

COVID-19 UPDATE

Situation

The COVID-19 pandemic has created tensions among host and hosted communities as the economic situation in countries across the region deteriorated considerably, adding additional strain on communities' ability to accommodate vulnerable Venezuelans. An R4V partner's [reports](#) indicate that the loss of working hours and relating productivity in 2020 was four times greater than that recorded during the 2009 global financial crisis. Some R4V partners noted the economic situation as a root cause of increased anti-immigrant sentiments among host communities. [Xenophobic demonstrations and violence](#) against refugees and migrants from Venezuela in the north of Chile and in Bolivia at the end of September, against a backdrop of increased irregular flows, caused grave concern throughout the region, including for R4V partners.¹

As of 31 August, **Brazil** reported almost 21 million confirmed positive cases of COVID-19 (about half a million active cases) and 579,308 deaths, while only 28.3% of the population was fully immunized against COVID-19. By September, however, 42.87% of the population was fully vaccinated. The Ministry of Justice and Public Security published on 26 August the [Ordinance 25/2021](#) extending the validity of asylum-seeker protocols and residence permits that expired after 16 March 2020 and which could not be renewed due to the COVID-19 pandemic, until 15 March 2022. On 14 September, the National Justice Council (CNJ), a body of the Brazilian judicial system, issued a non-binding recommendation guiding federal judges to observe human rights standards in the adjudication of cases that may lead to deportation, expulsion or repatriation to the country of origin of refugees or migrants, especially those dealing with the exceptional and temporary restriction on entry of foreigners in the country during the COVID-19 pandemic. Meanwhile, in August and September, the Federal Police in Pacaraima issued 12,659 entry permits to Venezuelans under Ordinance 655, which was the first measure to reopen the possibility of legal entry and to provide a means of regularization for Venezuelans who entered irregularly since the closure of borders in March 2020 due to the COVID-19 pandemic.

In **Chile**, after a second wave of COVID-19 cases that strained the public health system between March and June, health authorities reported that by September [the pandemic was better controlled than before](#). In August, notwithstanding, national authorities maintained the curfew and the closure of borders for all foreigners without residency. However, following a sharp decrease in cases in September, the Chilean authorities [announced](#) on 27 September the end of the state of emergency enacted by Congress in July 2020. The Health Secretary of the Tarapacá region carried out mass testing in August of Venezuelans sheltered at Brazil Square in Iquique, where over [400 Venezuelans](#) had found transitory shelter since January. Refugees and migrants testing positive were transferred with their close relatives to quarantine shelters. According to R4V partners, however, the sanitary residence in Iquique was operating above its maximum capacity of 220 people. The local health authority of the city of Antofagasta was reported to be conducting around 350 COVID-19 tests daily. R4V partners considered this figure to be an indicator of the number of refugees and migrants entering the region, and supported admission procedures for refugees and migrants, including by providing shelter and transportation, and [assisted Venezuelans affected by the xenophobic violence in Iquique](#). Meanwhile, in September, national authorities [started](#) administering the vaccine to children aged 6 to 11-years-old and restarted vaccination of the 14 to 17 age group which was previously on hold. On 15 September, the Government [announced](#) that, as of 1 October, Chileans and all foreigners will be able to enter Chile through the airports in Iquique, Antofagasta and Santiago, and that non-resident foreigners would need to present upon arrival a negative PCR test, proof of medical travel insurance, and would need to register their COVID-19 vaccination on the Ministry of Health's online [portal](#).

On 24 August, the Ministry of Health of **Colombia** issued [Resolution 1255](#) to ensure that people without a government-issued ID have access to the National Vaccination Plan, including Venezuelan refugees and migrants in an irregular situation. The Government confirmed that Venezuelans would receive vaccinations donated to Colombia specifically for that purpose, while refugees and migrants in transit without identity documents from the government of Colombia

¹ Statement from UNHCR and IOM Joint Special Representative: <https://www.r4v.info/en/news/statement-dr-eduardo-stein-joint-special-representative-unhcr-and-iom-venezuelan-refugees-and>

would be excluded from receiving these vaccines. The [Presidents of Colombia and Ecuador announced their intention to open the border](#) between the two countries, considering the advances in COVID-19 vaccinations in both countries. On 5 August, the [Ministry of Health issued Resolution 1178](#), establishing the Temporary Protection Permit as a valid identification document for Venezuelan refugees and migrants to access to the [General Social Security Health and Pension Systems](#). On 27 August, the [Ministry of Health extended the health emergency](#) until 30 November. In addition, as of 28 August, vaccination became available for [people aged 12 to 17](#). Between 17 February – 5 September, 59,529 vaccines were applied to foreigners in Colombia, as the Ministry of Health and PAHO/WHO reported. Of these, 44,820 doses (75%) were applied to Venezuelans.

