

R4V EYR

END YEAR REPORT
2020



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R4V
Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela

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Venezuelan children at the São Vicente shelter in Boa Vista, Brazil take part in an art contest with the Associação Voluntários para o Serviço Internacional (AVSI Brasil).

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REGIONAL CHAPTER

R4V Inter-Agency Coordination
Platform for Refugees and
Migrants from Venezuela



PEOPLE IN NEED
6.17 M



PEOPLE TARGETED
4.11 M



PEOPLE REACHED
3.18 M



FINANCIAL
REQUIREMENTS
\$1.41 B



COVID 19
FUNDING
\$25.9 M



47% FUNDED
\$ 659 M

53% UNMET
\$ 751 M

People reached by National or Subregional Platform (as of December 2020)



BRAZIL
245 K



CHILE
75.4 K



COLOMBIA
2.18 M



ECUADOR
311 K



PERU
232 K



SOUTHERN
CONE
68.6 K



CARIBBEAN
28.5 K



CENTRAL
AMERICA &
MEXICO
36.9 K

People reached by sector (as of December 2020)



EDUCATION
151.6 K



FOOD
SECURITY
1.85 M



HEALTH
1.2 M



HUMANITARIAN
TRANSPORTATION
34.4 K



INTEGRATION
113.8 K



MULTIPURPOSE
CBI
657.4 K



NON-FOOD
ITEMS
451.9 K



NUTRITION
91.3 K



PROTECTION
704.2 K



SHELTER
122.4 K



WASH
1.1 M

EXECUTIVE SUMMARY

Despite significant additional challenges in 2020 associated with the COVID-19 pandemic in all 17 countries that were part of the RMRP response – including increased needs of refugees and migrants from Venezuela and affected host communities, movement restrictions imposed by host governments in order to curb the virus’ spread, and related shifts in response modalities for humanitarian actors – R4V partners were able to reach a total of 3.18 million Venezuelans and members of host communities with some form of assistance in 2020, representing 66 percent of the target population. To take into account the significant changes in context, needs and operational realities that resulted, the R4V Regional Platform led a comprehensive review beginning in April 2020, in consultation with the 8 national and sub-regional platforms and the regional sectors, to revise the Response Plan by May of 2020. Out of 1.4 billion requested for the revised RMRP 2020, 682 million was received, or a total of 48.4 percent of the RMRP 2020 appeal.

COVID-19 and the various control measures adopted by governments generated additional risks and challenges for Venezuelan refugees and migrants, including in the areas of protection, livelihoods, health and education. Limitations on commercial activities often greatly reduced income opportunities for Venezuelan refugees and migrants and increased risks of eviction and homelessness. Movement restrictions generated additional protection risks, including trafficking and smuggling, as well as concerns about access to territory, access to asylum procedures, and deportations. R4V partners’ responses demonstrated adaptability and ingenuity to continue to provide assistance despite these challenges, including through new means of remote attention using technological solutions to reach people in need. Cash and voucher assistance (CVA) took on an expanded role in the R4V in several countries, both because it helped to respond to critical needs, and because it is a modality that could be implemented remotely or with adjustments to comply with sanitary restrictions. In spite of the plethora of challenges, there were also positive developments, in terms of the integration of Venezuelan refugees and migrants in country-wide COVID-19 response plans, ensuring access to health services, vaccinations, and several initiatives to promote expanded regularization and documentation of Venezuelans (including in Costa Rica and Colombia).

In order to coordinate the response of the 151 partners taking part in the RMRP 2020, the R4V Regional Platform regularly convened regional platform meetings and further consolidated the regional response structure, including through its nine Regional Sectors (Education, Health, Humanitarian Transportation, Integration, NFI, Nutrition, Protection, Shelter, WASH) and eight National and Sub-Regional Platforms (in Brazil, Chile, Colombia, Ecuador, Peru, the Caribbean, Central America & Mexico, and the Southern Cone) as further detailed in the following chapters.

COVID-19 & MOVEMENT TRENDS

On 30 January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public emergency of international concern and on 11 March 2020 characterized it as a pandemic. The disease took hundreds of thousands of lives in 2020, sparing no country, with several countries in the Americas emerging as global epicenters in terms of case rates, death tolls, and overwhelmed health systems. COVID-19 further deteriorated an already desperate situation for many refugees and migrants from Venezuela in the region, as well as for host communities. National governments in the 17 countries covered by the RMRP faced challenges to assist vulnerable populations as their health and social welfare systems were stretched thin or reached the breaking point. Despite some governments in the region making remarkable efforts, many refugees and migrants, particularly those in irregular situations, were left out of health and social welfare programs and became more vulnerable to health and protection risks. Anxiety and false perceptions associated with a fear of the spread and impact of the virus also generated discrimination and increased xenophobia against refugees and migrants, impeding their integration.

The economic impact of the pandemic caused a loss of livelihoods and thereby increased eviction risks for refugees and migrants, generating alarming levels of discrimination, violence, exploitation and abuse. Those working in the informal sector, i.e. a large majority of refugees and migrants from Venezuela, were disproportionately affected by curfews and movement restrictions, not having savings and alternative social safety nets, as well as inadequate access to public services. These situations often translated into loss of employment and an inability to cover rents. Rising evictions caused homelessness and further compounded the situation of financial insolvency and the inability of many refugees and migrants to cover regular basic needs such as food and sanitary and healthcare needs. Owing to the dramatic loss of livelihoods, the ability of refugees and migrants to send remittances to support families in Venezuela diminished, while others considered returning to Venezuela as a last resort, often relying on unregulated and dangerous routes that represented protection and health risks.

The pandemic also worsened food insecurity and nutrition levels among refugees and migrants, especially those who lost their livelihoods and those with specific needs. Additionally, prolonged confinement and

isolation increased risks of gender-based violence (GBV), especially against women and children. As schools across the region were forced to close, education of children and youth also became a major concern as many refugees and migrants faced limited capacities to access on-line schooling, further reducing their ability to integrate into local communities.

In response to the COVID-19 context and to the related challenges to deliver basic support and protection to refugees and migrants from Venezuela, the R4V Regional Platform and its 8 National and Sub-Regional Platforms covering the 17 countries of the 2020 RMRP, in close coordination with national and local authorities and with WHO-PAHO, implemented a critical revision of all operations in the region to prioritize essential protection and life-saving actions. These efforts culminated in a [revised 2020 RMRP launched in May 2020](#), to ensure a comprehensive and COVID-19 focused response. This reprioritization focused on refugees' and migrants' needs in the areas of Health, Protection, Shelter, WASH, Nutrition, Food, and Livelihoods and Integration, including enhanced cash and voucher assistance (CVA), to complement national authorities' response capacities.

Resulting from the review of the 2020 RMRP, R4V partners delivered life-saving activities with remote and adapted response modalities to consider COVID-19 related priorities. A "whole of society" approach allowed R4V partners to simultaneously respond to humanitarian needs heightened by COVID-19 while continuing to support stakeholders to seek durable solutions for refugees and migrants and affected host communities. The response to COVID-19 was adapted to different national contexts; in general, responses included emergency and life-saving assistance to vulnerable refugees and migrants and affected host communities through mobile health interventions for testing and referral of COVID-19 cases, upgrading of shelters with adequate spacing and WASH arrangements, development of adapted GBV pathways and remote education mechanisms. Additionally, R4V partners established early warning systems and rapid response mechanisms to contain the spread of COVID-19 among refugees and migrants and enhanced monitoring and analysis of the impact of COVID-19 on refugees and migrants, such as joint contingency preparedness exercises by National and Sub-Regional R4V Platforms, response mapping and rapid needs assessments and analysis exercises. Regional R4V Sectors and Working Groups produced

and disseminated COVID-19-specific guidance and communication materials as well as key messages for refugees and migrants and for local authorities. Additionally, cash transfer interventions, especially multipurpose cash transfers (MPC), were intensified to reach refugees, migrants, and host communities. National and Sub-Regional Platforms advocated and collaborated with governments to include refugees and migrants in their health, social protection and livelihood responses to the pandemic. R4V partners also worked to increase local organizations' capacities in cash and market assistance and worked with financial service providers to reach remote areas and marginalized groups. GBV considerations were mainstreamed in CVA throughout the program cycle and by incorporating CVA within GBV case management services, where appropriate.

While during the early months of the pandemic human mobility essentially came to a halt throughout the region, including movements of refugees and migrants, as situations stabilized in the second half of 2020 Venezuelans continued to move and cross borders seeking protection and access to critical services, despite the pandemic and the restrictions imposed by governments to prevent and mitigate the spread of COVID-19. Additionally, some 125,000 Venezuelans returned to their country through official border crossings from Colombia from March to December of 2020, including in pendular movements, according to data from Migración Colombia. However, many of those Venezuelans who returned expressed their intention to leave Venezuela again and return to other host countries. For example, the R4V Platform in Brazil conducted [an assessment](#) in August 2020 which identified that 79 percent of refugees and migrants returning to Venezuela had the intention of later re-entering Brazil.

With the worsening of the situation in Venezuela during the last months of the year, an increased outflow of refugees and migrants was reported in December 2020. These increases were particularly notable at the borders between Colombia and Venezuela, and Colombia and Ecuador, where most Venezuelans interviewed by R4V partners expressed the intention to travel further to Peru and Chile, while greater numbers of Venezuelans also arrived in Guyana and Brazil. To facilitate an exchange on possible scenarios for the near future and action points for stakeholders, the R4V Regional Platform organized a technical workshop on 26 November with National and Sub-regional Platforms, Regional Sectors and other key partners, including donors. The Regional Protection Sector and several of the National and Sub-Regional Platforms (e.g. [the GIFMM in Colombia](#)) [also launched tools](#) and initiatives to [monitor flows at various borders](#).



Situation

During 2020, approximately 1.45 million refugee and migrant children and adolescents in the region were in need of education assistance.¹ The large influx of refugee and migrant children and adolescents from Venezuela resulted in a massive demand for education services in host countries, overloading the capacity of local education systems to accommodate this population, especially in vulnerable host communities with pre-existing exclusion problems for many school-age children and adolescents. As COVID-19 spread in the Americas and Caribbean, Ministries of Education (MoE) progressively closed schools at preschool, primary and secondary levels. It is estimated that over 159 million children and adolescents (including 69.5 million girls) were affected², or more than 97 percent of enrolled learners. Refugees and migrants from Venezuela were disproportionately affected: while governments introduced distance learning systems such as online and tele-schooling, these were unable to benefit all students. For example, the National R4V Platform in Peru (GTRM) estimated that over 50 percent of refugee and migrant children remained outside of the Peruvian education system, while the National R4V Platform in Colombia (GIFMM) reported that 27 percent of households with Venezuelan children aged 6 to 11 and 37 percent of households with children aged 12 to 17 did not have access to formal learning activities.

Response

The regional Education Sector supported ongoing access to education despite school closures by providing tools for children and adolescents, their families, and governments to continue to engage in distance learning. The Sector also developed guidance notes for reopening of schools, checklists for MoEs and school directors, and audio-visual materials such as videos and recommendations. The Regional Education Sector led several evidence-based advocacy and capacity-building activities during 2020, including on monitoring of national MoEs' education responses; supporting the development of a regional repository of COVID-19 related documents; 24 sessions of the webinar entitled "Leaving No One Behind in Times of the COVID-19 Pandemic" to share knowledge and experiences on education, including on how to care and respond to the needs of refugee and migrant children and adolescents (reaching 108,820 attendees in 10 months); developing the course "Creando Aula: Practical educational tools for teachers in the emergency context" to support teachers in the region

to improve their capacity in responding to the needs of children and adolescents in emergency contexts, including forced migration and displacement; and developing two guidance notes³ on reopening schools in the context of COVID-19, based on the [global framework for reopening schools](#), to promote education access for the most vulnerable, including refugee and migrant children and adolescents. With the support of the Education Cannot Wait Fund, partners developed a study to improve the availability of reliable and timely data on refugee and migrant children and adolescents in Colombia, Chile, Ecuador, Peru, and Guatemala, and organized a virtual dialogue and regional workshop on policies and regulatory frameworks to ensure access to education for refugee, migrant and vulnerable children and adolescents. Finally, the Education Sector launched an information campaign targeting families to support the dissemination of the Andrés Bello Agreement (CAB) equivalency table to support the right to education in the context of human mobility. The campaign targeted students, parents, guardians or representatives, immigration authorities, border control posts, consulates, embassies, officials of the Ministries of Education and Health, directors of educational establishments, family welfare institutions, hospitals and health posts, coordinators of reception areas, international public and private educational organizations, foundations and NGOs supporting migrants.

Lessons learned

The COVID-19 situation demonstrated that education systems in the region face serious difficulties in contingency planning for education in emergencies, regardless of the nature or cause of the emergency. These gaps include challenges in implementing measures and actions on assistance and integration at the local level, in line with national policies, or having governments align their policies with the regional guidelines previously mentioned for the regularization and educational attainment of refugee and migrant students. The pandemic worsened disparities among students from different social backgrounds in accessing education systems and for refugees and migrants from Venezuela in particular, and eroded prior gains made in education rights, making refugee and migrant students even more invisible. This highlighted the need for greater intersectoral cooperation in the care and monitoring of children, as well as comprehensive strategies aimed at improving the role of families in social protection.

1 RMRP 2020 <https://r4v.info/en/documents/download/76210>

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

3 Regional guidance note for MoEs: <https://www.unicef.org/lac/en/media/14696/file> ; Regional guidance note for School Administrators: <https://www.unicef.org/lac/en/media/14691/file>

Situation

The Americas became one of the epicenters of the global COVID-19 pandemic, as the pandemic exposed Latin American and Caribbean countries' existing weaknesses in preparedness and response to health emergencies, while affecting a range of social, economic, ecological and health systems. As of 31 December 2020, the Americas led the world in the number of confirmed COVID-19 cases and deaths: the WHO reported a total of 35,511,445 cases and 858,406 deaths for the Americas, out of 81,592,364 cases and 1,801,160 deaths globally. The work of the regional Health Sector was particularly impacted by the COVID-19 pandemic, due to pressures on health systems, mobility restrictions and the effects on local and national economies. The pandemic resulted in greater demand for health services occurring simultaneously with lockdown measures affecting essential services and causing severe access restrictions. With health responders focusing on the COVID-19 response, host communities and refugees and migrants faced limitations in receiving diagnoses, hospitalization and intensive care for other ailments. Social and mobility restrictions, including quarantines, limited the delivery of essential health services and supplies, as well as access to public health programs at primary levels, including maternal and child health, sexual and reproductive health (SRH), family planning services, sexually transmitted infections (STIs), clinical management of rape, dengue, tuberculosis (TB), malaria and HIV-AIDS, among others. Border closures as part of pandemic control measures contributed to increases in refugees and migrants being homeless or in overcrowded shelters, without adequate access to Personal Protective Equipment (PPEs) or the ability to implement physical distancing to prevent and control the spread of COVID-19. Likewise, difficulties with screening, triage and diagnostics were reported, due to the insufficient number of health personnel in cities near border entry points.

Response

The regional Health Sector strengthened coordination and communication with host countries through the inclusion of the leaders and co-leaders of the Health Sectors from the National Platforms in periodic sessions at the regional level, as well as in specific sessions about health interventions for people in vulnerable situations. Advocacy with national health authorities was conducted to include refugees and migrants from Venezuela in their response plans. Recommendations were shared among host countries to ensure access to health services for diagnosis and treatment, and implementation of public health measures. The Health Sector also strengthened the

capacity of National Health Sectors on specific issues that were identified as a priority through a virtual regional consultation.

The Regional Sector and the Health Sectors of the National Platforms held three technical sessions about Mental Health, SRH and Gender-based Violence (GBV). Finally, the regional Sector deepened coordination with other sectors and disseminated health technical guidance for the implementation and operation of temporary shelters and alternative places of accommodation for quarantine and isolation.

Lessons learned

The regional Health Sector identified several recommended actions to be taken to respond to COVID-19 related challenges. First, the Sector identified the need for regional and national R4V platforms to coordinate with national emergency response systems, especially in contexts of high demand for essential services. Another recommendation was to hold thematic and technical meetings to identify and strengthen capacities in key technical areas for the national health groups. It also emerged as necessary to adjust national health responses to different types of health systems and dynamics of mixed flows from Venezuela. The Sector stressed the need to identify health issues that require special management and training of health personnel at the national level. Additionally, there was the need to reinforce coordination between the health and protection sectors, to address health needs with a comprehensive approach rooted in the centrality of protection and health as a human right. The Sector identified the need to advocate for the mobilization of financial resources to sustain interventions in the long-term. Lessons learned also included the importance of advocating for the adoption of specific services and best practices, including protocols and forms or consultation cards, for example, for pregnant women's care, and monitoring systems for basic health services which can include immunization, prevention and diagnostics related to COVID-19 for refugees and migrants. Lastly, the regional Health Sector identified the need to reinforce prevention and containment measures for COVID-19, including among the teams and institutions working in the emergency response.



