacy for the recognition of Venezuelan academic degrees and certifications and educational opportunities for adults in the Caribbean.

The continuation of psychosocial activities including guidance counselling, as well as school feeding programmes are essential as complementary actions to ensure positive learning outcomes. Likewise, coordination with relevant ministries and children's authorities will be prioritised to ensure synergy between the response and the needs of school aged refugee and migrant children.

Response modalities

The response within the Caribbean sub-region will require a long-term approach and planning that strengthens existing frameworks and enhances the effective inclusion of refugee and migrant Venezuelan children into Caribbean education systems. To develop its response, the Education Sector will use a combination of modalities, including in-kind, cash and capacity building. Access to education will be promoted by continued advocacy for recognition of degrees from Venezuela and for the elimination of existing administrative barriers, such as the requirement of some Caribbean countries to have legal residency to access universities. Partners will disseminate information on the education system to enhance awareness raising among Venezuelan parents and upon school enrolment through back-to-school campaigns.

To improve school infrastructure, partners will work with relevant authorities to strengthen the capacity of schools, improving and rehabilitating facilities and providing temporary school solutions, as well as school supplies such as devices and connectivity for remote learning and teaching/learning supplies. This will include providing access to the required data and hardware, internet connectivity and in some countries the provision of devices, to assist the move to online modalities. To ensure access to education, partners will provide uniforms, textbooks, stationary, and art and craft supplies to the most vulnerable Venezuelan refugee and migrant families who enrol their children in schools. Additionally, partners will provide capacity building for teachers, particularly on techniques for teaching non-native English speakers. In Trinidad and Tobago, the provision of learning opportunities and formal education will be strengthened through English as a Second Language classes. Partners will provide counselling and integration interventions aimed at combatting anti-xenophobic behaviour. They will deliver educational services to children and adults, and they will provide pedagogical and psychosocial support to children, adolescents, teachers and other stakeholders.



FOOD SECURITY | NUTRITION

PEOPLE IN NEED

98.0 K | 17.0 K

↑ 43.0% | 30.0% ↓ 11.9% | 21.0% ↑ 32.9% | 29.0% ↑ 12.2% | 20.0%



PEOPLE TARGETED

20.9 K | 9.90 K

↑ 52.1% | 50.5% ↓ 4.73% | -- ↑ 39.1% | 49.5% ↑ 4.07% | --



TOTAL REQUIREMENTS

\$1.72 M | \$100 K



RMRP PARTNERS

6 | 1



SECTOR LEADS

IOM-UNHCR

Food insecurity and malnutrition are amongst the main concerns for vulnerable Venezuelans refugees and migrants who have settled in the Caribbean sub-region. Additionally, preventive measures taken by authorities to contain the spread of COVID-19 have resulted in severe social and economic impacts on many Venezuelans in the sub-region who lost their livelihoods and sources of income,²⁸⁵ leaving many in urgent need of food, and temporarily dependent on assistance.

Partners throughout the Caribbean reported dramatic increases in requests for food, shelter and cash assistance amongst the Venezuelan and host communities, mainly from affected single-parent households and those with specific needs, which have remained high since the onset of the pandemic. This is expected to continue throughout 2021.

285. CARICOM survey - Half of the respondents have faced a change in income, owing mainly to job loss or reduced revenue and 73 per cent of respondents indicated that their ability to carry out their livelihoods was affected in the last two weeks.

286. National Inter-agency Coordination Platform in Guyana, August 2020.

287. <https://r4v.info/en/documents/details/78269>

288. Due to the dire circumstances and urgent needs, the Kingdom of Netherlands' Council of Ministers approved the allocation of funding for food and hygiene packages for those most in need in the Dutch Caribbean, including for Aruba and Curaçao, which include all populations on the island irrespective of their status. Additionally, in July 2020, the Government of Guyana provided emergency relief to 1,484 households (90 per cent of which were Venezuelan households), with the financial and technical support of partners. R4V Situation Report - Caribbean - July 2020 - <https://data2.unhcr.org/en/documents/details/78761>

Hinterland communities and indigenous populations in Guyana have also been affected by higher prices and limited availability of food items, a situation that has been aggravated by the COVID-19 pandemic. Due to the closure of schools, many children have lost access to school meal programmes, and partners in Guyana estimate that 40 per cent of the refugee and migrant population is experiencing acute food insecurity.²⁸⁶ Limited farming activity in Aruba and Curaçao - due to a dry climate and limited access to land for food production and hence a reliance on imports, is one of the obstacles to developing a long-term food security strategy in the sub-region and fostering self-reliance. As a result, particularly vulnerable families struggle to meet basic food needs.

The lack of presence of authorities in remote areas in Guyana and Trinidad and Tobago, and logistical challenges hinder needs assessments and the delivery of assistance by various stakeholders. Generally, this lack of capacity to capture data on the needs of vulnerable refugees and migrants from Venezuela, and the strain on governments' capacities in supporting food security are among main challenges impeding efficient responses. As a result, many R4V partners have focused their food assistance on families with children, being compelled to leave many outside the scope of distributions of culturally appropriate food. As Venezuelans have found it difficult to adapt to Caribbean foods, refugees and migrants lack of information on healthy nutritional habits, as well as limited access to nutrient-dense food, has resulted in malnutrition, particularly affecting children, the elderly and pregnant women.

Across the Caribbean, host communities also experience a lack of access to food but have been supported by some national safety nets and social welfare programmes, whereas refugees and migrants, who are often undocumented and have been disproportionately affected by the pandemic, cannot access these benefits.²⁸⁷ Although national aid schemes were made available to nationals and permanent residents financially affected by the COVID-19 pandemic in Caribbean countries, to provide income, food, and rental payments, generally these were not available to refugees and migrants, with exceptions in Aruba, Curaçao and Guyana.²⁸⁸

Scope of the sector response

The provision of food assistance has become a central activity of the response in the Caribbean and will continue to be expanded in parallel with livelihood activities in 2021. Particularly in Curaçao, Guyana, the Dominican Republic and Trinidad and Tobago, the

emergency food response has become a main priority for 2021. The response approach aims to guarantee food and nutrition assistance in crisis situations, including different strategies to minimize food insecurity. This activity will continue to be expanded in parallel with livelihood activities. The estimation of people in-need and targets for 2021 were based on most recent indicators and evaluations and considered needs that were exacerbated due to the impacts of COVID-19. Similarly, the medical evaluations of refugees and migrants and the numerous requests of food assistance collected from hotline calls to R4V partners helped identify population groups in the most vulnerable situations, and the greatest needs in terms of food security. Additionally, mapping exercises to determine geographic areas where the most vulnerable Venezuelans have settled continue to be prioritized.

Response priorities

1. Enhance emergency food assistance and regular access to food for refugees and migrants in vulnerable situations and with the greatest needs, particularly those highly affected by COVID-19, adjusting the modality of the response according to geographical context, specific population, and cultural considerations, while prioritizing Integrated Young Child Feeding (IYCF) programmes.
2. Enhance the productive and livelihood capacities of Venezuelan refugee and migrants, with an approach that considers their geographical context, resilience, and socio-economic inclusion to empower vulnerable refugees and migrants, such as women and girls, as agents of change to ensure food security.
3. Advocate for the inclusion of Venezuelan refugees and migrants into national social welfare schemes that provide food and nutrition assistance.

Integrated response approaches

Given the nature of the Food Security and Nutrition Sector and its impact on different mechanisms of the R4V Platform, a strong coordination with the Protection, Integration, Education, and Health Sectors will be essential to achieve the Sector's objectives. Furthermore, cross-cutting issues such as gender and age dynamics will be considered. The response will complement interventions with an information education and communication campaign against malnutrition and will create an awareness-raising strategy on healthy nutritional habits which considers local context and cultural habits while also introducing refugees and migrants from Venezuela to local food options.

Response modalities

The provision of direct emergency food assistance will be made through the distribution of food baskets/kits, cash and e-vouchers, in-kind, conditional and unconditional transfers. Nutrition assistance will be prioritized for especially vulnerable individuals such as pregnant and lactating women, the elderly and families with young children, or single-parent families. To enhance livelihoods through community farming initiatives in remote areas of Guyana, Aruba and Curaçao, partners provide technical and financial support to the public sector, and they will provide agricultural/farming/fishing tools, seeds and poultry, alongside capacity building programmes to improve farming techniques. Partners will pursue efforts to link farming and other support to communities with existing school feeding programmes, supporting, and complementing existing governmental initiatives such as the IYCF programmes at community level and focusing on caregivers. The response will also include the promotion of healthy eating habits for adequate nutrition.

Good programming and accountability

To better evaluate emerging nutritional needs, partners will conduct a nutritional needs assessment that will also include communities in border areas which have not previously been involved in such assessments. Additionally, when advocating for and supporting community-farming initiatives, partners will seek to consult communities on their needs and preferences and assess culturally sensitive, nutritionally relevant and economically integrated aspects to include them into existing supply chain needs and resources. Furthermore, for the livelihoods, and nutritional evaluation and monitoring, a gender, age, ethnic and culturally sensitive approach will be adopted.



HEALTH

PEOPLE IN NEED

104 K

↑ 37.5% ↓ 14.3% ↑ 33.0% ↓ 15.2%



PEOPLE TARGETED

18.6 K

↑ 43.5% ↓ 12.2% ↑ 31.8% ↓ 12.5%



TOTAL REQUIREMENTS

\$4.30 M



RMRP PARTNERS

13



SECTOR LEADS

IOM-UNHCR

Considering that most refugees and migrants from Venezuela in the Caribbean are in an irregular situation, their needs are often not captured in public health assessments conducted by host countries. There is therefore an overall lack of accurate and reliable data on access to healthcare and health conditions among refugees and migrants from Venezuela.

Venezuelans in the Dominican Republic, Guyana and Trinidad and Tobago generally have access to public emergency and primary healthcare services.

Nevertheless, in all five countries, important needs persist with regard to access to secondary, tertiary and specialised healthcare, including sexual and reproductive health (SRH), MHPSS, and for more complex or longer-term treatments (related to illnesses such as hypertension, diabetes, PTSD, HIV/AIDS, cancer, schizophrenia, Parkinson's, Alzheimer and others). Notably, lactating, and pregnant women and the elderly often do not have access to medical services while persons living with disabilities also do not have their specific needs fully attended to by national healthcare systems.²⁸⁹ Additionally, infants and young children lack consistent access to developmental healthcare²⁹⁰ which limits the possibility of timely diagnosis and treatment of any disability.

Venezuelans do not have access to national public healthcare systems, including emergency healthcare services in Aruba and Curaçao where they are required to pay for medical services. However, with the onset of the COVID-19 pandemic, the governments of Aruba and Curaçao indicated that all individuals on the islands, including those without regular status, would have access to COVID-19 related care.²⁹¹ COVID-19 testing has been offered to all refugees and migrants at public facilities in all five countries.

Access to healthcare by refugees and migrants from Venezuela in non-Spanish speaking countries is hampered by language barriers. The lack of healthcare facilities in rural and remote areas presents another challenge. Additionally, Venezuelans often lack knowledge of the services available, and are unable to afford the costs of medical care²⁹² in public health systems, which are increasingly strained by the needs related to COVID-19 (i.e. testing, treatment, and MHPSS). These barriers particularly affect persons with chronic diseases, physical and mental disabilities, and other specific needs, including persons who are more vulnerable to health risks such as those engaged in survival sex.

Refugees and migrants from Venezuela, particularly those in an irregular situation, are often unable to benefit from immunization campaigns.²⁹³ Children are particularly affected as many of them left Venezuela before receiving essential vaccinations. Venezuelans also purchase medications to send to family members in their country of origin, which has put an additional strain on the capacity of some local health supply

289. See, among others, Participatory Assessments Curacao (2020) Internal doc; Participatory Assessments Aruba (2020) Internal doc; RMRP Caribbean Sub-Regional Chapter, 2020 <https://r4v.info/es/documents/download/72254>

290. <https://r4v.info/en/documents/details/75272>- Caribbean COVID-19 Report (April 2020).

291. <https://r4v.info/en/documents/details/75272>- Caribbean COVID-19 Report (April

292. Guyana Civil Defence Commission (February, 2019) Data gathering and field assessments mission in Region 1, Inter-agency Coordination Sub-Regional Platform in Guyana (April, 2019), Interagency rapid Gender Based Violence Assessment in Guyana, Refugees International (Jan, 2020), Forced into Illegality: Refugees and migrants from Venezuela in Trinidad and Tobago; UNHCR (June, 2019), Protection Monitoring- Venezuela Situation, Dominican Republic; Amnesty International (Jan, 2019), Detained and Deported: Venezuelans denied protection in Curaçao.

293. IOM Trinidad and Tobago (May 2020), Mission to Determine Needs on Indigenous Warao Community located in Icacos, South Trinidad. Trinidad and Tobago. *Internal Report*: UNHCR (2020) Mission to Determine Needs on Indigenous Warao Community located in Icacos, South Trinidad. Trinidad and Tobago Mission to determine needs. *Internal Report*: PAHO (April 2019), Report from the Workshop and visit to Mabaruma sub-region, Guyana; Civil Defence Commission: (Feb, 2019), Data Gathering and field assessment missions in Region 1, Guyana: Refugees International (Jan, 2020), Forced into Illegality: Refugees and migrants from Venezuela in Trinidad and Tobago; UNHCR (June, 2019).

providers.²⁹⁴ Overall, Venezuelans lack access to basic health information²⁹⁵, including on SRH.

Scope of the sector response

Promoting access to public health services is a priority across all five countries of the Caribbean sub-region. The Health Sector will incorporate approaches based on health equity, gender and ethnic quality and right to health under a framework of shared responsibilities among national and subnational levels of governments, and R4V partners. The response aims to support the integration of health needs of refugees and migrants from Venezuela into national health policies, strategies and programmes to access to healthcare for refugees and migrants, bridging short-term emergency responses with medium to long-term actions. Particular attention will be paid to most vulnerable groups such as indigenous people, pregnant women, minors, the elderly and persons with disabilities, with a focus on immunization, SRH, MHPSS, maternal and child health and chronic illness, and strengthen access to preventive medicine and to specific healthcare for chronic, complex and autoimmune diseases, and will take into consideration activities accounting for gradual reopening of borders and associated health needs.

Response Priorities

Taking into account the most pressing needs of the refugee and migrant population and existing gaps in healthcare provision, the main needs to be addressed are the following:

1. Improve and provide access to universal health services (including MHPSS) and safe healthcare facilities through the strengthening of local capacities while advocating for the inclusion of refugees and migrants into national/public healthcare systems.
2. Improve access to healthcare services through the development and/or translation of relevant communication products from the host country's first language to Spanish while mapping existing healthcare services available to Venezuelans refugees and migrants to maintain updated information that considers changes due to COVID-19 and informs awareness-raising activities in 2021.
3. Strengthen coordination mechanisms among partners and health surveillance through information management and monitoring.

Integrated response approaches

Collaboration between the Health, Protection and Education Sectors will be essential, particularly on SRH, to ensure that prevention messages on family planning and risks related to sexually transmitted infections (STIs) can be shared in schools and among vulnerable groups. Partners will also closely work with the Protection Sector and other key partners to ensure that protection-sensitive health services are available to persons with specific needs, particularly since health services can provide important entry points for the identification of survivors of GBV, VoT and children in need of protection.

Response modalities

To ensure access to healthcare services, emergency assistance will be provided through monetary support (CVA) to people with urgent needs to access treatment of critical health problems. Responses will also be carried out through the direct provision of healthcare services by R4V partners, in particular targeted protection interventions such as prenatal control, vaccination, contraception, health information, services of lower complexity levels including services to people with STIs and mental health issues. Where gaps in national healthcare systems are identified, such as in MHPSS services, partners will support concrete, short-term interventions to strengthen access to healthcare services for vulnerable refugees and migrants from Venezuela. These will include improving access to MHPSS services, or direct provision of MHPSS services, emergency care and treatment for chronic conditions. In Guyana, partners will also promote the creation of safe spaces to foster and strengthen community-based networks and coping strategies.

In all five Caribbean countries, partners will map existing healthcare services available to refugees and migrants from Venezuela to maintain updated information. To strengthen health surveillance, information management and monitoring assessments will be carried out to identify specific needs and gaps. Information campaigns on health will target the population at large as well as persons with specific needs. Campaigns will focus on healthcare services, healthy behaviours, and specific topics such as vaccination, SRH, pre-natal and post-natal care and more.

Good programming and accountability

Partners will work closely with the health authorities, nationals civil society organizations (CSOs), and local communities to determine their main needs and assess evidence-based priority responses. Coordination fora involving the Government have been established in some countries to guide the COVID-19 response. Cross-cutting issues such as gender, age, ethnicity, culture and specific needs will also be considered inside the response.

294. Inter-agency Coordination Sub-Regional Platform in Guyana (April 2019), Inter-agency rapid Gender-Based Violence Assessment Report in Guyana.

295. <https://www.unfpa.org/data/emergencies/trinidad-and-tobago-humanitarian-emergency>



INTEGRATION

PEOPLE IN NEED

152 K

↑ 46.4% ↓ 8.35% ↑ 37.7% ↓ 7.55%



PEOPLE TARGETED

3.54 K

↑ 50.1% ↓ -- ↑ 49.9% ↓ --



TOTAL REQUIREMENTS

\$6.62 M



RMRP PARTNERS

17



SECTOR LEADS

IOM-UNHCR

In the Caribbean, enhanced efforts on integration are of key relevance given the irregular situation of the majority of the Venezuelan population, the limited access to asylum and the current lack of regularization processes, coupled with language barriers in non-Spanish speaking countries. As a result, refugees and migrants from Venezuela often do not have access to the formal labour market, financial systems, and, in some cases, education opportunities, thus making them more vulnerable to abuse and exploitation.²⁹⁶ The COVID-19 pandemic has limited access to integration

opportunities further and has placed additional strain on Venezuelans and host communities.²⁹⁷

For those in an irregular situation, access to work permits can be a costly, time-consuming, and overall challenging process which often deters them from seeking a permit. Many potential employers, particularly in the Dominican Republic, lack knowledge on the process to sponsor work visas, and are unwilling to pay substantial costs associated with the sponsorship process. Lack of recognition of degrees and professional certificates from Venezuela²⁹⁸ throughout the Caribbean also prevents refugees and migrants from accessing formal employment that corresponds to their skills.²⁹⁹ Additionally, many Venezuelans lack knowledge of local regulations for formally registering new businesses, they lack investment seed capital or even the possibility to hold bank accounts or access loans.

Very often, social security, social protection and welfare schemes do not include refugees and migrants, especially those who are undocumented and, depending on the Caribbean country, access to education and healthcare is challenging or non-existent.

Additionally, there is a lack of opportunities for children and adolescents to engage in recreational or constructive activities with a view to fostering social cohesion between Venezuelan and host communities. Activities that could facilitate their development, complement their education, and promote mental health and well-being are also limited, as many are afraid to socialize in local circles for fear of detection and subsequent deportation, due to xenophobia and the lack of access to schools in Trinidad and Tobago. The large numbers of Venezuelans in host countries have raised concerns about competition within already strained labour markets while cultural and language barriers and prevalent opinions stigmatize Venezuelans.³⁰⁰ Combined with the absence of robust social cohesion programmes and lack of inclusion of Venezuelans in local entrepreneurship schemes Venezuelans are increasingly exposed to xenophobic sentiments and acts, including in schools and at the workplace.³⁰¹

Scope of the Sector Response

Successful socio-economic and cultural integration benefits both refugees and migrants from Venezuela and the communities hosting them and builds bridges between the communities. Programmes to promote integration

296. Living Water Community, *Survey Report on Living Conditions*, July 2019, Trinidad and Tobago; UNHCR, *Needs assessment on ESL in Region 1*, June 2019, Guyana; Civil Defence Commission, *Data gathering and field assessment mission in Region 1*, February 2019, Guyana; R4V, *Inter-Agency rapid Gender-Based Violence Assessment Report in Guyana*, April 2019, Guyana; IOM, *Monitoreo de flujos de población venezolana en República Dominicana*, December 2018, Dominican Republic; Refugees International, *Hidden and afraid: Venezuelans without status or protection on the Dutch Caribbean island of Curaçao*, April 2019, Curaçao.

297. <https://reliefweb.int/report/venezuela-bolivarian-republic/urgent-support-needed-covid-19-inflicts-hardship-refugees-and>

298. ILO's 2020 research 'Promoción de Medios de Vida para personas Venezolanas en Republica Dominicana' https://www.ilo.org/wcmsp5/groups/public/--americas/--ro-lima/--sro-san_jose/documents/publication/wcms_745836.pdf

299. See, among others, UNHCR, *Findings from Participatory Assessments with Population of Concern in Trinidad and Tobago*, August 2018, Trinidad and Tobago; Refugees International, *Hidden and afraid: Venezuelans without status or protection on the Dutch Caribbean island of Curaçao*, April 2019, Curaçao.

300. See local press Trinidad and Tobago story: <http://guardian.co.tt/news/migrant-squatting-prostitution-worry-mps-6.2.854327.b676bf5d5c>

301. See, among others, Refugees International, *Hidden and afraid: Venezuelans without status or protection on the Dutch Caribbean island of Curaçao*, April 2019, Curaçao; UNHCR, *Findings from Participatory Assessments with Population of Concern in Trinidad and Tobago*, August 2018, Trinidad and Tobago.

and foster peaceful coexistence will be carried out across all five Caribbean countries in 2021, targeting 122,000 Venezuelans and 30,600 persons from the host community.

In 2021, R4V partners will continue using media and awareness campaigns to encourage partners and locals on prevalent issues and to be more open to integration of refugees and migrants across the sub-region. An example of this will be the Dominican Republic partner media station that carries interviews with Venezuelan refugees and migrants. In coordination with the authorities and communities in all five Caribbean countries, partners will engage in campaigns to prevent and combat xenophobia and stigma, complemented by the organisation of social activities involving both host and Venezuelan communities to promote peaceful coexistence, the provision of vocational trainings, “soft skills” trainings for increased employability and educational after-school interventions.

In addition, English as a Second Language programmes will be strengthened to address the language barrier affecting refugees’ and migrants’ abilities to access the formal labor market in non-Spanish speaking countries. With a view to ensuring their sustainability, development-oriented integration response interventions will be conducted to ensure a long-term and cohesive approach to fostering resilience and self-reliance.

Response priorities

Although the overarching response to the Sector highlights common responses, priorities across the sub-region, the nature and extent of livelihoods projects will vary among Caribbean countries, depending on local contexts, legislations, and realities. Reflective of the different operational priorities in each country, the Sector’s response priorities are:

1. In Aruba and Curaçao, partners will conduct a post-COVID-19 market assessment to support the inclusion of Venezuelans in economic recovery efforts. R4V partners will advocate for authorities to accept expired passports/IDs/marriage certificates etc. for the renewal of documentation, and to ensure access to the formal labour market, critical services and social safety nets for refugees and migrants. This will be complemented by targeted support for community-based initiatives.
2. In Guyana, capacity building for income-generating activities and entrepreneurship, such as skills training programmes and micro-grants initiatives, will be established and gradually expanded to help strengthen self-reliance of Venezuelans and affected host communities. Survivors of GBV and/or Victims of Trafficking or people at-risk will be among the main beneficiaries of these programmes. Partners will also promote access to daycare centers to support families and women-headed households in accessing job opportunities.
3. As labour laws in the Dominican Republic allow for refugees and migrants to be employed without risk or fear of detention, Venezuelans interested in starting entrepreneurial activities will be supported through coaching and small-scale financial support by R4V

partners. In cooperation with relevant government authorities, partners will disseminate information among employers on the process for sponsoring work visas and will provide information to Venezuelans on the processes to register new businesses, access banking services and apply for loans.

4. In Trinidad and Tobago, the main focus will be on increased access to vocational trainings and job opportunities through partnerships with local small businesses and the private sector, and the implementation of a strategic advocacy plan addressing employment law reforms as well as supporting access to basic rights, such as formal education, long-term work permits and residence permits.

Integrated Response Approaches

Socio-economic inclusion activities will be coordinated with different Sectors. In coordination with the Education Sector, partners will establish a joint strategy and common advocacy messages to promote diploma and degree revalidation and to institutionalize skills training programmes and skills recognition processes for refugees and migrants from Venezuela. Further, livelihood options will be promoted for persons with teaching and childcare experience as facilitators/caretakers of temporary learning centers and Child Friendly Spaces. With the Food Security and Nutrition Sector, agricultural livelihood opportunities will be promoted. Working with the Protection Sector, gender analysis with a special emphasis on women’s access to livelihoods will be prioritized to empower women economically and to reduce GBV, exploitation and TiP risks.

Response Modalities

As a priority in the Caribbean response, partners will promote combatting xenophobia and access to livelihood opportunities by strengthening employability and entrepreneurship. Advocacy with the authorities on access to work permits and the simplification of procedures for formalizing existing employment arrangements will remain at the core of integration programmes for 2021. Partners will advocate for the recognition and accreditation of Venezuelan diplomas and professional skills, and increased flexibility to strengthen financial inclusion of the Venezuelan population will remain key in the sub-region. This will be complemented by advocacy with the private sector to foster livelihoods opportunities for refugees and migrants and to promote ethical work practices. While a priority across the sub-region, the nature and extent of livelihoods projects will vary among Caribbean countries, depending on local contexts, legislations, and realities.

Feedback collected from Venezuelans will help identify their needs and will inform more specialized service provision including coordinating with the authorities and communities in all five Caribbean countries, tailoring campaigns to prevent and combat xenophobia and stigmatization, complemented by the organisation of social activities involving both host and Venezuelan communities to promote peaceful coexistence.



