



REFUGEES & MIGRANTS FROM VENEZUELA IN:

THE WORLD
5.6 MLATIN AMERICA &
CARIBBEAN
4.6 M

1.7%

FUNDING SITUATION*

FUNDED: USD 23.9 M

REQUIREMENTS: USD 1.44 B

Situation

During April and May, the pandemic took diverging turns across different countries of Latin America and the Caribbean: [COVID-19 cases rose sharply in several countries in Central and South America](#), despite **significant progress in vaccination campaigns**, leading governments to **reinstate or implement new movement restrictions**; while case rates fell in some countries in the Caribbean, where movement restrictions were lifted as a result. In this context, **R4V Partners worked to ensure access to vaccines for all refugees and migrants**, in some cases directly providing access to or information about vaccines, especially to counter misinformation or fears about vaccines among the Venezuelan population.

In **South America**, as of 30 May, **Brazil** reported over 16.5 million confirmed COVID-19 cases and 461,931 deaths. The ICU bed occupation rate increased to over 90% in eight states, including the Federal District. As of 31 May, **Chile** counted 1,377,507 confirmed cases, a 21% increase in COVID-19 cases over the last two weeks of the month, and almost 8,000 new cases per day. The government announced that they would implement a "[Travel Pass](#)" ([Pase de movilidad](#)) to those inoculated against the virus, after vaccinating [51% of the population](#), with refugees and migrants able to receive the vaccine without restrictions related to their legal status. In April, **Ecuador** entered its second wave of COVID-19 infections, reaching 100% hospital occupancy, a waiting list to access ICUs, and the funeral home system on the verge of collapse. Guillermo Lasso was inaugurated as Ecuador's new president on 24 May, and days after announced a new regularization process for Venezuelan refugees and migrants. Meanwhile **Argentina's** [second wave of COVID-19 showed no sign of slowing](#), with daily caseloads regularly surpassing 30,000. The country ranked ninth in the world for total confirmed cases. The government announced [new movement restrictions for the Buenos Aires metropolitan area \(AMBA\)](#) – where 15 million of Argentina's 45 million inhabitants live – and closed schools. **Uruguay surpassed 4,000 COVID-19 deaths** on 26 May, making it the country in the world with the highest number of COVID-19 deaths per capita in May. Although the average mortality rate from COVID-19 (115 per 100,000 inhabitants) remained below those of Brazil (213) and Argentina (166), fatalities worsened significantly over the last two weeks of May. In **Bolivia**, the [third wave of COVID-19](#) caused an average of 2,000 to 3,000 daily cases during May, and departments bordering Brazil had an accelerated growth of cases in comparison to the rest of the country. **Paraguay ranked first in the world for its death rate due to COVID-19**. May was its deadliest month of the pandemic so far, with the highest number of infections and deaths, which exceeded the death toll from all of 2020. In **Peru**, the [government announced a new national vaccination strategy](#) on 4 April, in which foreigners will be able to register for and receive the vaccine using a number of documents, including a birth certificate. By 6 May, the Peruvian Ministry of Health reported that 72 percent of vaccinated foreigners were Venezuelans, including adults over 70 years of age and health professionals working on the frontline against COVID-19.¹ On 14 April, the Government of **Colombia** announced the appointment of [Colombian Minister of Health, Fernando Ruiz Gómez, as co-president of the COVAX mechanism](#), to represent the interests of the 38 middle-income countries from Latin America and the world who are part of the COVAX initiative. Meanwhile, Colombia [surpassed 500 deaths per day from COVID-19](#) on 29 April, the highest number since the pandemic began. On 8 May, the Ministry of Health issued [Decree 466](#), which clarified that the National Vaccination Plan includes "health staff that works in international cooperation agencies, humanitarian international cooperation agencies, humanitarian organizations, and non-governmental governmental organizations." Meanwhile, only refugees and migrants with a regular migratory status affiliated to the health system were able to access the National Vaccination Plan in Colombia.

In **Central America**, on April 29, **Costa Rica** reported its highest numbers of people infected with COVID-19 per day since the start of the pandemic, and the government announced new movement restrictions. As of May, there were a total of 3,124,535 accumulated cases and 234,063 deaths due to COVID-19, while more than 1 million people had received at least the first dose of a vaccine, although refugees and migrants in an irregular situation remained ineligible

¹ MoH (2021) OGTI-MINSA: Foreigners vaccinated according to nationality. Report: 3 May 2021.

to be inoculated. In Panama, according to health authorities, over 1 million doses of the COVID-19 vaccine had been applied by May, and refugees and migrants with valid passports were able to register for vaccines. In **Mexico**, over 24 million people had received one or more doses of the vaccine, and refugees and migrants could access vaccinations without major obstacles. Nevertheless, some Venezuelans declined to participate in inoculation campaigns due to mistrust in the vaccine.