Situation

Since March 2020, with the onset of the COVID-19 pandemic, many regular transit routes were affected by border closures and movement restrictions. This meant that refugees and migrants were forced into irregularity in order to undertake their journeys. As many Venezuelans lacked the financial means to pay for safe transport, and in view of growing levels of destitution resulting from the severe economic impacts of the COVID-19 pandemic, an increasing number resorted to irregular and high-risk forms of travel, such as walking, where the risks of exposure to GBV, human trafficking or smuggling exacerbated their already desperate situation. Since August 2020, countries in the region gradually began reopening their borders and relaxing travel restrictions, which also led to an increase in flows of refugees and migrants keen to recommence their movements in the latter part of the year. Although most in-kind humanitarian transportation activities in the region were suspended due to travel restrictions in place during the pandemic, the needs remained and even increased, due to continued movements of refugees and migrants and their resulting exposure to protection and health risks, and the increase in operations of criminal networks

Response

As a result of the drastic change in context brought about by the COVID-19 pandemic, the priorities of the Humanitarian Transportation sector had to be adapted in the revised RMRP 2020. In order to align with national movement restrictions in place to prevent the spread of the virus, the Sector suspended the provision of in-kind border-to-border transportation services, particularly from April to September, during the strictest phase of national. Instead, the response refocused on transportation for urgent protection cases (for example, transporting GBV survivors or victims of trafficking from the household to specialized shelters) or transportation support to facilitate family reunification. In addition, transport vouchers (CVA) were provided in order to support refugees and migrants in need of mobility to obtain essential goods, services and other assistance, in accordance with travel restrictions. The response was delivered through 346 activities, the majority of which were carried out between October and December. Around 46 per cent of these activities were in Colombia, closely followed by Ecuador and Peru, which were where the majority of Venezuelan refugees and migrants were transiting. Humanitarian transportation of Venezuelans was also carried out in the Southern Cone and in Guyana.

Lessons learned

The absence of agreed norms on the facilitation of humanitarian transportation for refugees and migrants in irregular situations was a challenge for the response in 2020, given that those travelling irregularly were often the most vulnerable to protection risks and therefore had the greatest need for humanitarian transportation. In 2021, the regional Humanitarian Transportation sector will seek to prioritize the development of humanitarian transportation guidelines. Also, coordination with local governments to establish agreements for the transit and reception of refugee and migrant beneficiaries of humanitarian transport services is seen as a necessary connection between humanitarian services that needs to be strengthened. In addition, the closure of borders was a challenge as it excluded the possibility for providing border-to-border humanitarian transport. There were also restrictions for intermunicipal mobility (varying between local governments) as a COVID-19 containment measure. Finally, the lack of funding for this sector's response prevented broader coverage and limited the capacity to respond to identified needs.



Situation

The measures undertaken to mitigate the spread of COVID-19 produced an unprecedented economic contraction and strongly impacted the labor market. An estimated [114 million jobs were lost worldwide](#), there was a large reduction in working hours, and companies of all sizes were forced to close temporarily or permanently. Domestic workers and people working in the informal economy were the most affected among refugees and migrant workers from Venezuela.⁴ Refugee and migrant workers' engagement in the informal economy is closely connected to their migratory status, as those in irregular situations often lack the necessary documents to engage in the formal economy. The informal sector has always been characterized by a lack of access to social protection, which resulted in those working informally being excluded from national emergency aid plans, increasing their vulnerabilities. Some countries – such as Argentina, Chile, Mexico and Peru – included Venezuelan and other foreign health workers in their response plans to join the fight against COVID-19. These foreign health workers, as well as those working in the agricultural sector and food distributors, were considered “essential” jobs, which highlighted the contribution of refugee and migrant populations to the economies of host countries and to the mitigation of COVID-19. Yet this also exposed their lack of labor protection, a problem which continues to demand urgent measures to regularize those with irregular status, protect their labor rights and formalize their work.

Response

In those countries where foreign health workers were eligible to participate in the national COVID-19 response plans, including Argentina, Chile, Mexico and Peru, R4V partners helped to identify health workers among refugees and migrants from Venezuela, link them to those national health system responses, and navigate documentary and professional re-certification processes in order to support their labour insertion. Meanwhile, in 2020 the Regional Integration Sector worked towards the adoption of a [socio-economic integration strategy](#) for refugees and migrants from Venezuela and their host communities, which was adapted to the COVID-19 context. The technical tool was intended to serve as a resource to guide countries in promoting the social and economic integration of this population and the construction and/or strengthening of regional mechanisms such as the Quito Process, CARICOM, and MERCOSUR. In the context of the global pandemic, the Sector developed technical documents⁵

to analyze the impacts of COVID-19 on the labor market and its consequences for refugees and migrants. Also, key messages in the shape of social cards were disseminated to sensitize governments, employers, the media and the general population on how mitigate the effects of COVID-19 on the labor market.

The Sector also began an analysis of the social and economic measures taken by the governments of 9 countries in the region that impacted refugees and migrants, with a goal to develop recommendations for more inclusive policies and responses. Additionally, the Sector identified and shared with national platforms – including through publication on the R4V webpage – various tools, good practices and training opportunities to promote cash and voucher assistance programs, and facilitated best practices exchanges across countries, to strengthen the respective country responses.

Lessons learned

In 2021, more partners will be engaged to join the regional Integration Sector, especially civil society organizations, to strengthen and energize its initiatives. There is a need for closer coordination with national platforms, in order to create more effective communication channels for the regional sector to respond to national and local requests regarding their needs, and to provide more direct thematic guidance. The Sector also identified the overload of available webinars as a challenge for the construction of new exchange for a as target audience is overwhelmed with these types of activities. The Sector will work to establish more synergies with other sectors to strengthen interventions.

In terms of substantive issues impeding local integration, the Integration Sector will focus on the importance of regularization and documentation processes for refugees and migrants from Venezuela, and work with host governments to promote regional initiatives such as those to create an interconnected network of public employment service workers and to create a regional scheme for technical skills recognition (such as for health workers).

4 Regional Integration Sector, “The impact of COVID-19 on the labour market and on refugees and migrants from Venezuela”, April 2020, <https://r4v.info/es/documents/details/75318>

5 Ibid. See also: <https://r4v.info/es/documents/details/77328>

Situation

The COVID-19 crisis put refugees and migrants at higher risk of nutritional deficiencies in 2020. Factors contributing to the deterioration of their nutritional status and malnutrition included loss of employment and income, limited or no access to diverse foods in sufficient quantities (food insecurity), and limited access to health and nutrition services to prevent and treat undernutrition due to the disruption of health services and the fear of contracting COVID-19. These precarious conditions particularly affect the most vulnerable refugees and migrants from Venezuela: infants, young children and pregnant and lactating women, who are at increased risk of malnutrition, infection, and death. Due to their very specific nutritional needs and undeveloped immune systems, infants and young children suffering from malnutrition (undernutrition or micronutrient deficiencies) faced an increased risk of death due to infectious disease and impaired physical and mental development. Undernourished women faced a greater risk of dying during childbirth and giving birth to an underweight or mentally impaired baby.

Response

The main priority of the regional Nutrition Sector for 2021 was to ensure immediate and regular access to nutrition services for vulnerable groups to prevent and address malnutrition, while adapting the initially planned activities to the pandemic: extension of nutrition services to refugees and migrants from Venezuela living in spontaneous shelters; communication and dissemination of key recommendations on social media networks and other media to inform about safe breastfeeding practices for refugee and migrant mothers diagnosed with COVID-19; use of PPE while counseling caregivers on infant and young child feeding and managing cases of acute malnutrition in children under five; provision of multiple micronutrient powders to improve the quality of young children's diets; and provision of vitamin and mineral supplementation to pregnant and lactating women to prevent micronutrient deficiencies. Achievements included the adaptation of nutrition activities to various COVID-19 contexts, which permitted R4V partners in the region to reach vulnerable groups while taking security measures and reducing the risk of infection. The adaptation of prenatal care services to the COVID-19 context allowed pregnant women to continue accessing health and nutrition counselling and micronutrients. Adaptations also included the training of health care professionals and community workers attending to the needs of refugees and migrants from Venezuela. Although capacities still need to be strengthened in that regard in 2021, this was an opportunity to reduce anxiety and concerns around infection risks related to nutrition activities. Where turnover of personnel in health services was

challenging, regular training sessions were conducted with the new personnel on duty to prevent the loss of capacity and disruption of services regarding the identification and treatment of acute malnutrition. Coordination with other sectors, especially with Health, WASH and Food Security, was key to ensure convergence of efforts (improved access to health services, clean water and food). An example of this was the articulation of its nutrition activities with community school kitchens to improve dietary intake using local foods. From the regional level, technical support was provided in the planning of nutrition responses, with an emphasis on activities in the context of COVID-19. Guidance notes on how the Nutrition Sector could join forces with the Health, WASH and Food Security Sectors, taking into account the COVID-19 context, were prepared and shared with the national platforms.

Lessons learned

Main challenges faced during the implementation of the Nutrition Sector response included lockdowns and COVID-19 related restrictions that affected the ability of R4V partners to implement planned nutrition activities (including due to serious logistical challenges to directly reach families on the move and provide face-to-face counseling); the sudden and urgent need to increase R4V partners' capacities to adapt and carry out nutrition activities in the context of COVID-19; turnover of personnel in health services and limited funds for the nutrition response. Important lessons learnt from the RMRP 2020 response included the need to further strengthen and expand capacities regarding programmatic adaptations of nutrition activities to the COVID-19 context for refugees and migrants at border points, in transit and in host communities, and increase visibility around nutrition activities, their importance, added value and life-saving impact to increase resource mobilization possibilities. Stronger coordination and support will be needed in 2021 from the regional level in that regard.

Situation

The COVID-19 crisis increased and diversified the need for non-food items (NFIs) in several ways. First, refugees and migrants in transit and those taking alternative routes to border areas, with less availability of shelter along the way, were in need of life-saving emergency shelter kits and essential household items. These included materials to ensure physical distancing between individuals or households to prevent transmission, PPE, and “winterization” kits in cold-weather climates, especially as shelter became less available due to capacity limitations. There was a greater need for hygiene items, soap and other cleaning and disinfectant products to prevent infection. In addition, due to the closure of schools, there was a greater need for educational materials and equipment for children to use at home to be able to access education, including virtually. Due to the increased rate of evictions throughout the year, resulting from refugees’ and migrants’ reduced capacity to pay rents, there were greater numbers of homeless people, and therefore a greater need to provide essential household items, such as blankets and clothing. Finally, the loss of livelihoods left many refugees and migrants without income, meaning a reduction in capacity to purchase essential items as well as COVID-19-specific supplies, increasing their dependence on NFI assistance from R4V actors.

Response

The distribution and implementation strategy of household items was redefined due to the pandemic, with a clear increase and diversification of items distributed. Mainstreaming the provision of health and hygiene items following WHO recommendations, in particular, the distribution of PPE, was key. NFI kits were adapted to suit the changing needs of refugees and migrants in transit and in shelters, and regular NFI provision was boosted given the need for increased volume of distributions as more people were in greater need of NFIs, and people required more NFIs due to the pandemic economic impact. Distribution sites of NFIs were adapted to comply with health guidelines, such as ensuring physical distancing in lines. Cash and Voucher Assistance (CVAs) was also prioritized, given restrictions in place preventing the possibility of physical distributions in some places, and in order to follow health recommendations. Distributions of NFIs at border areas and for people in transit diminished during periods of lockdown, however these activities were reinitiated during the last quarter of the year, with the relaxation of measures following the first waves of COVID-19 cases. Of the 3,377 activities comprising the NFI response throughout the year, over 45 per cent were carried out in Ecuador, followed by Colombia and Brazil.

Lessons learned

The main challenges faced by the Regional NFI Sector during 2020 were due to restrictions on crowd sizes and the resulting limitations on physical distributions. However, this issue was addressed by prioritizing cash and voucher assistance, including multipurpose cash assistance, which both increased the efficiency of service provision, while supporting local markets and preventing the spread of COVID-19. Following consultations with relevant sectors, in particular, Education, Health, Shelter and WASH, it was agreed to mainstream NFI activities into the respective sectors for 2021. This is expected to be a positive development especially for monitoring as it will allow each sector to monitor the delivery of sector-specific NFIs in their own domain.

Situation

In 2020, the humanitarian situation for refugees and migrants from Venezuela remained dire, affecting millions of vulnerable people in transit and in destination countries. Women, children, indigenous populations, and people with disabilities bore the greatest burden of the COVID-19 pandemic, in terms of protection-related impacts linked to access to key services, evictions, and movement restrictions, among others.

While Protection Sector members implemented planned RMRP activities the effects of the COVID-19 pandemic and resource constraints compromised the delivery of key protection services, including protection and case referrals. Governments and R4V partners adapted service delivery to remote modalities. The closure of borders and movement restrictions, as well as lockdowns and economic measures, greatly affected livelihoods options and access to public services. The Sector and its members observed serious protection concerns, related to housing and forced evictions, mental health conditions, and limitations on access to territory, asylum procedures and alternative stay arrangements. This situation left thousands with no alternative but to consider returning to their home country under precarious conditions, exposing them to even greater protection risks, including GBV and trafficking in persons. After some countries eased restrictions, new outflows from Venezuela were registered, mainly through irregular entry points as borders continued to be closed, while some states enhanced measures to curb irregular movements, including at times through the deployment of police and armed forces.

Response

The strategy of the regional Protection Sector focused on four priorities: 1) access to regularization, documentation, territory and asylum; 2) provision of critical protection services; 3) effective inclusion of refugees and migrants in national protection systems; and 4) follow-up to legal/normative and institutional frameworks linked to the mitigation and reduction of protection impacts of COVID-19. The significant increase in evictions required a timely and comprehensive response. The Sector, along with the Inter-American Commission on Human Rights (IACHR), carried out a [regional survey](#) on evictions that reached 1,021 households from seven countries, which served to enhance information sharing and analysis across sectors, draw an advocacy route to address urgent needs and identify long-term solutions. In order to mitigate eviction risks identified through the survey, the Sector developed a [Regional Toolbox on Evictions](#) with legal guidance, mapping of best practices, and communication and advocacy tools. The Sector also

organized 21 focus-group discussions and in-depth interviews with members of indigenous populations, sex workers and evicted people from nine countries, aimed at assessing the impact of COVID-19 on heightened risk population groups in the region. Together with protection actors in Brazil, Colombia and Guyana, the regional Protection Sector developed a work plan to address and mitigate protection risks of indigenous peoples. The Sector also organized Country of Origin Information sessions, reaching over 600 people, where OHCHR and Venezuelan NGOs presented information on the protection situation inside Venezuela. The Sector also partnered with strategic regional actors such as OAS, IACHR, LAC RMD Coalition and the Coalition for Venezuela, to advocate on protection and prevention of rights violations and timely and effective responses and services for refugees and migrants from Venezuela. With the technical support of the IMWG, the Sector [mapped good practices](#) in public policies for the mitigation of COVID-19 impacts in 15 countries, and developed a [tool to monitor the situation at borders](#) aimed at providing updated information along migratory and displacement routes, which will be launched in the second semester of 2021. Finally, the Sector issued several [information materials](#) to raise awareness and provide critical information to refugees and migrants.

Lessons learned

Driven also by the impact of restrictive measures to curb the spread of COVID-19, the Sector adapted its focus on assistance delivery to more structural actions such as advocacy, capacity-building and coordination with key regional actors. The Sector also positioned the issue of evictions as one of the most serious consequences of the COVID-19 pandemic and developed tools to increase the capacity and quality of the response. Progress was made to promote greater coherence between the Sector and the three Sub-Sectors (GBV, Child Protection and Human Smuggling and Trafficking). On the incorporation of gender perspectives, the Sector worked towards ensuring that women, men, boys and girls and LGBTIQ+ individuals' specific needs are reflected and included in the protection analysis and response. An example of this is linked to the regional survey on evictions, which highlighted specific protection concerns of this population, specifically pregnant and lactating women. Also, internal discussion and analyses on impacts of COVID-19 addressed specific risks for women working in the sex industry in the region (particularly trans women). Finally, the development of consultation processes with members and national/sub-regional co-leads strengthened ownership and coherence in the response. In terms of challenges, the Sector faced a lack of adequate funding for coordination activities, as well as for protection activities by its members. The adaptation of protection services due to COVID-19 measures also posed additional challenges to continue

delivering assistance to vulnerable populations. Although some intersectoral actions were developed in 2020, it is expected that inter-sectoral collaboration will further improve in 2021 (including with shelter, integration and CVA). Finally, closing gaps linked to the provision of services for survivors of trauma, improved legal assistance and the need for an in-depth understanding of risks for boys, adolescent men and homeless refugees and migrants will be atop of the Sector's 2021 priorities. Specifically, the needs of homeless refugees and migrants (resulting from evictions) have been prioritized in the 2021 response, and the Sector advocated for the inclusion of boys and adolescents in the 2021 priorities of the Child Protection Sub-sector to ensure the needs of this population are properly addressed.

Situation

Measures to contain COVID-19 – such as restrictions on freedom of movement, confinement measures and the subsequent loss of livelihoods, evictions and irregular movements – increased the risk of GBV for refugees and migrants. Women, girls and persons of diverse gender identity and sexual orientation were more vulnerable to rape and sexual assault, often forced to engage in survival sex and experienced various forms of sexual exploitation. Due to added stress and uncertainty, they were also at heightened risk of enduring physical, emotional and sexual violence at the hands of their partners. [Multiple countries](#) reported a 50% [or even greater](#) increases in GBV incidents. Despite the increase in vulnerability, duty bearers were challenged to mitigate GBV risks for people confined at home with violent partners, searching for work, or being left with no option but to consider returning to Venezuela despite border closures. Women and girls also faced critical barriers to accessing lifesaving care, as healthcare facilities were overburdened with the COVID-19 response, other services reduced operating hours or were administered remotely and required access to technology not accessible to most refugees and migrants from Venezuela. Women and girls – including GBV survivors – were therefore less able to obtain medical care, including reproductive health services, or access psychosocial support, justice and protection services.