SHELTER

PEOPLE IN NEED

48.6 K

↑ 39.2% ↓ 13.7% ↑ 33.8% ↓ 13.3%



PEOPLE TARGETED

7.46 K

↑ 49.6% ↓ 15.2% ↑ 21.1% ↓ 14.1%



TOTAL REQUIREMENTS

\$3.37 M



RMRP PARTNERS

5



SECTOR LEADS

IOM-UNHCR

Most refugees and migrants from Venezuela arrive in the Caribbean with no or limited assets and have their livelihoods opportunities limited mainly due to lack of documentation and legal hurdles such as inability to access work permits, open bank accounts and apply for loans, among others. Combined with the impacts of COVID-19, this has increased vulnerabilities and resulted in severe challenges for Venezuelans' access to shelter and NFIs, such as household items and emergency shelter kits.³⁰²

Access to adequate housing for refugees and migrants from Venezuela was already an essential need in 2020, before the outbreak of COVID-19. Lack of documentation and limited financial resources often force refugees and migrants to live in inadequate and undignified conditions. The situation has worsened due to the lack of capacity to pay rents due to a loss of livelihoods, resulting in many refugees and migrants being evicted or facing the risk of eviction, adding to the levels of stress and uncertainty, and/or having to share accommodations in collective shelter arrangements, which increase risks of contracting and spreading COVID-19 while accentuating GBV and child protection risks.³⁰³ These often overcrowded, self-constructed, collective centres are often located in remote or underdeveloped areas, where there is little or no access to sanitary facilities, potable water or hygiene items.

Eviction rates of refugees and migrants across the sub-region rose notably during 2020, some of which reportedly as a result of physical and psychological harassment.³⁰⁴ Since March 2020, partners across the five Caribbean countries have reported dramatic increases in requests for shelter and cash assistance for shelter made through calls to hotlines. The need for emergency shelter or adequate housing with sufficient living space which permits the compliance with physical distancing measures. This is even more crucial for VoTs and survivors of GBV since emergency shelters do not provide specific forms of assistance, and on many occasions, are unavailable through national aid programmes for people without regular status, as is the case in Curaçao.

In Trinidad and Tobago, as a measure to curb irregular entries and limit the spread of COVID-19, legislation has been put in place requiring landlords to report 'irregular immigrants', or face charges them for harboring undocumented foreigners, raising concern that this may cause evictions.³⁰⁵ There is no rental oversight board in the country, and reports of inflated rents, rendering prices out of reach are prevalent. In this context incidents of security deposits not being returned were reported. Other risks are linked to irregular lease agreements that could lead to possible exploitation and abuse of refugees and migrants.

Additionally, many Venezuelans have lost their personal property when they left their country or during their travels. This situation is most prevalent in remote regions, such as some border areas in Guyana or coastal

302. According to the Caribbean Covid-19 Food Security and Livelihoods Impact Survey published by CARICOM in April 2020, the pandemic has had far-reaching impacts on how people earn a living and meet critical needs. Half of the respondents had faced a change in income, owing mainly to job loss or reduced revenue/salary and people owning businesses (66 per cent) or engaged in casual labour (79 per cent) or petty trade (70 per cent). 73 per cent of respondents indicating that their ability to carry out their livelihoods was affected in the last two weeks. Although refugees and migrants were not among respondents, the widespread disruption of livelihoods undoubtedly impacted Venezuelans as they do not hold jobs protected by the government and do not benefit from social safety nets but are highly exposed to the changes of context.

303. See, among others, Participatory Assessments Curacao (2020) Internal doc; Participatory Assessments Aruba (2020) Internal Doc; UNHCR, *Needs assessment on ESL in Region 1*, June 2019, Guyana; R4V, *Inter-Agency rapid Gender-Based Violence Assessment Report in Guyana*, April 2019, Guyana; Living Water Community, *Survey Report on Living Conditions*, July 2019, Trinidad and Tobago; UNHCR, *Findings from Participatory Assessments with Population of Concern in Trinidad and Tobago*, August 2018, Trinidad and Tobago.

304. <https://r4v.info/en/documents/details/78269>

305. https://trinidadexpress.com/news/local/young-don-t-harbour-illegal-immigrants/article_22e9c6b8-cedc-11ea-ab2c-93dc05aa6265.html

areas of Trinidad and Tobago where the availability of essential non-food items is severely limited.³⁰⁶ Refugees and migrants usually lack basic NFIs that are crucial to safe and dignified living conditions, including household items, clothing, kitchen utensils.

Scope of the Sector Response

Partners' interventions will aim to ensure access to shelter and essential household items while supporting livelihood activities to avoid creating dependencies. Priority will be given to people in an irregular situation, at risk of detention, *refoulement*, GBV, TiP, abuse and/or exploitation. People with particular vulnerabilities, including single parents, UASC, the elderly, people at risk or survivors of GBV, people living with chronic illnesses or physical or mental disabilities, as well as victims of human trafficking, who will also be targeted as a priority.

The shelter response in the Caribbean will be structured around two priority areas: providing emergency shelter support and building a longer-term shelter strategy. To address short-term accommodation needs, partners will provide emergency shelter and advocate with the authorities for the establishment of safe spaces that can be used as temporary shelters or transit centres. With the aim of providing medium-term and durable solutions, as well as preventing the occurrence of evictions, partners in Guyana will provide rental subsidies through CVA. Partners will also disseminate information to mitigate the spread of COVID-19 in the various shelter solutions as well as the impact of natural hazards.

Response Priorities

- Provide temporary shelter support to vulnerable refugees and migrants.
- Prevent and mitigate evictions through mediation, rental subsidies, legal support and the dissemination of information about tenancy rights.
- Monitor and understand rental market dynamics, refugee and migrant experiences, and advocate for greater rental market oversight.
- Advocate for the development of a joint shelter strategy with authorities, including the identification of potential safe spaces, particularly in the hinterland areas.

Integrated response approaches:

The Sector strategy includes coordination with the Integration, Protection Sectors to implement livelihood activities and CVA as well as the provision of NFIs.

Response modalities:

In order to meet the immediate and urgent needs of refugees and migrants, partners will focus their interventions on the provision of emergency shelter and cash-for-rent activities. For medium- to longer-term shelter solutions, partners will engage with governmental authorities to improve public facilities that can be used as shelters or collective/transit centres, including the

provision of WASH services, and capacity building in shelter management and coordination. A joint and integrated shelter response will include a transition and phase out strategy, through coordination and collaboration with the Integration Sector by advocating to the access of land (for example in Guyana).

Good programming/collective accountability considerations

Partners will engage with refugees and migrants, including single-headed households, and persons at risk of GBV and/or TiP, and those engaged in sex work and survival sex, as well as host communities and local authorities to better understand the context, identify their immediate shelter needs and possible durable and sustainable solutions based on their differentiated needs.



PROTECTION

PEOPLE IN NEED

192 K

↑ 38.4% ↓ 13.9% ↑ 32.7% ↓ 15.0%



PEOPLE TARGETED

105 K

↑ 41.8% ↓ 13.2% ↑ 35.3% ↓ 9.70%



TOTAL REQUIREMENTS

\$9.13 M



RMRP PARTNERS

9



SECTOR LEADS

IOM-UNHCR

In 2019, visa requirements and border closures considerably reduced the availability of regular routes from Venezuela to the Caribbean. In 2020, travel restrictions and the suspension of flights during the COVID-19 pandemic made irregular and unsafe routes the only means for refugees and migrants from Venezuela to access Caribbean countries.

306. E.g. Civil Defence Commission, *Data gathering and field assessment mission in Region 1*, February 2019, Guyana.

In addition, refugees and migrants have limited access to regularization pathways, and continue facing risks of detention and deportation for non-compliance with immigration regulations. The absence of asylum systems and limited asylum capacities have resulted in challenging access to international protection, non-admissions, and cases of *refoulement*. Some asylum-seekers face delayed decisions in refugee status determination procedures, resulting, in some instances, in prolonged detention in inadequate conditions, raising health and protection concerns. Critical gaps in information on how to access international protection, rights and services remain evident and problematic. For some children born to Venezuelan parents in irregular situations and unable to access birth registration and documentation in the host country, statelessness risks arise.

In light of the described situation, access to essential services and to the formal labour market is limited and the risks of trafficking³⁰⁷, sexual/labour exploitation and abuse are high. Few avail themselves to authorities out of distrust of law enforcement authorities and fear of deportation. Many Venezuelans also find themselves at heightened risk of eviction, resorting to exploitative labour arrangements and survival sex. Discrimination, xenophobic and stereotyping attitudes against Venezuelan refugees and migrants have undermined social cohesion efforts. In this context, some Venezuelans have expressed interest in returning to their home country. With growing demand for assistance, protection networks are overstretched, affecting timely identification, response, and management of individual cases.

Scope of the Sector Response

The Protection Sector will target undocumented Venezuelan refugees and migrants and persons with specific needs who lack access to essential and specialized services, and who are most at risk of suffering human rights violations or resorting to negative coping mechanisms. R4V partners will include Venezuelan refugees and migrants in planning and implementation of activities based on consultations, inclusion in decision-making processes that correspond with the principle of the Centrality of Protection (enhancing capacities) and the AAP. Moreover, as a result of protection impacts, the regular provision of services related to mental healthcare will be amplified. In the Dominican Republic and Guyana, R4V partners will focus responses on areas with the highest concentration of Venezuelans and on the Hinterland. In Guyana special attention will be paid to sex workers and Guyanese indigenous communities receiving indigenous refugees and migrants. R4V partners will continue to address specific protection risks faced by indigenous communities in an age, gender and diversity-sensitive manner to support collective rights and permanence of cultural tradition during displacement.

Response Priorities

- Advocate for the accession to relevant international legal instruments³⁰⁸ and the establishment and improvement of asylum systems and other forms of protection.³⁰⁹
- Advocate for access to territory and respect for the principle of non-refoulement in the context of the COVID-19 pandemic.
- Promote alternatives to immigration detention and advocate for access to detention centres and for information dissemination in Spanish.
- Prevent, mitigate and respond to risks of deportation, exploitation, eviction and returns in unsafe and undignified conditions and increase efforts to identify at-risk individuals and persons with specific needs for referral to appropriate services, case management and relevant assistance.

Integrated response approaches:

Protection actors will closely coordinate with integration and shelter actors to jointly mitigate the above-mentioned risks while promoting social cohesion.

Response modalities:

The protection response will be carried out through community-based protection activities, strengthened communications with communities, advocacy interventions, technical assistance and capacity development with host countries' institutions, governments, local authorities and the private sector. It will also be accomplished through enhance access to legal orientation and legal services, mapping available services, and disseminating information on how to access them. When national services are unavailable, R4V partners will directly provide specialized services or assistance to access them through multipurpose cash assistance. Data collection, needs assessments, consultations with targeted communities and protection monitoring will be regularly conducted to inform protection actors and to allow adjustments to responses.

307. <https://r4v.info/en/documents/details/78543>

308. For more information about the European Convention on Human Rights by the Council of Europe: https://www.echr.coe.int/Documents/Convention_Eng.pdf

309. https://www.echr.coe.int/Documents/Convention_Eng.pdf



CHILD PROTECTION

PEOPLE IN NEED

33.8 K

↑ 13.0% ↑ 40.3% ↑ 1.40% ↑ 45.3%



PEOPLE TARGETED

2.05 K

↑ 24.4% ↑ 37.8% ↑ -- ↑ 37.8%



TOTAL REQUIREMENTS

\$473 K



RMRP PARTNERS

3



SUB-SECTOR LEADS

IOM-UNHCR

Refugee and migrant children, particularly adolescent girls, are at risk of GBV, trafficking and separation from their families and have limited access to psychosocial support (PSS) and specialized services in the sub-region. As child protection systems remain overburdened and language barriers persist, strengthening national and community-based child protection mechanisms become imperative, especially for UASC.

Challenges are noted throughout the five countries where Venezuelan children in remote indigenous communities, and overall refugees and migrants cannot access national education and other social support systems. Nevertheless, in recent years, the Children's Authority of Trinidad and Tobago and other national agencies have been assisting children at-risk, regardless of their status. Dominican legislation does not entitle descendants of undocumented refugees and migrants born in the country to Dominican nationality, issuing only a birth declaration for foreigners. To prevent statelessness, these children need access to adequate registration and documentation services in order to confirm

their Venezuelan nationality acquired through *jus sanguinis*,³¹⁰ which is a challenge due to limited Venezuelan consular services. Similar challenges are faced in Aruba and Curaçao.

Separately, bullying and discrimination in schools, affecting children's mental health and well-being remain a concern in the region. Nutrition for children via school feeding programmes has been interrupted since the onset of the COVID-19 pandemic, adding to malnutrition concerns, while safe community and family-based care arrangements for UASC are lacking.³¹¹

Response Priorities

- Promote the identification and referral of at-risk children, particularly UASC.
- Support family reunification, durable solutions, and referrals to appropriate services, including establishing family and community-based, alternative care arrangements for UASC and trafficked children.
- Enhance comprehensive child protection and psychosocial support to children, adolescents, and caregivers, including expanding access to child-friendly spaces, with intersectoral programming, once COVID-19 limitations are eased.
- Foster integration, mental health and well-being of children through recreational and educational programmes.

Integrated Response Approaches:

The Child Protection strategy includes coordination with the Education, Nutrition and Health Sectors to develop a response that keeps in its core the best interest of the child in all relevant environments. Activities will be carried out in schools, including school feeding, nutritional assessments and immunization and medical checks to enhance preventative medicine and a healthy development of the child. Furthermore, legal protection to prevent statelessness is required.

Response modalities:

Partners will strengthen collaboration with child protection authorities to prevent violence, abuse, and exploitation. They will reinforce case management, establish community-based child protection committees, and will monitor and follow-up on cases. Prevention and mitigation will be strengthened through the development of risk reduction strategies and awareness raising campaigns for child protection and rights, targeting both host and refugee and migrant communities. Moreover, advocacy will be scaled-up to strengthen national capacities and community-based child protection systems. R4V partners will also intensify advocacy efforts with and increase sensitization measures of government authorities and relevant counterparts, to identify and address documentation hurdles, while partners will continue engaging authorities in discussions to improve access to children's rights in the country, including the right to public education.

310. A rule of law that a child's citizenship is determined by that of his or her parents. <https://www.merriam-webster.com/dictionary/jus%20sanguinis>

311. See Among Others: Country Chapter for the RMRP 2021 Planning Process for Trinidad and Tobago, Aruba and Curacao and Guyana (Aug 2020).



GBV

PEOPLE IN NEED

49.2 K

↑ 49.3% ↑ 29.6% ↑ 9.60% ↑ 11.5%



PEOPLE TARGETED

--



TOTAL REQUIREMENTS

\$3.16 M



RMRP PARTNERS

10



SUB-SECTOR LEAD

UNFPA

Gender-Based Violence (GBV) remains a concern across the Caribbean with particular vulnerabilities among persons presumed to have been trafficked and/or engaged in sex work.³¹² Prevailing social norms with regards to gender roles and perceptions towards Venezuelans persist, resulting in incidents of intimidation, sexual harassment and public denigrating comments,³¹³ to which women, girls and LGBTQI+ persons are particularly vulnerable. Some engage in relationships with local men causing financial dependency and/or undue expectations to regularize their status. Moreover, men and boys who grapple with poverty and economic exploitation, are vulnerable to sexual violence and exploitation, although limited needs assessment data on this is available in the Caribbean.

Meanwhile, the COVID-19 pandemic has led to a rise of intimate partner violence in the Caribbean.³¹⁴ Data from protection hotlines operated by an R4V partner in Trinidad and Tobago confirms this trend.³¹⁵ Domestic workers and persons working in the service industry, primarily women, are subject to exploitative situations, while others are forced into sex work.

Key gaps in GBV prevention and response mechanisms remain and are heightened for GBV survivors with irregular status who may avoid making official police reports for fear of detention or deportation. Other gaps include, under-resourced public services, a lack of trust in the legal and justice systems, and language barriers which inhibit effective access to most public GBV response services, including psychosocial support, legal aid, emergency livelihoods, and safe shelter.

Response Priorities

- Strengthen multisectoral prevention strategies, implementing community-led activities and other awareness raising initiatives, in order to transform existing norms to reduce social and culturally accepted tolerance of GBV.
- Strengthen capacities of public services and address barriers impacting the accessibility of these services by Venezuelans. Provide quality essential services for GBV survivors, including case management, safe shelter, MHPSS, CVA, legal assistance and medical services, to complement local capacity and in accordance with international standards.
- Improve coordination between GBV service providers targeting Venezuelans and public services, as well as evidence-based prevention and response efforts, including through joint needs assessments, data collection, and the development and/or strengthening of referral pathways.

Integrated Response Approach

R4V partners will aim to closely align GBV prevention and response efforts, given the fact that in the Caribbean TiP is often associated with trafficking for sexual exploitation purposes.³¹⁶ Further, support will be provided to survivors of GBV through collaboration with other service providers that assist with the provision of shelter, food, sanitation kits, medical assistance and MHPSS as part of case management services to respond to their identified needs. In addition, integrated interventions aimed at the prevention and mitigation of GBV will be pursued. Some interventions carried out in collaboration with different service providers, include awareness raising amongst communities, sensitization of the relevant stakeholders and strengthening of local referral pathways.

312. Inter-Agency GBV Assessment Guyana, 2019, US Department of State 2020 TiP Report: Aruba, [US Department of State 2020 TiP Report: Curaçao](#), US Department of State 2020 TiP Report: Dominican Republic, US Department of State 2020 TiP Report: Guyana, and US Department of State 2020 TiP Report: Trinidad and Tobago.

313. Integration Caribbean RMRP: Background Notes - Integration, September 2020, <https://r4v.info/en/documents/download/79133>

314. See for example: <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls> and <https://www.un.org/en/un-coronavirus-communications-team/make-prevention-and-redress-violence-against-women-key-part>.

315. <https://globalvoices.org/2020/04/10/stay-at-home-orders-accompanied-by-rise-in-domestic-violence-in-trinidad-tobago/>

316. Trafficking in Persons Report, June 2020, Department of State, United States of America, <https://bb.usembassy.gov/state-department-releases-2020-trafficking-in-persons-report/>.



HUMAN TRAFFICKING & SMUGGLING

PEOPLE IN NEED

27.5 K

↑ 48.4% ↑ 16.1% ↑ 18.6% ↑ 16.9%



PEOPLE TARGETED

671

↑ 81.4% ↑ 9.09% ↑ 5.94% ↑ 3.57%



TOTAL REQUIREMENTS

\$2.15 M



RMRP PARTNERS

3



SUB-SECTOR LEAD

IOM

The identification of victims of trafficking (VoT) amongst Venezuelan refugees and migrants by national institutions is estimated to be in the dozens every year across Caribbean countries. Given the clandestine nature of the crime, this figure hardly reflects the magnitude of the issue, that is closely connected to the humanitarian crisis in Venezuela and the outflow of Venezuelan refugees and migrants to the sub-region since 2017.³¹⁷ Human trafficking networks continue to operate in the sub-region and grow their business by employing new strategies to benefit from the COVID-19 pandemic. As such, in 2020 they adjusted to the mobility restrictions and through new strategies of deception, continue to recruit victims. Human traffickers exploit Venezuelan women and girls in sex trafficking, and refugees and migrants of both genders are forced into labour

services such as mining and construction industries.³¹⁸ Although human trafficking was a reality in the sub-region long before the outflow from Venezuela, the needs emanating from the humanitarian situation and heightened vulnerabilities caused by COVID-19 make for increased numbers of potential victims.³¹⁹

Additionally, the contraction of economies in the region³²⁰ has modified governmental priorities and business perspectives, deeply impacting small islands that have seen their capacity to promote effective countering of human trafficking measures hindered. Clear pathways on identification and guidance/standard operating procedures (SOPs) on referral of and response to VoTs are lacking in the sub-region. Protection systems for VoTs are limited or weak, and in some countries VoTs are at risk of deportation. Given the inadequate resources to support the counter-trafficking response and all cross-cutting sectors, there is need for re-prioritization among national and international stakeholders. Furthermore, COVID-19 has exacerbated challenges as Venezuelans have been increasingly negatively associated with irregular movements and health risks, a perception affecting VoTs and their access to basic rights to assistance and protection.

Even though trafficking situations are exacerbated in humanitarian contexts, they tend to be underreported, making it difficult to respond adequately. In addition, VoTs generally have limited access to specific protection services, including psychosocial support, legal aid, emergency livelihoods, and temporary housing. Also, prosecution continues to be lengthy and low conviction rates, as well as the risk of deportation and lack of trust in law enforcement in some countries, discourage the victims from pursuing the judiciary path.³²¹ In this context it is necessary to support more comprehensive responses that strengthens the capacities of the states and civil society through the development of technical tools, guides, referral routes and national, sub-regional and regional coordination mechanisms that offer the necessary elements to work articulated in the areas of prevention, protection, prosecution and partnerships.

Despite of the border closures owing to COVID-19 measures throughout the sub-region,³²² continue to arrive via third countries or by boat in an irregular manner and often facilitated by smuggling networks leaving them vulnerable to abuse, extortion and abuse at the hands of such transnationally operating criminal networks. There are additional protection stemming from irregular status which often leads to exploitation or being to work without valid documentation., thus exposing them to significant protection risks and in some cases leading to trafficking.

317. R4V Trafficking in Persons Background Notes – Caribbean, August 2020, <https://r4v.info/en/documents/details/78543>

318. Trafficking in Persons Report, June 2020, Department of State, United States of America, <https://bb.usembassy.gov/state-department-releases-2020-trafficking-in-persons-report/>

319. Venezuelans' Vulnerability to Exploitation, Trafficking and Discrimination, Central America and the Caribbean, July 2019, DTM, IOM.

320. World Economic Situation and Prospects 2020 (United Nations publication, Sales No. E.20.II.C.1), January 2020.

321. R4V Trafficking in Persons Background Notes – Caribbean, August 2020, <https://r4v.info/en/documents/details/78543>

322. See *Among others*: <https://tanetanae.com/detenidos-y-devueltos-14-deltanos-cuando-intentaban-ingresar-ilegalmente-a-trinidad-y-tobago/>; https://trinidadexpress.com/newsextra/newly-arrived-venezuelan-women-bullets-found-in-raid/article_bbbbb40e-12e4-11eb-861f-bf3bf3776357.html; <https://www.ad.nl/buitenland/extra-militairen-ingezet-voor-kustbewaking-caribisch-gebied~ad49e0d5/>

Response Priorities

The strategic response to human trafficking in the Caribbean will focus on the following three priorities:

- Provide capacity building for local service providers, R4V partners, national authorities, local stakeholders, law enforcement agencies to bridge gaps associated with the identification, assistance and referral of cases for identification, assistance protection and prosecution of human trafficking to strengthen their capacities and bridge gaps in the referral of cases. This will include the development of specialized technical tools, such as SOPs for the identification, referral of cases of VoTs that include information on referral pathways and define responsible entities, including for special cases such as child trafficking. In addition, it will include the strengthening of existing counter-trafficking mechanisms, including on reporting, monitoring and analysis
- Provide access to comprehensive and high-quality assistance and protection services. Partners will support identification of victims, prevention, and mitigation of risks through the provision of healthcare assessment and treatment, psycho-social support and VoT referrals to support networks. Additionally, partners will create and promote prevention strategies specifically for refugees and migrants from Venezuela. Strategies will include information dissemination geared towards specialized personnel and the public, and campaigns to raise awareness on trafficking in persons while advocating for the protection of victims, including from deportation. Furthermore, R4V partners will provide support and technical assistance to draft action plans and to provide immediate and long-term assistance, including access for VoTs to the formal labour market.
- Advocate to encourage collaboration and create a support network amongst institutions, within the Sub-sector, in collaboration with relevant state institutions.

In terms of countering smuggling, the sector will focus on informing about the risks of smuggling through targeted campaigns. In addition, the Sub-Sector will support capacity-building for improved investigation will be prioritized, including promoting mechanisms to exchange information among countries in the Caribbean. The second area will be sub-regional cooperation for cross-border prosecution, meaning joining forces to combat smuggling, to dismantle existing transnational organized crime networks. As regards protection, the Sub-Sector will ensure that identification tools and referral pathways extend to smuggled refugees and migrants who have been subjected to abuse, violence and/or extortion at the hands of smugglers.

Response modalities

Modalities will include the provision of direct services to VoTs – including those who are also GBV survivors – this means counselling, psychosocial support, medical assistance, legal support, recreational activities, life skills trainings, and other activities enabling reintegration into everyday society. Capacity-building activities for government entities, partners and communities, will include trainings, workshops, briefings, exchanges of best practices, tools and information materials (protocols, guides, kits, etc.). It will also incorporate support funds, support for the design and operation of protocols. Separately, campaigns will focus on safe and dignified victim and survivor identification, referral and assistance, prevention, referral pathways, SOPs, codes of conduct, legal assistance, counselling and accompaniment, psychosocial support, victims'/survivors' rights, associated risk and vulnerability identification, trafficking in persons versus smuggling, among others. Advocacy efforts will take place at local, regional and international level.



WASH

PEOPLE IN NEED

17.0 K

♂ 30.0% ♀ 21.0% ↑ 29.0% ↓ 20.0%



PEOPLE TARGETED

16.3 K

♂ 31.3% ♀ 21.8% ↑ 26.1% ↓ 20.8%



TOTAL REQUIREMENTS

\$883 K



RMRP PARTNERS

7



SECTOR LEADS

IOM-UNHCR

Access to safe, potable water and sanitation services and facilities continues to be a challenge faced by many refugees and migrants in the sub-region, particularly for indigenous communities, mainly in Guyana, and also in remote coastal areas in Trinidad and Tobago, where large numbers of vulnerable Venezuelans cannot afford these services. Although WASH facilities are generally available in most countries in the sub-region, many refugees and migrants from Venezuela live in overcrowded conditions, where access to regular quality and enough water and sanitation services are not guaranteed.³²³

The lack of information on hygiene promotion in general, especially in languages that refugees and migrants from Venezuela understand and which are tailored to their specific cultural needs and practices, coupled with limited access to hygiene items, also remains a gap that affects their health, particularly in the context of COVID-19. Additionally, Venezuelan indigenous households living in a remote area of Trinidad and

Tobago do not have access to potable water, plumbing, handwash and bathroom facilities, therefore partners identified the need to organize the installation of WASH facilities including the provision of running water and bathrooms.³²⁴ Remote areas in particular need access to WASH services and facilities, such as the hinterland areas in Guyana, or remote villages in Trinidad.