In **Ecuador**, the Ministry of Public Health [confirmed](#) on 19 August that 41.46% of the population had received the full immunization by end-September, and announced that the COVID-19 death rate had reached its lowest point since the pandemic began. In this context, R4V partners noted that refugees and migrants have been able to access vaccination centers without any documentation requirements and independent of their situation. It has been reported that the Canada's CanSino single-dose vaccine has been applied in border areas, which has benefited especially Venezuelan refugees and migrants in transit. The GTRM (R4V National Platform) in support of the COVID-19 Vaccination Plan (GAI, in its Spanish acronym) reviewed its communication campaign and has been monitoring the barriers that refugees and migrants face in accessing vaccines.

The government of **Peru** [extended the state of national emergency](#) until March 2022 to prepare for a potential third wave of the COVID-19 pandemic. Further to ongoing discussions reflecting the common interest to re-open the border between both countries, the Ministries of Health of Ecuador and Peru launched a binational COVID-19 vaccination effort, to support economic recovery in the crossborder region and better manage irregular entry points (between 80 and 100) along the border. The Regional Governor of Tumbes argued in discussions that given the difficulty of controlling the entry of Venezuelans, the reopening of the northern border would allow for an adequate management and implementation of protocols for the entry of people. In this context, the Ecuadorian government donated 336,000 doses of COVID-19 vaccine to Peru, for people living in border areas. On 24 August, the Ministry of Health (MINSA) reported that around 140,800 doses had been applied to Venezuelans (81.6% of the total doses applied to foreign citizens) mostly in Lima and Callao (83.7%), whereas on 21 September, MINSA reported that COVID-19 vaccination uptake by Venezuelans had doubled in less than a month, surpassing the 304,500 doses applied (86.6% of the total applied to foreign citizens) again mostly in Lima and Callao (74.8%). Despite this progress, R4V partners have reported difficulties for refugees and migrants in accessing vaccinations, especially in regions where local health departments were applying access requirements which are not sanctioned by MINSA, such as holding a Foreigner ID Card, or proof that they commenced a regularization procedure with the Superintendence of Migration.

Due to a rise in COVID-19 cases in the **Caribbean sub-region**, governments including **Aruba** and **Curacao** reinstated curfews in August in an attempt to reduce case numbers. In September, the curfew was suspended in Aruba as the situation improved. The Delta variant was identified in Trinidad and Tobago in August while the country saw a decline in the uptake of the vaccine among the eligible population. On August 12, [Trinidad and Tobago received 305,370 doses of the Pfizer vaccine donated by the United States](#), intended for individuals 12 – 18 years old. [All refugees and migrants in this age group were eligible for the vaccine, and some received the first dose. All fully vaccinated secondary school students in grades four, five and six](#) were anticipated to be allowed to attend in-person classes at schools as of 4 October. This, however, does not include refugee and migrant children, as they do not have access to public schools. On August 24, [Guyana received its first shipment of Pfizer vaccines, a donation from the United States](#), to be administered to children aged 12-17 in schools only, including refugee and migrant children within this age group who are attending public schools. Reinstatement of restrictive measures in Guyana strongly affected refugees' and migrants' ability to find employment and to cover basic needs. Requests to R4V partners for assistance with food, shelter and other essential items subsequently increased. Despite increasing COVID-19 cases, [misinformation around COVID-19 vaccines has impacted](#) Aruba and Guyana, hampering refugees' and migrants' ability and willingness to be vaccinated. Meanwhile, the **Dominican Republic** relaxed its state of emergency in September, which had been in place since March.