Response

In 2020 the GBV Sub-sector prioritized supporting the continuity of lifesaving GBV services and ensuring the inclusion of GBV programming in the response. Coordinators continued advocacy at the regional level and supported capacity-building initiatives of GBV and non-GBV specialists. The response focused on three main areas: 1) coordination and capacity-building; 2) technical guidance; and 3) GBV risk mitigation. As regards coordination and capacity-building, just before the onset of the pandemic, the Sub-sector organized capacity development activities to enhance GBV coordination and programming competencies of 37 GBV sub-sector leads and focal points from 10 countries. The regional Sub-sector collaborated with national Sub-sectors in Colombia, Ecuador, Guyana, and Trinidad and Tobago to develop referral pathways adapted to COVID-19 realities and assisted in the completion of GBV Standard Operating Procedures (SOPs) for service delivery to Venezuelan refugees and migrants in Paraguay, Ecuador and Bogota. Other efforts to develop capacity included virtual trainings to provide care to adolescents on the move and remote GBV case management. The Sub-sector produced technical guidance for GBV service delivery in the context of COVID-19, including key messages and

recommendations on GBV and COVID-19, tips for contingency plans and guidance for remote service mapping and delivery. A manual was also created for non-GBV specialists on handling disclosures and providing ethical referrals to GBV survivors, and a guidance document was drafted to enable workers in Support Spaces to interact with, and ethically link, LGBTQI+ GBV survivors to GBV case managers. In response to the challenges to provide continuity of care to survivors, the Sub-sector produced two comprehensive remote psychosocial support (PSS) manuals for refugee and migrant GBV survivors, containing innovative PSS tools for remote GBV case management. Finally, on GBV risk mitigation, the Sub-sector prioritized intersectoral work: with the Humanitarian Transportation, NFI and Shelter Sectors, collaborating to mainstream women and girls' protection in their strategies; and with Integration actors, providing input to their strategy on livelihoods and CVA for women at risk, conducting a pilot project in Ecuador, and producing a manual on how to Support GBV Survivors and Mitigate GBV Risks through Cash Transfers. In collaboration with the national sub-sectors it also launched a multi-year study on Venezuelan refugee and migrant women's access to livelihoods in Peru, Ecuador and Colombia, which will shed light on the relationship between burdens of care, having access only to low qualification jobs and enduring heightened risks of GBV.

Lessons learned

With the onset of the COVID-19 pandemic, challenges included: funding shortages, which made it difficult for GBV responders – especially community-based organizations – to invest in technology to provide care through remote modalities; GBV responders and health actors' lack of PPE; and the redirection of financial resources from reproductive health to the COVID-19 response, which reduced the availability of care for survivors. Addressing sexual exploitation risks for women and girls traveling on irregular routes – as well as efforts to prevent GBV – proved to be a great challenge for humanitarian actors, due to the increasingly clandestine nature of movements and limited presence of humanitarian actors during the pandemic, particularly along newly emerging routes.



Situation

With the outbreak of the COVID-19 pandemic, refugees and migrants from Venezuela faced complex vulnerabilities due to travel and mobility restrictions intended to prevent the spread of the virus, exposing them to greater risk of abuse and exploitation, especially those in irregular situations. This undoubtedly presented a scenario that exacerbated human trafficking and smuggling networks in the region, as well as the challenges to identify, protect and assist cases of abused and exploited refugees and migrants, as well as to guarantee the investigation and prosecution of those responsible. Recruitment mechanisms also changed, reducing the capacity to mitigate existing risks and properly prevent these crimes. The pandemic compounded 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 – were put on hold or even impeded. Women, girls, boys, adolescents, LGBTQI+ persons, indigenous peoples, Afro-descendants, and people with disabilities were particularly vulnerable to trafficking and exploitation, as well as to abuse, extortion and violence by smugglers. In addition, online recruitment by transnational criminal networks using digital media [increased significantly](#) in times of COVID-19.

Response

Priorities of the Sub-sector during 2020 focused on addressing barriers to protect and assist refugees and migrants at high risk of becoming victims of these crimes. In the prevention dimension, the Sub-sector shared periodic monitoring briefs on the COVID-19 pandemic situation, as well as information on emerging issues, trends, and patterns in human trafficking and smuggling (HT & S); [key messages](#) were developed regarding the differentiated impact of COVID-19 and risk factors for HT & S; and an on-line training plan on HT & S was developed, to be implemented in 2021. In terms of protection, in coordination with strategic partners, jointly with its national partners, the Sub-sector developed SOPs for the identification, referral and protection of persons with greater vulnerability to HT & S in Ecuador, Peru and Curacao (among others), and developed and presented diagnostic research on the situation and incidence of human trafficking in humanitarian contexts in South America.

Lessons learned

Despite the outbreak of the pandemic, the Sub-sector was able to adapt its activities to the context of the COVID-19 humanitarian crisis. Significant activities were developed in the areas of protection, prevention, prosecution, and cooperation, with tangible products aimed at providing technical support to R4V partners on HT & S in the context of COVID-19. The Sub-sector identified a strong need to strengthen actions and activities related to the issue of smuggling, as well as to consider increasing risk factors in the context of COVID-19 for both human trafficking and smuggling. Finally, as a lesson learned, the Sub-sector will promote the adoption and implementation of evidence-based actions in 2021.



Situation

Venezuelan refugee and migrant children and adolescents faced challenges in transit and in destination countries due to the lack of safe pathways for them and their families. They were highly vulnerable to and often encountered different forms of violence, abuse, and neglect, including recruitment by irregular armed groups, and labor and sexual exploitation. They were at heightened risk of GBV, human trafficking, smuggling, illegal adoption and discrimination. It was [estimated that, due to the impact of COVID-19, by June 2020](#) every third Venezuelan refugee and migrant child went to sleep hungry, 63 per cent were enrolled at school, every fourth child was separated from both parents, and there was an overall increase in xenophobia towards Venezuelan refugees and migrants. R4V partners [identified separated and unaccompanied children as among the groups at greatest risk of a number of protection issues](#) such as sexual and commercial exploitation, child labor, human trafficking (including forced recruitment by irregular armed groups) and homelessness children and adolescents, as well as children whose families or who themselves were evicted, and children living on the street: for these reasons, these groups will be a priority in 2021.

Response

The Regional Child Protection (CP) Sub-sector focused its efforts on supporting national CP partners to ensure that appropriate systems and coordinated and age-appropriate protection, psychosocial support and justice services were available and sensitive to the needs of refugee and migrant children and adolescents, through a strategic response. First, the Sub-sector worked on developing capacities in child protection in the context of COVID-19, through a series of audiovisual materials that were developed to address the protection of migrant and refugee children during the pandemic, and the adaptation of protection services to virtual actions. More than 600 participants took part in a series of [webinars](#) on the Child Protection Minimum Standards in Humanitarian Action, where attention to refugee and migrant children was addressed, as well as technical support in training processes of national child protection sub-sectors. The Sub-sector also developed a [technical note](#) on regularization as an essential condition for the comprehensive protection of the rights of children in the context of human mobility. The Sub-sector also developed guidelines for service providers and remote services aimed at supporting the national R4V platforms to improve prevention and response to children and adolescent survivors of GBV by ensuring that GBV services are child-friendly and gender-sensitive. Finally, the Sub-sector advocated for a protocol or mechanism within the Quito Process

to establish regional guidelines for the protection of children on the move, including the organization of groups of regional and national consultations to prepare a draft document. Remote events – such as the High-Level Panel on Venezuelan refugee and migrant children – were also organized to advocate around the situation of children and adolescents, their needs and the response required.

Lessons learned

According to the Sub-sector, more effort is needed in 2021 to make the situation of Venezuelan refugee and migrant children visible, as they are not always visible in data and reports, generated at different levels, and to take into account their specific needs in relevant planning processes. Separated and unaccompanied children will continue to be a priority for the Sub-sector in 2021, as they face greater risks of exposure to different forms of violence, child labor, forced recruitment, and exploitation. Finally, there is a need to mobilize and access greater funding for child protection, especially for NGO partners in the RMRP.

Situation

In 2020, access to shelter became the second greatest need of refugees and migrants from Venezuela⁶. Movement restrictions implemented by host countries to curb the spread of COVID-19 had a strong impact on income generation capacities and the ability to pay rents. Many refugees and migrants, particularly those in irregular situations, could not afford to pay for housing, and [rates of evictions spiked](#). Refugees and migrants from Venezuela attempting to settle increasingly had to resort to longer stays in temporary collective shelters. Moreover, some shelters were forced to close for 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 capacities significantly. Access to housing and settlement infrastructure remained a priority for ensuring local integration and secure pathways to durable solutions. Refugees and migrants residing in high-density, low-income settlements commonly were living in overcrowded conditions, lacking enough public space, infrastructure and access to basic services. As a result, refugees and migrants – together with affected host communities – were even more exposed to protection and health risks.

Response

In light of COVID-19, the regional Shelter Sector realigned its priorities to primarily focus on responding to the shelter needs arising from the pandemic. Temporary collective shelters were adapted to minimize the risk of transmission of the virus, and new protocols were developed and implemented in close collaboration with the Health and WASH sectors, resulting in safer environments but also reducing the accommodation capacity of these collective centers. Alternative individual shelter solutions, in particular access to hotel accommodations (both in-kind and through cash and voucher assistance) were mainstreamed during this period, not only to compensate for the reduced accommodation capacity of the temporary collective shelters, but also to mitigate the risk of eviction and its consequences by facilitating access to shelter through rental support, and by advocating for housing rights and security of tenure. A key component of the 2020 plan emphasized the need to increase settlement interventions with the aim to promote local integration and peaceful coexistence between refugees and migrants from Venezuela and host communities. During the year, an increased number of area-based interventions were implemented providing community

services and infrastructure. These projects contribute to social integration by accessing to basic services in order to reduce tensions between the host community and refugees and migrants from Venezuela. A significant contribution from the sector was also the implementation of emergency settlement infrastructure developed to support the construction and expansion of health facilities related to the COVID-19 response.

Lessons learned

First, there is the need to raise awareness of the importance of access to adequate housing and the impact on refugees' and migrants' health, safety, economy and dignity, determining the structure of human social interaction. It has also been important to increase the visibility of the technical contribution that the Shelter Sector brings to other sectors, such as the Health Sector, particularly during the COVID-19 response and the improvement of spaces associated with health care and measures to prevent COVID-19 infections. To strengthen coordination in 2021, information management and monitoring impacts related to shelter and settlement activities will be a priority. Overcoming silos in the humanitarian sectoral response by incorporating integrated programming through area-based approaches that address urban issues, facilitating social integration (access to documentation, housing, security of tenure, livelihoods, basic services, and community infrastructure) has also been a key takeaway from 2020. Finally, strengthening the relationship and the generation of synergies with other sectors and sub-sectors of the R4V Platform – including the Cash Working Group, Protection and Integration Sectors – has been key to strengthening coordination.

⁶ GIFMM Colombia: [Evaluación Conjunta de Necesidades ante COVID-19 | Julio 2020](#)
Ecuador: [GTRM \(2020\), Joint Needs Assessment. July – August 2020.](#)

Situation

With the COVID-19 pandemic came an increase in water, sanitation and hygiene (WASH) needs in all countries hosting refugees and migrants from Venezuela, both in shelters and outside, as well as in institutions providing education, child-friendly and health services. WASH needs were also evident in host communities, both in terms of risk communication and community engagement (RCCE) as well as access to WASH infrastructure and products to prevent the spread of COVID-19 and other water-borne diseases. With handwashing being a key preventive measure, safe water supplies and hygiene products became a regional necessity and priority. Communal water and sanitation facilities were a risk factor for COVID-19 transmission, and therefore special measures to prevent further spread were implemented. The distribution of hygiene products such as soap, alcohol gel and menstrual hygiene management items were increased at community and household levels. Governments took public policy measures to ensure adequate WASH services in some areas, including vulnerable areas hosting refugees and migrants. Local policies and plans that include the WASH needs of Venezuelan refugees and migrants were and will continue to be an upstream priority for the WASH Sector, in order to complement downstream service provision and identify complementarities between services provided by governments, and R4V response actors.

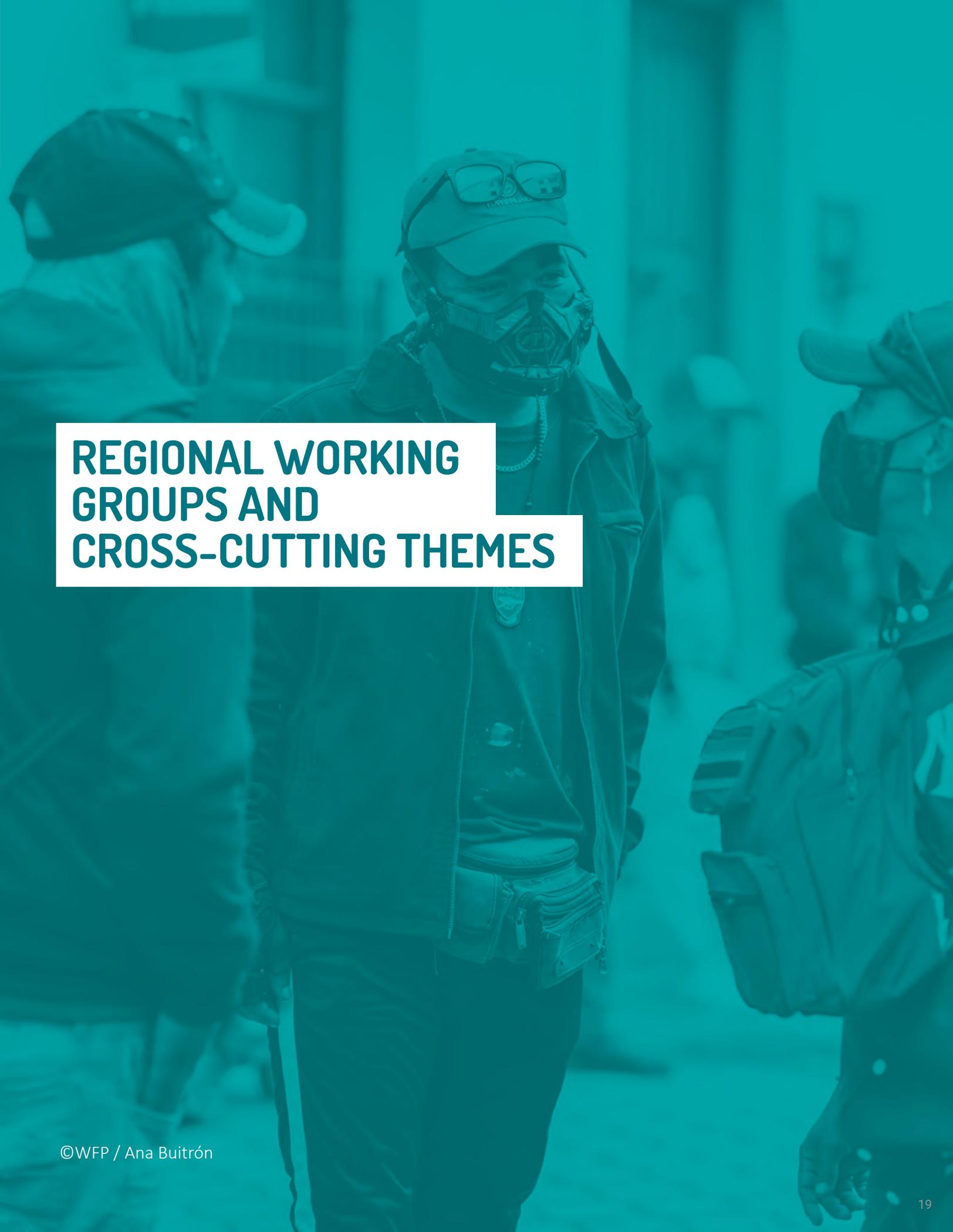
Response

During the RMRP review, several of the regional WASH Sector priorities were realigned to primarily focus on responding to the needs arising from the pandemic, both in terms of policies and of service provision. The WASH response was delivered by 30 R4V partners reaching directly 1.1 million people in 8 countries, with Colombia reporting the highest numbers of activities and population reached, followed by Ecuador and Brazil. Key priorities and achievements included the support given to sectoral and inter-agency coordination at the country and regional levels, focusing on prioritization of the most at-risk collective sites and communities. The regional Sector provided operational support to improve coordination at the national levels. The Sector organized webinars and provided direct technical assistance to national platforms to promote exchanges of good practices and technical information. The Sector also worked to prevent the spread of COVID-19 by collaborating with national governments and providing WASH and IPC supplies, equipment and capacity-building efforts. RCCE and IPC were top service priorities for the WASH Sector, which were tackled through close coordination with other sectors and cross-cutting groups such as the CwC/C4D WG. IPC measures went beyond shelters, settlements and

host communities to include support for health care facilities and education. Service activities included the installation of handwashing facilities, safe water supplies, sanitation services (including fecal sludge management), hygiene supplies and service delivery (including menstrual hygiene management). Safe delivery of essential WASH services in shelters and to migrants and refugees' communities included through the provision of cash and voucher assistance (CVAs). The WASH Sector also offered trainings to 425 participants on WASH operational coordination, accountability to affected populations, and market-based programming. Finally, the Sector conducted a mapping of public policy measures in WASH in 26 countries in the region to capture upstream good practices. As a result, one of the priorities in 2021 is to build on the public policy agenda, with a focus on the inclusion of refugees' and migrants' WASH needs in national and local policies, plans and budgets.