Scope of the Sector Response

The response to WASH will benefit both the Venezuelan population and host communities, particularly in shared public areas (schools, health centres, transit points). Partners in Guyana and Trinidad and Tobago will focus on improving the availability of drinking water and sanitation facilities, mainly through handwash stations. As a response to the COVID-19 context, safe school environment protocols will be developed to allow the return to face-to-face classes in a safe and planned manner, while the provision of PPE, WASH and Infection Prevention and Control (IPC) supplies by R4V partners for education and frontline health facilities will be ensured.

Response Priorities

- Increase access to potable water, through the provision of water storage and treatment supplies.
- Prevent the spread of COVID-19 and other infectious diseases through the provision of WASH and IPC supplies in host communities at household levels and at public facilities, such as schools and health centers, as well as at points of entry and border communities in coordination with national authorities.

Integrated response approaches

In collaboration with the Education Sector, R4V partners will disseminate infection prevention and control materials for schools, implement WASH trainings and disseminate hygiene promotion materials, including messaging through social media that permits for feedback and interactive discourses with health and water service providers. Furthermore, the Sector will implement a coordinated and integrated response with the Education and the Health Sector to promote safe school environment protocols that allow the return of in-person classes in a safe and planned manner. Also, information on COVID-19 safety measures will be distributed to prevent and mitigate its spread among the population, while partners will engage with governmental authorities to improve public handwashing facilities.

Response modalities

Partners in Guyana will continue to provide support to the government, for example through partnerships with *Guyana Water Incorporated* and with local authorities to increase their capacity to provide services and guarantee access to water and sanitation in communities hosting refugees and migrants, with a special emphasis in border

323. Country Chapters (Aug, 2020) Trinidad and Tobago: Guyana.

324. IOM National Platform, Trinidad and Tobago Mission to Assess Needs in of Indigenous Venezuelans settled in remote coastal area of Icacos, TT (2020), Internal Needs Assessment Report; UNHCR, Trinidad and Tobago, Mission to Assess Needs in of Indigenous Venezuelans settled in remote coastal area of Icacos, TT (2020).

communities and official and unofficial points of entry. In all countries of the sub-region, a mixed modality between in-kind distribution of sectoral NFIs, including hygiene and COVID-19 kits, which include cleaning products and sanitation items, and CVA will be used to respond to the immediate needs of refugees and migrants, particularly in remote areas and indigenous host communities.

Good programming/collective accountability considerations

Information regarding access to WASH has been collected through tracking matrices and individual assessments carried out by partners, including missions to visit affected areas. Consultation processes with key governmental counterparts, at central and local levels, host communities and refugees and migrants will be a key aspect of the response in order to ensure that all interventions are culturally appropriate and relevant and address the most pressing needs of the population.

CENTRAL AMERICA AND MEXICO







CENTRAL AMERICA AND MEXICO AT A GLANCE

© IOM / Costa Rica







POPULATION PROJECTION 2021
265 K

-  40.1%
-  11.1%
-  37.3%
-  11.5%

VENEZUELAN IN DESTINATION 262 K
* IN TRANSIT 2.39 K







PEOPLE IN NEED
128 K

-  37.7%
-  12.4%
-  37.0%
-  12.9%

VENEZUELAN IN DESTINATION 108 K
HOST COMMUNITY 17.3 K
* IN TRANSIT 2.39 K



PEOPLE TARGETED
44.0 K

-  45.4%
-  10.8%
-  33.8%
-  10.0%

VENEZUELAN IN DESTINATION 40.1 K
HOST COMMUNITY 2.22 K
* IN TRANSIT 1.67 K



TOTAL REQUIREMENTS
\$24.1 M



RMRP PARTNERS
7

*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.

REQUESTED FUNDING AND BENEFICIARIES TARGETED



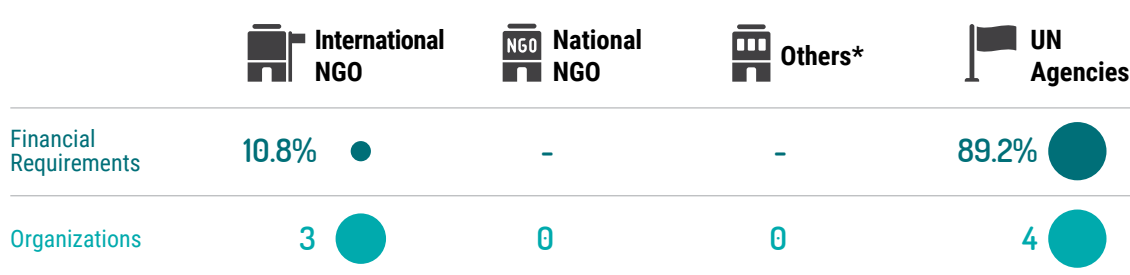
Budget 2021

- > 10 M
- 7 M - 9 M
- < 6 M

Target 2021

- > 16 K
- 11 K - 15 K
- < 10 K















NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



*Others include the Red Cross Movement, civil society, academia and faith based organizations.

The list of organizations and RMRP partners only includes appealing organizations under the RMRP. Many of these organizations collaborate with implementing partners to carry out RMRP activities.

POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	21.2 K	3.78 K	\$840 K	4
 Food Security	70.9 K	5.66 K	\$1.00 M	3
 Health	52.5 K	9.93 K	\$2.45 M	3
 Humanitarian Transportation	3.20 K	0.05 K	\$10.0 K	1
 Integration	109 K	12.2 K	\$6.49 M	6
 Nutrition	28.8 K	-	-	-
 Protection*	122 K	24.7 K	\$5.01 M	6
 Child Protection	12.4 K	1.08 K	\$220 K	4
 GBV	34.1 K	2.73 K	\$919 K	4
 Human Trafficking & Smuggling	25.5 K	0.04 K	\$429 K	2
 Shelter	81.8 K	4.68 K	\$886 K	5
 WASH	1.80 K	0.90 K	\$96.0 K	2
 Multipurpose Cash Assistance			\$4.58 M	5
 Common services**			\$1.21 M	3

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

SUB-REGIONAL OVERVIEW

The countries of Central America and Mexico who form part of the sub-regional Platform (Costa Rica, Mexico and Panama) have sought to respond to multiple and concurrent displacement situations over recent years including, and in synergy with, key related initiatives in the region such as the Comprehensive Regional Protection and Solutions Framework (MIRPS), and the Regional Conference on Migration (RCM). The forced displacement and migration situations in the sub-region have included large movements from and through Central America, as well as increased arrivals from Venezuela. By November 2020, there were an estimated 251,900 Venezuelan refugees and migrants in the sub-region. This figure is expected to reach 262,200 by end -2021.

The global COVID-19 pandemic has deeply affected Venezuelan refugees and migrants in Costa Rica, Mexico and Panama, as it has led to depressed economies, closed international borders and restricted movements. The impact of the pandemic has exacerbated pre-existing health conditions and socioeconomic vulnerabilities of refugees and migrants from Venezuela, while straining national infrastructures and public services, as governments sought to contain the spread of the virus. In Costa Rica and Mexico this has also led to delays in asylum and migratory regularization processes. Across all three countries, limited economic activity and partial closure of society has likewise negatively affected the integration and access to rights of Venezuelans.

In Costa Rica, joint needs assessments show the severity of the impact that COVID-19 has had on the Venezuelan population in meeting their basic needs.³²⁵ Of those surveyed, less than two thirds are currently employed and 91 per cent have experienced a negative change in their work conditions, including layoffs, shift reductions, and salary reductions. Of those still employed, 49 per cent report working just 20 hours or less per week and 40 per cent do not have health insurance. Prior to the pandemic, 93 per cent of households reported having access to three meals a day - a number that has plummeted to a mere 35 per cent. The threat of evictions was also identified as an ongoing protection risk, with 24 per cent of Venezuelans reporting having had to change their place of residence during the pandemic. Of those, 77 per cent were forced to move due to an inability to pay their rent. A total of 78 per cent of persons surveyed reported financial problems.³²⁶ The focus of the Response Plan in Costa Rica will be to respond to these vulnerabilities and assist the population in regaining self-sufficiency to rebuild their lives.

In Mexico, R4V partners have identified the most pressing needs being linked to protection, humanitarian assistance including food security and shelter, integration support including income generation, and medical assistance. Among the main protection concerns are the lack of timely processing of refugee status determination procedures and migratory status documentation. According to surveys carried out by partners, 51 per cent of refugees and migrants from Venezuela do not have any documentation.³²⁷ This prevents Venezuelans from accessing public health and education services. The lack of proper documentation is a particular concern in cities such as Cancun, where 88 per cent of Venezuelans surveyed did not have any documentation and are forced to rely on employment in the informal economy. Moreover, only 23 per cent of Venezuelans stated they had access to the social protection programme of *Seguro Popular*, which is essential to access specialized public health services in Mexico.³²⁸

In Panama, the national lockdown and enduring mobility restrictions put in place to mitigate the spread of COVID-19 have likewise severely impacted Venezuelan refugees and migrants. Since the onset of the pandemic, partners have been working to respond to increased vulnerabilities, with some reporting as much as a 40 per cent increase in requests for support to meet their basic needs. Participatory assessments with women from Venezuela, conducted after the onset of the pandemic, highlight increased concerns over job security and mental wellbeing, adding to their concerns about suffering gender-based violence (GBV) and securing educational opportunities for their children.³²⁹ The concern around the impact of the pandemic on access to educational opportunities was echoed by children in participatory assessments.³³⁰ The threat of evictions was also identified as a key protection risk impacting Venezuelan families. Finally, the need for information and communication on health and hygiene has significantly increased in importance due to the pandemic.

SUB-REGIONAL RESPONSE STRATEGY

It is foreseen that with increased possibilities for travel in a post-COVID-19 context, these countries will continue to be considered as important countries of destination for refugees and migrants from Venezuela. Although the socioeconomic difficulties caused by the closure of the economy across the sub-region may

325. UNHCR-IOM Joint Needs Assessment in Costa Rica (September 2020); UNHCR Rapid Needs Assessment, Impact of COVID-19 on Venezuelan Population (August 2020); IOM, Baseline for Monitoring Venezuelan Population Flows in Costa Rica (July – August 2020).

326. Ibid.

327. El Colegio de la Frontera Norte (COLEF) Profiles, dynamics, and perspectives on refugees in Mexico, (2020).

328. Ibid.

329. HIAS Refugee and Migrant Women Speak: Safety and Rights Dialogues (May 2020).

330. HIAS Refugee and Migrant Girls Speak: Safety and Rights Dialogues (August 2020).

have led some Venezuelan migrants to return to their country of origin, it has not been in large numbers. Therefore, there is a need to ensure responses to both the current challenges created by the pandemic and difficulties faced by Venezuelans in a post-pandemic context. In this respect, the sub-regional strategy will include addressing and improving information on available services, access to rights and documentation, integration opportunities and peaceful coexistence initiatives to combat xenophobia and discrimination.

While Costa Rica has a favorable protection environment, the effects of the pandemic and concerns related to the legal framework threaten to impede integration through the creation of additional protection risks such as reduction in the access to refugee status determination (RSD) procedures, an increased backlog in regularizations affecting both refugees and migrants, and a lack of alternative protection pathways. For 2021, a gradual increase in new arrivals is foreseen as mobility restrictions are lifted and borders reopen. The planning scenario also incorporates a continued deterioration of living conditions of Venezuelan refugee and migrant households due to the ongoing economic impact of the pandemic, as well as a continued lack of valid documentation due to continued delays in asylum and migratory processes. In terms of priority needs, the Sectors of Protection, Food Security, Shelter, Health, Education, and Integration will all have a specific focus on responses that mitigate the effects of the economic situation. Some of these activities are specific to the COVID-19 response, while others will continue in a post-COVID-19 context.

The planning scenario for Mexico considers a deteriorating situation in Venezuela leading to a continuous outflow of Venezuelans to Mexico. Furthermore, the restrictions at airports will likely continue in Central America. The increasingly vulnerable profile of Venezuelans arriving in Mexico together with the favorable prospects in some regions of Mexico for local integration, make it likely to conclude that there would be no large scale returns to Venezuela. A small but steadily increasing number of Venezuelans in need of international protection has continued to access asylum in Mexico and this trend is likely to continue. Finally, it is foreseen that the current situation will likely persist in 2021. Major changes that would lead to a reduction of the protection space for Venezuelans are not expected in Mexico, nor are major changes expected in the government's position towards Venezuelans. The main protection challenge remains in reception and access to territory, particularly at airports where most Venezuelans arrive.

The planning scenario for Panama for 2021 takes into account the pandemic and the closure of international borders for more than six months during 2020 which will continue to have repercussions in 2021. With the gradual reopening of airports (also at departure locations) and commercial air travel, refugees and migrants are expected to enter in low numbers and at a steady pace, given the continued visa requirement for Venezuelans. R4V partners will seek to strengthen the

response to humanitarian needs which are expected to remain high during 2021 while COVID-19 will continue to impact everyday life. At the same time, the Platform will continue to actively identify and support opportunities for income generation. Ongoing responses which have sought to assist those with increased vulnerabilities will continue, and responses which support integration and labour market re-insertion, as the economy and society begin to reopen, will also be required.

SCOPE OF THE RESPONSE AND PRIORITIES

The Sub-regional Platform plans to build on the 2020 response, but with a renewed focus on immediate needs as a result of COVID-19 and its impact. Creating a favorable protection environment and promoting the integration of Venezuelans into host communities remain priorities.

Creating a more favorable protection environment remains a priority for the entire sub-region, by ensuring access to asylum, access to territory, access to documentation, and responding to specific protection risks such as the reduction and prevention of GBV and child protection concerns. Through national coordination mechanisms, advocacy for their full inclusion in national response plans and access to services on a par with nationals will continue through investments in strengthening of national services. Two-way communication activities and information sharing has been planned within the health, education, and the protection Sectors. Access to legal counseling and orientation services and capacity building of government counterparts to ensure refugees and migrants have access to services and procedures to which they are entitled will also continue.

In Costa Rica, the response specifically seeks to create greater protection for Venezuelans through continued advocacy for complementary protection pathways and the effective incorporation of the expanded refugee definition under the Cartagena Declaration in consideration of refugee status determinations. Similarly, advocacy for the reduction of requirements and fees for migrants, especially fees for documentation is a priority. Technical assistance will be provided to the Migration Authority to reduce waiting times and for improved processing of both migration and refugee cases. Food security will also be enhanced through the delivery of pre-paid food vouchers, cash assistance and food kits for the most vulnerable families. Emergency temporary shelter solutions will be established and rental support for families will be implemented to prevent evictions. Despite Costa Rica's universal and free healthcare system that covers children, pregnant women and people with HIV/AIDS, policies are not implemented equally, which negatively affects those in an irregular situation. To support better health outcomes, the response will seek to expand the current agreement with Costa Rica's social security entity to ensure the inclusion of Venezuelan asylum seekers in the public health insurance system. To increase

integration opportunities, the response will further support the recognition of professional and academic certificates from refugees' and migrants' country of origin, as well as provide training on technical and soft skills and arranging job placement schemes. Regional Refugee and Migrant Response Plan (RMRP) activities are mainly focused in San Jose's metropolitan area where 85 per cent of Venezuelans live, however, for 2021 the aim is to also reach Venezuelans in rural and coastal areas which have been affected by the decline in tourism, especially on the Pacific Coast.

In Mexico, the scope of the response will mainly focus on Mexico City, and in the States of Quintana Roo (Cancun, Playa del Carmen) and Nuevo Leon (Monterrey). Smaller communities have formed in other states, including Queretaro, Aguascalientes, and Puebla and the responses extends activities to these communities as well. Although some Venezuelans have a higher level of education, transferable skills, and can cover most of their needs as they possess stronger support networks (as compared to other refugees and migrants) there are profiles of Venezuelans who remain vulnerable and require humanitarian assistance to meet their basic needs and integration support. The main Sectors included in the response are protection (general and GBV), education, shelter, food security, health, and integration. Cash and voucher assistance (CVA) and the provision of non-food items (NFIs) have been mainstreamed across the Sectors to support meeting basic needs and reducing the socioeconomic vulnerabilities of the population. Interventions in Mexico targeting new asylum seekers will ensure that upon their arrival they have effective access to RSD procedures and legal aid. To ensure their integration, newly arrived Venezuelans, and particularly those in vulnerable situations, will be supported in their efforts for documentation, access to basic services and formal employment opportunities. For recognized refugees, naturalization will become one of the priorities in 2021, as a durable solution to their situation.

In Panama, the majority of Venezuelan refugees and migrants are concentrated in the Provinces of Panama and Panama Oeste. Therefore, to ensure the greatest impact, planned interventions are focused on Panama City, Chorrera, San Miguelito and Arraijan, while other interventions such as strengthening the capacity of government authorities and public information campaigns are nationwide. In the second and third quarter of 2020, requests for humanitarian assistance to meet basic needs increased exponentially. Venezuelans, who had previously not been vulnerable, found themselves in these situations due to the partial closure of the economy and subsequent limitations in carrying out income generating activities. Therefore, the importance of CVA to meet the basic needs of those most vulnerable for the duration of the pandemic is foreseen, in conjunction with targeted CVA for healthcare and education, and to obtain documentation, including work permits for refugees and asylum-seekers admitted to the RSD procedure. Planned integration efforts include livelihoods initiatives, skills and technical training

in order facilitate re-insertion into the economy as it reopens. Similarly, information sharing and building community networks remain a priority including sharing on regularization and asylum procedures, access to rights and services, and health and hygiene issues as the pandemic continues. Finally, the continuation of anti-xenophobia campaigns, alongside social integration activities in targeted communities, with high percentages of Venezuelan refugees and migrants, will support the priorities of peaceful co-existence and social cohesion.

RESPONSE PRINCIPLES (AAP, PSEA, ENVIRONMENT, CENTRALITY OF PROTECTION, GENDER)

R4V partners in all three countries have incorporated the age, gender and diversity (AGD) approach to planned activities by considering the needs of different populations in their programming, and target populations using disaggregated data. This approach includes a lens for considering specific needs, recognizing that women, the elderly, persons with disabilities, the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) community, children, youth and persons with pre-existing health conditions may face heightened vulnerabilities in 2021. In Costa Rica, activities for GBV preventions are planned, and special attention will be given to child protection activities including coordination with key government institutions. In Mexico, an AGD approach will be used in reinforcing protection services. Strengthening case management institutions and specialized services for women and the LGBTQI+ population will be promoted as these population groups face heightened risks of GBV, sexual exploitation, harassment, abuse and discrimination as marginalized populations in society. In Panama, R4V partners are familiar with GBV protocols through their participation in the national GBV coordination mechanism and will play an active role in strengthening national referral pathways as set out in the GBV Sub-sector chapter.

The principle of Centrality of Protection has been mainstreamed throughout the Response Plan, with activities looking to address existing barriers to accessing the enjoyment of rights within national frameworks in all three countries. In Mexico, partners will also ensure that Protection from Sexual Exploitation and Abuse (PSEA) standards are applied including by: systematically ensuring that PSEA issues are addressed in assessment tools, consultations, and data collection; providing technical advice through PSEA focal points to ensure that the Sector objectives and related indicators take into account PSEA; training key actors working with refugees and migrants on PSEA, including on violence prevention, mitigation and response; and applying regional PSEA guidelines. In Panama, through the national GBV Sub-sector, partners will continue receiving training on how to improve the prevention, response and mitigation of GBV, and receive guidance and training on how to apply standard PSEA guidance, implement PSEA specific feedback mechanisms and finalize draft standard operating procedures (SOPs).

In all three countries, consultations were held with affected populations which have been used to build the activities contained in the sub-regional response plan. In Mexico and Panama, woman and children actively participated in the decision-making and consultative processes. In Panama, participatory assessments enhanced the information available for these two groups. In response to the increased need for GBV programming, the focus will expand beyond targeting only woman, to include girls, boys and men. Partners will continue pursuing active consultations and needs assessments to place affected populations at the center of discussions and decision-making processes.

In Costa Rica, Mexico and Panama, refugees and migrants from Venezuela will continue to have access to feedback and complaint mechanisms, in the form of information hotlines and dedicated emails and telephone lines.

THE GENDER WITH AGE MARKER

A good gender and age analysis permits organizations to tailor activities to enhance gender-sensitive responses; the Gender with Age Marker (GAM) reviews how this analysis has been accounted for in programming. In the Central America sub-region, 11 of the 15 appealing organizations completed the GAM in the RMRP 2021 planning phase. According to the submissions, all activities of those 11 partners aim to mainstream gender equality. 82 per cent of the submitted activities base their gender responsiveness on a conducted needs analysis. Of the 11 appealing organizations that applied the GAM, 9 organizations plan to respond to both gender and age differences. Over half of the submissions have included children, adolescents and/or young adults in their analysis of needs. In terms of identifying resources, 55 per cent of the activities are tailored to women, girls, boys, and men in accounting for gender, 55 per cent will be tailored to LGBTIQ+ communities in terms of accounting for diversity, and 73 per cent will be tailored according to age and have included children, adolescents, and/or middle-aged adults, among other age groups. In terms of participation, 82 per cent have included the affected population in assessing needs, with just under half of the submissions including the affected population in the activity design of the proposed programming.



EDUCATION

PEOPLE IN NEED

21.2 K

↑ 6.24% ↑ 43.4% ↑ 6.76% ↑ 43.6%



PEOPLE TARGETED

3.78 K

↑ 8.00% ↑ 44.0% ↑ 5.90% ↑ 42.1%



TOTAL REQUIREMENTS

\$840 K



RMRP PARTNERS

4



SECTOR LEADS

IOM-RET-UNHCR

PRIORITY NEEDS

Across the sub-region, Venezuelan refugee and migrant children, regardless of their status in the country, have the right to access elementary and secondary education. However, barriers remain for comprehensive enrollment due to the lack of information on enrollment processes and rights or lack of financial resources. Across all three countries, for older students there is a need for the recognition and validation of degrees and studies undertaken in their country of origin.

In Costa Rica, 12 per cent of Venezuelan refugee and migrant children reported not attending school and a smaller percentage (8 per cent) faces difficulties in accessing virtual education opportunities due to the lack of an internet connection.³³¹ While this is as a small percentage, comprehensive access needs to be guaranteed for all children. Although Costa Rica offers universal access to public education for children, many Venezuelans report encountering state officials requesting unnecessary documentation or creating *ad hoc* additional requirements when they seek to enroll their children.

331. UNHCR Rapid Needs Assessment, Impact of COVID-19 on Venezuelan Population (August 2020).

In Panama, schools remained closed throughout the nationwide lockdown to curb the spread of the pandemic. This heightened the need for support in continuing education through remote modalities which require access to data and mobile services. Recent participatory assessments found that although the majority of Venezuelans had access to smartphones, it was often shared with five or six persons and online courses could not be carried out on the device.³³² In recent focus group discussions, children aged 14-16 were most concerned with their ability to continue their education and the impact COVID-19 would have on their future education opportunities. Similarly, in Mexico, access to education is consistently raised by Venezuelans as a priority need in participatory assessments as they consider it as a primary mean to integrate into Mexican society.³³³ As such, school enrollment and/or degree recognition will remain a priority for the R4V partners as it represents a major step for families to achieve this objective.

RESPONSE STRATEGY

Priorities for 2021 interventions will include: reducing barriers to enrollment for school-aged children and facilitating recognition of studies and degrees for greater labour integration for those ready to enter the workforce with linkages with integration activities.

To achieve the first response priority in reducing barriers, information sharing on enrollment will be carried out in all three countries. To reduce xenophobic attitudes against Venezuelan children, capacity building workshops for civil servants in the Ministry of Education will be held focusing on the rights of refugee and migrant children in Costa Rica. These capacity building exercises will be supplemented by information materials and awareness-raising activities like anti-xenophobia campaigns. When needed, direct assistance will be provided to children to ensure enrollment in public education institutions. In Panama, technical and in-kind support will be provided to the Ministry of Education to contribute towards the enrollment of all children, regardless of their status in the country, as well as to parent and teacher's associations to identify barriers to enrollment. Activities will also include some distribution of computers and ICT equipment to ensure Venezuelan children and those from the host community are able to access distance learning while schools are closed amidst the pandemic. Across all three countries, support to vulnerable children, youth and families will include school kits, and school uniforms, as well as CVA to ensure their enrollment.

For older students and graduates in Mexico, Costa Rica and Panama, key strategic interventions will further include support for the recognition of academic degrees and studies, including payment of fees for the recognition process, to facilitate integration into the formal labour market or enrollment into universities. In Mexico, CVA will be provided for the recognition of

academic degrees or transcripts and will be based on immediate needs of accessing employment. This support for validation of studies will be provided in combination with livelihood activities such as internships, skill certification or technical training as appropriate to ensure greater transition into the labour market.