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Mexico went through its third wave of COVID-19 in August, reaching record numbers: on 12 August, 24,975 new cases were reported in one day. Meanwhile, significantly increased numbers of Venezuelans presented themselves for admission to the United States after crossing from the land border with Mexico, but were often denied admissions on public health-related grounds (Title 42) linked to the COVID-19 pandemic: U.S. Immigration and Customs Enforcement (ICE) reported 6,296 encounters with Venezuelan refugees and migrants at the border with Mexico in August, up from just 295 in January. Meanwhile, on 17 September, the **Costa Rican** Social Security Fund (CCSS), announced that it would vaccinate migrants with regular or irregular status, refugees and asylum-seekers who meet the requirements of the National Vaccination and Epidemiology Commission, i.e. presentation of identification documents or proof of application for refugee status for those with regular status, and proof of “rootedness” in the country, such as a record of children enrolled in educational centers for those in an irregular situation. This initiative was developed jointly by the Ministry of Health, R4V partners, and other UN agencies. Cases of COVID-19 in **Panama** showed a downward trend in August according to the Pan American Health Organization (PAHO). The Ministry of Health issued Executive Decree No. 833 of 30 August 2021, which established that all travelers entering the country would be exempted from requirements including a COVID-19 test upon arrival and preventive quarantine, if certification of full immunization is presented. According to Panamanian officials, as of 29 September, 70% of the targeted population was fully immunized against COVID-19. Given the broad reach of the vaccine campaign and the decrease in the level of contagion, authorities announced a wider economic reopening, the lifting of remaining curfews in the majority of the country, and authorization of commercial activities at a capacity of 100%. Meanwhile, in August the Panamanian Migration Service registered 568 Venezuelan nationals² in-transit through the country, who entered through the Darien Gap with Colombia, an increase of 89% from the 246 entries reported in July. In response to increases in irregular flows of refugees and migrants (including also many more Haitians) transiting northwards to the United States – with both population movements and the responses of governments linked to restrictions due to the COVID-19 pandemic – the Panamanian and Colombian governments [agreed](#) to limit the number of persons permitted to enter Panama through the Darien Gap to 650 people / day in August and 500 people / day in September.

COVID-19 indicators in the four **Southern Cone** countries improved over August and September. Restrictions in **Argentina** were loosened [on 21 September](#) and it was announced that the 1,000-person daily cap on returning residents would be raised to 1,700. In addition, the government included new exemptions for “family reunifications” with close relatives of Argentinians and residents who live abroad. In **Bolivia**, [vaccinations continued to advance in the country and the President indicated that 90% of the population over 18 years old should be vaccinated by December](#). Bolivia began the application of the second dose of the Sputnik V COVID-19 vaccine from 10 August. However, [by the end of the month, Bolivia had a total of 3.1 million vaccines against COVID-19](#) “stalled” or not yet administered, out of 9 million received, raising concerns of new infection outbreaks, according [to Ministry of Health](#). As of 21 August, the sanitary requirements for those entering **Paraguay** were modified to remove obligatory isolation for persons presenting a negative COVID-19 test and a vaccination certificate. The [government of Paraguay reduced temporary pandemic cash transfers to people working in the country’s informal sector](#). In August, **Uruguay** recorded two consecutive days with no deaths related to COVID-19, and at the end of the month the country had fully inoculated 76.3% of its population. Uruguay began administering a third booster dose of Pfizer to tackle the Delta variant and the [President announced that borders would be open by November for all vaccinated foreign persons](#). The Ministry of Public Health announced the development of a border contingency plan and the opening of a new contingency center to welcome people in a critical condition with a positive COVID-19 diagnosis who require quarantining. In contrast to the situation a few months ago, by end-September, [Uruguay was one of the countries with the lowest Coronavirus case fatality rates in the world](#) (0.38).

Platforms’ Response**

² https://www.migracion.gob.pa/images/img2021/pdf/IRREGULARES_POR_DARIEN_SEPTIEMBRE_2021.pdf

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*Source: FTS Website

In **Brazil**, on 5 August, R4V Partners and *União Nacional dos Dirigentes Municipais de Educação* (UNDIME) hosted a webinar on education access for children in displacement contexts and COVID-19 pandemic contexts, with the participation of personnel from UN agencies, teachers, and staff of municipalities' public schools. Also in August, R4V Partners delivered smartphones for outreach volunteers in the indigenous host communities in Pacaraima, supporting the creation of WhatsApp groups in Pacaraima to strengthen communication channels for sharing and receiving relevant information for and from Pemón-Taupang refugees and migrants, reinforcing Community-Based Protection, CwC and AAP approaches in the area, while preserving social distancing. In September, partners in Boa Vista inaugurated a new shelter to house up to 1,000 refugees and migrants, as well as a new kitchen in an indigenous shelter, to provide accommodations that meet COVID-19 sanitary guidelines. Partners gave trainings to the Secretariats of Social Assistance of all municipalities of Minas Gerais to strengthen their capacity to assist the Warao indigenous people in the region. In September, a total of 2,443 Venezuelans were voluntarily relocated by R4V partners from Amazonas and Roraima to other parts of Brazil through the internal relocation programme, representing a twofold increase compared to May 2021, when entry restrictions were still in place.