Lessons learned

The COVID-19 pandemic evidenced the importance of WASH for public health emergencies and disease prevention, especially for vulnerable populations. The pandemic also underscored the importance of WASH services in institutions including schools, health care centers and child-friendly spaces. Strengthening synergies with other sectors will continue to be a priority for the WASH Sector, especially as WASH services concretely contribute to positive outcomes in health, nutrition, gender, protection, shelter, integration and education. Considering the impact of the pandemic on children, including both Venezuelan refugees and migrants and host community children, the regional Sector will also prioritize coordination with the Education sector to ensure that WASH services are available and meet biosafety protocols for children to return to school and advance on their education. Menstrual health and hygiene management both at schools with adolescent girls and outside of schools will remain a key need and priority for the regional Sector in 2021.

A person wearing a cap and a mask with a teal overlay. The person is wearing a dark jacket and a cap with glasses on top. The background is blurred, showing other people in similar attire. The entire image has a teal color overlay.

REGIONAL WORKING GROUPS AND CROSS-CUTTING THEMES

CASH AND VOUCHER ASSISTANCE (CVA)

Priorities, achievements, and impact

During 2020, the Regional Cash Working Group (RCWG) quickly reacted to adapt its work plan to the emerging needs and different approaches, which the COVID-19 crisis required. The RCWG ensured an effective and inclusive inter-agency online space for collaboration to support 17 national and sub-regional platforms, 10 Sectors and 3 Sub-sectors, and 57 organizations implementing cash and voucher assistance (CVA) to address the needs of Venezuelan refugees and migrants, and the respective host communities across the Latin American and Caribbean region. Specifically, it fostered dialogue and collaboration between national and sub-regional platforms and Cash Working Groups and worked closely with regional sectors on cross-cutting themes, such as [Shelter](#) and [Gender-Based Violence](#). The WG supported R4V strategic planning processes such as the review of the 2020 [RMRP](#) in response to the [COVID-19 crisis](#). The WG systematically put in place consultation processes through monthly and ad hoc meetings as well as open [online surveys](#) to provide comprehensive information on the extent of CVA in responding to humanitarian needs and related to durable solutions for refugees and migrants from Venezuela to focal points across 15 countries. In 2020, the WG facilitated more than 10 webinars for partners and contributed to 7 evidence-based reports, case studies, learning reports, guidelines, mappings, and research produced by partners focused on CVA and Venezuelan refugees and migrants. In collaboration with the regional Information Management (IM) Team, the WG developed an [online dashboard](#) to provide a regional overview of CVA for refugees and migrants for Venezuela. Among the main highlights, it is worth noting that the R4V Platform reached almost 600,000 refugees, migrants, and host communities with multipurpose cash (MPC) assistance. The Food Security Sector implemented the highest number of CVA interventions. 96% of reported CVA was delivered to refugees and migrants in the destination through vouchers (61%) and on a monthly basis. WASH and Nutrition Sector implemented mostly through one-off CVA.

Lessons learned

The year 2020 put in evidence the limited capacity of agencies involved in co-coordination to dedicate already stretched staff and resources to initiatives to be developed under the Regional CWG, especially in the context of the COVID-19 response. For that, it was extremely useful to have a dedicated coordinator (CashCap) supporting the coordination functions of the WG during that period. The WG's coordination team struggled to attract donor interest to support dedicated staff for the WG and to allocate resources to implement activities such as assessments, analysis, and research under the RCWG. The group will gradually increase the role of agencies involved in coordination and secretariat functions during 2021 and will continue building the case for donors to support joint initiatives that can contribute to addressing the capacity needs, bottlenecks, and strategic opportunities identified by regional partners and national responses to assist refugees and migrants from Venezuela in affected Latin American and Caribbean countries for 2021.

SUPPORT SPACES

Priorities, achievements, and impact

During 2020, the Support Spaces initiative expanded to key locations and new countries in the region. A total of 187 Support Spaces were implemented in eight countries: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Peru and Uruguay. Due to COVID-19, most of the Support Spaces were temporarily closed at the beginning of the pandemic, following the national authorities' regulations, but more than 70 percent of them later re-opened and continued operating by adapting their services to remote and online modalities. Some Support Spaces adapted their physical space to ensure support and assistance to refugees and migrants, especially those in vulnerable situations. During 2020, the technical support provided by the Regional Working Group to the national platforms was strengthened through monthly and bilateral meetings, capacity-building and coordinated work. General Operational Guidelines for the reopening of the Support Spaces were developed and shared with National Platforms, which served as a basis for the establishment of national guidelines. Additionally, the regional Support Spaces WG focused its work on strengthening coordination efforts with regional actors, including regional networks such as RIADIS, Red Clamor and the Regional Network for the Protection of LGBTQI+ persons. The Support Spaces initiative was also presented in regional fora such as the Quito Process Santiago Chapter, and in the thematic group Orientation and Reception Centers, in order to articulate efforts with governmental structures and share good practices. Other tools such as [videos](#) and [printed materials](#) on the work of the Support Spaces were produced and disseminated throughout the year.

Lessons learned

The year 2020 brought major challenges to the implementation of the initiative, especially regarding continuity in the provision of services due to the pandemic, and the use of standardized tools. Capacity-building plans and in situ monitoring had to be suspended. Based on identified needs, updating and adapting the Support Spaces Toolkit was prioritized, as it served as a fundamental tool with guidelines to ensure a harmonized approach. The Working Group engaged a consultant to conduct this review at the end of the year, which will continue until mid-June 2021. Training packages will also be adapted to respond to emerging needs, to guarantee online access to Support Spaces focal points and service providers. Another fundamental element for 2021 will be to continue strengthening the coordinated work of the Support Spaces to improve referral processes and further enhance linkages with community structures and initiatives, thereby improving the community-based protection approach. Similarly, the coordinated work carried out with other sub-sectors and regional R4V actors allowed the initiative to be nurtured in 2020.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE (PSEA)

Priorities, achievements, and impact

A regional PSEA initiative was launched in January 2020, to promote a coordinated and collective prevention of, and response to SEA. Among its main achievements is the completion of an inter-agency mapping of PSEA initiatives in October of 2020, which constitutes the baseline for further R4V PSEA efforts. This represented an important step in the process of strengthening SEA prevention, response and overall accountability of R4V actors in the region. Furthermore, the PSEA initiative organized a best practice webinar and dialogue for regional R4V partners with global PSEA experts from the IASC, attended by 76 regional R4V actors; the webinar focused on best practices and outcomes of a collective PSEA response. As a result of the webinar, R4V partners formed the Regional R4V Community of Practice (CoP). The CoP worked to integrate PSEA considerations into Platform tools, including adding general guidance on PSEA in the RMRP 2021 planning instructions. A separate guidance note on the integration of PSEA considerations in RMRP activity submissions and narrative chapters was also produced and widely disseminated. A narrative chapter outlining strategic priorities for PSEA has since been included in the 2021 RMRP.

Lessons learned

For 2021, the PSEA initiative will focus on strengthening the collective response to PSEA at the inter-agency level, working with existing mechanisms for PSEA coordination at the country level where available. More in-depth PSEA capacity development is required, and R4V partners have expressed the need for common PSEA messaging and coordination to increase its reach. Additionally, partners have sought support in establishing CBCMs and managing complaints in a coordinated manner. While some survivor assistance referral pathways are in place, since these are predominately tailored for GBV and child protection, a broadening and enhancing of these mechanisms is required. Finally, there remain challenges regarding internal complaints and investigation capacities on the part of some R4V partners, which will be addressed through capacity building (e.g. through a PSEA ToT for focal points or high level dialogues and best practice seminars); technical support for the adoption and implementation of codes of conduct that integrate PSEA; development and rollout of an R4V risk assessment methodology; collective design and dissemination of PSEA messaging; and strengthening GBV and Child Protection sub-sectors referral pathways for integrating specialized assistance for SEA victims, among others. While PSEA focal points predominately work in the field of Protection, noting that PSEA is a cross cutting issue for all sectors, the PSEA initiative will work towards engaging all sectors to ensure that all R4V actors understand the Platform's commitment to PSEA.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Priorities, achievements, and impact

The priority for the cross-cutting theme of AAP in 2020 was to create a Regional AAP Action Plan. The plan – developed in 2020 to be implemented in 2021 – includes five main areas: planning and design, coordination and leadership, capacity-building, advocacy, and monitoring, evaluation and reporting. Funding was secured in 2020 for the recruitment of an AAP Specialist in 2021 to serve as the Regional Platform’s focal point on AAP and to implement the Action Plan. The regional AAP Action Plan is considered innovative and one of the first of its kind for humanitarian emergencies globally, as it aims to bring together NGOs and civil society as well as UN agencies to collectively strengthen accountability to those served by the R4V.

Lessons learned

The need for an established network of focal points across the region was defined in order to successfully implement a regional inter-agency Action Plan. One of the main priorities identified for 2021 is the implementation of an inter-agency strategy which reflects the work already done by R4V partners. Having a collective framework remains essential to ensure the common vision of the R4V Platform on AAP. For this purpose, consulting R4V partners already working with an AAP approach in the field will be key to ensure the inclusion of their perspectives, as well as their lessons learned during 2020. There will be a special focus on the development of collective learning products and training initiatives, aiming to consolidate a common ground of theoretical and practical knowledge.

COMMUNICATIONS

Priorities, achievements, and impact

The regional Communications Working Group (WG) achieved a higher recognition value of the R4V brand by actors and stakeholders linked to the response, including R4V actors, donors and host governments. This was achieved by developing and implementing branding guidelines through webinars and presentations, as well as creating a dedicated repository, and providing targeted guidance to National Platform's, sectors and R4V actors to ensure compliance with the R4V branding. Additionally, the WG advocated for R4V products and technical documents to serve as references and sources of guidance in discussions on refugees and migrants from Venezuela, including internal discussions under R4V events and initiatives, and discussions at the public level, in the media, social media, government spheres, as well as exchanges with stakeholders. These products and technical documents include talking points for internal use, factsheets, infographics, social media content, as well as press releases⁷.

Finally, the WG coordinated the development of messages on tolerance and solidarity⁸ in Latin America and the Caribbean. Main achievements included the development of the regional anti-xenophobia campaign [One Step Closer](#) / Acortemos Distancias,⁹ launched by the Regional R4V Platform in August 2020 to promote messages of empathy, solidarity, and tolerance with refugees and migrants in 25 countries in Latin America and the Caribbean. The campaign emphasized commonalities across human beings and how to counter prejudice towards refugees and migrants through testimonies and data, offering a broader and more inclusive perspective that promotes solidarity, with a focus on digital media and a [signature video](#) shot in five countries prior to the pandemic. By end-2020, campaign products had been viewed by more than 8 million users. As for COVID-19-related materials, the regional Communications WG created content in English, Spanish and Portuguese to counter xenophobia in the pandemic context. Some of the content created for social media included gifs, social cards, and a [digital performance by Venezuelan musicians](#) in the region. Additionally, the WG strengthened synergies with other regional Sectors and Working Groups; for example, in coordination with the Regional Protection and Integration Sectors, as well as the CwC Working Group, the regional Communications WG developed and disseminated key messages¹⁰ related to COVID-19 and its impacts on refugees and migrants. Finally, the WG

developed specific communication products¹¹ related to the launch of the RMRP 2021, which took place on 10 December 2020, including a special communication strategy with social cards, gifs, videos, and a dedicated website.

Lessons learned

One of the main challenges identified in 2020, especially in the context of COVID-19, was achieving regular engagement from all group members. As a lesson learnt, the regional WG identified that one-to-one contact with group members as well as frequent group meetings could help improve and strengthen that commitment. In 2021, the WG will seek to improve its coordination among partners to strengthen the scope of its actions and campaigns, both externally and internally. Increasing the number of annual meetings as well as exchanges between partners will be key to improve the commitment of all group members and ensure that communication campaigns, products, and initiatives reach more people in the region, especially stakeholders.

7 Example of press releases: <https://r4v.info/es/documents/details/78515> ; <https://r4v.info/es/documents/details/73743>

8 Examples of web series here: https://www.youtube.com/watch?v=ZU1CYF9YX7k&list=PL_Pd8hO72rj9B17SMand1HOqYmkz7nc0c&ab_channel=Response-forVenezuelans ; <https://onestepcloser.org/> ; <https://www.youtube.com/channel/UCY15g8zZUGCs9icHHeumyow> ; <https://docs.google.com/spreadsheets/d/1FLdowSK-9HLQQ2xObnBR2FAp4HsobUpw8Epl4awS23l/edit?usp=sharing> ; https://docs.google.com/spreadsheets/d/1_DEZX275ulngAcrdq1UI_cjjeuxIVEN-W7CvNOgoF1IQ/edit#gid=1970788450

9 <https://r4v.info/es/documents/details/79588>

10 <https://r4v.info/es/documents/download/74664>

11 <https://www.dropbox.com/sh/h74f6af1jrkbo5/AAAyilaLz4hr-usiwRRxXPUTa?dl=0>

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

Priorities, achievements, and impact

During 2020, the work of the Communication with Communities/Communication for Development (CwC/C4D) Working Group (WG) focused on coordinating, aligning and optimizing efforts among R4V partners, through which a Digital platform to share communication and technical resources on COVID-19 was compiled. In coordination with the Regional Communication WG, the CwC/C4D WG developed a messages bank¹² adapted to COVID-19 to be used by national and sub-regional R4V platforms and established an interactive desk for information solutions for refugees and migrants. The WG invested in the coordination of different stakeholders of the R4V Platform at the regional level and with national platforms to adapt R4V branding and information in the COVID-19 context, and disseminated an “information kit” including maps, recommendations, prevention messages and contact directories. The WG also coordinated to deploy the [U-Report Uniendo Voces](#) in Ecuador, Bolivia and Brazil, a digital platform promoting the participation of adolescent and young refugees and migrants from Venezuela. Through the U-Report, which works through social media and text messaging and allows not only to send messages but also to receive feedback from those who have registered on the platform, 100,000 messages were sent in response to the interactions and questions from over 7,000 young refugees and migrants. 334 people on the move and in host communities participated in the first regional U-Report Uniendo Voces poll, sharing their main information needs in the context of the COVID-19 pandemic, and proposing ways to improve access to information.

Lessons learned

One of the main challenges of the WG is the timing, as developing messages and communication materials among organizations with different backgrounds and approaches is complex; in addition, the CwC/C4D WG seeks to be as inclusive as possible and listen to the needs of national platforms, which means that review rounds are often lengthy and require efforts to harmonize all views. As a result, the WG aims to create or find the most practical tools, efficient mechanisms and better strategies to speed and optimize the processes to align/leverage efforts among partners, without putting at risk the quality of the final products.

12 This document can be accessed by all organizations working on the Response.

FUNDRAISING

Priorities, achievements, and impact

The Fundraising Working Group was established in the first semester of 2020 to respond to a need identified by many R4V partners for assistance in accessing funding. The WG was constituted through the development of terms of reference and the creation of a steering committee, which remains open for additional organizations to join. While the RMRP is not a pooled fund, the Regional Platform draws on a combination of expertise and experience from a wide range of global and local actors, whose pooled resources can provide more nuanced and stronger messages on funding needs and collective engagement with donors. In 2020, the Fundraising WG identified three priorities: positioning of the WG, networking, and supporting the R4V Platform. The WG developed its Terms of Reference and established a sub-committee to lead this effort. The WG also strived to connect the R4V Platform with nontraditional donors, including private foundations and corporations. Finally, it advised the R4V Platform to prepare critical information for donors on funding gaps. The main achievement of the WG was to promote the exchange of information: the Steering Committee created on forum to allow group members to share opportunities and information on donor advocacy. Finally, the WG offered fundraising support to several R4V partners at the national levels by compiling and sharing information on fundraising opportunities. The WG also provided specific support to national NGOs, as part of the regional strategy to improve localization of actions responding to the refugee and migrant situation in the region.

Lessons learned

Among the priorities for 2021, the Fundraising Working Group will work together with representatives of the Sectors to develop tangible strategies for multisector donor proposals.