FOOD SECURITY

PEOPLE IN NEED*

70.9 K

↑ 37.6% ↓ 12.1% ↑ 37.6% ↓ 12.7%



PEOPLE TARGETED*

5.66 K

↑ 41.6% ↓ 7.40% ↑ 42.5% ↓ 8.50%



TOTAL REQUIREMENTS

\$1.00 M



RMRP PARTNERS

3



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

In Costa Rica, Mexico and Panama, food insecurity has risen among the Venezuelan refugee and migrant population as a result of COVID-19 and the subsequent increased unemployment and the loss of ability to conduct income generating activities as a result of measures intended to prevent the spread of the virus.

In Costa Rica, joint needs assessments found that 55 per cent of Venezuelan households reduced their food intake to two meals a day and 10 per cent report only eating one meal a day; a reduction from nearly

332. HIAS Digital Literacy and Competency Assessment (August 2020).

333. UNHCR "Participatory Assessment" (February 2020).

93 per cent of households eating three meals a day prior to the pandemic.³³⁴ Similarly, in Mexico, the effects of the pandemic have resulted in food security being one of the main priorities for the Venezuelan population both in terms of affordability and access to a balanced diet, whereas previously it had not been raised as a priority need in needs assessments.³³⁵ Confirming the worrying sub-regional trend, partners in Panama reported a close to 40 per cent increase in humanitarian assistance requests, mostly related to food security and shelter needs. With limited access to income generating activities, many refugees and migrants from Venezuela, who depend on the informal labour market - which has largely been suspended throughout the period of nationwide lockdown to curb the spread of COVID-19 - found themselves in vulnerable and food insecure situations.

RESPONSE STRATEGY

Across the sub-region, the need for support in meeting basic needs, including food, has drastically increased. As a result of limited capacities of humanitarian actors which can only be gradually expanded, the targeted population for food interventions are the most vulnerable persons with immediate and severe food insecurity. Delivery of the response will be primarily through CVA in all three countries, and to a smaller degree through the provision of in-kind support through food items and prepared meals in Costa Rica, and through linkages with the Integration Sector in Costa Rica and Panama.

The first response priority will be to provide in-kind food assistance to the most vulnerable refugees and migrants, and to establish links with the Integration Sector for lasting food security. In Costa Rica, the response aims to provide food items to the most vulnerable in the metropolitan area of San Jose, through the purchase of low-cost prepared meals from small businesses owned by refugees and migrants from Venezuela to be distributed amongst vulnerable Venezuelan families and host community members. The food service industry has been severely affected by the COVID-19 preventive measures. Therefore, this activity will also contribute to employment and to the sustainability of businesses through income generating activities. In Panama, similarly, linkages will be made with the Integration Sector. The *Huertas Urbanas* initiative supports cultivating home gardens and raising poultry which enable participants to produce their own food and sell the excess, as an income generating activity.³³⁶ These types of cross-cutting sectoral activities will be scaled up to enable refugees and migrants from Venezuela to meet their needs, while promoting sustainability and regaining their self-sufficiency as the economy and society reopen in the aftermath of the pandemic, thereby reducing their socioeconomic vulnerabilities and subsequent food insecurity.

The second priority will be the provision of CVA in all three countries, with consideration for the socioeconomic vulnerabilities brought on by the pandemic. For example, in Mexico, the targeting of population for CVA will be based on the revised vulnerability criteria developed in 2020 (including the impact of COVID-19), the market availability and the ability to scale-up the assistance to respond to increased food insecurity. A maximum of three top-ups will be given to households. Delivery costs have been added to top-up amounts due to mobility restrictions that are expected to continue.

334. UNHCR-IOM Joint Needs Assessment in Costa Rica (September 2020)

335. OIM DTM "Impactos de COVID-19 en el contexto migratorio de Puebla". (Julio,2020); UNHCR "Participatory Assessment" (February 2020)

336. <https://www.acnur.org/noticias/videos/2018/11/5c00a6a74/huertas-urbanas-en-panama.html>.



HEALTH

PEOPLE IN NEED*

52.5 K

↑ 37.9% ↑ 12.0% ↑ 37.5% ↑ 12.6%



PEOPLE TARGETED*

9.93 K

↑ 45.9% ↑ 8.99% ↑ 37.2% ↑ 7.91%



TOTAL REQUIREMENTS

\$2.45 M



RMRP PARTNERS

3



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

The emergence of the COVID-19 pandemic and the resulting strain on public health systems and limited access to medicines requires a new focus on ensuring access to healthcare services and medical treatments within the response for refugees and migrants from Venezuela in the sub-region.

In Costa Rica a recent needs assessment found that 44 per cent of Venezuelans surveyed did not have health insurance.³³⁷ However, 56 per cent reported having needed medical attention (not COVID-19 related) during the pandemic. Additionally, Venezuelans without documentation and/or in irregular situations have limited access to national health insurances. Similarly access to information on health and hygiene issues, mental health services and specialized services remain primary concerns during the pandemic and in a post-COVID-19 context.³³⁸

In Mexico, access to healthcare services and medical treatment was likewise raised as a significant concern in participatory assessments.³³⁹ Public hospitals have been reaching capacity limits due to the quantity of COVID-19 cases, while Venezuelans with chronic medical conditions have faced challenges in affording medical treatments. The main priorities will be not only supporting those with chronic conditions with prescribed medicines, but also ensuring access to medical exams and COVID-19 testing and treatment in health systems close to reaching capacity limits.

In Panama, all refugees and migrants, including those in irregular situations have access to emergency and primary healthcare services. However, access to timely information on health and hygiene issues in the context of COVID-19, mental health services and specialized services remain a priority. Barriers remain in accessing specialized services and medicine on par with those available to nationals, in particular for those with chronic diseases. The impact of COVID-19 has increased the demand for mental health programmes for refugees and migrants from Venezuela and requires dedicated support.

RESPONSE STRATEGY

The planned health response will focus on three priorities: direct healthcare assistance, advocacy and capacity building for inclusion of refugees and migrants in the national health system, and the provision of health information.

Firstly, immediate health and medical assistance will be provided. The focus of this response also includes the prevention of the spread of COVID-19 through the provision of personal protection equipment (PPE) and ensuring access to testing. Further response activities will promote care to patients otherwise neglected by the national health system due to the demands of the pandemic. In San Jose and along the Pacific Coast (Puntarenas and Guanacaste), Costa Rica, as well as in Panama, basic laboratory tests, including pap smears, electrocardiograms, prostatic, antigen and ophthalmology tests will be performed at health fairs. Subsequent referrals to public services and in-kind distribution of medication for chronic illnesses will also be made at the health fairs. Mental health and psychosocial support (PSS) programmes are planned to address the continuing impact of COVID-19. To a lesser degree, access to psychiatric support will be provided where required. In Costa Rica, medical assistance will be strengthened for Venezuelans with limited access to national health insurance. In Mexico, R4V partners will provide medical devices and orthopedic equipment, such as prescription glasses, wheelchairs or hearing devices which may be cost prohibitive for the Venezuelan population as a result of their increased

337. UNHCR Rapid Needs Assessment, Impact of COVID-19 on Venezuelan Population (August 2020); IOM, Baseline for Monitoring Venezuelan Population Flows in Costa Rica (July – August 2020).

338. Ibid.

339. OIM DTM "Impactos de COVID-19 en el contexto migratorio de Puebla". (Julio 2020). UNHCR "Participatory Assessment" (February 2020)

socioeconomic vulnerability. Furthermore, financial support for COVID-19 tests with approved laboratories will be provided. For medical assistance, the people targeted will be those with the most vulnerable profiles, mainly elderly people and women in need of ongoing treatment and will be concentrated in Mexico City, Playa del Carmen, Cancun, Queretaro and Puebla. In Panama, ensuring access to vaccines, mental health services and other specialized support, through in-kind support, CVA and referrals, will allow those with the most acute health needs, including chronic diseases, to be attended to.

Secondly, the priority will be to ensure the systematic access of all refugees and migrants from Venezuela, including those in irregular situations, to national healthcare systems. In particular, the focus is on ensuring access for persons in need of specialized and/or regular treatment as a result of chronic illnesses. In Panama, the provision of equipment and supplies to medical clinics will reinforce the clinics' capacity to treat all persons including refugees, migrants and host community members. Through the training of health workers and community-based health workers' networks, the goal is to increase access to primary healthcare in areas with the highest density of refugee and migrant populations in the country, with a special emphasis on the provinces of Panama, Panama Oeste, Panama Este and San Miguelito. In line with the greater health and hygiene needs resulting from COVID-19, a cash-for-work programme with community health workers will be implemented, enabling refugees, migrants and host community members to benefit from income generating activities while responding to the needs in this Sector.

Thirdly, providing timely and reliable information on available health and hygiene services to refugee, migrant and host community populations will be another key focus in all three countries. Health fairs in Costa Rica and Panama will provide information on available health services. In Panama, knowledge on health and hygiene practices will be increased through capacity building in communities and through community liaisons.



INTEGRATION

PEOPLE IN NEED

109 K

↑ 37.9% ↑ 12.0% ↑ 37.5% ↑ 12.6%



PEOPLE TARGETED

12.2 K

↑ 53.7% ↑ 3.37% ↑ 39.8% ↑ 3.13%



TOTAL REQUIREMENTS

\$6.49 M



RMRP PARTNERS

6



SECTOR LEADS

HIAS-IOM-UNHCR

PRIORITY NEEDS

Despite the favorable environments for protection and integration in the three countries, the COVID-19 pandemic has negatively impacted the socioeconomic stability achieved by many Venezuelans and thus requires a special focus in 2021.

Costa Rica's national unemployment rate has reached an unprecedented rate of 24.4 per cent.³⁴⁰ Moreover, a joint needs assessment shows that 58 per cent of refugees and migrants surveyed were unemployed in August 2020.³⁴¹ In addition, over 90 per cent of those employed have experienced a negative change in their work conditions, including working less hours or salary reductions.³⁴² As the economy gradually reopens, there will be a need to ensure that Venezuelan refugees and migrants are able to re-enter the formal labour market, including through entrepreneurship and the startup of small businesses.

340. Instituto Nacional de Estadística y Censos, Encuesta Continua de Empleo al segundo trimestre de 2020, pg 15 available at: <https://www.inec.cr/sites/default/files/documentos-biblioteca-virtual/receiit2020.pdf>.

341. UNHCR-IOM Joint Needs Assessment in Costa Rica (September 2020).

342. Ibid.

In Mexico, the favorable legal framework facilitates the inclusion of refugees and migrants in public services and their local integration, both in socioeconomic and legal terms. Venezuelans have access to the national education and healthcare system, but only partially, and enjoy the right to work but are excluded from employment in the formal economy, creating difficulties in meeting their basic needs. There is a need to ensure access to the formal labour market and to the banking system. The main obstacle for Venezuelans to fully integrate are the delays in the regularization process. Given the current circumstances of COVID-19, those obstacles have been accentuated.

In Panama, two studies found that more than 80 per cent of Venezuelans surveyed were working informally without a contract.³⁴³ The closure of the informal economy due to COVID-19 has severely impacted those whose income generation activities derived from it. Inclusion in national socioeconomic recovery programmes and the possibility to carry out income-generating activities are necessary for the Venezuelan refugees and migrants and affected host populations to regain self-sufficiency as the country's economy gradually reopens. The length of migratory and asylum processes, and lack of access to work permits for asylum-seekers not yet admitted to the procedure were also identified as factors deeply affecting the Venezuelan population's ability to integrate.³⁴⁴ The reduction of negative stereotypes and levels of xenophobia, and the promotion of social cohesion between refugees and migrants from Venezuela and host communities, will also remain key priorities for 2021.

RESPONSE STRATEGY

The planned response of the Integration Sector seeks to promote the full integration for Venezuelan refugees and migrants through inclusion in the formal labour market, opportunities for income generation and peaceful coexistence and social cohesion activities. To mitigate the socioeconomic vulnerabilities caused by COVID-19 and the temporary closure of the economy, activities will focus on skills and vocational training, job placement schemes, entrepreneurship programmes and seed capital for the startup of entrepreneurial initiatives to support labour inclusion and income generation. In Panama, support for the inclusion of Venezuelan health professionals in responding to COVID-19 is planned through advocacy with national health institutions.

The first priority is to increase access to the formal labour market. The integration response which focuses on access to safe and formal jobs, also secures coverage for individuals in the public health system in Costa Rica. Advocacy will be carried out with the private sector through public-private partnerships to promote formal employment opportunities for qualified Venezuelans, including through paid internships. Cross-sectoral activities also include awarding

of scholarships for high school and technical courses to promote educational opportunities and employability. In Mexico, advocacy efforts with national and local authorities for streamlining of the issuance processes for stay and work permits, direct support to refugees and migrants for documentation costs, and support to access to national services and formal employment. Similarly, in Panama, advocacy with the government for the wider inclusion of the refugee and migrant population in social protection programmes, including work permits for asylum seekers not yet admitted to the procedure, will continue. CVA in Mexico will be available in order to facilitate technical education, regularization and naturalization opportunities, which based on vulnerability criteria would be cost prohibitive.

The second priority is to increase opportunities for income generation through entrepreneurship. In Costa Rica, partnerships between R4V actors and migrant- and refugee-owned food businesses and restaurants will support the Food Security Sector's food assistance activities, thereby reducing food insecurity and strengthening income generation opportunities for refugee- and migrant-owned businesses simultaneously. Partners' interventions will also be linked to those Sector responses supporting vulnerable persons at risk of eviction or with acute protection risks to avoid aid dependency. Refugees and migrants eligible for food assistance will also be referred to livelihood initiatives to promote economic integration. Financial support for certificate/diploma recognition procedures and seed capital for entrepreneurs will be provided through CVA. Due to COVID-19, the Sector also aims to offer training options through virtual platforms and the provision of high-demand personal protective equipment to refugee- and migrant-owned businesses. Partners in Mexico will work with financial service providers to improve access to bank accounts and private financing for Venezuelans.

Finally, social cohesion will be a third priority for 2021. Activities such as workshops, theater presentations and other cultural activities have proven to be effective in the past for both host communities and refugees and migrants from Venezuela in Mexico and will be implemented in the main host cities to build peaceful coexistence. In Panama, strengthening community integration at the local level to achieve peaceful coexistence, reduce stereotypes, combat discrimination and xenophobia will be implemented through a variety of methods such as joint campaigns (including *somos lo mismo*)³⁴⁵, cultural and sporting events, and building healthy spaces for coexistence and to reduce community tensions. These activities will be concentrated in Panama and Panama Oeste where the largest numbers of Venezuelans live. Within Panama City, a key focus will be on engaging youth and creating connections within the urban environment as part of an Inclusive Cities initiative. In response to protection concerns raised in consultation by children related to xenophobia and anti-bullying, school programmes will include talks, workshops, and support for schools with the largest number of Venezuelan refugees and migrants.

343. OAS, OIM, UNHCR, UNICEF Situation of Refugees and Migrants from Venezuela in Panama (2018); NRC and UNHCR Protection Monitoring (2019).

344. NRC and UNHCR Protection Monitoring (2019).

345. <http://somoslomismo.com/>



PROTECTION

PEOPLE IN NEED*

122 K

↑ 38.3% ↑ 11.8% ↑ 37.5% ↑ 12.4%



PEOPLE TARGETED*

24.7 K

↑ 43.5% ↑ 9.05% ↑ 38.8% ↑ 8.65%



TOTAL REQUIREMENTS

\$5.01 M



RMRP PARTNERS

6



*Includes figures for in-transit population

SECTOR LEADS

HIAS-IOM-UNHCR

PRIORITY NEEDS

Across the sub-region, favorable protection environments generally allow for the granting of work permits for refugees and migrants, access to national health and social protection programmes, banking services and primary education for children. Although a substantial proportion of Venezuelan refugees and migrants have a regular status to remain, and possess the corresponding documentation, many are still in need of regularizing their status. Those in irregular situations, including those with expired visas/permits are without access to basic services, and face protection risks such as exploitation, detention or *refoulement* as a result. Reducing barriers for seeking asylum and/or for migratory regularization procedures, and to corresponding documentation, for the Venezuelan population and their families remains the principal protection need. The lack of documentation hinders access to basic rights and services, and thus the ability to socially integrate and the prospects for rebuilding

stable futures. In Costa Rica, the focus will be on ensuring faster and fairer resolutions for those who have accessed asylum and migratory systems to reduce protection risks. In Mexico, refugees and migrants from Venezuela in need of international protection arrive mainly through international airports, where they face several obstacles accessing the asylum procedure because of lack of accurate information and insufficient knowledge on applicable procedure by officials present at airports. In Panama, delayed resolutions in regularization processes, lack of documentation and lack of information about rights and processes on the part of the authorities and the Venezuelan population create concerns among refugees and migrants about future interactions with authorities, leading them to be less likely to engage with public services.³⁴⁶ In participatory assessments, access to information and services was highlighted as an outstanding need.³⁴⁷

RESPONSE STRATEGY

Given that the three countries generally have favorable protection environments, response priorities in 2021 will focus on the strengthening of and ensuring timely access to migration and asylum procedures through capacity building for government actors and provision of information and legal counseling. Advocacy and support will be part of the response to facilitate greater access and inclusion of Venezuelan refugees and migrants in national systems. CVA will be provided to ensure those who are eligible can access legal processes and documentation and to mitigate protection risks. In addition, in order to ensure that the voices, ideas and concerns of refugees and migrants from Venezuela remain at the center of all protection responses, continuous engagement with the Venezuelan communities, their participation and access to feedback and communication mechanisms will be further enhanced

Capacity building will include technical support for the Costa Rican Migration Authority on resolution of decisions in the migration category, the Quality Assurance Initiative (QAI) for the Refugee Unit and technical assistance on the AGD approach for the staff of the Migration Authority. In Mexico, technical support will be provided to national authorities to ensure Venezuelan asylum seekers have access to RSD procedures and subsequently, the timely resolution of their cases. In Panama, awareness-raising and capacity building with government authorities and institutions on the protection needs of Venezuelan refugees and migrants will ensure understanding of protection risks and the adherence to the principle of *non-refoulement*. Advocacy through national coordination mechanisms with local authorities to guarantee access to legal processes will be carried out to prevent evictions, inclusion in health services and social programmes.

346. OAS, OIM, UNHCR, UNICEF Situation of Refugees and Migrants from Venezuela in Panama (2018).

347. HIAS Refugee and Migrant Women Speak: Safety and Rights Dialogues May 2020.

Additionally, providing legal orientation and counseling, and provision of information pertaining to access to services and rights is planned in all three countries. Partners will reinforce the provision of legal information and orientation services. In Mexico, the focus will be on counselling and support for persons in need of international protection on the regularization process. In Costa Rica, information hotlines will share information about access to rights and services. In Panama, information about the asylum process, work permits and other pathways will be shared through information sessions, community information days, orientation sessions, public information campaigns on digital media and social network campaigns. Further support will be provided through legal assistance and mediation services to prevent forced evictions.

Access to asylum procedures and migration regularization support, including cash assistance to help cover regularization fees and documentation, is planned for refugees and migrants in irregular situations in all three countries. This will mitigate protection risks and reduce vulnerabilities among refugee and migrant populations through greater access to asylum and migratory processes, and corresponding documentation associated with these processes. In Mexico, through protection assessments, direct CVA will be provided to those with specific needs to assist in securing an adequate response to their protection concerns.

Finally, to ensure accountability to affected populations (AAP), feedback and two-way communication mechanisms will continue to be strengthened with refugees and migrants. Communication continuity will be ensured using remote modalities in the context of COVID-19, including dedicated hotlines and email accounts. In Costa Rica, a focus on community-based protection activities will aim to engage host communities with high concentrations of Venezuelans and empower them to seek collective responses to community concerns through the inclusion of refugees and migrants in the resolution of community disputes. Similarly, strengthening relationships between communities and local protection institutions through capacity building will ensure improved responsiveness to community needs, while carrying out regular participatory assessments focused on Venezuelans will ensure ongoing prioritization of activities.



GBV

PEOPLE IN NEED

34.1 K

↑ 58.9% ↑ 17.3% ↑ 7.90% ↑ 15.9%



PEOPLE TARGETED

2.73 K

↑ 92.5% ↑ 4.87% ↑ 1.27% ↑ 1.36%



TOTAL REQUIREMENTS

\$919 K



RMRP PARTNERS

4



SUB-SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Extended periods of quarantine and high rates of unemployment in the context of the COVID-19 pandemic have exacerbated the risk factors for sexual exploitation, abuse, violence and discrimination in all three countries for Venezuelans. Reports from R4V partners indicate that those most-affected include women, children and adolescents, and the LGBTQI+ population, in refugee, migrant and host communities.³⁴⁸ In Costa Rica, R4V partners also confirm that underreporting remains a grave challenge with a corresponding need for greater engagement with communities on GBV issues. Additionally, greater sensitization on GBV issues for institutions working on migration and asylum matters is needed to improve the assistance received by GBV survivors. In Mexico, the lack of documentation and constant GBV risks create serious vulnerabilities for the Venezuelan population that may be susceptible to sexual exploitation, abuse, violence and discrimination. This is particularly true for the increasing number of the newly arrived female Venezuelans, who may be without access to asylum or migratory procedures. In Panama, R4V partners have reported an increase in

348. National Planning Workshop Panama (August 2020).

incidents of GBV and the need for mental health and psychosocial support. Participatory assessments have identified the need to link prevention, risk mitigation and response programmes with peaceful coexistence in schools, as GBV risks and xenophobia have been reported in schools, prior to schools closing as a result of COVID-19.³⁴⁹ Participatory assessments also identified the need for greater information on available services for survivors.³⁵⁰ In consultations with partners, it was highlighted that with the shift to remote service provision in the COVID-19 response and to ensure timely response and services, the need to share information through new, remote modalities is even greater.

RESPONSE STRATEGY

The planned response priorities will focus on strengthening referral pathways, bridging the information gap on services and building knowledge on the causes of GBV through prevention activities. Finally, through linkages with other Sectors, wholistic responses to the needs of GBV survivors will be promoted.

Firstly, across the sub-region, developing and implementing effective referral pathways, including effective access to the justice system and inclusion in victim protection programmes, is a key priority for 2021. Capacity building workshops and sensitization trainings on the specific vulnerabilities faced by refugee and migrant populations will be held for the government institutions which respond to GBV in Panama and Costa Rica.

Secondly, information sharing activities will be carried out. In Costa Rica, outreach to communities will include the dissemination of messages on GBV prevention, and information on GBV prevention and responses will be included in psychosocial support activities for the early identification and referral of cases. In Panama, activities will focus on working with community leaders to implement education programmes raising awareness on the effects and impact of GBV not only on women, but on other members of the community. In prioritized communities in Panama and Panama Oeste, activities have been designed to target boys and girls in helping them understand and identify the root causes of GBV and they will be linked peaceful coexistence activities in schools. These activities will also target host community members to build their knowledge on gender equality. In Mexico, partners will work in locations with high concentrations of refugees and migrants from Venezuela and with host communities to develop a plan of interventions for GBV prevention. Refugee committees in these communities will be involved in the design of interventions.

Finally, GBV responses will be promoted as an important cross-cutting intervention for the work of other R4V Sectors and collaboration will be sought with various Sectors in this respect to ensure a wholistic response to the needs of GBV survivors, including their basic needs in all three countries. For example, the sub-sectoral responses will be carried out in coordination with the Shelter Sector on strengthening specialized shelter capacities for victims of trafficking and sexual exploitation in Mexico. Similarly, in Mexico, through entrepreneurship support and linkages to the Integration Sector, special focus will be given on the promotion of women's empowerment, where businesswomen will receive grants to start or strengthen own businesses. In Panama, dedicated psychological support and humanitarian assistance services will be strengthened as a result of the increased needs identified in 2020.

349. HIAS Refugee and Migrant Girls Speak: Safety and Rights Dialogues (August 2020).

350. HIAS Refugee and Migrant Women Speak: Safety and Rights Dialogues (May 2020).



CHILD PROTECTION

PEOPLE IN NEED

12.4 K

--
 49.5%
 --
 50.5%



PEOPLE TARGETED

1.08 K

--
 54.5%
 --
 45.5%



TOTAL REQUIREMENTS

\$220 K



RMRP PARTNERS

4



SUB-SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Across the sub-region, children irrespective of their status in the country, have the right to universal education and health care. However, barriers remain in accessing these services as a result of lack of documentation, lack of information or xenophobic and discriminatory attitudes towards refugees and migrants. In Costa Rica, these barriers prevent the timely attention by national and local relevant institutions to identified cases, including the provision of psychosocial support and access to legal services for children. In needs assessments carried out in Mexico and Panama, xenophobic attitudes have been reported to hinder children's access to school and/or to their sense of safety within the school environment.³⁵¹

RESPONSE STRATEGY

Across the sub-region, interventions will focus on strengthening government capacities, responding to identified child protection concerns, and reducing xenophobia and child protection risks through child friendly spaces and activities.

A key priority for the sub-region is building the capacities of authorities and civil society on child protection procedures that are fully inclusive of refugee and migrant children. In Costa Rica, this will include the revision of the 'Protocol for the Comprehensive Care of Minors with International Protection Needs', as well as other policies and procedures relating to unaccompanied and separated children (UASC) to ensure early identification of child protection-related risks and referral pathways of cases.

The second response priority is to strengthen the response capacity of child protection institutions, and supplement the response with psychological support programmes, legal assistance and support for basic needs through CVA and in-kind support. R4V partners in Costa Rica and Panama will carry out these support activities. Psychological support through individual and group activities will be carried out through virtual programmes for 500 Venezuelan children and adolescents in Costa Rica. Referrals for family groups where there are identified child protection cases will be considered for other programmes including legal assistance, as well as potential food support, hygiene kits and CVA. In Panama, technical and financial support will be provided for specialized services for girls and adolescents who are survivors of sexual violence.