In the **Caribbean**, **Aruba** and **Curaçao** saw significant reductions in their COVID-19 case rates from April to May – a 73.8% reduction and a 96% reduction, respectively – and both lifted movement restrictions as a result. Both Aruba and Curaçao also made significant progress in immunizations: by 25 April, Aruba led the Caribbean in vaccinations per capita, with 58% of its population receiving at least the first dose of a vaccine, while Curaçao had 52% of its population at least partially vaccinated, with both islands vaccinating refugees and migrants irrespective of their legal status. Contrary to this trend, **Guyana** recorded 14% more active COVID-19 cases in May than in April, while the **Dominican Republic** saw a 10.8 % increase in active COVID-19 cases and 4.5% more deaths in May compared to April, and **Trinidad and Tobago's** active COVID-19 cases increased by 528% in May compared to April, with 249 more deaths being recorded, reflecting a 156% surge. Both **Trinidad and Tobago** and the **Dominican Republic** prolonged their COVID-19 states of emergency.

Platforms' Response**

In **Brazil**, after an interruption of vaccinations inside shelters in Roraima in late April, with the support of R4V partners the Boa Vista Department of Health progressed with the **third phase of its COVID-19 vaccination plan inside Operation Welcome shelters in May**: 28 refugees and migrants over the age of 68 received their first dose of the vaccine, while 7 completed their vaccination with the second dose. R4V partners conducted protection assessments to map highly vulnerable refugees and migrants staying at the Manaus Bus Station Support Space (PRA). Following a medical screening for COVID-19, as part of the shelter allocation procedure, 42 refugees and migrants were accommodated in the municipal shelters and another 18 were referred to the isolation area at the Reception, Documentation and Relocation Centre (PITrig) for a quarantine period. In addition, **50 indigenous Warao** living in Natal (Rio Grande do Norte) and an additional **134** living in Teresina (Piauí) **were vaccinated** as a result of advocacy efforts by local refugee and migrant protection committees and R4V partners. Meanwhile, on 8 April, a Federal Court instructed the Federal Government and the municipality of Boa Vista to **provide healthcare equally to Brazilians and Venezuelans in health posts**, also determining that all municipal health facilities must visibly place information in Portuguese and Spanish describing that access to public health services is guaranteed without any discrimination on grounds of nationality or legal status. Finally, a [new study released](#) found that **COVID-19 dramatically increased the number of people facing food insecurity in Brazil**, and estimated that nineteen million Brazilians have gone hungry during the pandemic, while nearly 117 million (more than half the population) live with some level of food insecurity, according to the Brazilian Food Sovereignty and Nutritional Security Research Network.

In **Chile**, R4V partners observed that **some refugees and migrants from Venezuela with irregular status were not participating in vaccination campaigns** despite being eligible, as the Ministry of Health and Supreme Decree 67 confirmed that healthcare and COVID-19 vaccinations were available to all refugees and migrants regardless of their legal status. According to interviews with R4V partners, this reluctance to avail themselves to the vaccination due to

* Source: <https://fts.unocha.org/appeals/1021/summary>

**These are examples of activities carried out by National/Sub-Regional Platforms and/or Sectors. For further details, please see R4V.info. Numbers concerning people reached are available on the [RMRP 2021 Dashboard](#)

fear of possible punitive actions regarding their irregular entry and/or stay. R4V partners worked to provide accurate information and monitor vaccine access for refugees and migrants in an irregular situation in particular.

In Colombia, on 15 April, the Office of the Governor of Norte de Santander, with the Presidency's support, jointly with R4V partners inaugurated the [Sanitary Care Centre \(Centro de Atención Sanitaria – CAS\)](#) in the municipality of Los Patios. The CAS Los Patios will function as a health center, providing health and protection services to refugees and migrants and members of the local host community, including attention related to COVID-19, with a maximum stay of 24 hours. In May, the Resident Coordinator's Office (RCO) led an advocacy effort with the Ministry of Health to promote access to vaccines for humanitarian personnel: the GIFMM (the national R4V Platform) and OCHA participated to ensure the inclusion of GIFMM/RMRP and OCHA/HRP INGO partners. Meanwhile, with the surge in COVID-19 cases across the country, R4V partners engaged in COVID-19 prevention and response activities, including: coordinating with local authorities to respond in a complementary manner to the "red alerts" activated in some regions' health sectors; providing logistical support and supplies (e.g. coolant items for vaccine preservation) to health staff implementing the COVID-19 vaccination plan in particularly remote or hard-to-reach areas; and providing health equipment (e.g. mechanical ventilators, vital sign monitors) to public health institutions.