BRAZIL

VENEZUELAN REFUGEES AND MIGRANTS



PEOPLE IN NEED
399 K



PEOPLE TARGETED
287 K



PEOPLE REACHED
245 K



● 59%
● 41%



FINANCIAL REQUIREMENTS
USD \$ 87.5 M

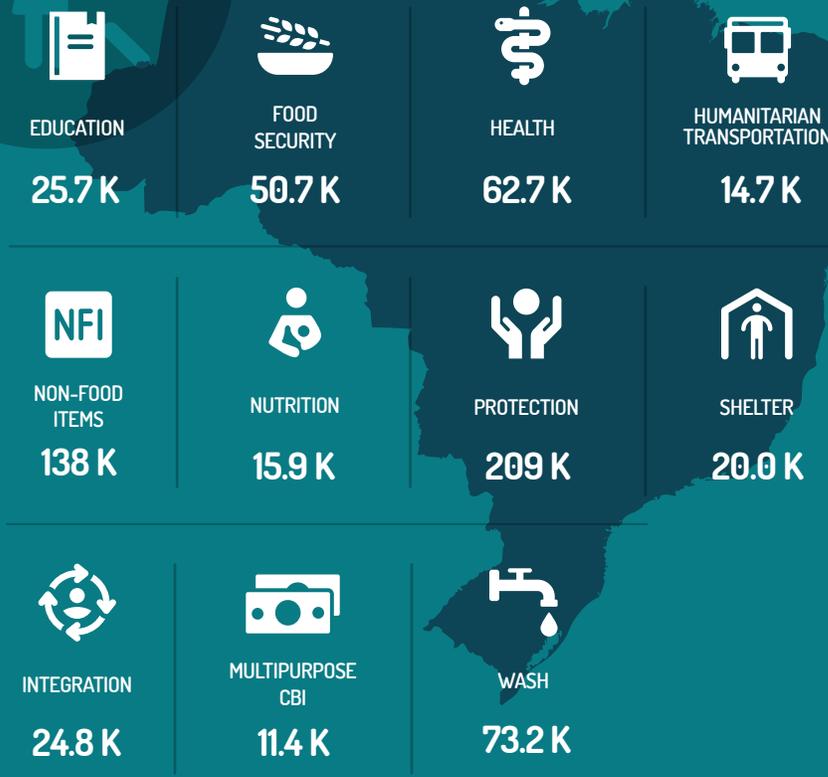
● **FUNDED**
USD \$ 51.5 M
● **UNMET**
USD \$ 36.0 M



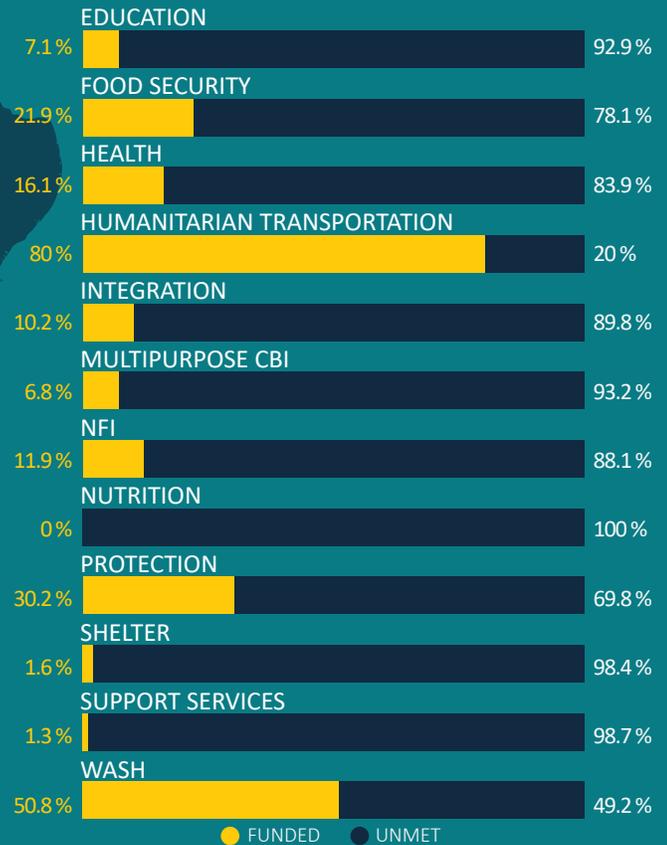
COVID 19
FUNDING
\$ 6.7 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

Through its 'Operation Welcome' (Operação Acolhida) the Government of Brazil continued to lead assistance efforts for refugees and migrants from Venezuela, including via a voluntary internal relocation (Interiorização) programme, as well as with reception centers in Roraima and Amazonas providing registration, documentation, shelter, and health services, jointly with R4V partners.

The COVID-19 pandemic and associated control measures exacerbated socio-economic challenges for refugees and migrants from Venezuela, who already had high unemployment rates, earnings below minimum wage, and inadequate housing. To mitigate this impact, affected refugees and migrants were included in a monthly financial assistance programme that was implemented by the Federal Government from April to December to those who lost their livelihoods.

Like elsewhere in the region, refugees and migrants were exposed to heightened risks of domestic violence, sexual exploitation and human trafficking. Families with children and lactating mothers were particularly at risk, with increased levels of undernourishment and stunted growth.

In view of border restrictions imposed in March 2020 due to the COVID-19 pandemic, irregular crossings by Venezuelans increased, particularly in the last quarter of the year. Venezuelans did not benefit from exceptions to these entry restrictions, regardless of their legal status or family ties in Brazil, and the failure to comply led to deportations and an inability to apply for asylum.

Response

In 2020, R4V partners in Brazil complemented and strengthened the State's response for refugees and migrants from Venezuela by focusing on the delivery of basic goods and services (including those related to COVID-19 prevention and response), the provision of protection and mitigation of the negative socio-economic impacts of the pandemic, by supporting access to cash and voucher assistance (CVA), formal employment and entrepreneurship, housing, education and other basic services.

The Education Sector adapted its working methodologies to ensure access to education despite the pandemic, distributing radios to refugee and migrant families to broadcast educational content and organizing online trainings for teachers on child protection, psychosocial support and resilience.

The Sector also released guidelines for school reopening, including a self-assessment tool to evaluate COVID-19 preparedness.

The Health Sector supported the healthcare system in Roraima with medical expertise, equipment and medicines to establish the Area of Protection and Care (APC) in Boa Vista, which assisted 5,942 persons, including 658 Venezuelans. The Sector also deployed mobile units for primary healthcare, provided sexual and reproductive health (SRH) services, and developed a booklet on the impacts of the pandemic on mental health.

The Nutrition Sector conducted surveillance and prevention activities – including distributing micro-nutrients to children aged 0-24 months and pregnant and lactating women – in shelters and public health facilities in Roraima and Amazonas with the aim to improve the nutritional wellbeing outcomes for refugee and migrant children whose health was severely affected by the COVID-19 pandemic.

The Humanitarian Transportation and Integration Sectors supported the Government-led internal relocation programme, implementing medical screenings in compliance with COVID-19 protocols. Partners provided in-person and online capacity-building and vocational trainings, entrepreneurship courses, job placement support and engagement with the private sector. Together with the Ministries of Economy and Justice, partners produced communication tools, including webinars and leaflets on labor rights and financial inclusion.

The Protection Sector worked with the Ministry of Women, Family and Human Rights, the Labour Prosecutor's Office, and Federal Public Defender's Office to develop materials on [human trafficking](#), [violence against children](#) and [GBV](#) in the context of COVID-19. The sector also initiated a community based PSEA project to raise awareness on SEA and provide information on complaint mechanisms.

The Shelter Sector supported Operation Welcome's shelter consolidation strategy, including the deactivation of four older sites and the dismantling of spontaneous settlements in Boa Vista and Pacaraima where refugees and migrants were living in precarious and hazardous conditions. In both cases, residents were transferred to safer facilities, provided with CVA to rent private accommodations, or voluntarily internally relocated. Moreover, the sector ensured the creation of an additional shelter for persons with disabilities and critical health conditions, as well as a facility for indigenous peoples. The sector also supported municipal shelters in Manaus and Belém and organized a CCCM ToT to strengthen the shelter response in Roraima and Amazonas.

Partners in the Food Distribution Sector provided CVA to refugees and migrants whose livelihoods were disrupted due to the COVID-19 pandemic.

Partners in the WASH Sector improved water delivery systems, installed hand-washing facilities, coordinated the distribution of hygiene kits and conducted hygiene

promotion activities in Roraima, Amazonas and Pará.

In 2020 the national R4V Platform in Brazil expanded its membership to 46 organizations, strengthened coordination with the Federal Government, Operation Welcome and the international donor community, including through innovative 'virtual tours' and provided capacity-building on fundraising opportunities to smaller R4V organizations. The CVA working group's 11 members delivered harmonized distributions of cash grants in 8 states. The Information Management working group produced tools on [the internal relocation programme](#) and [Venezuelan returnees](#), while the CwC working group released 140 [materials on COVID-19](#) that reached >100,000 refugees and migrants, and the Indigenous Peoples working group translated them into Warao and E'ñepá.

Lessons learned

Regarding the elaboration of the 2021 RMRP, a stronger involvement of sectors and the breaking down of the planning process into several steps enabled a more predictable, well-paced and participatory exercise, resulting in a more comprehensive document. For the RMRP 2022, it will be indispensable to conduct a Joint Needs Assessment in Brazil, which would provide better evidence for programming.

To increase participation in sectors, regular bilateral consultations – especially with smaller organizations – are needed. This would enhance the mapping of technical assistance needs by sectors, feeding their work plans, and permitting the R4V Platform to more effectively engage with all stakeholders, regardless of their size.

Enhanced coordination with Operation Welcome-led working groups in Roraima has been identified as an additional approach to enhance the effectivity and efficiency of the R4V platform, to maximize synergies and strengthen the overall response. Although the pandemic restricted field missions, remote contacts laid the groundwork for such enhancements in 2021.

CHILE

VENEZUELAN
REFUGEES AND MIGRANTS



PEOPLE IN NEED
415 K



PEOPLE TARGETED
250 K



PEOPLE REACHED
75.4 K

- 26%
- 74%



FINANCIAL REQUIREMENTS
USD \$ 35.1 M

- **FUNDED**
USD \$ 9.1 M
- **UNMET**
USD \$ 26.0 M



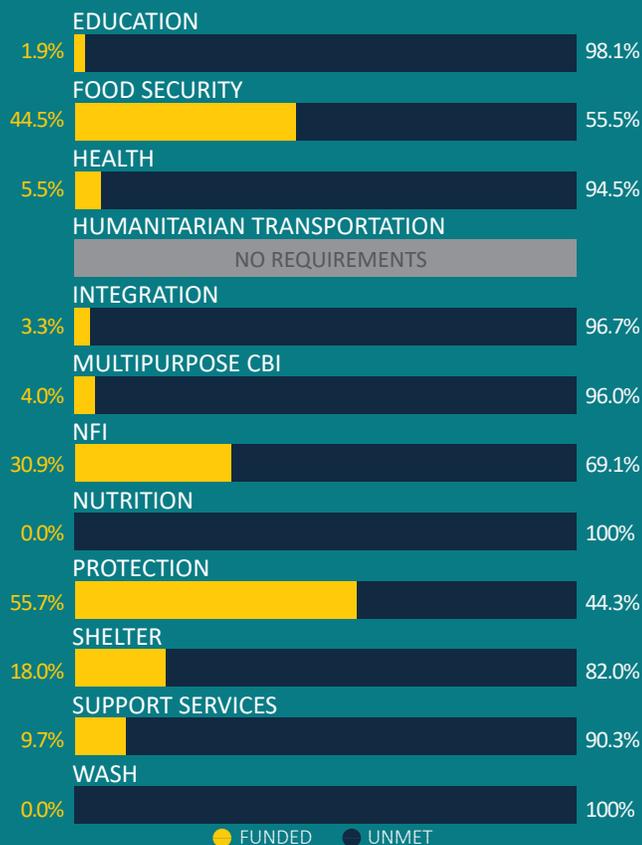
COVID 19
FUNDING
\$20 K

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

By end-2020, Chile hosted the third largest population of Venezuelan refugees and migrants in the region, [estimated at 457.3K](#). In addition, the COVID-19 pandemic posed serious challenges for the national authorities and Chilean society, which continued to experience instability after the protests that began in October 2019 and triggered a constitutional review process.

In 2020, Venezuelan refugees and migrants were particularly affected by restrictions linked to COVID-19 and saw significant declines in their social and economic well-being due to a number of factors, including: inadequate access to information on the prevention of COVID-19; limitations on access to diagnosis and treatment; lack of knowledge of social security benefits; sub-standard living and working conditions; and xenophobia, stigma and discrimination.

By December 2020, the [unemployment rate in Chile reached 10.7%](#), the highest in 10 years. It is estimated that the pandemic also [left almost 100,000 refugees and migrants unemployed](#). Further aggravating this situation, Venezuelans without identity documentation and/or in irregular situations in the country (including those who arrived irregularly after border closures)

struggled to access basic goods and services (including healthcare, food, and housing).

Response

The Chilean chapter of the 2020 RMRP 2020 was only 25.9% funded, with R4V partners receiving USD 9.1 million out of USD 35.1 million required to implement all the needed activities. As a result, R4V partners were able to provide assistance to just 26.8% of the people in need, or 67,000 out of 250,000 refugees and migrants from Venezuela.

Refugees and migrants from Venezuela received assistance from R4V partners through psycho-social services, legal assistance, livelihoods programs, food, NFIs and shelter to cover basic needs, mainly in Santiago and northern border areas such as Arica, Antofagasta, and Iquique, but also in other cities in the center and south of Chile. In parallel, refugees and migrants were provided with comprehensive information on registration, documentation, employment opportunities, education, and healthcare services.

As partners adopted remote working modalities, legal assistance and support was moved online. Partners helped shelters and communal food kitchens comply with biosecurity standards and ensure physical

distancing to be able to continue operating to provide life-saving assistance.

Because of business closures and the economic impacts of COVID-19, partners implemented CVA and rental subsidies for vulnerable refugees and migrants, complementing efforts to provide shelter, food, NFIs and hygiene kits.

During the harshest months of the winter season in Chile, R4V partners delivered emergency assistance to the most vulnerable – in the form of food, non-food items (including hygiene kits) as well as clothes and blankets for the winter season, and temporary shelters for families and the most vulnerable refugees and migrants – in Arica, Iquique, Antofagasta, and Santiago. During the last quarter of the year, the situation of refugees and migrants from Venezuela who entered the country irregularly – especially along the northern borders with Peru and Bolivia – was a particular concern for local authorities, host communities and R4V partners, as many were in situations of homelessness and in extreme conditions of vulnerability. R4V partners delivered assistance to these persons, especially groups with children and adolescents, in Arica, Parinacota and Tarapaca. Partners also provided orientation and conducted registration to identify the most urgent needs and coordinate referrals to local shelters or temporary quarantine shelters.

Lessons learned

Remote working arrangements required as a consequence of COVID-19 were a major challenge for R4V partners, as reaching refugees and migrants in vulnerable conditions was impeded by mobility restrictions imposed as part of pandemic control measures. One of the major learnings from this context was the importance of coordination between R4V partners and with city and local governments in the field, in order to avoid duplication of efforts and cover more territory with the response, to improve overall outreach and assistance.

The ability to promptly revise and re-organize the response plan also took on a special importance and was facilitated through coordinated intersectoral teams. In 2021, efforts will focus on enhancing coordination mechanisms across sectors, and creating common assistance criteria for refugees and migrants.

Despite Chile hosting the third largest population of Venezuelan refugees and migrants, the country did not benefit from corresponding funding for identified needs under the RMRP 2020. In 2021, R4V partners aim to redouble efforts to raise sufficient funds to respond to the growing needs of refugees and migrants in Chile, as the pandemic continues, and the country continues to resolve its political situation.

COLOMBIA

VENEZUELAN REFUGEES AND MIGRANTS



PEOPLE IN NEED
3.2 M



PEOPLE TARGETED
2.3 M



PEOPLE REACHED
2.2 M

- 42%
- 58%



FINANCIAL REQUIREMENTS
USD \$ 782 M

- **FUNDED**
USD \$ 330 M
- **UNMET**
USD \$ 452 M



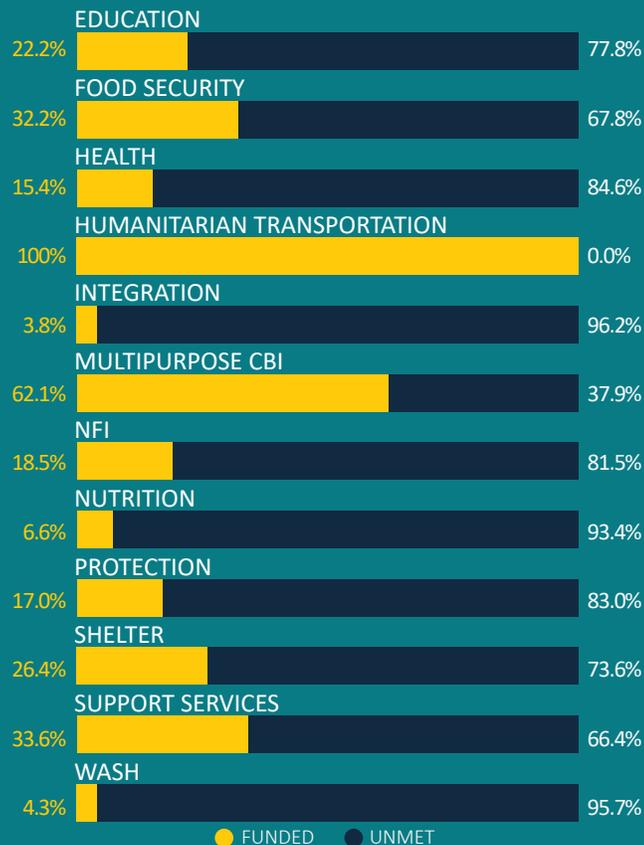
COVID 19
FUNDING
\$ 7.5 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

By end-2020, over 1.72 million Venezuelan refugees and migrants were residing in Colombia¹³. On 20 March, the Colombian Government declared a health emergency in response to the COVID-19 pandemic. Owing to the closure of official border crossings,¹⁴ population movements from Venezuela continued largely through irregular crossings, and transit through the country or via back and forth movements between Venezuela and Colombia to access basic services (i.e. pendular movements), all while exposed to increased protection risks¹⁵ during their journeys.