The final priority will be to reduce xenophobia and ensure schools are considered safe spaces for children. In Mexico, partners will address the child protection needs through a complementary strategy, which will focus on working with families, as well as actors in the education system, to reduce xenophobia and to ensure sufficient support is available for refugee and migrant children. In Panama, the use of art and sports activities for children and sensitization trainings for teachers are planned to continue in 2021 to encourage social cohesion among children and reduce xenophobic attitudes, which will in turn reduce protection risks for refugee and migrant children in the school environment.

351. OIM "Diagnóstico de discriminación en las escuelas" (enero 2020) (Mexico); HIAS Refugee and Migrant Girls Speak: Safety and Rights Dialogues (August 2020) (Panama).



HUMAN TRAFFICKING & SMUGGLING

PEOPLE IN NEED

25.5 K

↑ 36.1% ↓ 12.6% ↑ 37.6% ↓ 13.7%



PEOPLE TARGETED

35

↑ 51.4% ↓ -- ↑ 48.6% ↓ --



TOTAL REQUIREMENTS

\$429 K



RMRP PARTNERS

2



SUB-SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Across the sub-region, the lack of reliable information and data on human trafficking and smuggling dynamics remains a concern. Capacity building at the national levels is needed to strengthen national agencies working on both phenomena. A lack of knowledge of the two crimes by institutions, particularly those which interact with victims of trafficking (VoTs) and a lack of refugees' and migrants' inclusion in government social programmes are barriers preventing trafficked persons, and others who have become victims of exploitation and abuse from receiving the holistic care and response needed.³⁵²

In Costa Rica, in addition to identifying Venezuelan refugees and migrants who have experienced or are at risk of trafficking or smuggling, there is a lack of information and awareness on the issues and access to government protection agencies designated to respond to the issue. In Mexico, human trafficking and smuggling has long remained a pressing problem.³⁵³ The shift in profiles of arrivals towards higher numbers of women and girls is concerning as they have been identified as more vulnerable to exploitation, given the prevailing dynamic in the country. However, the lack of reliable data on sexual assault or trafficking prevents a comprehensive understanding of the severity of the problem. In Panama, more comprehensive information on the profiles of VoTs routes and methods used by trafficking and smuggling networks is needed for authorities to better respond in a holistic manner.³⁵⁴

RESPONSE STRATEGY

The first response priority for the sub-region will be to provide technical support to the government institutions to be able to better understand and respond to the problem. In Panama, key responses in this area will focus on technical support to the government in meeting its commitments outlined in the National Plan against the Trafficking of Persons 2017-2022.³⁵⁵ R4V activities in this regard will focus on capacity building for judges, prosecutors, the police, and for institutions linked to the prevention of, response to, and prosecution of the crime of human trafficking. Additionally, support will be provided for the creation of a specialized unit to respond to the needs of VoTs.

The second response priority will be to provide assistance to survivors with support for their recovery and reintegration into society, including through access to livelihood opportunities. Access to legal counseling, shelter, food security, mental health and psychosocial assistance will be provided, as necessary. In Mexico, partners will strengthen efforts to improve shelter provision to Venezuelan VoTs, mainly in the state of Puebla. Additional support, including in-kind, will be provided to the transitional home that shelters women who have been trafficked.

Thirdly, the response will prioritize raising awareness of the issue of human trafficking and smuggling as a means of prevention. In Costa Rica, this will be done by launching information campaigns for the prevention of human trafficking and smuggling, as well as strengthening access to available services. This information will be also be shared through existing community-based communication mechanisms, as well as through workshops and media campaigns.

352. National Planning Workshop Panama (August 2020); US State Department Trafficking in Persons Report-2020, available at: <https://www.state.gov/reports/2020-trafficking-in-persons-report/>.

353. Ibid at Mexico.

354. National Planning Workshop Panama (August 2020).

355. Panama Ministry of Public Security, National Plan against the Trafficking of Persons 2017-2022.



SHELTER

PEOPLE IN NEED*

81.8 K

↑ 37.5% ↓ 12.2% ↑ 37.5% ↓ 12.8%



PEOPLE TARGETED*

4.65 K

↑ 41.2% ↓ 12.1% ↑ 36.7% ↓ 10.0%



TOTAL REQUIREMENTS

\$886 K



RMRP PARTNERS

5



*Includes figures for in-transit population

SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

Across all three countries, the need for shelter support has increased as a result of the pandemic and its socioeconomic impacts. This was highlighted in participatory assessments and by partners receiving requests for support.³⁵⁶ Due to widespread loss of employment, as a result of the COVID-19 lockdown measures, Venezuelans across the sub-region have faced challenges in paying their rents, forced evictions - despite legal measures, such as moratoria in place in some countries - and increased potential for homelessness.

In Costa Rica, the lack of valid documentation and the subsequent barriers to employment, has also increased socioeconomic vulnerability of refugees and migrants leading to the increased need for short-term emergency shelter options. The government extended the validity period of identity documents for refugees and migrants.³⁵⁷

However, as the actual expiration date on the documents has not been updated, documents appear as if they were expired, creating barriers in accessing services and rights, including formal job opportunities. The high cost of rent in the country has exacerbated this situation making it difficult to find affordable accommodation. This is particularly the case in the San Jose area.

In Mexico, forced evictions lead Venezuelans to turn to shelters for longer periods. Moreover, some shelters within the existing shelter network were forced to close their doors to new arrivals or suspend operations in order to adhere to measures intended to curb the spread of COVID-19. Thus, a higher number of refugees and migrants are requesting financial support to avoid homelessness and shelters have been overburdened and have needed to restructure in order to adhere to physical distancing requirements.

In Panama, additional support is needed to raise awareness and enhance coordination with local authorities, including peace judges who have jurisdiction on housing and rental issues to prevent forced evictions. Further issues of overcrowding, precarious living situations and informal contracts remain priorities identified, in consultation with partners, as causes of the lack of access to dignified housing and which have contributed to housing insecurity.³⁵⁸

RESPONSE STRATEGY

Although the need for shelter has exponentially increased, as a result of limited capacities which can only be gradually expanded, it is foreseen that planned shelter activities will need to prioritize the most vulnerable cases. For those who are at risk of eviction, CVA will be used to provide short-term rental support to help reduce socioeconomic vulnerabilities and prevent evictions, thereby avoiding homelessness, subsequent protection risks and negative coping mechanisms in Costa Rica, Mexico and Panama.

Shelter and rental support will be linked to other Sectors to holistically respond to the protection needs of survivors of GBV and trafficking, as well as to the socioeconomic vulnerabilities causing the need for shelter support. In Costa Rica, temporary collective shelter solutions for homeless individuals will be provided in conjunction with food assistance and WASH services based on agreed vulnerability criteria, as will inclusion in livelihood or integration opportunities to transition to self-sufficiency. The focus will be on families with children or other dependents, such as the elderly or persons with disabilities, female-headed households, persons with serious medical conditions or those in an irregular situation. The geographical focus will be the San Jose metropolitan area and selected communities along the Pacific Coast (Guanacaste and Jaco) where tourism is the primary industry for employment and where Venezuelans' access

356. National Planning Workshop Panama, August 2020. UNHCR Rapid Needs Assessment, Impact of COVID-19 on Venezuelan Population (August 2020); IOM, Baseline for Monitoring Venezuelan Population Flows in Costa Rica (July – August 2020).

357. <https://www.migracion.go.cr/Paginas/Medidas-Administrativas-COVID19.aspx>

358. National Planning Workshop Panama (August 2020).

to work has been severely impacted by the pandemic. In Panama, for those facing serious protection risks, including survivors of GBV, in-kind shelter support will be provided in conjunction with other case management services with linkages to services in other Sectors. In Mexico, shelter capacities will be strengthened through infrastructure improvement, with the provision of shelter materials and equipment to provide adequate accommodation. Refugees and migrants from Venezuela at the northern border will be targeted with short-term shelter and financial support in moving to safer, more affordable locations or to reunite with their families. To ensure an integrated response, partners through the Sector will monitor interventions and coordinate within the inter-sectoral working groups to avoid overlaps and duplication of activities.



WASH

PEOPLE IN NEED

1.80 K

40.0% 11.5% 37.5% 11.0%



PEOPLE TARGETED

900

31.8% 22.6% 25.5% 20.1%



TOTAL REQUIREMENTS

\$96 K



RMRP PARTNERS

2



SECTOR LEADS

IOM-UNHCR

PRIORITY NEEDS

The priority needs in the WASH Sector are mainly linked to the change of context caused by the COVID-19 pandemic, which will continue to have an impact on refugees, migrants and affected host communities during 2021. In Costa Rica, although 94% of the households surveyed have access to potable water

and 99% of the surveyed households responded that household members wash their hands regularly with soap and water, Venezuelan households have faced a significant decline in income generating activities, leading to difficulties in meeting their basic needs. As the pandemic continues, priority issues are: the risk of exposure of to COVID-19 by refugees, migrants and host communities; the socio-economic impact of the pandemic which jeopardizes the affordability of WASH services and has increased the number of people relying on temporary shelters' WASH facilities as a result of housing insecurity.

RESPONSE STRATEGY

The WASH response in Costa Rica will focus on the most critical and urgent needs of the population as a result of the COVID-19, thereby prioritizing information campaigns, distribution of hygiene kits and WASH services in conjunction with temporary shelter solutions.

The first response priority is to provide essential health and hygiene information. R4V partners will launch an information campaign targeting Venezuelans and host community alike, sharing timely and reliable information about the prevention of COVID-19, alongside messages which seek to reduce discrimination and xenophobia related to the pandemic and its spread. The second priority is to provide essential hygiene kits and diapers to families and other individuals in situations of vulnerability, with linkages made to the Child Protection, GBV and Human Trafficking and Smuggling Sub-sectors. The distribution of sectoral NFIs will be provided in conjunction with food kits or CVA based on agreed upon vulnerability criteria. Provision of basic hygiene kits ensures individuals are able to prioritize meeting other basic needs through CVA. Finally, WASH services will be provided in conjunction with temporary shelter solutions and in-kind assistance for homeless individuals based on agreed vulnerability criteria, as well as inclusion in livelihood or integration opportunities to transition to self-sufficiency.

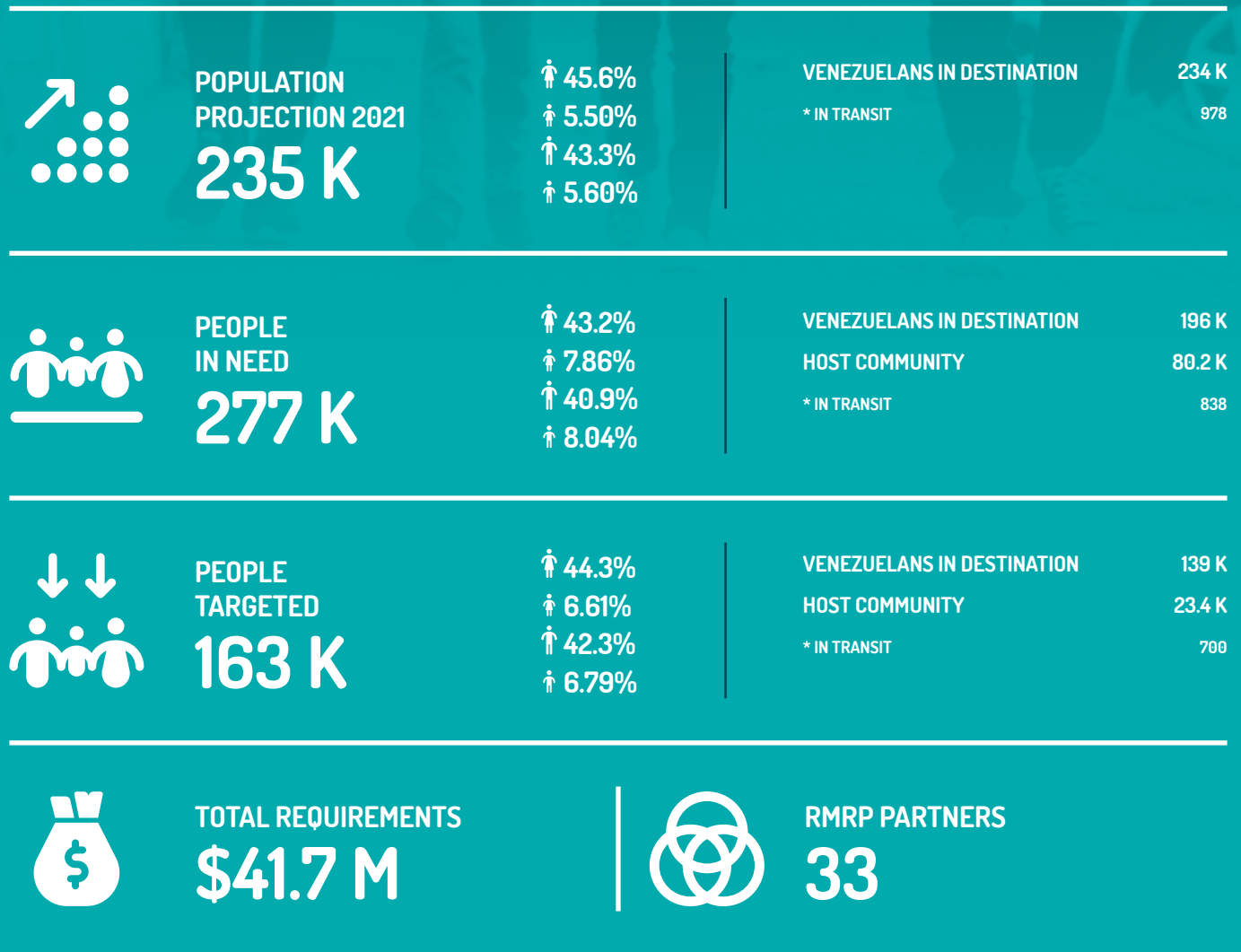
The main response modalities will be in-kind distributions at temporary shelters and other distribution areas of humanitarian assistance by R4V partners.

R4V partners aim to empower vulnerable groups, including children, elderly, persons with disabilities and women through participatory assessments. The objective of this approach is to ensure that vulnerable groups can voice their specific needs and concerns and provide feedback on the sectoral interventions. Partners acknowledge the risks women and children face in terms of sexual exploitation and abuse; as a result, the principle of Centrality of Protection and PSEA and AAP approaches have been mainstreamed in the design of every intervention. Ensuring protection-sensitive WASH services at temporary shelters, as well as providing information and referral pathways are some of the mechanisms in place to protect vulnerable refugees and migrants.

SOUTHERN CONE

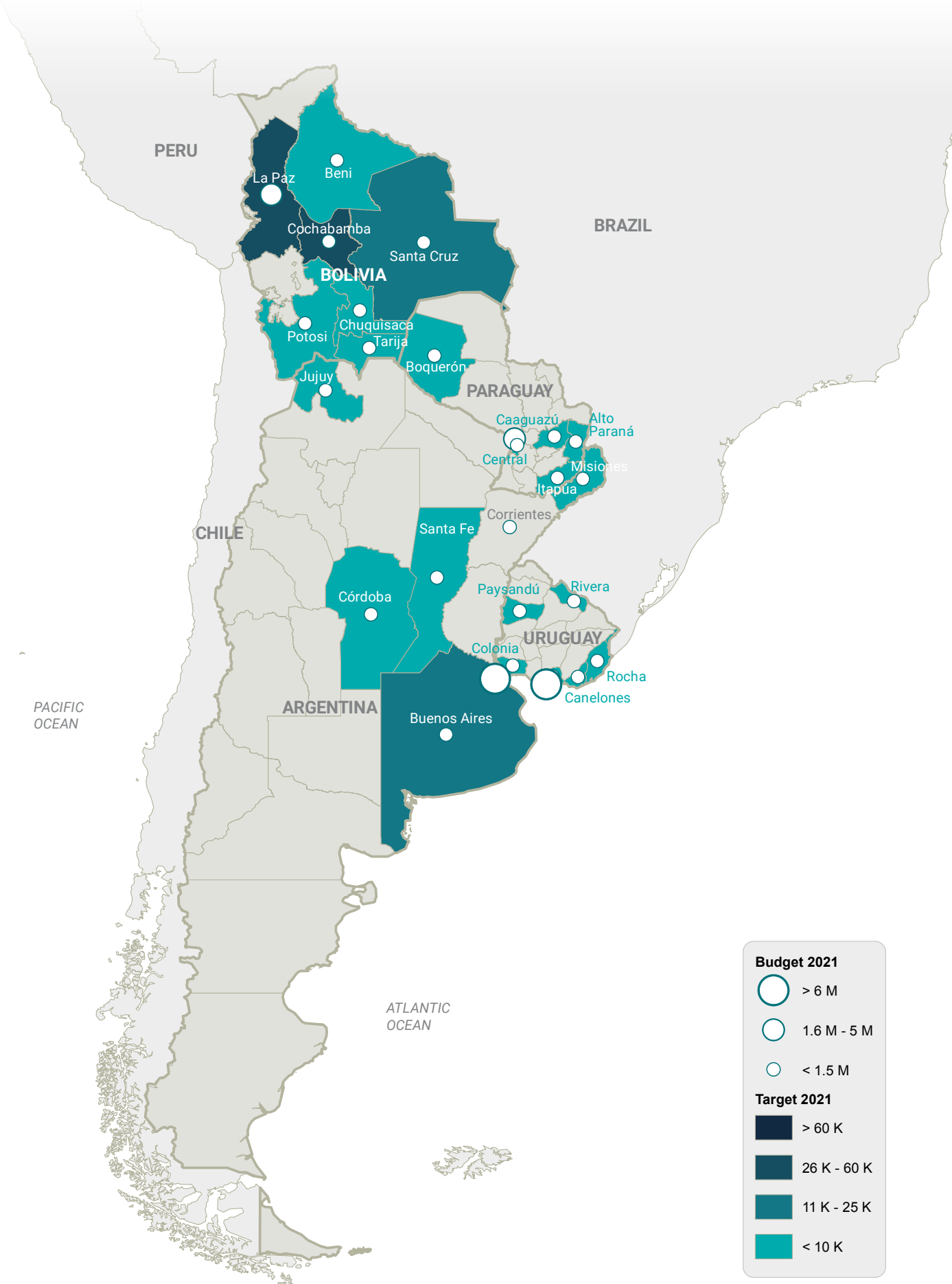


SOUTHERN CONE AT A GLANCE

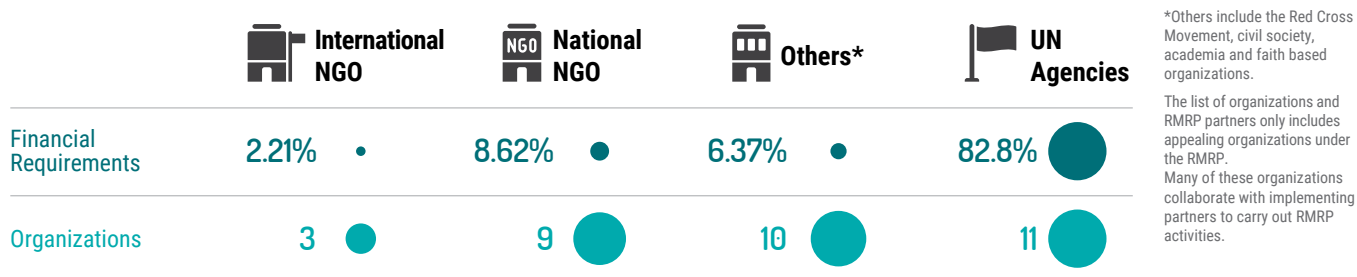


*Figures for refugees and migrants in-transit to other countries are not included in the totals on the left as they can be - by definition - recipients of services in more than one country. However, the total budget and sector specific requirements include activities targeting this population group, including as refugees and migrants in-transit will have specific needs to be addressed.



















































REQUESTED FUNDING AND BENEFICIARIES TARGETED



NUMBER OF ORGANIZATIONS AND FINANCIAL REQUIREMENTS BY ORGANIZATION TYPE



POPULATION IN NEED AND TARGET, FINANCIAL REQUIREMENTS AND NUMBER OF PARTNERS BY SECTOR

	People in need	People targeted	Financial Requirements (USD)	Partners
 Education	16.9 K 	4.91 K	1.70 M 	7 
 Food Security	189 K 	18.4 K	2.62 M 	13 
 Health	122 K 	34.5 K	1.17 M 	12 
 Humanitarian Transportation	2.70 K 	1.74 K	656 K 	5 
 Integration	235 K 	158 K	13.0 M 	20 
 Protection*	107 K 	39.0 K	6.01 M 	12 
 Child Protection	12.6 K 	1.86 K	1.24 M 	7 
 GBV	14.0 K 	-	1.15 M 	6 
 Human Trafficking & Smuggling	3.16 K 	0.80 K	856 K 	3 
 Shelter	62.8 K 	23.7 K	4.79 M 	12 
 WASH	38.8 K 	11.8 K	537 K 	7 
 Multipurpose Cash Assistance			5.21 M 	7 
 Common services**			2.71 M 	17 

*This includes Support Spaces | ** This includes AAP, Communication, Coordination, CwC/C4D, Fundraising, Information Management, PSEA and Reporting.

SUB-REGIONAL OVERVIEW

It is estimated that the number of people living in poverty will have grown dramatically in the Southern Cone by the beginning of 2021.³⁵⁹ The Joint Needs Assessment (JNA) of the Sub-regional Platform confirms that in 2020 existing socio-economic, demographic and structural inequalities have significantly deepened due to the COVID-19 pandemic and are having a particularly negative impact on the living conditions of refugees and migrants from Venezuela as well as those of affected host communities.³⁶⁰

As reflected in this Response Plan, the needs of refugees and migrants from Venezuela are projected to noticeably increase, with 84 per cent of the total population projected to be in-need of support from R4V partners in the course of 2021. This constitutes a 21 per cent increase compared with the Regional Refugee and Migrant Response Plan (RMRP) 2020, particularly in the sectors of Shelter, Food Security, Water and Sanitation and Hygiene (WASH) where this increase reaches 37 per cent in the inter-annual comparison.

Prior to the onset of the pandemic, the integration of refugees and migrants was challenging due to several factors, such as the growth in unemployment (Argentina) or the high percentage working in the informal labour market (Bolivia and Paraguay). Other factors relate to the particular situation of refugees and migrants from Venezuela, such as the lack of opportunities to regularize and access proper documentation, obstacles to the certification and recognition of academic qualifications, and prejudices and discrimination, among others.

In this context, the pandemic has affected refugees and migrants more negatively with regards to inclusion and permanence in the labour market,³⁶¹ many of them being unemployed or working in jobs for which they are overqualified and in sectors significantly impacted by the crisis.³⁶² In addition to a growing scarcity of new job opportunities,³⁶³ workers from the informal sector are more exposed to its effects due to their limited or inadequate access to social protection and their unstable income³⁶⁴ (in countries like Bolivia³⁶⁵ and Paraguay,³⁶⁶ 65-80 per cent of the working population work in the informal labour market). This situation will have a particular impact on the population between 18 and 45 years³⁶⁷ who, according to projections will constitute 89 per cent of refugees and migrants from Venezuela in the Southern Cone.

The deterioration of livelihoods has resulted in greater obstacles to access sustainable housing solutions in adequate conditions,³⁶⁸ particularly in the main urban areas such as the metropolitan area of Buenos Aires and the cities of Córdoba, Mendoza and Rosario in Argentina, La Paz in Bolivia and Montevideo in Uruguay. Precarious or overcrowded conditions have exacerbated in collective shelters, informal hotels, or housing in main urban areas where toilets and spaces for cooking and eating are shared, resulting in unsanitary conditions and where physical distancing measures are impossible to adhere to.³⁶⁹

Refugees and migrants from Venezuela have been forced to resort to negative coping mechanisms to

359. According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), in Argentina, where more than 85 per cent of the total population of refugees and migrants of the sub-region live, poverty rates may increase by more than 10 per cent equivalent to almost 40 per cent of the total population of the country. ECLAC (July 2020), *Enfrentar los efectos cada vez mayores del COVID-19 para una reactivación con igualdad: nuevas proyecciones*. Retrieved on October 21: https://repositorio.cepal.org/bitstream/handle/11362/45782/4/S2000471_es.pdf

360. The Joint Needs Assessment of the Southern Cone (henceforth Southern Cone R4V Platform, September 2020) is the result of 5 workshops held in September 2020 with most of the 40 partners in the four countries of the Platform to analyze under a common conceptual framework 32 documents (general researches, surveys, programmatic internal reports, etc.) of recent editions capturing the situation of refugees and migrants of Venezuelan in the Sub-region.