R4V partners in **Chile**, in coordination with the Ministry of Public Health, travelled to Colchane to carry out an evaluation of the sanitary conditions in which refugees and migrants were arriving. As a result of this exercise, the reception process for those entering through unofficial entry points was altered to offer COVID-19 antigen tests to refugees and migrants and enable transfers to temporary health residences to comply with the 15-day quarantine. R4V partners are prioritizing assistance to refugees and migrants to protect them from the extreme winter weather conditions by distributing blankets and winter kits in northern cities. Partners also provided COVID-19-related medical care and psychosocial care in cities such as Arica, Antofagasta, and Iquique. Due to the increasing influxes reported in Tarapaca and Calama in the north, R4V partners in coordination with the Ministry of Health converted annexes of their own buildings into sanitary customs facilities where COVID-19 tests can be conducted. Partners also negotiated with local authorities for the establishment of additional temporary health residences to prevent homelessness for those who need to isolate. [R4V partners provided food, medical attention, and protection to the refugees and migrants from Venezuela removed from Plaza Brazil as a result of the incidents of xenophobic violence on 24 September](#), including those now in temporary shelters and in sanitary residences carrying out their quarantine. R4V partners installed chemical toilets in Colchane and El Loa close to police stations after requests from the police, given that both cities on the border with Bolivia experience daily arrivals of persons who have trekked into Chile without having had access to proper sanitary facilities on their journey.

Partners in **Colombia** supported ongoing implementation of the Temporary Protection Status for Venezuelans (TPS) by assisting virtual pre-registration through improving access to WiFi, legal assistance, community-awareness-raising, orientation brigades and virtual workshops on TPS for refugees and migrants from Venezuela. Additionally, partners worked to systematically integrate the COVID-19 response into regular sectoral activities. Partners supported refugees and migrants to register their data on the Ministry of Health platform by the 30 September deadline to access the vaccine. They also provided support and technical guidance to local authorities for collecting information through the census from refugees and migrants in irregular situations who can access the COVID-19 vaccination in various municipalities, and supported mass vaccination campaigns in Santa Marta and Cundinamarca for pregnant refugees and migrants.

The GTRM (R4V Platform in **Ecuador**) activated an Intersectoral Support Group Task Force to support the government with the inclusion of refugees and migrants in its vaccination plan. Through this task force, the GTRM produced and disseminated information cards (validated by the Ministry of Public Health) about vaccination brigades and refugees and migrants' rights to obtain the vaccine, including anti-xenophobic messages and information to dispell myths about the vaccine. In August, the GTRM Communications Working Group, in collaboration with the Public Health Ministry, organized a Facebook live event for refugees and migrants to clarify queries on accessing the COVID-19 vaccine.

In **Peru**, within the framework of the Intersectoral Working Group for Migration Management led by the Ministry of Foreign Affairs, the GTRM (national R4V platform) continued supporting the Vaccination Working Group which is led by the MINSA, to facilitate access to vaccination for refugees and migrants, particularly vulnerable groups with chronic

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diseases. In August, MINSA approved the vaccination of children 12 years and above with rare diseases or other ailments. The main challenge for eligible refugees and migrants has been the difficulty in accessing the vaccine for undocumented children, or those without legal guardians. GTRM partners worked with the Ombudsperson's Office to facilitate immunization of refugees and migrants in regions such as Tacna and Junin. In the Education Sector, GTRM partners supported the Ministry of Education (MINEDU) in its efforts to plan the return to partially in-person classes, and in August, more than four thousand schools throughout the country, especially in rural areas, [partially returned to the physical classroom](#).