The lives of refugees and migrants and host communities were significantly impacted by COVID-19 isolation measures, causing job and livelihood losses,¹⁶ a reduced capacity to access basic goods and services (particularly food, healthcare and education),¹⁷ evictions resulting in homelessness¹⁸ and others living in overcrowded conditions.¹⁹ This situation also led some to consider returning to Venezuela. Of the ca.124,600 who returned to Venezuela using official border crossings in 2020, some 61 percent indicated wanting to re-enter Colombia within 6 months, during a GIFMM profiling exercise covering a sample of over 850

13 Colombia Migration (December 2020). Venezuelans in Colombia as of 30 December 2020. <https://bit.ly/3uHplwV>

14 Under a 'mandatory preventive isolation' in force from March to August 2020, and later under the 'Selective Isolation' stage (extended until 31 May 2021 under Decree 206 / 25 February 2021). <https://bit.ly/3uQ07Se>

15 Such as sexual exploitation, trafficking and smuggling, use and recruitment of children, GBV, family separation and incidents with armed groups.

16 According to the third round of the GIFMM JNA (July 2020), 60% of households surveyed in July stated that work is a source of income, compared to 86% before COVID-19. See more about these results at: <https://r4v.info/es/documents/details/79280>

17 In the fourth round of the GIFMM JNA (December 2020), 64% of respondents reported having been deprived of at least one meal a day out of the three needed, and 44% of respondents engaged in emergency survival strategies to cope with the lack of food or money to buy food, such as begging on the streets. Also, in 43% of the households, at least one member has needed medical treatment, and half of them had limitations in accessing it, due to non-affiliation and high costs of medicines and services. Additionally, 15% of refugee and migrant children ages 6-11 and 23% of those aged 12-17 did not have access to formal education. See more at: <https://r4v.info/es/documents/details/84221>

18 According to monitoring of COVID-19 related evictions conducted by GIFMM partners, 466 eviction incidents were reported between 12 June and 19 October 2020 affecting 1,909 people, mainly women (53.9%, 15% of whom were pregnant or nursing) and UASC (7% of the children evicted). See more at: <https://r4v.info/es/working-group/218>

19 In the fourth round of the GIFMM JNA (December 2020), 38% of households were living in overcrowded conditions (more than three people per room).

people returning. By the third quarter of 2020, re-entries to Colombia and new entries of Venezuelans with increased needs were observed.

Response

In order to coordinate the R4V response in Colombia, the Inter-Agency Group on Mixed Migratory Flows (GIFMM), i.e. the National R4V Platform in Colombia, created and published over 260 information products, including situation reports by local GIFMMs and National Sectors; coordinated four country-wide joint needs assessments (JNA) to analyze the impact of COVID-19 on Venezuelan households, with more than 8,300 households (representing some 40,000 refugees and migrants) surveyed, and carried out JNAs at the local level in Casanare, Atlántico, and Sucre departments.

The GIFMM complemented the Colombian Government's efforts through close coordination with the Presidency of Colombia, its Border Management bureau, the Ministry of Foreign Affairs, Colombia Migration and local authorities.

In 2020, more than 80 Support Spaces were mapped in Colombia. Due to COVID-19 restrictions, some Support Spaces suspended in-person attention for several months, adapting their operations to provide remote assistance. At the same time, new Support Spaces were opened in coordination with local authorities, such as the Center for Sanitary Attention in Tienditas (CAST), in Norte de Santander.

As part of sectoral and inter-sectoral coordination, guidelines were developed on services in the context of COVID-19, on the use of hostels as temporary shelters, and on humanitarian transportation for refugees and migrants. The GIFMM also developed a joint contingency plan with inputs from local GIFMMs, to be used in case of a large-scale influx of refugees and migrants. All sectors also focused on responding to the COVID-19 health emergency in their respective areas.

Health sector actors provided remote consultations, delivered medicines and personal protection equipment (PPE), and provided technical support to local health authorities to strengthen their technical and operational capacities. The sector also strengthened the infrastructure of health institutions to treat COVID-19 patients. Support was also provided in implementing the Program for Testing, Screening and Sustainable Selective Isolation (PRASS), and preparing the National COVID-19 Vaccination Plan in Colombia.

The WASH sector focused on identifying critical sites, installing handwashing stations and increasing the distribution of hygiene and cleaning items to prevent infection. The Education sector supported authorities and institutions to prepare for a safe and gradual return to school under an alternating model (blending work-at-home with face-to-face meetings) and to support the enrollment of all refugee and migrant children in the educational system (all children – regardless of migration status – can legally access education in Colombia).

The Multisector group coordinated the provision of temporary shelter and NFIs. Needs in these sectors increased since humanitarian transportation was limited due to COVID-19. Together with the Protection sector, a toolkit was developed to guide the response to evictions, including key messages for the population and a monitoring survey. In addition, the Protection sector adapted its monitoring modalities and services – incorporating remote case management of people affected by protection risks and survivors of GBV, and opening additional hotlines focusing on legal counselling, psychosocial care and child protection – to continue providing protection to refugees and migrants, especially to the most vulnerable.

The Child Protection sub-sector focused on the protection of unaccompanied and separated children and adolescents and worked together with the Colombian Institute of Family Welfare to create a new sub-group of the Child Protection Working Group focused on refugee and migrant children and the Criminal Justice System for Adolescents.

The GBV sub-sector adapted its working arrangements to remote case management, identifying and monitoring GBV as well as human trafficking and smuggling risks and situations in the context of the health emergency, together with the Human Trafficking and Smuggling sub-sector.

The Integration sector facilitated trainings and activities on entrepreneurship, capacity building, and social cohesion. Also, efforts on promoting employment were developed together with the authorities.

The Food Security and Nutrition sector provided food assistance for people in transit, the pendular population in the border areas, people with an intention to stay and those living on the streets who resorted to negative coping strategies. The Cash Transfers Working Group focused on multipurpose cash transfers, through prepaid cards, direct cash, and electronic transfers.

Lessons learned

The main lesson learnt from 2020 was the need for flexibility to rapidly adjust operations to the COVID-19 reality, through virtual/remote modalities and adapted services for refugees and migrants, and virtual coordination with sectors and partners. Flexibility in 2021 will also be needed for the allocation of funds in the context of a complex multi-faceted crisis (including continuing COVID-19, socioeconomic crisis, and the impacts of the armed conflict and natural disasters).

As COVID-19 vaccination through the National Vaccination Plan has not prioritized refugees and migrants in irregular situations, efforts on vaccination strategies for this group, and protection provided through the Temporary Protection Statute for Venezuelans (ETPV) announced by the Colombian Government in February 2021 are priorities. The implementation of the statute itself will require redoubled effort from the GIFMM and its sectors. The GIFMM will continue to monitor the COVID-19 situation and its impacts on the refugee and migrant population and will prioritize contingency planning as part of its preparedness for mass movement scenarios.

ECUADOR

VENEZUELAN
REFUGEES AND MIGRANTS



PEOPLE IN NEED
741 K

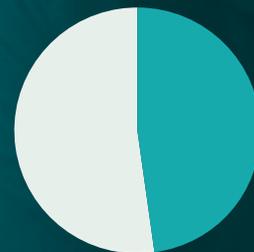


PEOPLE TARGETED
446 K



PEOPLE REACHED
311 K

- 48%
- 52%



FINANCIAL REQUIREMENTS
USD \$ 200 M

● **FUNDED**
USD \$ 95.6M

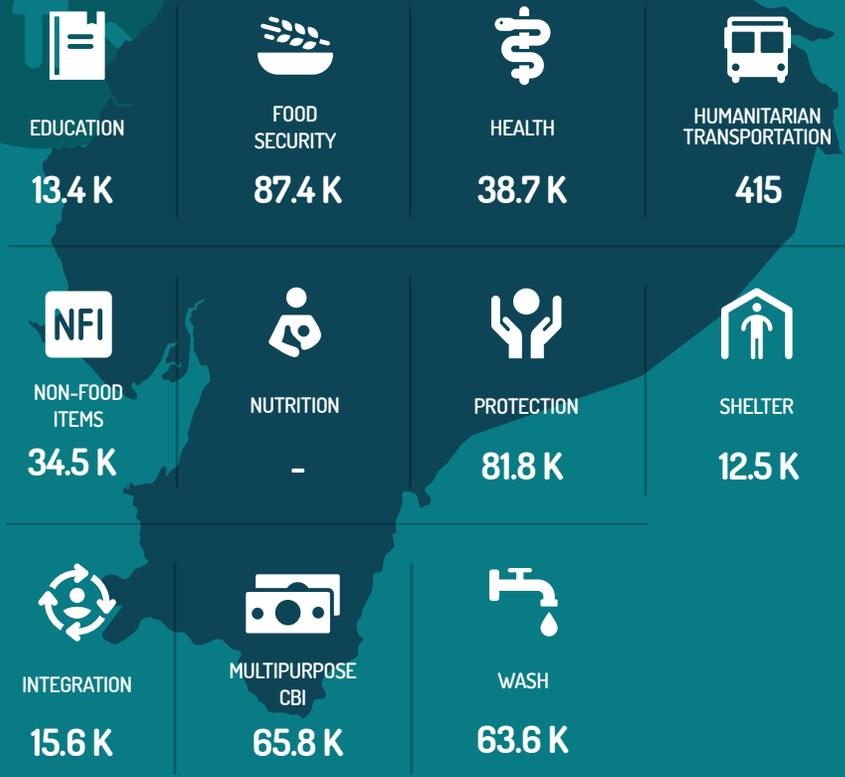
● **UNMET**
USD \$ 104.8M



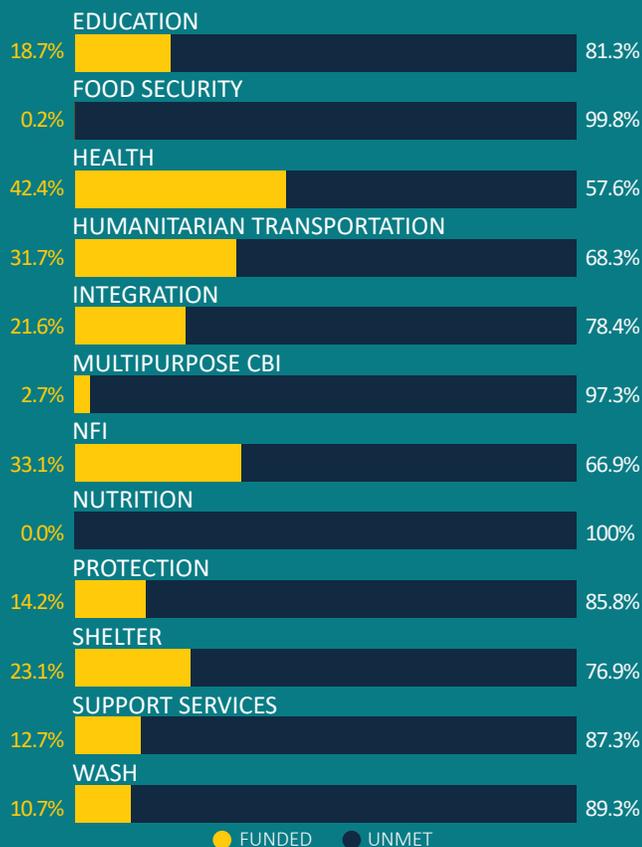
COVID 19
FUNDING
\$ 2.0 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

Executive Decree No. 826 issued in 2019 – requiring entry visas for Venezuelans and establishing a registration and regularization process – triggered a policy shift that influenced the operational context throughout 2020 in Ecuador, leading to an increase of Venezuelans in irregular situations and aggravating their exposure to protection risks. Access to the regularization process and to asylum procedures was suspended for several months in 2020 due to the pandemic. The number of Venezuelans seeking asylum fell to 526 submissions per month in 2020 from 1,739 in 2019, due to the COVID-19 pandemic and the temporary suspension of asylum processes.

The COVID-19 health emergency brought about new challenges to human mobility and to the Working Group on Refugees and Migrants (GTRM), the National R4V Platform in Ecuador. On 16 March 2020, the country’s land and air borders were closed. Although new arrivals remained low between March and August, from September through December partners reported a steady increase in the number of refugees and migrants entering the country through irregular border crossings. The COVID-19 emergency added to Ecuador’s pre-existing political and economic challenges, overstretching the national health sector and negatively impacting vulnerable groups, particularly

refugees and migrants. Amidst a difficult economic context and incidents of xenophobia, Venezuelans were negatively impacted by the socioeconomic situation in Ecuador in 2020. For many, it was challenging to comply with mobility restrictions and confinement measures due to the lack of economic resources, making this population particularly vulnerable to contagion, and also to protection risks.

Response

In 2020, the GTRM conducted two inter-agency joint needs assessments (JNAs) in April and July/August, with the participation of 5 and 14 partners respectively, reaching 5,261 households in total. In light of increased irregular movements to and from Ecuador, the GTRM implemented an inter-agency border monitoring and population profiling tool, building upon an initiative by the local GTRM in Tulcán. The tool supported local and national level coordination structures and their partners with information on movement dynamics and protection needs. Furthermore, through a coordination capacity assessment and a training needs survey conducted in November, the GTRM collected and analyzed information used to develop its 2021 workplan and provide recommendations to all national and local sector leads.

Due to the COVID-19 situation, programmes had to be adapted to continue to provide services and assistance to refugees and migrants as well as their host communities in a safe manner. The Health Sector provided technical guidance so that interventions could be tailored to the new context. To communicate rapidly changing information on the services available during the pandemic, the GTRM developed a services directory with the support of the Communication WG.

The Protection Sector and its sub-sectors worked on adapting case management tools and counselling mechanisms to continue providing safe remote protection services to those in need. The sector also developed and implemented three SOPs on trafficking and smuggling, gender-based violence, and protection of LGBTQI+ people. Moreover, it adapted and strengthened referral pathways for children and adolescents in the COVID-19 situation. The Protection Sector also worked on recommendations as part of the reform of the Organic Law on Human Mobility (LOMH, its acronym in Spanish).

A number of partners transitioned to provide CVA in 2020: 44 partners (compared to 26 in 2019) reported CVA assistance, reaching a total of 282.8K refugees, migrants and members of host communities. The cross-cutting Cash WG worked on a matrix of financial service providers for cash transfer programs, facilitating joint advocacy, and facilitated four trainings on Cash Learning Partnership (CaLP) for partners.

The mobility restrictions imposed at the beginning of the pandemic caused most Venezuelan families to lose their daily incomes and struggle to meet their basic needs. Partners from the Integration Sector supported the recovery of micro-businesses impacted by the pandemic and provided online trainings on livelihoods. Partners also advocated for access to financial services to allow for economic inclusion.

The WAN Multisector - which brings together WASH, Shelter and NFI partners – developed key messages for shelters around biosafety and social distancing protocols to support them in adapting their activities in the context of COVID-19 and provided NFIs. Since access to food was one of the needs prioritized by the population during the pandemic, the Food Security Sector mapped out the delivery of food kits and provided nutritional recommendations for partners that started providing food services to meet the needs of refugees and migrants and their host communities.

Access to education was severely limited for refugees and migrants due to the pandemic, as tele-education was enforced, and access to technological devices and connectivity was identified as one of the main gaps for Venezuelans. The Education Sector developed an information-sharing mechanism with the Ministry of Education to identify the geographic areas with the greatest concentrations of refugees and migrants, allowing for a prioritization of the education assistance strategy.

Lessons learned

Due to the COVID-19 situation and the activation of an HCT-led COVID-19 Response Plan, the GTRM had to manage the complexity of collaborating with a parallel coordination structure, while implementing the COVID-19-revised 2020 RMRP. The GTRM worked to establish back-to-back coordination mechanisms and avoid duplication.

The COVID-19 situation also required adapting service delivery to new remote implementation modalities. Among GTRM partners, this translated into an increased number of actors using CVA. The pandemic posed challenges not only to the provision of direct assistance, but also efforts related to capacity development, due to limited resources to adapt training materials and methodologies.

For 2021, the GTRM will continue to enhance collaboration with national and local sector leads and promote ownership and participation of other organizations. In addition to enhancing collaboration with donors, the GTRM will work to use the UNCT more effectively and ensure coherence and synergies in humanitarian and development actions to advance the Sustainable Development Goals. This will be key to ensure that no refugees and migrants are left behind, and to facilitate the mobilization of development actors and the Government to achieve long-term solutions for Venezuelans in Ecuador.