361. Inter-American Development Bank, Altamirano Montoya, Álvaro; Azuara Herrera, Oliver; González, Stephanie (April 2020), *¿Cómo impactará la COVID-19 al empleo?: Posibles escenarios para América Latina y el Caribe*. Retrieved on: October 21, 2020. <http://dx.doi.org/10.18235/0002301>

362. Southern Cone R4V Platform, September 2020; also see OECD (July 2020), "Informalidad e Inclusión Social en Tiempos de COVID-19: Cumbre Ministerial OCDE-ALC sobre la Inclusión Social." Retrieved on 21 October 2020: <https://www.oecd.org/latin-america/events/cumbre-ministerial-sobre-inclusion-social/2020-OCDE-LAC-Ministerial-Informalidad-y-la-proteccion-del-empleo-durante-y-despues-de-COVID-19.pdf>

363. Vid note 360.

364. OECD et al. (2019), *Latin American Economic Outlook 2019: Development in Transition*, OECD Publishing. Retrieved on October 22 2020: https://www.oecd-ilibrary.org/development/latin-american-economic-outlook-2019_g2g9ff18-en

365. Informal employment rate Bolivia: 80 percent. Source: Oficina Internacional del Trabajo (2018), "Mujeres y Hombres en la Economía Informal: Un panorama Estadístico." Retrieved on 21 October 2020: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_635149.pdf

366. Informal employment rate Paraguay: 65,2 per cent. Source: Dirección General de Estadística, Encuestas y Censos de Paraguay (2012), *Encuesta Permanente de Hogares 2017*. <https://www.dgeec.gov.py/news/DGEEC-presento-datos-sobre-ocupacion-informal-en-el-pais.php>

367. ONU Mujeres (2020), *Pandemia, Políticas públicas y Desigualdades*. Retrieved on 21 October 2020: <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2020/07/medidas%20de%20politica%20publica-%20onu%20mujeres%20-%20julio2020.pdf?la=es&vs=5117>

368. UNHCR (June 2020), "Respuesta para la recuperación socioeconómica de las personas refugiadas, solicitantes de asilo y otras personas de interés del ACNUR en las fases de emergencia y post emergencia COVID-19." Retrieved on 21 October 2020: <https://data2.unhcr.org/en/documents/details/78117>

369. UNHCR (June 2020), "Documento de políticas del Secretario General sobre la COVID-19 y las personas en movimiento". Retrieved on October 21 2020 https://www.un.org/sites/un2.un.org/files/sg_brief_c19_people_on_the_move_spanish.pdf

reach food security. In fact, one study notes that the proportion of refugees and migrants who only have one meal or did not eat during the previous day increased 2.5 times compared to the period before the Coronavirus³⁷⁰ In line with this, refugees and migrants from Venezuela reported to R4V partners that they face serious challenges in maintaining three meals a day. Welfare and other public policies which have been put in place to assist the most vulnerable, are often inaccessible for refugees and migrants from Venezuela due to legal or administrative barriers and gaps in national programmes.

In addition to facing difficulties in accessing primary health care (especially those in an irregular situation), refugees and migrants from Venezuela report challenges in accessing adequate WASH services, which has direct repercussions on their physical well-being and increase the possibility of contagion.³⁷¹ The health crisis has exposed refugees and migrants from Venezuela to immense stress due to prolonged isolation in overcrowded conditions and fear of the future, which was further exacerbated by a limited access to psychosocial and mental health services.³⁷²

Regarding the protection context, border closures have limited refugees and migrants from Venezuela accessing the territory, and this scenario will likely continue at least during the first part of 2021. The situation in some of the main entry areas is fragile and international protection claims, access to regularization, as well as requests to allow for exceptions to enter the country for humanitarian reasons (e.g. family reunification, pregnant women, medical reasons, etc.) could be jeopardized.

Mechanisms to request international protection and to regularize migratory conditions are under increasing pressure with significant backlogs and delays to process cases.³⁷³ The lack of adequate documentation from the country of origin, relatively high administrative costs for obtaining or processing required documentation and limited office hours due to the impact of the pandemic, among other factors, are obstacles to the regularization of refugees and migrants from Venezuela.³⁷⁴ Those factors are further aggravated in the cases of groups with specific needs which may face additional obstacles, including in terms of discrimination and lack of access to information.

Physical distancing measures, have led to an increase of incidents of gender-based violence (GBV) against women, girls and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) people, and weakened child protection monitoring systems, resulting in an increase in domestic violence, sexual abuse and labour exploitation.³⁷⁵ With borders closed totally or partially, refugees and migrants from Venezuela desperate to reach their destination are more likely to seek services of smugglers for irregular entry or stay in the country, exposing themselves to increased risks of trafficking, exploitation and abuse.

Finally, in a sub-region characterized in general for its traditional hospitality, the COVID-19 pandemic has caused some concerning changes in the way in which Venezuelan refugees and migrants are received by host communities, with an increase in xenophobic incidents³⁷⁶, mainly in border areas, associated with fears of contagion or competition over access to public services or employment opportunities.³⁷⁷

SUB-REGIONAL RESPONSE STRATEGY

Planning Scenario

For 2021, it is expected that as a result of the continued impact of the pandemic there will be a moderate increase of refugees and migrants from Venezuela present in the Southern Cone.

Governments' approaches to asylum and migration in the region have been characterized by policies of open borders based on human rights and, in general, a history of welcoming environments with integration opportunities for Venezuelans, reflected in free and universal access to education and healthcare, as well as the recognition of the right to work. For 2021, this will be subject to additional uncertainties considering the difficult balance between public health priorities and maintaining the openness of borders: all against complex political, economic and social developments in the sub-region.

In the four countries of the sub-region, the health emergency has contributed to an overall fragile socio-economic situation mainly caused by the general reduction of incomes which has exacerbated the needs

370. World Food Programme (Julio 2020), "Crisis sin precedentes por la COVID-19 afecta gravemente la seguridad alimentaria de migrantes en América del Sur". Retrieved on October 21 2020: <https://es.wfp.org/noticias/crisis-sin-precedentes-covid-19-golpea-alimentacion-migrantes-America-del-Sur>

371. See similarly: <https://www.who.int/es/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome>

372. UNHCR (June 2020), "Documento de políticas del Secretario General sobre la COVID-19 y las personas en movimiento". Retrieved on October 21 2020 https://www.un.org/sites/un2.un.org/files/sg_brief_c19_people_on_the_move_spanish.pdf

373. Southern Cone R4V Platform, September 2020.

374. Ibid.

375. See similarly Grupo de Protección RedLac (June 2020), Riesgos de protección asociados a la violencia en el marco de la pandemia de COVID-19. Retrieved on October 20 2020: <https://reliefweb.int/sites/reliefweb.int/files/resources/Riesgos%20de%20proteccion%20asociados%20a%20violencia%20en%20el%20marco%20de%20la%20pandemia%20de%20COVID-19.pdf>

376. Guterres, Antonio (2020, Agosto). Mensaje oficial Día de Conmemoración de las Víctimas de Actos de Violencia basados en la Religión o en las Creencias. Retrieved on October 21 2020: <https://news.un.org/es/story/2020/08/1479372>

377. Southern Cone R4V Platform, September 2020.

of refugees and migrants from Venezuela, as well as of the affected host communities. It is expected that refugees and migrants from Venezuela arriving in the Southern Cone countries in 2021 will have more limited resources and will need greater humanitarian support to meet their basic needs.³⁷⁸ This situation also has a direct impact on their ability to settle and integrate in the countries and is a key element in establishing priority lines of action for RMRP 2021 to cover humanitarian and development-orientated support.

The specific context of each country in the Southern Cone requires a differentiated approach for national priorities within the sub-regional response. Argentina, which hosts the highest number of Venezuelan refugees and migrants in the sub-region, has been facing a particularly complex social and economic situation resulting from several years of economic crisis, worsened by the impact of the pandemic, with overburdened public services in specific areas and territories. As such, challenges for the inclusion of Venezuelans in certain public policies persist, for example as concerns the access to basic emergency subsidies (due to documentation requirements or years of residence needed), and hindrances to the recovery of livelihood opportunities. Changes in the government in Bolivia could have an impact in the policies and administrative frameworks for refugees and migrants from Venezuela and affect their ability to exercise their rights (including access to documentation and inclusion in education and healthcare). In Paraguay, key challenges have been identified regarding protection, mainly related to access to documentation and the prevention of GBV, as well as the access to essential services such as healthcare. High costs of living in Uruguay and the effects of the pandemic require increasing humanitarian assistance for refugees and migrants from Venezuela, particularly regarding access to job opportunities and adequate housing.

As highlighted above, measures linked to containment and prevention of COVID-19 have indirectly also increased some risks related to trafficking, abuse and exploitation. In 2021, the Sub-regional Platform will scale up assistance to refugees and migrants from Venezuela who seek access to countries in an irregular manner and for those who are at higher risk of exploitation in the informal labour market and who face reductions of their incomes.

While Venezuelan refugees and migrants are expected to continue to settle in metropolitan and border areas, the sub-regional response will also reinforce activities implemented in other locations as well as in border regions.

Response scope and priorities

In light of the considerable political and economic uncertainties in the sub-region and the identified increased vulnerabilities faced by refugees and migrants from Venezuela, R4V partners will need to expand their support across the sectors of the

RMRP, to governments and to host communities to support them in maintaining access to protection, basic services and integration opportunities.

The priority of the response will be to support and implement actions in each of the four countries of the sub-region to improve the human rights situation of refugees and migrants and improve their access to essential goods and services. This will be achieved both by means of direct assistance as well as by strengthening and complementing public and host community capacities.

Direct assistance will be centred on providing and improving access to essential goods, services and facilitating access livelihoods, to increase resilience and integration opportunities for Venezuelans. Additionally, the prevention and mitigating of protection risks will be prioritized, in particular those of people living in the most vulnerable conditions and with specific needs, among them: girls, boys and adolescents; women, especially single mothers; pregnant women; persons with chronic illnesses, and physical and mental disabilities; the elderly; the LGBTQI+ population; the afro-descent population; and workers in the informal sector.

Regarding indirect assistance, the response will seek to strengthen advocacy work and the coordination with state agencies through technical support for development and capacity-building, mainly aimed at the regularization and documentation processes and the reinforcement of national asylum systems, as well as response capacities in health and education.

To inform the operational strategy, Sub-regional Platform partners will work to strengthen the systematic compilation of data on trends, statistics and needs of refugees and migrants from Venezuela in all the sectors, based on a differentiated approach allowing to analyse the age and gender disaggregated data.

Another key priority for the Platform in 2021 will be to make the humanitarian needs of refugees and migrants from Venezuela more visible in countries such as Argentina and Uruguay. Both countries are often disadvantaged in terms of resource allocation as they are middle-income countries – yet the humanitarian needs of refugees and migrants, as well as the affected host communities require significant support by the international community in all four countries. In this sense, the Platform will continue producing and disseminating key information particularly to the international donor community, while ensuring regular participation of donors in Platform meetings and visits to joint projects, among other activities. The Platform will also maintain a regular dialogue with other regional and national initiatives that impact on refugees and migrants from Venezuela.

Finally, the expansion of the territorial scope of activities in 2021 constitutes another notable development. This expansion is based on increasing needs in provinces or departments with higher concentrations

378. Ibid.

of refugees and migrants from Venezuela (e.g. Cordoba, Mendoza in Argentina, Rivera and Chuy in Uruguay, Cochabamba in Bolivia, and Encarnacion in Paraguay, among others which emerged from the joint needs assessment), as well as the increased capacities of partners to respond in these locations.

To implement the strategy of the Southern Cone, the Sub-regional Platform is organized around four groups of sectors to coordinate the operational response:

- Multisector, composed of Shelter, Nutrition, Food Security, Humanitarian Transportation and WASH;
- Health;
- Protection, including Child Protection, GBV, and Human Trafficking and Smuggling Sub-sectors;
- Integration and Education.

The Multisector Group will use the modalities of cash and voucher assistance (CVA) when appropriate and secure to provide humanitarian assistance covering basic needs, and non-food items in those cases where it is most effective for responding to needs of refugees and migrants. During 2020, the use of CVA was considerably increased to support mainly shelter and food needs. Tools such as pre-paid cards, virtual wallets allow partners to reach beneficiaries who, owing to their lack of documentation, are unable to open a bank account.

Response principles

Activities included in RMRP 2021 are consistent with priorities established in the Joint Needs Analysis. All Sectors will continue coordinating the implementation of interventions on the basis of joint guiding principles, with a specific focus on age, gender, diversity (AGD) and the principle of Centrality of Protection.

Communication with communities (CwC) and participation of the refugees and migrants from Venezuela and affected host communities to identify risks, needs and develop adapted solutions, will be taken into consideration by all Sectors. In fact, several national associations representing Venezuelan refugees and migrants are R4V partners and the Platform will capitalize on their expertise and viewpoints.

To maintain the highest standards of protection in all interventions, R4V partners commit to establishing mechanisms and systems for the protection from sexual abuse and exploitation (PSEA) and to implement a zero-tolerance policy on sexual harassment.



MULTISECTOR



FOOD SECURITY AND NUTRITION

PEOPLE IN NEED*: 189 K ↑43.2% ↑8.10% ↑40.5% ↑8.20%

PEOPLE TARGETED*: 18.4 K ↑41.6% ↑7.40% ↑42.5% ↑8.50%

TOTAL REQUIREMENTS: \$2.62 M RMRP PARTNERS: 13



SHELTER

PEOPLE IN NEED*: 62.8 K ↑44.4% ↑5.95% ↑43.3% ↑6.35%

PEOPLE TARGETED*: 23.7 K ↑42.3% ↑6.59% ↑43.4% ↑7.71%

TOTAL REQUIREMENTS: \$4.79 M RMRP PARTNERS: 12



HUMANITARIAN TRANSPORTATION

PEOPLE IN NEED*: 2.70 K ↑36.3% ↑5.45% ↑52.4% ↑5.85%

PEOPLE TARGETED*: 1.74 K ↑43.7% ↑6.43% ↑42.9% ↑6.97%

TOTAL REQUIREMENTS: \$656 K RMRP PARTNERS: 5



WASH

PEOPLE IN NEED*: 38.8 K ↑46.2% ↑4.95% ↑43.9% ↑4.95%

PEOPLE TARGETED*: 11.8 K ↑45.5% ↑5.00% ↑44.2% ↑5.30%

TOTAL REQUIREMENTS: \$537 K RMRP PARTNERS: 7

*Includes figures for in-transit population

SECTOR LEADS

IDAS Y VUELTAS-IOM-MANOS VENEGUAYAS
-RED CROSS MOVEMENT-UNHCR

PRIORITY NEEDS

The complex economic and social situation triggered by the COVID-19 pandemic has led to a rapid drop in the income of refugees and migrants from Venezuela. It has moreover reduced their capacity to afford sufficient and nutritious food and to access decent temporary accommodation and/or mid-term housing solutions, while large numbers of the population face legal or operational barriers to access emergency public policies as described above.

In Argentina, a report showed that 87 per cent of the 6,269 Venezuelans surveyed had food needs they could not cover using their own livelihoods,³⁷⁹ while 70 per cent of the refugees and migrants from Venezuela surveyed in Bolivia said that their ability to cover their

379. Asoven, Cuarto corte analítico de la encuesta solidaria, junio 2020, p. 6.

households' basic food needs were poor or very poor.³⁸⁰ In Paraguay, 45 per cent of the respondents noted that they had only partial or no access at all to food in Paraguay even before the onset of the pandemic.³⁸¹

Regarding shelter needs, in main urban areas of settlement of the refugee and migrant population, collective accommodations are becoming increasingly overcrowded and are in precarious conditions, including as relates to the lack of sanitary facilities.³⁸² In border areas, the lack of sufficient infrastructure for newly arriving refugees and migrants who are often in very vulnerable conditions has been aggravated by the reduction of available spaces in the collective shelters. This was done in order to comply with quarantine measures which require additional space for physical distancing. Refugees and migrants from Venezuela renting rooms or apartments also face conflicts with property owners, often leading to evictions³⁸³ and/or accumulating debts.³⁸⁴

Sanitation and hygiene kits are not available in sufficient quantities according to R4V needs assessments³⁸⁵ in particular for women and families with children.

Venezuelan refugees and migrants arriving in vulnerable conditions continue to be in need of transport from border areas to urban centres in order to carry out their regularization procedures, to access services such food programmes, shelter, health or education and some need to reach destination locations so to be reunited with their families.³⁸⁶

RESPONSE STRATEGY

Scope of the response

In 2021, humanitarian assistance programmes and multipurpose cash transfers will be significantly expanded. In particular food security and nutrition interventions will seek to ensure the continuity of sufficient and quality food, expanding the number of refugees and migrants from Venezuela reached by increasing the delivery of food baskets and CVA, aiming to systematically reaching more areas within the Southern Cone countries (e.g. Cordoba, Mendoza and Salta in Argentina, Rocha and northern border Departments in Uruguay, Ciudad del Este and Encarnacion in Paraguay, Tarija, Chuquisaca, Potosí in Bolivia, among others).

Response priorities

The Sector will strengthen coordination mechanisms with national and sub-national food and nutrition programmes, including to promote the inclusion of refugees and migrants from Venezuela in these programmes and to consolidate the identification of vulnerabilities and referral capacities.

Partners will work towards adequate solutions for temporary individual and/or collective shelter assistance by supporting the upgrading of publicly managed or civil society-run facilities and by seeking to expand shelter capacities through infrastructure improvements and provision of basic elements for adequate housing such as bedding or household goods. Shelter Sector actors will articulate/update the mapping of available temporary shelters (incl. through the Regional R4V Service mapping tool) and jointly with the Protection Sector develop strategies to support refugees and migrants that have been subject to evictions through a range of services, including shelter and legal advice.

Humanitarian Transportation will be provided in a safe, human and dignified manner, coordinating and promoting the collaboration between different actors, such as state agencies and non-governmental organizations. Assistance will be provided based on a standardized survey that will identify Venezuelan refugees and migrants who require assistance for internal transportation.

A specific focus will be the support to refugees and migrants from Venezuela and affected host communities in complying with prevention measures against COVID-19 and other communicable diseases through the provision of tailored WASH services. R4V members will continue mapping and identifying these specific basic needs on access to water, sanitation and hygiene services in shelters and hostels, and to assist in improving their provision on an ongoing basis. The provision of supplies will include hygiene kits to promote key hygiene habits such as hand washing with soap, treatment and disinfection of water for human consumption and proper disposal of excreta. Hygiene and sanitization items will be provided on the basis of differential needs of women and children. The lines of action for R4V partners in the field of WASH in 2021 will seek to expand the availability of bathrooms in shelters in order to enhance access to sanitation. The Sector will also seek to improve the provision of essential hygiene supplies and supplies for the prevention and control of COVID-19, such as soap and alcoholic gel, considering differing needs according to gender- and age-specific requirements.

380. La situación actual de los venezolanos en Bolivia, Línea de base proyecto EUROPA, marzo 2020, p. 22.

381. DTM, Monitoreo de Flujo de población venezolana, ronda 2, Oct-Nov 2019, p. 16.

382. Cruz Roja Argentina, Impacto de la pandemia en población migrante, June 2020, Argentina

383. Asoven, cuarto corte analítico de la encuesta solidaria, junio 2020; La situación actual de los venezolanos en Bolivia, Línea de base proyecto EUROPA, marzo 2020, p. 18.

384. Cruz Roja Argentina, Impacto de la pandemia en población migrante, June 2020, Arg.

385. Southern Cone R4V Platform, September 2020.

386. Ibid.

Throughout their work, partners will prioritize the most vulnerable groups, including women, girls, boys, adolescents, the elderly, and people with specific needs are a priority in the Multisector response.

Response modalities

The specific needs of refugees and migrants from Venezuela in terms of nutrition and food security will be monitored and evaluated in order to more accurately assess the number of people who are in situations of food insecurity, including as a result of the pandemic. Regarding Food Security and Nutrition, the provision of food baskets, supporting community kitchens and facilitating cash transfers will be continued. For the shelter response, CVA will be provided for rental assistance, while seeking medium and long-term housing solutions. The main response modality for Humanitarian Transportation will be through the delivery of transport vouchers by R4V partners in alliance with urban and interurban transport companies and providing in-kind transportation services from the border areas to nearby accommodations or urban centers. For WASH, the primary modalities will be in-kind service provision through direct infrastructure interventions and distribution of NFIs.

Integrated response approaches

The coordination of activities among the different partners, complementing government initiatives is planned. Periodic Multisector meetings will be held to identify synergies and agree on joint actions in all areas. Intervention protocols with standards and steps to follow will be developed to provide assistance, especially at the border where joint actions are articulated. In parallel, it is intended to coordinate a mechanism of referrals of cases to avoid revictimization.

Assessments of needs will continue on an ongoing basis, while consultations with refugees and migrants from Venezuela as well as with host communities, including the use of feedback mechanisms, will be strengthened. These efforts are crucial to ensuring that interventions address the most urgent needs and to ensure accountability to affected populations (AAP).



HEALTH

PEOPLE IN NEED*

122 K

↑ 43.2% ↑ 7.34% ↑ 41.7% ↑ 7.76%



PEOPLE TARGETED*

34.5 K

↑ 42.6% ↑ 8.10% ↑ 40.8% ↑ 8.50%



TOTAL REQUIREMENTS

\$1.17 M



RMRP PARTNERS

12



*Includes figures for in-transit population

SECTOR LEADS IOM-UDELAR-UNAIDS-UNICEF-WHO/PAHO

PRIORITY NEEDS

The capacity of the public healthcare system in all four countries of the sub-region has been seriously overstretched, particularly in Bolivia and Paraguay, due to the impact of the COVID 19 in already territorially and socio-economically fragile services.³⁸⁷ Many refugees and migrants from Venezuela live in cities with higher levels of infrastructure, but an increasing number in vulnerable situations lacks access to most basics health responses.

Of particular concern is the lack of timely and adequate medical care and treatments for refugees and migrants from Venezuela that are in need of oncology treatments, with infections and diseases, such as HIV/AIDS or other sexually transmitted infections (STIs), tuberculosis, diabetes, hypertension, and neurological illness, among others.³⁸⁸

In all four countries, refugee and migrant women, children and the elderly have encountered delays in obtaining

387. Marco de las Naciones Unidas para la respuesta socioeconómica inmediata ante el COVID-19 en Paraguay, 2020, p. 18; Análisis inicial de las naciones Unidas COVID-19 en Argentina: Impacto socioeconómico y ambiental, 2020, p. 17

388. CAREF, Reseña sobre situaciones relacionadas con el acceso a la salud atendidas en CAREF en contexto de COVID-19., junio 2020, Argentina, p. 1.

regular vaccines, controls, treatments and medical examinations due to COVID-19-related temporary lockdown measures. There is a need to resume these procedures in order to provide adequate medical attention.³⁸⁹

Sexual and reproductive health is of particular concern, both in terms of care and prevention. The pandemic and temporary lockdown measures have made access to usual pre-natal controls, to medicines such as iron or folic acid, to contraceptives, as well as to professional counselling services even more difficult than before the onset of COVID-19, especially for Venezuelan women.³⁹⁰

The measures taken for physical distancing and lockdowns due to the pandemic have affected the mental health situation of a large proportion of the refugee and migrant population, causing increasing stress levels due, for example, to the loss of income, anxiety and anguish due to isolation and uncertainties of the future implying the need to reinforce psychosocial support and care across the sub-region.

RESPONSE STRATEGY

Scope of the sector response

In 2021, R4V partners will continue collaborating with governments to raise awareness about the importance of access to and information about healthcare services for refugees and migrants from Venezuela, prioritizing the most vulnerable cases and providing integral and comprehensive care that pays attention to age, gender and intercultural perspectives. R4V partners will increase advocacy to ensure that refugees and migrants from Venezuela in need of medical care are attended to and integrated into national healthcare plans and mechanisms regardless of their status.

R4V partners remain committed to complementing public policies regarding access to healthcare and coverage, including actions on mental and sexual and reproductive health. The strengthening of health institutions by supporting health infrastructure with equipment and protection elements, such as masks and alcoholic gel, but also with oximeters, respirators and stretchers stands out as another key priority for 2021. In addition, R4V partners will also seek to reinforce capacities of healthcare personnel through trainings that incorporate an intercultural perspective in the care of refugees and migrants from Venezuela. Actions will be taken to produce and disseminate timely information related to access to healthcare services in the four countries of Southern Cone regarding legal and administrative regulations concerning the right to health and access to healthcare services for refugees and migrants from Venezuela.

It is intended to develop physical and mental healthcare networks that promote trust and empowerment of Venezuelan migrants and refugees. Based on the above, R4V partners expect to reach the target population with primary medical and psychosocial

attention, accompaniment and coordination of studies, treatments and medical controls.

Response priorities

The early identification of chronic diseases and/or disabilities will be prioritized to achieve timely referrals to support with medication and required specialized care. When vulnerable cases among refugees and migrants from Venezuela cannot access healthcare due to a lack of required documentation, partners will accompany them to access such medical care. Special consideration will be taken with regard to populations at-risk of COVID-19.

In the event of a vaccine for COVID-19 becoming available in 2021, the Sector will advocate for and will stand ready to promote efforts for equal access for refugees and migrants from Venezuela.

R4V partners will develop and disseminate information materials that include, in addition to access to healthcare, information about mental health and sexual and reproductive health. Network services to provide mental health support and accompaniment will be strengthened particularly within Venezuelan organizations.

To strengthen access to health information, healthcare and coverage of Venezuelan refugees and migrants, a mapping of existing health services and how they can be accessed according to the regulations in place in each country of Southern Cone will be carried out by partners.

Partners will strengthen communication with health authorities in the Southern Cone, including to mainstream the right to health of refugees and migrants from Venezuela in public policies.

Regarding prevention and control of diseases, partners will obtain strategic information through the collection of records on immunizations and also on diseases to provide medical support, medical supplies to those with permanent medical prescription, manage the coordination of medical studies, provide psychosocial care and give continuity to medical treatments, vaccination schedules and medical controls.

Health establishments will be supported through the provision of equipment and supplies such as oximeters and healthcare kits. Finally, partners will reinforce the competencies of healthcare personnel through trainings on rights, gender and intercultural approaches to better anticipate and respond to needs of refugees and migrants from Venezuela.

Response modalities

The Health Sector response will adopt CVA as an assistance modality as appropriate. Cash transfers to pay for healthcare services and medicines or e-vouchers will be possible to use in Pharmacies. In addition, in-kind support will be provided to health facilities which will be directly supported through the provision of equipment.

389. Ibid. Análisis inicial de las naciones unidas covid-19 en argentina: impacto socioeconómico y ambiental, 2020, pp. 18-23.