During April, **R4V Partners in Ecuador supported several shelters in Quito and the northern border to expand their attention, to assist additional refugees and migrants who needed a place to stay during the curfew.** Despite these efforts, the media documented and amplified images of Venezuelan refugees and migrants (mainly single men) in streets and parks during the first weekend of total curfew. In May, after advocacy efforts by R4V partners to ensure refugees' and migrants' access to COVID-19 vaccines, the new Minister of Public Health released a special statement to R4V donors stating that **Venezuelans will be part of the national vaccination program, regardless of their legal status.** The newly installed Government also announced that refugees and migrants will be part of the third phase of the vaccination program that is expected to start 15 July to August 30.

In Peru, as part of the Quito Process, the GTRM (the R4V Platform in Peru) and partners participated in thematic workshops related to human mobility and access to healthcare and the COVID-19 vaccine. In April, part of the COVID-19 response of the GTRM focused on facilitating access to the education system: the GTRM supported the Ministry of Education in an extraordinary enrolment process for students, which resulted in **27% of the new applications coming from non-Peruvian families, mainly Venezuelans.** In May, in the framework of cash and voucher assistance (CVA) interventions aimed at mitigating the economic impact of COVID-19 among the refugee and migrant population, GTRM partners identified and reported third parties' attempts to committ **fraud against beneficiaries** and released an inter-agency statement to alert refugees and migrants of these activities and provide useful tips on how to identify them.

In the Caribbean sub-region:

- In **Aruba**, after noting that refugees and migrants with irregular status were afraid to participate in local vaccination campaigns – despite being eligible – an R4V partner opened their office as a "safe space" for walk-in visits, and helped refugees and migrants without documents or irregular status to register for vaccines.
- In the **Dominican Republic**, by [24 May](#), 26.5% of the population had received their first shot of the COVID-19 vaccine. Although the national vaccination campaign did not specify a plan for access for refugees and migrants, R4V partners provided information to Venezuelans who fit the criteria under particular phases of the immunization plan.
- In **Curaçao**, an R4V partner operated one of the three clinics designated by the government to apply COVID-19 vaccines, and conducted outreach specifically with Venezuelans in an irregular situation. By end-May, 3,755 refugees and migrants in an irregular situation had received vaccinations through the R4V partner clinic, while 2,099 received their full vaccinations.
- In **Guyana**, R4V partners accompanied Venezuelans to vaccination sites, but also noted that some refugees and migrants eligible to receive the vaccine were refraining from doing so due to rumours and misconceptions about the

vaccine. By 23 May, just 19.3% of the population had received the first dose of a vaccine, and 0.4% of the population was fully vaccinated. There was no consistent data available on the number of Venezuelans immunized.

- In **Trinidad and Tobago**, the [significant COVID-19 spike](#) in May and associated lockdown measures resulted in R4V partners suspending in-person consultations for some activities and switching to remote modalities. R4V partners noted an increase in gender-based violence (GBV) cases and evictions, due to the economic instability faced by refugees and migrants under the movement restrictions, and a 600% increase in requests for food assistance from April to May. In response, R4V partners provided rental subsidies, food vouchers and hygiene kits to vulnerable migrant families.

In Central America and Mexico:

- In **Panama**, R4V partners [provided information to refugees and migrants about how to register for COVID-19 vaccines](#) and advocated with the authorities to promote access for Venezuelans without valid passports, which were required for foreigners to register in the national vaccine program.
- In **Mexico**, an R4V partner began a population profiling exercise, which includes a component to measure the impact of the COVID-19 pandemic on Venezuelans in Mexico City, Ciudad Acuña, Piedras Negras, Mexicali and Ciudad Juarez. Meanwhile, R4V partners continued to support vulnerable Venezuelans – including those affected by negative economic and health conditions during the COVID-19 pandemic – with CVA and other forms of support.
- In **Costa Rica**, 139 Venezuelan refugees and migrants received psychological assistance from R4V partners in April and May focusing on psychological effects related to lockdown and COVID-19, while over 300 received CVA.