PERU

Proyecto
"Construyendo
puentes de asistencia,
protección
e integración
crisis y
desplazamiento"

VENEZUELAN REFUGEES AND MIGRANTS



PEOPLE IN NEED
886 K

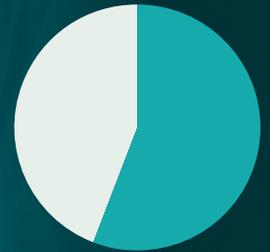


PEOPLE TARGETED
552 K



PEOPLE REACHED
232 K

- 56%
- 44%



FINANCIAL REQUIREMENTS

USD \$ 149 M

● **FUNDED**
USD \$ 83.2 M

● **UNMET**
USD \$ 65.4M



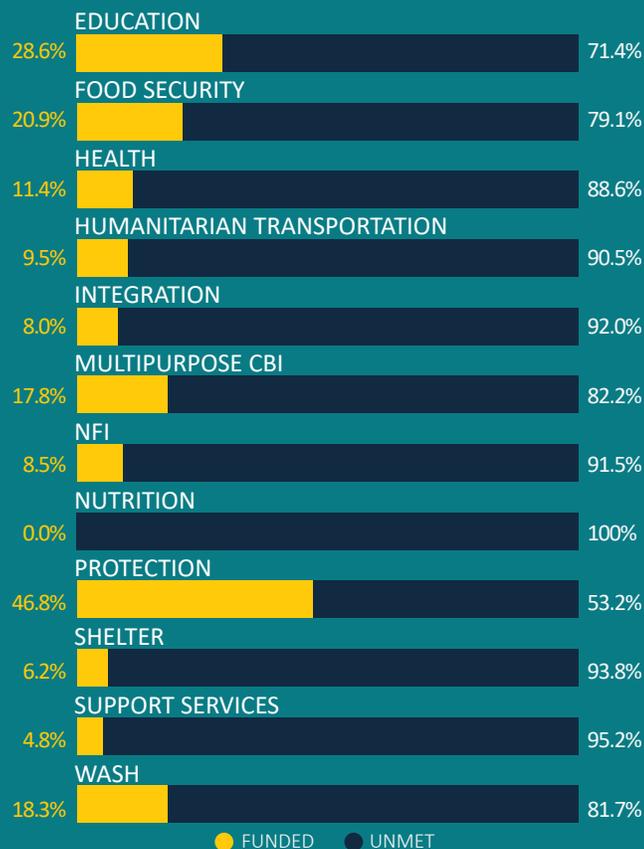
COVID 19
FUNDING
\$ 4.7 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

In March 2020, the Government of Peru (GoP) decreed a state of emergency due to the COVID-19 pandemic. This included containment measures such as lockdowns and the closure of all land borders.

The Peruvian economy contracted and GDP decreased by 11.5% in 2020, [according to the Peruvian Central Bank](#). Unemployment [reached 15 percent](#) in Lima, with higher rates among women and refugees and migrants, as the service and commerce sectors were the most affected. Refugees and migrants were not included in most government social assistance programmes, further increasing their vulnerability. Mobility restrictions and the intermittent suspension of the asylum system limited access to territory and increased irregularity and protection concerns. However, in October the GoP expressed its willingness to regularize foreigners in irregular situations through the introduction of a “humanitarian residence” scheme.²⁰

A political crisis in November resulted in multiple changes in the countries’ political leadership and ministries, which complicated efforts of R4V partners to engage with key government stakeholders and

reach agreements on policies and programmes affecting refugees and migrants from Venezuela. Despite these political dynamics, Peru assumed the Presidency Pro Tempore of the Quito Process with the following three priorities: i. Access to health and to the COVID-19 vaccine, ii. Socio-economic integration, and iii. Regularization. R4V partners engaged in a constructive dialogue with the government on these priorities in the framework of both the RMRP and the Quito Process.

Response

The GTRM’s (the National R4V Platform in Peru) response priorities in 2020 reflected the increased needs of refugees and migrants from Venezuela, exacerbated by the COVID-19 pandemic in terms of shelter, food security, livelihoods, WASH, health (including mental and sexual and reproductive health), education, protection (including GBV and child protection issues during the lockdown, access to territory, human trafficking and smuggling), documentation (including birth registration) and regularization.

As the pandemic ravaged the economy and unemployment grew, already highly vulnerable

20 On 22 October 2020, the GoP published Supreme Decree 010-2020-IN to exceptionally and temporarily facilitate the regularization of foreign nationals whose stay permits had expired or who entered the country irregularly, including Venezuelan nationals.

refugee and migrant families faced food insecurity, forced evictions and homelessness. The Platform's Basic Needs Working Group (WG), through effective coordination with the National Institute for Civil Defense (INDECI) and R4V partners, ensured distributions of food kits and meals served in shelters and soup kitchens, with a total of 77,000 people in need receiving a combination of individual rations (453,000 total distributed) and family food kits (32,000 total distributed) by the end of 2020. Best practices for the response included standardizing food kits to ensure basic nutritional values; collaborating amongst partners in the Nutrition and Protection sectors and the Basic Needs WG on food security issues; partnering with both the GoP and Peruvian and Venezuelan community-based organizations to identify families in need; and coordinating between the Information Management and Cash and Voucher Assistance (CVA) WGs by using a common data platform. These practices ensured a coordinated response and avoided duplication of efforts to provide timely assistance through multisectoral CVA, which also became a key modality for responses in the food security, shelter, and health sectors.

As R4V partners and the national Ombudsperson's Office reported a spike in forced evictions and requests for support from refugees and migrants to prevent homelessness, partners introduced CVA for shelter and used protection criteria to identify the most vulnerable cases. Partners focused on households with special needs, such as newborns, children, and persons with chronic medical conditions. Similarly, as refugees' and migrants' access to the public health system continued to be limited, R4V partners provided essential health services, including primary healthcare, mental health and sexual and reproductive health support. Almost 4,000 people in need received CVA to access healthcare services. The Integration, Health and Nutrition sectors also provided support to Venezuelan health professionals to validate their academic degrees and integrate them into the COVID-19 response led by the Ministry of Health²¹.

Through the Education Sector, R4V partners supported students, authorities, and teachers to enable access to and permanence in the public-school system. Advocacy was key to raise awareness of the need to enroll school-age refugee and migrant children from Venezuela.

The Protection Sector adapted to online and remote assistance, due to restrictions and emergency measures limiting freedoms of movement and assembly. This was particularly important to provide information on referral pathways, documentation and regularization alternatives to Venezuelans in irregular situations with increased protection needs. The activation of emergency hotlines and instant messaging services ensured a continuum of care to communities despite their location. Key achievements included the elaboration of SOPs, referral pathways and trainings tailored to respond to GBV, child protection, and human trafficking and smuggling, which were pivotal to support public institutions and provide information to refugee and migrant women, children and members of the LGBTIQ+ community, who often feared contacting the authorities due to their irregular situation.

Another strategic priority was promoting access to financial services, through micro-loans, banking and livelihood opportunities, to equip refugees and migrants to cope with the economic impacts of the pandemic. Entrepreneurship programmes using seed capital were an innovative solution to help refugees and migrants and host communities overcome poverty traps caused by the pandemic.

Lessons learned

The GTRM has been instrumental to deliver a timely, efficient, and relevant response to the immediate and medium-term needs of refugees and migrants and local marginalized communities amid the pandemic. This has been accomplished based on evidence-based approaches, sharing information products on a weekly, bi-weekly and monthly basis to ensure coordination. The implementation of a COVID-19 response matrix also ensured adequate mapping of the response.

Addressing funding and structural challenges heightened by the pandemic will continue to be crucial. Understanding the intersections across sectors and the need to strategize joint programming with multidisciplinary goals has been an important lesson learned throughout the year.

21 The Peruvian Government through Decree 90-2020 permitted foreign medical doctors to join the national health system and to work on the front-lines of the national COVID-19 response.

CARIBBEAN

VENEZUELAN REFUGEES AND MIGRANTS



PEOPLE IN NEED
190 K



PEOPLE TARGETED
142 K



PEOPLE REACHED
28.5 K

- 34%
- 66%



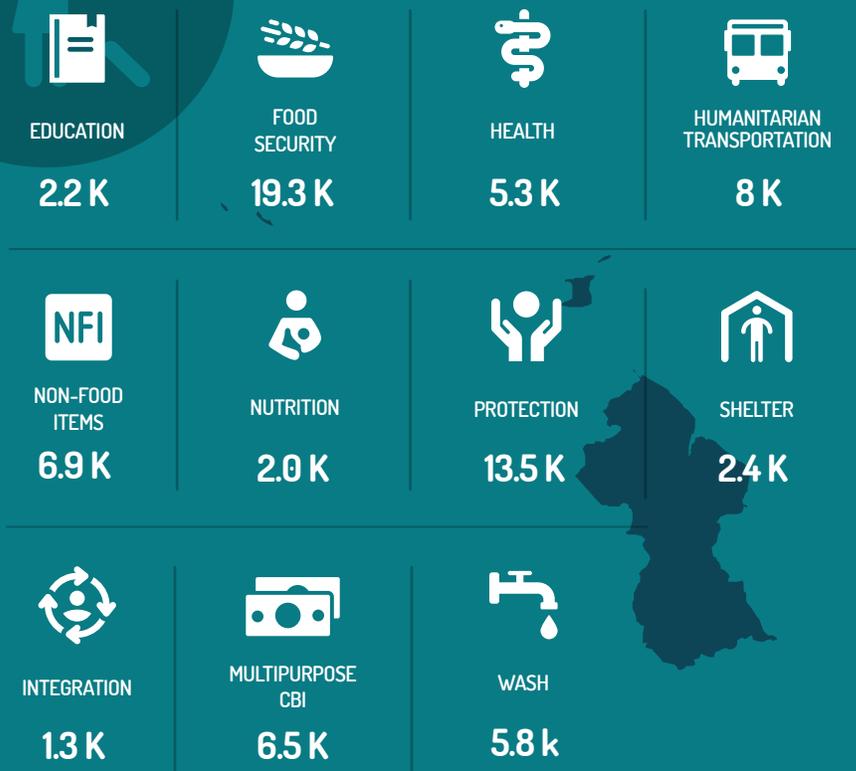
FINANCIAL REQUIREMENTS
USD \$ 46.4 M

- **FUNDED**
USD \$ 15.9 M
- **UNMET**
USD \$ 30.4 M

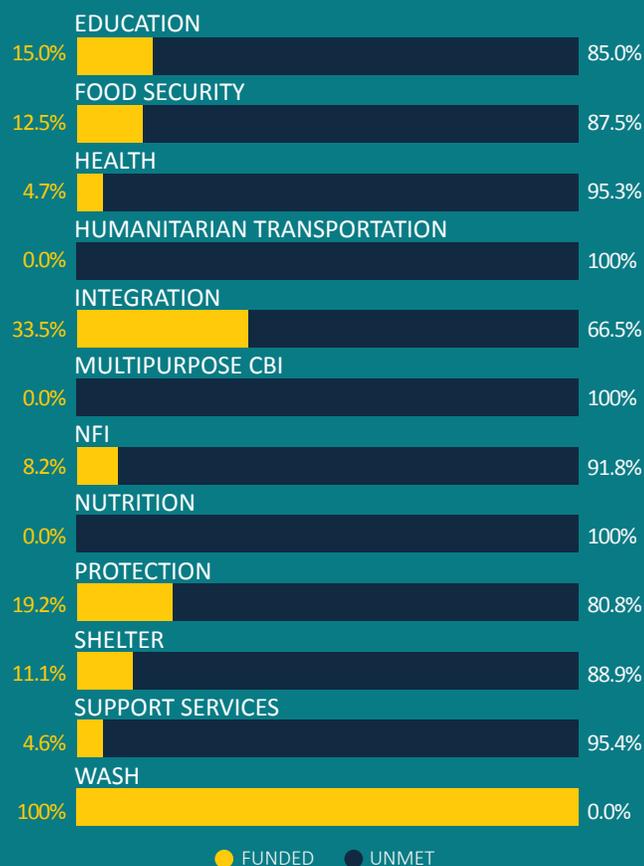


COVID 19
Funding
\$ 1.2 M

People reached by sector



Funding received by sector



Situation

In 2020, despite border closures throughout the region, Venezuelans continued to move to the Caribbean, searching for a place to exercise their fundamental rights and access essential services. Of the 195,979 Venezuelans assessed as being in-need in the Caribbean by December 2020, RMRP partners assisted 28,452 persons, or 66% of the total target population in the RMRP 2020, including 2,495 in Aruba, 2,380 in Curaçao, 4,324 in the Dominican Republic, 8,501 in Guyana and 10,752 in Trinidad and Tobago²².

With COVID-19-related border closures, lockdowns, curfews and restrictions beginning in March 2020, Venezuelans' situations in the Caribbean deteriorated, as many lost their livelihoods, faced eviction, food insecurity and protection risks, including exploitation, limited access to asylum and regularization pathways. Detentions and deportations for failure to comply with immigration regulations were widespread, nonetheless, Venezuelans embarked on dangerous journeys to Caribbean states, including by land and by sea, increasing risks of exploitation by traffickers and smugglers. Host communities were affected due to the high proportion of refugees and migrants relative to national populations, limited resources, and the impact of COVID-19 on overstretched public services.

Response

To respond to needs exacerbated by COVID-19, including the disruption of livelihoods, and to mitigate protection risks, partners employed cross-cutting activities in collaboration with governments and agencies, strengthening access to critical goods and services. Partners worked to prevent forced returns from Aruba and Curaçao, to prevent evictions through the provision of rental support in the Dominican Republic and created working groups on detention in Trinidad and Tobago and on GBV and trafficking in persons in Guyana. Remote modalities were employed to continue registration, the provision of legal advice, case management, advocacy and capacity development. Education, health and CVA were also prioritized as partners identified widened gaps generated by the pandemic.

Partners across the Caribbean provided food assistance to 19,254 persons in need, WASH interventions to 5,800 persons in need, and NFIs (including feminine, hygiene, school and baby kits) to over 6,800 persons in need. Direct support through multi-purpose CVA in the form of credit cards, (e-)vouchers and cash was scaled up, reaching a total of 6,491 vulnerable persons across the sub-region.

22 <https://r4v.info/en/situations/platform/location/7493>

To combat eviction risks, shelter responses were crafted around short-term shelter support, while simultaneously planning longer-term strategies. R4V partners provided rental support and emergency shelter and negotiated with landlords, prioritizing single parents, separated and unaccompanied children, survivors of GBV and victims of trafficking.

Partners strengthened health responses as healthcare in receiving countries was overstretched, prioritizing pediatric consultations, assistance with medicines, treatment for chronic, secondary and tertiary conditions, mental health, sexual and reproductive health and psycho-social services, particularly for survivors of GBV, victims of trafficking and persons suffering from trauma. Venezuelans attended tele-health clinics and virtual mental health consultations respecting bio-safety protocols, including tele-psychology sessions in Trinidad and Tobago. In Curaçao, the Dominican Republic and Guyana, Refugee Housing Units donated by R4V partners were converted to medical and quarantine facilities to cope with the pandemic. In Curaçao, where access to public healthcare remained limited for unregistered Venezuelans, a R4V clinic provided over 10,000 health consultations to over 2,400 persons in need.

Education was another key area of intervention, particularly in Trinidad and Tobago, where Venezuelan children were unable to access public schools. While R4V partners carried out advocacy to promote their access to education, Venezuelan children's educational needs were met through an R4V education programme called Equal Place, which shifted to a fully online scheme following the pandemic outbreak, preparing approximately [1,000 Venezuelan children](#) to enter Trinidad and Tobago's Catholic school system. Partners also enhanced the capacity of the public education system to eventually integrate Venezuelans by training teachers and providing additional resources. In Aruba, partners advocated for access to education for Venezuelan children with the Department of Public Schools and the Catholic School System, and established an Education working group under the National R4V Platform, which advocated for access to education, diploma validation and certification of refugees' and migrants' studies.

R4V partners supported socioeconomic integration through livelihoods programmes, advocating for access to work permits, the recognition of diplomas, and inclusion in local labour markets. In Guyana, over 1,000 people in need benefited from English as a Second Language and hammock weaving courses and the production of cloth face masks as an income-generating activity, including indigenous Warao Venezuelan and Guyanese women. In Trinidad and Tobago, partners supported a Sewing and Design Course for Venezuelans, where 80 graduates received sewing machines. In the Dominican Republic, R4V partners conducted a market assessment that highlighted the professional skills and expertise of Venezuelans and their potential contributions to national development in host countries, and supported 33 Venezuelan entrepreneurs with seed capital to start businesses. Also, in a collaborative effort between R4V partners and the Dominican government to promote stay at home measures and solidarity during the

pandemic, [a video clip featuring Dominican singer Xiomara Fortuna](#) singing Sácale Lo Pie, an Afro-Caribbean tune, was released on social media in May.

Lessons learned

In response to a survey initiated by the sub-regional platform of the 25 partner organizations and agencies that participated in the RMRP 2021 in the Caribbean, partners highlighted the need to conduct more joint needs assessments, have updated information, plan activities based on current needs, and have clearer work plans as national platforms. Gaps identified in implementing the response plan included the need to strengthen links with national policies – particularly in countries without national legislation on refugees and migrants – and involve national governments and civil society organizations, and to provide guidance to partners on how to access funds and further clarify the role of the R4V Platform. Additionally, communications and public information should be strengthened in 2021 to support advocacy and awareness efforts, including in favor of the inclusion of refugees and migrants in national legislation, policies and social protection programmes, particularly in those countries where the lack of domestic legislation on refugees' and migrants' rights leaves significant protection gaps.