390. Ibid, p. 22.



INTEGRATION | EDUCATION

PEOPLE IN NEED*

235 K | 16.9 K

43.9% | 28.2%
 7.13% | 18.6%
 41.7% | 32.6%
 7.27% | 20.6%



PEOPLE TARGETED*

158 K | 4.91 K

44.6% | 34.0%
 6.49% | 11.0%
 42.3% | 41.0%
 6.61% | 14.0%



TOTAL REQUIREMENTS

\$13.0 M | \$1.70 M



RMRP PARTNERS

20 | 7



*Includes figures for in-transit population

SECTOR LEADS

ADRA-IOM-UNHCR

PRIORITY NEEDS

Unemployment and the reduction of livelihood opportunities in self-employment or entrepreneurship and the increased prevalence of informal labour

in 2020 have both contributed significantly to a higher risk of exploitation and abuse of refugees and migrants.³⁹¹ For the Integration and Education Sectors, there is thus a significant need to scale-up interventions in 2021 to assist refugees and migrants from Venezuela with targeted support.

The private sector in the four countries has shown a reluctance to employ refugees and migrants due to a lack of knowledge of hiring procedures and labour rights, or a complex legal framework, among other reasons.³⁹²

Obstacles within domestic legal frameworks and reduced operational capacities to promote regularization and documentation have been identified by the Sectors³⁹³ and will continue to have a direct impact on the opportunity to develop livelihood opportunities for refugees and migrants. Moreover, they have not been systematically included³⁹⁴ in public policies set-up to mitigate the economic impact of the COVID-19 pandemic on the population. The supportive measures adopted, and which have included support to companies to cover wages temporarily, to provide easier access to seed funding and/or micro-finance support, should include refugees and migrants from Venezuela. Insufficient child-care facilities in the Southern Cone also represent a challenge for refugees and migrants from Venezuela as it hinders parents from seeking employment.³⁹⁵

One key finding of the needs assessment for the sub-region is that insufficient access to financial products and lack of financial education has generated a greater informality both in employment and self-employment activities. In some cases, the assessment shows that there are entire families without a bank account, severely impeding their access to formal employment, their ability to purchase services such as internet or mobile phones, and their ability to obtain credits for small investments, among other issues.³⁹⁶

Refugees and migrants from Venezuela face considerable challenges also in term of legal obstacles, excessive delays, and high costs for the recognition and/or certification of diploma, titles and competencies which keep them from accessing decent and/or better job opportunities.³⁹⁷

391. Análisis inicial de las naciones unidas covid-19 en argentina: impacto socioeconómico y ambiental, 2020: Link: <https://www.onu.org.ar/stuff/Informe-COVID-19-Argentina.pdf>; DTM, OIM, 4ª Ronda, Sept. 2019 Link: <https://displacement.iom.int/system/tdf/reports/INFOGRAFIA%20RONDA%204%20CABA.pdf?file=1&type=node&id=9765>; La situación actual de los venezolanos en Bolivia, Línea de base proyecto EUROPA, marzo 2020, p. 4: p. 11. Colectivo agenda migrante, informe final sobre la "situación de la población migrante/extranjera en argentina ante el avance del coronavirus. (Miembro de la Asociación de Venezolanos en Cuyo)", p. 21.; Refugiados y Migrantes Venezolanos en América Latina y el Caribe. Respuesta de la OIT. Noviembre 2019.

392. Southern Cone R4V Platform, September 2020.

393. CAREF, CELS: Laberintos de papel: Desigualdad y regularización migratoria en América del Sur, sept. 2020., Link: https://www.cels.org.ar/web/wp-content/uploads/2020/10/CELS_Migrantes_digital_Final-1.pdf

394. Colectivo agenda migrante, informe final sobre la "situación de la población migrante/extranjera en argentina ante el avance del coronavirus: Link https://drive.google.com/file/d/1bsBrQBf3yZ-PcWiz_LOQ4UUw6NUZSlfj/view; Impacto socio económico de la pandemia en Uruguay, naciones unidas, 2020.

395. ONU Mujeres, pandemia, políticas públicas y desigualdades de género en Uruguay, 2020.

396. Colectivo agenda migrante, informe final sobre la "situación de la población migrante/extranjera en argentina ante el avance del coronavirus: "Ninguna persona se ha bancarizado. Varios tienen tarjeta de débito, pero la gente va y saca en efectivo. A muchos sus jefes les quieren depositar, pero no tienen cuenta y tampoco saben cómo hacerlo". (Referente de la UCIC de Córdoba), p. 20.

397. Adecco Group, La realidad invisible: la integración pendiente de los migrantes en Argentina, 2019: "Sobre 539 casos encuestados, verificamos 112 Ingenieros, 106 Licenciados y 26 Técnicos. Es decir, el 45,26% de los migrantes tienen un título de grado, tecnicatura o estudios superiores. De ese porcentaje, sólo el 12,24% de ellos trabaja o ejerce gracias a su título (66 personas)." <https://www.adecco.com.ar/wp-content/uploads/2020/02/PAPER-La-realidad-invisible-la-integraci%C3%B3n-pendiente-de-los-migrantes-en-Argentina.pdf>

Total or partial school closures have challenged continuity in the education of children. Refugees and migrants from Venezuela have been particularly affected due to the fact that many have limited connectivity and/or lack IT equipment to participate in virtual formats. Irregular status and lack of proper documentation has further impeded access to primary or higher education and/or to obtain other certification for a growing number of refugees and migrants from Venezuela.

RESPONSE STRATEGY

Scope of the sector response

R4V partners of the Sectors will promote self-reliance through supporting access to decent job opportunities. This will be done by including refugees and migrants in job matching platforms, disseminating information and implementing sensitization activities for employers and capacity-building for government institutions in charge of recognition and certification of titles and diploma. In addition, strengthening opportunities for self-employment and entrepreneurship will be prioritized by working both with refugees and migrants directly, as well as with employers, chambers of commerce, financial institutions, national and local governments.

The response of the Integration Sector will include support to affected host communities (planning to reach more than 17,000 persons), in order to reduce negative sentiments towards refugees and migrants from Venezuela and to improve the overall integration environment in all four countries.

The response will also enhance interventions for financial inclusion to facilitate refugees' and migrants' access to bank accounts and other financial services with more than 250 workshops planned in the four countries and the conclusion of agreements with banks and financial service providers to include refugees and migrants from Venezuela in their programmes.

The Education Sector will strengthen the dialogue with different public education institutions, schools and universities to promote inclusion of refugees and migrants from Venezuela, particularly in preschool, primary and secondary education. Finally, RMRP 2021 actions will also aim to reduce costs, eliminate barriers and accelerate processes for the recognition of academic titles, as well as to develop tools for the certification of skills.

Response priorities

Partners will implement activities to enhance economic, financial, social and cultural inclusion of refugees and migrants from Venezuela. Five lines of strategic actions will direct the activities of Integration and Education Sectors:

- Promote opportunities for labour and financial inclusion for refugees and migrants from Venezuela, fostering instances of articulation between public organizations, private sector and R4V partners.
- Implement mentoring schemes for refugees

and migrants from Venezuela.

- Strengthen the articulation with different public bodies and educational institutions to improve educational inclusion, educational continuity and improve administrative processes for validating qualifications and skills for refugees and migrants from Venezuela.
- Social cohesion activities will be implemented in order to promote socio-cultural integration.
- CVA will be used to provide seed capital or micro finances support and for education it will be used to provide support in-kind and to provide school kits.

R4V partners will prioritize activities to support refugees and migrants from Venezuela who are unemployed or work in the informal labour market, as well as persons with specific needs and those in an irregular situation. Sector interventions for those with specific needs will be coordinated with the Protection Sector.

As an example of such joint activities for 2021, R4V partners will hold workshops to provide information and tools for job search and placement, elaborate guidelines for job interviews, writing resumes, and work towards increasing basic knowledge of the rights of refugee and migrant workers in the four countries. Similarly, the Sector will implement activities to raise awareness about GBV and SH and its implications in the workplace. Most of the activities submitted under the RMRP 2021 on the issue of labour inclusion have a strong focus on strengthening existing job boards.

R4V members will equip refugees and migrants with mobile phones and notebooks to facilitate their access to new virtual learning and workplace realities that have formed in response to the COVID-19 pandemic. Refugees and migrants as well as affected host communities will further be supported in carrying out self-employment and entrepreneurship initiatives with assistance from the private sector to monitor and accompany their initiatives. It is also planned to assist with seed capital or microcredits, as well as self-management training on business strategy and marketing tools.

Every effort will be made to ensure that refugees and migrants from Venezuela are enrolled in formal educational institutions or alternative education programmes and to also assist them in the recognition and validation of degrees and skills. Awareness campaigns will be carried out among Education Sector personnel on human rights, migration, asylum and social inclusion, emphasizing integration of children and adolescents with special needs. Formal and non-formal education approaches will be supported through the provision of school supplies. Educational and play materials will also be provided to refugees and migrants in shelters. Children and adolescents in irregular situations will be a focus of the above-mentioned activities, particularly in Bolivia and Paraguay.

A perspective of intercultural diversity that considers

gender, age and sexual orientation, among other factors, will be transversal for the RMRP 2021.

Integrated response approaches

The Education and Integration Sectors will seek synergies with other Sectors in all of their activities and in line with the overarching Platform coordination mechanisms that regularly connect the different Sectors for an active and ongoing exchange. In particular, given that regularization processes for refugees and migrants from Venezuela are a prerequisite for access to education and integration of refugees and migrants from Venezuela, the Sectors will work closely with the Protection Sector to generate synergies for effective inclusion of refugees and migrants (e.g. awareness campaigns and training and sensitization activities about the validity of documentation to access formal work and education, advocacy with migration and refugee authorities to modify legal or institutional obstacles to work, etc.).



PROTECTION

PEOPLE IN NEED*

107 K

↑ 42.7% ↑ 12.2% ↑ 34.7% ↑ 10.4%



PEOPLE TARGETED*

39.0 K

↑ 40.8% ↑ 14.3% ↑ 29.6% ↑ 15.3%



TOTAL REQUIREMENTS

\$6.01 M



RMRP PARTNERS

12



*Includes figures for in-transit population

SECTOR LEADS 100% DIVERSIDAD Y DERECHOS-IOM-UNHCR

PRIORITY NEEDS

Based on a scenario of total or partial closure of borders for at least some period of 2021, one of the most important challenges ahead will be to contribute to refugees' and migrants' ability to access to territory, regularization mechanisms and international protection. In this respect, the Platform will strengthen monitoring at borders entry points (e.g. La Quiaca, Iguazú, Mendoza, etc. in Argentina, Desaguadero and Guayamerín in Bolivia, Chuy and Uruguayana in Uruguay, among others) and increase advocacy efforts with national authorities.

Likewise, although the public health measures implemented in early 2020 in the Southern Cone have led to considerably lower numbers of new arrivals through formal entry points, the situation has led to an increase in irregular entries and a proliferation of transnationally operating criminal networks,

including for human trafficking and smuggling.³⁹⁸

It should be noted that the capacities of governments to process asylum claims of Venezuelans, regularize migrants according to national legal frameworks and, in some cases, to issue proper documentation after the asylum or migration procedures were reduced or temporarily suspended.³⁹⁹ As a result, there are still significant numbers of refugees and migrants in irregular situations, particularly in Bolivia.⁴⁰⁰

Difficulties in accessing mechanisms for requesting international protection, regularization of status and/or documentation aggravate the legal and/or operational obstacles faced by groups with specific protection needs. These include pregnant women or women at risk of abuse and/or trafficking, children, people with chronic illnesses or physical disabilities, the elderly or the LGBTQI+ population. This group faces obstacles in accessing essential protection services, while also being largely excluded from national social programmes, financial services, among others.

The limitations in accessing the formal labor market due to lack of proper documentation promotes labour exploitation in informal spaces and precarious employment for refugees and migrants from Venezuela.

RESPONSE STRATEGY

Scope of the response

R4V partners will seek to strengthen institutional support to relevant actors and improve refugees' and migrants' access to protection programmes and systems at the national and local level, provide assistance and specialized protection services to address the priority needs of the most vulnerable groups with specific protection needs of women, girls, boys and adolescents, survivors of GBV and victims of trafficking (VoTs), the elderly, people with disabilities and the LGBTQI+ population. Operational approaches will take into account particular considerations of gender and age, culture and ethnicities, and sexual orientation

Response priorities

The Protection Sector will support relevant governmental bodies responsible for asylum systems and regularization opportunities for refugees and migrants from Venezuela.

Partners will seek to reinforce information dissemination among refugees and migrants from Venezuela about access to territory; protection and asylum safeguards, access to regularization and documentation, migration alternatives and publicize and strengthen the specialized protection spaces (e.g. the Support Spaces network,

attention and orientation points) and services offered by partners and public institutions. Particularly efforts will be made done to strengthen grass-root and civil society Venezuelans organizations' capacities.

R4V members will seek to strengthen the establishment of new and/or improvement of existing operational mechanisms (e.g. Support Spaces and attention and orientation points) to enhance border monitoring, the identification of people in need of international protection and/or humanitarian considerations and provide legal orientation and referrals assistance and psychosocial support, and support for family reunification.

The Protection Sector will promote Venezuelan refugee and migrant children's access to rights through their integration into national child protection systems. In addition, it will scale-up efforts, to integrate child-sensitive procedures and the principle of the best interest of the child in asylum processes and migration systems. Planned activities will also seek to mainstream the situation of refugee and migrant children in public and civil societies' protection agenda with awareness campaigns and trainings about protection of children.

Regarding GBV prevention and response, the Sector will prioritize continued support to governments and partners is expected to strengthen standard operating procedures (SOPs), referral pathways, as well adequate case management services and complementary support services. For GBV survivor care, access to response mechanisms and services such as medical, psychosocial and legal counselling will be provided and/or facilitated.

Regarding responses to human trafficking and smuggling, the Sector will seek synergies with national plans to address the both crimes and strengthen prevention efforts by sharing information on the nature and magnitude of trafficking and smuggling, as well as on their inherent risks to refugees and migrants from Venezuela. In addition, coordination with border authorities, as well as with other law enforcement actors will be strengthened by relevant R4V actors in order to enhance early identification of possible cases of trafficking or smuggling, and to refer victims of trafficking, exploitation and/or abuse to specialized protection services and strengthen direct assistance for these survivors.

Integrated response approaches

As regularization and documentation are key requirements for access to many public services, it will be essential to establish synergies with other Sectors to resolve obstacles to labour integration, access to healthcare, education and other basic goods and services.

In coordination with the Health and Integration

398. Grupo de Protección RedLac (June 2020), Riesgos de protección asociados a la violencia en el marco de la pandemia de COVID-19. Retrieved on October 20 2020: <https://reliefweb.int/sites/reliefweb.int/files/resources/Riesgos%20de%20protecci%C3%B3n%20asociados%20a%20violencia%20en%20el%20marco%20de%20la%20pandemia%20de%20COVID-19.pdf>

399. CAREF, CELS: Laberintos de papel: Desigualdad y regularización migratoria en América del Sur, sept. 2020.

400. OAS, Informe Situación de los migrantes y refugiados venezolanos en Bolivia, abril 2020.

Sectors, response mechanisms and services will be facilitated, including medical, psychosocial and legal care to refugees and migrants from Venezuela, working with authorities and partners for the inclusion of protection safeguards and the identification of people with specific needs.

Through awareness campaigns that strengthen peaceful coexistence, the response in the Southern Cone will work to reduce xenophobia and promote social cohesion between host communities and refugees and migrants from Venezuela. This will be done in synergy with the Integration Sector maintaining an integrated focus on the need to maintain an inclusive environment for refugees and migrants from Venezuela in which they can fully enjoy their rights and have access to key regularization channels.

Response modalities

Six strategic lines of action outline the modalities of the response for the Protection Sector:

- Capacity building activities oriented mainly to strengthening public capacities.
- Working with the grass-root and civil society organizations to strengthen capacities and increase outreach.

R4V partners will continue supporting regularization processes through accompaniment and legal advice.

Psychosocial support in particular for children and adolescents.

Strengthening of existing referral mechanisms focused for prevention of and response for survivors of GBV

Strengthening of assistance to victims of trafficking and smuggling through technical assistance, including for trauma-informed care for them.

ANNEXES



ABBREVIATIONS AND ACRONYMS

AAP

Accountability to Affected Populations

ADRA

Adventist Development and Relief Agency International

AGD

Age, Gender and Diversity

APC

Area of Protection and Care

APAFA

Las Asociaciones de Padres de Familia, by its Spanish acronym for parent's association

AVSI

Association of Volunteers in International Service Foundation

BIA

Best Interest Assessments

C4D

Communication for Development

CAM

Central America and Mexico

CBCM

Community-Based Complaint Mechanism

CEPR

Comisión Especial Para Refugiados, Spanish acronym for Special Commission for Refugees in Peru

COE

Comité de Operaciones de Emergencia, Spanish acronym for Emergency Operations Committee

COVID-19

Coronavirus Disease (with virus first detected in 2019)

CoP

Community of Practice

CSOs

Civil Society Organizations

CVA

Cash and Voucher Assistance

CwC

Communicating with Communities

CWG

Cash Working Group

DANE

Departamento Administrativo Nacional de Estadística, Spanish acronym for National Administrative Department of Statistics in Colombia

DPE

Defensoría del Pueblo de Ecuador, Spanish acronym for the Ombudsman's Office in Ecuador

DRC

Danish Refugee Council

DTM

Displacement Tracking Matrix

EJA

Educação de Jovens e Adultos, Spanish acronym for Basic Education for Youth and Adults

ENPOVE

Encuesta dirigida a la población venezolana que reside en el país, Spanish acronym for Survey directed to the Venezuelan population who reside in the country in Peru

FAO

Food and Agriculture Organization

FCS

Food Consumption Score

FTS

Financial Tracking System

PADF

Pan American Development Foundation

GAM

Gender and Age Marker

GBV

Gender-Based Violence

GIFMM

Grupo Interagencial para los Flujos Migratorios Mixtos, Spanish acronym for Interagency Group for Mixed Migration Flows, the National Platform in Colombia

GoP

Government of Peru

GTRM

Grupo de Trabajo sobre Refugiados y Migrantes, Spanish acronym for the National Platforms in Peru and Ecuador

HIAS

Hebrew Immigrant Aid Society

HIV/AIDS

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HLP

Housing, Land and Property

IACHR

Inter-American Commission on Human Rights

IASC

Inter-Agency Standing Committee

ICBF

Instituto Colombiano de Bienestar Familiar, Spanish acronym for Colombian Institute of Family Welfare, Colombia

ID

Identity Document

IDDI

Dominican Institute for Integrated Development

IFRC

International Federation of Red Cross

IOM

International Organization for Migration

IPC

Infection Prevention and Control

INE(I)

Instituto Nacional de Estadística (e Informática), Spanish acronym for National Institute of Statistics (and Information) in Chile and Peru

ILO

International Labour Organization

ISCG

Inter-Sector Coordination Group

IYCF

Infant and Young Child Feeding

JNA

Joint Needs Assessment

LAC

Latin America and the Caribbean

LGBTQI+

Lesbian, Gay, Bisexual, Transgender, Queer and Intersex

MERCOSUR

Southern Common Market

MFA

Ministry of Foreign Affairs

MHPSS

Mental Health and Psychosocial Support

MIDIS

Ministry of Development and Social Inclusion

MIMP

Ministry of Women and Vulnerable Populations

MINSAL

Ministry of Health

MIRPS

Marco Integral Regional para la Protección y Soluciones, Spanish acronym for the Comprehensive Regional Protection and Solutions Framework

MoD

Ministry of Defense

MoE

Ministry of Education

MPC

Multipurpose Cash

NGO Non-Governmental Organization	PTSD Post-Traumatic Stress Disorder	SRH Sexual and Reproductive Health	UNFPA United Nations Population Fund
NFIs Non-Food Items	QR Quick Response code	STI Sexually Transmitted Infection	UNHCR United Nations High Commissioner for Refugees
NRC Norwegian Refugee Council	RCM Regional Conference for Migration	SUS Sistema Único de Saúde, Portuguese acronym for the Single Health System	UNICEF United Nations Children's Fund
NURINs Núcleos Regionais de Interiorização, Portuguese acronym for Regional clusters for relocation	RET Relief & Resilience through Education in Transition	SUTRAN Superintendencia de Transporte Terrestre de Personas, Carga y Mercancías, Spanish acronym for Supervisory Agency for Persons, Cargo and Goods Road Transport in Peru	UNODC United Nations Office on Drugs and Crime
OAS Organization of American States	RMRP Regional Refugee and Migrant Response Plan	TiP Trafficking in Persons	UN Women United Nations Entity for Gender Equality and the Empowerment of Women
PDI Policía De Investigaciones, Spanish acronym for Police of Chile	RNA Rapid Needs Assessment	TMF Tarjeta de Movilidad Fronteriza, Spanish acronym for Border Mobility Card, Colombia	VCT Visto Consular de Turismo, Spanish acronym for Consular Tourism Visa
PEP Post-Exposure Prophylaxis	RSD Refugee Status Determination	ToT Training of Trainers	VDR Visa de Responsabilidad Democrática, acronym in Spanish for Democratic Responsibility Visa
PEP Permiso Especial de Permanencia, Spanish acronym for Special Stay Permit	R4V Regional Inter-Agency Coordination Platform for the Response for Refugees and Migrants from Venezuela	UASC Unaccompanied and Separated Children	VERHU Visa de Excepción por Razones Humanitarias, Spanish acronym for exceptional temporary visa for humanitarian reasons
PEPFF Permiso Especial de Permanencia para el Fomento de Formalización, Spanish acronym for Special Stay Permits for the Promotion of Formalization	SDGs Sustainable Development Goals	UDELAR University of the Republic of Uruguay	VoT Victims of Trafficking
PiN People in Need	SC Save the Children International	UGEL Unidades de Gestión Educativa Locales	VPS Vicaría de la Pastoral Social Caritas, Spanish acronym for Vicar for Social Pastoral Care
PNAD Pesquisa Nacional por Amostra de Domicílios, Portuguese acronym, National Household Data Survey	SEA Sexual Exploitation and Abuse	UN United Nations	WASH Water, Sanitation and Hygiene
PPE Personal Protective Equipment	SJRM Serviço Jesuíta a Refugiados e Migrantes	UNAIDS United Nations Programme on HIV/AIDS	WG Working Group
PSEA Prevention of Sexual Exploitation and Abuse	SH Sexual Harassment	UNCT United Nations Country Team	WHO World Health Organization
PSS Psychosocial Support	SISFOH Sistema de Focalización de Hogares, Spanish acronym for Household Focalization System	UNDP United Nations Development Programme	WHO/PAHO World Health Organization/Pan American Health Organization
PTP Permiso Temporal de Permanencia, Spanish acronym for Temporary Residence Permit in Peru	SoM Smuggling of Migrants	UNESCO United Nations Educational, Scientific and Cultural Organization	WFP World Food Programme
	SOP Standard Operating Procedure		WVI World Vision International
	SNM Superintendencia Nacional de Migraciones, Spanish acronym for Superintendence of Migration		

FINANCIAL REQUIREMENTS BY PLATFORM, SECTOR AND ORGANIZATION

Organization	Education	Food Security	Health	Humanitarian Transportation	Integration	Multipurpose CBI	Nutrition	Protection	Child Protection	GBV Trafficking & Smuggling	Shelter	WASH	Common Services	Grand Total
Regional	\$ 622.712		\$ 2.378.475	\$ 30.000	\$ 7.319.200	\$ 438.181	\$ 147.500	\$ 3.140.789	\$ 1.006.754	\$ 1.838.214	\$ 250.000	\$ 448.000	\$ 18.022.312	\$ 36.345.137
ACAPS													\$ 350.004	\$ 350.004
Danish Refugee Council (DRC)								\$ 350.000					\$ 750.000	\$ 1.100.000
Hebrew Immigrant Aid Society (HIAS)				\$ 15.000				\$ 15.000		\$ 20.000			\$ 65.000	\$ 115.000
Humans Analytic													\$ 390.000	\$ 390.000
IMMAP													\$ 750.000	\$ 750.000
International Labour Organization (ILO)				\$ 4.200.000									\$ 160.000	\$ 4.360.000
International Organization for Migration (IOM)			\$ 1.622.475	\$ 30.000	\$ 2.905.000			\$ 345.000	\$ 171.200	\$ 480.000	\$ 70.000		\$ 6.931.215	\$ 13.254.890
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RADIS)	\$ 147.000					\$ 52.690		\$ 120.000		\$ 220.000	\$ 40.000		\$ 66.400	\$ 646.090
Mercy Corps													\$ 150.000	\$ 150.000
Norwegian Refugee Council (NRC)											\$ 70.000		\$ 48.000	\$ 118.000
Panamerican Health Organization / World Health Organization (PAHO/WHO)			\$ 140.000										\$ 84.000	\$ 224.000
Plan International	\$ 112.712								\$ 55.000			\$ 15.000	\$ 27.900	\$ 210.612
Red regional LGBTI+										\$ 60.800				\$ 60.800
RET International					\$ 18.000			\$ 47.000		\$ 20.000				\$ 85.000
Save the Children International (SCI)	\$ 67.000		\$ 12.500			\$ 100.000	\$ 12.500		\$ 173.000	\$ 30.000			\$ 55.000	\$ 450.000
United Nations Children's Fund (UNICEF)	\$ 296.000		\$ 288.500			\$ 50.000	\$ 135.000	\$ 25.000	\$ 442.554	\$ 215.000		\$ 483.000	\$ 2.248.307	\$ 4.133.361
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)					\$ 10.000			\$ 6.000		\$ 10.000			\$ 73.000	\$ 102.000
United Nations High Commissioner for Refugees (UNHCR)					\$ 171.200			\$ 1.690.789	\$ 115.000	\$ 80.000	\$ 70.000		\$ 4.881.843	\$ 7.224.323
United Nations Office of the High Commissioner for Human Rights (OHCHR)								\$ 292.000						\$ 292.000
United Nations Population Fund (UNFPA)			\$ 315.000							\$ 702.414			\$ 252.000	\$ 1.269.414
World Food Programme (WFP)													\$ 709.643	\$ 709.643
World Vision						\$ 20.000		\$ 250.000	\$ 50.000				\$ 30.000	\$ 350.000