In the Southern Cone sub-region:

- In **Uruguay**, following advocacy by R4V partners, in April the Permanent Secretariat of the National Refugee Commission (CORE) began to implement mechanisms to guarantee access to COVID-19 vaccines by asylum-seekers who do not have identity cards and, for that reason, cannot register themselves in the official database. In May, R4V Partners met with the Deputy of the city of Rivera to promote COVID-19 vaccines among refugees and migrants without documentation. Meanwhile, according to an [R4V partner's assessment](#), over half of Venezuelans in Uruguay have had their incomes reduced as a result of the pandemic. R4V partners also donated supplies to the Chuy Hospital for the refugee and migrant population in the city, to facilitate access to healthcare.
- In **Argentina**, R4V partners noted that refugees and migrants were among those groups prioritized in the national vaccination plan, and Venezuelan health workers were involved in the vaccination response.
- In **Bolivia**, R4V partners noted that the requisite of a National Identity Card to enroll in the vaccine registry constituted an obstacle for many refugees and migrants, both irregular and regular, due to delays and high costs to obtain the documentation. Meanwhile, R4V partners established a new presence in Pisiga, along the border with Chile, and as part of their COVID-19 response, where they provided health products to the local medical center to facilitate healthcare for the refugee and migrant population.
- In **Paraguay**, as part of their COVID-19 response to reduce refugees' and migrants' vulnerability to contracting the virus and to meet needs generated by movement restrictions and the slowdown in income-generating opportunities, R4V partners continued to provide shelter solutions, NFIs, food assistance and CVA to the most vulnerable refugees and migrants from Venezuela.

Regional Sectors**

The Regional Education Sector provided technical assistance to country strategies on the return to in-person schooling while also contributing to strengthening distance education, and conducted a mapping of the prioritization of teacher vaccination in the region. In April, the process of reopening schools in the region suffered several setbacks due to the increase of COVID-19 cases: as of April 30, only 2 countries and territories had reopened their schools (with additional

sanitary measures in place), 2 had their schools fully closed, and 13 had their schools partially closed. By the end of April, there were 120 million children and adolescents affected by total and partial school closures. The Sector continued advocacy for schools to be the first to reopen and the last to close, and supported governments and education authorities in the region who, together with R4V partners and counterparts, continued to mitigate the risks inherent to education disruption and its impact on children. The Regional Sector also organized the [side event](#) “Ensuring the right to education for refugees and migrants from Venezuela” in lead-up to the International Donors’ Conference in Solidarity with Venezuelan Refugees and Migrants hosted by Canada on 17 June (hereafter “International Donors’ Conference”).

The Regional Food Security sector organized the [side event](#) “The Crises that reshaped food insecurity: Venezuelan refugees and migrants and their struggle to put food on the table” in lead-up to the International Donors’ Conference.

The Regional Health Sector continued to promote the effective inclusion of refugees and migrants in national vaccination plans against COVID-19, and also organized the [side event](#) to the International Donors’ Conference “Vaccination and the impact of COVID-19 on the Access of refugees and migrants from Venezuela to essential health services.”

The Regional Humanitarian Transportation sector organized the [side event](#) “Humanitarian Transport as a Comprehensive Response and its Impact on Mitigating Risks Associated with Human Trafficking and Other Rights Violations” in lead-up to the International Donors’ Conference.

The Regional Integration sector organized the [side event](#) to the International Donors’ Conference “How to advance the effective socio-economic integration of refugees and migrants from Venezuela in the context of a global pandemic?”

The Regional Nutrition sector organized the [side event](#) “Ensuring adequate nutrition in refugee and migrant children and women: What does it take?” in lead-up to the International Donors’ Conference.

The Regional Protection Sector, jointly with its counterpart from the Caribbean Sub-regional Platform, carried out a protection study in the context of COVID-19, with a focus on the protection environment of refugees and migrants from Venezuela in the five countries of the sub-region. The study aimed to establish a baseline for the 2022 planning process of the Protection Sector and make visible the main needs of the population, including documentation, education, health, risks linked to abuse and exploitation, trafficking and smuggling, and detentions and deportations. A report will be launched in the second semester of 2021. The Regional Sector also organized the side event “Invisible Refugees and Migrants from Venezuela during COVID-19: disproportionate impacts on special protection groups” in lead-up to the International Donors’ Conference.

The Regional Shelter sector organized the [side event](#) “Access to Adequate Housing for Refugees and Migrants from Venezuela” in lead-up to the International Donors’ Conference.

The Regional WASH sector reported increased pressure on shelters and WASH services in shelters and informal areas, due to major increases in COVID-19 cases in several LAC countries since April, resulting in refugee and migrant children and adolescents having their return to school delayed; further constraints on families’ livelihood and income generation capacities because of mobility restrictions; increased evictions from rented accommodations due to reduced capacities to pay rent; increased reliance on shelters and informal settlements for housing for refugees and migrants; and the cascading effect of increasing demand for WASH services in those areas. The Regional Sector also organized the [side event](#) “Humanitarian-Development nexus for Venezuelans: bridging WASH policy and services” in lead-up to the International Donors’ Conference.