CENTRAL AMERICA AND MEXICO

VENEZUELAN REFUGEES AND MIGRANTS



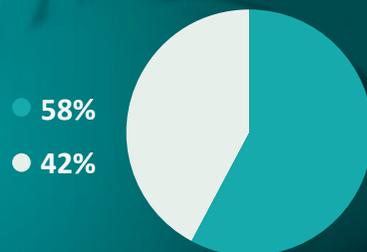
PEOPLE IN NEED
142 K



PEOPLE TARGETED
56.0 K



PEOPLE REACHED
36.9 K



FINANCIAL REQUIREMENTS

USD \$ 18.4 M

● **FUNDED**
USD \$ 10.7 M

● **UNMET**
USD \$ 7.7 M



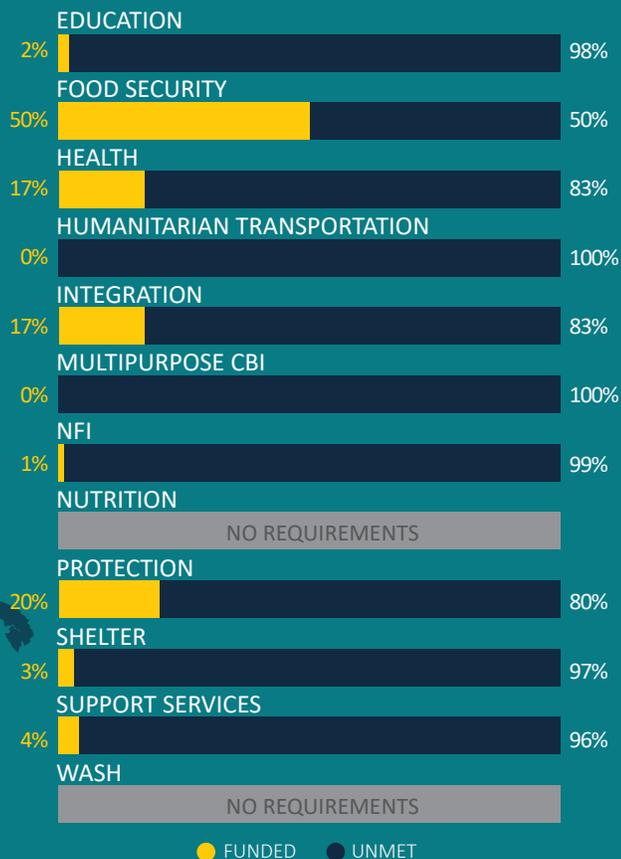
COVID 19
Funding
\$ 1.1 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

The pandemic and restrictions imposed by governments in Costa Rica, Panama, and Mexico to prevent further contagion led to suspensions of services, which dramatically impacted the living conditions of the Venezuelan refugee and migrant population. Challenges included increased unemployment, closed businesses, and insecurity around migratory status, due to the suspension of services provided by government agencies. Psychosocial needs increased because of uncertainty around legal processes, the emotional stress of confinement, fear of contagion, and worsening socioeconomic status. Despite these challenges, refugees and migrants from Venezuela were included in the national responses to COVID-19, despite some structural limitations affecting access to healthcare services.

Several countries automatically extended the validity of documents such as ID cards, residence, and work permits. The Costa Rican government also approved a new Temporary Special Category of Complementary Protection for Venezuelan nationals whose refugee applications were denied, which provided a work permit and regularized stay in the country for 2 years (renewable). Meanwhile, the number of asylum applications decreased considerably in the sub-region,

largely due to mobility restrictions. In Costa Rica, 742 asylum applications were lodged by Venezuelans in 2020, about 65% less than in 2019. In Mexico, 3,342 asylum claims were filed by Venezuelans in 2020, less than half those received in 2019. And in Panama, 137 Venezuelans sought asylum in 2020, almost 90% less than in 2019.

Response

The COVID-19 pandemic negatively impacted the protection environment of Venezuelans due to unemployment, forced evictions, and lack of access to basic services. A major challenge was the lack of appropriate documentation for the exercise of rights and to be able to access health and education services, employment opportunities, social security, and banking services, amongst others.

Since March 2020, R4V partners prioritized adapting all assistance and programs in response to COVID-19 and related restrictions, to continue offering services to the most vulnerable as promptly and safely as possible. Based on needs assessments and population requirements, priority was given to access to food, health, education, shelter, and housing. In the region, employability and socio-economic integration were key concerns. The use of CVA was increased to respond to these needs.

On protection-related issues, refugees and migrants from Venezuela in Mexico, Panama and Costa Rica received information and legal assistance regarding asylum processes, migratory status regularization, access to rights and documentation. Partners mediated with landlords to reduce rental fees and arrears, worked to revise or repeal abusive rental contracts, and provided guidance for relocation in extremely vulnerable cases to prevent evictions. New ways of communicating remotely – through phone, online platforms, messaging services, and others – were employed to continue to provide quality information on services, health care, income-generating activities, documentation, legal assistance, migration procedures, and COVID-related issues. This also allowed communication with persons with special needs, women, LGTBQ+ and other refugees and migrants looking for guidance and assistance on protection issues, and improved accountability by incorporating their suggestions and complaints. For example, as part of the remote implementation modality in Mexico, local integration and protection for Venezuelan refugees and migrants were strengthened through referrals to local services and monitoring of barriers to inclusion. More than 17,000 service maps were distributed to government counterparts and civil society institutions in 10 cities throughout the country.

Information campaigns were also launched throughout the region to provide access to accurate information on COVID-19 and reduce xenophobia and stigmatization of refugees and migrants. In Costa Rica, R4V partners provided information through campaigns such as 800-Venezuela, 800-Refugio, and email, as well as through events on Instagram. In Mexico, the campaign “El COVID no discrimina” helped to raise awareness and reduce xenophobic attitudes towards refugees and migrants. And in Panama, the “Somos Lo Mismo” campaign promoted solidarity and integration between nationals, refugees, and migrants to reduce xenophobia.

R4V partners in the sub-region also used a multisector and inter-institutional approach for the prevention, mitigation, and response to GBV. Community-based organizations increased efforts to raise awareness and improve identification and referral of survivors of GBV to existing service providers. Also, a GBV campaign was launched in November in Costa Rica, to disseminate emergency contact numbers and provide information about the impact of GBV on refugee and migrant girls and women. Virtual workshops on self-care, resilience and prevention activities were also conducted to improve the GBV response.

In terms of integration and livelihoods, alliances were established with community entities, civil society organizations, financial institutions, and academia to strengthen entrepreneurial capacities. Entrepreneur programs and financial inclusion were developed to facilitate self-entrepreneurship as a new modality for income-generating initiatives for refugees and migrants. Online workshops and training materials – including guides on how to promote economic inclusion and ensure access to rights, access to asylum and regularization for refugees and migrants – were developed, distributed, and successfully carried-out in all countries of the region, benefitting partners and government officials.

Venezuelan refugees and migrants also received educational and psychosocial support to mitigate the impact of COVID-19, including support in using virtual platforms to guarantee their access to education, as well as providing safe and protective environments. In Costa Rica, Venezuelans registered in non-formal education programs to validate their diplomas, which was particularly important for Venezuelans with university education. In Mexico, the tertiary education program continued to support Venezuelans’ access by providing sectoral CVA assistance and university scholarships (DAFI Program).

Lessons learned

The COVID-19 pandemic highlighted the importance of adapting existing tools and modalities to ensure assistance and protection to refugees and migrants. New means of carrying-out activities remotely with Venezuelan refugees and migrants, such as via phone calls, e-mails, and online tools or campaigns, allowed for a range of services to continue. Also, CVA as an assistance modality was expanded, thanks to flexible procedures with donors and partners who adapted to emergency contexts. Nevertheless, despite innovation and commitment to creatively implementing activities, many planned activities could not be carried out due to pandemic-related difficulties and lack of funding.

Cooperation with the Venezuelan refugee and migrant population in the sub-region and improved coordination with associations related to Venezuelans facilitated the identification and referral of priority cases.

The active involvement of national R4V Platform members through established communication channels, and the creation of new spaces for partners’ exchanges, contributed to identifying key activities to implement complementarily, taking advantage of Platform synergies. Partners will continue to work on enhancing their capacities for remote implementation, coordination, and virtual planning and monitoring.

SOUTHERN CONE

VENEZUELAN REFUGEES AND MIGRANTS



PEOPLE IN NEED
176 K



PEOPLE TARGETED
119 K



PEOPLE REACHED
68.6 K

● 31%
● 69%



FINANCIAL REQUIREMENTS
USD \$ 34.1 M

● FUNDED
USD \$ 10.7 M

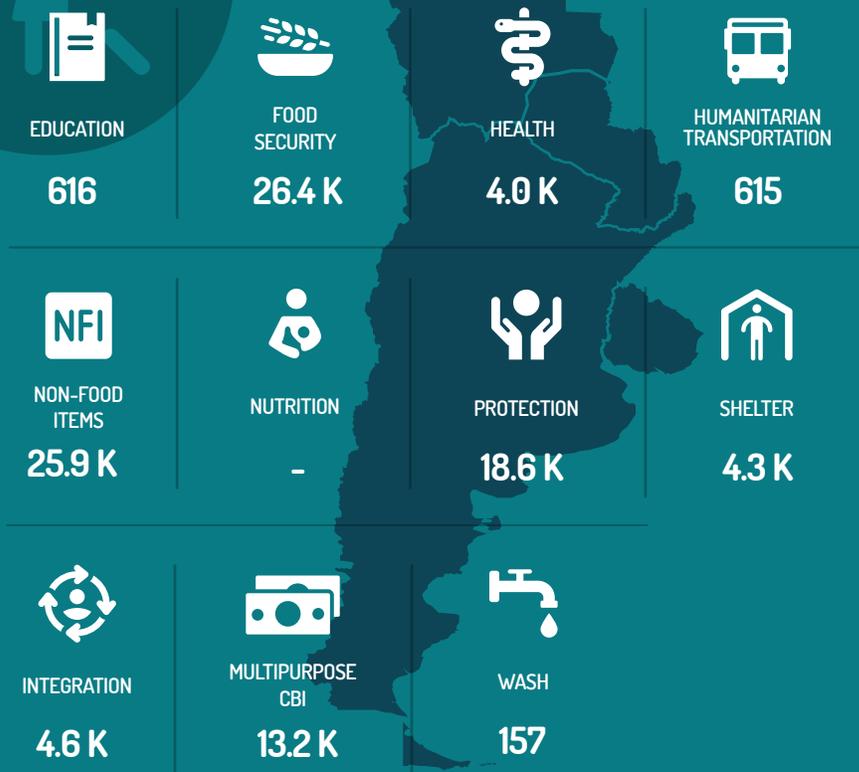
● UNMET
USD \$ 23.4 M



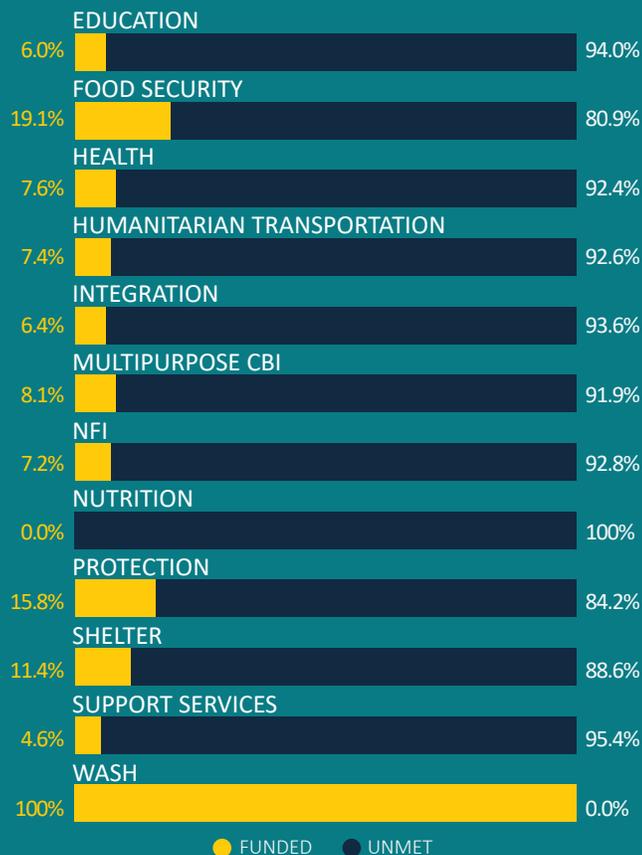
COVID 19
FUNDING
\$ 1.4 M

**The data analysis was conducted at regional level with inputs from all platforms.*

People reached by sector



Funding received by sector



Situation

The closure of borders in the sub-region, lockdown measures, and the socioeconomic consequences of the COVID-19 pandemic negatively impacted the living conditions of Venezuelans in the Southern Cone countries of Argentina, Bolivia, Paraguay and Uruguay, where the reduction in employment opportunities and related losses of income reduced access to social and economic rights, such as food, public services, decent housing, education and social security.

The restrictions revealed how fragile the ability to exercise fundamental rights can be for refugees and migrants from Venezuela, as issues emerged regarding limited access to territory; the ability to request international protection; family separation; child protection; difficulties accessing documentation and/or regularization; and increased risks of human trafficking and smuggling, particularly for Venezuelans in transit through countries in the region. The protection of Venezuelans in transit was a key challenge in 2020, where the need to strengthen GBV prevention and response was a priority for R4V partners in multiple countries, as well as providing access to essential healthcare services.

Response

The COVID-19 pandemic had the effect of further deepening pre-existing vulnerabilities of refugees and migrants from Venezuela in the Southern Cone. The required response included increased humanitarian assistance, particularly in the areas of food security, livelihoods and adequate shelter. The main challenges included meeting those priority needs, such as shelter and food, both in border and urban areas, and enhancing coordination between organizations to meet the greater demand for assistance generated by the high degree of vulnerability. CVA was a key modality in the response, as many people were reached remotely with multipurpose cash assistance to cover their basic needs.

Venezuelan refugees and migrants in Argentina, Bolivia, Paraguay and Uruguay were supported by R4V partners with shelter solutions, including collective and/or individual shelter in the short, medium and long term to prevent homelessness among the most vulnerable. NFIs including hygiene and cleaning kits were distributed in shelters to prevent and contain COVID-19 contagions. People in need were also provided with food baskets to enhance food security.

As lockdown measures gradually relaxed and some land borders reopened, partners stepped up humanitarian transportation assistance for refugees and migrants, including programmes to relocate refugees and migrants from remote border areas to cities (such as from the Argentine border with Bolivia to Buenos Aires) where they could more readily access protection and assistance.

In terms of protection, partners identified protection risks and referred people in need to available assistance mechanisms; provided psychosocial support; shared social-legal advice with refugees and migrants on access to asylum and regularization procedures, access to basic social services and other pathways to documentation and regularization; strengthened protection space through coordination with national actors – such as national Ombudspersons’ Offices and health authorities – to reinforce the response with an age, gender and diversity approach; promoted refugees’ and migrants’ rights through awareness campaigns to reduce risks of discrimination and xenophobia; and coordinated with the regional Support Spaces initiative, including to open a new Support Space in Chuy, Uruguay, along the border with Brazil. Regarding child protection, partners focused on the identification and referral of vulnerable children to national child protection systems to reduce risks of exploitation and violence. For GBV prevention and response, partners developed information strategies to raise awareness of available protection mechanisms, resources for case management and referrals, and strengthened information collection mechanisms. To address human trafficking and smuggling, R4V partners in the Southern Cone strengthened coordination with border authorities for the identification and referral of vulnerable Venezuelans, and established Human Trafficking and Smuggling Sub-Sectors in Argentina, Bolivia and Uruguay to promote prevention, response, and support.

The pandemic’s impact on Venezuelan refugees’ and migrants’ mental health worsened as the crisis wore on, with continued stress and anguish due to economic and legal uncertainty. Partners provided primary healthcare assistance directly in some countries, such as Bolivia, by visiting shelters housing Venezuelan refugees and migrants, while in others, such as Uruguay, health assistance was provided through virtual one-on-one sessions. Partners also engaged in advocacy with local authorities in order to ensure refugees’ and migrants’ access to healthcare services.

Finally, in terms of integration and livelihoods activities, partners across the four countries conducted online workshops to promote and provide training on small-scale entrepreneurship, e-commerce, financial management, elaboration of CVs, and photography. On education, with Venezuelan children in some countries having little to no access to formal education, distance learning or recreational activities during months of lockdown due to COVID-19, R4V partners responded with programs to promote distance learning, such as a program in Bolivia to provide community psycho-social support, learning and games to Venezuelan children living in shelters through a mobile service which functioned as an informal “classroom.”

Lessons learned

In addition to the challenge of adapting the response due to the COVID-19 pandemic, lack of funding was a key challenge, particularly for Argentina and Uruguay, as middle-income economies are often not eligible for most international cooperation funds, in spite of deepened socio-economic inequalities caused by the pandemic. Despite only receiving 48.4% of the funds required under the Southern Cone chapter of the 2020 RMRP, partners managed to provide support to 66% of the target population of refugees and migrants from Venezuela and members of host communities. However, this was accomplished by meeting needs in some sectors (for example, surpassing targets for food security, multipurpose CVA and NFIs) but not others (for example, the health, education and protection sectors each reached fewer than a third of the target numbers of people in need).

In 2021, the Sub-regional Platform expects to promote inter-sectoral participation and strengthen the role of Venezuelan-led organizations in the response, as well as identifying opportunities for advocacy to achieve a more active commitment of States in the response to the plight of Venezuelan refugees and migrants in the Southern Cone.

**R4V
EYR**
END YEAR REPORT
2020

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