Brazil	\$ 5,436,164	\$ 3,147,595	\$ 7,900,778	\$ 8,247,252	\$ 17,607,640	\$ 11,289,266	\$ 3,650,326	\$ 8,783,445	\$ 3,574,982	\$ 535,923	\$ 501,261	\$ 12,480,893	\$ 10,493,852	\$ 4,477,196	\$ 98,126,573
Adventist Development and Relief Agency (ADRA)			\$ 160,500		\$ 2,645,000	\$ 5,007,921	\$ 2,027,726	\$ 350,000		\$ 6,000		\$ 5,345,500			\$ 15,542,647
AVSI Foundation	\$ 50,000				\$ 716,000		\$ 150,000					\$ 856,667	\$ 50,000	\$ 35,000	\$ 1,857,667
Caritas Brazil		\$ 485,284	\$ 25,737					\$ 301,235					\$ 33,031		\$ 795,287
Caritas Manaus	\$ 23,614	\$ 7,126			\$ 9,313	\$ 3,801		\$ 11,149	\$ 381	\$ 381	\$ 761	\$ 38,027	\$ 7,792		\$ 102,344
Caritas Rio de Janeiro		\$ 49,847	\$ 36,443		\$ 54,499			\$ 18,053	\$ 10,601						\$ 169,443
Caritas São Paulo	\$ 5,000	\$ 35,000			\$ 5,000			\$ 10,000		\$ 5,000					\$ 60,000
Caritas Switzerland		\$ 178,678	\$ 150,818	\$ 9,336		\$ 314,244		\$ 280,436				\$ 680,000	\$ 88,669	\$ 53,696	\$ 1,755,877
Center for Integrated Studies and Programs for Sustainable Development (CIEDS)					\$ 871,391										\$ 871,391
Center for Migration and Human Rights of the Diocese of Roraima (CMDH)		\$ 60,500			\$ 1,800			\$ 3,600					\$ 3,000	\$ 3,000	\$ 71,900
Compassiva	\$ 49,000														\$ 49,000
Guardinhos Human Rights Defense Center (CDDH)	\$ 1,000	\$ 2,500	\$ 820	\$ 1,500					\$ 20,400						\$ 26,220
I know my rights	\$ 24,000								\$ 12,000						\$ 36,000
Institute for Migration and Human Rights (IMDH)		\$ 7,400			\$ 4,000	\$ 3,500	\$ 23,600						\$ 23,600		\$ 62,100
Instituto Félix Guattari								\$ 50,000							\$ 50,000
International Organization for Migration (IOM)	\$ 30,000	\$ 2,310,500	\$ 3,850,000	\$ 7,150,000	\$ 4,092,500	\$ 2,939,000		\$ 1,031,500	\$ 22,000	\$ 25,000	\$ 322,500	\$ 568,000	\$ 773,500	\$ 395,000	\$ 23,509,500
Jesuit Service for Migrants and Refugees (JSMR)	\$ 12,500		\$ 67,000	\$ 36,016	\$ 473,917	\$ 172,600		\$ 244,065	\$ 35,000	\$ 68,000	\$ 37,000	\$ 20,000	\$ 4,530		\$ 1,170,628
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)					\$ 150,000										\$ 150,000
LBGT+ Movement Brazil		\$ 9,960	\$ 9,600		\$ 31,000	\$ 17,400		\$ 9,600		\$ 4,800		\$ 13,200			\$ 95,560
Migrant Service Center (CAM)		\$ 2,500			\$ 20,500			\$ 14,000							\$ 37,000
Nice Institute					\$ 15,000					\$ 1,500		\$ 42,000			\$ 58,500
Panamerican Health Organization/World Health Organization (PAHO/WHO)															\$ 885,000
Pastoral Service for Migrants National	\$ 10,500	\$ 30,000	\$ 19,160		\$ 7,300			\$ 15,000			\$ 8,000	\$ 7,500		\$ 14,500	\$ 111,960
Serviço Pastoral dos Migrantes do Nordeste	\$ 3,500	\$ 10,500	\$ 700					\$ 60,000				\$ 116,500		\$ 7,000	\$ 198,200
SOS Children's Villages					\$ 691,000			\$ 930,000	\$ 517,000			\$ 845,000			\$ 2,983,000

United Nations Children's Fund (UNICEF)	\$ 2,560,000																		\$ 2,760,000	\$ 2,700,000	\$ 2,415,000	\$ 13,794,000	
United Nations Educational, Scientific and Cultural Organization (UNESCO)	\$ 2,100,000																					\$ 2,100,000	
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)		\$ 604,400	\$ 90,800												\$ 107,400							\$ 979,000	
United Nations High Commissioner for Refugees (UNHCR)	\$ 550,000	\$ 4,800,000	\$ 2,740,000												\$ 225,000	\$ 9,270,000						\$ 1,550,000	\$ 27,569,334
United Nations Office for Project Services (UNOPS)	\$ 500,000																						\$ 500,000
United Nations Office on Drugs and Crime (UNODC)																	\$ 133,000						\$ 133,000
United Nations Population Fund (UNFPA)															\$ 90,000								\$ 285,000
Vale da Benção Educacional and Charitable Association (AEBVB)	\$ 2,050	\$ 7,800	\$ 400													\$ 3,600						\$ 4,000	\$ 21,000
We World GVC		\$ 5,020													\$ 2,842								\$ 51,935
World Vision	\$ 15,000	\$ 2,000,000														\$ 15,000						\$ 14,080	\$ 2,044,080
Colombia	\$ 45,473,650	\$ 111,183,042	\$ 145,434,903	\$ 967,002	\$ 72,606,092	\$ 120,944,504	\$ 7,976,136	\$ 36,308,715	\$ 23,406,313	\$ 16,328,848	\$ 8,296,360	\$ 21,606,596	\$ 17,942,696	\$ 12,515,882	\$ 640,990,537								
Action against Hunger		\$ 336,000	\$ 1,901,123		\$ 1,560,000	\$ 9,342,666	\$ 1,711,816		\$ 163,000	\$ 186,000			\$ 1,460,175	\$ 50,000	\$ 16,710,780					\$ 600,000	\$ 588,043		\$ 2,000,000
ActionAid		\$ 600,000						\$ 800,000															\$ 3,340,000
Adventist Development and Relief Agency (ADRA)			\$ 2,751,957																				\$ 1,783,726
AID FOR AIDS			\$ 1,616,885				\$ 166,841																\$ 659,287
Alianza por la Solidaridad		\$ 225,667													\$ 231,621					\$ 201,999			\$ 6,000,000
Americares Foundation			\$ 6,000,000																				\$ 6,000,000
Bethany Christian Services	\$ 24,947	\$ 59,504			\$ 13,239	\$ 84,909		\$ 240,197	\$ 178,947	\$ 34,840		\$ 91,766	\$ 85,913	\$ 25,459	\$ 839,721								\$ 839,721
Blumont					\$ 1,063,184					\$ 1,063,184													\$ 2,126,368
Caritas Germany		\$ 317,533	\$ 158,914	\$ 21,487	\$ 18,661			\$ 81,716	\$ 6,872					\$ 9,012	\$ 108,358	\$ 172,633							\$ 895,185
Caritas Switzerland	\$ 80,231	\$ 40,521	\$ 143,756	\$ 27,813	\$ 268,957	\$ 595,126		\$ 338,655	\$ 6,880						\$ 316,698	\$ 270,364							\$ 2,089,001
GESVI-Cooperazione e Sviluppo					\$ 127,500	\$ 110,000		\$ 221,000			\$ 10,000				\$ 10,000								\$ 490,500
Cuso International			\$ 474,118																			\$ 28,751	\$ 502,869
Danish Refugee Council (DRC)			\$ 1,230,000		\$ 1,230,000	\$ 13,111,963		\$ 3,585,000		\$ 838,000													\$ 18,764,963
Development Support Association - APOVAR			\$ 401,000						\$ 385,000		\$ 14,000				\$ 189,000								\$ 1,327,000
Diakonie Katastrophenhilfe	\$ 240,000	\$ 500,000						\$ 500,000															\$ 1,890,000
Doctors of the World			\$ 320,600												\$ 63,600							\$ 4,500	\$ 388,700

Save the Children International (SCI)	\$ 1.174.650	\$ 1.850.000				\$ 519.284	\$ 5.130.000					\$ 30.000		\$ 14.957.392
Sesame Workshop	\$ 141.999													\$ 141.999
Solidarities International / Premiere Urgence Internationale (Consorcio de SI y PUJ)	\$ 1.336.000	\$ 3.450.000				\$ 75.000						\$ 1.930.000	\$ 936.000	\$ 7.727.000
SOS Children's Villages	\$ 821.133		\$ 64.611				\$ 325.095					\$ 260.299	\$ 520.840	\$ 1.991.978
Tearfund	\$ 100.000					\$ 300.000						\$ 100.000		\$ 900.000
Terre des Hommes Lausanne		\$ 80.000					\$ 240.000					\$ 110.000		\$ 650.000
United Nations Children's Fund (UNICEF)	\$ 6.638.408	\$ 1.828.640		\$ 273.000		\$ 2.237.988	\$ 4.417.116			\$ 1.439.996		\$ 2.833.866	\$ 3.923.890	\$ 28.592.904
United Nations Development Programme (UNDP)				\$ 6.700.000										\$ 6.700.000
United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)		\$ 2.476.670		\$ 4.065.559						\$ 1.516.030	\$ 750.000			\$ 9.183.259
United Nations Food and Agricultural Organization (FAO)				\$ 1.250.000										\$ 8.885.000
United Nations High Commissioner for Refugees (UNHCR)	\$ 1.100.000	\$ 6.050.000	\$ 150.000	\$ 11.167.598		\$ 18.669.782	\$ 4.000.000		\$ 450.000			\$ 600.000	\$ 10.800.000	\$ 68.987.380
United Nations Office on Drugs and Crime (UNODC)											\$ 1.120.000			\$ 1.120.000
United Nations Population Fund (UNFPA)		\$ 3.465.240							\$ 2.921.100					\$ 6.466.340
United Nations Programme for Human Settlements (UN Habitat)				\$ 178.236		\$ 342.048								\$ 547.292
War Child							\$ 765.000							\$ 765.000
We World GVC						\$ 51.579								\$ 51.579
World Food Programme (WFP)	\$ 23.766.005			\$ 1.932.991	\$ 15.829.063	\$ 1.882.955								\$ 141.355.392
World Vision	\$ 1.312.500	\$ 200.625		\$ 266.743	\$ 7.279.092	\$ 451.012	\$ 29.822		\$ 14.911			\$ 44.526	\$ 0	\$ 9.817.476
ZOA												\$ 1.350.000		\$ 3.873.304
Ecuador	\$ 15.148.826	\$ 9.830.690	\$ 88.750	\$ 75.627.998	\$ 30.264.210	\$ 151.200	\$ 6.195.662	\$ 5.163.089	\$ 3.032.192	\$ 6.046.317	\$ 4.509.350	\$ 12.576.873	\$ 6.046.317	\$ 236.466.452
ActionAid		\$ 5.555			\$ 777.777		\$ 1.549	\$ 3.611			\$ 11.500			\$ 99.992
Adventist Development and Relief Agency (ADRA)	\$ 162.528	\$ 783.629		\$ 358.600	\$ 537.500	\$ 192.992	\$ 152.232	\$ 172.800			\$ 355.105	\$ 191.200		\$ 3.072.185
Alas de Colibri Foundation		\$ 570.703		\$ 646.084	\$ 385.440	\$ 216.320			\$ 475.000		\$ 448.265			\$ 2.741.812
AVSI Foundation				\$ 195.000		\$ 209.400					\$ 482.400		\$ 30.000	\$ 916.800
CARE		\$ 1.050.483		\$ 79.200	\$ 433.800	\$ 78.285	\$ 67.200	\$ 12.058	\$ 94.800		\$ 433.440	\$ 69.300	\$ 58.680	\$ 2.377.246
Caritas Ecuador	\$ 25.000					\$ 135.000					\$ 112.500	\$ 35.000		\$ 440.500
ChildFund International	\$ 8.700			\$ 2.125		\$ 1.200	\$ 350	\$ 1.700			\$ 5.950	\$ 2.100		\$ 23.525

German Development Cooperation Agency GIZ	\$ 30.460	\$ 112.000				\$ 262.135	\$ 266.570	\$ 111.246	\$ 119.150	\$ 119.150		\$ 56.000	\$ 1.076.711
Hebrew Immigrant Aid Society (HIAS)	\$ 55.100				\$ 981.800	\$ 600.000	\$ 99.000	\$ 30.000	\$ 230.600		\$ 200.500		\$ 2.197.000
HELVETAS Swiss Intercooperation						\$ 47.496	\$ 27.300		\$ 9.490			\$ 52.640	\$ 136.926
Humanity & Inclusion		\$ 100.000					\$ 175.000					\$ 125.000	\$ 400.000
International Federation of the Red Cross (IFRC)			\$ 780.000		\$ 100.000	\$ 180.000	\$ 120.000					\$ 130.000	\$ 1.500.000
International Labour Organization (ILO)	\$ 1.000.000				\$ 5.483.183	\$ 213.900	\$ 100.000	\$ 1.000.000				\$ 5.198.750	\$ 12.995.833
International Organization for Migration (IOM)	\$ 3.202.830	\$ 3.589.875	\$ 18.087.500	\$ 515.000	\$ 10.884.353	\$ 24.919.700	\$ 12.798.000	\$ 248.880	\$ 927.284	\$ 1.973.120	\$ 3.432.377	\$ 1.664.526	\$ 85.414.212
Joint United Nations Programme on HIV/AIDS (UNAIDS)			\$ 27.200										\$ 27.200
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and Their Families (RIADIS)					\$ 150.000								\$ 150.000
Panamerican Development Foundation (FUPAD)	\$ 431.805				\$ 515.945		\$ 652.250						\$ 1.600.000
Panamerican Health Organization / World Health Organization (PAHO/WHO)			\$ 5.221.000									\$ 30.000	\$ 6.081.000
Pastoral of Human Mobility - Peruvian Episcopal Conference		\$ 30.571			\$ 2.142		\$ 13.650			\$ 24.002		\$ 14.286	\$ 84.651
Plan International	\$ 710.000	\$ 363.000	\$ 177.250		\$ 729.675	\$ 1.537.500	\$ 820.600	\$ 441.010	\$ 213.300	\$ 148.450	\$ 105.000	\$ 200.000	\$ 5.559.235
Red Cross Peru	\$ 15.000		\$ 313.577				\$ 16.226					\$ 30.000	\$ 377.803
RET International	\$ 136.550		\$ 265.000			\$ 565.000	\$ 301.500		\$ 5.000				\$ 1.273.050
Save the Children International (SCI)	\$ 660.000				\$ 1.051.000	\$ 7.900.000	\$ 90.000	\$ 260.000	\$ 170.000				\$ 10.221.000
Sección Peruana de Amnistía Internacional									\$ 120.000				\$ 120.000
Swisscontact	\$ 76.927				\$ 173.073								\$ 250.000
United Nations Children's Fund (UNICEF)	\$ 820.260		\$ 658.951		\$ 83.160	\$ 1.564.056		\$ 1.231.200				\$ 34.560	\$ 4.392.187
United Nations Development Programme (UNDP)					\$ 11.500.000		\$ 4.300.000					\$ 3.000.000	\$ 18.800.000
United Nations High Commissioner for Refugees (UNHCR)	\$ 2.700.000		\$ 2.448.000		\$ 10.220.000	\$ 11.526.000	\$ 15.470.000	\$ 2.750.000	\$ 3.545.972		\$ 4.500.000	\$ 1.840.028	\$ 55.000.000
United Nations Population Fund (UNFPA)			\$ 7.660.000		\$ 201.335				\$ 2.988.864				\$ 11.040.799
United Nations Programme for Human Settlements (UN Habitat)					\$ 1.030.000		\$ 60.000						\$ 1.090.000
We World GVC							\$ 116.372						\$ 116.372
World Food Programme (WFP)		\$ 21.666.667					\$ 400.000						\$ 22.066.667
World Vision		\$ 288.083			\$ 2.210.510	\$ 4.732.752	\$ 551.764						\$ 7.783.108

Southern Cone	\$ 1,702,564	\$ 2,619,943	\$ 1,171,603	\$ 656,397	\$ 13,027,488	\$ 5,210,068	\$ 6,013,732	\$ 1,240,477	\$ 1,154,554	\$ 855,500	\$ 4,790,928	\$ 537,327	\$ 2,707,067	\$ 41,687,647
100% Diversidad y Derechos		\$ 7,500				\$ 6,000	\$ 7,000					\$ 7,500		\$ 28,000
Adventist Development and Relief Agency (ADRA)		\$ 25,800	\$ 38,780		\$ 237,020						\$ 117,142	\$ 97,620	\$ 20,000	\$ 536,362
Argentine Catholic Migration Commission Foundation (FCCAM)					\$ 15,000									\$ 15,000
Argentine Commission for Refugees and Migrants (CAREF)					\$ 100,000		\$ 42,000						\$ 40,000	\$ 182,000
Asociacion de Jubilados y Pensionados Venezolanos en Argentina			\$ 48,500								\$ 11,250			\$ 59,750
Asociación de venezolanos en la República argentina (ASOVEN)		\$ 500	\$ 14,000		\$ 14,200		\$ 19,200						\$ 36,200	\$ 84,100
Asociación Mutual Israelita Argentina					\$ 241,500									\$ 241,500
Caritas Switzerland	\$ 112,408	\$ 140,847	\$ 83,747	\$ 29,722	\$ 159,122	\$ 143,865	\$ 395,143	\$ 83,450			\$ 228,684	\$ 97,937	\$ 119,617	\$ 1,594,542
Catholic University of Uruguay (UCU)					\$ 5,424								\$ 14,239	\$ 19,663
Fundación Scalabrini Bolivia			\$ 6,000		\$ 102,000									\$ 108,000
International Labour Organization (ILO)					\$ 1,000									\$ 1,000
International Organization for Migration (IOM)	\$ 343,500	\$ 825,097	\$ 570,576	\$ 588,475	\$ 5,486,700	\$ 1,584,950	\$ 1,259,886	\$ 100,000	\$ 143,000	\$ 820,500	\$ 1,303,808	\$ 267,970	\$ 933,400	\$ 14,227,862
Jesuit Migrant Service (JMS)	\$ 2,776	\$ 24,752			\$ 55,320						\$ 70,826		\$ 12,000	\$ 165,673
Joint United Nations Programme on HIV / AIDS (UNAIDS)			\$ 16,500											\$ 16,500
Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)	\$ 45,000				\$ 85,000	\$ 16,000	\$ 27,000		\$ 68,500		\$ 5,000		\$ 10,000	\$ 256,500
Manos Veneaguayas Association					\$ 60,080	\$ 30,000					\$ 461,350		\$ 31,800	\$ 698,730
Migrants, Refugees and Argentine Social Entrepreneurs (MIRARES)					\$ 29,706									\$ 29,706
Panamerican Health Organization/World Health Organization (PAHO/WHO)			\$ 55,500											\$ 55,500
Parroquia Ntra Sra Asunción y Madre de los Migrantes		\$ 25,000			\$ 32,000						\$ 25,000	\$ 14,300		\$ 96,300
Red Cross		\$ 109,440										\$ 12,000		\$ 121,440
Red Cross Argentina		\$ 80,080	\$ 8,000	\$ 32,000	\$ 43,750	\$ 160,000			\$ 27,000		\$ 80,000			\$ 430,830
Red de Investigaciones Orientadas a la Solución de Problemas en Derechos Humanos													\$ 30,000	\$ 30,000
Servicio Ecueménico para la Dignidad Humana	\$ 16,880							\$ 16,880						\$ 50,640

RMRP 2021 PARTNER ORGANIZATIONS

100% Diversidad y Derechos	CCEFIRO Association	Duendes y Ángeles Vinotinto República Dominicana	IMPACT Initiatives (REACH)
ACAPS	Center for Integrated Studies and Programs for Sustainable Development (CIEDS)	Famia Planea	Inmigrante Feliz Association
Action against Hunger		Félix Guattari Institute	Institute for Migration and Human Rights (IMDH)
ActionAid	Center for Migration and Human Rights of the Diocese of Roraima (CMDH)	FIDAL Foundation	Instituto Iberoamericano de Patrimonio Natural y Cultural IPANC
Adventist Development and Relief Agency (ADRA)		Foro Salud Callao	International Committee for the Development of People (CISP)
AID FOR AIDS	Center for Studies and Solidarity with Latin America (CESAL)	Foundation of the Americas (FUDELA)	International Federation of the Red Cross (IFRC)
Alas de Colibrí Foundation	Centro de Atención Psicosocial (CAPS)	Fuerza Internacional de Capellanía DDHH y DIH OFICA ICC Organization	International Labour Organization (ILO)
Alianza por la Solidaridad	CESVI-Cooperazione e Sviluppo	Fundación CRISFE	International Organization for Migration (IOM)
Americares Foundation	ChildFund International	Fundación de Ayuda Social de Las Iglesias Cristianas	International Rescue Committee (IRC)
Argentine Catholic Migration Commission Foundation (FCCAM)	Churún Merú Association	German Development Cooperation Agency GIZ	INTERSOS
Argentine Commission for Refugees and Migrants (CAREF)	Colonia Foundation of Venezuelans in the Dominican Republic (FUNCOVERD)	Globalize Radio	Jesuit Migrant Service (JMS)
Asociación Mutual Israelita Argentina	Compassiva	Guarulhos Human Rights Defense Center (CDDH)	Jesuit Refugee Service (JRS)
Asociación Venezolana en Chile	Consejo Interreligioso del Perú - Religiones por la Paz	Halü Bienestar Humano Foundation (HALU)	Jesuit Service for Migrants and Refugees (SJMR)
AVSI Foundation	COOPI - International Cooperation Foundation	Heartland Alliance International (HAI)	Joint United Nations Programme on HIV/ AIDS (UNAIDS)
Bethany Christian Services	Cuso International	Hebrew Immigrant Aid Society (HIAS)	Jubilados y Pensionados Venezolanos en Argentina Association
Blumont	Danish Refugee Council (DRC)	HELVETAS Swiss Intercooperation	Kimirina
CARE	Development Support Association - APOYAR	Human Rights Defence Curaçao	Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS)
Caritas Brazil	Diakonie Katastrophenhilfe	Humanity & Inclusion	LGBT+ Movement Brazil
Caritas Ecuador	Diálogo Diverso	Humans Analytic	
Caritas Germany	Doctors of the World	I Know My Rights	
Caritas Manaus	Dominican Institute for Integrated Development	ILLARI-AMANECER Association	
Caritas Rio de Janeiro		iMMAP	
Caritas São Paulo			
Caritas Switzerland			
Catholic University of Uruguay (UCU)			

Lutheran World Federation	Pastoral Service for Migrants National	Sesame Workshop	United Nations Office on Drugs and Crime (UNODC)
Malteser International	Peace for development	Solidarites International/ Premiere Urgence Internationale (Consortio de SI y PUI)	United Nations Population Fund (UNFPA)
Manos Veneguayas Association	Permanent Human Rights Defense Committee (CDH)	SOS Children's Villages	United Nations Programme for Human Settlements (UN Habitat)
MedGlobal	Peruvian Section of Amnesty International	Stichting Slachtofferhulp Curaçao	Vale da Benção Educational and Charitable Association (AEBVB)
Medical Teams International	Plan International	Stima Foundation	VenAruba Solidaria
Mercy Corps	Profamilia Association	Swisscontact	VenEuropa
Migrant Service Center (CAM)	Project Hope	Tarabita Foundation	Venex Curacao Foundation
Migrants, Refugees and Argentine Social Entrepreneurs (MIRARES)	Red Cross Argentina	Tearfund	Venezuelan Civil Association in Paraguay
Mision Scalabriniana - Ecuador	Red Cross Colombia	Terre des Hommes Lausanne	Venezuelan Emigrant Foundation (FEV)
Misioneros de San Carlos Scalabrinianos Association	Red Cross Ecuador	United Nations Children's Fund (UNICEF)	Venezuelans in the Argentine Republic Association (ASOVEN)
Nice Institute	Red Cross Peru	United Nations Development Programme (UNDP)	Vicaría de Pastoral Social Caritas
Norwegian Refugee Council (NRC)	Red Cross Uruguay	United Nations Educational, Scientific and Cultural Organization (UNESCO)	War Child
Organization of Ibero- American States for Education, Science and Culture (OEI)	Red de Investigaciones Orientadas a la Solución de Problemas en Derechos Humanos	United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)	We World GVC
OXFAM	Regional LGTBI+ Network	United Nations Food and Agricultural Organization (FAO)	World Council of Credit Unions
Panamerican Development Foundation (FUPAD)	RET International	United Nations High Commissioner for Refugees (UNHCR)	World Food Programme (WFP)
Panamerican Health Organization/World Health Organization (PAHO/WHO)	Salú pa Tur Foundation	United Nations Office for Project Services (UNOPS)	World Vision
Parroquia Ntra Sra Asunción y Madre de los Migrantes	Samaritan's Purse	United Nations Office of the High Commissioner for Human Rights (OHCHR)	ZOA
Pastoral of Human Mobility - Peruvian Episcopal Conference	Save the Children International (SC)		
	Scalabrini Bolivia Foundation		
	Scalabrini International Migration Network		
	Servicio Ecuánico para la Dignidad Humana		
	Serviço Pastoral dos Migrantes do Nordeste		
	SES Foundation		



Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

WWW.R4V.INFO