In the **Caribbean** subregion, R4V partners in **Guyana** provided short-term shelter support in the form of rental subsidies as well as hygiene kits to vulnerable refugees and migrants, and provided support with English as a Second Language classes and for refugee and migrant children to return to school. In **Aruba**, with the support of R4V partners, [the company "Always" delivered menstrual kits for girls as part of the company's End Menstrual Poverty campaign](#). Partners in the **Dominican Republic** aided single-mother heads-of-household and refugees and migrants with critical health conditions with rental support and the provision of medicines. One partner in **Trinidad and Tobago** received 4,000 food vouchers to be distributed to vulnerable refugees, migrants and host community members from August to November.

R4V partners in **Mexico** launched an information campaign to promote vaccination against COVID-19, providing information about the rights of refugees and migrants to receive the vaccine, among others. The campaign reached more than 55,000 Facebook users, and generated 3,881 social media interactions. Partners supported the local integration of Venezuelans by providing assistance for higher education, CVA, legal assistance and representation, and orientation on integration into the Mexican labour market. Partners also initiated self-employment support programmes, linking Venezuelan refugees and migrants with existing jobs and courses to improve their soft skills. In **Costa Rica**, in August, 61 refugees and migrants from Venezuela received psychological assistance through individual or group sessions addressing the psychological effects of the pandemic and the lockdown; 98 people received legal assistance; and 184 Venezuelans received CVA. An R4V partner applied the High Frequency Survey to the Venezuelan population in an online self-administered modality, with a total of 298 responses registered, including results on employment, and access to healthcare and education. In September, an R4V partner launched a webpage to facilitate Venezuelans' access to updated information on obtaining the COVID-19 vaccine. Moreover, information was shared with over 25,000 refugees and migrants on health insurance under the CCSS Agreement. In **Panama**, as part of the "Somos Lo Mismo" campaign, R4V partners held a forum with private sector representatives to raise awareness about refugees and migrants in Panama, and challenges and opportunities for their economic inclusion. Additionally, R4V partners trained 25 Human Rights Officers of the Ombudsman's Office and 30 instructors from different academies or teaching directorates of public security institutions (including the National Police and the National Migration Service) on international protection and the national asylum system.

In **Bolivia**, during August, there was an increase of Venezuelan refugees and migrants in Oruro bound for Pisiga and crossing to Chile. R4V partners assisted the greatest number of people in August since the establishment of their presence in Oruro in February, reaching over 500 Venezuelans with humanitarian assistance, emergency shelter and legal guidance. Meanwhile, since the opening of borders in Mendoza province in **Argentina**, an R4V Support Space in the area monitored the new operational context of the opening of borders with Chile on 17 September and provided orientation and assistance to refugees and migrants. Since its activation in July, at least 120 persons received specialized protection services in terms of access to documentation, GBV response and family reunifications. In September, R4V partners supported the family reunification of a Venezuelan elderly woman who arrived in **Uruguay** from Venezuela to be reunited with her daughter.

Regional Sectors**

As of September, of the 17 R4V countries, only Trinidad and Tobago had its schools completely closed, and only Costa Rica and Uruguay had completely opened their schools, while schools in the remaining 14 countries were partially open. The **Regional Education Sector** provided technical assistance to country strategies on the return to in-person classes

while also contributing to strengthening the continuity of distance education. In addition, regional R4V education partners supported the [mapping and prioritization of teacher vaccination](#) in the region, and provided continuous advocacy for schools to be the first to open and the last to close, including support to governments and education authorities in the region to mitigate the risks inherent to education disruption and its impact on children.

According to [reports](#) from **Regional Food Security Sector** partners³, food insecurity remains critical among the refugee and migrant population, with 68% facing difficulties in food consumption and a reduction or loss of income due to the COVID-19 pandemic and social tensions. This percentage is significantly higher compared to host communities: one out of four refugees or migrants either consume only one meal per day or had spent the previous day without eating. These kinds of coping strategies affecting food consumption remained a common practice, with nearly seven out of ten refugees and migrants still resorting to them. The sector response included school feeding programs, cash transfers, distribution of food kits and hot meals, while prioritizing cash and voucher assistance, as well as livelihoods and capacity strengthening, to ensure the most vulnerable populations were assisted in a safe manner.

A number of Governments, including those of Uruguay and Chile, provided spaces and services to carry out quarantines upon arrival in the country for those refugees and migrants who approached the corresponding authorities. Nevertheless, faced with border closures and the fear of deportation or other reprisals relating to their irregular entry, refugees and migrants often continued their journeys without quarantining or self-declaring their arrival. This also resulted in their inability to access regularisation or services such as humanitarian transportation, since they do not present themselves to R4V partners. The priority for the **Regional Humanitarian Transportation Sector** has been to harmonize approaches in the humanitarian transportation response between countries through standard operating procedures. National Platforms in Peru and Colombia were supported in their adaptation of COVID-19 transportation and prevention protocols.

The **Regional Integration Sector** iterates the need to fully include refugees and migrants in COVID-19 recovery plans developed at national and local levels, especially considering that refugees' and migrants' labour was heavily used in core services such as health services during the COVID-19 crisis. In August and September, the sector focused on finalizing a regional study on socio-economic policies, with the objective of analyzing different measures taken by governments to mitigate the negative effects of COVID-19 among the refugee and migrant population, as well as their consideration in social and economic recovery measures. A launch event is planned for November 16. The regional sector also held consultations with national platforms and the Coalition for Venezuela to understand integration needs and priorities for 2022, including priorities that seek to address the impact of COVID-19.

The **Regional Nutrition Sector** supported the development of a protocol for the management of acute malnutrition in Peru, and strengthened collaborative work with government institutions in Colombia to ensure that essential services in nutrition, health and food security include refugees and migrants. In addition, in Brazil, the sector carried out lectures and workshops for caregivers and health professionals in the framework of "World Breastfeeding Week" to promote, protect and support breastfeeding, and supported local health services, seeking to guarantee the provision of nutritional surveillance services within health services through additional personnel.

The **Regional Protection Sector** released a series of [information materials](#) on the main results of the regional consultations held in August in the framework of the RMRP planning process for 2022, including findings regarding youth, indigenous populations, and sex workers. The Sector participated in the third general assembly of the Coalition for Venezuela, where it presented [the results of a survey](#) conducted with the Coalition's 71 member organizations. The Regional Sector also carried out field visits in Colombia, Guyana and Trinidad and Tobago to meet with indigenous leaders to discuss the main protection issues that will be taken to the next high-level meeting organized by the sector on Venezuelan refugees and migrants from indigenous communities. Finally, the Regional Sector launched a new

³ WFP Food Security Update, Venezuelan migrants and refugees, August 2021.

Action Against Hunger report in Peru "Multisectoral study on refugees and migrants from Venezuela living in Metropolitan Lima, Peru -2021" ([link](#))

consultancy to prepare an information collection tool regarding Venezuelan refugees' and migrants' abandoned properties and residences in the country of origin, with the aim of analysing the effects on housing ownership in host countries, coordinated together with the Shelter Sector and key counterparts.

Partners of the **Child Protection Sub-Sector** reported an [increase in homeless children and child labour](#) among refugees and migrants from Venezuela, as a result of the socio-economic impacts of COVID-19 and the absence of school environments to support children. The Regional Sub-Sector continued to strengthen the capacities of child protection actors in complying with Child Protection Minimum Standards in Humanitarian Action, to provide remote psychosocial support services for adolescent survivors of GBV, and to improve evidence generation processes permitting.

According to the **Gender-Based Violence (GBV) Sub-Sector**, the reporting period witnessed an increase in GBV risks for women, girls and people with diverse sexual orientations and gender identity. The deterioration of security in the midst of political transitions in countries that host Venezuelan refugees and migrants, the aggravation of the armed conflict in remote areas in Colombia, incidents involving criminal armed groups in countries of the Caribbean, and acts of xenophobic violence perpetrated in Chile have increased the vulnerability of women, girls, and LGBTQI+ populations to sexual violence and exploitation. In September, the GBV and Child Protection regional sub-sectors initiated the *Learning Clinics* initiative for the ethical provision of psychosocial care to Venezuelan adolescent GBV survivors. This initiative provides learning continuity for the 85 social workers who participated in the training sessions held from May to July.

The **Regional Shelter Sector** provided technical and logistical support to the COVID-19 response in coordination with government entities across the region. In Peru, the Shelter Sector supported seven primary health centres in Lima and the creation of a vaccination point in Huaycán through the distribution of Refugee Housing Units (RHUs). In Colombia, the priority was the comprehensive management of shelter with a focus on COVID-19 prevention through isolation spaces for refugees and migrants suspected or confirmed positive and in need of accommodation. Collective shelters in the region, including in Mexico, Colombia, Peru, among others, served as distribution points for biosecurity items (PPEs) for the prevention of COVID-19.